



The 2023 San Francisco Biennial Food Security & Equity Report is divided into three parts:

- 2023 Biennial Food Security & Equity Report (includes summary data, key findings, and community recommendations)
- The Office of Economic Workforce and Development Sub-Report (an analysis of the economic development potential of food programs)
- Appendices, A-H (includes Reporting Department data tables, health data, meeting information)

Access the full report at https://www.sf.gov/information/biennial-food-security-and-equity-report
For questions about the report, please email food-security@sfdph.org

OVERVIEW / BACKGROUND

In 2021, the Board of Supervisors passed the ordinance requiring the creation of the San Francisco Biennial Food Security & Equity Report (BFSER). The purpose was for the San Francisco Department of Public Health to develop a method to collect and analyze data related to food security and health equity. Data was collected from City departments, SFUSD, and community-based organizations. The first ever BFSER was published in December 2023.

How to Use This Data Brief

This data brief guide was developed to highlight key findings and data points from the BFSER. It is a tool and source of information for communities to use to guide their work and efforts around food programming and resources.

The guide is divided into three main topics, with each covering its current state, threats, and challenges:

Food security

Funding for food programming by City agencies and community-based organizations

Nutrition-sensitive medical conditions and related health disparities

At the end of this brief are key highlights from Community Recommendations.

The full report along with all data can be found at:

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



The estimated healthcare cost of food insecurity in San Francisco in 2019 was

\$204,564,2761



FOOD SECURITY: CURRENT STATE

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.

Hunger and food insecurity are injustices experienced by too many people throughout the United States, California, and San Francisco. Food insecurity contributes to poor health and health disparities through multiple pathways: stress, trauma, poor diet quality, and malnutrition. Food insecurity increases 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, including higher health care costs.



FOOD SECURITY: THREATS AND CHALLENGES

Who is experiencing food insecurity in San Francisco? 2







of individuals experiencing homelessness



of Black birthing individuals



of pregnant Medi-Cal recipients



of clients of San Francisco-Marin Food Bank

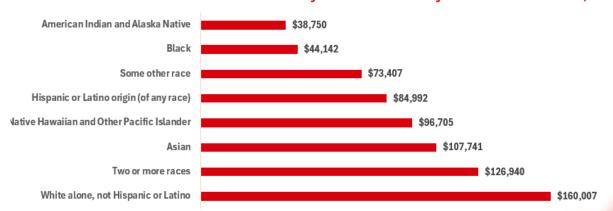


of households with children under 17 years old



of adults in San Francisco earning less than 200% of the Federal Poverty Level reported being food insecure

Median Annual Household Income by Race/Ethnicity in San Francisco, 2017-2021³



The city-wide median income is \$126,187.

About 116,000 residents are living below 200% of the Federal Poverty Level, which equates to \$29,160. An annual income of \$60,232 is needed for a single adult to live adequately in San Francisco.⁴ Most race/ethnicities make below the city-wide median income, with Black and African American and American Indian and Alaska Native households making only about a third of the city-wide median income.



FOOD SECURITY: CITY-FUNDED FOOD PROGRAMS

Despite participating in City-funded programs and community food programs, 39% to 83% of clients report still being food insecure.



7 of the 29 reported food access programs in San Francisco provided food security screening data. There was a correlation between the frequency of programs providing nutrition to participants and lower rates of food insecurity.



Participants of DAS's Home Delivery Meals programs had the lowest rates of food insecurity, at 39%. These programs met the food needs of more participants than other City food programs and lowered the burden of food insecurity for the aging and disabled community.



The other lowest rate, at 46%, was found amongst participants of DAS's Congregate Meals programs. These meals were provided daily to community members, directly in their neighborhoods, and were easy to reach.

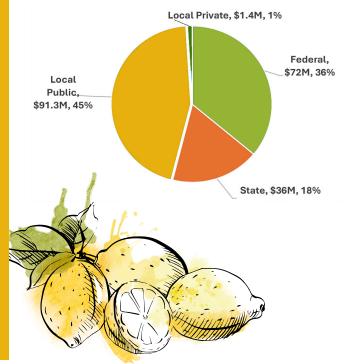
CITY-FUNDED FOOD PROGRAMS: CURRENT STATE

There were **nine departments** that worked on food-related programming and/or provided food resources, operating a total of **36 programs**.

