



Dignity Fund

Community Needs Assessment 2021-22



SAN FRANCISCO HUMAN SERVICES AGENCY
**Department of Disability
and Aging Services**



San Francisco Department of Disability and Aging Services
Dignity Fund Community Needs Assessment 2021-2022 (2022 DFCNA)

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This report was developed by Resource Development Associates under contract with the San Francisco Department of Disability and Aging Services

Resource Development Associates, 2022.



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The 2022 DFCNA was released in March 2022 and followed by a joint public hearing of the Disability and Aging Services Commission and the Dignity Fund Oversight and Advisory Committee. Once the Commission approves the report, it is sent to the Board of Supervisors for approval by June 2022.

The 2022 DFCNA process began in July 2021 when the Department of Disability and Aging Services (DAS) engaged Resource Development Associates (RDA) to conduct the community needs assessment and continued through March 2022. RDA is a local, mission-driven consulting firm that brings an inclusive, collaborative, and rigorous approach to needs assessments.

Letter from the DAS Executive Director

San Francisco declared a state of emergency in response to the coronavirus pandemic almost exactly two years ago. In the time since, we have lived with fear, uncertainty, and grief as our near-constant companions. We have also discovered our incredible capacity to rise to the challenges before us, take care of each other, and solve seemingly intractable problems.

DAS conducted the 2022 Dignity Fund Community Needs Assessment against the backdrop of the pandemic, and these themes — the challenges we have faced and continue to face, as well as the resilience and mutual uplift that characterize our community — shine through in every finding of this report. Building on the Department's recent listening sessions with communities of color, we gathered input from older people, adults with disabilities, caregivers, veterans, service providers, and other stakeholders from varied backgrounds to learn about their needs and identify ways to improve DAS services.

The findings from this assessment resonated with much of what we already know about our community's needs, and the work we are doing to address them. For example, we must make it easier for people to learn about and connect to services. With this need in mind, we are developing tailored community outreach strategies for engaging diverse consumer populations, and are building a dynamic online resource directory with centralized information about disability and aging services. The needs assessment also reinforced areas for continued learning and growth across the DAS service network, including work to ensure equity and inclusiveness in our services, particularly for adults with disabilities, people of color, LGBTQ individuals.

Equipped with the findings and recommendations summarized in this report, DAS will develop a Services and Allocation Plan in the coming months to outline our key priorities and funding for the next four years to best address the community's needs.

I am so grateful to the people who added their voices to this needs assessment — and to the DAS staff, service providers, and other partners who helped to ensure robust and diverse community participation in this important process. These contributions meaningfully enhance our ability to meet the needs of older and disabled San Franciscans, especially as our vibrant community finally begins to emerge from the shadow of COVID-19. I am constantly blown away by our community's commitment to building a San Francisco where people with disabilities and seniors can thrive, and I am looking forward to continuing our shared work to make this vision a reality.



Kelly Dearman
Executive Director
Department of
Disability and Aging
Services



Acknowledgments

The Department of Disability and Aging Services wishes to thank all those who contributed to this project, including but not limited to: the Dignity Fund Oversight and Advisory Committee; the Service Provider Working Group; San Francisco Board of Supervisors; Disability and Aging Services Commission and its Advisory Council; Dignity Fund Coalition; and all the community members who participated in the community research by attending a community forum, focus group, and/or completing the survey, as well as the service providers who supported clients to participate and shared their own insight into the needs and strengths of the City's communities of older adults and people with disabilities. Your support has been invaluable in the development and implementation of the Dignity Fund Community Needs Assessment.

Resource Development Associates wishes to thank the many members of our team who contributed to this project, including Amalia Egri Freedman (Senior Director of Consulting Services), Brandon Himes (Qualitative Analyst), Caroline de Bie (Qualitative Analyst and Writer), David Klauber (Facilitation Lead and Writer), Dina de Veer (Project Manager and Gaps Analysis Lead), Emma Schifsky (Quantitative Analyst), Jamon Franklin (Facilitation and Data Entry Support), John Cervetto (Project Director), Lauren Broder (Contributor), Leah Jarvis (Equity Analysis Lead and Facilitator), Olivia Miller (Qualitative Analyst and Writer), Penelope Ferguson (Quantitative Analyst), Raminder Somal (Facilitator), and Suzanne Winters (Copy Editor).



Table of Contents

Acknowledgments	1
Table of Contents	2
Executive Summary	4
Introduction & Background	4
DAS & the Dignity Fund	4
Methodology	5
Population Profile	6
Client Profile	6
Equity Analysis Findings	7
Gaps Analysis Findings	8
Introduction	17
DAS and The Dignity Fund	18
San Francisco Department of Disability and Aging Services (DAS) Overview	18
The Dignity Fund	19
Stakeholders	19
Methodology Overview	21
Discovery Phase	21
Equity Analysis	22
Community Research	24
Secondary Data	26
Limitations	27
Profile of San Francisco Older Adults and Adults with Disabilities	29
Profile of DAS Office of Community Partnership Clients	31
Equity Analysis Findings	34

Gaps Analysis Findings	43
Overview	43
1. Consumers experience a multitude of barriers to service connection, contributing to feelings of being excluded and unsupported	44
2. Adults with disabilities experience heightened barriers and have greater unmet needs than older adults	48
3. While many of consumers’ basic needs are generally met, social connectivity and mental health needs (amplified by the pandemic) are not as well met.	52
4. Consumers increasingly rely on technology and would benefit from expanded technology resources and virtual service offerings that promote inclusivity.	55
5. Consumer concerns and needs relating to safety, mobility, and transportation have been exacerbated by the COVID-19 pandemic and racialized violence.	59
6. BIPOC and LGBTQ+ consumers need culturally responsive services that affirm their identities and make them feel included, accepted, and safe	63
7. Caregivers need more information about available resources for themselves and their care recipients, as well as help navigating these services.	66
8. Service providers need support to identify and successfully connect clients with available resources	69
9. Consumers have unmet needs in areas outside of DAS services (e.g., housing) where DAS can play a role through access support and system coordination.	71



Executive Summary

Introduction & Background

The Dignity Fund is a special local funding set aside for community resources that support older adults and adults with disabilities to age and live with dignity in the community. Administered by the San Francisco Department of Disability and Aging Services (DAS), these funds are allocated on a four-year planning and funding cycle.

Beginning in fiscal year (FY) 2017-18 and repeating every fourth fiscal year, the Dignity Fund planning process begins with a Dignity Fund Community Needs Assessment (DFCNA) to identify service strengths, gaps, and unmet needs. The 2022 DFCNA began in September 2021 and ran through February 2022.

DAS & the Dignity Fund

DAS is located within the San Francisco Human Services Agency (HSA), which delivers a safety net of services and public benefits to promote wellbeing and independence. Each year, DAS serves close to 70,000 unduplicated clients through its department programs and partnerships with community-based organizations, addressing a wide range of needs.

The Dignity Fund

Older adults and adults with disabilities are important, vibrant members of the San Francisco community who face a unique set of challenges. As these groups of individuals grow in number, the importance of providing programs and services to support them also increases. In recognition of the challenges facing these groups, voters passed legislation to both define and support the needs of older adults and adults with disabilities. In addition to funding, Proposition I established a planning process to guide the Fund's expenditures and created the Oversight and Advisory Committee (OAC) to support DAS in ensuring responsible and equitable allocation of the Fund. The OAC, advised by a Service Providers Working Group (SPWG), ensures that the funds are administered in a manner accountable to the community.

Methodology

The 2022 DFCNA was guided by the following **overarching research questions**:

1	What are the needs of older adults and adults with disabilities in San Francisco?
2	What are the system-level strengths and gaps?
3	What population subgroups may be underserved?

DAS contracted with Resource Development Associates (RDA) to conduct the 2022 DFCNA. RDA collaborated with DAS to carry out a variety of robust community engagement, research, and analysis activities in late 2021 to inform this report’s findings on service gaps and related recommendations for meeting community needs.

- **Discovery Phase:** To support the planning and implementation of community research activities, the assessment team first elicited perspectives and input from key stakeholders. This included 11 Key Informant Interviews with DAS leadership and key staff, and other stakeholders, as well as an SPWG listening session.
- **Equity Analysis:** The equity analysis helps DAS evaluate how well it is serving the city’s diverse populations—particularly communities that face barriers in access to resources and opportunity—and identify possible disparities in service provision and utilization. This is done by analyzing participation rates among eligible populations to create a set of standardized metrics that capture how resources are distributed and being used by the city’s older adults and adults with disabilities.
- **Community Research:** A total of 16 community forums and 13 focus groups were conducted virtually and in person between November and December 2021, with a combined turnout of 408 community participants.¹ Topics covered by the community forums and focus groups included consumer needs, barriers to participation, and service experiences. These activities built on focus groups and interviews hosted by DAS in the summer of 2021 to engage BIPOC community members and service providers.
- **Community Survey:** To learn about community needs and experiences in services, a survey was administered via online, paper, and phone between November 17, 2021 and January 4, 2022. Altogether 2,187 unique survey responses from 1,770 consumers, 111 caregivers, and 306 service providers are included in the sample. Overall, the

¹ Includes providers and duplicate participants (i.e., community members and providers who attended more than one event).

sample is representative of the broader population of DAS clients with respect to the proportion of older adults and adults with disabilities included in the sample.

- **Secondary Data:** In addition to the primary data gathered for the 2022 DFCNA, RDA has integrated findings from the [Listening Sessions with Communities of Color: Summary of Findings and Recommendations](#) project conducted by DAS in the summer and fall of 2021. To inform the design of community research tools and facilitation, RDA also reviewed recent findings from the [LGBTQ Older Adult Survey](#) (June 2021) and the [2021 Empowered San Francisco Technology Needs Assessment Report](#).

Limitations

RDA leveraged varied data sources to prepare this report in alignment with best practices for rigorous community research and analytical methodologies established by the first DFCNA in FY 2017–18. Key limitations include (1) COVID-19 related impacts on stakeholder participation; (2) overrepresentation of perspectives from more service-aware and engaged consumers; (3) overrepresentation of viewpoints from DFCNA participants who shared feedback via more than one method; and (4) limitations in available population and DAS service enrollment data.

Population Profile

San Francisco is home to an estimated 185,000 adults ages 60 and older, and 34,000 adults ages 18 to 59 living with a disability. Together, these two groups represent about 25% of the city's population. San Francisco's older adults and adults with disabilities are racially and ethnically diverse. A majority of both of these groups identify as BIPOC (60% of older adults and 63% of adults with disabilities). When compared to the older population, adults with disabilities are more likely to have low-to-moderate income (44%), with more than a quarter of adults with disabilities (28%) living at or below the federal poverty level.

Client Profile

In FY 2020–21, DAS served a total of 53,744 unique consumers through its community-based services administered by the Office of Community Partnerships. The majority (74%) of these clients were older adults ages 60+. Adults with disabilities age 18–59 accounted for 9% of clients. Clients are diverse, reflecting the Department's efforts to serve San Franciscans with the greatest need—including equity priorities focused on low-to-moderate income populations, BIPOC communities, people with limited English-speaking proficiency, LGBTQ+-identifying individuals, and those living alone.

Equity Analysis Findings

Advancing equity is a DAS priority and guiding principle of the Dignity Fund. A core component of the 2022 DFCNA is an equity analysis, which helps evaluate how well it is serving the city’s diverse populations—particularly priority populations most likely to experience barriers to accessing resources and opportunities—and identify possible disparities in service provision and utilization. This section provides a summary of key findings for each of the three equity analysis questions.

Equity Analysis Question 1: Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?

- Populations with the presence of an equity factor generally utilized DAS services at a higher rate than the overall population. This is especially true for those with low-to-moderate income, limited English proficiency, and live-alone status.
- LGBTQ+ consumers participate at much lower rates than the overall population.
- Adults with disabilities participate in programs *overall* at significantly lower rates than older adults, although differences by equity factor and most popular programs for both groups are similar.
- Older adults and adults with disabilities participated in many programs related to nutrition and wellness at very high rates, compared to other programs.
- While programs with the highest rates of service engagement (e.g., several Nutrition and Wellness programs) were consistent across all groups with an equity factor, relative participation varied among groups with equity factors.

Equity Factors
Low-to-moderate income
Limited English proficiency
Living alone
BIPOC
LGBTQ+

Equity Analysis Question 2: How do service utilization rates among low-to-moderate-income populations compare across districts in the city?

For site-based services, participation is counted in the district the site is located (e.g., Community Service Centers). For services provided to clients where they live, participation is counted in the client’s residential district (e.g., Home-Delivered Meals).

- Across the entire city, District 6 had the highest participation rate among older adults overall, low-to-moderate-income older adults, and adults with disabilities overall, while District 8 had the highest participation rate among low-to-moderate-income adults with disabilities. These trends reflect in part the nature of these districts as home to larger commercial areas; many of the city’s social services are located in these districts.

- On the other hand, outer districts—in particular Districts 1, 2, 4, and 11—have some of the lowest participation rates, which reflects the lower availability of large-scale site-based services such as Community Service Centers. Older adults and adults with disabilities who live in these districts may travel to central districts to receive services but also may access services at lower rates due to difficulty accessing services near their homes.

Equity Analysis Question 3: How are funds spent across city districts?

