



Date: April 7, 2014

To: Board of Supervisors and Mayor's Office

From: Anne Hinton, Executive Director

Cc: San Francisco Food Security Task Force

Re: Follow-up Report/Data for April 10<sup>th</sup> Hearing:  
Part 2 – A Hearing on the Status of Hunger and Food Security in San Francisco

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Included in this report is an overview of the nutrition programs funded by DAAS, its current capacity, needs and costs.

### **Overview of Department of Aging & Adult Services (DAAS) Nutrition Programs**

DAAS' mission is to promote the well-being and self-sufficiency among individuals, families and communities in San Francisco.

The **Congregate Meal** program provides meals to seniors and adults with disabilities at various community-based sites, e.g. senior centers, senior housing, churches, etc. This program serves seniors (age 60 and above) and adults with disabilities (age 18-59) who are able to attend a meal site. Besides getting a nutritious meal which meets 1/3 of the Dietary Reference Intakes for adults, participants receive nutrition education and have opportunities to participate in other activities offered at the center. The goal of congregate meal program is to help the consumer stay healthy and live independently in the community by increasing their access to healthy food and reducing social isolation. In FY 12-13, DAAS provided a total of 737,234 meals (average of 2,926 meals daily) to 20,427 unduplicated participants.

The **Home-Delivered Meal (HDM)** program is for seniors and adults who have ambulatory difficulty, unable to attend a congregate meal site due to physical and/or mental disability, and have no safe alternate for meals. To determine a person's eligibility for HDM service, a comprehensive intake and screening is conducted. The person with the greatest need will get served when meal slot becomes available in the service delivery area that can best match the person's needs. HDM participants receive annual comprehensive in-home assessment and quarterly reassessments to determine their needs, eligibility to continue on program and referral to other services, as needed. Additionally, the program participants receive nutrition education at least on a quarterly basis. Nutrition counseling is available to those on modified diets. Currently about 80% of HDM participants receive 2 meals a day. The other 20% of the participants receive one meal a day. The goal of HDM is to help the consumer to be able to live at home by increasing their access to healthy food and connecting them to other services as needed. . In FY 12-13, DAAS provided a total of 1,457,008 meals (average of 3,992 meals daily) to 4,655 unduplicated participants.

DAAS 2012 Nutritional Needs Assessment Findings for Seniors (60+) under 200% Federal Poverty Level:

126,635 Average Daily Meals Needed for Seniors

42,389 Average Daily Meals Provided for Seniors (by public & private programs)

**Home-Delivered Grocery (HDG)** is targeted to older adults who can cook but have limited mobility and need access to healthy food. This program began as pilot program a few years ago based on DAAS needs analysis, as well recommendations from San Francisco Food Security Task Force. Currently DAAS contracts with five different collaborating service providers to provide home-delivered groceries with three slightly different models:

- **Home-Delivered Groceries:** A weekly supplemental food bag is delivered to seniors who need supplemental food and meet the eligibility requirements.
- **SRO Food Outreach Program:** A weekly pantry program at 5 SROs (without elevators) in Chinatown utilizes volunteers for delivering supplemental food bag to the seniors' room.
- **Groceries for Food Networking Program:** Bi-monthly home-delivered groceries are delivered to high risk frail, isolated seniors and adults with disabilities by volunteers to 3 targeted neighborhoods (OMI, Park Merced and Bayview), and these program participants are referred and connected to other services in the community to reduce their social isolation.

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**Board of Supervisor's Resolution:** The Department of Aging and Adult Services is requested to provide an analysis of the funding required and policies needed to ensure homebound seniors and adults with disability are served within 30 days, and, in an emergency, within 2 to 5 days and to report back by March 2014.

**DAAS Analysis:**

DAAS currently contracts with 7 home-delivered meals (HDM) contractors to provide 8 different types of meals (includes ethnic and modified diets) to eligible seniors and adults with disabilities. In FY 2012-13 overall contractors served 363,000 HDM meals (or 36%), and 4,200 emergency meals (or 25%) above the contracted level using non-city funds (i.e. fundraising dollars and in-kind). Yet there is still a waiting list for service.

