

San Francisco Food Security Taskforce

January 6, 2015

Our vision is that all low-income San Francisco residents, in all neighborhoods, will have access to fruits and vegetables at the market where they regularly shop.

What We'll Cover Today

- Problems Addressed by EatSF
- Conceptual Framework
- Program Design
- Rapid Feedback Evaluation (program)
- Outcomes: participants, distribution sites, vendors
- Enrollment: households & voucher Redemption
- EatSF Future Forward
- Q&A



Healthy Food

Diets low in fresh F&V are associated with obesity, diabetes, cancer and cardiovascular diseases



Nutrition Critical for Healthy Development & Aging

- Children
 - Decreased intellectual & emotional development
 - Poorer physical health: more hospitalizations (decreased employment capacity for caregivers)
- Pregnant mothers
 - Smaller, sicker babies
- Adults & Seniors
 - Obesity
 - Diabetes & poor diabetes control
 - Mental illness and exacerbations of serious mental illness
 - Decreased capacity to maintain independence with aging
- People living with HIV & AIDS
 - Increased HIV-related wasting
 - Inability to control virus levels, even when on effective anti-retroviral therapy

Problems



Lack of Resources

- 1/3 of low-income SF residents report that they cannot afford nutritious food (CHIS, 2014)
 - 28% of SF residents are low-income (<200% FPL, FSTF Report)
 - High cost of living in SF
- Many ineligible for CalFresh
 - 45K SSI recipients in SF: low-income seniors, disabled adults (SSA, 2014)
 - Undocumented residents
 - Gross income > 200% FPL

Problems



Lack of Access to F&V

- Too few retail outlets sell healthy and affordable foods
 - Food "deserts" in high poverty neighborhoods (such as TL, SOMA, and Bayview) make access to nutritious foods increasingly difficult (Modified Retail Food Environment Index, 2011 – SPUR)

Neighborhoods with High Poverty and Lack of Healthy Food **Retail Options**

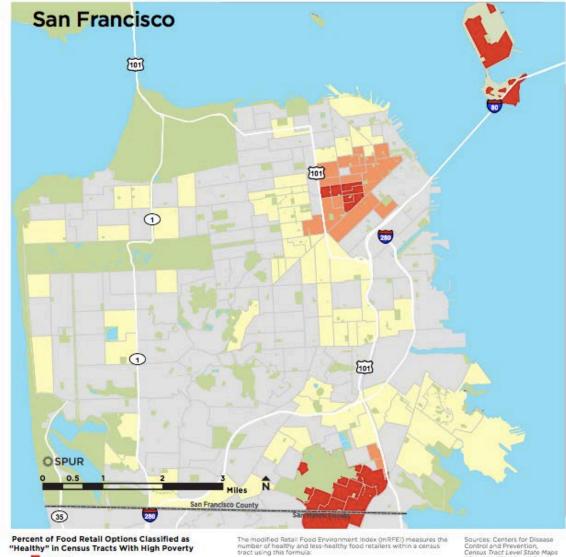
Source: SPUR, 2015



FIGURE 8

Neighborhoods With High Poverty and a Lack of Healthy Food Retail Options

Focusing on San Francisco, San Jose and Oakland, SPUR used CDC data to highlight unhealthy food environments in neighborhoods where more than 15 percent of families live in poverty. These areas are where we recommend that policymakers focus food access efforts.



Percent of Food Retail Options Classified as "Healthy" in Census Tracts With High Poverty

0-1.5%

1.5-5% 5-37.5%

Tracts < 15% of families in poverty Parks and open space

Healthy Food Retailers + # Less Healthy Food Retailers

For this indicator, healthy food retailers include supermarkets, larger grocery stores, supercenters, and produce stores. Less healthy food retailers include convenience stores, fast food restaurants, and small grocery stores with 3 or fewer employees.

Healthy Food Retailers

Control and Prevention, Census Tract Level State Maps of the Modified Retail Food SPUR analysis determined the census tracts with 15 percent of households below the California Poverty Measure, See methodology.

