



Home-Delivered Grocery Programs at San Francisco-Marin Food Bank: Impact and Opportunities

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Executive Summary

The San Francisco-Marín Food Bank's home-delivered grocery program provides weekly deliveries of groceries to more than 13,000 households. The program scaled rapidly during the pandemic in response to the acute needs of vulnerable populations, but demand has been ongoing.

Over the last several years, the Food Bank has discovered the tremendous value of a home-delivery option for an expanded set of populations who struggle to access alternative food assistance programs, including the traditional target populations of older adults and people with disabilities, but also families with very young children, pregnant women, and caregivers of children with disabilities.

Meanwhile, the service landscape, participant needs, policy and funding landscapes are shifting rapidly for SFMFB's HDG programming. In this context, the Food Bank retained a consultant to conduct research to better understand the role of the HDG program in the existing food assistance landscape, the benefits it provides to participants, and the opportunities that exist to support a sustainable and efficient HDG program into the future. The research found:

- 1. The need is great for home delivered groceries, due to a variety of accessibility issues.** Disability, transportation limitations, and schedule constraints all conspire to create barriers to accessing food assistance programming.
- 2. The existing service landscape, beyond the HDG program, is simply not able to provide enough accessible supplemental food assistance to meet population needs.** It is rare that existing food programs (e.g. public benefits programs, non-profit services) fit together effectively to truly meet the needs of these populations. Either food assistance programs don't provide enough food, delivery is not available, or both.
- 3. The HDG program provides myriad benefits to participants,** starting with improved food security, but extending to individual empowerment, social connection, and physical and mental health improvements. Funding for the delivery portion provides economic support to drivers.
- 4. The landscape is shifting rapidly, threatening the sustainability of the program.** Most importantly, in-kind delivery support is disappearing. Corporate partners currently handle 76 percent of all deliveries. A shift in commitment from one major corporate partner is estimated to increase the program cost by \$2.1 million annually, an unsustainable budget increase based on the Food Bank's current financial situation.
- 5. A number of opportunities are on the horizon for maintaining the sustainability of the HDG program.** The Food Bank could consider some combination of these opportunities to address the persistent stress on program capacity. Opportunities include: Maximize non-corporate delivery models, tap additional public funding mechanisms for deliveries, reduce the current caseload. All these options would require significant support from government entities and other community-based organizations.

Introduction

The San Francisco-Marín Food Bank currently operates a home-delivered program that is one of the largest in the country,¹ delivering groceries to more than 13,000 households weekly.² The scale of the home delivered grocery operations expanded dramatically in response to the pandemic, initially focusing on the populations acutely at risk of contracting COVID-19. In so doing, the Food Bank had the opportunity to learn more about the scale of demand for and benefits of ongoing home delivery support for several populations.

The SFMFB's HDG program has the potential to be a model for other cities and municipalities struggling to meet the nutritional needs of their food insecure neighbors who are unable to attend traditional pantries. SFMFB's model is innovative and provides a much-needed food pantry alternative for many populations, but it is resource intensive and heavily reliant on volunteer support and in-kind donations to operate at its current scale. One of the Food Bank's primary partners for delivery assistance, DoorDash, is planning to pull back support in the coming months, threatening the sustainability of the program. Deliveries by corporate partners currently constitute three-quarters of the program's deliveries each week.

The discovery of an ongoing, underlying need for home-delivered groceries is common among food banks.³ Sixty-eight percent of California food banks reported in a recent survey that they continued to offer some type of home delivery program in 2021, compared to 26% in 2019.⁴

As the capacity of third-party delivery to provide in-kind support diminishes, SFMFB conducted a research project that included a literature review, analysis of program data, focus groups and participant interviews to understand:

- What is the role of an HDG program in the existing food assistance landscape?
- What gaps does the HDG program fill that cannot be addressed with other types of service delivery models?
- What are the benefits of providing free home-delivered groceries?
- What changes are happening in the service delivery and funding landscapes related to this program?
- What gaps in services persist for the HDG target populations? How might the SFMFB address those?
- What opportunities should the SFMFB consider pursuing from a policy and/or funding perspective to maintain a sustainable and efficient HDG program into the future?



A complete methodology section is included in Appendix A.

1 While it is difficult to confirm this with certainty, it seems to be the case. Both DoorDash and Amazon confirmed that SF-Marín Food Bank one of their largest partnerships. Los Angeles Regional Food Bank provides delivery to ~19,000 households, but they only delivery once per month and their delivery program includes their CSFP program (which isn't counted for SF-Marín's figures here). Second Harvest Food Bank of Orange County discontinued their pandemic home-delivery program.

2 Figures based on a query of the San Francisco Marin Food Bank's enrollment systems for all participants actively enrolled in either the Pantry at Home program or the Home Delivered Grocery program as of December 22, 2022. These two programs are two different operational approaches to providing home delivered groceries.

3 Jensen, Diana, *Promising Practices: Scaling Delivery and No Contact Models for Food Assistance to Older Adults During the COVID-19 Crisis* (July 2020). Accessed December 21, 2022 from www.djconsults.com/reports.

4 Statistics provided by the California Association of Food Banks, based on an ad hoc analysis of results from 2020 and 2022 Member Surveys.

Program History and Current Operations

WHEN DID HDG START?

The SFMFB first launched a home-delivered groceries program in 2015. The program was created to support better health, reduce isolation, and increase self-sufficiency for older adults and adults with disabilities. Funding from San Francisco's Department of Disability and Aging Services (DAS) helped the program expand citywide.

WHO ARE THE PARTICIPANTS?

Eligibility criteria have evolved over time. The original HDG program targeted low-income adults who are unable to attend one of the Food Bank's community food pantries on their own due to a physical or cognitive disability. In 2020, the SFMFB HDG program expanded dramatically in response to the pandemic and its resulting Shelter in Place Order. The expansion covered more people from the original target population (older adults and people with disabilities), as well as people with a health condition that put them at greater risk for COVID-19. In April 2021, the Food Bank extended eligibility for home delivery to pregnant people, people with infants or toddlers, and caretakers to children with disabilities whose care makes attending a food pantry and standing in line challenging. In 2022, new referrals of older adults have been restricted to those with a physical or cognitive disability that makes attending a food pantry difficult, reflecting the declining risk of COVID-19 amid high vaccination rates. It was only possible to implement these expansions due to the availability of COVID funding from federal and local sources and in-kind donations from corporate partners, they are not covered by the original DAS funding source.



ELIGIBLE POPULATIONS

- A senior or an adult (18+) with a disability who is low-income and is unable to attend a food pantry independently due to a physical or cognitive disability, OR
- A person who is currently pregnant, OR
- A person who is a parent of young children age 3 or younger, OR
- A person who is a parent of children with cognitive or physical disabilities whose care makes attending a food pantry and standing in line challenging.



You know, this little bag of food that I get every week, it's really, really helpful for me. I would have much more limited options for food if there was no HDG program because the vegetables that I get from that box every week, I can make a lot of foods for my daughter. It comes with a lot of vegetables, onions, potatoes, and that kind of thing. And so now I don't have to walk 45 minutes to go buy the things I need.

- Gabriela, single mother of a three-year-old girl and SoMa resident

AS OF DECEMBER 2022, CHARACTERISTICS OF PEOPLE ENROLLED IN THE SFMFB'S HOME DELIVERED GROCERY PROGRAMS:⁵

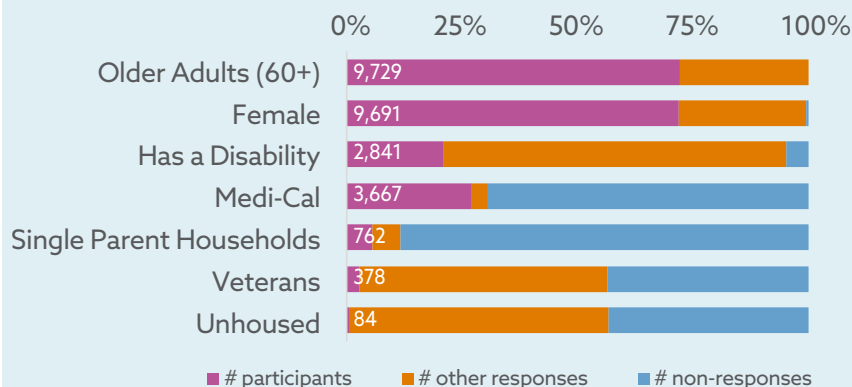
- The vast majority of participants (**96%**) are in **San Francisco**.
- **13,482 people** are enrolled. Their households contain **31,602 people**.
- **1,805 participants** are from households with children present. Those households include **3,785 children**.
- Most of the enrollees are **older adults (72%)**.
- **762** households identify as **single-parent**, but this information is not collected for most participants.
- Most participants are **women (74%)**.
- Most people (**85%**) in the DAS-funded HDG program are enrolled in Medicaid (known as Medi-Cal in California), which provides medical services for children and adults with limited income and resources. It is likely that rates are similar for other HDG participants, but the food bank does not have consistently collected data on that group.
- Race and language vary by age group.
 - Older adults are most likely to be Asian, while younger participants are most likely to be Hispanic, Latino/a, or of Spanish origin. Many older adults have not reported their race to the Food Bank.
 - Chinese speakers are the largest group overall. This is even more true among older adults.
 - English and Spanish are the most common languages spoken among younger adult (age 18-59) enrollees.
 - Spanish is the most common language spoken among households with children present.