Currently a total of 231 people<sup>1</sup> (154 seniors and 77 for adults with disabilities) are on DAAS' HDM waiting list. In the second quarter of FY 2013-14 the average wait for a consumer is 42 days before receiving HDM service.

**Needs Assessment Findings:**

DAAS 2012 Nutritional Needs Assessment Findings: Of San Francisco's 109,842 seniors (65+ years): 38% (40,603) live below 200% poverty at \$21,661.<sup>2</sup>

Other research findings showed that 1,864 seniors (age 60+) and 3,166 adults with disability under 200% Federal Poverty Level (FPL)<sup>3</sup> have ambulatory, cognitive, or vision difficulty and at the same time have no access to kitchen or cooking facility. These clients are likely to need HDM service, but more in-depth analysis is needed.

Request for HDM service is under reported because from our experience the long waiting list discouraged some people and some health care providers are not aware of the emergency meal program.

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<sup>1</sup> Home-Delivered Meal waiting list data as of 4/9/14

<sup>2</sup> 2010 Census Summary

<sup>3</sup> 2011 3-Year American Community Survey

In FY 2012-13, 50% of the seniors are in the program 2-years or less, while 27% stay for 4 or more years. On the other hand, about 50% of participants in the adults with disability program are under 1 year. Table A below shows profile of the consumer’s length of service on HDM program in FY 2012-13.

<b>Table A - FY 2012-13 HDM Program Consumer Profile</b>					
Length on program	Senior (age 60+)			Adults with Disability (age 18-59)	
Under 1 year	1,340	33%		288	49%
1 to 2 years	692	17%		214	36%
2+ to 4 years	910	23%		63	11%
4+ to 6 years	514	13%		25	4%
6+ years	584	14%		0	0%
<b>Total enrolled &amp; served</b>	<b>4,040</b>	<b>100%</b>		<b>590</b>	<b>100%</b>

Other challenges which limit ability for providers to serve consumers within 30 days:

- For program cost efficiency, ethnic meal providers target their services to several neighborhoods, and do not serve citywide. Consumers who have special needs may have long waits for service or not able to have their needs met.
- Many contractors have experienced greater challenges in fundraising to cover HDM expansion costs (DAAS funding does not cover 100% of program costs).
- Majority of the consumers served are low income. As cost of living increased in the city, contributions from participants have declined. To date, participant contribution in FY 13-14 averaged \$0.34 per meal, which compared to last year had dropped by \$0.06 a meal (15% reduction). The result is that contractors need to fundraise more to make-up for less contributions from participants.
- Parking in certain neighborhoods (e.g. Tenderloin, Chinatown) is extremely difficult, resulting in extra resources being used for meal delivery, including using 2 people (a driver and a meal delivery person) per delivery route.

**Methods for analysis:**

Data from DAAS HDM waiting list where consumers are initially screened for program eligibility, and analysis of data from the 2011 3-Year American Community Survey. Cost estimates based on DAAS nutrition budgets.

**Potential Solutions:**

Four recommendations to reach our goal of serving HDM clients on the waiting list within 30 days and emergency clients within 2-5 days:

1. **Seek additional funding to expand program:** San Francisco has a great network of nutrition service providers who are serving this at risk population. We can leverage the existing HDM service providers’ infrastructure and expand services to better meet identified needs in the community.
2. **Continue to improve the HDM intake and referral process:** DAAS has already started this process to utilize online technology and will continue to work with service providers to improve efficiency to identify clients appropriate for HDM, HDG and other nutrition services.
3. **Continue quarterly monitoring:** On a quarterly basis, monitor the average length of wait before consumer receives HDM service and work with service providers to meet the target goal.

4. **Develop resources to sustain increasing need and demand for HDM:** DAAS Long Term Care (LTC) Coordinating Council is working with CBOs to develop sustainable business plans for various LTC services in light of Affordable Care Act and potential opportunities.