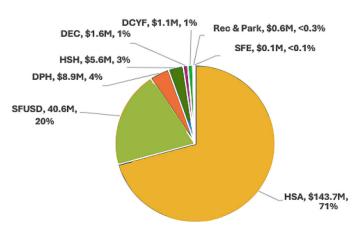
During FY 2022-2023, San Francisco food security programs provided: 16.5 million meals and 2.4 million grocery bags

A total of \$200.7M was dedicated to publicly funded food security programs in San Francisco during FY 22-23.

City Investments in Food Security Programs, by Funding Source, FY 22-23



Investments in Food Security Programs by City Department, FY 22-23



Department abbreviations can be found on page 10 of this data brief.

CITY-FUNDED FOOD PROGRAMS: CURRENT STATE (continued)



How much does a meal or grocery bag cost?

There is a wide difference in costs per unit for grocery bags and for meals. For programs providing daily or weekly meals, 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.

The cost per grocery bag ranged from \$7.54 to \$45. The City's largest grocery program, HSA's Community Centered Grocery Access Program, funded 70% of the City-funded grocery bags and had a cost per bag of \$21.87 in FY 22-23. As funding for this program decreases, the program projects a cost per grocery bag of \$56.04 in FY 24-25. There is a need to better understand the wide range in costs so that City funds serve the most people with the highest quality of food.

CITY-FUNDED FOOD PROGRAMS: THREATS AND CHALLENGES

With the end of federal and state pandemic funding and the City's budget challenges, a projected total of **over \$35 million food-related funding** will be reduced over the next two years with reductions largely coming from local funds. HSA projected the biggest cuts to their CFAT Grocery Access and Meal Support programs, and CalFresh administration. A few programs projected an increase in funding, such as DAS's Home Delivered Meals, Congregate Meals, Pantries, and the HSA funded Food Empowerment Market.

In 2023, SFMFB programs experienced funding cuts from all levels of government and are planning to phase out all pop-up pantries by June 2025, impacting 18,000 households. There will also be a reduction in their home-delivered groceries program by 40%, impacting another 5,200 households, for a total **23,200 households**.

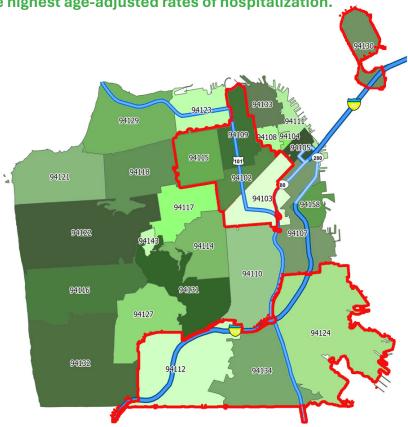
NUTRITION SENSITIVE HEALTH DISPARITIES: CURRENT STATE

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.

For this report, we examined health disparities across diabetes, hypertension, and heart disease to understand inequities for which nutrition is critical. 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.⁵ For Black/African American residents, hospitalization rates were highest in 2021 for hypertension and heart disease since 2017; and the rate of hospitalizations increased the most for Black/African American residents than any other group.⁶

NUTRITION SENSITIVE HEALTH DISPARITIES: CURRENT STATE

When examining hospitalizations due to diabetes, hypertension, and heart disease geographically, the zip codes outlined in red: 94102, 94103, 94109, 94115, 94112, 94134, 94124, and 94130 consistently have the highest age-adjusted rates of hospitalization.



94130, 94124, 94103 and 94102 - which roughly translate to Treasure Island, Bayview-Hunters Point, SOMA neighborhoods, and Tenderloin – 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 residents who are Black/African American and Native Hawaiian/other Pacific Islander than other zip codes in San Francisco.