Problems



Low F&V Consumption

Among Low-income Households

- Only 25% of young children in SF reported eating 5+ servings of fruits and vegetables daily compared to 49% statewide. (CHIS, 2009)
- Adults living in food-insecure households consume fewer weekly servings of fruits, vegetables, and micronutrients (Seligman, 2007)
- 20% of low-income US households report no weekly purchases of fresh F&V



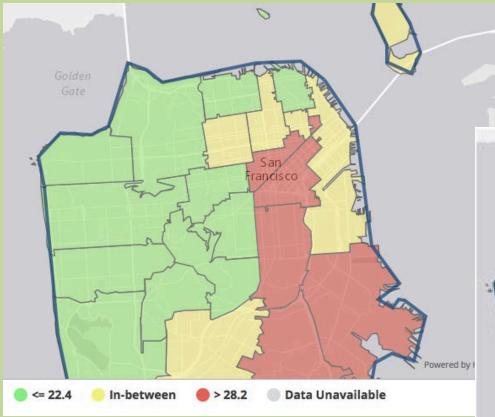


ProblemsHealth Disparities

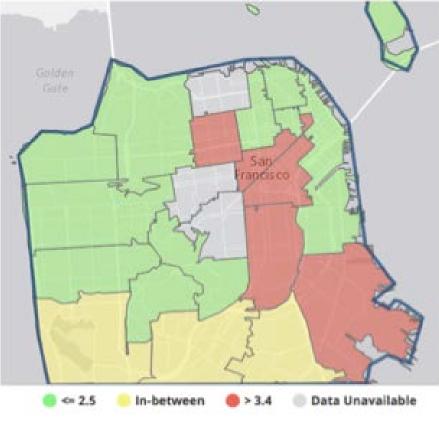
- Hospitalization rates due to Hypertension, Heart failure and Diabetes occur significantly more frequently in the Bayview, TL and SOMA than in other neighborhoods (see map)
- The Tenderloin, South of Market and Bayview-Hunters Point neighborhoods far exceed the city/countywide rate and goal for preventable emergency room visits.



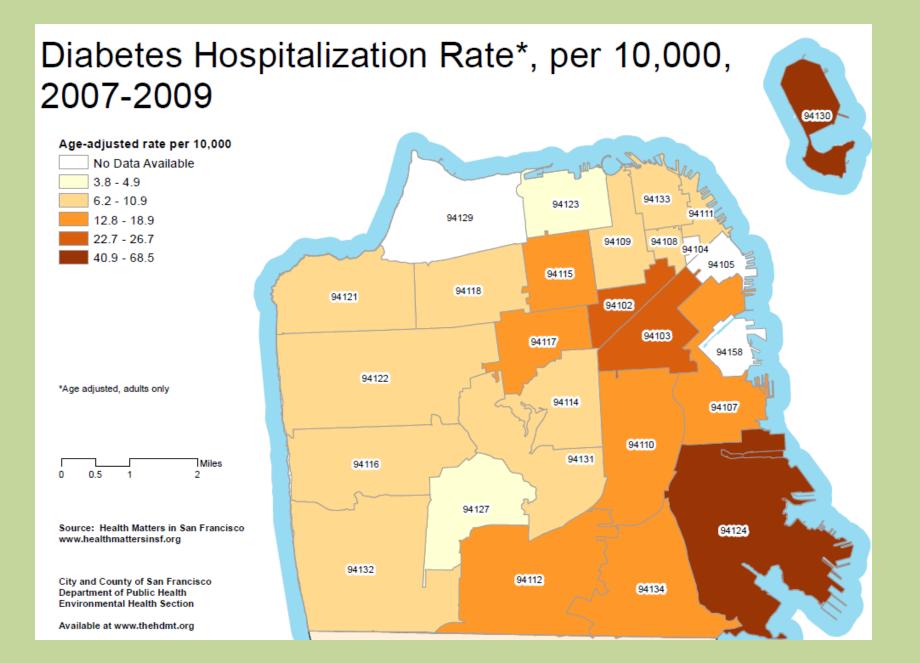
Heart Failure Hospitalization Rate



Hypertension Hospitalization Rate







Problems

Race/Ethnic Disparities

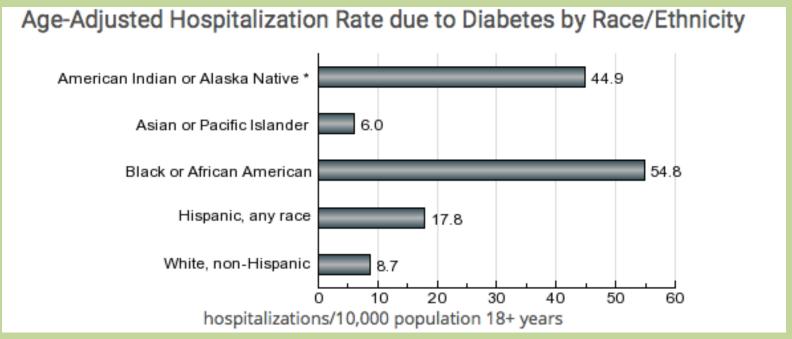
 SF African Americans are far more likely to suffer from diabetes (CHIS 2011-2012)