#### **Estimated impact:**

Increase access to nutritious food for seniors and adults with disabilities will improve their nutrition and health status. It has the potential of reducing healthcare costs.

- According to a recent national study, approximately 50% of all health conditions affecting older Americans are directly related to lack of nutrients.<sup>4</sup>
- Over 90% of seniors receiving home-delivered meals stated that the program allowed them to remain in their homes. The Senior Hunger national study<sup>3</sup> indicated that the cost of one year supply of home-delivered meals is roughly equal to the cost of one-day in a hospital.
- The healthcare costs of hunger has recently been quantified<sup>5</sup>. Seniors (60+) who are food insecure are:
  - 50% more likely to be diabetic
  - Twice as likely to report fair to poor general health
  - Twice as likely to have gum disease or asthma
  - Three time more likely to suffer from depression
  - 14% more likely to have high blood pressure
  - 60% more likely to have congestive heart failure or experienced a heart attack

Recent MANNA<sup>6</sup> research study findings are statistically significant and supported other research which showed that nutrition is an important part of chronic disease management and helps to reduce healthcare costs. 12-months post-starting MANNA services compared to comparison group showed:

- 30% monthly savings (or \$12,638/month) in overall healthcare costs
- 40% monthly savings (or \$87,198/month) in inpatient costs

#### **Estimated Costs :**

The estimated annual cost to serve additional 231 new unduplicated high risk adults (154 seniors and 77 adults with disabilities) is \$1.3 million. The average cost is \$2,997 a year per consumer (before other infrastructure costs for expansion), and \$3,663 a year per consumer, all costs included: food, staffing (administrative, delivery, etc), operating and other infrastructure costs. It is based on analysis of DAAS nutrition contractors' budget and capacity.

#### **Leverage potential:**

Currently state and federal funds are leveraged for meals served to seniors. Any meal expansion would leverage additional dollars. In addition, DAAS is able to leverage other funds, including contributions from service providers and participants. Below is the total HDM program budget and revenue sources from last year.

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<sup>4</sup> Senior Hunger, the Human Toll and Budget Consequences, Older Americans Act; A Report from Chairman Bernard Sanders, Subcommittee on Primary Health and Aging; U.S. Senate Committee on Health, Education Labor & Pensions, 6/21/11.

<sup>5</sup> The Health Consequences of Senior Hunger in the United States, Evidence from 1999-2010 NHANES, by Dr. James Ziliak and Dr. Craig Gundersen, Feb. 2014, report for the National Foundation to End Senior Hunger

<sup>6</sup> Examining Health Care Costs Among MANNA Clients and a Comparison Group, Jill Gurvey et al; *Journal of Primary Care & Community Health* 2013 4:311. MANNA=Metropolitan Area Neighborhood Nutrition Alliance, a Philadelphia non-profit organization

FY 2012-13, a total of 1,457,008 home-delivered meals were served to seniors and adults with disabilities (average of 3,992 meals daily) to 4,655 unduplicated clients for total budget of **\$9.18 Million**. Budget sources: 18% federal & state (\$1.62 Million), 26% city general funds, 51% provider contributions (46% cash, 5% in-kind) and 5% participant contribution.

Note: While DAAS applauds the high provider matching contributions, this high percentage is not a requirement and it is not sustainable.

The Senior Hunger national study <sup>3</sup> indicated that the cost of one year supply of home-delivered meals is roughly equal to the cost of one-day in a hospital. Saving in healthcare cost is supported with findings in the recent MANNA research study: Improved nutrition for program participants resulted in 30% monthly savings (\$12,638) in overall healthcare costs and 40% monthly savings (or \$87,198) in inpatient costs.

**Timeline for implementing:**

Expansion of HDM program can start within 4-6 after funds are available. There are HDM service providers and systems in place to expand the program.

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**Board of Supervisor's Resolution:** FURTHER RESOLVED, By March 2014 the Department of Aging and Adult Services will convene community based organizations providing home-delivered groceries (HDG) to develop a cost-effective city-wide program.

