2023 San Francisco

Biennial Food Security and Equity Report

San Francisco
Department of Public Health

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2023
SAN FRANCISCO
Biennial
Food Security and Equity Report

EXECUTIVE SUMMARY

Nutrition is Critical to Building Healthy and Thriving Communities

Food insecurity exists when residents don't know if they will be able to obtain enough nutritious, high quality, culturally appropriate food for their household primarily due to a lack of money. Food insecurity is an inequity which increases the risk of multiple chronic conditions including diabetes, heart disease and hypertension, and exacerbates physical and mental health conditions. It also impairs child development and limits academic achievement. Food insecurity leads to higher health care costs likely due to higher incidence of chronic diseases. The estimated healthcare cost of food insecurity in San Francisco in 2019 was $204,564,276.[1]

Previous reports on food security include the *2021 Report on Food Security* by the City and County of San Francisco Board of Supervisors Budget and Legislative Analyst's Office, and past reports from the San Francisco Food Security Task Force, most recently the *2018 Assessment of Food Security in San Francisco*. The 2023 Biennial Food Security and Equity Report ("Report") builds on these previous reports with the mandate 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." Extensive information on food insecurity, poverty, health disparities, and food programs is summarized in the Report, and additional information is included in the Appendices.

Although we do not have a population-level measure of food security in San Francisco, several samples offer insights. In 2022, the California Health Interview Survey (CHIS) found that among low-income residents with household incomes below 200% of the Federal Poverty Level (FPL)[2] food insecurity increased 32% and is now the highest since they started collecting food security data in 2001. Two-thirds (67%) of adults in San Francisco below 200% of the FPL are food insecure. Black/African American residents and residents earning less than 100% of the FPL[3] have the highest rates of food insecurity.[4]

[1] 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.
[2] 200% of the Federal Poverty Level was $27,180 for a single adult in 2022
[3] 100% of the Federal Poverty Level was $13,590 for a single adult in 2022
[4] California Health Interview Survey: Pooled data from 2018-2022

The Report Finds:

- Food insecurity rates among participants of City funded and community programs are up to 83% despite receiving some meals or grocery bags.
- Participants of Human Service Agency's (HSA) Congregate Meal and Home-Delivered Meal programs had lower food insecurity rates compared to other programs.

These additional Census data are important background for the report:[5]

- 20% of San Francisco residents or approximately 174,457 have a household income below 200% FPL.
- 10% of San Francisco residents or approximately 87,874 have a household income below 100% FPL.
- Poverty rates are highest among American Indian/Alaska Native (31%) and Black/African American (26%) residents.
- The City-wide median household income is $126,187, and incomes among American Indian/Alaska Native ($38,750) and Black/African American ($44,142) households are only a third of the city-wide median income.

Nutrition sensitive health disparities are increasing. Black/African American and Native Hawaiian/other Pacific Islander residents experience the greatest burden of diet-sensitive diseases and have the shortest life expectancies compared to other racial and ethnic groups in San Francisco.

- Hospitalizations due to diabetes, hypertension or heart disease were nine times higher for Native Hawaiian/other Pacific Islander and around four times higher for Black/African American residents than the average rate for all San Francisco residents.
- For Black/African American residents, hospitalization rates were highest in 2021 for hypertension and heart disease than in any year prior; and the rate of hospitalizations increased the most for Black/African American residents than any other group.

The Report found that in FY 22-23, there are nine Reporting Departments actively working to address the food and nutrition needs of San Francisco residents through funding or operating food programs; and various data was submitted by these Departments for 36 programs. To gain a more complete understanding of the food landscape, we also obtained food program data from some community-based organizations for food programs not funded by the City. Programs provide either financial resources to purchase food, food access services such as meals, groceries, or fresh garden produce, or infrastructure support to organizations that provide food (for example, funds to purchase equipment).

Qualifications for programs vary and are usually based on requirements of the funding source. This is especially true for federally funded programs. For example, these programs generally serve residents based an income and/or age requirement. Eligibility for the largest program providing resources to purchase food, CalFresh, is based on income and qualified immigration status. However, some programs only serve older adults, others only serve all children 18 and under, others only serve children under 12 years old in family childcare, while others only serve low-income pregnant people and children under 5 years old. In contrast, free dining rooms and many food pantries serve anyone in need. Programs that are only locally funded have more flexibility in program qualifications and design. For example, some programs only serve clients of specific funded community-based organizations that serve low-income residents. A few programs are designed to serve populations with a specific medical need, and the food provided is tailored to the medical condition of participants.

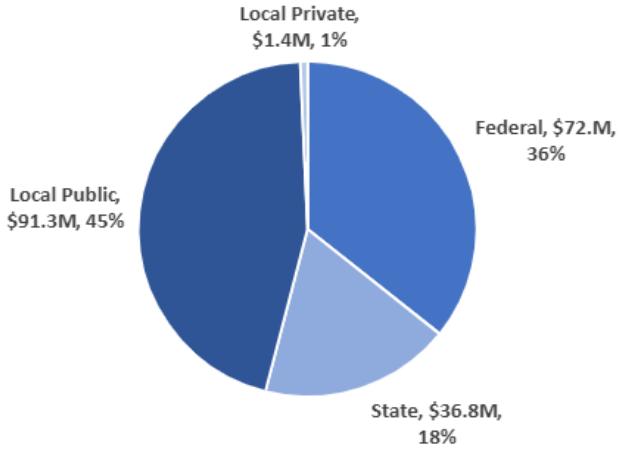
In FY 22-23, 16,561,060 meals were provided to residents of San Francisco to support their nutrition needs, with 86% provided by City funded programs. There were 2,457,858 grocery bags provided, with 65% provided in City funded programs. There were also 112 food producing gardens, with 79

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

on public lands while 33 were on private land. We asked Reporting Departments whether there was a wait list for each of their programs. A few programs indicated that there was a wait list (see Appendix E: Table 2a). One program indicated that while there was not a wait list, there was a wait time of four to six weeks to enroll in the program.