In FY 2020–21, the DAS budget for Dignity Fund-related programs was \$85M, of which \$71M was allocated to programs that can be utilized for a district-level financial equity analysis.

- Across all programs overall, DAS spent an average of \$1,148 per participant per district. Variation in per-participant spending by district is largely influenced by the types of programs most utilized in each district.
- District 5 had the highest per participant expenditure at \$1,439 per person, due in part to the concentration of Scattered Site Housing units in this district.
- District 3 had the lowest per participant expenditure at \$872; this largely reflects very high participation in the three Aging and Disability Resource Centers located in the district, which provide a relatively low-touch service to a high volume of clients.
- District 6 had by far the highest total expenditure on DAS program participants, spending nearly \$19 million. However, the cost per participant was somewhat below average, at \$1,091. This reflects a high volume of participants accessing large site-based services, which tend to have a lower operating cost per client served, located in District 6.

Gaps Analysis Findings

From an integrated analysis of qualitative and quantitative data gathered across sources, the 2022 DFCNA has identified nine key findings. Each finding is accompanied by a set of corresponding recommendations.

Note: Overall, providers report that consumers have greater unmet needs and challenges compared to consumers’ self-reported needs. Consumers who answered the survey and participated in the community forums and focus groups may be more service-connected, while providers may have a broad systems-level view of barriers faced by consumers who are unable to access services.

1



Consumers experience a multitude of barriers to service connection, contributing to feelings of being excluded and unsupported.

- Consumers lack awareness of services and have limited ability to navigate resources and connect with providers.
- Some BIPOC participants shared, during listening sessions and community forums, that their communities do not receive adequate information about available resources, which further isolates them.
- Consumers often did not access services because they were not, or did not believe themselves to be, eligible for services.
- Challenging applications are often a major barrier to accessing and participating in services. Consumers identified transportation assistance and housing applications as particularly cumbersome.
- When consumers can navigate application processes for those services that require them, approximately half of all consumer survey respondents reported that services are full and/or have a long waitlist.

Recommendations

Improve the dissemination of resources and information to expand the awareness of services.

Create an online resource directory:

- Streamline identification of desired services by adding filtering tools to tailor searches.
- Consider developing a short screening tool to help users identify resources based on their circumstances and/or needs.
- Clarify program eligibility criteria for each service, noting most DAS services do not have income or other eligibility criteria.
- Ensure program and provider contact information is accurate and up to date across digital and print resources maintained by DAS and its service provider network.

Diversify modes of communication regarding available services to meet various populations, including improving messaging around the DAS Benefits and Resource Hub.

- Conduct targeted outreach to hard-to-reach populations.
- Leverage both formal and informal neighborhood/community networks to conduct outreach and awareness campaigns.
- Continue and expand the use of non-English media sources such as radio and newspapers to raise awareness of the DAS Benefits and Resource Hub and Aging and Disability Resource Centers.

2



Adults with disabilities experience heightened barriers and have greater unmet needs than older adults.

- The current system and services are not addressing the unique barriers and needs of many adults with disabilities, including challenges with burdensome application processes, long waitlists, eligibility criteria, and a lack of awareness of services.
- While most consumers and providers shared that they lacked awareness of services and knowledge about how to access services, these issues were especially prominent among people with disabilities.
- Adults with disabilities connect with services at much lower rates than older adults, indicating a communication and service gap that may be largely driven by physical and social isolation.
- Adults with disabilities are less satisfied with vocational opportunities compared with older adults.

Recommendations

Strategize ways to meet the unique needs of—and address barriers specific to—adults with disabilities.

- Continue to engage consumers with disabilities and incorporate their perspectives, experiences, and needs in the development of services.
- Develop or expand application assistance services.
- Improve accessibility of service information and navigation support.
- Partner with city departments to advocate for infrastructure improvements that support more physically accessible public spaces.
- Cultivate strategic interagency partnerships to expand the capacity of organizations that primarily serve the disability community to provide culturally relevant services that better address the intersectional needs of diverse clients.
- Explore strategies to better address the needs of transitional age youth with disabilities (age 18–24), with emphasis on community and social connection.
- Increase the capacity of DAS service providers and other partners to provide accessible and culturally responsive services to people with disabilities, through disability competency training, resources, and cross-sector collaboration.
- As suggested in [Listening Sessions with Communities of Color. Summary of Findings and Recommendations](#), “Promote inclusion of people with disabilities of all types.” Specifically, promote awareness of “invisible disabilities” and related needs and accommodations across DAS services.
- Provide more support for people with disabilities to access vocational training and employment resources.

3



While many of consumers' basic needs are generally met, social connectivity and mental health needs (amplified by the pandemic) are not as well met.

- Consumers' basic needs, particularly nutrition and physical activity needs, are generally well met.
- Barriers to in-person participation driven by the COVID-19 pandemic have contributed to a gap in services that meet the needs of consumers who want to connect socially.
- Community research participants appreciate offerings that allow them to connect socially and desire more opportunities for connection.
- Mental health needs—often as they relate to loneliness and social isolation exacerbated by COVID-19—are a concern for many older adults and adults with disabilities, particularly LGBTQ+ and BIPOC community members.
- Consistent with Finding #2, adults with disabilities experience uniquely high rates of unmet needs with respect to loneliness and, especially, mental health services.

Recommendations

Expand service opportunities and improve service connection for consumers, particularly LGBTQ+ and BIPOC consumers, who are experiencing loneliness and mental health challenges.

- Explore ways to reduce social isolation and improve mental health services access.
- Consider using existing service touchpoints and data gathering activities as an opportunity to identify individuals experiencing high rates of loneliness, stress, and depression, to provide targeted outreach and support.

Identify new, creative, localized, and culturally relevant opportunities for consumers to connect and socialize.

- Ensure social support programs are focused on a variety of populations.
- Be creative in ways to engage people in person, such as holding outdoor classes or small neighborhood-based events like a group walk in a park.
- Support both formal and informal community groups to coordinate and implement wellness checks and outreach activities at the neighborhood level.
- Increase awareness among community members and caretakers of existing wellness check services.
- Continue to invest in and potentially expand peer support programs and intergenerational socialization activities.
- Consider opportunities to enhance social connection among consumers by promoting resources that support employment and/or volunteering.

4



Consumers increasingly rely on technology and would benefit from expanded technology resources and virtual service offerings that promote inclusivity.

- Technology-based resources and service offerings are experienced by consumers as both a service strength and challenge.
- Consumers appreciate the flexibility, accessibility, and inclusivity of virtual offerings during the COVID-19 pandemic.
- Despite their strengths, technology access and technology-based resources still pose a barrier to participation for some people.

Recommendations

Continue the investment and expansion of hybrid services, providing virtual and in-person options that allow consumers flexibility with how they engage with a given service.

- Assess remote service utilization to better understand and target services and activities that community members prefer to access remotely.
- Increase service provider capacity to support the provision of culturally and linguistically relevant hybrid service offerings.
- Integrate technology access and support.

Expand and scale technology access across service offerings.

- Support agencies and advocacy efforts that seek to establish high-speed internet as public infrastructure and improve digital connectivity.
- Strengthen referral pathways and connection to digital inclusion programs.
- Increase investment in and support to local agencies and programs that create access to free or low-cost assistive or adaptive technology (including adaptive training and information).
- Expand connectivity (especially strong, reliable WiFi) and digital literacy trainings.
- Ensure ongoing availability of information about and access to in-person services, so that clients who do not or cannot connect to DAS virtually are adequately supported.

5



Consumer concerns and needs relating to safety, mobility, and transportation have been exacerbated by the COVID-19 pandemic and racialized violence.

- Participants in community research activities frequently reported concern for their safety and wellbeing when having to conduct essential out-of-the-home activities.
- BIPOC members of the community specifically expressed fear of racially motivated violence given the rise of violence against the Asian and Pacific Islander (API) community.
- Although most consumers report that their transportation needs for accessing basic services are being met, safety issues (as described above) coupled with pandemic-related service changes and reductions along key public transit arteries have fueled transportation challenges. Clients who participate in assisted transportation services describe a need for expanded services for vulnerable populations.
- Consumers with physical mobility challenges and related accessibility needs find public transportation particularly inaccessible, compounding the barriers they face in connecting with needed services outside the home.
- Given transportation and mobility barriers, adults with disabilities who do not live in central districts are further challenged by service offerings.
- Veterans report needing better transportation services to access their basic needs (including food, shelter, and health care).

Recommendations

Increase access to safe and efficient transportation.

- Strengthen coordination with ridesharing services and agencies like SFMTA to improve service connection and efficiency to ensure consumers' accessibility needs are met.
- Expand the availability of taxi vouchers and explore other ways to help connect consumers with more flexible transit options.

Strengthen supportive services for consumers with mobility-related disabilities.

- Expand and increase communication about and access to identity-specific (e.g., disability, LGBTQ+ older adult) escort services.

6



BIPOC and LGBTQ+ consumers need culturally responsive services that affirm their identities and make them feel included, accepted, and safe.

- BIPOC and LGBTQ+ consumers describe a need for services that affirm their identities while meeting their needs at the intersection of multiple identities.
- BIPOC and LGBTQ+ community research participants shared a need to feel included in accessing and feeling comfortable with utilizing available resources and services.
- Language needs are prominent among some BIPOC, particularly immigrant communities like API and Latinx/Hispanic populations.
- Although DAS services include many culturally specific programs and are supported by culturally and linguistically responsive service providers, some consumers nevertheless note a cultural disconnect with service provider staff as a barrier to their participation.

Recommendations

Strengthen service provider capacity to deliver culturally responsive, intersectional, and inclusive services that better meet the needs of diverse consumers—especially with a focus on equity factors such as BIPOC and LGBTQ+ identification.

- Support community providers to hire and retain staff of diverse cultural backgrounds, languages, disability status, and age to better reflect the varied identities of DAS consumers.
- Improve service provider capacity to provide linguistically responsive services.
- Provide robust training to service provider staff to strengthen cultural humility and responsiveness.
- Improve inclusivity of services for LGBTQ+ clients, who are underrepresented in Dignity Fund services.

Be focused and intentional in providing inclusive services to the LGBTQ+ population, with attention to the unique needs of specific subgroups.

- Strengthen DAS service provider capacity to provide culturally responsive support to diverse LGBTQ+ populations, including transgender and gender non-conforming people, queer women and femmes, and HIV+ individuals.
- Consider ways to partner with primarily LGBTQ+-serving organizations outside the traditional disability and aging service provider network to bring their attention to issues of ageism and ableism, and to better meet the needs of older adults and adults with disabilities.
- Improve access to robust, inclusive mental health services for LGBTQ+ older adults and adults with disabilities, particularly transgender and queer people of color, and HIV+ long-term survivors.

Improve the consistency and availability of demographic data in programs, in particular for equity factors that often have missing data, such as LGBTQ+ identification, to better inform program planning.

7



Caregivers need more information about available resources for themselves and their care recipients, as well as help navigating these services.

- Caregivers experience challenges understanding and accessing supportive resources for themselves.
- Caregivers express a need for more information about services for their care recipients and help getting them connected to needed resources.
- Consumers and caregivers face barriers related to Medi-Cal and In-Home Supportive Services

Recommendations

Improve outreach, education, and support for caregivers to ensure services are widely known and caregivers can effectively meet the needs of consumers.

8



Service providers need support to identify and successfully connect clients with available resources.

- While service providers are generally aware of some supportive resources for older adults and adults with disabilities, they may nevertheless need to develop a better understanding of the entire service landscape.
- Service providers expressed a need for better service navigation resources to help them more successfully connect clients with needed help.

Recommendations

Strengthen provider training, coordination, and capacity to support consumers with resource navigation. Our findings, along with those from the Listening Sessions with Communities of Color summary, found that providers want information on available resources and tools to help clients navigate and connect to needed services.

- Provide regular trainings to DAS service providers and partners on available resources for older adults and adults with disabilities.
- Develop a centralized online resource directory to provide service providers and other community professionals with a dynamic tool to search for tailored resources for clients, based on factors like geography and language.
- Cultivate opportunities for service providers to learn about and meet staff from other organizations in the DAS network to strengthen cross-organization referrals and successful service connections.
- Explore opportunities to improve data collection on service referral trends and outcomes to better understand strengths and opportunities for improvement in ensuring successful resource connections across the DAS service network.

9



Consumers have unmet needs in areas outside of DAS services (e.g., housing) where DAS can play a role through access support and system coordination.

- Despite high rates of access to medical services reported by DFCNA respondents (see Finding #3 in the body of the report), difficulty with paying for things like deductibles and other out-of-pocket expenses was a common theme echoed in community forums and focus groups.
- One of the most pressing and persistent needs mentioned by consumers and providers alike is for housing-related supports such as housing search assistance, rental assistance, and eviction prevention.
- Participants from listening sessions with communities of color described an acute need for safe and culturally inclusive housing.
- Adults and transitional age youth with disabilities expressed a need for workforce development resources to find and retain jobs with needs-responsive employers.

Recommendations

Strengthen interdepartmental collaboration and service coordination to better meet the housing needs of older adults and adults with disabilities.

