

CANDIDATE HUNGER ACTION CHALLENGE 2026



**Darshini
Patel**

Running for:
**San Francisco
Board of Supervisors,
District 8**



What do you think are the root causes of hunger, and what do you see as the government's role in addressing them?

Hunger in San Francisco is downstream of our affordability crisis. When a household is spending half its income on rent, food and other necessities become the flexible line items. That is a housing failure showing up at a food pantry. Nearly one-third of San Francisco households do not earn enough to cover their basic needs, and the Food Bank found that most of the food-insecure people it surveyed are working. Hunger is not fundamentally about whether enough food exists; it is about whether people can reliably access and afford it.

That challenge is not getting easier. H.R. 1 cut roughly \$186 billion from SNAP nationally, a program that serves about 125,000 people across San Francisco and Marin. SFHSA estimates that roughly 17,000 San Franciscans will be subject to the expanded work requirements and will need support meeting them or risk losing their benefits. Beginning in October, the federal government will also cut its share of CalFresh administrative costs from 50% to 25%, shifting substantially more of that cost to California and its counties.

Government's role here is twofold:

1. Protect the safety net: maximize CalFresh enrollment and retention, protect school and senior meals, maintain grocery and produce programs, and fund community organizations that reach people government often cannot.
2. Address why people need emergency food in the first place: housing costs, inadequate incomes, childcare, healthcare, and gaps in benefits.

Those are budget choices. I would rather invest in CalFresh outreach, benefit retention, and housing stability before families reach crisis—and judge those investments by what residents actually experience: fewer people losing benefits, shorter food-assistance waitlists, and more families able to afford the food they need.

If elected, how would you ensure coordination between the multiple government departments that fund and administer food assistance programs?

Coordination fails when nobody owns the outcome. San Francisco has already identified an accountability problem in our food assistance programs: in 2023, nine City entities administered food-related programs, but the Food Security Task Force found that departments work in silos without a broader integrated plan.

I've seen a similar problem in childcare: a family can qualify for help and still spend months trying to turn that eligibility into an actual childcare placement. An agency can hit its internal target while the resident still never gets what they need. We have to measure whether the whole system works, not whether each department completed its piece.

Food assistance has the same risk. HSA administers CalFresh, Disability and Aging Services funds nutrition programs for older adults and people with disabilities, DPH operates health-related food programs, and SFUSD feeds children. One household may have to navigate several of those systems just to get the food assistance it qualifies for.

I support the proposed Office of Food Security Coordination within HSA, which is now before the Board of Supervisors. But its success should be measured by whether it makes that system work better—not by whether we create another office. It should maintain a citywide inventory of programs and funding, establish shared measures for enrollment, utiliza-

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tion, waitlists, and unmet need, and identify a named owner for cross-departmental problems. The accompanying Food Security Council should include community providers and people with direct experience of food insecurity. No resident should have to understand the City's organizational chart to get food.

Every major commitment should have an owner, a deadline, and a publicly reported outcome. For food assistance, I want us to measure the resident's journey—not simply each department's internal processing time. The new CalFresh Community Works Program is an immediate test: SFHSA estimates roughly 17,000 people will be affected by the expanded work requirements, and the City has contracted with United Way Bay Area and Project Open Hand to help residents retain benefits. We should publicly track whether people are successfully screened for exemptions, connected to qualifying work or volunteer opportunities when needed, and ultimately retain their CalFresh.

Studies have shown food can be medicine. If elected, how do you plan to use your position to improve food-related health disparities?

I serve on the board of HealthRIGHT 360, which operates a Food Pharmacy through its Integrated Care Center for patients managing chronic health conditions and food insecurity. Participants receive fresh produce alongside nutrition education focused on conditions like diabetes and high cholesterol. That model gets at what "food as medicine" should mean: nutrition should not sit off to the side as a social service when the medical consequences of food insecurity show up in our healthcare system.

San Francisco already has evidence that this approach works. In 2025, the Food as Medicine Collaborative served more than 1,400 patients and their families through more than 10,000 Food Pharmacy visits, with participants seeing meaningful improvements in blood pressure and A1c. But despite that progress, fewer than 10% of eligible Medi-Cal members in San Francisco currently receive medically supportive food and nutrition services.

This matters enormously as our population ages. Seventy-five percent of San Franciscans living with HIV are now 50 or older, and the Castro has the highest number and prevalence of residents living with HIV of any San Francisco neighborhood. More broadly, residents 65 and older are projected to make up about a quarter of San Francisco's population by 2030. For these residents—and for people managing diabetes, hypertension, HIV, and other chronic conditions—reliable access to nutritious food can be part of maintaining their health.

I would focus on three things:

1. Protect funding for and expand access to medically supportive nutrition programs like Project Open Hand and San Francisco's Food Pharmacies, while maximizing Medi-Cal reimbursement so local dollars fill gaps rather than paying for services healthcare dollars can cover.
2. Replace the local nutrition-education capacity being lost with the end of federal SNAP-Ed funding. H.R. 1 eliminated on-going federal funding for SNAP-Ed, known here as CalFresh Healthy Living. We should decide deliberately which effective local programs we need to preserve rather than allow that capacity to disappear simply because federal funding did.
3. Treat grocery access as health infrastructure. Where neighborhoods lack adequate access to fresh, affordable food, the City should make it easier to open and sustain neighborhood grocers through streamlined permitting, coordinated economic-development support, and targeted investment based on food-security data.

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Food as medicine should not begin only after someone gets sick. As Supervisor, I will use healthcare funding, food-assistance programs, and neighborhood policy together to make healthy food easier to access in the first place.

If elected, how would you support the implementation and success of the Community Market model? Would you support county funding?

Yes. I will support City and County funding for the Community Market model, and I will treat it as part of San Francisco's food-access infrastructure rather than as a temporary emergency program.

What is compelling about this model is that it simultaneously addresses several areas of improvement for the traditional pantry: people can shop for the food they actually want in a grocery-store setting, markets operate multiple days and hours each week, and participants can be connected to housing, health, employment, and other supports through peer navigators and community partners. The Food Bank is now expanding from four Community Markets to ten, with a goal of reaching as many as 8,000 households each week.

I will support public funding in three ways:

1. Help cover the ongoing operating costs that philanthropy alone cannot reliably sustain
2. Use City food-insecurity data to locate markets where unmet need is greatest
3. Integrate the markets with HSA, DPH, Disability and Aging Services, and other programs so someone coming in for groceries can also get connected to the benefits and services they qualify for.

San Francisco already has evidence to build from. The City-funded District 10 Community Market is a choice-based, culturally relevant grocery model that also connects residents to other services, and the Food Security Task Force has identified lessons from that market, Rafiki Community Market, and La Raza Community Market as an opportunity for future food programming.

I will pair county funding with clear public measures: how many households are being reached, whether hours and locations match community need, whether people can reliably get culturally appropriate food, and whether participants are successfully connected to other benefits and services. The goal should be a stable network of neighborhood food-access points that people can depend on, not another pilot that disappears when a grant runs out.