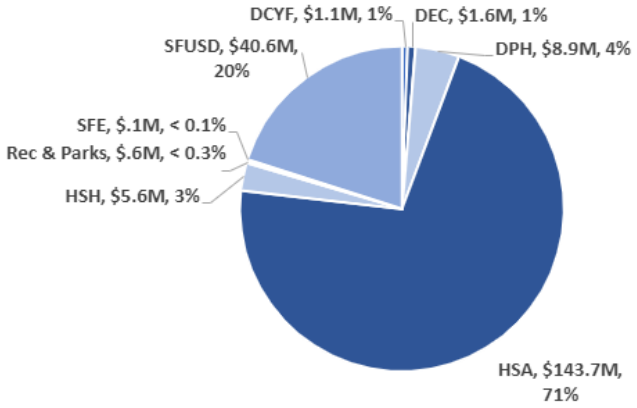
Prior to the Covid-19 pandemic, according to the California Health Interview Survey, in 2019 food insecurity in San Francisco was high with 59% of residents under 200% FPL being food insecure. The pandemic exacerbated existing food insecurity with the closures of pantries, schools, workplaces, and meal programs. Resources were allocated from federal, state, and local public and private sources to address the need. This historic investment was successful in reducing food insecurity in San Francisco. By 2021, food insecurity had dropped by 24% to 35% in 2021. However, by 2022 much of this pandemic related funding ended. In FY 22-23, Reporting Departments reported $200.7 million in food related funding with 36% from federal funds, 18% from state funds, 45% from local public funds and 1% from local private funds (see Figure 1 below):

Figure1: FY 22-23 SF Food Funding By Source



Most of this funding is administered by HSA ($143.7 million, 71%), followed by San Francisco Unified School District (SFUSD) ($40.6 million, 20%) (see Figure 2 below):

Figure 2: FY 22-23 SF Food Funding By Department



With the end of federal and state pandemic funding and the City's budget challenges, a total of over $32 million in food related funding will be reduced over two years with the reductions largely coming from local funds.

The City is facing many complex issues, and solutions require comprehensive approaches so that residents have the opportunity to build healthy and thriving communities. Recommendations from two Special Meetings of the Food Security Task Force focused on advocating for more federal and state support, sustaining local funding, developing food programs and interventions targeted at populations experiencing health disparities, integrating data systems, and improving food coordination between City departments and with community and faith-based organizations and residents experiencing food insecurity.

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LIST OF ACRONYMS AND TERMS

Reporting Departments and Task Force	Abbreviation
Department of Children, Youth and Their Families	DCYF
Department of Early Childhood	DEC
Department of Public Health	DPH
Food Security Task Force	FSTF
Homelessness and Supportive Housing	HSH
Housing Authority of the City and County of San Francisco	SFHA
Office of Economic and Workforce Development	OEWD
Office of Racial Equity	ORE
Planning Department	SF Planning
Real Estate Division - GSA	Real Estate
San Francisco Environment Department	SFE
San Francisco Human Services Agency	HSA
HSA Division: Benefits and Family Support	BFS
HSA Division: Citywide Food Access Team	CFAT
HSA Division: Disability and Aging Services	DAS
San Francisco Unified School District, Student Nutrition Services	SFUSD
Special Supplemental Program for Women, Infants and Children	WIC
Treasurer and Tax Collector	SF Treasurer

Non-City Agencies	Abbreviation
San Francisco Marin Food Bank	SFMFB
Tenderloin Neighborhood Development Corporation	TNDC

Terms	Abbreviation
California Advancing and Innovating Medi-Cal	CalAIM
Child and Adult Care Food Program	CACFP
Community-Based Organization	CBO
Faith Based Organizations	FBO
Federal Poverty Level	FPL
Maternal and Infant Health Assessment	MIHA
National School Lunch Program	NSLP
Self-Sufficiency Standard	SSS
Unit of Service	UOS
USDA Household Food Security Survey	USDA HFSS

INTRODUCTION

Background/Purpose of the Report

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." The full text of the Ordinance 103-21 is in Appendix A: Document 1.

Process to Produce the Report

Role of DPH: 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 (Appendix A: Document 2 & 3). The ordinance stipulates that "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 Department of Public Health." For a timeline of the process, see Appendix A: Document 4. DPH provided Reporting Departments with an online data collection tool to use for their submission of their Food Security Data Set ("Data Set"). The tool included fields for numerical and text responses depending on the question, as well as templates for programmatic data. The Food Program Data Framework includes department level questions as well as questions regarding each food program. Data submissions varied greatly by Reporting Department and by program. From the Reporting Departments' Data Sets, we compiled the information into data tables. We also compiled information on food security, health disparities and inequities, income, poverty, and self-sufficiency.

Role of the Food Security Task Force: The ordinance states that "[t]he Food Security Task Force shall consult with DPH to review the Food Security Data Sets received from Reporting Departments, develop recommendations for inclusion in the Biennial Report, assist DPH in preparation and presentation of the Biennial Report to the Board of Supervisors and the Mayor." DPH provided the data tables to the FSTF during three public meetings of the Food Security Task Force in October and November 2023 (see Appendix A: Documents 5, 6, 7 & 8).

Role of the Office of Economic and Workforce Development (OEWD): The ordinance also states that the Office of Economic and Workforce Development shall contribute to the Biennial Report an analysis of economic development potential of community food system and food security initiatives. Century | Urban conducted a comprehensive review of the data compiled by the DPH from each Reporting Department to evaluate the three food program categories funded by the City: financial resources programs, food access programs, and food infrastructure programs. Century | Urban evaluated the economic benefits associated with these program categories to identify specific existing City food programs that generate additional economic activity and have the potential for expansion. This report is included as a separate document.

BIENNIAL REPORT CONTENTS

The report follows the Biennial Report Contents as outlined in Ord 103-21.

ANALYSIS OF HOUSEHOLD NEED

Analysis of Household Income Versus Self-Sufficiency Standard

According to Census data, 10.3% (n = 87,874) of San Francisco residents live below the Federal Poverty Level (FPL) of $13,590 for an individual. There are nine zip codes that experience poverty rates higher than the city average (Appendix B: Fig. 8), with 42% of residents in 94130 (Treasure Island) living below the FPL. When looking by race/ethnicity, five out of the eight groups experience higher than the city average poverty levels, with American Indian/Alaska Native and Black/African Americans at 31% (n = 1,300) and 26% (n = 11,524), respectively (Appendix B: Fig. 7). For the number of residents in poverty by race/ethnicity, see Appendix B: Table 4.

The city-wide median household income is $126,187, with six out of the nine racial/ethnic groups making below the median income (Appendix B: Fig. 10). Overall, the data consistently shows that Black/African American, American Indian/Alaska Native, and Native Hawaiian/other Pacific Islander populations experience the highest rates of poverty and the lowest median incomes. American Indian/Alaska Native, and Black/African American household incomes are only a third of the city-wide median income ($38,750 and $44,142, respectively).

The Self-Sufficiency Standard (SSS) was developed by the Center for Women's Welfare at the University of Washington, and is a budget-based, annual wage measure that defines the real cost of living for working families. SSS is an alternative measure to the federal poverty measure and better reflects incomes needed to live in cities that have high costs of living such as San Francisco. Using this measure, a single adult must earn $60,232, four times more than the FPL, and 62% more than a person working full time at minimum wage (Appendix B: Fig. 9).