- As suggested in the *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*, “Enhance system coordination, interagency collaboration, and community feedback.” Specifically,
 - Partner with other departments and agencies to strengthen access and cultural responsiveness of services, while accounting for diverse consumer barriers and entry points to participation.
 - Coordinate with City agencies that hold the primary responsibility for delivering essential services, like housing and transportation, to better meet the needs of older adults and adults with disabilities.

Clarify DAS’ role as a subject matter expert on disability and aging and enhance DAS’ service coordination role—particularly to strengthen service connection to resources that address housing-related needs.

- Provide support for the housing search and application process, as the application and lottery systems were named a major barrier to accessing these services.
- Continue to fund (and potentially enhance funding) for
 - Eviction prevention and rent subsidy programs
 - Programs that help consumers age in place (including making homes more accessible, maintaining homes, in-home care)
- Increase availability of programs that support people’s ability to access and maintain safe and affordable housing.
- Continue to enhance and strengthen collaboration with the San Francisco Department of Homelessness and Supportive Housing (HSH) to support housing navigation for older adults and adults with disabilities.



Introduction

The Dignity Fund is a special local funding set aside for community resources that support older adults and adults with disabilities to age and live with dignity in the community. Administered by the San Francisco Department of Disability and Aging Services (DAS), these funds are allocated on a four-year planning and funding cycle.

Beginning in fiscal year (FY) 2017-18 and repeating every fourth fiscal year, the Dignity Fund planning process begins with a Dignity Fund Community Needs Assessment (2022 DFCNA) to identify service strengths, gaps, and unmet needs. Findings and recommendations from each 2022 DFCNA inform a Services and Allocation Plan in the following year, which outlines how DAS will use the Dignity Fund to address the community’s unmet needs over the next four years. This planning and funding cycle, anchored by the 2022 DFCNA, helps to ensure that DAS uses the Dignity Fund to support services that are responsive to the evolving needs of San Francisco older adults and adults with disabilities.

The 2022 DFCNA is designed to:

- Include qualitative and quantitative data collected through interviews, focus groups, surveys, or other outreach mechanisms;
- Develop a set of equity metrics “to establish a baseline of existing services and resources” for older adults and adults with disabilities; and
- Include a gap analysis “comparing actual performance to desired performance.”

The following questions guided the 2022 DFCNA:

1	What are the needs of older adults and adults with disabilities in San Francisco?
2	What are the system-level strengths and gaps?
3	What population subgroups may be underserved?

To answer these questions, DAS contracted Resource Development Associates (RDA) to conduct the 2022 DFCNA. Building upon existing data collected by DAS, RDA collaborated with DAS to engage community members citywide and conduct a variety of research activities in late 2021. These quantitative and qualitative data gathering activities inform this report’s findings on service gaps and related recommendations for meeting community needs.



DAS and The Dignity Fund

San Francisco Department of Disability and Aging Services (DAS) Overview



Vision

San Francisco is a city where older adults and adults with disabilities are valued, engaged, and living with dignity.



Mission

The Department of Disability and Aging Services supports the wellbeing, safety and independence of older adults, adults with disabilities, and veterans.



Values

Compassion | Inclusion | Innovation | Accountability | Equity

Within the City and County of San Francisco, the Department of Disability and Aging Services (DAS) is the government agency charged with coordinating services for older adults, veterans, adults with disabilities, and their families to maximize safety, health, and independence. As the state-designated Area Agency on Aging for San Francisco, DAS is responsible under the federal Older Americans Act to serve as the focal point for local aging concerns.

DAS is located within the San Francisco Human Services Agency (HSA), which delivers a safety net of services and public benefits to promote wellbeing and independence. Each year, DAS serves close to 70,000 unduplicated clients through its department programs and community partnerships. With an annual budget of \$418 million, DAS is supported by a staff of 372 employees and contracts with over 60 community-based organizations to deliver services.

DAS provides programs both directly and through partnerships with community-based organizations, addressing a wide range of needs. This service spectrum spans from engagement and wellness services that promote a healthy aging experience for active and independent community members, to services that support stability in the community and prevent unnecessary institutional care, to crisis intervention services for individuals requiring immediate assistance to mitigate exposure to risks and reaches the level of guardianship services for those unable to manage their needs due to mental and cognitive challenges.

The Dignity Fund

Older adults and adults with disabilities are important, vibrant members of the San Francisco community who face a unique set of challenges. As these groups of individuals grow in number, the importance of providing programs and services to support them also increases. In recognition of the challenges facing these groups, voters passed legislation to both define and support the needs of older adults and adults with disabilities.

On November 8, 2016, voters approved Proposition I to amend the Charter of the City and County of San Francisco to establish the Dignity Fund, a guaranteed funding stream to provide these needed services and supports for older adults and adults with disabilities, to be administered by DAS. The legislation required the City to protect an annual baseline amount of \$38 million and to increase this funding by \$6 million in the first fiscal year, FY 2017-18, and \$3 million annually thereafter until FY 2026-27. Beyond FY 2026-27, contributions can be adjusted on an annual basis until FY 2036-37.

In addition to funding, Proposition I established a planning process to guide the Fund's expenditures and created the Oversight and Advisory Committee (OAC) to support DAS in ensuring responsible and equitable allocation of the Fund. The OAC is composed of 11 members with representation from the Disability and Aging Services Commission, the DAS Advisory Council, and the Long-Term Care Coordinating Council, as well as three positions appointed at large by the mayor.

Stakeholders

Dignity Fund stakeholders make up a robust and engaged community of consumers, service providers, caregivers, and advocates with lived experience. This includes both the older adult and adult with disability populations as well as representation from specific sub-populations such as Black, Indigenous, and People of Color (BIPOC) communities, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities, people living with HIV/AIDS, Transitional Aged Youth (TAY), and veterans. Each stakeholder brings a unique perspective to both the services they provide or receive through DAS.

The Dignity Fund itself is administered by DAS and is advised by the OAC, which ensures that the funds are administered in a manner accountable to the community. Throughout the community needs assessment process, Dignity Fund stakeholders provided crucial feedback to both DAS and the RDA teams about the design and approach of the assessment.

As outlined by the Dignity Fund legislation, the OAC is itself advised by a Service Providers Working Group (SPWG) consisting of a cross-section of service providers. The SPWG provides information, education, and consultation to the OAC and DAS. In addition to providing guidance and advice on funding priorities, policy development, and planning cycles, the SPWG advises on evaluation design and plans.²

² <https://www.sfhsa.org/about/commissions-committees/dignity-fund-oversight-and-advisory-committee/service-providers-working>



Methodology Overview

The 2022 DFCNA was guided by the following overarching research questions:

1	What are the needs of older adults and adults with disabilities in San Francisco?
2	What are the system-level strengths and gaps?
3	What population subgroups may be underserved?

DAS carried out a variety of robust community engagement, research, and analysis activities in late 2021 to answer these questions—and ultimately, to inform this report’s summary of key findings on service gaps and related recommendations for meeting community needs.

This section of the report provides a brief overview of the major research and analysis activities carried out, including: (1) a discovery phase, (2) an equity analysis, (3) community research, and (4) a review of recent community needs assessment efforts focused on the population served by DAS and the Dignity Fund.

Discovery Phase

To support the planning and implementation of community research activities, the assessment team first engaged in the following **“discovery” activities in the fall of 2021** to elicit perspectives and input from key stakeholders:

Eleven **Key Informant Interviews (KII)** were conducted with DAS leadership and key staff, representatives from the Mayor’s Office on Disability, OAC members, and key representatives from other City agencies such as the Department of Homelessness and Supportive Housing. The interviews established a strong foundational understanding of stakeholder priorities for the 2022 DFCNA process and any significant changes in the service delivery landscape since the last needs assessment, including changes resulting from COVID-19–related shelter-in-place restrictions and City and County racial equity initiatives.

A **Listening Session** was held with the **Service Provider Working Group** to understand perspectives from service providers and leverage their expertise to design and facilitate community research activities that a) ensured robust participation, b) effectively targeted priority communities and groups, and c) provided necessary context to inform effective facilitation around key challenges/needs. Broad outreach efforts were conducted in order to recruit diverse and representative participants.

Equity Analysis

The equity analysis helps DAS evaluate how well it is serving the city's diverse populations, particularly priority populations, and identify possible disparities in service provision and utilization. This is done by creating a set of standardized metrics that capture how resources are distributed and being used by the city's older adults and adults with disabilities. The equity analysis is structured by three key questions:

1	Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?
2	How do service utilization rates among low-to-moderate-income populations compare across districts in the city?
3	How are funds spent across city districts?

Five equity factors were used, in keeping with the 2018 DFCNA, which are used to represent populations that experience systemic barriers that may inhibit accessing services and resources. The equity factors used are 1) low-to-moderate income, 2) limited English proficiency, 3) living alone, 4) identifying as BIPOC, and 5) identifying as LGBTQ+. These equity factors are described in more detail in the Equity Analysis findings.

DAS client and enrollment data for all Dignity Fund services were used to calculate the demographics and program participation of people served by DAS in FY 2020-21. To calculate participation rates, eligible populations of older adults and adults with disabilities were estimated in San Francisco overall and by Supervisorial District using the 2019 American Community Survey and the 2019 San Francisco City Survey.

Service participation rates are metrics used to measure disparities between populations in a standardized way by allowing the comparison of groups of different sizes. Service participation rates are presented as the number of participants per thousand eligible people and are calculated as:

$$\text{Participation rate} = \frac{\text{Number of participants}}{\text{Eligible population}} \times 1000$$

Differences in service participation rates are discussed in terms of being higher or lower than the citywide rate. Comparisons are measured using a ratio of two rates and are calculated as:

$$\text{Rate ratio} = \frac{\text{Participation rate of Group X}}{\text{Participation rate of Group Y}}$$

For example:

Participation rate of low-to-moderate income older adults is 509. Participation rate of overall older adults is 215. Participation rate of low-to-moderate income older adults compared to older adults overall is:

$$\frac{509}{215} = 2.4$$

Low-to-moderate income older adults participate in programs at 2.4 times the rate of older adults overall.

For district analyses, the district in which a client's participation was counted depended on the type of program. For the majority of programs, which are not site-based, the district in which the client lives was counted as the district of service. For site-based programs, the district in which the service was provided was counted as the district of service, and a client who participates in multiple districts is counted in each district in which they enroll.

Per-client financial costs were calculated using the FY 2020-21 DAS budget, dividing the total program budget by the number of participants in each program. For district-level financial analyses, a per-enrollment average was calculated by program and then used to calculate a total estimated cost for each program by district.

Community Research

Community voice and participation is a core facet of the Dignity Fund. Community research efforts included older adults, adults with disabilities, caregivers of those individuals, and service providers. A number of community outreach and engagement activities as well as data collection methodologies were used to inform the 2022 DFCNA. Together, the community research activities served to (a) provide information about the Dignity Fund and the corresponding 2022 DFCNA; and (b) gather input from residents across the city about their experience engaging in services for older adults and adults with disabilities, perceptions of service gaps, and recommendations for improvement.

Community forums and **focus groups** were conducted virtually and in-person between November and December 2021. Topics covered by the community forums and focus groups included consumer needs, barriers to participation, and service experiences. RDA facilitated a community forum in each supervisorial district of San Francisco. In coordination with districts and providers, DAS conducted outreach efforts to capture the perspectives of the city's diverse populations. With the stakeholder input, several specific communities for focus groups were also identified. These communities included veterans, adults who are unable to leave their homes without significant assistance (sometimes referred to as "homebound"), transgender and gender non-conforming individuals, and family caregivers, among others.

These activities were further supported by focus groups and interviews hosted by DAS in the summer of 2021 to engage BIPOC community members and service providers through listening sessions designed to gain insight into needs and experiences accessing services (see 'Secondary Data'). Intended as preliminary research to support this 2022 DFCNA, these focus group populations, participation, and findings are considered together in this report.

To standardize the formats for qualitative data collection, the RDA team developed a standard presentation to guide each forum and a standard protocol to guide the focus group discussions. To meet the City's standards for inclusion and accessibility, the team translated outreach materials and included language interpreters for forums and focus groups, as appropriate.

Table 1. Community Research Events

Events	Participants	Overview ³
Virtual Focus Groups (9)	47 total	Groups: Adults with Disabilities (age 18–59); Transitional Aged Youth with Disabilities (age 18–24); People who are blind and/or with low vision; People who are deaf and/or hard of hearing; Family caregivers of people with dementia and Alzheimer’s; Homebound Adults; Women that identify as LGBTQ; People that identify as transgender and gender non-conforming; Faith community leaders; Russian Community Members; LGBTQ Available languages: American Sign Language (ASL), Cantonese, English, and Russian
In-person Focus Groups (4)	37 total	Groups: Adults with Disabilities (age 18–59); Korean and Japanese community members; Veterans; Unhoused and/or unsheltered individuals Available languages: English, Korean, and Japanese
Virtual Community Forums (11)	213 total	Groups: Districts 1 through 11 Available languages: American Sign Language (ASL), Cantonese, English, Japanese, Korean, Russian, Spanish, Tagalog, and Vietnamese
In-person Community Forums (5)	111 total	Groups: Citywide, with one event hosted in each of 5 approximated regions: Northwest (Richmond), Northeast (Tenderloin), Southeast (Bayview), Central (Mission), and Southwest (Lakeside) Available languages: American Sign Language (ASL), Cantonese, English, Japanese, Korean, Russian, Spanish, Tagalog, and Vietnamese

The 2022 DFCNA survey was administered via online, paper, and phone and remained open from November 17, 2021 to January 4, 2022. Altogether 2,187 unique survey responses from 1,770 consumers, 111 caregivers, and 306 service providers are included in the sample. Overall, the sample is representative of the broader population of DAS clients with respect to the proportion of older adults and adults with disabilities included in the sample. Furthermore, the 2022 DFCNA survey sample generally reflects the broader population of

³ Includes providers and duplicate participants (i.e., community members and providers who attended more than one event).