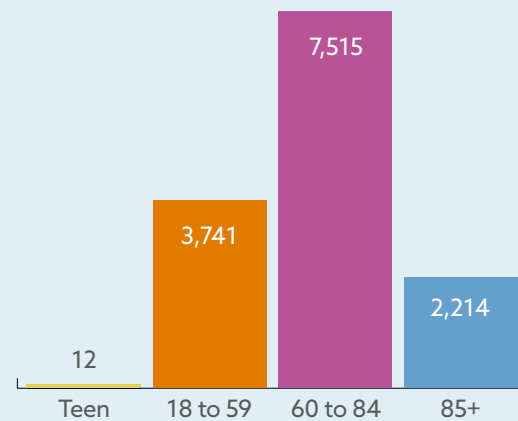
When I go to the farmer's market or the market, [it's that] I need to carry my baby boy and my six-year-old girl. The older child doesn't yet reliably take instructions to stay close. Sometimes it's fine, but sometimes it's just not.

- Ling, single mother of two and Sunnydale resident

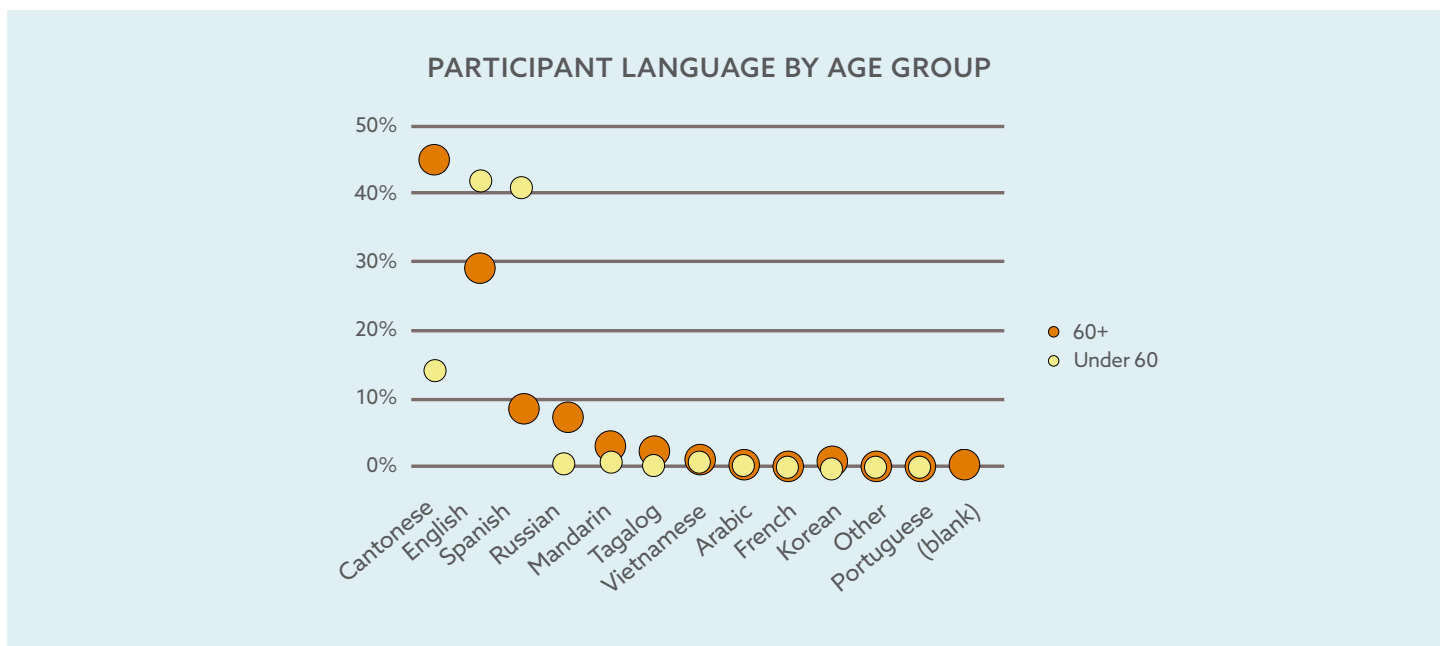
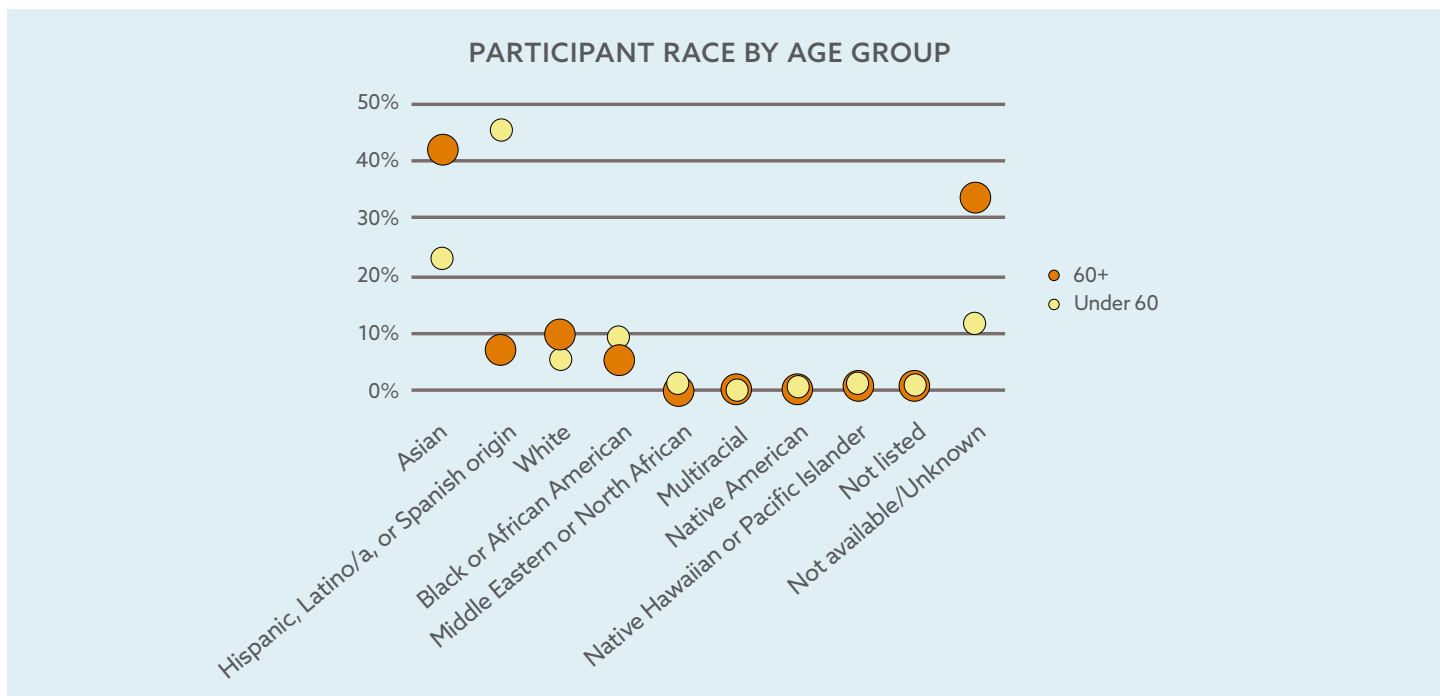
PARTICIPANT DEMOGRAPHICS



PARTICIPANT AGE



⁵ All summaries included represent characteristics of the enrollee, not other members of the household.



HOW DOES THE FOOD GET DELIVERED?

Deliveries are primarily provided by corporate partners such as DoorDash or Amazon (76%)⁶, as well as community partners, Food Bank staff, and individual volunteers. In some cases, where there are a large number of people in a single building who need delivery, the Food Bank has recruited volunteers to “adopt” a building. As of January 2023, there were 31 “adopted” buildings with over 1,000 participants at those addresses.

6 76% in 2023, as of January 20, 2023.

WHAT'S IN A DELIVERY?

All HDG participants receive approximately the same menu, delivered on a weekly basis. It is mostly fresh fruits and vegetables (60%), along with a protein item like eggs, chicken, or frozen fish, and a pantry staple like rice or bread.

Home-Delivered Groceries Play an Essential Role in the Food Assistance Service Landscape

Without a home-delivered grocery program, **the existing service landscape is simply not able to provide enough accessible supplemental food assistance to meet population needs**, which are significant. Even when the patchwork system is enough, navigating it (eligibility criteria and application process, transportation, conflicts with other commitments) is sometimes just “too much.”⁷

The need is great. A 2021 report estimated that there were approximately 18,000 older adults in San Francisco and Marin (~15,000 in San Francisco, and ~2,800 in Marin) with incomes below the Elder Index who might need a delivery of food assistance due to disability.⁸ Older adults often live alone, needing to rely on busy friends or loved ones to provide support when they are able. Social isolation is a common problem among older adults and people with disabilities; the pandemic only served to exacerbate that isolation.



WHAT'S IN A DELIVERY?

60% is fresh fruits and vegetables, a protein like eggs, chicken, or perhaps frozen fish, and a pantry staple like rice or bread.



“Right now, it's just very hard for seniors. I mean, the cost of things aren't going down for them and money's not going up, but the expectation is that they're going to meet all their needs with what they got.”

- Vernice Ross, ReServist with Community Living Campaign and Acting HDG Coordinator for UNITI Resources Inc.

