

FSTF Meeting Minutes
May 7, 2025
1:30 p.m. - 3:30 p.m.
Virtual Meeting via Zoom

[Click here to view the meeting recording](#)

Task Force Members Present: Jeimil Belamide (HSA/CalFresh); Michelle Kim (DCYF); Emily Cohen (HSH); Cissie Bonini (UCSF/Vouchers 4 Veggies – EatSF); Anne Quaintance (Conard House); Katie Jackson (Project Open Hand); Guillermo Reece (SFAAFBC); Jade Quizon (FAACTS); Noriko Lim-Teppe (SFMFB); Raegan Sales (Children’s Council of SF); Hannah Grant (Meals on Wheels SF); Lura Jones (Leah’s Pantry); Geoffrey Grier (SF Recovery Theatre); Tiffany Kearney (DAS); Mei Ling Hui (SF Park & Rec); Priti Rane (DPH/Nutrition Services)

Task Force Members Not Present: Jade Quizon (FAACTS); Jennifer LeBarre (SFUSD); Chester Williams (Community Living Campaign)

Also Present: Beth Bodner (SF Environment); Claudia Llanos (HOMEY-SF); Eric Chan (SFDPH – Office of Anti-Racism & Equity); Fiona McBride (HSA); Julie Hibarger (SF DAS); Marina Kan (SFHSA); Melinda Gordon; Priscilla Rodriguez (SFDPH – Office of Anti-Racism & Equity); Priscilla Chu (SFDPH – CHEP); Serena Ngo (Hirsch Philanthropy Partners); Mark Biedlingmaier (The SF Market)

Agenda Item	Discussion	Next Steps
1. Call order to order 1:30 p.m.	Call to order at 1:30 p.m.	None.
2. Land acknowledgment 1:30 p.m.	Priscilla Rodriguez recited the Land Acknowledgement.	None.
3. Welcome, member roll call, introductions, Cissie Bonini (Chair, Eat SF/Vouchers 4 Veggies) 1:35 p.m.	Cissie Bonini did roll call and introduced the agenda. Public Comment: None.	None.
4. Approval of minutes from April 2, 2025 1:40 p.m.	Michelle Kim suggested adding page numbers to the meeting minutes and clarifying two sentences from her presentation. Raegan Sales makes motion to approve minutes with corrections. Michelle Kim seconds the motion.	None.

	None opposed. Three abstained. Motion is passed.	
	Public Comment: None.	
5. General public comment 1:45 p.m.	None.	None.
6. FSTF member updates, Katie Jackson (Project Open Hand) 1:50 p.m.	<p>Please refer to the recording for this presentation, linked here. This agenda item starts at the 5:48 minute mark and ends at 27:24 the minute mark.</p> <p>Katie Jackson presented on Project Open Hand and discussed their background, medically tailored nutrition interventions, wellness clients, and opportunities to integrate nutrition into different areas of health. A discussion/Q&A followed with additional notes below.</p> <p>Katie Jackson: If you're not familiar with Project Open Hand, we were founded in 1985 in response to the AIDS epidemic where a retired food service worker, Ruth Brinker, began preparing meals in her kitchen for members of her community who she identified were malnourished as a result of HIV/AIDS infection. Since then, we have really expanded our services in the early 2000s. We expanded our team of registered dieticians (RDs) and we started to support other diagnoses such as diabetes, cancer, heart disease and continue to expand our offerings. Our most recent expansion was with the California Advancing and Innovating Medi-Cal (CalAIM) program and I'll go into that a little bit. We do really have kind of two prongs of our service. One is to support our medically tailored nutrition programs and then the other arm of our service is providing services through the congregate nutrition program through our partnership with the Department of Disability and Aging Services (DAS).</p> <p>I'm going to just focus a little bit first on our medically tailored intervention. We provide meals with love here at Project Open Hand, but we really see ourselves as part of a patient-centered approach at managing chronic conditions through which nutrition plays an integral role in managing those conditions. It's the provision of food that is medically tailored to assist our clients in managing their conditions, but it also includes medical nutrition therapy with our registered dietitians so that our clients have an individualized care plan to address their needs. I</p>	None.