**DAAS Analysis:**

The total DAAS funding for all HDG program in FY 2013-14 is \$240,197 serving 483 unduplicated consumers.

DAAS had recently convened a meeting with community-based organizations to discuss and get feedback on the need for home-delivered groceries program and how to address the needs. We conducted a survey of the CBOs to identify extent of the needs and we conducted research analysis on this issue.

**Needs Assessment Findings:**

Results from DAAS' February 2014 home-delivered grocery survey from CBOs showed that a total of 10,030 consumers (7,458 seniors and 2,572 adults with disabilities) are eligible for and need HDG.

Research data also showed that a total of 28,522 adults (17,292 seniors and 11,230 adults with disability) are under 200% Federal Poverty Level (FPL)<sup>7</sup>, and have ambulatory difficulties, cognitive or vision disability. They are estimated to qualify for HDG, but more in-depth analysis is needed to determine the actual number of people who are eligible for HDG.

Total of 19,701 IHSS consumers (16,284 seniors & 3,417 adults) are eligible for HDG. More in-depth analysis is needed to determine actual number of these clients who are eligible for HDG.

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<sup>7</sup> 2011 3-Year American Community Survey

**Methods for analysis:**

Analysis of data from the 2011 3-Year American Community Survey, DAAS IHSS clients and DAAS meeting with CBOs and home-delivered grocery needs survey.

**Potential Solutions:**

Two recommendations to address the unmet HDG needs:

1. Find resources to expand the various HDG models to serve the target population based on identified needs. HDG is a cost effective way to provide healthy food to food insecure seniors and adults with disability who are unable to eat at a congregate site, but still have some ability to prepare some meals/food at home.
2. DAAS work with service providers to improve the referral process, document the needs and track outcome measures.

**Estimated impact:**

\$316 a year per client for HDG will provide the participant with a weekly or bimonthly supplemental food bag that includes fresh produce, staple items (grains, pasta, bread, etc.) and protein. .

**Estimated Costs:**

The estimated cost to serve **10,030** new unduplicated seniors and adults with disability for a year is **\$3.17 million**. This is approximately **\$316 a year** per participant served. This budget estimate includes cost for food, staffing (administrative, program coordinator) and other operating costs. It is based on analysis of DAAS nutrition contractors' budget, leveraging and expanding use of CBO's volunteer network to help with food bag deliveries.

**Leverage potential:**

Currently this program is 100% funded with local general funds. However this program leverages volunteers, and helps community-based organizations access to donations of healthy foods for participants through partnering with the San Francisco-Marín Food Bank.

The total average cost for providing the food bag results in 6-7 times food purchasing value for the program participant.

**Timeline for implementing:**

Once funding is available, DAAS will be able to work with CBOs to slowly ramp up the program in several months and reach target in about 12 months.