The overlap of food insecurity and accessibility are also a challenge for low-income pregnant women and families with young children. In a recent analysis from San Francisco's Budget and Legislative Analyst, “low-income pregnant women, especially those in “racial/ethnic minorit[y]” groups had among the highest rates of food insecurity.⁹ The same report described the ways that lack of transportation access can be a significant barrier for San Francisco Women, Infants and Children (WIC) clients: “Discount programs help low-income populations to be able to use public transit in order to access food assistance programs and healthy foods; however, a gap likely remains for low-income individuals who do not live in close proximity to public transit and/or those who may live in

⁷ Seligman, Hilary K. and Seth A. Berkowitz, *Aligning Programs and Policies to Support Food Security and Public Health Goals in the United States*, Annual Review of Public Health 2019 40:2.1-2.19.

⁸ County-specific estimates provided from background analysis that was performed for the development of Jensen, Diana, *Closing the Meal Gaps for Older Californians: Estimating Gaps in Food Assistance for Low Income Older Adults in CA & A Road Map to Closing Them* (2021).

⁹ San Francisco Budget and Legislative Analyst's Office (February 23, 2021), *Policy Analysis Report Memorandum to Supervisory Stefani regarding Food Insecurity in San Francisco*.

a food desert.”¹⁰ Paid maternity leave is rarely guaranteed. People are often forced to look for different employment, sometimes with limited success, and dependent upon the availability of affordable, reliable childcare.

It is rare that existing food programs fit together effectively to truly meet the needs of these populations: Food assistance programs don't provide enough food, delivery is not available, or both.

For example, many low-income people with disabilities receive home care assistance with shopping, meal preparation, and/or meal clean-up via the In-Home Supportive Services (IHSS) program,¹¹ but the program doesn't provide the food itself and there are few mechanisms that connect home care workers with supplemental food programs at scale. CalFresh and the Women, Infants, and Children (WIC) program both support food purchasing, but neither of those programs have benefit levels adequate to guarantee food security for their participants. Some studies have found that more than half of low-income pregnant WIC participants were still food insecure¹²; and a typical household receiving SNAP/CalFresh exhausts most of their benefits by the second week of the month.¹³ Pandemic-era expansion in CalFresh benefit levels (known as “Emergency Allotments”) has helped, but will end in February 2023. This change will result in CalFresh recipients in San Francisco and Marin losing an average of \$150 a month in food benefits. With a minimum benefit level of only \$23, it is not unusual for potential applicants to express uncertainty about whether low benefit levels are worth the effort of applying. Meanwhile, not everyone who needs assistance can access these supports: income eligibility guidelines keep out many low-income people who struggle to put food on the table, especially in high-cost places like San Francisco and Marin counties.



Even if they're able to get out of their house, they may not be able to carry a bag of groceries up and down their stairs, or the closest public transportation at the bottom of the hill. So there's no way that they can physically get the groceries home.

– Kate Kuckro, Community Living Campaign's Executive Director



WIC does not currently offer delivery,¹⁴ though demand for that service is high. In 2020, the San Francisco Department of Public Health engaged in a public-private partnership to distribute Farmers' Market produce boxes utilizing FMNP checks to San Francisco WIC families. There was tremendous interest; over 1,000 families with children 2-5 years old responded to the initial text outreach, and the pilot ultimately served 3,000 families. Ninety-eight percent of people responding to the survey

¹⁰ San Francisco Budget and Legislative Analyst's Office (February 23, 2021), *Policy Analysis Report Memorandum to Supervisory Stefani regarding Food Insecurity in San Francisco*.

¹¹ Jensen, Diana, *Closing the Meal Gaps for Older Californians: Estimating Gaps in Food Assistance for Low Income Older Adults in CA & A Road Map to Closing Them* (2021). Accessed December 21, 2022 from www.djconsults.com/reports.

¹² San Francisco Budget and Legislative Analyst's Office (February 23, 2021), *Policy Analysis Report Memorandum to Supervisory Stefani regarding Food Insecurity in San Francisco*.

¹³ Seligman, Hilary K. and Seth A. Berkowitz, *Aligning Programs and Policies to Support Food Security and Public Health Goals in the United States*, Annual Review of Public Health 2019 40:2.1-2.19.

¹⁴ The cashier presence requirement for WIC was lifted and the United States Department of Agriculture awarded the Gretchen Swanson Center for Nutrition \$2.5 million to develop and test solutions. That work is ongoing now.



When I go to the farmer's market or the market, [it's that] I need to carry my baby boy and carry the six year old girl. The older child doesn't yet reliably take instructions to stay close. Sometimes it's fine, but sometimes it's just not. She's [...] very impatient to go out with me to get some vegetables.

- Interviewee

indicated that they would choose to receive the delivery produce box again, given the opportunity.¹⁵ More than half of follow-up survey respondents cited challenges with transportation and/or time” (52%) as a reason they liked the delivery service. 2019 research on the success of food assistance referrals from Zuckerberg San Francisco General Hospital's Diabetes Clinic found that the most common barrier reported by people who were unable to access those referrals was inaccessibility (such as location, hours, etc).¹⁶

Online ordering with delivery has only recently become available to CalFresh recipients (April 2020). Most retailers have minimum purchase requirements for free delivery that will prevent people with low benefit levels from receiving no-cost deliveries on a consistent basis.¹⁷ Those minimum thresholds are slated to rise significantly in the coming months, and it is unclear at this time whether there will be any exceptions provided for CalFresh shoppers.¹⁸ The delivery

option has not been well marketed to program participants – **online electronic benefit transfers (EBT) make up approximately 5% of all purchases and transactions each month** as of December 2022, both at the statewide level and within the counties of San Francisco and Marin.¹⁹ Furthermore, many older adults and people with disabilities have more limited access to the technology and skills required to make effective use of online ordering options. Current state and local efforts to address technology gaps for this population (e.g. state funding for tablets and/or internet) is being targeted to home delivered grocery participants, but there is limited capacity to provide individual training. Such a service would be “an amazing supplement,” according to Community Living Campaign's Executive Director, Kate Kukrcio.

Home-delivered meals programs provide only one or two meals per day, are limited in availability, and are not the best fit if a person is able and interested in preparing meals at home as they are more costly and provide less menu choice for the participant. The Food Bank's pantry network is widely available in San



I have spoken with a parent [who is] really, really grateful for this pantry at home delivery service. She's a single mom, and also a victim of domestic violence. She temporarily live[s] with a [...] friend, and one of the children was diagnosed with autism, need[ing] 24-hour care. She doesn't have anyone to care for another child or care for both the children if she needs to go grocery shopping.

- Food Bank HDG Program Staff

15 San Francisco Department of Public Health, *Food Security Efforts for Families with Young Children during COVID-19 Pandemic* (presentation deck to the Food Security Task Force) (September 2nd 2020). Accessed December 23, 2022 from https://www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/Food_Security_for_families_w_young_children_during_Covid19.pdf

16 Marpadga, Sanjana, Alicia Fernandez et. al. *Challenges and Success with Food Resource Referrals for Food-Insecure Patients with Diabetes*, Perm J. 2019;23:18-097. doi: 10.7812/TPP/18-097. PMID: 30939269; PMCID: PMC6380483.

17 CalFresh online ordering with delivery is now available in San Francisco via AmazonFresh, but free delivery is only available for orders of at least \$35. Access will become more limited for people when calculated benefit levels drop in the coming months. For example, a one-person household currently receives \$192 per month with emergency allotments, which would allow for purchasing ~\$45 of groceries per week (\$192/4.3 weeks). Minimum benefit levels will become as low as \$23/month once emergency allotments end, essentially limiting delivery to every other month for those clients with the lowest allocations.

18 Specialty Food Association, *Amazon Fresh to Modify Delivery Fee Threshold*, January 31, 2023. Accessed online on February 3, 2023 at <https://www.specialtyfood.com/news/article/amazon-fresh-modify-delivery-fee-threshold/#:~:text=Amazon%20Fresh%20will%20begin%20charging,Prime%20members%2C%20reports%20Tech%20Crunch.>

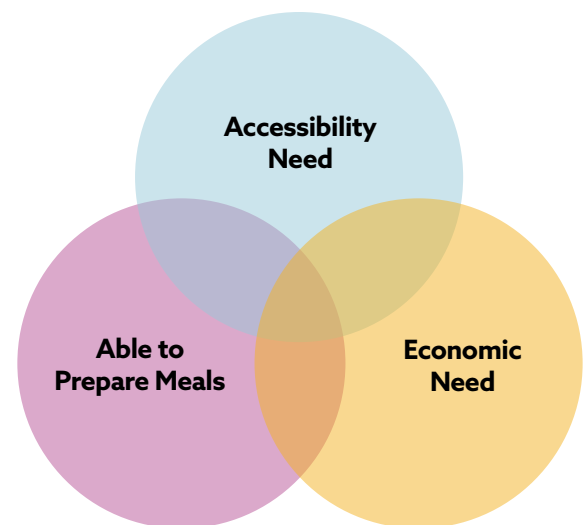
19 Butterfield, Katie L., e-mail message to Brian Kaiser (January 20, 2023), forwarded to Diana Jensen

Francisco and Marin, but mobility impairments,²⁰ cognitive impairments, work and childcare schedules, lack of transportation, and/or intense stigma can make accessing them essentially impossible for many people who might benefit from food pantry programs. For people with chronic disease, the challenges associated with shopping can also influence food choices, erring on the side of lightweight items.²¹

The HDG program fills the gap. It addresses food insecurity for the many low-income people who can prepare their own meals, either by themselves or with help from a caregiver, but have difficulty accessing the supplemental grocery programs that could guarantee food security. In many cases, home-delivered grocery programs can seamlessly support food security for people whose functional capacity is shifting. One provider described it this way, “When our food pantry coordinator notices that someone’s struggling to get groceries up the hill or on the bus or back to their home, and then we’ll, we’ll refer them to our partners [...] to do an intake and then follow up with us to get ‘em on the delivery list.” Nationally, there is emerging evidence that providing delivery improves program access for low-income older adults – in Pennsylvania, incorporating home delivery of Commodity Supplemental Food Program boxes resulted in a participation rate increase from 81% to 100%.²²

“The most difficult thing for me is leaving the house and getting down the stairs; it’s about three or four steps. It’s very hard for me because my knees hurt so much. [...] I also have problems with my back. It’s too much; I’m almost 92 years old!