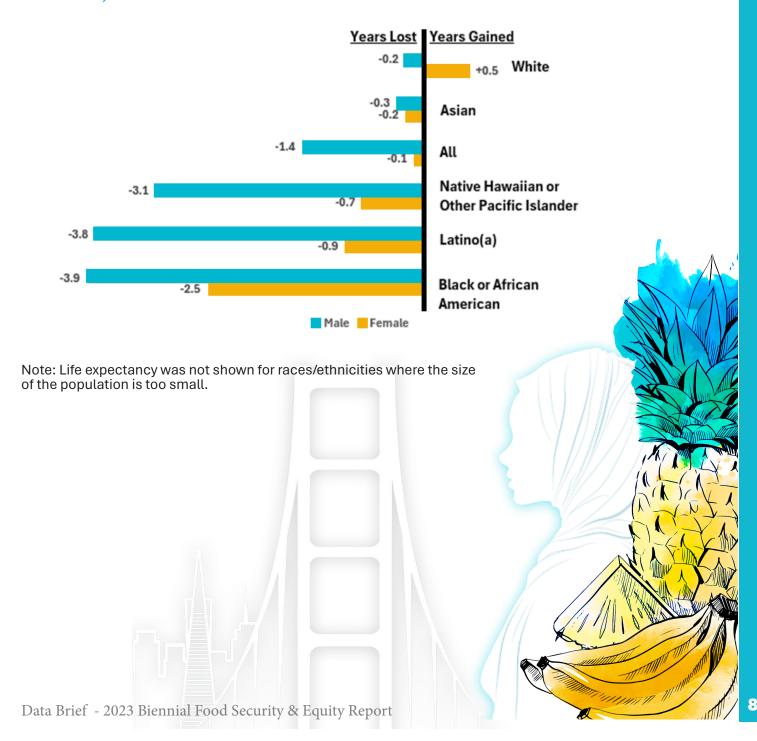
The City only has eight food programs focused on addressing nutrition sensitive medical conditions. These programs had a combined budget of \$6.6 million for FY 22-23, which is only 1% of total food funding from all resources. This is concerning given that nutrition sensitive health disparities are on the rise.

NUTRITION SENSITIVE HEALTH DISPARITIES: CURRENT STATE

Between 2016-2018 and 2019-2021 life expectancy dropped for all race/ethnicity and gender groups, except for White females.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. Black/African females had the highest decrease in life expectancy amongst all females, at 2.5 years. ⁷

Difference in Life Expectancy (Years) at Birth by Race/Ethnicity and Gender in San Francisco, From 2016-2018 to 2019-2021



HIGHLIGHTS FROM COMMUNITY RECOMMENDATIONS

Below are Community Recommendations that were developed at two public meetings held by the Food Security Task Force to review the BFSER data. These recommendations have been organized into programs, budget, policy, and additional data analysis to address food insecurity, gaps in resources, and system infrastructure. A full list of recommendations is available in the 2023 Biennial Food Security & Equity Report on pages 21-23.

New Programs

- Create new, specialized programs to focus on groups experiencing health disparities and diet-related health conditions that are designed and operated by community.
- Create new food programs for people transitioning from the shelter system to permanent supportive housing.

Improve and Expand Existing Programs

- Address root causes of food insecurity including work force development, economic opportunity (e.g., exploring supplemental/universal basic income), education, childcare, and affordable housing.
- 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.
- Expand current programs with large wait lists to meet 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.
- Encourage Managed Care Plans to adopt a full spectrum of medically supportive food through CalAIM that covers a large number of residents.
- Increase food coordination across City departments.

Local Budget

- Restore local budget cuts to food programs.
- Increase funding to improve the quality and variety of meals.
- Restructure the City budget so that basic food needs are funded through a protected line item rather than the General Fund.

Policy

• Implement maximum wait-times for City-funded programs.

Additional Data Analyses

 Determine how budget cuts impact priority populations and zip codes, especially those with diet-related health disparities.

CITATIONS

All citations refer to the 2023 Biennial Food Security & Equity Report. Primary citations can be found in the report.

The full report can be found at https://www.sf.gov/information/biennial-food-security-and-equity report

- 1. BFSER, page 1
- 2. 2023 BFSER, Appendices, pages 118 124
- 3. 2023 BFSER, Appendices, page 107
- 4. 2023 BFSER, Appendices, page 110
- 5. 2023 BFSER, Appendices, pages 127 129
- 6. 2023 BFSER, Appendices, pages 128 129
- 7. 2023 BFSER, Appendices, page 133

WHERE TO FIND MORE DETAILED DATA

To view more data on:

- Funding of food programs, refer to the BFSER, pages 14-19
- Income, poverty, and self-sufficiency, refer to Appendix B, pages 97-114
- Food insecurity, refer to Appendix C, pages 116-125
- Health disparities and inequities, refer to Appendix C, pages 126-133

ABBREVIATIONS USED IN THIS DATA BRIEF

BFSER - Biennial Food Security & Equity Report

CFAT - Citywide Food Access Team

DAS – Department of Disability and Aging Services

DCYF - Department of Children, Youth and Their Families

DEC - Department of Early Childhood

DPH - Department of Public Health

FPL - Federal Poverty Level

HSA - Human Services Agency

HSH - Homelessness and Supportive Housing

Rec & Park - Recreation & Parks

SFE - San Francisco Environment Department

SFUSD - San Francisco Unified School District