When looking at household types, single parents (n = 13,917) with children experience the worst income disparity compared to the SSS (Appendix B: Fig. 14). The SSS for a single parent is $109,964. The average income for a single female parent in San Francisco is $47,893, less than half of what is needed to be self-sufficient.

We also examined median household income by zip code based on average household sizes and compared these to the SSS (Appendix B: Fig. 15). Ten zip codes do not meet the SSS. 94124 (Bayview-Hunters Point) has the largest gap between median household income and the SSS ($42,591 vs. $112,125 for a household of 4). On average, households in 94124 need to earn $76,167 more to be at the SSS. See Appendix B for more information on poverty, income, and SSS data.

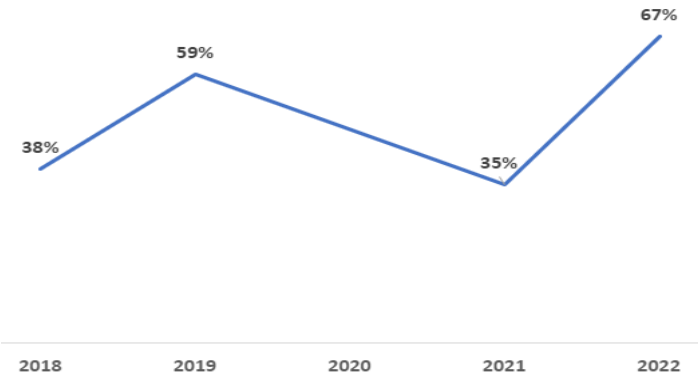
Food Insecurity Estimates

While we do not have a population level measure of food security in San Francisco, several samples offer insights (Appendix C: Table 1, Pg 2 – 5, Fig. 1-3). According to the California Health Interview Survey (CHIS), overall 44% of adults in California earning less than 200% of the FPL (Appendix C: Fig. 1) were food insecure in 2022. San Francisco's food insecurity rates are significantly higher; two-thirds (67%) of adults in San Francisco earning less than 200% of the FPL[6] are food insecure. About 20% of San Francisco residents make less than 200% FPL (n=174,457). Black/African American residents and residents earning less than 100%[7] of the FPL have the highest rates of food insecurity.[8] Because of the historic investment into food programs during the COVID-19 pandemic from all levels of government and the private sector, food insecurity rates dropped in 2021. With the reduction or elimination of much of the COVID-19 pandemic era food support, a year

[6] 200% FPL was $27,180 for a single adult in 2022
[7] 100% FPL was $13,590 for a single adult in 2022
[8] California Health Interview Survey: Pooled data from 2018-2022

later in 2022 food insecurity increased 32% to 67%, and we now have the highest rate of food insecurity for low-income San Francisco adults since CHIS started collecting food security data in 2001 (see Figure 3 below).

Figure 3: Percent of Food Insecurity Among San Francisco Residents Below 200% FPL, 2018-2022



California Health Interview Survey: Pooled data from 2018-2022

In San Francisco, food insecurity is high among individuals experiencing homelessness (47%), college students (42%) and households that have children under 17 years old (30%) (Appendix C: Table 1, Fig. 2). When looking at food insecurity rates during pregnancy among birthing individuals and households with children, food insecurity is highest for Black/African Americans and Hispanic residents and those participating in assistance programs, such as Medi-Cal, CalWORKs, and WIC. (Appendix C, Pg. 4 & 5) These trends align with what is seen in many population samples.

Results of Standardized Food Security Screenings in City Programs

In addition to looking at population samples, we also looked at food security screening data from City and community programs. High rates of food insecurity are seen among participants in both City and community-led programs. Some programs found that up to 83% of program participants are food insecure despite receiving some food resources.

City Programs:

Two Reporting Departments, DPH and Human Services Agency (HSA), provided participant food security screening data from some of their food programs (8 programs total). All programs used the validated survey tools based on the USDA Household Food Security Survey (HFSS).

Sample data showed rates of food insecurity up to 83% (range 39%–83%) (Appendix C: Table 2), indicating the need for additional food resources. Participants of HSA's Congregate Meal and Home-Delivered Meal programs had lower food insecurity rates compared to other programs (Appendix C: Table 2). Since Reporting Departments did not provide food screening data by race/ethnicity, age, sexual orientation, or gender identity, we are unable to assess whether there were differences in food insecurity rates by different population subgroups. However, Reporting Departments may be able to provide this information for future reports. See Appendix C for a more detailed summary of Reporting Departments' food security screenings.

Community Programs:

Three community organizations, San Francisco Marin Food Bank (SFMFB), Tenderloin Neighborhood Development Corporation (TNDC) and Children's Council of San Francisco provided food security screening data for four programs. Two programs used the Hunger Vital Signs tool (a validated tool based on the USDA HFSS) to screen for food insecurity while the other two used modified questions from the USDA HFSS.

Like Reporting Department data, food insecurity was high among program participants (32-83%) with SFMFB reporting that 83% of their program participants were food insecure. In 2023 SFMFB programs experienced funding cuts from all levels of government and are planning to phase out all pop-up pantries over the next 18 months impacting 18,000 households, and reduce home delivered groceries impacting another 5,200 households. See Appendix C: Tables 3 and 4 for detailed findings from community program food security screenings.

Analysis of Health Disparities for Which Nutrition is Critical

For this report, we examined health disparities across diabetes, hypertension, and heart disease to understand inequities for which nutrition is critical. Overall, trends reveal that Black/African American and Native Hawaiian/other Pacific Islander residents experience the greatest burden of diet-sensitive diseases and have the shortest life expectancies.

Zip codes with the highest rates of diabetes, hypertension, and heart disease hospitalizations were 94130, 94124, 94102, 94134, 94103, 94112, and 94115 (see Appendix A: Document 9 for a zip code map of San Francisco).

A consistent pattern emerges in hospitalization data from 2017-2021. Hospitalizations due to diabetes, hypertension or heart disease were nine times higher for Native Hawaiian/other Pacific Islander residents and around four times higher for Black/African American residents than the average rate for all San Francisco residents (Appendix D: Figure 1-3). For Black/African American residents, hypertension and heart disease hospitalizations rates were highest in 2021 than in any year prior, and hospitalization rates increased more among Black/African American residents than any other group. This trend in higher hospitalization rates in 2021 may in part be the result of people avoiding the hospital and delaying or forgoing routine medical care in 2020 due to the COVID-19 pandemic which may have contributed to missed opportunities for early intervention and preventable hospitalizations. See Appendix D for further details.