DAS clients with respect to representation by race/ethnicity, sexual orientation, gender, and district.

Table 2. Profile of 2022 DFCNA survey respondents and DAS clients

	Older Adults (60+)	Adult with Disabilities (18-59)	Caregivers	Providers
DAS clients N=53,744	74%	9%	17% (caregivers or missing age or disability status)	
2022 DFCNA survey N=2,187	74%	8%	6%	14%

The design of the consumer survey was informed by a review of survey tool best practices gleaned from needs assessments conducted with comparable populations in other large cities. The consumer survey included five sections that gathered responses on the following themes: (1) Consumer Service Needs, (2) DAS Programs and Services Experience, (3) Health and Wellbeing, (4) Caregiving Experiences, and (5) Demographic Information.

Questions for providers included provider perception of consumer needs and barriers, as well as provider awareness of services and frequency with which they make referrals.

Secondary Data

In addition to the primary data gathered for the 2022 DFCNA, RDA integrated findings from the [Listening Sessions with Communities of Color. Summary of Findings and Recommendations](#) project conducted by DAS in the summer and fall of 2021. The listening sessions engaged BIPOC community members and service providers to assess community trends, shape services, and develop strategies to address unmet needs. This research was undertaken as a prelude to this larger 2022 DFCNA and was factored into the findings of this report.

To inform the design of community research tools and facilitation, RDA also reviewed recent findings from the [LGBTQ Older Adult Survey](#) (June 2021) and the [2021 Empowered San Francisco Technology Needs Assessment Report](#).

Limitations

RDA leveraged varied data sources to prepare this report in alignment with best practices for rigorous community research and analytical methodologies established by the first DFCNA in FY 2017–18. Nevertheless, it is important to note key limitations that shape this analysis:

- **This DFCNA was conducted during the COVID-19 pandemic**, which has had disproportionate impacts on older adults and adults with disabilities—and even more so on subgroups within these populations, like BIPOC communities. As we might expect, these impacts are reflected in the DFCNA’s findings. They also played a notable role throughout the DFCNA process, especially in the context of community research and stakeholder engagement. Although these activities were carried out using multiple methods (e.g., survey, focus groups, forums) and in both virtual and in-person formats to encourage diverse participant engagement, some populations may have participated at lower rates due to pandemic conditions. For instance, people with greater health risks or those unable to be vaccinated may have struggled to participate, especially if they also lacked access to digital resources for virtual engagement.
- **Community members who participated in the DFCNA likely differ in key ways from those who did not**, particularly with respect to their level of engagement with DAS services and other supportive resources. Stakeholder engagement for this needs assessment was conducted via typical communication channels for a city department, like the DAS website, social media, local news outlets, etc., as well as through the DAS service provider network. As such, individuals who heard about the DFCNA—and chose to participate—are more likely to be connected with supportive resources than those who did not. Further, DFCNA participants may be more likely to know about available resources, be able to navigate those resources, and ultimately use those resources to meet their needs. Simply put, the perspectives of people whose needs are not being met, and who may face greater barriers to participation in services, may be underrepresented in this needs assessment.
- **Participants may have engaged in multiple DFCNA research activities**, leading to a potential over-representation of certain viewpoints. Community research activities prioritized inclusiveness and participant anonymity to maximize opportunities for engagement with the needs assessment process, especially among more marginalized populations who might otherwise be hesitant to share their feedback with DAS. As such, many participants may have shared their perspectives in more than one way: for instance, in the community survey, and then again in a focus group discussion.

- **Available population and service enrollment data have several limitations.** DAS service enrollment data is missing high portions of demographic data from some programs and for some equity factors, making calculations of participation rates by equity factors challenging in some instances. In addition, there are differences across DAS and Census data sources for defining older adults (for example, DAS defines this population as age 60+, while the Census defines them as age 65+); and small Census sample sizes that preclude reliable population analysis of most equity factors at the district-level.

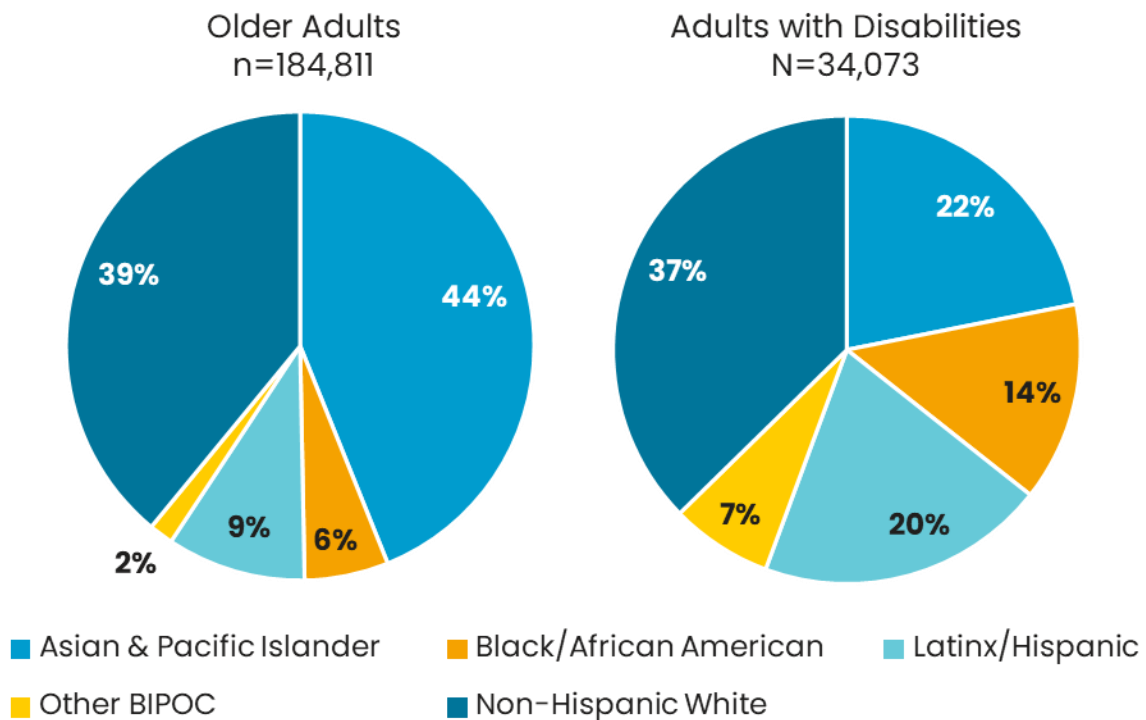


Profile of San Francisco Older Adults and Adults with Disabilities

San Francisco is home to an estimated 185,000 adults ages 60 or over and 34,000 adults ages 18 through 59 living with a disability. Together, these two groups represent about 25% of the city's population.⁴

San Francisco older adults and adults with disabilities are racially and ethnically diverse. A majority of both of these groups identify as BIPOC (60% and 63% respectively). Older adults primarily identify as Asian/Pacific Islander (API) or white (44% and 39% respectively). A smaller proportion of older adults identify as Latinx/Hispanic (9%) and Black/African American (6%).

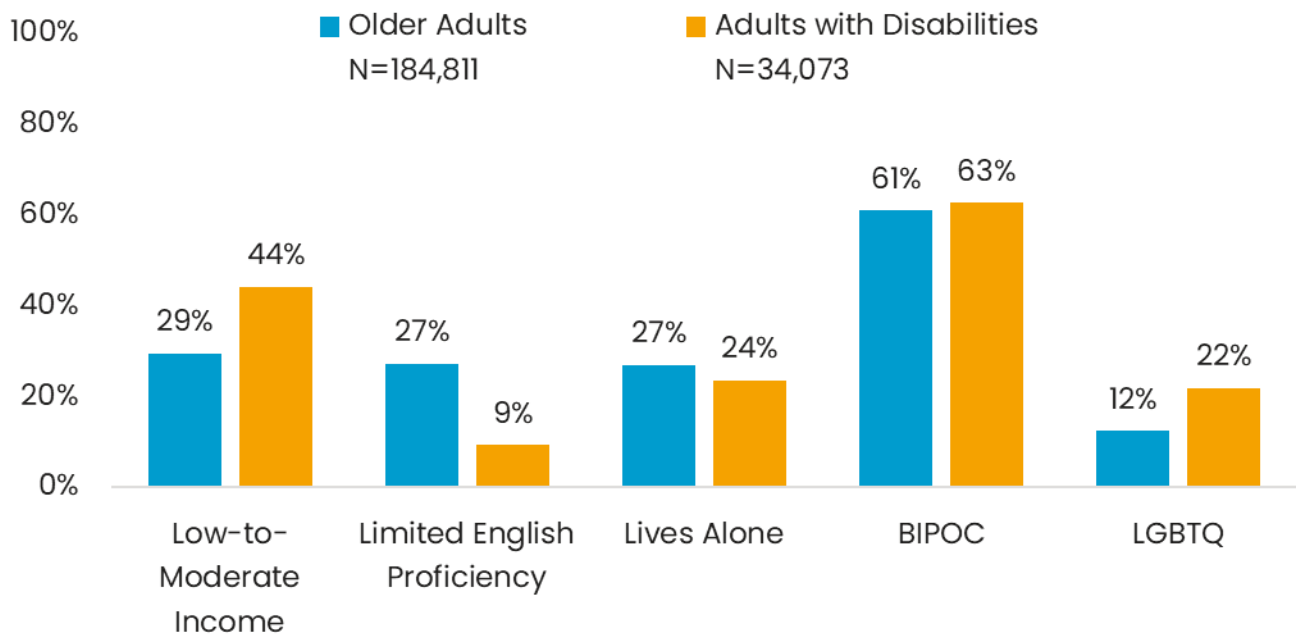
Figure 1. Race and ethnicity among older adults (left) and adults with disabilities (right) in San Francisco



⁴ Population data is based on the 2019 American Community Survey 5-Year Estimates except where otherwise indicated.

By contrast, while 37% of adults with disabilities identify as White, only 22% identify as API, and approximately 20% identify as Latinx/Hispanic. Notably, **Black/African American individuals are disproportionately represented among adults with disabilities**, making up 14% of this population (compared with 5% of all San Franciscans).⁵

Figure 2. Percentage of San Francisco population with an equity factor, by population



More than a quarter of older adults have low-to-moderate income⁶ (29%) with 13% living at or below the federal poverty level. Approximately a quarter (27%) of older adults have limited English proficiency. A similar proportion—about 27% of older adults—live alone. An estimated 12% of older adults identify as LGBTQ+.

When compared to the older adult population, **adults with disabilities are more likely to have low-to-moderate income** (44%), with more than a quarter of adults with disabilities (28%) living at or below the federal poverty level. Adults with disabilities are also much more likely to identify as LGBTQ (22%) than older adults. Individuals with limited English proficiency make up only about 9% of adults with disabilities. A quarter (24%) of adults with disabilities live alone.

⁵ A small proportion of older adults (2%) and adults with disabilities (7%) identify as other races and ethnicities, including American Indian/Native American/Native Alaskan.

⁶ Low-to-moderate income is defined here as at or below 200% of the federal poverty level. Given San Francisco’s high cost of living, this is a more meaningful threshold to capture a population that may face challenges making ends meet.