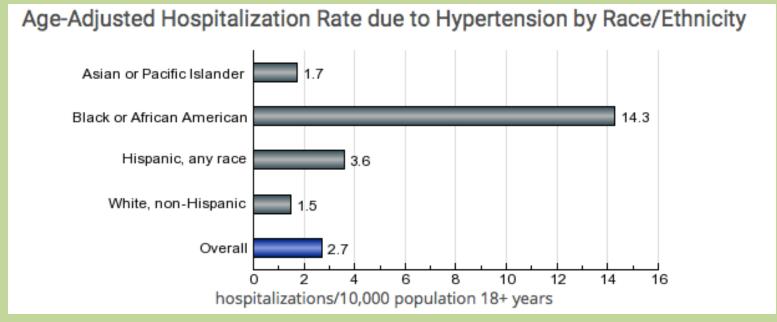
African American: 15.8%

Asian: 7.2%Latino: 5.2%White: 1.2%

- SF African Americans and Latinos are more likely to be overweight
 - 73% of African-Americans and 74% of Latinos in SF are overweight/obese. (CHIS, 2009)







SFHIP Health Indicator – Source data: COSHPD, 2011-13

Many Low-Income SF Residents have a Diet-Sensitive Chronic Disease

< 200% FPL



21,000 (min) LI adults with diabetes (CHIS 2014)

In SF, diabetes diagnoses are 3 times higher for low-income adults
(CHIS 2014)



19,000 (min) LI adults with obesity (CHIS 2014)



8,000 (min) LI children with obesity (UCLA, CHP)

Prevalence 2.7 times greater than higher income children (US Data; Singh & Kogan, 2010)

UCSF Center for Vulnerable Populations



39,000 (min) LI adults with **hypertension** (CHIS 2014)

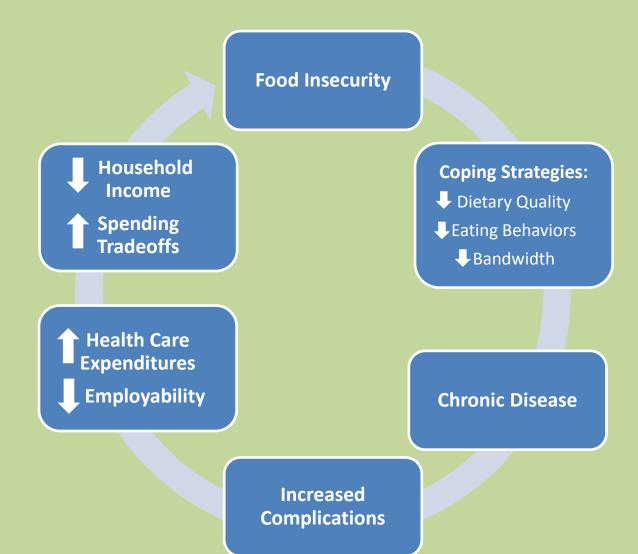
In SF, hypertension diagnosis is 1.8 times higher for low-income adults (CHIS 2014)