When examining hospitalizations due to diabetes, hypertension, and heart disease geographically, the following zip codes: 94130, 94124, 94102, 94134, 94103, 94112, and 94115 consistently have the highest age-adjusted rates of hospitalization (Appendix D: Figure 4-6). 94130, 94124, 94103 and 94102 - which roughly translate to Treasure Island, Bayview-Hunters Point, Tenderloin, and SOMA neighborhoods – are ranked in the top four zip codes with age adjusted hospitalization rates for these conditions ranging between 1.6 to 3 times higher than the city's average age-adjusted hospitalization rate for these conditions. These zip codes also have higher proportions of of residents who are Black/African American and Native Hawaiian/other Pacific Islander than other zip codes in San Francisco. For further details, see Appendix D.

We also see disparities in life expectancy based on race/ethnicity and gender. Between 2016-2018 and 2019-2021 life expectancy dropped for all race/ethnicity and gender groups, except for White females (Appendix D: Figure 7). Black/African American men and Latino men experienced the greatest decrease in life expectancy at birth with rates nearly four years less than the previous three-year period. Native Hawaiian/other Pacific Islander males also experienced a large drop of three years. Though the decrease in life expectancy for American Indian/Alaska Natives was small, those who identify as American Indian/Alaska Native have the third lowest life expectancy at 74.5 years. Certainly, the COVID-19 pandemic could explain part of this trend. However, a drop this large is extremely troubling and exemplifies how the disparities seen in diet-sensitive diseases contribute to poor health outcomes and shorter life expectancy (see Appendix D for more details).

Qualitative Data from Residents Experiencing Food Insecurity

Reporting Departments were asked whether they collected qualitative information from residents experiencing food insecurity. HSA shared that they regularly solicit feedback from clients and service providers to gauge the quality of services, understand service gaps, and make program improvements. Feedback has often included the need for more culturally tailored food options, and HSA's Department of Disability and Aging Services (DAS) and Citywide Food Access Team (CFAT) have made significant improvements in supporting culturally tailored food options.

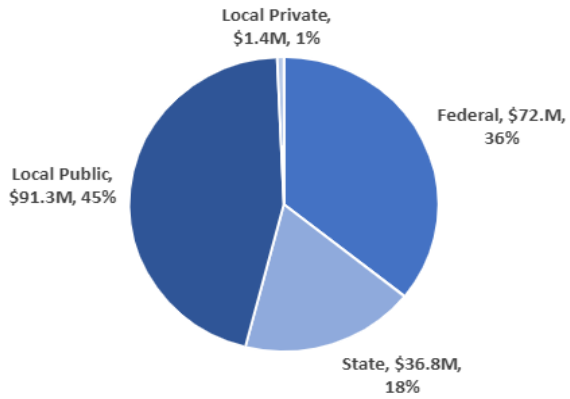
Homelessness and Supportive Housing (HSH) reported that they collect information from their program participants in many ways across various interventions (Appendix E: 13C). HSH's program participants indicated that there was a need for housing options where residents can buy and prepare their own food, and that people within the homelessness response system need support to access and maintain public benefits and food security. There was also a request for more variety in the food provided, larger portions and more than two meals a day. Participants also appreciated the menu improvements that have been made.

CITY INVESTMENTS IN NUTRITION PROGRAMS

Reporting Departments were asked for the number of food programs they fund or operate and for detailed information about the funding, clients served, geography served, frequency of service and other relevant questions. Nine departments indicated that they fund or operate food programs, and various data were submitted for 36 programs. For a list of City funded or operated programs along with basic program information such as program name, who the program serves, what type of resource is provided and how often see Appendix E: Table 2. Programs were organized into the following categories: Financial Resources for programs providing resources to increase residents' ability to purchase food, Food Access for programs providing meals, groceries or garden produce, and Infrastructure for programs funding equipment and other infrastructure needed to operate food programs. For the category of Infrastructure, we received information from some Reporting Departments in different ways complicating the summary of funding information for this category. We will discuss this category more in a section that follows.

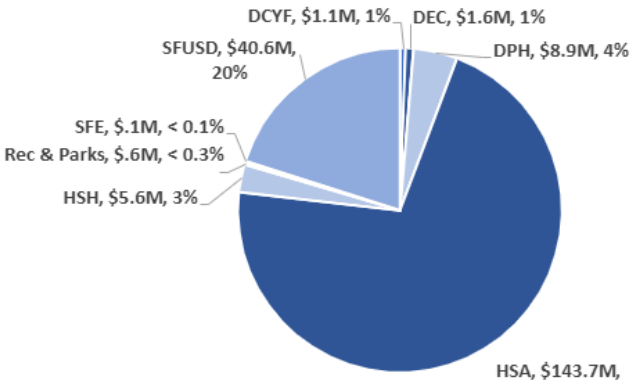
In FY 22-23, Reporting Departments reported $200.7 million in food related funding with 36% from federal funds, 18% from state funds, 45% from local public funds, and 1% from local private funds (see Figure 4 below).

Figure 4: FY 22-23 San Francisco Food Funding by Source



Most of this funding is administered by Human Service Agency (HSA) ($143.7 million, 71%), followed by SFUSD ($40.6 million, 20%). (See Figure 5 below):

Figure 5: FY 22-23 SF Food Funding by Department



With the end of most of the COVID-19 pandemic era support for food, between FY 22-23 and FY 23-24 overall funding dropped by 8% to $184.9 million, and between FY 23-24 and FY 24-25, overall funding for food programs is projected to decrease by another 11% to $165.2 million. The largest reductions are in local funding. Between FY 22-23 and FY 23-24, local funding decreased by $11.6 million, and funding between FY 23-24 and FY 24-25 is expected to decrease another $20.4 million. A total of over $32 million will be cut over two years with the cuts largely coming from local funds. The following HSA programs: Grocery Access (CFAT); CalFresh Administration (BFS); Meal Support (CFAT) reported the largest funding cuts. Some programs increased funding in FY 23-24. Programs with the biggest increases were in the following HSA programs from DAS: Home Delivered Meals, Congregate Meals, and Pantries, as well as the CFAT's Food Empowerment Market (a two year pilot program) (see Appendix E: Table 11C &11D).

In the following section, funding information from programs will be integrated if available.

REPORT ON NUTRITION RESOURCES AVAILABLE

(financial resources to purchase food and food access programs)

Twenty-nine City funded programs provide either resources to increase resident's ability to purchase food or food access services. In order to better understand nutrition resources available to residents of San Francisco, we also incorporated information about the number of meals or grocery bags provided from the following non-City funded programs (food in family child care sponsored by Children's Council of San Francisco and Wu Yee Children's Services; non-government funded pantries from the San Francisco Marin Food Bank; Market Match from Ecology Center; Free Meal Programs (St. Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services, Third Baptist Church) and food producing gardens.