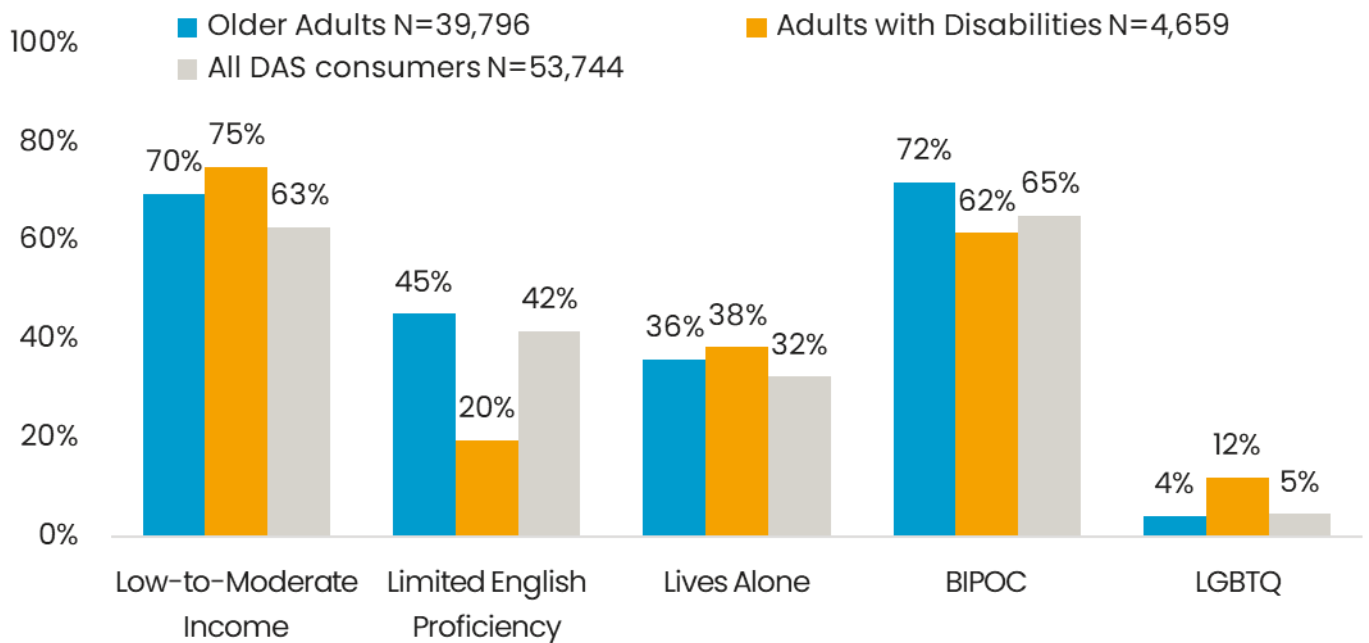


Profile of DAS Office of Community Partnership Clients

In FY 2020–21, DAS served a total of 53,744 unique consumers through its community-based services administered by the Office of Community Partnerships. The majority (74%) of these clients were older adults age 60+. Adults with disabilities age 18–59 accounted for 9% of clients, and caregivers to an older adult or adult with disability, or people for whom age data were missing, made up another 17%.⁷

DAS Office of Community Partnerships clients are diverse, and this client profile reflects the Department’s efforts to serve San Franciscans with greatest need—including equity priorities focused on low-to-moderate income populations, BIPOC communities, people with limited English-speaking proficiency, LGBTQ-identifying individuals, and those living alone.

Figure 3. Percentage of DAS consumers with an equity factor, by population, N=53,744

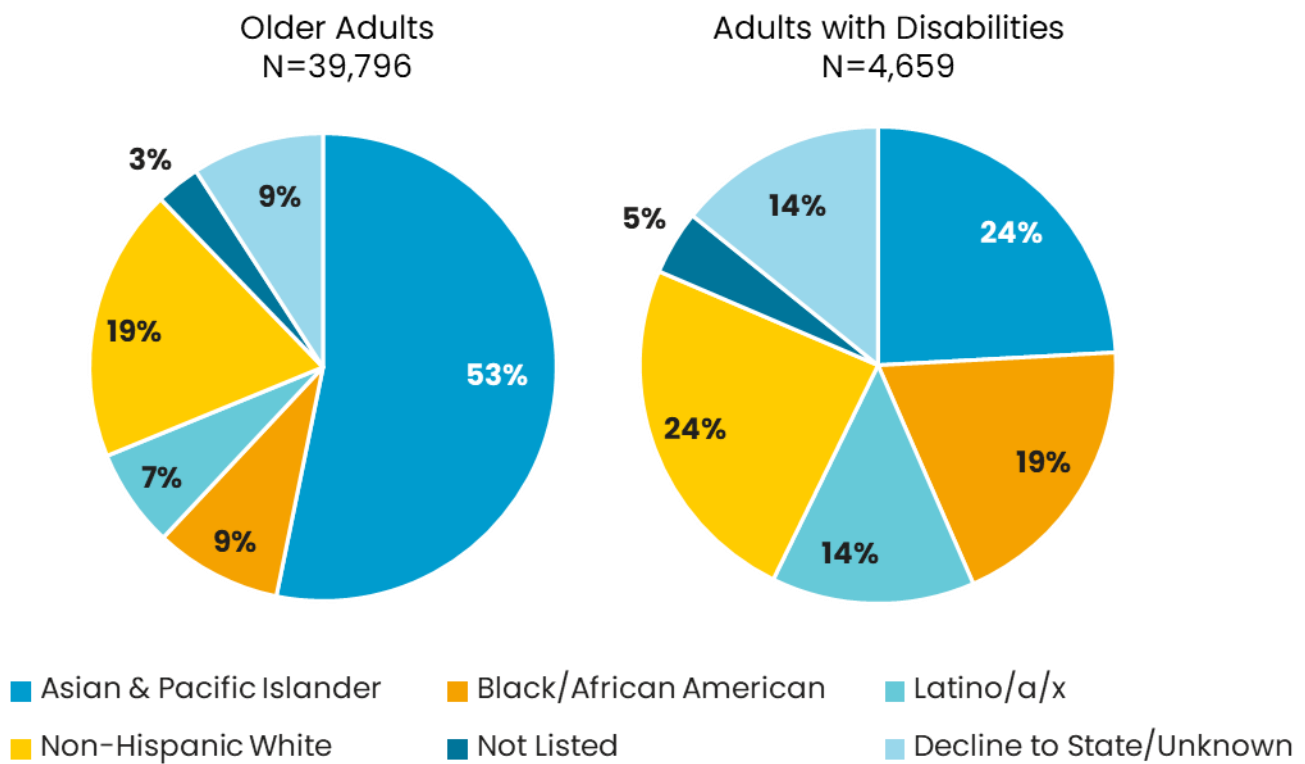


⁷ Demographic data are missing for some DAS consumers, including age data missing for 14% of DAS consumers. See Appendix F, Table 45 for specific rates of missing by indicator.

The majority (63%) of participants in DAS community-based services were low-to-moderate income.⁸ Notably, individuals with low-to-moderate income make up only about 29% of older San Franciscans and 44% of adults with disabilities.

Clients were predominantly BIPOC, with 72% of older adults and 62% of adults with disabilities belonging to communities of color. API individuals made up more than half (53%) of older adults served by DAS. API and White clients each made up 24% of adults with disabilities served by DAS. Black/African American and Latinx individuals make up a smaller proportion of DAS consumers: 9% and 7% of older adults, respectively, and 19% and 14% of adults with disabilities.

Figure 4. Race and ethnicity of DAS consumers among older adults (left) and adults with disabilities (right)



Older DAS Office of Community Partnerships clients tended to identify as female—about 52%, compared to 37% who identified as male, and 0.3% who identified as transgender or gender non-conforming. **A greater share of adults with disabilities identified as male** (46%) than as female (41%) or transgender or gender non-conforming (3%).

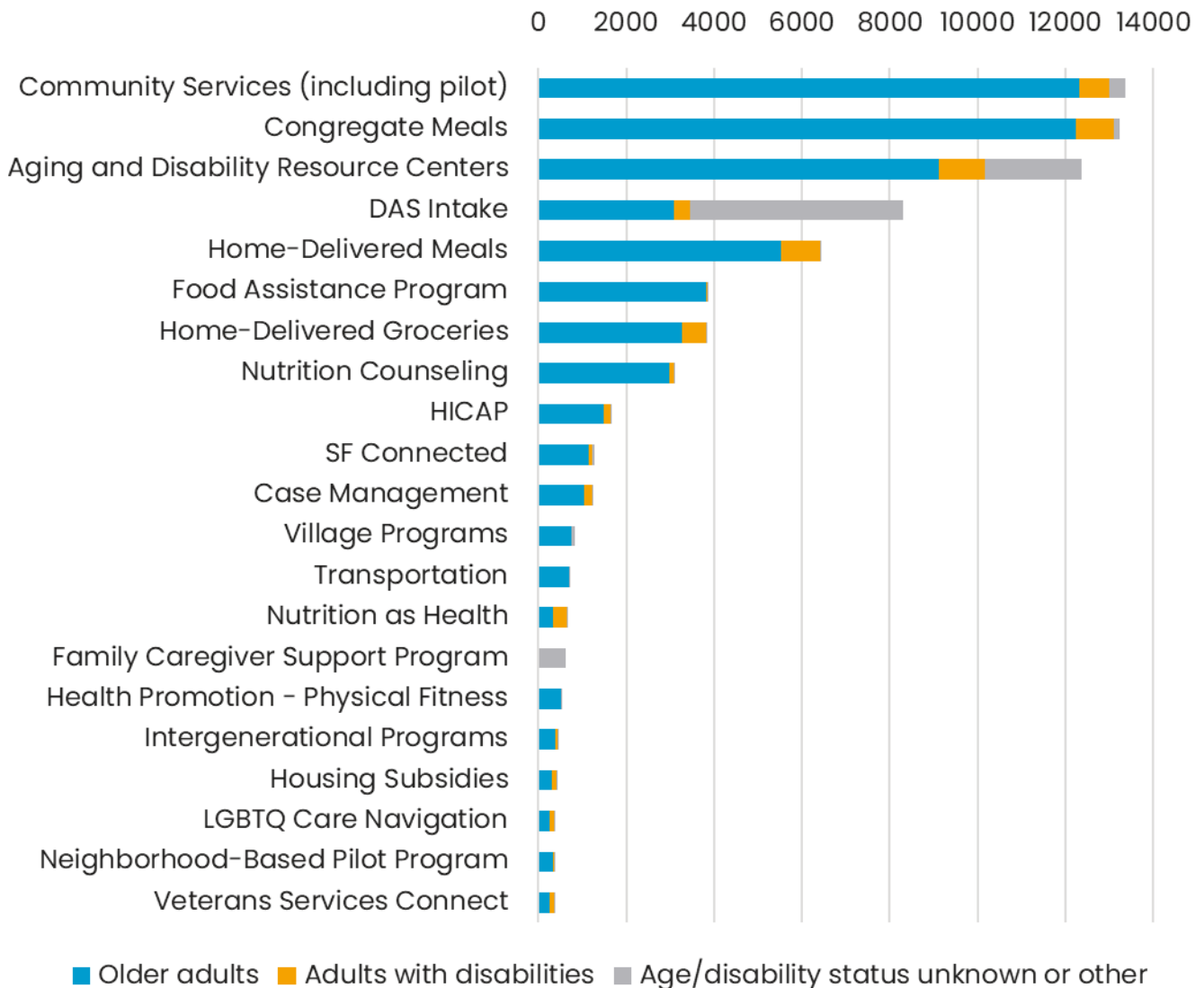
⁸ Income information was missing for one third of DAS consumers; however, these data were supplemented with a data match to public benefits enrollment data, allowing us to use public benefits utilization as a proxy for low-income status.

LGBTQ-identifying individuals made up a small portion—about 5%—of clients. Among adults with disabilities under age 60, this is higher: 12% of these DAS clients identify as LGBTQ.

Most popular programs

At least 1,000 total unique DAS consumers were served in 11 programs, including older adults, adults with disabilities, and caregivers to an older adult or adult with disability or people for whom age data were missing. The programs with highest numbers of total participants were **Community Services** (13,356), **Congregate Meals** (13,236), and **Aging and Disability Resource Centers (ADRC)** (12,366). Among adults with disabilities, programs with the largest number of participants were **ADRC** (1,051), **Home-Delivered Meals** (897), and **Congregate Meals** (848). Figure 5 shows total participation in the 21 most utilized programs, each with at least 350 participants.

Figure 5. Total enrollments in most-utilized programs, by program and population





Equity Analysis Findings

Advancing equity is a DAS priority and guiding principle of the Dignity Fund. A core component of the 2022 DFCNA is an equity analysis, which helps evaluate how well it is serving the city's diverse populations—particularly priority populations most likely to experience barriers to accessing resources and opportunities—and to identify possible disparities in service provision and utilization. This section provides a summary of key findings for each of the three equity analysis questions:

1	Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?
2	How do service utilization rates among low-to-moderate-income populations compare across districts in the city?
3	How are funds spent across city districts?

Key Findings

This section provides a high-level overview of the key findings from the equity analysis (a full summary of findings and detailed tables can be found in Appendix F). It is worth noting that these equity factors are not mutually exclusive, and many individuals fall into more than one category.

Table 3. Equity Factor Definitions

Equity Factor	Definition
Low-to-moderate income	At or below 200% of the federal poverty level
Limited English proficiency	Individuals whose primary language is not English or who are less than fluent in English
Living alone	Living alone used as a proxy for social isolation
BIPOC	Self-identifies with a race or ethnicity other than non-Hispanic White
LGBTQ	Self-identifies with a sexual orientation or gender identity other than cisgender and heterosexual

Equity Analysis Question 1: Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?

Populations with the presence of an equity factor generally utilized DAS services at a higher rate than the overall population. This is especially true among those with low-to-moderate income, those with limited English proficiency, and those who live alone: these groups of older adults and adults with disabilities participated at considerably higher rates than the overall population. BIPOC consumers participate at slightly higher or similar rates compared to the overall population; this is unsurprising since the majority of DAS consumers identify as BIPOC. However, LGBTQ+ consumers participate at much lower rates than the overall population (see Table 4).

Table 4 shows participation rates among groups with an equity factor and compares this rate to overall participation. This comparison helps us to identify variation in access to services and highlight the scale of potential disparities.

For example, row one can be read as: older adults with low-to-moderate income participate in programs at 2.4 times the rate of older adults overall, and adults with disabilities with low-to-moderate income participate in programs at 1.7 times the rate of adults with disabilities overall.