Conceptual Framework

Food Security
&
Diet-Related Chronic Disease



Food Insecurity & Chronic Disease

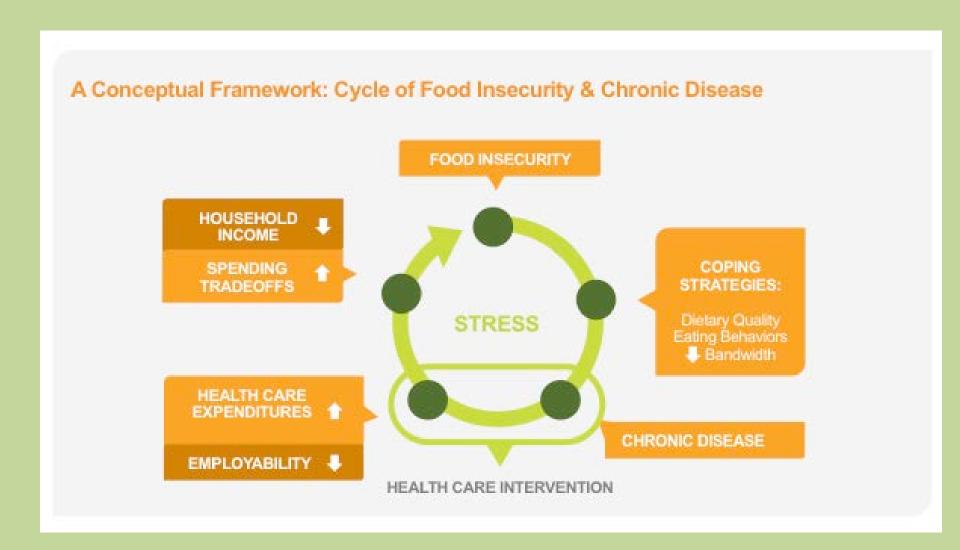




Coping Strategies to Avoid Hunger

- Eating low-cost foods
 - Fewer F&V
 - More fats/carbs
- Eating highly filling foods
- Small variety of foods
- Avoiding food waste
- Binging when food is available

- Higher risk of obesity, diabetes,
 & other chronic, diet-sensitive diseases
- Once you are chronically ill, poorer ability to manage it your illness



A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease **FOOD INSECURITY** UPSTREAM COMMUNITY INTERVENTION HOUSEHOLD INCOME COPING SPENDING TRADEOFFS STRATEGIES: Eating Behaviors Bandwidth **STRESS HEALTH CARE EXPENDITURES** 1 **CHRONIC DISEASE** EMPLOYABILITY 👃