Programs collect data in different ways, and each Reporting Department's Data Set contained differing amounts of information (Appendix E: Table 1). In this section we provide a summary of some of the data we received. Funding information for each program is provided in Appendix E: Table 6. For more details about the programs see Appendix E: Tables 2-10 &13E.

Programs Providing Financial Resources to Purchase Food

Six programs provide resources to increase resident's ability to purchase food. Five of these programs are funded or operated by Reporting Departments. In FY 22-23, the total funding for City-programs was $87 million with funding from federal (49%), state (26%), and local public (25%) sources. Table 1 below is a snapshot of these programs. These programs allow participants to purchase food at a variety of locations including local grocery and corner stores, farmers markets, and/or restaurants - directly supporting the local economy.

Table 1: Summary of Programs Providing Financial Resources in FY 22-23

Department/ Organization	Program	# of Individuals Served	# of Households Served	Program Funding FY 22-23	Additional Information
HSA	CalFresh - BFS	130,468	104,500	$79,496,316 *	The CalFresh program provided $318 million in benefits in FY 22-23
DPH	Women, Infants and Children (WIC)	12,646	--	$3,173,039 *	The WIC program provided $10,712,412 in benefits redeemed in FY 22-23
HSA	Grocery Vouchers - CFAT	25,064	7,946	$2,892,514	248,000 $10 vouchers distributed in FY 22-23
DPH	Healthy Food Purchasing Supplement	14,839	14,839	$1,553,941	154,932 $10 vouchers distributed in FY 22-23
DPH	Black Infant Health (BIH) Grocery vouchers	120	--	$250,000	N/A
	Subtotal Reporting Department Programs	**183,137 ****		**$87,365,810**	
Ecology Center	Market Match		--	$2,486,480	$2,486,480 in benefits distributed in FY 22-23
	Total	**183,137 ****		**$89,852,290**	

*Program Funding represents funding for administration of the program only.
--Indicates information not provided
**Data not deduplicated
Note: Program shaded is not City funded

Food Resources Available

Data were compiled for 28 food access programs that provide meals, grocery bags, and fresh garden produce. Twenty-four of these programs (86%) are operated or funded by Reporting Departments. The data for these programs are summarized in the three tables below based on the type of food resource available. A few programs provide both meals and groceries, and when available, the data are presented separately. Table 2 below is a snapshot of the program that provides meals. Over 16.5 million meals were provided in FY 22-23. Funding for Reporting Department meal programs totaled $78 million with funding from federal (35%), state (18%), local public (45%), and local private (2%) sources. For programs providing meals daily or weekly, the cost per meal ranged from $1.88 for DCYF Afterschool Meals to $11.22 for HSA Meal Support - CFAT. Nearly half (48%) of the meals were provided by SFUSD's National School Lunch Program with a cost per meal of $6.03.

Table 2: Summary of Food Access Programs Providing Meals in FY 22-23

Department/ Organization	Program	Meals	# of Individuals Served	# of Households Served	Frequency of Program	FY 22-23 Budget
HSH	Safe Sleep Site Meals	339,450	465	--	Daily	$1,166,273
HSH	Shelter and Navigation Center Meals	1,998,010	2,478	259	Daily	$4,189,056
DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	269,210	--	--	M-F	$691,605
DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	125,178	--	--	Daily	$413,095
HSA	Meal Support - CFAT	674,474	9,565	3,357	Weekly	$6,993,488
HSA	Congregate Meals - DAS	1,344,062	18,182	--	Daily	$10,135,161
HSA	Home-Delivered Meals - DAS	2,609,100	7,033	--	Daily	$13,431,701
HSA	Nutrition as Health - DAS	44,412	637	--	Daily	$546,364
SFUSD	National School Lunch Program	6,927,351	48,362	--	Daily (M-F)	$40,593,968
DPH	Feeding 5000 (senior meals)	2,435	2,435	2,435	Annual	Included in Table 3
	Subtotal–Reporting Department Programs	**14,333,682**				**$78,160,710**
Children's Council of SF & Wu Yee Children's Services	CACFP - Family Child Care	1,388,958			Daily	Not available
Community and Faith Based Organizations*	Free Dining Rooms	838,420			Varies	Not available
	Total	**16,561,060**				**Not available**

Programs shaded are not City funded. -- Indicates information not provided
*St. Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services & Third Baptist Church

In FY 22-23, 10 programs distributed groceries generally on a weekly basis providing over 2.4 million grocery bags (see Table 3 below). Reporting Departments funded eight of these programs. The total funding for Reporting Departments' grocery programs was $27 million with 100% of the funding coming from local public funds. The cost per grocery bag ranged from $7.54 for HSH Food Pantry in Permanent Supportive Housing to $45 for DPH Food Pharmacies. A majority (70%) of the grocery bags were provided by the HSA Community Centered Grocery Access – CFAT with an average cost per unit of $21.87.

Table 3: Summary of Food Access Programs Providing Groceries in FY 22-23

Department	Program	Grocery Bags	# of Individuals Served	# of Households Served	Frequecy of Program	FY 22-23 Budget
HSH	Food Pantry in Permanent Supportive Housing	27,040	520	--	Weekly	$245,602
DPH	Food Pharmacies	3,239	--	--	Weekly	$180,000
DPH	Feeding 5000	6,228	--	6,228	Annual	$400,000
HSA	Community Centered Grocery Access - CFAT	1,115,227	108,194	42,378	Weekly	$21,556,875
HSA	Home-Delivered Groceries - DAS	212,624	4,755	--	Weekly	$1,931,427
HSA	Pantries - DAS	130,871	2,819	--	Weekly	$2,464,722
HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	91,970	6,577	2,595	Weekly	$569,339
HSA	Nutrition as Health - DAS	8,811	637	--	Daily	Included in Table 2
	Subtotal - City funded programs	**1,596,010**				**$27,347,965**
Various CBOs*	Free Dining Rooms	15,190			Varies	Not available
SF Marin Food Bank	Non-Government Funded Pantries	846,658	16,848		Weekly	Not available
	Total	**2,457,858**				**Not Available**

Programs shaded are not City funded. -- Indicates information not provided
*St. Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services & Third Baptist Church

Table 4 summarizes the remaining six food access programs as well as their Units of Service (UOS) if available. In FY 22-23, the total funding for these programs was approximately $7 million with 19% of the funds from federal sources and 81% from local public funds.

