San Francisco Department of Public Health

Biennial Food Security and Equity Report

Preliminary Data Set

April, 13, 2023

Contents

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

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%

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 <u>below 100% FPL</u> 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