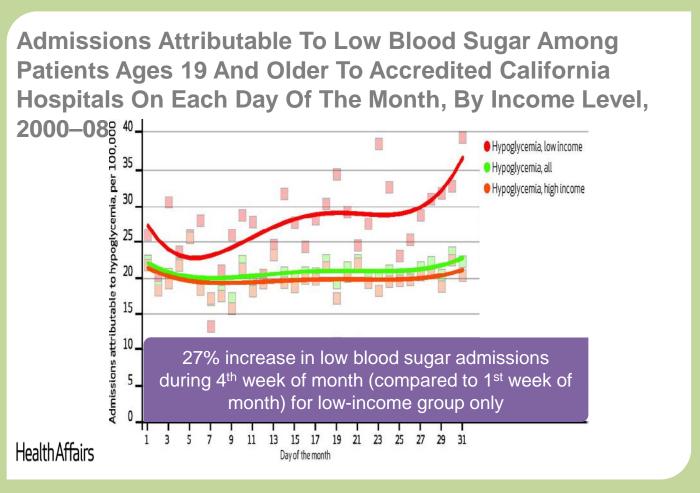
Food Insecurity and Health Care Costs

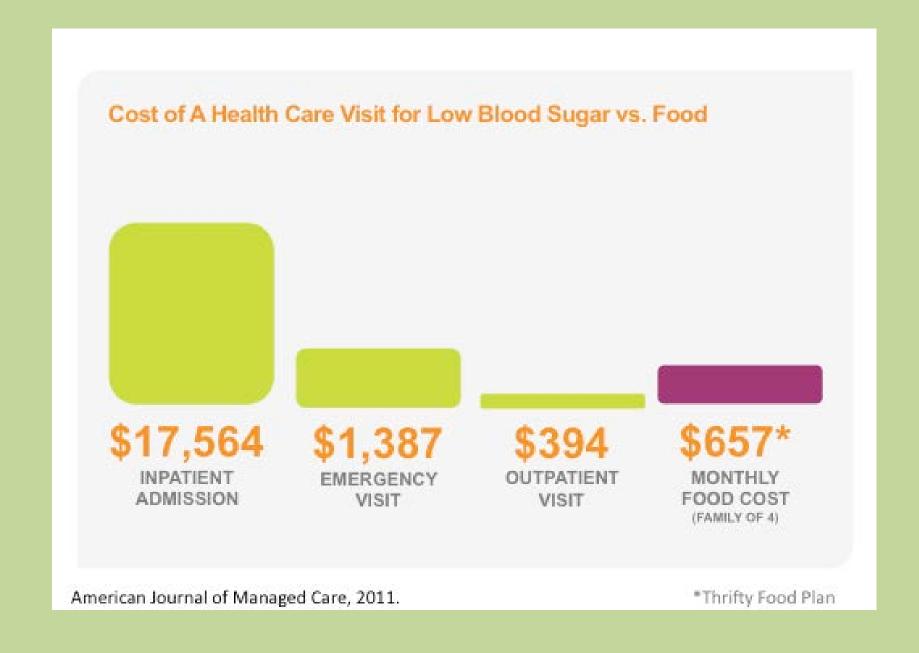
Variable	Odds of health care expenditure* $n = 67 033$		Total health care costs per person? n = 59 817	
	Unadjusted OR (95% CI)	Adjusted‡ OR (95% CI)	Unadjusted mean, \$ (95% CI)	Adjusted‡ mean, \$ (95% CI)
Food insecurity status			***	
Food secure	1.00 (ref)	1.00 (ref)	1516 (1498-1534)	1438 (1421-1455)
Marginally food insecure	1.03 (0.90-1.17)	1.13 (0.99-1.29)	1748 (1647-1849)	1673 (1579-1767)
Moderately food insecure	1.21 (1.08-1.36)	1.33 (1.18-1.50)	2143 (2037-2249)	1892 (1800-1985)
Severely food insecure	1.54 (1.30-1.81)	1.71 (1.44-2.04)	3078 (2883-3273)	2529 (2370-2688)



Source: Tarasuk, CMAJ, 2015.

Hospital Admissions Attributable to Low Blood Sugar





Theory of Change

EatSF

More Intake of F&V

Better Health & Wellbeing Reduced Health Care Costs



EatSF

Fruit and vegetable voucher program for low-income SF residents with diet-sensitive chronic diseases and families with children <12 yrs. old





UCSF Center for Vulnerable Populations

EatSF Vision

Our vision is that all low-income San Francisco residents, in all neighborhoods, will have access to fruits and vegetables at the market where they regularly shop.





EatSF: Program Design

- Incentivizing healthy food purchases
- \$20 \$40 per month
- Vouchers redeemed at corner stores, farmers market, and large-scale grocery stores for fresh or frozen fruits and vegetables



EatSF: Program Design

Participants enrolled through community-based organizations (distribution sites)

- Distribution sites:
 - Community health clinics, SROs, senior centers, health and wellness programs, social service agencies





(1) Participants get vouchers for the purchase of fruits and vegetables



(2) Participants bring the vouchers to a participating store or farmer's market and buy fruit and vegetables.







(4) EatSF sends the store the face value of the voucher PLUS an extra \$0.25 convenience fee



(3) The store fills out the voucher (amount spent up to the maximum value & items purchased) and sends to EatSF for reimbursement

Multiple Benefit Consume more F&V Improve health Program **Individual** Less food insecure Socio-emotional benefits Local economic support • Support CBO/Clinic wellness efforts Community Better access to fresh F&V in local stores (more stocking of F&V) Improved health outcomes Reduce health SF disparities • Reduce health costs Reduced food insecurity

EatSF Video

A short clip on EatSF (less than 2 minutes) that explains how the program works, though the experience of a program participant (Marilyn):

https://youtu.be/ubj74L79oK8



EatSF: A Complementary Approach

- Flexibility: integrates into each site's unique 'work flow'
- Supplementary: 'add-on' to existing health and wellness/nutrition components
- Incentive: engages clients in programming
- Neighborhood approach: develops sense of community



EatSF: A Customer-Centered Approach

- Easy: enrollment process allows for quick adoption and engagement
- <u>Culturally sensitive</u>: materials translated into Spanish, Chinese, Vietnamese
- Branding: conveys health, wellness

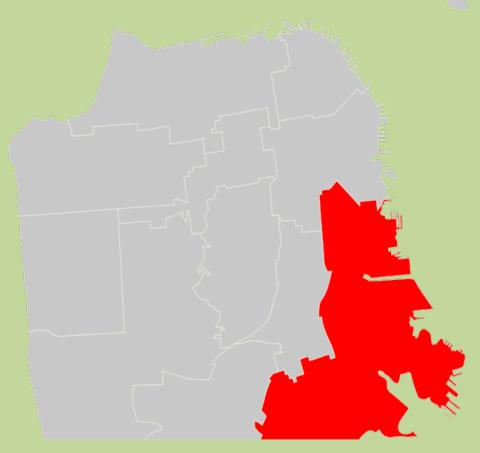


EatSF: Focus Areas

Neighborhoods:

Tenderloin, South of Market, Bayview





EatSF: Focus Areas

- Eligible participants:
 - Low-income adults with a diet-sensitive chronic disease (diabetes, hypertension, chronic heart failure, obesity, HIV) AND families with children 12 yrs. old or younger in household
- Targeted populations (food insecure):
 - o SSI, SRO residents, seniors, families



EatSF: Focus Areas (Tenderloin & SOMA)

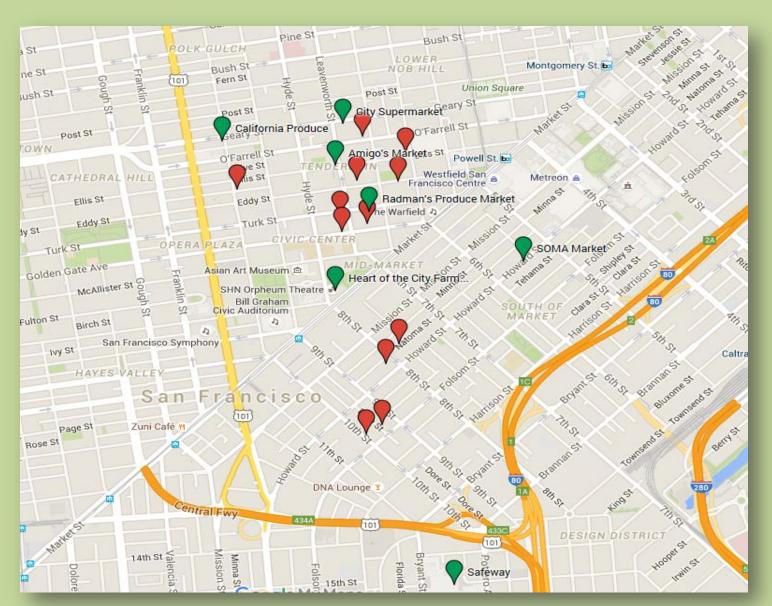
Current Sites

- AAIMS Project
- API Wellness Center
- Conard House (2 Buildings)
- Curry Senior Center (housing, clinic programs)
- Episcopal Community Services (5 Buildings)
- Glide
- Lutheran Social Services
- SFGH TB Clinic
- St. Anthony's (2 programs)
- Tom Waddell Urban Health Clinic

Pending/waitlisted sites

- Lyon-Martin Clinic
- SFGH Diabetes Clinic
- DISH (Designing Innovations in Supportive Housing)
- Salvation Army
- Castro Mission Health Center
- Charlotte Maxwell Clinic
- NEMS (Northeast Medical Services)
- BAART FACET program
- Mercy Housing
- YMCA (diabetes program)

Distribution & Vendor Sites – Tenderloin & SOMA



Distribution Sites

Vendors

EatSF: Focus Areas (Bayview)

Sites:

- Southeast Health Center
- YMCA
- Bayview Hunters Point Multipurpose Senior Services, Inc. (2 sites)

the

 Hope House (2 Buildings)

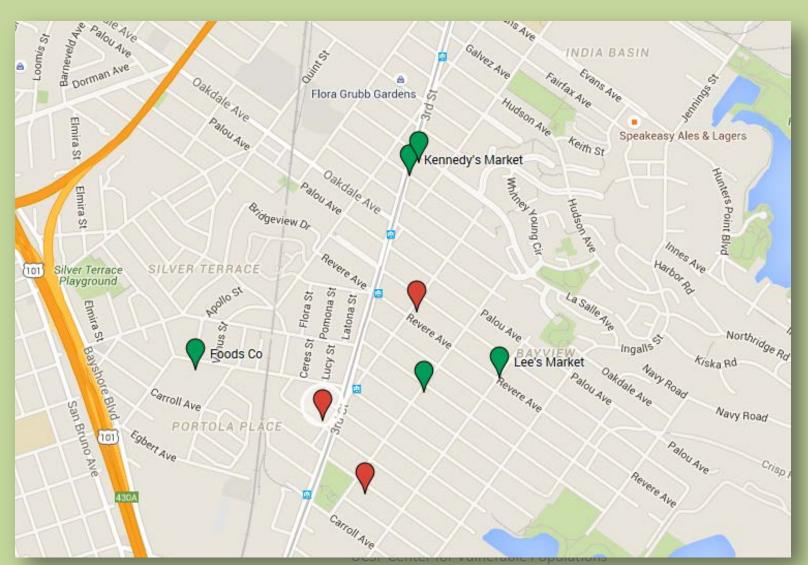




BAYVIEW HUNTERS POINT YM

We build strong kids, strong families, and strong committee.