Table 4: Other Food Access Programs

Department	Program	UOS Other	# of Individuals Served	Frequency of Program	FY 22-23 Budget
DPH	Groceries and Prepared meals for people living with HIV	99,132 meals and grocery bags	--	Weekly	$1,721,051
DPH	Pantry - Bulk Food Distribution to housing sites for people living with HIV	479,771 lbs.	--	Weekly	$115,600
Rec & Parks	Alemany Farm - food security farm	28,000 lbs.	200	Weekly	$20,231
DPH	Sugary Drinks Distributor Tax food focused community-based grants	--	10,551	--	$1,466,931
HSA	Food Empowerment Market Pilot - CFAT	TBD		TBD	$2,244,525
HSA	Food Production - CFAT	N/A	--	Monthly	$1,436,000
				Total	**$7,004,338**

*HSA Note: this program has two components. The farming component supports urban agriculture, and the other component supports meal production in Community Kitchens. Disaggregated data for each component was not provided. -- Indicates information not provided

Food Producing Gardens

There were 112 food producing gardens in San Francisco, with 79 on public lands and 33 on private land. San Francisco Recreation and Parks Department (RPD) manages 41 of the gardens and provides technical assistance and resources. RPD also operates eight pop-up events annually providing garden resources to over 20,000 participants annually. The information below was provided by Reporting Departments using the funding template provided. Additional support for food producing gardens may be included in Reporting Departments' response to infrastructure support in Appendix E: Table 13A.

Table 5: Food Producing Gardens

Department	Program	Participants	FY 22-23 budget
Rec and Parks	Alemany Farm [a]	200	$20,321
Rec and Parks	Community Gardens program [b]	1,512	$546,993
Rec and Parks	Garden Resource Day	1,975	$16,731
HSA	Food Production-CFAT [c]	--	$1,436,000

[a] Alemany Farm: Outside of the staffing that has already been reported, RPD expends $15K/year in materials and contracts to operate the farm, not including other RPD staff time, major repairs, or the budgets of nonprofit partners to operate programming on-site.
[b] Does not include RPD staff time, capital investment into new gardens, major repairs or the budgets of nonprofit partners to operate programming on-site.
[c] This program has two components. The farming component supports urban agriculture, and the other component supports Community Kitchen production. Disaggregated data for each component was not received.

Resources Tailored to Food Needs of People Requiring Specialized Programs

Reporting Departments provided details about the qualifications for each food program (see Appendix E: Table 3). Table 6 below lists Reporting Departments' programs that address nutrition sensitive medical conditions like diabetes, hypertension, heart disease, congestive heart failure, HIV, pregnancy and high risk for preterm birth. The FY 22-23 budget for these programs was $6.6 million. Two programs (WIC and groceries/meals for people living with HIV) which are largely federally funded represent 73% of this amount. The remaining programs were locally funded and have a collective budget of $2.3 million, which represents approximately 2.5% of local funds allocated for food in FY 22-23.

Table 6: Programs Addressing Nutrition Sensitive Medical Conditions

Reporting Department	Program	Program Qualifications*
DPH	Food Bridge to Health**	Patients of ZSFG acute care settings that screened positive for food insecurity and have a nutrition-sensitive medical condition
DPH	Food Pharmacies	Patients in enrolled in program based on referrals from medical providers for a chronic condition such as hypertension or diabetes.
DPH	Groceries and Prepared meals for people living with HIV	Low-income SF residents with symptomatic or disabling HIV disease whose eligibility if certified by their primary care provider.
DPH	Bulk Food Distribution to housing sites for people living with HIV	Low-income SF residents with symptomatic or disabling HIV disease whose eligibility if certified by their primary care provider.
DPH	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Pregnant, postpartum, breastfeeding or families with children under 5 years old determined to be at nutrition risk by a health professional
DPH	Healthy Food Purchasing Supplement - fruit and vegetable vouchers	Pregnant clients of SF WIC program
DPH	Grocery vouchers for clients of Black Infant Health	Clients of Black Infant Health at risk for preterm birth
HSA	Nutrition as Health – DAS	Residents of SF who meet one of the following eligibility criteria: an older adult or 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.

Note: HSA Home Delivered Meals – DAS: while this program does not require a medical diagnosis, some vendors may offer modified menus to meet special nutrition needs.
*For more details about program qualifications, see Appendix E, Table 3
**Programmatic data not available

Some food programs focus on specific populations; some are open to anyone in need; others are available to anyone qualified by income or age criteria; and some food programs are only open to clients of funded community organizations. The programs below in Table 7 are targeted to specific populations.

Table 7: Programs Focused on Specific Populations

Specific population served	Program
Older adults and adults with disabilities	HSA/DAS: Home Delivered Meals, Congregate Meals, Pantries, Home Delivered Groceries
Children and youth	SFUSD: National School Lunch Program DCYF: After School Meals and Summer Lunch HSA/CFAT Meal Support (family meals) Meals in Family Child Care (Children's Council of SF and Wu Yee Children's Services
People in the HSH Homelessness Response System	HSH: Food Pantry in Permanent Supportive Housing, Safe Sleep Site Meals, Shelter and Navigation Center Meals

ANALYSIS OF SYSTEM INFRASTRUCTURE TO SUPPORT FOOD SECURITY

Because of the importance of infrastructure in food security programs, the Food Program Data Framework specifically asked Reporting Departments if they had funded or supported infrastructure. Across all programs, data were provided in various ways. Some Reporting Departments provided data in narrative form, while others provided data on spreadsheet templates provided. Data from Reporting Departments that provided information using the funding templates are included in Appendix E: Table 6. Other information on infrastructure funding is available in Appendix E: Table 13A. For the following section, we summarized information received.

System infrastructure was divided into the following categories: transportation/delivery services, equipment, healthcare and food, information and referral, food recovery, urban agriculture/ food production, data systems, food coordination, food supply, workforce, and training and technical assistance. Based on Reporting Department responses, we noted which Reporting Department is funding which infrastructure category (see Appendix F: Document 1). Most infrastructure funding went towards the purchasing of physical equipment and food delivery (e.g., trucks, refrigerators, freezers), support for food in child care, urban agriculture, (e.g., maintaining, expanding, and improving public gardens), and policy/systems/ environmental changes to support food and nutrition security.

To lay the groundwork for analysis of system infrastructure supporting food security, the project team conducted preliminary research on the infrastructure categories including their current states, gaps, and what was needed to address these gaps. This information was presented at the November 6, 2023 FSTF Special Meeting where meeting participants shared their insights and feedback. Major issues and themes were related to information & referral, data systems, food coordination, and public transportation/delivery services. There is currently no fully integrated information and referral system for food services. Food programs have their own systems of tracking data and providing information and referrals to participants, but these are mainly operating in silos.

Accessing transportation to get to food is also a challenge, particularly for pregnant people and families with children, seniors, and people with disabilities. Exacerbating this issue is the increasing transportation and delivery costs across all modes of transport. There is also an upcoming reduction of 40% in San Francisco Marin Food Bank's home delivered grocery program which currently serves 13,000 older adults, people with disabilities,

pregnant people and families with small children in San Francisco.