	<p>wanted to just draw people back to the food is medicine pyramid. We are part of the food is medicine movement. We are an accredited agency with the food is medicine coalition meaning we have gone through the process of meeting their standards not only for the provision of food but also services in general. We were accredited last August and it's a big accomplishment for our organization. We are also the fiscal sponsor for the California Food is Medicine Coalition which is a coalition of agencies across the state of California that provide similar services to us. If you look at the food as medicine pyramid, we are really at the top of that pyramid meaning that the clients that we see and serve are dealing with pretty significant chronic illnesses for which an intensive nutrition intervention is appropriate. At Project Open Hand, we are focused on providing care that is really client- centered. We talk about our model being a client-centered nutrition home model and we call it that to kind of mirror it after the medical home model. We're looking to better coordinate our care across the spectrum and making it accessible to our clients. We really take an extra step to ensure that the clients' needs are met. For example, we have a no cook option for folks that don't have access to kitchen facilities. We can do a hot meal delivery. Our typical model is a frozen meal delivery, but we can do hot meal delivery if someone doesn't have a storage or heating capabilities. Our approach is comprehensive so really trying to approach the whole person and their nutrition needs when they come to us. We ensure that it's high quality and safe through a number of standards in which we follow. We want to ensure that it's sustainable and we're able to be here for the next 40 years and that we are using products that are not only good for our clients but also for the environment.</p> <p>The first component of our intervention that I talked about was the medical nutrition therapy. All of our clients have access to our registered dietitians, and we strongly encourage them to take advantage of meeting with the dietitians. They do a thorough nutrition assessment using the nutrition care process so it's not just to address the referring diagnosis that the physician or the care team may provide on referral, but really to address the whole person's needs when it comes to nutrition. They're able to then establish a care plan with the individual while they're in our services. They're able to provide follow-up care and reassessments throughout their time with us. We also offer monthly group classes. We have our medically supportive groceries. Each</p>	
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	<p>of our boxes contains one-third of the nutritional needs and through our Cal AIM program they are eligible for up to two boxes per week and clients can either have that delivered to their home or they can come into our grocery center and pick that up. The contents of our box adhere to our nutrition standards. They're developed by a dietitian, and they use the standards that are outlined through our Food is Medicine Coalition (FIMC) agency and our accreditation. One of the things that I find to be most impressive about the food that we provide is that it does not contain any artificial sweeteners, colors, stabilizers, or preservatives. The labels are really just the food ingredients that are supposed to be there.</p> <p>The same goes for our medically tailored meals. All of our ingredients that we use in our meals are reviewed for the ingredient quality. Again, our menus here are developed by registered dietitians. Everything that we provide our clients is made in house by our culinary team. We do buy things like broth but we're not using any frozen or convenience items. They're all prepared on site. We are able to provide heart healthy or diabetes friendly meals. We have a dialysis menu, a non dialysis kidney disease menu, and a bland and nondairy menu. We also have some preferences that we can honor like vegetarian as well no pork, no meat, or no fish. We have the ability to serve mechanically soft and pureed meals. However, they are not intended for dysphasia patients. It's really for our clients that have issues with dentition.</p> <p>I'm going to talk a little bit about our clients now and who we serve. So, in that medically tailored meal population, you can see here the ethnicity of our clientele: 28.9% is Latino, 27% European (non-Russian), and 22% African American or black. And for age, a large percentage of our clients are over 60. I think for the context of this meeting, it's important to highlight the fact that 70% of our clients live at or below the 100% federal poverty level and 89% of our clients live at or below the 200% federal poverty level. The majority of our clients are Medi-Cal recipients. There are different health conditions that we serve. On the left-hand side, this is from our 22-23 annual report and on the right-hand side is data from fiscal year 24-25. I share this to really highlight the fact that our patient population is really changing over the years. I think some of that is a result of the CalAIM initiative and the expansion of the diagnosis in</p>	
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	<p>which we can serve clients. You can see our category of “other” went from 20% to 36%. So, we're serving a much more diverse range of diagnoses for which nutrition plays a role.