San Francisco Dept. of Aging and Adult Services					
Home-Delivered Meal Waiting List Information - Current Snap Shot					
HDM Waiting List as of 9/24/2014			By Supervisory District		
Variables	Age 60+	Percent	Age 18-59	Percent	Total
<b>Number on Waiting List</b>	<b>216</b>	<b>100%</b>	<b>95</b>	<b>100%</b>	<b>311</b>
<i>Supervisory District 1</i>	18	8%	2	2%	
<i>Supervisory District 2</i>	7	3%	1	1%	
<i>Supervisory District 3</i>	23	11%	9	9%	
<i>Supervisory District 4</i>	23	11%	2	2%	
<i>Supervisory District 5</i>	27	13%	3	3%	
<i>Supervisory District 6</i>	42	19%	56	59%	
<i>Supervisory District 7</i>	11	5%	2	2%	
<i>Supervisory District 8</i>	5	2%	2	2%	
<i>Supervisory District 9</i>	25	12%	7	7%	
<i>Supervisory District 10</i>	15	7%	9	9%	
<i>Supervisory District 11</i>	20	9%	2	2%	
<b>Special Diet Requested</b>	<b>99</b>	<b>46%</b>	<b>25</b>	<b>26%</b>	
<b>Diabetic</b>					
<i>Supervisory District 1</i>	2	2%	1	4%	
<i>Supervisory District 3</i>	6	6%	1	4%	
<i>Supervisory District 4</i>	4	4%	1	4%	
<i>Supervisory District 5</i>	3	3%	0	0%	
<i>Supervisory District 6</i>	9	9%	2	8%	
<i>Supervisory District 7</i>	3	3%	1	4%	
<i>Supervisory District 8</i>	3	3%	1	4%	
<i>Supervisory District 9</i>	6	6%	2	8%	
<i>Supervisory District 10</i>	3	3%	1	4%	
<i>Supervisory District 11</i>	6	6%	0	0%	
<b>Low Sodium</b>					
<i>Supervisory District 1</i>	4	4%	1	4%	
<i>Supervisory District 2</i>	2	2%	0	0%	
<i>Supervisory District 3</i>	7	7%	0	0%	
<i>Supervisory District 4</i>	8	8%	1	4%	
<i>Supervisory District 5</i>	6	6%	1	4%	
<i>Supervisory District 6</i>	7	7%	8	32%	
<i>Supervisory District 7</i>	3	3%	0	0%	
<i>Supervisory District 8</i>	2	2%	1	4%	
<i>Supervisory District 9</i>	10	10%	1	4%	
<i>Supervisory District 10</i>	8	9%	2	8%	
<i>Supervisory District 11</i>	7	7%	1	4%	
<b>Mechanical Soft</b>					
<i>Supervisory District 3</i>	2	2%	0	0%	
<i>Supervisory District 4</i>	1	1%	0	0%	
<i>Supervisory District 6</i>	4	4%	2	8%	
<i>Supervisory District 9</i>	2	2%	0	0%	
<i>Supervisory District 10</i>	2	2%	0	0%	
<i>Supervisory District 11</i>	1	1%	0	0%	
<b>Ethnic Diet Requested</b>	<b>55</b>	<b>25%</b>	<b>66</b>	<b>69%</b>	
<i>Supervisory District 1</i>	9	16%	1	2%	
<i>Supervisory District 2</i>	0	0%	1	2%	
<i>Supervisory District 3</i>	6	11%	6	9%	
<i>Supervisory District 4</i>	9	16%	0	0%	
<i>Supervisory District 5</i>	11	20%	1	2%	
<i>Supervisory District 6</i>	5	9%	41	62%	
<i>Supervisory District 7</i>	3	5%	2	3%	
<i>Supervisory District 8</i>	4	7%	1	2%	
<i>Supervisory District 9</i>	4	7%	5	8%	
<i>Supervisory District 10</i>	4	7%	6	9%	
<i>Supervisory District 11</i>	0	0%	2	3%	