For more detailed information about each infrastructure category, see Appendix F: Document 2.

ANALYSIS OF HEALTH AND OTHER INEQUITIES AS APPLIED TO FOOD SECURITY PROGRAMS

When Reporting Departments were asked about health disparities in the populations they serve and whether they prioritize funds geographically or demographically to address health disparities, the majority of Reporting Departments (55%, 6 out of 11) reported that they focus programming on addressing health disparities among Black/African American and Native Hawaiian/other Pacific Islander communities, and that they deliver more services to specific neighborhoods such as the Tenderloin, Bayview Hunter's Point and Oceanview (Appendix E: Table 13B, 13E). Reporting Departments reported that they deliver services to prioritized populations including children, people who are pregnant, individuals who are unhoused, those with disabilities, those with chronic or long-term health needs, those who immigrated to the US, and older adults. These populations were identified as populations of focus for receiving food resources through public meetings and our analysis of health disparities in San Francisco (Appendix A: Document 8 and Appendix D: Figure 1-7).

When asked about new initiatives focused on reducing health disparities, Reporting Departments shared several promising programs. HSA DAS's Nutrition as Health program offers medically tailored meals to older and disabled adults with specific medical conditions. This helps ensure that people who face a higher risk of chronic disease can at least avoid worsening outcomes. In addition to food initiatives, HSA will be opening the Disability Cultural Center this year which will provide information and referral to food services. DPH's Food Bridge to Health team plans to partner with CalAIM and local managed Medi-Cal providers "to improve operations of food as a covered benefit through CalAIM in [the acute care setting]…and develop a community advisory board for food and other social needs initiatives, which will serve to provide diverse perspectives for our program to ensure we work toward closing the equity gap." See Appendix E: Tables 13B and 13E for details on new and planned initiatives.

Reporting Department programs provided data on the demographics of program participants for FY 22-23 which we used to understand program coverage for populations of focus based on health disparities. Twenty programs provided sample demographic data on program participants (totaling 292,886 participants).

Community and Reporting Department programs provided program participation data by zip code for FY 22-23. These data were used to understand program coverage for 14 zip codes of focus based on health disparities and poverty rates. Out of 28 programs that provided zip code data, the greatest number of programs operated in zip codes: 94102 (23 programs), 94103 (24 programs), and 94124 (23 programs). The fewest number of programs operated in 94104 (6 programs), 94111 (13 programs), and 94130 (12 programs). Quantifying the number of programs does not indicate adequate coverage as it does not account for differences in programs such as the level of food assistance provided, qualifications for receiving food, or capacities of programs to serve residents, nor does it indicate that programs are serving those populations with the highest health disparities. More detailed analyses are needed to understand if those programs are providing adequate coverage to residents, and whether those with diet sensitive chronic diseases are receiving the food resources they need (see Appendix E: Table 5A-C for a detailed breakdown of number of individuals or households served and units of service delivered by zip code).

There are limitations to determining if food programs are adequately addressing health

inequities and other inequities. For more details on the challenges of analyzing these data, see the Limitations section below.

COMMUNITY RECOMMENDATIONS

The following recommendations came from FSTF Special Meetings. Attendees of the FSTF Special Meetings included FSTF members, staff from Reporting Departments and other City departments, staff from community-based organizations operating food programs and/or working with food insecure residents, and members of the public who all contributed to recommendations. A full list of attendees can be found in the FSTF Special Meeting Minutes, Appendix A: 6–8. Based on Ord. 103-21 requirements, recommendations have been organized into policies, programs and budget to address food insecurity, gaps in resources, and system infrastructure related to health, racial, geographic, age, and other inequities. Recommendations have various implementation timelines, ranging from short (< 12 months) to medium (12 – 24 months) to long (> 24 months).

1. Policy

Federal Policy

The following recommendations pertain to federal funding:

- Expand federal funding for nutrition programs, including CalFresh, WIC, National School Lunch Program, Child and Adult Care Food Program, nutrition incentive programs, and programs funded through the Older American's Act to support neighborhoods and households that are most in need.
- Expand funding for nutrition education.
- Advocate for the USDA to provide more flexibility in meal requirements.

Local Policy

Local policy recommendations focused on food businesses, food programs, and engaging additional stakeholders to support food systems.

Policy - Food Business

- Incorporate food into San Francisco's economic development plans.
- Overhaul the permitting process to make it easier for people to start food businesses.
- Work with businesses to prevent price gouging of people on assistance programs.

Policy - Food Programs

- Tie housing costs to funding for food. If housing costs were to increase, there should be no budget cuts to food funding.
- Implement maximum waiting time for City-funded food programs and ensure adequate funding to meet the policy requirement.

Other Local Policy Recommendations

- Utilize the Biennial Food Security and Equity Report to address food equity and food justice, engage communities, and expand the food framework to increase collective impact.
- Require technology companies that receive tax breaks to support data infrastructure for food systems.

2. Programs

Recommendations focused on maintaining and expanding existing programs, as well as creating new programs to adequately meet the food security needs of San Francisco residents. Food coordination was also a priority, along with making sure programming incorporates community voices.

New Programs

- Invest in technical assistance and training of community-based organization partners on all resources that San Francisco residents can access.
- Create new, specialized programs to focus on groups experiencing health disparities and diet-related health conditions that are designed and operated by community.
- Create a new food program to support people moving from the shelter system to permanent supportive housing.
- Explore pay what you can models to increase food access.
- Connect small food businesses to provide groceries and meals for young children in family child care.

Improve/Expand Existing Programs

- Address root causes of food insecurity including work force development, economic opportunity (e.g., exploring supplemental/universal basic income), education, child care, and affordable housing.
- Encourage Managed Care Plans to adopt a full spectrum of medically supportive food through CalAIM that cover a large number of residents.
- Have coordinated and consistent guidance on food safety to maximize food recovery.
- Expand current programs with large wait lists to meet the demand.
- Ensure the food provided through programs is high quality and nutritional.
- Design RFPs for community-based organizations that are large enough to support sustainable programs.
- Increase delivery and storage equipment and storage space for food programs and food recovery.
- Increase the amount of food provided in food programs so participants do not have to go to multiple locations to obtain their needs.
- Protect and support interventions that meet the needs of neighborhoods most in need and specifically serve target populations based on age, behaviors, lifestyle, and culture.
- Develop an integrated platform for documenting food recovery for SB 1383.
- Address food infrastructure needs highlighted in the Report (see Appendix F for full details).
- Allow departments the independence and flexibility to set targets and create programs without restrictive funding.