</p> <p>I want to share some information about referring partners in the community. You can see we have a lot of different referring partners. I think when we looked it was like 270 something clinics throughout the communities and that's both San Francisco and East Bay. I will note that we provide services in both communities, but this just gives a good representation of our clinic partnerships that are really strong and that are referring a number of their patients. On the right-hand side you can see we get a large percentage of referrals from hospitals and also from our health plans. If we look at the numbers in our wellness program, so our medically tailored program, numbers from 22-23 show that we served almost 400,000 medically tailored meals which includes our groceries. That is about 3,700 clients over the course of a year, and we administered about 1,500 sessions with a registered dietitian. I alluded to this a little bit earlier, but CalAIM community supports is one of the programs that has been in existence. It's one of our newer programs and it has really changed the way in which we've offered services and really kind of evolved our services over the years. CalAIM community supports allows for managed care plans to pay for healthy food to manage chronic conditions and it's intended to address the social determinants of health. It connects individuals with high health risks to services that address their social drivers of health and food is one of them. Project Open Hand is contracted with San Francisco Health Plan and with Anthem to provide these services. For the medically supportive food, there are a number of eligible diagnoses. I just want to call out that these are changing come July of 2025. The Department of California Healthcare Services has issued new guidance that will go into effect July 1, and it will expand this list of diagnoses a bit. But in general, folks with gestational diabetes or high-risk perinatal populations, diabetes, cardiovascular disorders, congestive failure, chronic kidney disease, stroke, chronic lung disorder, HIV, cancer, and chronic or disabling mental health disorders are all eligible diagnoses for the medically supportive foods. Then there's the category of “other” which allows for care teams to provide supporting documentation for which nutrition would be impactful in managing their disease state because this is not an exhaustive list. We do offer those services if</p>	
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	<p>you are not eligible for CalAIM or patients are not covered through MediCal. We do have other services that are available, and our team can evaluate for eligibility for those services.</p> <p>Next, I'm going to talk a little bit about our congregate nutrition program. We offer this in support and in partnership with DAS. As I mentioned, we serve older adults greater than 60 years old and adults living with disabilities. In regard to our clients, 63% are Asian, 19% are White, and 9.6% are African American. About 47% are female, 47% male, and then you can see the age ranges. 23% are in that 70 to 74. 15% are older than 75. If we look at the numbers there, we served about 330,000 meals through that program and 5600 clients. 765 of them were adults with disabilities. 62% are living below the poverty line. Almost 5,000 are older adults, so aged 60 or above. We served at 12 locations.</p> <p>Some of our opportunities and things we're looking to do in the coming years is really to expand our services and add new high-risk populations through our CalAIM community supports program. This would include things like pregnant women, women with gestational diabetes, and folks with renal disease. Although we serve this population now, I think it's very much underutilized. CalAIM is a waiver program, and it is set to expire in 2026 so really taking advantage of this program and these dollars now and getting folks into our programming and connected with services that they're eligible for. There's real opportunity in terms of integrating it into the health care system. We are also thinking about nutrition integration into permanent supportive housing and exploring opportunities for that. Lastly, come visit us. We are having a Project Open Hand open house on May 29th from 4:30 to 6 at our Polk Street location.</p> <p>Anne Quaintance: I see the newer kind of eligibility as far as providing medically tailored meals to people with a mental health diagnosis. I'm curious if you're currently partnering at all with DPH behavioral health services? I was also curious if you are already serving people with a mental health diagnosis?</p> <p>Katie Jackson: To answer your first question, we haven't done targeted outreach to those clinics yet, but we are thinking about who of our population is underrepresented and what populations are not currently connected with our services. We are really focusing on having</p>	
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	<p>people understand what resources are available through CalAIM . That could include medically tailored meals, groceries, veggies, and vouchers. To your second question, yes, we have already seen a number of folks that are getting referred for mental health conditions.</p> <p>Public Comment: None.</p>	
<p>7. Community health assessment updates, Priscilla Chu (Department of Public Health) 2:20 p.m.</p>	<p>Please refer to the recording for this presentation, linked here. This agenda item starts at the 27:24 minute mark and ends at the 58:15 minute mark.</p> <p>Priscilla Chu from the Department of Public Health (DPH) Population Health Division presented on the 2024 San Francisco (SF) Community Health Assessment (CHA). She began the conversation with an organizational chart of the collaborative team and those involved in the CHA process. Beginning with the purpose of the CHA and Roadshow, Priscilla discussed a point-in-time snapshot of health of San Franciscans and the upcoming planning processes. The CHA is a requirement for national public health accreditation and for the state of California. The purpose of the CHA Roadshow is the share the results with community, survey community members about health priorities, and recruit community members who want to be a part of the Community Health Improvement Plan (CHIP). She then discussed the process of how the CHA was established. This includes quantitative data, community engagement, and external partner support.</p> <p>Giving a San Francisco snapshot, Priscilla shared information about demographic shifts, economics and poverty, and causes of death (mortality). As of 2022, approximately 1 in 5 San Franciscans live below 200% of the federal poverty level (FPL). The leading causes of death for SF residents from 2019-2021 were ischemic heart disease and drug use disorders. Black/African American residents had higher rates of leading causes of death compared to the rest of the population.</p> <p>Priscilla discussed the resilience amidst crisis and mentioned community strengths and resources, COVID-19, Mpox, and HIV/STIs. As of August 9, 2024, 34% of all SF residents were up</p>	<p>None.</p>

