Table 13B: Department Level Responses to framework questions about health disparities, by Agency in FY22-23

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…
Department of Early Childhood		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.
Department of Public Health		Black or African American, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native residents have the highest rates of poverty and the shortest life expectancies, while American Indians or Alaska Natives and Black or African American residents have lowest household incomes. Native Hawaiian or Other Pacific Islander and Black or African American residents experience the greatest diet-sensitive burden of disease.	San Francisco Department of Public Health funded programs serve all ethnicities and populations within the City and County of San Francisco. The Department of Public Health programs and services focus on supporting health equity and reducing health inequities. Within Primary Care, patients must have a chronic condition such as hypertension or diabetes to access food-related programs. Patients enroll in the program based on referrals from providers and identification via chronic disease registries. The Food Bridge to Health program that is located at Zuckerburg San Francisco General (ZSFG) and serves ZSFG patients, prioritizes navigation services to serve racial/ethnic minority populations as well as sexual and gender minority populations, but do not limit enrollment for food services to particular populations. Funds within Maternal Child and Adolescent Health's Black Infant Health Program addresses disparities in birth outcomes, income and poverty by providing EatSF grocery vouchers to pregnant and post-partum clients. HIV Health Services' (HHS) main food-related program operated by Project Open Hand (POH), 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 of these clients. The Healthy Food Purchasing Supplement (HFPS) program focus on providing resources to food insecure San Francisco residents to purchase additional fruits and vegetables at local stores and farmers markets. Because of the high rates of food insecurity among pregnant people in San Francisco and the negative impacts of food insecurity across the life span, we focus these resources on low-income pregnant people and families with children. 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. HFPS program also focuses on this population. The holiday food distribution, Feeding 5000, focuses on African American and Pacific Islander families and households that have the highest rates of many diet-related diseases. Funding for food-related services in the Community Health Equity and Promotion branch focuses on addressing health disparities and are distributed by racial/ethnic populations.	Food Bridge to Health program admin are working with the Epic and Welcome teams to expand the use of tablets/technology services for more universal food insecurity screening in the acute care settings at ZSFG. This will allow more patients to be screened and due to the disparities seen in our population vs. the larger SF community, increased food security screening will help us work toward providing equitable services. The Food Bridge to Health team is also working with the CalAIM team and local managed Medi-Cal providers to improve operations of food as a covered benefit through CalAIM in our acute care settings. Lastly, the Food Bridge to Health team is planning to 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. Within the Community Health Equity and Promotion branch, the soda tax community-based grants will continue to address health disparities by directing money to populations made vulnerable by structural racism. In funding for FY 23-24, the Florence Fang Community Farm is working with the PUC (Public Utilities Commission) to decrease water rates for Bayview Hunters Point (BVHP) farms and community gardens. They are also distributing excess produce to local organizations including the pop-up village as well as local faith-based groups. Behavioral Health supports the Trans Pilot Program which began as a lunch service during the pandemic, and now continues to provide boxed lunch for Trans folks in the Tenderloin twice per week.
Environment Department				
Homelessness and Supportive Housing (HSH)	Referenced below	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%. 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) . 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	HSH programs providing food to participants are site-based. HSH provides two meals per dayor 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. 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.	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) 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) 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.

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Housing Authority of the City and County of San Francisco	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
Office of Economic and Workforce Development/Community Economic Development	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
Office of Racial Equity				
Planning Department		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.
Real Estate Division - GSA	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)	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.	No	None - we are a real estate division
SF Department of Children, Youth, and their Families (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.

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San Francisco Human Services Agency (SFHSA)		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. 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.	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. 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. 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. 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. To further fill gaps in need, we fund supplemental grocery and grocery voucher programs for those who are under-served on 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. 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.	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. 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 dessert. 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. 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. 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. 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. 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. 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. 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.

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San Francisco Parks and Recreation	n/a	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.	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 accessbility. 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 organziations that oversee multiple gardens and made updates based on the replies we recevied; made udpates 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 organziation has closed since the last update. Gardens were removed from the list if the area was transitioned to other uses.	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 Porgram oversees 42 locations, of which 22 are in equtiy 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 anticpated 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 our highest user group, to ensure easier accessbility.
Student Nutrition Services, San Francisco Unified School District				Expanded Refresh Programs at school sites, bringing nutritious meals to students and also focused on organic produce options for students.
Treasurer & Tax Collector	n/a	n/a	n/a	n/a