Distribution & Vendor Sites- Bayview



Distribution Sites

Vendors

National Interest in EatSF Model

- Unique in Vendor Coverage
- Presenting at Wholesome Wave
- AARP Foundation Interest



Rapid Feedback Evaluation

To what degree is EatSF performing as intended in the field?



Methods

- Pre/post survey (3-month rapid feedback)
 of same participants over time
- Distribution site survey
- Client interviews
- Vendor survey & pre/post site visits



Rapid Feedback: Program Satisfaction

Program Satisfaction:

- 89%: <u>high</u> or <u>very high</u> satisfaction with EatSF (clients)
- 63%: dollar amount just right (clients)
- 100%: report EatSF as a helpful resource (distribution sites)

Ease of Use:

- 95%: vouchers easy to get (clients)
- 98%: questions easily answered (clients)
- 95%: vouchers easy to redeem (clients)
- 82%: report enrollment process, voucher distribution, and survey administration is <u>very easy</u> or <u>easy</u> (distribution sites)



Rapid Feedback: Lessons Learned & Improvements

- Added additional stores
- Expanded to more neighborhoods
- Expanded eligibility criteria
- Streamlined paperwork (voucher log)



Evaluation: Client Interviews

Common themes:

- Stability
- Convenience and Easy to Use
- Increased fruit and vegetable intake
- Choice



Stability

"For what the program offers, and what the program's trying to achieve, I think they do a remarkable job considering that this is the TL and the TL can be insane seven days a week, 24 hours a day. And this is probably one of those foundation things you know, that, you know you're gonna get your vouchers, you know you're gonna go to the reunion meeting, and that adds some stability to your life, because there's not a lot of stability in this community."



Convenient and Easy to Use

"The availability of the vouchers, the places where we're allowed to go, you know, it's not that far, it's like one around the corner, up there on Leavenworth, that I go to, I go there for my fruits and vegetables. The availability and convenience...where the markets are located."

"And it's so convenient 'cause it's right here where I live, you know, to get 'em, you know. I don't have to walk nowhere to get 'em...to get the vouchers...so it's real convenient, you know."

Increased Fruit and Vegetable Intake

"Eating the right food has become more important to me, and I'm seeing its health benefits"

"Yeah, before I started the vouchers, I've never eaten avocados. You know, I buy green onions with them also. I've never bought green onions, you know. I mean, I like green onions, but I never bought 'em till I got these vouchers, you know."



Evaluation: TL Vendor Interviews

- 100% of store managers report extreme satisfaction with EatSF (top of 5pt-likert scale)
- All stores are experiencing additional monthly profits
- Due to EatSF, Vendors are experiencing:
 - Differences in the foods customers buy
 - More frequent ordering/re-stocking of produce
 - Throwing away less of their fresh produce



"I like the friendliness at the markets, they always treat us right."

Participant Outcomes: Promising Results

- 1. EatSF is reaching critically underserved Populations
- 2. EatSF is addressing SF health disparities
- EatSF participants are eating more F&V, feel healthier, and many are less food insecure



EatSF Participants: Underserved

- Food Insecure
- Chronic disease
- Critically low-income
- Not receiving CalFresh or WIC
- Not using food pantries
- Vulnerable Subpopulations
- Live in underserved communities



EatSF Participants: Underserved

EatSF participants are food insecure:

- 78% <u>very low</u> or <u>low</u> food security status
- 73% report food budget lasting 3 wks/month or less
 - 60% of single adults are VERY LOW food security status

EatSF participants are critically poor:

78% report a monthly income of \$1000 or less

EatSF is reaching the most *underserved*:

- 90% do not receive CalFresh
- 95% do not receive WIC
- 65% do not receive food from a food pantry
- 78% do not receive food from a meal program or soup kitchen



EatSF is reaching the chronically ill:

- 66% overweight or obese
- 61% hypertension
- 37% diabetes
- 11% congestive heart failure
- HIV, TB, Hep C, cancer



EatSF is reaching *vulnerable* populations:

- 42% live in an SRO
- 37% are seniors (60+)
- 38% are families
- 20% report full or part-time work (working poor)
- 47% are receiving SSI

EatSF is reaching diverse populations:

- 48% Limited English Proficiency (LEP)
- 29% Hispanic/Latino
- 24% African-American
- 21% Asian



EatSF participants are....