– Alejandra, senior living in the Richmond District



There are many types of accessibility needs.

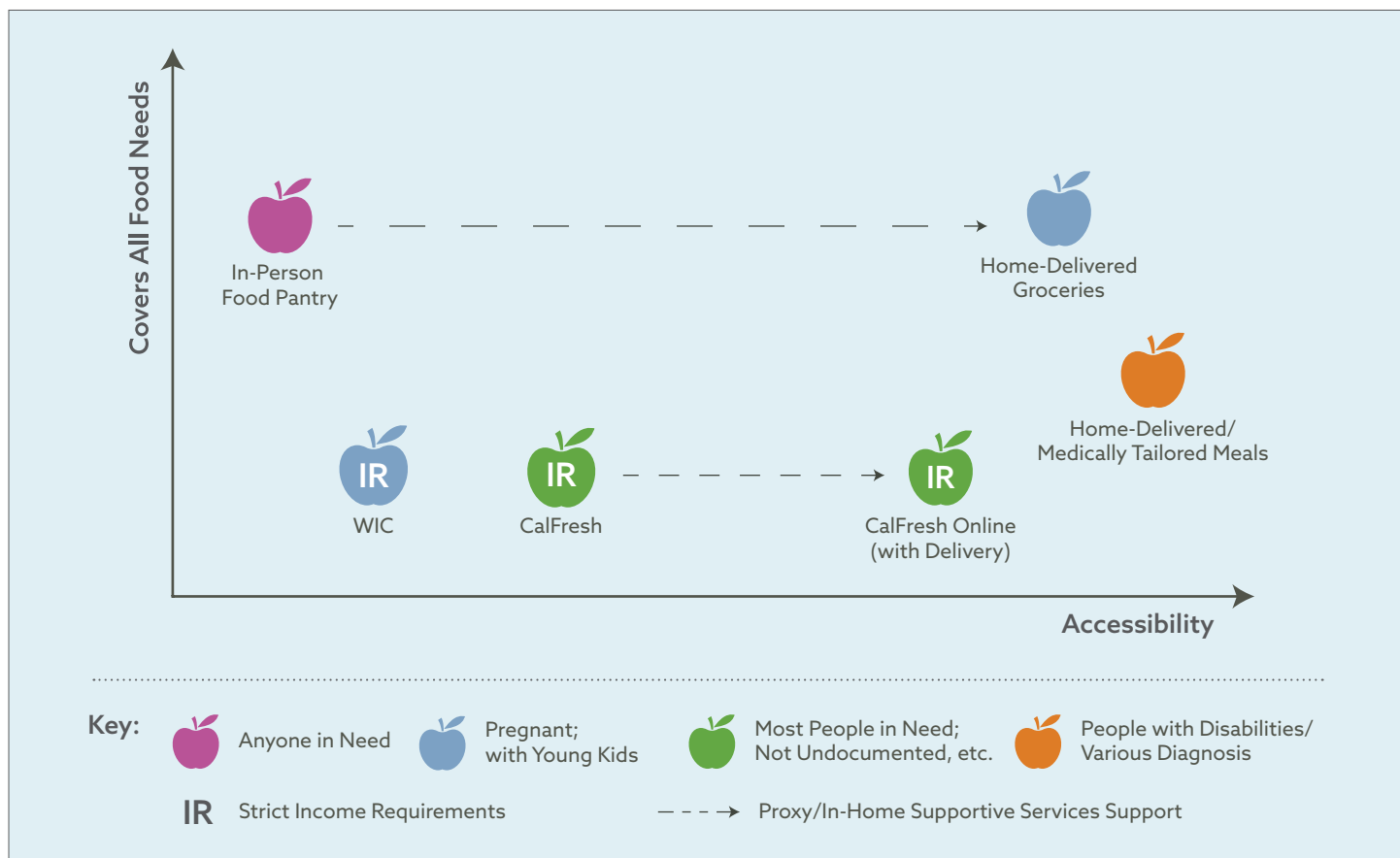
- **Disabilities:**
 - Mobility
 - Cognitive
 - Mental health (anxiety)
 - Temporary (e.g. post-discharge)
- **Schedule constraints:**
 - Work hours
 - Childcare availability
 - Caregiving responsibilities (e.g. unable to leave a child with a disability)
 - Appointment schedules } (e.g. doctor, therapy)
- **Economic need is all too common due to...**
 - Fixed income (e.g. SSI, SSA, pension)
 - Unemployment
 - Temporary leave (e.g. maternity)
 - High rent/cost of living
 - Inflation
- **Transportation issues:**
 - Far from routes
 - Hills difficult to navigate
- **Intense stigma**





















20 Cohn, Daniel J. and David B. Waters, *FOOD AS MEDICINE: Medically Tailored, Home-Delivered Meals Can Improve Health Outcomes for People with Critical and Chronic Disease* (February 2013).

21 Cohn, Daniel J. and David B. Waters, *FOOD AS MEDICINE: Medically Tailored, Home-Delivered Meals Can Improve Health Outcomes for People with Critical and Chronic Disease* (February 2013).

22 Riff, Daniel, e-mail to Diana Jensen on December 29, 2022.

Existing food assistance programs are a patchwork, with holes. Many households will need to patch together *all* of these services and supports to become food secure, and/or to meet their needs throughout the month, much in the same way that families with higher incomes will typically prepare some meals from groceries while purchasing others from restaurants or meal kits. Access to those programs is limited based on various eligibility criteria as well as their inherent accessibility.



PROGRAMS	HELPS WITH...	FOR WHOM?			
	Food Assistance	Delivery / Pick-up	People with disabilities/ caregivers	Pregnant women/families with young children	Limitations
CalFresh	 Max allotment is still not enough	 Online Ordering			 Not all who need it are eligible, delivery fees may apply
WIC	 Average = \$62/person monthly.  Pregnant participants can receive another \$40 per month in fruit and vegetable vouchers. ²³				
Home Delivered Meals	 1-2 meals/day				 Wait lists, more costly than groceries  Medically tailored meals programs are sometimes time limited and diagnosis-based
IHSS	 No Assistance				

Benefits of Home-Delivered Groceries

HDG provides myriad benefits to participants, starting with improved food security, but extending to individual empowerment, social connection, and physical and mental health improvements.



²³ San Francisco Human Services Agency website, Women, Infants, & Children Supplemental Nutrition Program (WIC). Accessed online on January 20, 2023 at <https://www.sfhhsa.org/services/food/women-infants-children-supplemental-nutrition-program-wic#:~:text=Food%20assistance%3A%20WIC%20provides%20an,EatSF%20fruit%20and%20vegetable%20vouchers>.

FOOD SECURITY

The primary benefit of HDG programming is improved food security for low-income participants. In a recent survey of program participants, 93% of respondents said that they agreed or strongly agreed that they “feel less worried about getting enough food.”²⁴ Maintaining accessibility of free grocery programs to these households is especially important given that the impact of the pandemic on these households is not over. A third of survey respondents said that someone on their household lost their job or earned less money because of COVID; 76% of those people said that their household has not recovered from that financial loss.²⁵ Furthermore, the impact of inflation is universal. As one provider described it, “The participants, most of which are having a struggle now that so many costs are rising. They’re grateful to have the extra vegetables and the fruits. It’s helping them to better manage their budgets.”

Stigma is a consideration for some people who need food assistance, preventing them from accessing the assistance they need. In this way, delivery is another tool to improve food insecurity among certain populations. “One of the things that home-delivered groceries does is it doesn’t make it really obvious that you’re asking for help,” explained one HDG provider. “For a number of reasons- like concerns about safety in the neighborhood, fear that seeming unable to care for themselves may affect their ability to stay in their home, and feeling that others “need it more” - people who would not go stand in line at a food pantry, regardless of how hungry they are, are willing to get it if it’s delivered to their door.”



HEALTH-RELATED BENEFITS

There is a growing body of research demonstrating the value of food assistance programs to improve health outcomes among low-income participants. Academic research related to other food programs (WIC, SNAP, medically tailored meals, medically tailored groceries) provides evidence of improved health outcomes, diet,²⁶ medication adherence,²⁷ and reduced

24 San Francisco Marin Food Bank, *Home Delivered Grocery Program Participant Survey – Preliminary Analysis*. (December 14, 2022). Notes that these findings based on analysis as before all responses were received. It includes responses from 800+ clients from the HDG program.

25 San Francisco Marin Food Bank, *Home Delivered Grocery Program Participant Survey – Preliminary Analysis*. (December 14, 2022). Notes that these findings based on analysis as before all responses were received. It includes responses from 800+ clients from the HDG program.