	<p>to date with COVID-19 vaccinations compared to only 15% of all California residents. SF also had the highest rate of Mpox vaccinations in California. Syphilis cases in SF are decreasing. HIV diagnoses in SF are also decreasing based on 2014-2023 data.</p> <p>Persistent challenges were discussed including mental health, drug-related deaths, and nutrition-sensitive conditions. In 2018, 17% of adults in SF met the criteria for serious psychological distress. Drug-related deaths in SF have been increasing since 2018. Between 2017 and 2021, hospitalizations due to diabetes, hypertension, or heart disease were 9x higher for Pacific Islander residents and 4x higher for Black/African American residents.</p> <p>Priscilla discussed social determinants of health (SDOH) including access to care/services, food insecurity, housing instability, and safety.</p> <p>The kickoff of the CHIP will begin in June 2025 and be completed by December 2025. If anyone is interested in being involved in the CHIP, they can email Priscilla at priscilla.chu@sfdph.org.</p> <p>A discussion/Q&A followed with additional notes below.</p> <p>Anne Quaintance: Where do you think there is opportunity for implementing solutions or recommendations?</p> <p>Priscilla Chu: That's where the partnership part really will come in. It's not necessarily about what DPH and just DPH is going to do. It's going to really require a lot of partners to be part of this process. I have a framework in mind for using results-based accountability to develop the high-level plan by September and that will involve a lot of partners and a lot of input. Then from there, the goal is to really engage each partner to see what your specific plan is or how are you contributing to this big plan. My goal is to keep the plan a real plan that we're still acting on and not just sit on a shelf somewhere.</p> <p>Cissie Bonini: There's been a bigger effort recently to address drug use disorders. Are we seeing a decline there or is that being currently addressed?</p>	
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	<p>Priscilla Chu: It's a little outside of the report so I think our more recent data are showing some declines in death due to overdose. It's on the city dashboard so that we'll have more real time data. We stopped our writing portion for the CHA around October of last year and that was just when we started to see some slight decline. So, I'm not sure if those trends have continued.</p> <p>Public Comment: None</p>	
<p>8. Food Security Task Force recommendations update, Cissie Bonini (Chair, EatSF/Vouchers 4 Veggies) 2:50 p.m.</p>	<p>Please refer to the recording for this presentation, linked here. This agenda item starts at the 58:15 minute mark and ends at the 1:06:50 minute mark.</p> <p>Cissie Bonini provided updates on the 2025 Food Security Task Force (FSTF) Annual Recommendations. The recommendations have been posted on the FSTF web page and disseminated to the public. This year, meetings with the Board of Supervisors' (BOS) offices have been consolidated. Each meeting scheduled with contain a staffer from each BOS office. The first meeting took place on May 7th, 2025, and was well attended. Included in the meeting was Supervisor Mahmood, Supervisor Fielder, and Supervisor Sauter. The FSTF's second meeting with BOS offices will be May 8th. They will be meeting with Supervisor Engardio, Supervisor Chan, Supervisor Dorsey, Supervisor Mandelman, and Supervisor Chen.</p> <p>Staffers expressed appreciation in collecting and presenting on food security data. The FSTF will have another BOS meeting on May 14th at 9:30 am. After meeting with staffers, the FSTF plan is to meet directly with each Supervisor and the Mayor's office.</p> <p>Cissie noted that she and Katie Jackson met with a group supporting medically supportive food interventions in San Francisco. The FSTF signed on a to a letter to Mayor Lurie to support medically supportive food and nutrition services as part of Cal AIM. This is also a part of the 2025 FSTF recommendations. There was a meeting with the mayor's office, the Director of Department of Public Health (DPH), and DPH staff.</p> <p>Public Comment: None</p>	<p>None.</p>

9. Updates and Emerging Issues 3:00 p.m.	<p>Please refer to the recording for this presentation, linked here. This agenda item starts at the X minute mark and ends at the X minute mark.</p> <p>Food Security Task Force members discussed updates and emerging issues. A discussion/Q&A followed with additional notes below.</p> <p>Cissie Bonini thanked Jade Quizon for her efforts on the SF Food Summit.</p> <p>Lura Jones provided an update on the community work she has been doing in Bayview-Hunter's Point. She presented last fall to the FSTF about the funding her organization received from DAS to ultimately create advisory councils made up of older adults in Treasure Island and Bayview. Their first meeting with the advisory council took place on May 5th. They did participatory data analysis with the council members. They will meet with the group again in June to do capacity building.</p> <p>Eric Chan informed everyone about a recent news article about Smart & Final making a bid to replace the Safeway in the Fillmore. This story will be followed.</p> <p>Priti Rane gave an update on a hearing she is having later in May. It is focused on lifting up priorities for the maternal population. They will discuss barriers that families and pregnant women face in San Francisco. This will take place at the Health Commission.</p> <p>Public Comment: None</p>	None.
10. Adjournment 3:15 p.m.	Meeting adjourned at 3:10 p.m.	None.