Table 4. Participation Overall and By Equity Factor

Equity Factor	Older adult participation rate per 1,000	Participation rate compared to older adults overall	Adults with disabilities participation rate per 1,000	Participation rate compared to adults with disabilities overall
Low-to-moderate income	509	2.4 times the overall rate	232	1.7 times the overall rate
Limited English proficiency	356	1.7 times the overall rate	287	2.1 times the overall rate
Living alone	286	1.3 times the overall rate	223	1.6 times the overall rate
BIPOC	254	1.2 times the overall rate	134	1.0 times the overall rate (the same rate)
LGBTQ	73	0.3 times (one third the rate)	74	0.5 times the overall rate (half the rate)
Overall participation rate per 1,000	215	--	137	--

Older adults

Four of the top five programs with the highest participation rates among older adults were related to nutrition and food: Home-Delivered Groceries, Home-Delivered Meals, Food Pantry, and Congregate Meals. While participation rates in these services varied slightly for each equity population, food and nutrition programs were among the most popular programs among all groups with an equity factor.

While the most popular programs were fairly consistent across all groups with an equity factor, relative participation rates varied widely among these groups for some specific programs. The examples below illustrate where some populations with an equity factor participate in specific programs at much higher or much lower rates than the population overall, but this is not an exhaustive list.

- Older adults **with low-to-moderate income** participate in nearly every program at higher rates than the overall older adult population. They participate in many programs, particularly nutrition-related programs, at double to triple the rate of older adults. Notably, food programs may help alleviate financial pressures among adults living on a low or fixed income.
- Older adults **with limited English proficiency** participated in site-based programs such as ADRC and Congregate Meals at double the rate of older adults overall, indicating high engagement with service centers that provide language-specific services such as translation.
- Older adults **who live alone** participate in nearly every program at higher rates than the overall older adult population. In particular, older adults who live alone participate in programs providing individualized support, such as Case Management, at more than double the rate of older adults overall.
- Older adults who identify as **BIPOC** participate in programs at roughly similar rates to the overall population. However, BIPOC older adults participate in Congregate Meals at approximately 1.5 times the rate of older adults overall. Older adults who identified as Black or African American participated at 1.5 times the rate of older adults overall, and Asian and Pacific Islander older adults participate at 1.2 times the rate of older adults overall. Older adults who identified as Latinx participated at only 0.7 times the rate of older adults overall, and White older adults participated at half the rate of older adults overall.
- Older adults who identify as **LGBTQ+** participate in all programs examined at much lower rates than the overall population. For example, LGBTQ+ older adults participate in Home-delivered meals at half the rate, ADRC at one-third the rate, and Congregate Meals at less than one quarter the rate of older adults overall.

Adults with disabilities

Adults with disabilities participate in programs overall at significantly lower rates than older adults, although participation trends for both groups tend to be similar in terms of most popular programs and groups with an equity factor. Adults with disabilities participated in Nutrition and Wellness programs at higher rates than any other type of program: nearly 2,500 adults with disabilities, or 7% of the total eligible population, participated in at least one Nutrition and Wellness program.

Among adults with disabilities, three of the top five programs with the highest participation rates were the same as among older adults and were related to nutrition and food: Home-Delivered Groceries, Home-Delivered Meals, and Congregate Meals. Additionally, ADRC and Community Services were also heavily used by adults with disabilities and were two of the most utilized programs across all groups with an equity factor.

While the most popular programs were fairly consistent across all groups with an equity factor, relative participation varied. The examples below illustrate where some populations with an equity factor participate in specific programs at much higher or much lower rates than the population overall, but this is not an exhaustive list:

- Adults with disabilities with **low-to-moderate incomes** participate in Case Management, DAS Intake, Home-Delivered Meals, ADRC, and Congregate Meals at double or close to triple the rate of overall adults with disabilities. These nutrition and individual support programs fill an important role in supporting adults with low-to-moderate income to meet their basic needs.
- Adults with disabilities with **limited English proficiency** use ADRC at more than four times the rate of adults with disabilities overall and use Community Service Centers at more than double the rate. Like older adults with limited English proficiency, these high rates of engagement suggest that these site-based services provide critical, language-accessible and culturally appropriate services and social support. Other programs are significantly underutilized by those with limited English proficiency. For example, HICAP was utilized at one-third the rate.
- Adults with disabilities who **live alone** participate in most programs at a higher rate than adults with disabilities overall, including participating in four programs at double the rate or more. Among these four programs are two food-related programs, indicating that these programs play an important role in meeting the food needs of this population. Adults with disabilities who live alone also participated in Case Management at more than double the rate of adults with disabilities overall, suggesting these programs may play an important role in connecting this population to services.
- Adults with disabilities who identify as **BIPOC** participated in most programs at roughly similar rates to the overall population of adults with disabilities. This population participated in ADRC at slightly higher rates (1.2 times the rate) and in DAS Intake, Case Management, and other programs at slightly lower rates than the overall population of adults with disabilities. Among BIPOC populations, Black and African American consumers participated at 1.4 times the overall rate, Asian and Pacific Islanders participated at 1.1 times the overall rate. Latino/a/x, non-Hispanic White, and other BIPOC consumers participated at lower rates than the population of adults with disabilities overall.
- Adults with disabilities who identify as **LGBTQ+** participated in nearly every program examined at lower rates than the overall population and had the lowest overall participation rate of any group with an equity factor. For example, LGBTQ+ adults with disabilities participated in Nutrition Support Services, ADRC, and Congregate Meals at less than half the rate of overall adults with disabilities.

Some services were significantly underutilized overall by adults with disabilities. For example, only three total adults with disabilities participated in the Food Pantry, while nearly 4,000 older adults did so. This may be because adults with disabilities are primarily meeting their nutrition needs through Home-Delivered Meals, Home Delivered Groceries, or Congregate Meals, all of which have high participation rates among this group, or it may flag barriers to access for adults with disabilities to the Food Pantry. This may also represent a difference in the way that Food Pantry enrolls its clients into different funding streams, and therefore more adults with disabilities could be enrolled in this program than are counted as DAS consumers.

Equity Analysis Question 2: How do service utilization rates among low-to-moderate-income populations compare across districts in the city?

District participation was estimated by identifying the district in which services were provided. Some services are provided to the consumer where they live (e.g., Home-Delivered Meals). In these cases, district participation reflects the consumer's district of residence. Other services are site-based (e.g., Aging and Disability Resource Centers located at community service centers throughout the city). In these cases, district participation reflects the district in which the service is located. Service participation by district was assessed for older adults and people with disabilities overall, as well as for individuals with low-to-moderate income within these groups.

Across the entire city, District 6 had the highest participation rate among older adults overall, low-to-moderate-income older adults, and adults with disabilities overall.

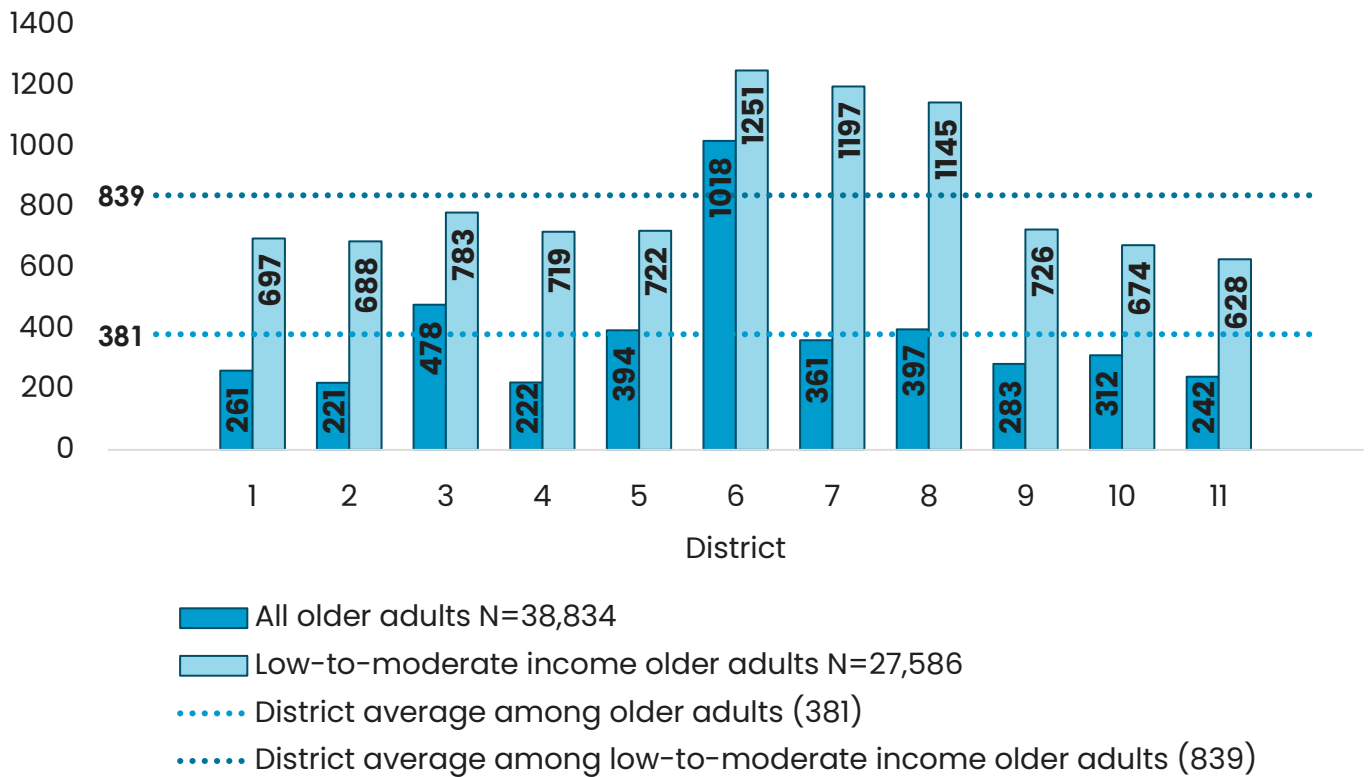
District 8 had the highest participation rate among low-to-moderate-income adults with disabilities. Generally, **the city's more geographically central districts—in particular, Districts 6 and 8—had higher than average rates of participation**, which reflects the high number of site-based services provided in these districts.⁹

The high concentration of participation in a few districts may reflect the fact that **many older adults and adults with disabilities travel across district boundaries to access on-site services**, sometimes even in instances where a similar service may be available in their district of residence. For example, though District 7 is not home to a particularly large population of low-to-moderate income older adults, it also had high rates of participation, likely driven by high enrollment in the Stonestown YMCA, a popular location for classes and social services.

⁹ District 6 is home to the DAS Benefits and Resource Hub, which provides services onsite but connects with a large majority of consumers over the phone or online. Because this analysis treats information and referral services provided by the DAS Hub as site-based, participation in this service is reflected in the overall participation rates for District 6, although not all participating clients may have accessed DAS Hub service (Integrated Intake) onsite.

Outer districts—in particular Districts 1, 2, 4, and 11—have some of the lowest participation rates, which reflects the lower availability of large-scale site-based services such as Community Service Centers. Older adults and adults with disabilities who live in these districts may travel to central districts to receive services, or they may simply access services at lower rates due to difficulty accessing services near their homes.

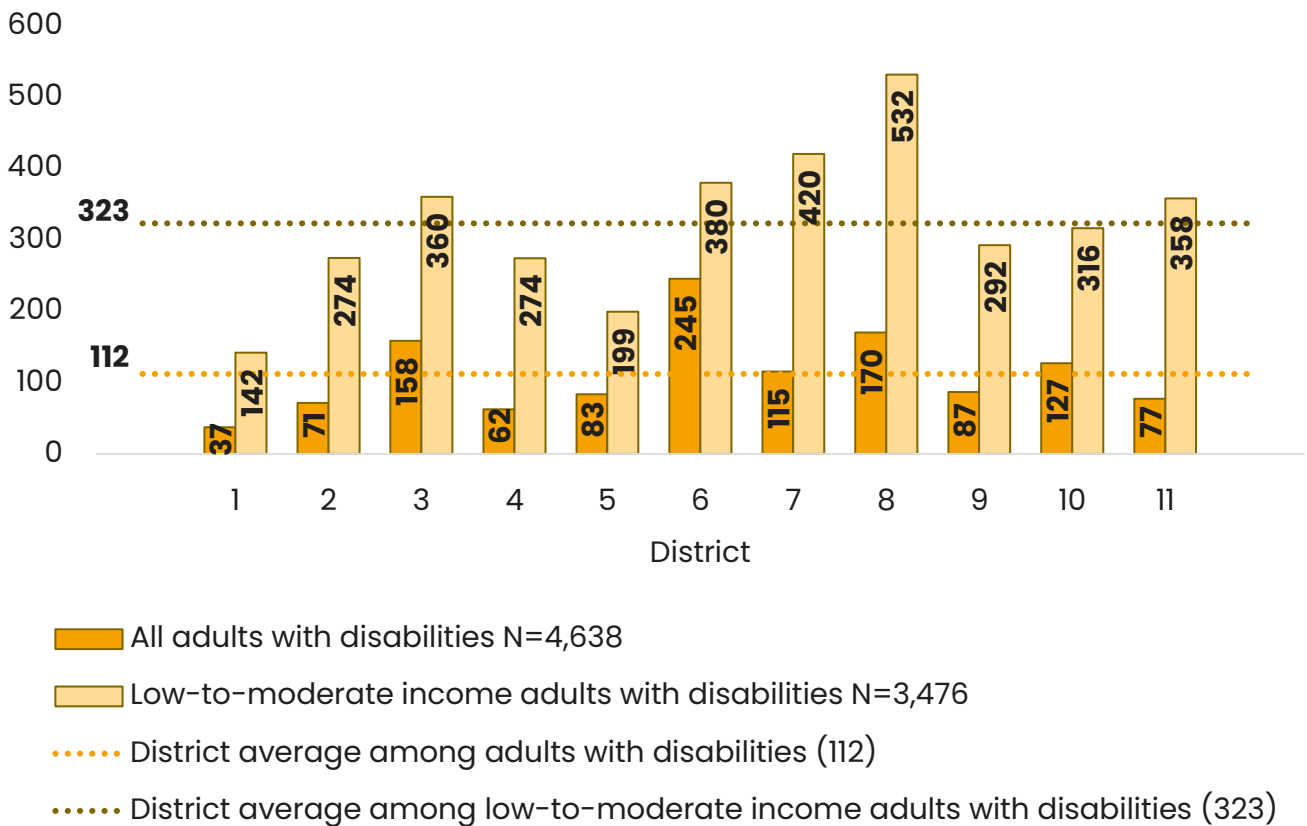
Figure 6. Participation rates in all programs among all older adults and low-to-moderate income older adults, by district¹⁰



Note: This graph shows participation rates among all older adults and low-to-moderate income older adults, by district, measured as participation per 1,000 eligible people living in that district. Some district participation rates exceed 1,000 because people participate in those districts who do not live there. The average participation rate across districts for all older adults is 381, while the average participation rate for low-to-moderate income older adults is 839.