26 Cohen, Deborah A., Erika Estrada, Monica Montes, Allison Voorhees, Galina Inzhakova, Claudia Rios, Timothy Hsieh, Justin Tayag, Amorette Castillo, Sean Hashmi, *Food Prescription Pilots: Feasibility, acceptability and affordability of improving diet through menu planning and grocery delivery*, *Journal of Human Nutrition and Dietetics* (January 2023). DOI: 10.1111/jhn.13142

27 Cohn, Daniel J. and David B. Waters, *FOOD AS MEDICINE: Medically Tailored, Home-Delivered Meals Can Improve Health Outcomes for People with Critical and Chronic Disease* (February 2013).

health care costs,²⁸ especially when programming is targeted to populations with health care needs that benefit from improved nutrition (e.g. diabetes).^{29 30 31}

While the food bank's HDG program is not specifically "medically tailored," the menu typically contains a menu of nutritious items that are typically found in medically-tailored food package programs. Weekly boxes are largely comprised of fresh produce, along with a protein item (e.g. chicken, eggs, tofu) and a grain (e.g. rice, pasta). According to survey results from existing program participants, the program appears to improve their self-reported health and nutrition. Ninety-two percent of program survey respondents agree or strongly agree that they "feel healthier," and 95% say they "eat more fruits, veggies, and whole grains."³²

This makes sense, given the interconnection between food insecurity and health. Hilary Seligman and Seth Berkowitz, leading researchers in this field, describe this bi-directional relationship:

"[F]ood insecurity among adults is associated with a broad range of health conditions, some of which are associated with dietary intake and some of which are not. To understand conceptually the links between food insecurity and heterogeneous poor health outcomes, it is critical to recognize that food insecurity likely acts as a risk factor for poor health, but also that poor health—by increasing out-of-pocket health care expenditures and reducing capacity for maintaining employment—acts as a risk factor for food insecurity."³³

Improved health status can lead to reduced health care costs, naturally. Researchers have estimated the health care costs specifically associated with food insecurity. A July 2019 report estimated that the annual county cost was approximately \$204.6 million for San Francisco County and \$42.4 million for Marin County. While these figures represent the costs of food insecurity for the overall population, this amounts to \$1,670 per food insecure person in San Francisco and \$1,470 in Marin.³⁴

“It’s usually physical and often a mental challenge that our neighbors are struggling with. Whether they’re dealing with isolation and fear or overriding anxiety. Our neighbors struggle with sequencing; people in the Tenderloin ask you what day it is, not what time it is often. They’re not holding the same type of calendar we are in a working privileged world. So, just having a caring person consistently knocking on their door at the same time each week, it really helps to ground them too in a healthy relationship.

- Rev. Paul Trudeau,
Executive Director, City Hope

28 Berkowitz, Seth A., Sanjay, Craig Gundersen, Hilary K. Seligman, *State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity*, Preventing Chronic Disease 2019;16:180549. DOI: <http://dx.doi.org/10.5888/pcd16.180549>

29 Kempainen, Sarah, Diana B. Cutts, et. Al. *A Collaborative Pilot to Support Patients With Diabetes Through Tailored Food Box Home Delivery*, Health Promotion Practice (January 2023).

30 Cohn, Daniel J. and David B. Waters, *FOOD AS MEDICINE: Medically Tailored, Home-Delivered Meals Can Improve Health Outcomes for People with Critical and Chronic Disease* (February 2013).

31 Kempainen, Sarah, Diana B. Cutts, Ramona Robinson-O'Brien, Alexandra De Kesel Lofthus, David T. Gilbertson, Rebecca Mino, *A Collaborative Pilot to Support Patients With Diabetes Through Tailored Food Box Home Delivery*, Health Promot Pract. 2023 Jan 10:15248399221100792. doi: 10.1177/15248399221100792. Epub ahead of print. PMID: 36627767.

32 San Francisco Marin Food Bank, *Home Delivered Grocery Program Participant Survey – Preliminary Analysis*. (December 14, 2022). Notes that these findings based on analysis as before all responses were received. It includes responses from 800+ clients from the HDG program.

33 Seligman, Hilary K. and Seth A. Berkowitz, *Aligning Programs and Policies to Support Food Security and Public Health Goals in the United States*, Annual Review of Public Health 2019 40:2.1–2.19.

34 Berkowitz, Seth A., Sanjay, Craig Gundersen, Hilary K. Seligman, *State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity*, Preventing Chronic Disease 2019;16:180549. DOI: <http://dx.doi.org/10.5888/pcd16.180549>

PSYCHOSOCIAL BENEFITS

Our qualitative research found that the HDG program has a lot to offer participants psychologically, not just nutritionally. Various aspects of this emerged in our interviews: a heightened sense of “being cared for,” increased autonomy/independence, and reduced stress.

Participants feel that they are cared for by the community when they receive a home delivery. When delivery models allow for a participant to receive the delivery from the same volunteer each week, it forges a sense of community that benefits volunteers and participants, alike. Steph Galiston of Meals on Wheels San Francisco said, “they know people are looking out for them. [...] [Volunteers] view that wherever their route is, is an extension of their home community.” Another HDG provider, Rev. Paul Trudeau, of City Hope expressed the psychological benefits when he said:



“It’s so much more than about food. As we all know, food is love, and so it’s a connection point to being cared for, which really helps our neighbors with whatever they’re struggling with in their mind and the feelings of being marginalized and isolated and uncared for. So we’re combating that as we combat food insecurity.”

Furthermore, HDG is one of the few models that empowers low-income people to maintain autonomy in their choices about what to cook and eat, even when the steps involved in shopping and transporting groceries has become burdensome. HDG providers shared stories about participants with significant barriers to preparing meals (e.g. visual disabilities, shared cooking facilities) who strongly prefer to receive groceries rather than prepared meals in order to

maintain autonomy over their food choices. For example, one participant “is adamant about staying on the grocery program because she has this way of dealing with the bag and making these soups that she really likes and that’s what she wants. And she’s got kids that don’t live nearby and she likes that she can do it on her own. And it sort of checks a lot of emotional and lifestyle boxes for her.” Participants “want to maintain the independence and the ability to influence exactly what they’re going to eat.”

Several participants we interviewed highlighted the importance of the HDG program for supporting their independence. While people may have family members nearby who can run some errands for them, they do not want to feel like a burden. Older adults understand that their adult children have their own busy lives to live – working, raising children. For the program participant, the weekly delivery provides the relief of being able to save the limit requests for assistance to other, less frequent, needs.



I’m a victim of domestic violence, and a single mom. With HDG, I have enough time to spend in my support group, to go to therapy, to speak with my lawyer, to be with my child. [Getting groceries delivered] just takes a little bit of time out of this whole complicated thing.

- Gabriela, SoMa resident and mother of a 3-year-old girl

REDUCED STRESS FOR PARTICIPANTS AND CAREGIVERS

Young mothers, especially, described the importance of HDG in terms of how it reduced stress by simplifying their lives. One interviewee, a young single mother recovering from a history of domestic violence, told us that receiving the grocery delivery means that, “I have enough time to spend in my support group, [...] to go to a psychologist [for] therapy, [to] spend some time with, with my lawyer, [to] spend some time with my kid. [It takes] just a little bit of time out of this whole complicated thing.” For family members of older adults and people with disabilities, the program provides a much-needed respite and the peace of mind that a parent’s basic food needs are being met. Parents of disabled children may not have other options for qualified childcare during the times when they would need to access food assistance programs outside the home.

Research related to medically tailored meals programs reinforces this theme. One social worker’s words provide an example of improved psychosocial well-being resulting from the meals program: “For my patients, access to healthy food helps them cope with their treatment and focus on their whole health...Alleviating a major worry like this is supportive emotionally as well as physically.”³⁵

ECONOMIC STIMULUS FOR DELIVERY DRIVERS & HOME CARE WORKERS

Many deliveries for HDG are handled by paid drivers, not volunteers. DoorDash has long been a major partner to the program, defraying the cost of HDG boxes delivered using their platform through in-kind and low-cost delivery. Daniel Riff, DoorDash’s Senior Manager of Drive Government and Nonprofit, described the economic benefit to those drivers; driving for DoorDash is a flexible way for people to supplement their incomes. HDG deliveries are often available at off-peak times (e.g. not at the lunch rush), making them a good way for drivers to have a reliable way to earn income. DoorDash estimates that their drivers have earned over \$2 million by fulfilling deliveries on behalf of the SF-Marin Food Bank.³⁶ “It’s been a benefit to broadening food access locally and helping Dashers earn while serving their community. There are some Dashers that really love it.”

Another model for compensating people for assistance with this type of support is to authorize additional hours to IHSS providers to do so. Pre-pandemic, approximately 900 HDG program participants received their delivery by proxy pantry pick-up by their IHSS worker. When pantries shut down, this model was often not possible. Many caregivers were fearful of continuing to go to pantries, even if that option was available to them. Approximately 600 caregivers currently provide these types of pick-ups. For some people, receiving their groceries this way is preferable; caregivers have pre-existing, trusting relationships with participants. They may even be family members.



I was the victim of a hit-and-run a few years ago and I live in pain on a daily basis. The produce is just wonderful. It's hard for me to lug vegetables home – they're heavy, you know? And I don't want to be a burden on my sons and their families.

- Violet, Richmond District resident, age 92

³⁵ Cohn, Daniel J. and David B. Waters, *FOOD AS MEDICINE: Medically Tailored, Home-Delivered Meals Can Improve Health Outcomes for People with Critical and Chronic Disease* (February 2013).