Food Coordination

- Develop city-wide outcomes and objectives for food security.
- Departments need to work more collaboratively to plan for food allocation, with support from the Mayor's Office.
- Establish a coordination and implementation group to address gaps in food infrastructure.
- Create an integrated information and referral system for food programs and services.
- Create a centralized data tracking system for food programs.
- Streamline and standardize application processes for food program enrollment.
- Engage with the private sector to support food security (e.g., rideshare companies supporting food delivery).

Community Voices

- Include community voices in the evaluation of programs from the perspective of participant satisfaction and whether health outcomes are improving, and to better understand challenges and opportunities for improvement through a community-centered, health equity lens.
- Increase food advocacy by community and faith-based groups.
- Require City Commissions to meet in community and to engage with community members and obtain feedback.

3. Local Budget

Detailed budget recommendations are not available. However, there was alignment in acknowledging that the current budget cuts for food security and programming will have a significant negative impact on San Francisco residents (please see Appendix A: 7-9 for FSTF Special Meeting Minutes, Appendix E: Tables 11A-D, and Appendix G: SF-Marin Food Bank Organization Update from the Nov. 1, 2023 FSTF Meeting). Funding recommendations included:

- Restoring local budget cuts to food programs.
- Protecting funding and access to cash benefits.
- Increasing funding to improve the quality and variety of meals.
- Restructuring the City budget so that basic food needs are funded through a protected line item rather than the General Fund.

4. Additional Data Analyses

Lastly, there were other recommendations for additional analyses of the current data and evaluation of current food programs available:

- Conduct a more in-depth analysis of program coverage by zip code, neighborhood, and demographic data and provide summary data to the FSTF.
- The data available is from FY 22-23 and does not capture the current funding landscape that has significantly shifted. There needs to be an examination of current data including wait lists and how food programs for FY 23-24 have been impacted for city funded and non-city funded food programs.
- Determine how budget cuts impact priority populations and zip codes, especially those with diet related health disparities.
- Conduct analyses on the specific strategies being used by programs to deliver and coordinate food.
- Evaluate underutilization of programs and develop a plan for how to expand outreach.

LIMITATIONS

There are several limitations which made it difficult to fully evaluate the food system landscape in San Francisco:

1. Data are incomplete due to lack of standardized data collection within and across Reporting Departments.
2. Future data sets should standardize categories of populations served.
3. The findings do not adequately reflect current state food needs. While these data are from the past fiscal year, since FY 22-23 the food resources landscape has changed significantly with the closure of emergency food programs operated during the pandemic. This has left gaps in coverage today that are not apparent in the data presented in this report. For example, the SFMFB recently reported to the FSTF the closure of pop-up pantry sites across the City which will result in the loss of services to up to 18,000 household. These and other changes will likely leave additional service gaps.
4. Data collected from Reporting Departments were not submitted with stratification at the zip code level by race/ethnicity. Future data collection must request zip code data stratified by race/ethnicity so we can better determine whether programs are serving populations with the highest health disparities.

LIMITATIONS (continued)

5. Inconsistency and missing data in reporting of metrics across programs prevents data aggregation and cross-program comparisons. While most programs provided funding data, and program data by zip code and race/ethnicity, the completeness of the data varied greatly. Additionally, the data template provided to Reporting Departments was missing several zip codes. Where possible, footnotes were added to data tables to denote which zip codes were included in the "other" category. The demographic data template inadvertently omitted Filipino language. Future iterations of the data templates will include additional categories and questions so that comprehensive zip code and language data can be captured.
    a. For funding data, most Reporting Departments provided FY 22-23 data. However, fewer programs provided funding data for FY 23-24 and FY 24-25. This limits our ability to assess how changes in funding overtime will impact services delivered to communities.
    b. Some programs provided zip code data by all requested metrics (total individuals served, total households served, and units of service delivered), whereas other programs were only able to provide data on units of service delivered in each zip code. This makes it difficult to determine the overall program coverage in each zip code. Furthermore, it was not always possible to deduplicate the total number of individuals served by a program. Therefore, overall number of individuals served in a zip code could overcount of the true number of individuals served.
    c. Similar challenges occurred with the race/ethnicity data, many programs do not collect race/ethnicity data or cannot disaggregate their Asian category. This limited our ability to assess if populations that experience the highest health disparities, such as Native Hawaiian/other Pacific Islander, are adequately served by programs. To improve comparability across programs, future data collection should focus on ensuring completeness of the data and working with Reporting Departments to ensure race/ethnicity data is standardized, when possible.
    d. Reporting Departments were asked to provide sexual orientation and gender identity (SOGI) data about program participants. Many programs did not provide complete SOGI data or do not collect this data. Due to small numbers in categories and concerns about data privacy, we combined the Trans women and Trans men category into a single Transgender category.
6. Similar to most jurisdictions, we lack a population-wide measure of food insecurity for all of San Francisco. While we have measures of food insecurity among sub-populations in San Francisco such as those under 200% FPL, pregnant people, college-aged students, etc., we do not have a population-wide survey. This makes it difficult to determine the prevalence of food insecurity across all residents. Given the high cost of living in San Francisco, it is likely that these sub-population measures of food insecurity are not capturing the full extent of food support needed across the city. Furthermore, high rates of food insecurity in San Francisco are likely an undercount. A recent study by Livings et al. (2023) found substantial under-reporting of experiences of food insecurity by study participants when using the USDA HFSS tools.[9] This should be considered when evaluating the prevalence of food insecurity in San Francisco.
7. The report offers limited data from residents experiencing food insecurity. Further data collection and involvement of community members in the development of this report is needed to fully capture the experiences of food insecurity in San Francisco.

[9] Livings, M et al. Food Insecurity Is Under-reported in Surveys That Ask About the Past Year. American Journal of Preventive Medicine, Volume 65, Issue 4, 657 – 666. https://doi.org/10.1016/j.amepre.2023.03.022

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Reporting Departments Providing Data or Response

Controller's Office
Department of Children, Youth and Their Families
Department of Early Childhood
Department of Public Health
Homelessness and Supportive Housing
Housing Authority
Human Services Agency
Office of Contract Administration
Office of Economic and Workforce Development
Office of Racial Equity
Planning Department
Real Estate Division
Recreation and Parks
San Francisco Environment Department
San Francisco Unified School District
Treasurer and Tax Collector

Community-Based Organizations Providing Data

Children's Council of San Francisco
CityTeam Ministries
Ecology Center
Martin de Porres House of Hospitality
St. Anthony's Foundation
San Francisco Marin Food Bank
Tenderloin Neighborhood Development Corporation
Third Baptist Church
United Council of Human Services
Wu Yee Children's Services

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