¹⁰ Total client numbers for the district analysis were taken from DAS enrollment data, which differs slightly from DAS client data.

Figure 7. Participation rates in all programs among all adults with disabilities and low-to-moderate income adults with disabilities, by district



Note: The average participation rate across districts for all adults with disabilities is 112, while the average participation rate for low-to-moderate income adults with disabilities is 323.

Equity Analysis Question 3: How are funds spent across city districts?

The total DAS budget for Dignity Fund-related programs in FY 2020–21 was \$85,002,410.

Of this amount, \$70,997,854 was allocated to programs with participant enrollment information that could be used to support equity analysis.¹¹ Using this enrollment and budget information, we calculated both total expenditures by district and also the cost per participant served by the district.

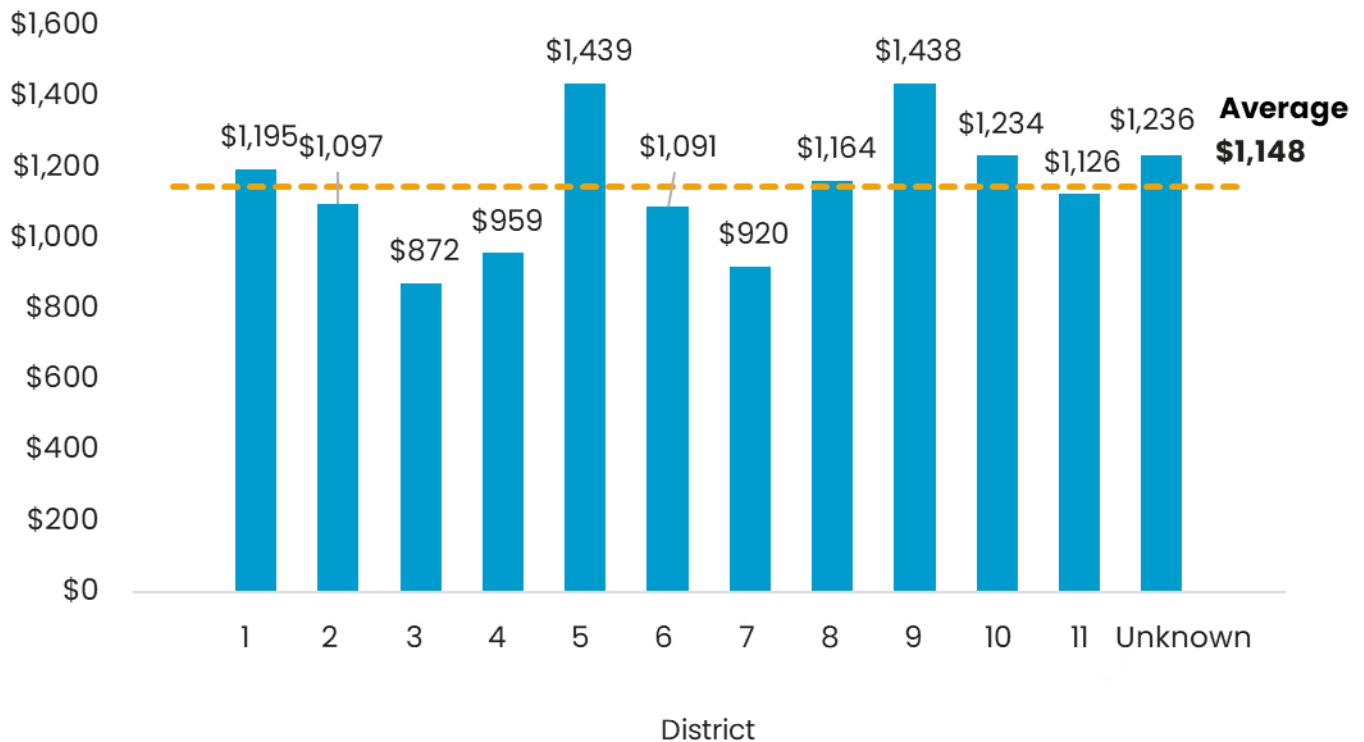
Total expenditures were highest in District 6; approximately 27% of funds (\$18.9M) were spent to support services provided at service sites and to residents located in this district.

¹¹ These programs include all programs that collect participation information and exclude programs that are not participant-facing (such as DAS staff training or administrative costs), or programs that do not collect individual participation information.

This reflects the more commercial nature of this area—there are more service sites in District 6 than any other area, and this is where DAS’ Resource Hub is located as well, resulting in a very high number of overall consumers accessing services in this district (more than 17,000). Total expenditures were lowest in District 2 (\$2.7M), which has fewer in-person service sites and had overall fewer DAS consumers (2,435).

There was some variation in per-participant spending by district, influenced by the types of programs most utilized in each district and the total number of consumers. **Across all programs overall, DAS spent an average of \$1,148 per participant per district.** District 5 had the highest per participant expenditure at \$1,439 per person, due in part to the concentration of Scattered Site Housing units in this district, a relatively high-cost program. District 3 had the lowest per participant expenditure at \$872, likely due to very high participation in several low-cost per person programs, such as the three Aging and Disability Resource Centers located in District 3. While District 6 had the highest total expenditure, as previously noted, the cost per participant was somewhat below average at \$1,091, due to the very high number of participants in low-cost and site-based services like Integrated Intake located in this district. Average per-participant cost by district is shown in Figure 8, with a dotted line for the average across districts of \$1,148.

Figure 8. Per-participant average cost, by district, N=53,744





Gaps Analysis Findings

Overview

In this section, we describe key gaps findings from our integrated analysis of qualitative and quantitative data gathered across sources—including the 2022 DFCNA survey, provider survey, equity analysis, and community research (focus groups and community forums), along with secondary data sources (e.g., Listening Session with Communities of Color summary). Detailed findings and data tables by data collection source can be found in the method-specific appendices (e.g., Appendix C: CAN Consumer Survey Data Tables). Data and findings presented in these appendices provide the basis for the gaps analysis.

The gaps analysis is organized by nine key findings. Each is accompanied by a set of corresponding recommendations formulated based upon the identified gaps. These findings reflect cross-cutting themes from all data sources and relevant areas of inquiry—including barriers, needs, and system and service strengths and challenges.

Key findings

- 1 Consumers experience a multitude of barriers related to information, awareness, and eligibility that contribute to feelings of being excluded and unsupported.
- 2 Adults with disabilities experience heightened barriers and have greater unmet needs than older adults.
- 3 While many consumers' basic needs are generally met, social connectivity and mental health needs (amplified by the pandemic) are not as well met.
- 4 Consumers increasingly rely on technology and would benefit from expanded technology resources and virtual service offerings that promote inclusivity.
- 5 Consumer concerns and needs relating to safety, mobility, and transportation have been exacerbated by the COVID-19 pandemic and racialized violence.
- 6 BIPOC and LGBTQ+ consumers need culturally responsive services that affirm their identities and make them feel included, accepted, and safe.¹²
- 7 Caregivers need more information about available resources for themselves and their care recipients, as well as help navigating these services.
- 8 Service providers need support to identify and successfully connect clients with available resources.
- 9 Consumers have unmet needs in areas outside of DAS services (e.g., housing) where DAS can play a role through access support and system coordination.

An overarching note about contrasting stakeholder perspectives: Overall, providers report that consumers have greater unmet needs and challenges compared to consumers' self-reported needs. Consumers who answered the survey and participated in the community forums and focus groups may be more service-connected, while providers may have a broad, systems-level, view of barriers faced by consumers who are unable to access services. Additionally, many of the consumers surveyed were connected to services and may experience barriers to participation at a lower rate than the broader population of consumers (i.e., individuals who are not represented in our research analysis and findings). Provider survey respondents often reported barriers at a much higher rate than consumers did. For example, over half of provider survey respondents say that service provider staff do not have a similar culture or background as consumers, while only half of consumer respondents expressed the same view.

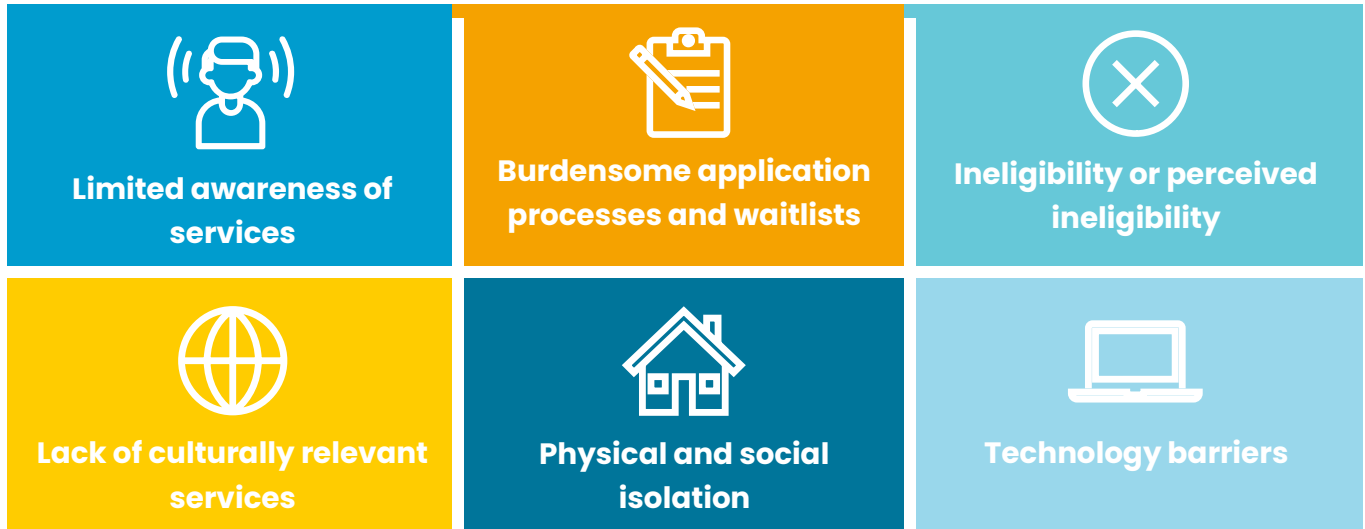
¹² Services and supports that understand and acknowledge differences between groups of consumers and are designed to meet the unique needs of each community.

1



Consumers experience a multitude of barriers related to information, awareness, and eligibility that contribute to feelings of being excluded and unsupported.

◆ **Consumers lack awareness of services and have limited ability to navigate resources and connect with providers.** Consumers shared a variety of barriers that prevented them from accessing services and described challenges with in-person resource navigation. Some noted that the barriers they experience negatively affect how supported they feel by the City. Barriers included:



◆ **Some BIPOC participants shared during listening sessions and community forums that their communities do not receive adequate information about available resources, which further isolates them.** Similarly, in virtual community forums, participants with limited to no English proficiency shared challenges knowing about and accessing services because materials are not in their primary language.

“It’s hard to know who the providers are, how to access [services]. I didn’t even know about this [community forum] until a couple of days ago and had to juggle my schedule. I find out about food giveaways often afterward. How [can they] get information out to us? Rather than having us go to look for it?”

– Virtual Community Forum participant, District 3 (English breakout room)

“Language is one of the big barriers—sometimes we cannot communicate if we don’t speak the language and we don’t know how to ask. And also, the channels to get to the resources—maybe it’s because of the language barrier, we don’t even know how to go through the channel to get the services even though they exist.”