³⁶ As of January 4, 2023. Figure provided by Daniel Riff.

A Changing Landscape of Participant Needs and Available Services

The service landscape, participant needs, policy and funding landscapes are shifting rapidly for SFMFB's HDG programming.

IN-KIND DELIVERY SUPPORT IS DISAPPEARING

Corporate partners handled 76% of all deliveries in January 2023. However, DoorDash has announced plans to sunset their full sponsorship of their deliveries in the Spring. Those deliveries would need to be covered by an outside funding source in order to continue. Food Bank program staff estimate that the increased cost could total to \$2.1 million annually.



THE SCALE OF DEMAND FOR DELIVERY ASSISTANCE IS DECREASING

Furthermore, as the threat of COVID-19 has abated due to increased vaccination rates, the need to provide home delivery to any older adult who requests it has faded. **A review of participant data from December 2022 reveals that approximately 3,500 participants age 65 or older might be candidates for transition to in-person programs as those programs reopen.**³⁷

OPTIONS FOR PROXY PICK-UP ARE EXPANDING

Many in-person food pantries shut down during the peak of the pandemic risk, but some programs have now reopened, and the Food Bank has begun piloting “food hub” programming in some neighborhoods. This creates more opportunity to allow for more decentralized proxy pick-up structures. Historically, HDG participants who have an In-Home Supportive Services (IHSS) worker were typically assigned to an in-person pantry for pick-up. While that is still true for nearly 600 participants, there are still ~470 IHSS recipients who continue to receive delivery from the Food Bank.³⁸

SEVERAL NEW RESOURCES TO SUPPORT DELIVERY OR FREE GROCERIES ARE NOW AVAILABLE, OR IN THE PIPELINE

Some significant new opportunities are emerging in terms of publicly-funded delivery for food assistance.

CalFresh online ordering, with delivery

CalFresh online ordering, with delivery, is now available at scale in both San Francisco and Marin. However, only five percent of purchases are online, by about ten percent of households, leaving significant room for growth.³⁹ Realistically,

³⁷ Approximately 1,280 home delivery participants aged 65 or older indicated that they do not have a disability (these are all participants in the non-DAS-funded programming. Many other older adults receiving delivery have not yet been asked about disability status (~3,630). If their disability rates are the same as those for which the program has data, then another 2,280 older adults. This brings the total to 3,500+ total.

³⁸ Harris, Seth, e-mail message to Diana Jensen (January 10, 2023).

³⁹ Butterfield, Katie L., e-mail message to Brian Kaiser (January 20, 2023), forwarded to Diana Jensen.

the supplemental nature of CalFresh, paired with the decreased benefits and erosion of benefit value from inflation, makes it unlikely that CalFresh delivery would preclude the need for HDG delivery for most households. However, increased education among current or potential CalFresh participants about the availability of online ordering and delivery has the potential to take the edge off of demand slightly.

CalAIM

CalAIM is a new initiative by the California Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a new menu of in lieu of services (ILOS), or Community Supports, which, at the option of a Medi-Cal managed care health plan (MCP) and a plan participant, can substitute for covered Medi-Cal services as cost-effective alternatives, including a variety of food supports.⁴⁰ ⁴¹ "Medically supportive groceries" are one model that has the potential to be a food fit for the HDG model. These food packages do not need to be individually tailored to an individual's medical needs.⁴² Rates for services are determined in individual negotiations between health plans and providers, but DHCS has provided some non-binding pricing guidance at \$52-\$81 per weekly grocery box delivered.⁴³



In order to be eligible, CalAIM community supports recipients must be:

1. Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders; or
2. Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement; or
3. Individuals with extensive care coordination needs.

These eligibility limitations may be less restrictive than they appear. For example, the 2021 California Health Interview Survey estimates that 33% - 50% of older adults age 65 or older in San Francisco has been diagnosed with high blood pressure.⁴⁴ Eleven percent of people with incomes below 200% of the federal poverty level have been told they have diabetes.⁴⁵ Conducting a small set of simple screening questions for HDG clients may identify many people who fit these eligibility criteria; the vast majority of participants are enrolled in Medi-Cal.

40 State of California Health and Human Services Agency Department of Health Care Services, *Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide* (August 2022). Accessed December 22, 2022 from <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>

41 See this presentation deck for a high level description of CalAIM community supports and evidence supporting its value: California Department of Health Care Services, *CalAIM Community Supports Spotlight Series: Medically Tailored Meals/Medically Supportive Food* (May 18, 2022). Accessed on December 22, 2022 from <https://www.dhcs.ca.gov/Documents/MCQMD/May-Community-Supports-Spotlight-Medically-Tailored-Meals.pdf>.

42 It seems likely that the current menus for the HDG programs would fulfill the expectations for medically supportive groceries; menus are largely fresh produce, along with a protein item (e.g. chicken, eggs, tofu) and a grain (e.g. rice, pasta).

43 State of California Health and Human Services Agency Department of Health Care Services, *Non-Binding ILOS Pricing Guidance*. Accessed online on January 5, 2023 from <https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Pricing-Guidance-Updated-8-5-2021.pdf>

44 95% confidence interval, from a query run by Diana Jensen on askchis.org

45 San Francisco Health Improvement Partnership, SFHIP Community Health Data. Accessed online on January 24, 2023 at [http://www.sfhph.org/chna/community-health-data/diabetes/#:~:text=What%20is%20the%20status%20in,9.3%25%20\(Figure%201A\).](http://www.sfhph.org/chna/community-health-data/diabetes/#:~:text=What%20is%20the%20status%20in,9.3%25%20(Figure%201A).)

Reimbursement is restricted to no more than 12 weeks, unless deemed medically necessary. It cannot supplant funding provided by alternate programs, and cannot be covered to respond solely to food insecurities.

The two Medicaid health plans in San Francisco are Anthem Blue Cross and San Francisco Health Plan (SFHP).⁴⁶ Partnership Health Plan (PHP) is the managed care provider for Marin County.⁴⁷ Anthem Blue Cross serves ~22,000 enrollees, has a history of partnerships with Project Angel Food in San Francisco and elsewhere to provide community supports in the form of medically tailored meals, at a minimum.

SFHP has approximately 161,000 enrollees. All of these plans have publicly committed to offering members medically supportive food and nutrition services via CalAIM.⁴⁸ The Food is Medicine Coalition is leading a variety of types of technical assistance and advocacy work related to this implementation.⁴⁹



Leveraging this funding source to support a portion of HDG programming would require the Food Bank to enter into an agreement with the health plan(s), including planning and implementation of the associated systems and processes required to identify the units of service that are eligible for reimbursement via CalAIM. Ideally, those systems could be developed in as streamlined and automated a way as possible, minimizing administrative burden on the Food Bank, its partners, and participants. Technical assistance is available for this type of planning and implementation work through the California Medically Supportive Food & Nutrition (MSF&N) Knowledge Network;⁵⁰ state funding is available through a \$1.8 billion, 5-year initiative: Providing Access and Transforming Health (PATH), specifically the Capacity and Infrastructure Transition, Expansion and Development (CITED) funds.⁵¹ Applications for the next round of that funding are expected to open in February 2023.⁵²

⁴⁶ <https://www.sfhhsa.org/services/health/medi-cal/select-medi-cal-health-care-plan>

⁴⁷ <https://www.marinhhs.org/faq/what-partnership-health-plan#:~:text=Answer%3A,use%20their%20Medi%2DCal%20services.>

⁴⁸ Collaborative Consulting, *CalAIM Readiness Assessment for Food & Nutrition CBOs Serving SF Webinar Recording* (July 22, 2022). Accessed online on January 5, 2023 from <https://www.foodasmedicinecollaborative.org/calaim>.

⁴⁹ More information available here: <https://www.foodasmedicinecollaborative.org/calaim>

⁵⁰ See high level overview of that group's structure and purpose here: https://drive.google.com/file/d/1EujB6uS1DLVspLZ0RUmSC8hIJDWGjb_U/view

⁵¹ See ca-path.com for more information.

⁵² Note that application for such funding may require a letter of attestation from the health plan, indicating interest in partnership. One food bank shared that they have submitted for funding to retroactively fund staffing costs for their planning work, along with technology investments and other projected costs of implementation.

Home Delivered Grocery Funding and Program Design Opportunities

Given the rapidly shifting landscape of corporate funding commitment, the SF-Marin Food Bank should consider the following avenues for maintaining this critical program support in the community, and ensuring that it is tailored appropriately to the population that needs it most.

MAXIMIZE NON-CORPORATE DELIVERY MODELS

Expand the “adopt a building” volunteer model.

More than 2,300 HDG households live at addresses where there are 10 or more HDG households receiving deliveries. These addresses typically have a mix of PAH and HDG program recipients. While the Food Bank has recruited volunteers to “adopt” some of these buildings, there are still 1,260 households living at 74 unadopted addresses with at least 10 deliveries. Recruiting volunteers or other methods to cover the 20 largest locations of these remaining addresses (where there are typically 20-40 households per address) would cover more than 570 households deliveries.

A quick review of the address list reveals that several of the largest unadopted sites are housing sites operated by nonprofit housing providers. For example:

- 255 Woodside (46 households) is operated by Bridge Housing;
- 477 O’Farrell (42 households) is a TNDC site with a comprehensive, DAS-funded senior center on the ground floor;
- 711 Eddy (39 households) is a Sequoia Living site with an on-site service coordinator;
- 249 Eddy (30 households) is a TNDC site with a social work services provided by Sequoia Living.
- 1234 McAllister (El Bethel Arms, 30 households) and 670 Valencia (Alcantara Courts, 29 households) do not currently list on-site services, but they do have a history of site-hosted older adult grocery distributions with the Food Bank.