Increasing their Fruit and Vegetable Intake:

- Eating more F&V
 - 90% reported EatSF helped them to eat more F/Vs a lot
 - 9% a little and 1% not at all
- Improved Dietary Intake (from screener)
 - 67% reported an increased daily intake in (F/Vs)
 - 45% increased daily F/V intake by 1-2 daily servings
 - 17% by 2 or more daily servings
 - Participants reported statistically significant increases in fruit, salad and vegetable consumption

Extending their Food Budgets:

29% report food budget lasted longer by 1 week or more



"It has given me healthy food and I don't miss meals, it stretches my food budget, which is starting to last all month"

EatSF participants are....

Feeling healthier:

 33% reported positive change in health status from Poor or Fair to Good or Very Good

Reducing Barriers to Eating a Healthy Diet:

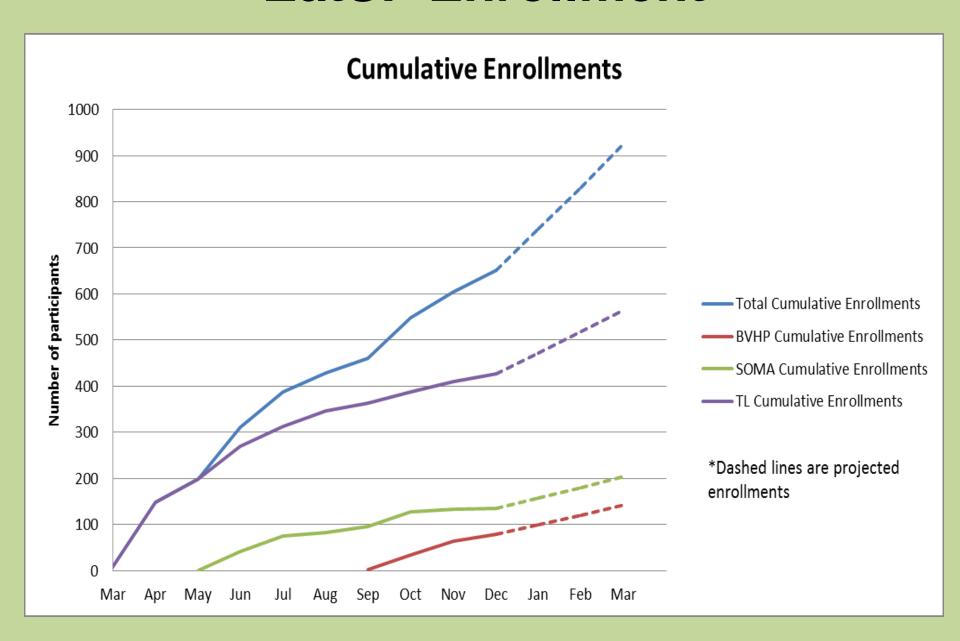
- 52% reported increased ability to eat a healthy diet
- Of those, 36% changed from "it was hard to eat a healthy diet" to, it was "not hard"



Other Key Performance Indicators



EatSF Enrollment



Key Performance Indicators 6 months

V – • Voucher Redemption Rate

Target = 85%; Actual = 77%

Participant Retention

Target = 85%; Actual = 85%

Vendor Retention

Target = 100%; Actual = 100%



Key Performance Indicators: Fraud

Vendor Fraud

No reports (one complaint)

Secret Shopper Results

1 incidence

"Bad Actors"

- Some double enrollments
- Little/no misuse identified in voucher processing
- No reports of participant misuse



EatSF Top Priorities

- Secure on-going funding
- Expand evaluation
- Improve distribution & tracking mechanism (vouchers)



EatSF: Future Forward

- Proof of Concept
 - Successful targeted health/food security intervention
- Opportunities
 - Approaching one year (April 2016)



Thank you!!