Variables	Age 60+	Percent	Age 18-59	Percent	Total
<b>African American</b>	<b>1</b>	<b>2%</b>	<b>0</b>	<b>0%</b>	
Supervisory District 11	1	100%	0	0%	
<b>Chinese</b>	<b>15</b>	<b>27%</b>	<b>3</b>	<b>5%</b>	
Supervisory District 1	2	13%	0	0%	
Supervisory District 3	5	33%	1	33%	
Supervisory District 4	3	20%	0	0%	
Supervisory District 5	2	13%	0	0%	
Supervisory District 6	1	7%	1	33%	
Supervisory District 7	1	7%	0	0%	
Supervisory District 9	0	0%	1	33%	
Supervisory District 11	1	7%	0	0%	
<b>Filipino</b>	<b>3</b>	<b>5%</b>	<b>0</b>	<b>0%</b>	
Supervisory District 4	1	33%	0	0%	
Supervisory District 6	1	33%	0	0%	
Supervisory District 9	1	33%	0	0%	
<b>Japanese</b>	<b>15</b>	<b>27%</b>	<b>0</b>	<b>0%</b>	
Supervisory District 1	5	33%	0	0%	
Supervisory District 4	4	27%	0	0%	
Supervisory District 5	6	40%	0	0%	
<b>Kosher</b>	<b>1</b>	<b>2%</b>	<b>0</b>	<b>0%</b>	
Supervisory District 5	1	100%	0	0%	
<b>Latino</b>	<b>2</b>	<b>4%</b>	<b>0</b>	<b>0%</b>	
Supervisory District 10	1	50%	0	0%	
Supervisory District 11	1	50%	0	0%	
<b>Western</b>	<b>18</b>	<b>33%</b>	<b>63</b>	<b>95%</b>	
Supervisory District 1	2	11%	1	2%	
Supervisory District 2	0	0%	1	2%	
Supervisory District 3	1	6%	5	8%	
Supervisory District 4	1	6%	0	0%	
Supervisory District 5	2	11%	1	2%	
Supervisory District 6	3	17%	40	63%	
Supervisory District 7	2	11%	2	3%	
Supervisory District 8	0	0%	1	2%	
Supervisory District 9	3	17%	4	6%	
Supervisory District 10	3	17%	6	10%	
Supervisory District 11	1	6%	2	3%	
<b>No Diet Preference for Special o</b>	<b>161</b>	<b>75%</b>	<b>29</b>	<b>31%</b>	
Supervisory District 1	9	6%	1	3%	
Supervisory District 2	7	4%	0	0%	
Supervisory District 3	17	11%	3	10%	
Supervisory District 4	14	9%	2	7%	
Supervisory District 5	16	10%	2	7%	
Supervisory District 6	37	23%	15	52%	
Supervisory District 7	8	5%	0	0%	
Supervisory District 8	5	3%	1	3%	
Supervisory District 9	21	13%	2	7%	
Supervisory District 10	11	7%	3	10%	
Supervisory District 11	16	10%	0	0%	



**DAAS Home-Delivered Grocery Program Needs Survey**  
February 2014

In February 2014, the Department of Aging and Adult Services (DAAS) completed a survey of community-based organizations (CBOs) that serve seniors and persons with disabilities (SPDs). The purpose of this survey was to explore the potential need for home-delivered grocery programs or services.

**Survey design**

In the survey, CBOs were asked to consider their current program participants and estimate the number of low-income seniors and persons with disabilities who:

- Have a minimal support system;
- Have difficulty shopping for food;
- Possess the capacity to store food; and
- Have the ability to prepare meals.

The data generated by this survey may be useful to provide some insight into level and locations of need. However, the data is understood to have limitations. Because these estimates are based on current caseload and requests from the community, the numbers likely underestimate need – the data is made up of those already connected to a service and does not include individuals not currently receiving services. The data may also be skewed towards neighborhoods or populations more widely served by existing service providers.

**Findings**

Of their current program recipients, the seventeen surveyed CBOs estimated that there are approximately 2,642 seniors and 1,097 persons with disabilities that would benefit from home-delivered groceries.<sup>1</sup> Of these estimates, 1,946 (74%) seniors and 737 (67%) persons with disabilities do not currently receive nutrition-related services from these CBOs.<sup>2</sup>

<b>Estimated Need for Home-Delivered Groceries Among Existing Clientele</b>		
	<b>Seniors</b>	<b>Persons with disabilities</b>
<b>Receiving nutrition services</b>	696	360
<b>Not currently receiving nutrition services</b>	1,946	737

*Source: 2014 DAAS survey of community-based organizations providing nutrition services*

Survey respondents indicated the need for this type of service is spread throughout San Francisco. The most commonly highlighted area in which individuals could benefit from home-delivered groceries was Bayview/Visitacion Valley (District 10). Also commonly identified were: Richmond (District 1), Western Addition/Haight (District 5), SOMA/Tenderloin (District 6), West Portal/Lake Merced (District 7), Mission/Bernal Heights/Portola Valley (District 9), and Ocean/Merced/Ingleside/Excelsior (District 11).

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<sup>1</sup> Per survey respondents, the estimates are based on current caseload and service levels, as well as waiting lists and community contacts from those seeking nutrition services.

<sup>2</sup> Services received by these clients do not include home-delivered meals or groceries from these CBOs.