A single bulk delivery to these and other larger sites could allow for an “adopt a building” style distribution. Some buildings may already have weekly food pantries; sending home-delivery boxes with those orders and working with food pantry site coordinators to manage their distribution is worth considering.

Expand the role of IHSS providers in delivering food boxes.

The San Francisco IHSS program already allows for allocation of additional paid hours for IHSS workers to pick up



supplemental food from food pantry sites. Funding for this work is covered by the State of California. However, this model is only working well for about 55% of HDG clients with IHSS workers. At least 470 HDG participants continue to receive delivery from the Food Bank despite being enrolled in IHSS for support for food shopping. Truly leveraging the full capacity of IHSS may require a multi-faceted approach that could include all of the following:

- Conduct outreach to these participants to reassess the capacity of their current IHSS providers to pick up from the existing pantry network, especially as sites continue to reopen.
- Consider offering expanded pick-up options for existing IHSS providers (e.g. the Illinois warehouse, food hubs, and/or newly established IHSS-only pick up spots)
- Explore with SFHSA and the IHSS Public Authority a model that would allow for a different set of IHSS providers to provide grocery delivery service to routed groups of authorized IHSS participants. If routes were similar in scope to the current DoorDash model, they could be much more efficient than models where an individual provider picks up for a single participant (~12 deliveries per hour).

TAP ADDITIONAL FUNDING MECHANISMS FOR DELIVERIES

Pursue expanded County funding of deliveries.

Several models for this could be worth pursuing:

- Expansion of HDG funding from DAS for older adults and people with disabilities.
- Delivery to WIC clients, perhaps through the Department of Public Health, especially given the success of the WIC delivery pilot program, which has since sunset. Perhaps WIC deliveries could be aligned or coordinated with Food Bank food deliveries in some way.
- Delivery routes provided through the paratransit services fleet. In San Luis Obispo, the food bank has continued a partnership with paratransit for home delivery. They described that it works well because the fleet has certain times during the day that are not as busy; the food deliveries complement their other work.

Identify partnership structures that would allow for some portion of HDG deliveries to be systematically reimbursed via CalAIM.

Any such partnership would ideally structure program delivery and reimbursement in a way that maximizes the scale and impact of HDG programming for appropriate CalAIM target populations who are likely to benefit from food assistance support. While some jurisdictions may be inclined to pursue small, pilot-style medically supportive food package benefits, the SFMFB's program is uniquely positioned to provide that that of service at scale. For example, one possible streamlined model that might work:



- The Food Bank collects information on several key CalAIM eligibility categories for HDM clients (e.g. Medi-Cal enrollment status and whether a client reports having one of several common diagnoses such as hypertension, COPD, or diabetes), along with consent to share information for the purpose of reimbursement.
- The Food Bank shares the relevant client list with the health plan on a monthly basis using a secure data sharing mechanism.
- The health plan matches the list with their current enrollees, removing those who have already received 12 weeks of reimbursement.
- The Food Bank receives reimbursement, at the established rate, for those that match.

This type of structure would be much more streamlined and effective than identifying eligible clients one at a time, or through some sort of health plan-initiated referral process. It would likely require additional training and potential adjustments to Food Bank data systems and/or protocols, depending on what is required to manage any HIPAA requirements. Another option might be to partner for certain parts of this work with a public entity that already operates with HIPAA requirements and has Medi-Cal billing capability in place. For example, Ventura County's Area Agency on Aging described a partnership they have brokered to provide CalAIM medically tailored meals in which they manage the referrals and billing, but have partnered with a caterer as a vendor for the meals.⁵³

Planning and implementation work, including staffing, could be funded through a PATH CITED grant.

TAKE PRESSURE OFF THE CASELOAD

Reconsider some eligibility criteria, and/or tighten up screening processes.

The participant interviews and data analysis we conducted for this project raised some eligibility areas that may deserve re-consideration if it becomes necessary to downscale the HDG caseload.

⁵³ Jump, Victoria, Interview with Diana Jensen on January 18, 2023.

- **How difficult must it be to get to the food pantry/store in order to authorize delivery?** Approximately 1,280 home delivery participants aged 65 or older indicated that they do not have a disability, and many others have not yet been asked about disability status (~3,630 older adults). If their disability rates are the same as those for which the program has data, this would be another 2,280 older adults without a disability. This brings the total to more than 3,500 total. Pregnant women have significant variation in mobility limitation and additional kinship supports.
- **What is the right threshold for economic need?** Some interviewees indicated that “it helps” them financially, but it did not appear to be essential for making the financial picture work. One woman was on maternity leave from a decent-paying job (perhaps still not enough, though). These participants seemed surprised when asked if they participated in any other food assistance or social service programs.
- **Should people receive delivery if there is someone else who could feasibly pick up food from a food pantry for them?** Two interviewees lived with family members (a recently pregnant woman living with her parents, and an elderly woman with an adult son living downstairs). In these circumstances, the delivery program essentially acts as a caregiver respite service, which may still be a worthy programmatic goal. Stigma, and/or a desire to avoid “being a burden” might well prevent many of these people from asking for proxy pick-up assistance in practice.
- **Are there additional supports that could be provided to some clients which would make it possible for them to get food assistance without delivery?** For example, providing a free roller grocery cart, which costs approximately \$40 when purchased individually, might be a cheaper way to improve accessibility for some participants than is providing an ongoing weekly delivery.

Increase utilization of CalFresh online ordering and delivery to take pressure off demand.



While CalFresh benefits are often only enough to complement delivered groceries, some households may find that those benefits meet their needs, provide additional choice in food selection, and/or preclude the need for a Food Bank-

supplied delivery every week. The Food Bank already promotes this new service to new people who are receiving CalFresh application assistance, low usage rates countywide suggest that there is significant room to scale this support.

- a. Create state policy that minimizes delivery fees. For example, such policy might require online EBT providers to reduce the minimum EBT order for free delivery to align with the minimum monthly benefit.
- b. Engage the county to plan and fund projects that will increase use of online EBT ordering and delivery among the populations that need it most. For example:
 - a. Create a promotion campaign that educates CalFresh clients about online ordering and delivery with HDG participants as a key target population.
 - b. Offer assistance with online ordering for HDG clients who have CalFresh, but have technology and/or cognitive barriers that make online ordering difficult. The Community Living Campaign is one organization that has historically focused on this type of digital divide, senior empowerment, and community-building work.
 - c. Consider funding mechanisms that could offset delivery fees for online EBT orders for people who have a demonstrated need for delivery.

Appendix A: Methodology

Our research began with a literature review on the prevalence of (a) need for, (b) benefits of, and (c) availability of home delivered food assistance programs, including grocery programs as well as meals. We also reached out to a variety of subject matter experts to understand that scale of other similar programs currently operating at other major food banks. The SFMFB provided a dataset of current program participants, which allowed for an exploratory analysis of demographic characteristics and review of clustered addresses.

Desk research was supplemented with a series of interviews and focus groups with food bank program staff, CBO partner staff, corporate partners, staff from other food banks pursuing similar work, and program participants. Program participant interviewees were recruited by Food Bank staff to insure that they represented a cross-section of program participants that would include at least one older adult, one younger adult with a disability, one pregnant person, and one person with small children. Interviews were conducted by the research consultant in English via Zoom, with Spanish and Cantonese interpretation provided by an interpreter when necessary. Participant interviewees received a \$100 gift card as a thank you for their participation. All interviews were transcribed for later analysis.

Focus group participants included:

- Andy Burns, Director of Participant Engagement, San Francisco-Marin Food Bank
- Li Deng, Program Supervisor, San Francisco-Marin Food Bank
- Stephanie Galinson, Senior Program Manager, Home Delivered Grocery Program, Meals on Wheels of San Francisco
- Seth Harris, Program Manager, San Francisco-Marin Food Bank
- Kate Kuckro, Co-Executive Director, Community Living Campaign
- Vernice Ross, ReServist with Community Living Campaign and Acting HDG Coordinator for UNITI Resources Inc.
- Rev. Paul Trudeau, Executive Director, City Hope
- Chester Williams, Program Coordinator, Community Living Campaign (Bayview)
- Yves Xavier, Director of Community Programs, Richmond Neighborhood Center

Appendix B: Participant Profiles

PARTICIPANT PROFILE #1

This participant, Gabriela* (name changed) is a Spanish-speaking single mother of a three year old daughter living in the South of Market district. She is a survivor of domestic violence receiving support group services from the Homeless Prenatal Program, and juggling the related therapy and legal appointments. She currently has intermittent work cleaning homes. She is also enrolled in CalFresh. She was enrolled in the WIC program until recently when she missed a recertification appointment. She is in the process of trying to re-enroll in WIC, but has had trouble connecting with their office to reschedule. She first enrolled in HDG in late 2022 when she and her daughter contracted COVID, making it impossible for her to get out to shop for groceries. The teacher at her daughter's school referred her to the service.

The **primary barriers** to accessing food assistance for her are transportation, low income, and lack of additional support systems.

Transportation

There is no affordable grocery store near her home. She doesn't drive. "My daughter has a small electric toy car. She rides and, well, I, I can only buy what I can fit in that little toy car. And it's helped us a lot because the grocery [delivery] comes with a lot of vegetables, onions, potatoes, and that kind of things. And so now I don't have to walk 45 minutes to go buy the things I need."

Low income

"My economy wasn't the best at that time. I didn't have a job, and I couldn't buy many things. I mean, I'm not saying I make that much money now; I probably make \$500 a month cleaning houses. But, [the home delivered groceries have] been helping me a lot because I don't have to buy many of the foods that I'm receiving."

Lack of support systems

Gabriela says that she does not have other friends or family who can help her run errands such as food shopping, and she does not have relationships with additional community programs (e.g. churches, nonprofit programs, etc.) that are nearby where she might otherwise receive assistance. Her primary service connection is with the Homeless Prenatal Program, which is nearly 2 miles from her home.

The **primary benefits** of the home delivery program for Gabriela are: improved food variety, and an overall simplification of life at a time when she is managing the aftermath of a traumatic experience (domestic violence). Home delivery has had a big impact on Gabriela's life.

Improved food variety

"You know, this little bag of food that I get every week, even though it may seem like it's not, it's really, really helpful for me. It helps me in situations that I sometimes get stuck in. It would be really awful for me if I could not have that. It would be a lot more difficult."

"I would have a much more limited options food if [there were no home delivered grocery program] because the vegetables that I get from that box every week, I can make a lot of foods for my daughter."

Simplification of Life

"I have enough time to spend in my support group, [...] to go to a psychologist [for] therapy, [to] spend some time with, with my lawyer, [to] spend some time with my kid. [It takes] just a little bit of time out of this whole complicated thing."

Gabriela was unaware of the possibility of using her CalFresh benefits to order online from Amazon for delivery. We shared details on how to do this after the interview. It seems possible that leveraging that service, paired with an assignment to a food pantry that was much closer to her home, and maybe the one-time purchase of a roller grocery cart, might make it possible to transition her off the HDG program.

PARTICIPANT PROFILE #2

Alejandra* (name changed) is a 92 year old Spanish-speaker living in the Richmond District. She lives alone, with no car. One of her daughters lives in San Francisco, leading a busy life with a demanding job and two children.

She started receiving food assistance from a food pantry where she had been volunteering, on the encouragement of another volunteer co-worker. She found it difficult to get the food home on the bus, but she made it work. She transitioned to home delivery when the pandemic hit. She has some mobility impairments that make it difficult for her to walk any real distance.

The **primary barriers** to accessing food assistance for Alejandra are mobility limitations.

"The most difficult thing for me is leaving the house and getting down the stairs; it's about three or four steps. It's very hard for me because my knees hurt so much. [...] I also have problems with my back. It's too much; I'm almost 92 years old!"

Alejandra **benefits** from a delivery that saves her the pain and risk of managing stairs and walking that is painful for her to manage. The grocery model allows her the independence to continue to cook for herself, without needing to rely excessively on her daughter who has many other commitments to juggle.

Access to health foods without the physical pain of getting to a food pantry or grocery store

"I prefer to stay at home. It is difficult to walk outside. More than anything, going down the stairs is hard and going up is worse."

The delivery "is the best charity that God gave me with the pandemic."

"I give thanks to God every Monday that your deliveries come. I say, this is from Heaven."

A sense of independence

"I can keep my home clean, and fix things up on my own. No one needs to help me bathe; I sustain myself well and I know what I'm doing."

Alejandra uses the food that she receives from the delivery to prepare three days' worth of meals. "I make food for three days in one day. I make a soup when you send me chicken or fish or something. I put it in the freezer, and each day I heat it up, and that is my lunch. For breakfast I have a cup of tea with bread or an egg or a tortilla. I eat all the food you send me." She doesn't need someone to provide a prepared meal; it is clear that she is proud of her ability to cook for herself.

Caregiver respite for her daughter

Her daughter calls her every day to check on her, and to see if she needs anything. But she says, "I don't like to bother them [her daughter's family] too much. I believe that they get tired." Even with the grocery delivery, her daughter comes to support her needs once or twice a week.

"I'm the kind of person who doesn't want to bother other people."

"It's a wonderful service."

"It's the only blessing of the pandemic."

PARTICIPANT PROFILE #3

Violet* is a 92 year old woman who has lived nearly her whole life in San Francisco. She owns her home, living on a fixed income from Social Security and a very small pension. Before she enrolled in the home delivered grocery program, her children would offer to bring her to the grocery store. She says, "After that accident, it, oh, it took me a long time to walk again. It slowed me down a lot." While she was able to manage somewhat, shopping was difficult: painful, very slow going, and required her to be dependent on busy family members.

Violet's **primary barrier** to accessing food assistance is her mobility impairments.

She was the victim of a hit and run accident in November 2020 that left her with very limited use of one of her legs. She struggles even to bring the groceries that are delivered to her door into the house when they are left at the door. She says, "I live in pain on a daily basis."

Her disability impacts food choices if she shops on her own. "I do appreciate the vegetables because it is hard for me to lug vegetables [home]. They're heavy, you know? And I'm not in the very best frame of mind to lug [around] heavy food."

Violet's participation in the home delivered food program results in improved food choices, and more independence.

Food choices

She says, "The vegetables are just wonderful. Today I received chicken breast and it's in the oven cooked at the moment. I have to say that I'm tremendously pleased and I'm thankful for [the groceries]."

Independence

One of Violet's sons lives in a separate unit at her house, and another son who lives in Burlingame. While her sons and her daughter-in-law do help her once in a while, they have their own lives, with children to raise. It's important to Violet to not be a burden on them.

Financial security

While Violet seems to be more or less making ends meet, she says that the free groceries do help her financially.

PARTICIPANT PROFILE #4

Ling* is a young mother of two children, a 6 year old daughter and 5.5 month son. She lives in the Sunnydale neighborhood with her children and her parents. She is bilingual; she speaks Cantonese and English. Her children's father lives separately, with his parents, also in San Francisco. Ling is enrolled in the WIC program, and receives Medi-Cal. Her household used to receive CalFresh benefits, she believes that she is no longer eligible now that she is working at an office job 4-5 days per week. She heard about the home delivered grocery program through a friend, and signed up in early December for weekly deliveries.

The home delivered grocery program primarily serves to *simplify* Ling's life, limiting the number of grocery shopping trips she needs to manage with her children in tow. The delivery itself is the most important part of the program for her household, given the challenge of getting everything ready to go out, getting everyone into and out of the car, and

managing the children's needs while she shops.

"It really helps a lot. Every day we are busy taking care of the kids and sometimes going to work. [The program makes it so] I don't need to go out to get the groceries with the kids. So it really helps [that] they can deliver it to my house."

"When I go to the farmer's market or the market, [is that] I need to carry my baby boy and carry the six year old girl." The older child doesn't yet reliably take instructions to stay close. "Sometimes it's fine, but sometimes it's just not. She's [...] very impatient to go out with me to get some [...] vegetables."

"Normally I [would] go get the vegetables from the farmer's market [...] every Saturday in the morning. But now, I probably just go once every couple of weeks."

The food from the program helps the household's budget, but it's not enough to cover all of their food needs.

She is wondering whether there will be baby food available in the menu once her son is old enough to eat solid foods.

PARTICIPANT PROFILE #5

Mei* is a new mother, living in the Sunset district with her husband and their newborn baby. She speaks Cantonese. Several months ago, a friend who had previously used the home delivered grocery program recommended that she consider applying to get a little extra help deferring the cost of groceries and managing the household near the end of her pregnancy and while the baby is young. While Mei's parents do live nearby, they do not often help her with errands. She has been receiving the deliveries for about a month.

Because they are currently on leave following the delivery of the baby, she and her husband are not currently working their usual jobs as flight attendants. She has not applied to other food programs; she expects that she would not be eligible. While she did not share her income in the interview, flight attendants make approximately \$32 per hour in San Francisco.⁵⁴ If she and her husband both worked full time, this certainly makes them ineligible for CalFresh or WIC, but it only barely places their income above the 2021 Self-Sufficiency Standard for a family with two adults and one infant for San Francisco County.⁵⁵ Slightly higher than average housing costs, paired with increasing costs of many items in the last year due to inflation can easily strain budgets.

The home delivery of the groceries has been a help financially:

"Since I don't have work and right now everything is expensive, it [does] help, you know, my expenses."

Managing with a newborn baby is difficult, even with a car. The endless rain this season hasn't helped. She feels that it would be a lot more difficult for her to access the groceries if she had to go out to pick them up.

"It's difficult after I have a baby to go out grocery shopping."

54 Flight attendant salary in United States, Indeed.com, accessed January 13, 2023 at <https://www.indeed.com/career/flight-attendant/salaries>.

55 Center for Women's Welfare, University of Washington (2021), Self Sufficiency Standard: 2021 California Dataset. Accessed online on January 13, 2023 from <https://selfsufficiencystandard.org/california/>.

Appendix C: Other Program Improvement Suggestions

A handful of other programmatic improvement suggestions emerged in our interviews, as follows:

- Expand DAS-funded HDG eligibility income guidelines.
- Allow authorization of food delivery for caregivers/additional family members.
- Provide the option for less frequent deliveries.
- Offer several/more flexible menus (e.g. vegetarian, more food for larger households).
- Identify a food-safe way to be able to leave the delivery if the person isn't there (e.g. in a participant-provided cooler).
- Allow for an additional authorized person to receive the box (e.g. neighbor).
- Implement delivery tracking technology.