– Virtual Community Forum participant, District 5 (Cantonese breakout room)

◆ **Consumers often did not access services because they were not, or did not believe themselves to be, eligible for services.** Approximately half of consumers surveyed believe that most of the time they are ineligible for services. Participants in community forums and listening sessions shared specific frustrations around eligibility criteria—both real and perceived—based on demographic characteristics such as age and income, which made it difficult to meet their needs. Some participants noted that their income disqualifies them from Medi-Cal and other public benefits, but they are unable to pay out of pocket for medical services or in-home care. Many immigrants expressed that the complex intersection of benefits eligibility and immigration law precluded them from applying to or accessing needed services.

◆ **Challenging applications are often a major barrier to accessing and participating in services.** 63% of adults with disabilities reported in a consumer survey that application processes for services are too long and/or confusing. 40% of older adults reported the same. Transportation assistance and housing applications were identified as particularly cumbersome by community research participants. Though most DAS community-based services do not require applications, this feedback is important to consider when designing and publicizing services, as well as in the Department's broader role in supporting access to services outside DAS and coordinating across systems to meet the needs of older and disabled adults.¹³

◆ **When consumers are able to navigate application processes for those services that require them, they are often full or placed on a waitlist.** 40% of older adults and 61% of adults with disabilities report in consumer surveys that services are full and/or have a long waitlist most of the time. For example, in the Listening Sessions with Communities of Color, Medi-Cal ineligible consumers seeking in-home care service alternatives to In-Home Supportive Services expressed frustration that these high-demand services were often inaccessible due to lengthy waitlists. In a similar vein, community research participants explained that long lines for grocery or meal pick-up services during the COVID-19 pandemic posed a significant barrier to participation.

¹³ A note on applications and eligibility: With the exception of In-Home Supportive Services, DAS services generally do not require applications, and most programs do not have eligibility criteria beyond age or self-reported disability. Nevertheless, providers and consumers described challenges with applications and eligibility. These experiences may reflect challenges consumers have faced accessing public benefit programs like Medi-Cal and CalFresh, which are not DAS services—although DAS may connect consumers to these programs through the Department's Integrated Intake services available at the DAS Benefits and Resource Hub. Ultimately, this community feedback suggests there are common misperceptions about consumers' eligibility for DAS services, and confusion about eligibility for programs where may DAS support service enrollment or access.

Recommendations

◆ Improve the dissemination of resources and information to expand the awareness of services.

- Create an online resource directory:
 - Streamline identification of desired services by adding filtering tools to tailor searches. Searches can be narrowed by criteria, such as available language support, accessibility, and geographic location.
 - Consider developing a short screening tool to help users identify resources based on their circumstances and/or needs and integrate program availability data including waitlists (if applicable).
 - Clarify program eligibility criteria for each service, including clear messaging that most DAS services do not have income or other eligibility criteria.
 - Ensure program and provider contact information is accurate and up to date across digital and print resources maintained by DAS and its service provider network.
- Diversify modes of communication regarding available services to meet various population needs (e.g., visually accessible or non-visual communications for individuals who are blind/low vision, various languages, targeted outreach and partnerships with community-based organizations and churches, etc.), including improving messaging around the DAS Benefits and Resource Hub.
 - Conduct targeted outreach to hard-to-reach populations (i.e., social media to target younger adults with disabilities, “brand” or service ambassadors).
 - Leverage both formal and informal neighborhood/community networks to conduct outreach and awareness campaigns.
 - Continue and expand the use of non-English media sources such as radio and newspapers to raise awareness of the DAS Benefits and Resource Hub and Aging and Disability Resource Centers.

“My mom had a stroke and then was paralyzed, and we couldn’t afford to hire someone for 24/7 and she was not eligible for any Medi-Cal, and this was really frustrating. I hope this kind of service will be expanded to all populations.”

– *Virtual Community Forum participant, District 9 (Cantonese breakout room)*

“How can they support folks to get into housing [and] navigate the [DAHLIA] website? [...] I’m having trouble understanding that benefit.... Where, if anywhere, do you [ask] for assistance in figuring out how to apply?”

– *In-person Focus Group participant, Adults with Disabilities (English breakout room)*

“I think the services have focused on people with Medi-Cal or other supplements, but I would like the funds to focus more on those that live alone with middle income—seniors or people with disabilities. They own a house but just pass the limit by a tiny little bit. They look good from the outside—they own a house, but other than that they cannot afford a caregiver or someone to clean the house. They can’t afford to have someone else take care of them.”

– *Virtual Community Forum, District 7 (Cantonese breakout room)*

2

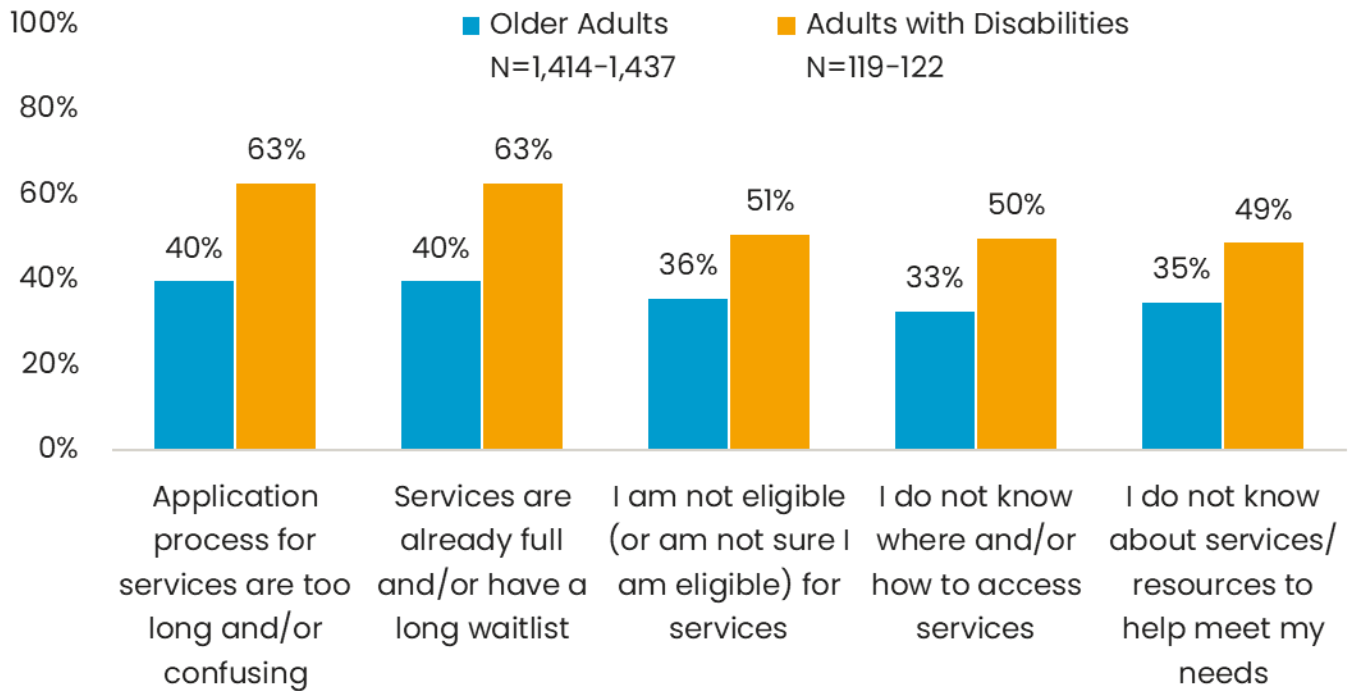


Adults with disabilities experience heightened barriers and have greater unmet needs than older adults.

◆ **The current system and services are not addressing the unique barriers and needs of many adults with disabilities.** Adults with disabilities tend to experience barriers to participation at higher rates than their older peers. These barriers likely contribute to higher rates of unmet need for this population, who participate in services at markedly lower rates than older adults.

As shown in Figure 9, adults with disabilities report more challenges with burdensome application processes, long waitlists, eligibility criteria, and a lack of awareness of services. When adults with disabilities are connected to a service, that service may or may not accommodate their disability. In fact, 38% of adults with disabilities who completed the DFCNA survey reported that services typically do not accommodate their disability.

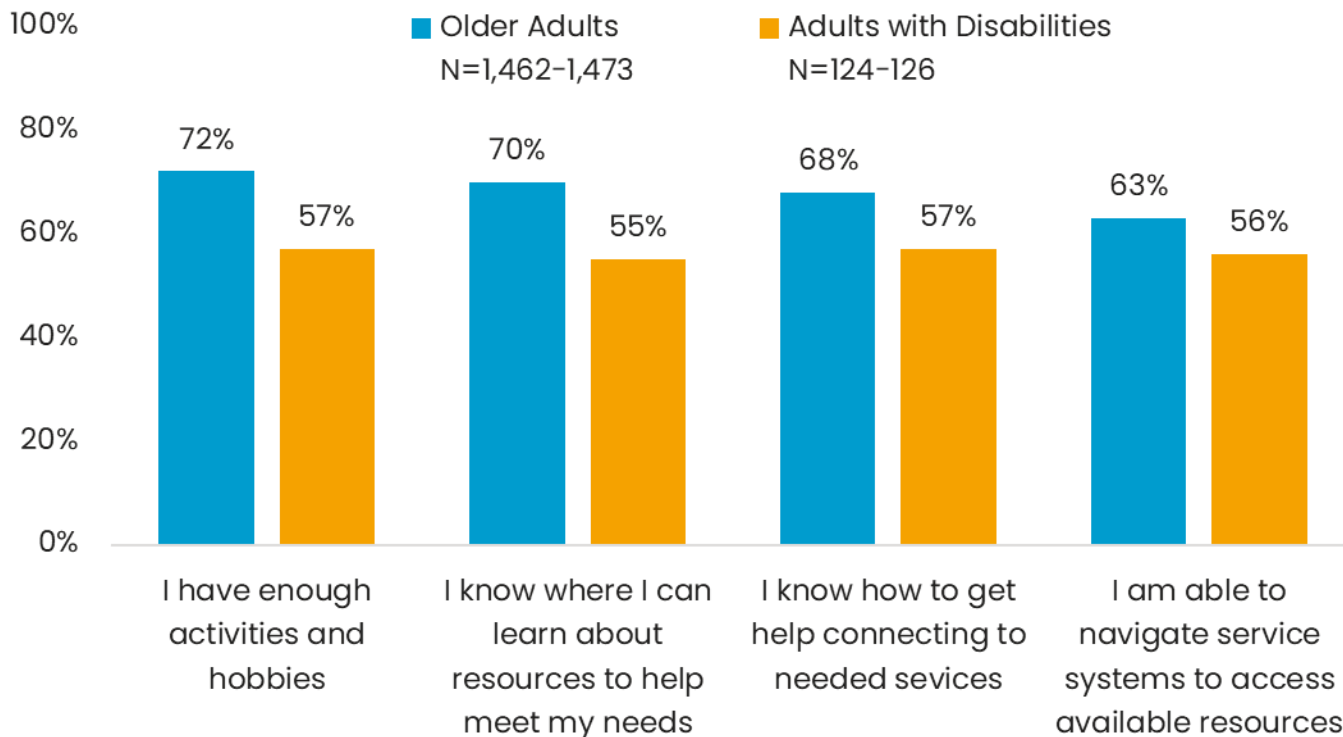
Figure 9. Barriers to connection, by population¹⁴



◆ **While most consumers and providers shared that they lacked awareness of services and knowledge about how to access services, these issues were especially prominent among people with disabilities.** As shown in Figure 10, a much smaller proportion of survey respondents with disabilities, compared to older adult respondents, know about resources to meet their needs or where or how to access needed services. Focus group participants with low vision or blindness, hearing impairments, or other disabilities who were already physically isolated before COVID-19 shelter-in-place mandates experienced even greater barriers to learning about resources, connecting with others, and adapting to new modes of connection (e.g., virtual services/events). To address these barriers, participants described a need for service information in accessible formats, such as both visual and auditory, depending on the presenting need. Focus group participants also shared that connecting with peers and word-of-mouth information sharing was an important way in which they learn about resources and social engagement opportunities.

¹⁴ Source: 2022 DFCNA Survey. Percent of consumers that report this is often or always true.

Figure 10. Awareness and engagement, by population¹⁵



◆ **Adults with disabilities connect with services at much lower rates than older adults, indicating a communication and service gap that may be largely driven by physical and social isolation.** About 60% of adults with disabilities visit with friends or family compared to 75% of older adults. Moreover, fewer adults with disabilities participate in groups like faith communities, social clubs, and civic organizations. A little more than half (57%) of adults with disabilities report having enough activities and hobbies.

In contrast, 72% of older adults say they have enough activities and hobbies. A number of factors may contribute to this pattern, including the type of community engagement activities offered by programs, the accessibility of resources for adults with disabilities, and different interests of younger adults with disabilities (age 18-59) compared with older participants (age 60+).

◆ **Adults with disabilities are less satisfied with vocational opportunities compared with older adults.** Adults with disabilities face unique employment-related challenges: focus group participants noted that finding a suitable and tolerant workplace, which accommodates their unique needs, consumes a significant amount of time. Participants described a need for more vocational resources for adults with disabilities and a desire for tailored workforce development resources to address the need for job training, job search assistance, and support when facing discrimination in the workplace.

¹⁵ Source: 2022 DFCNA Survey. Percent of consumers that report this is often or always true.

“[We need] an easy way to get a job that would be a fit [where] we are treated fairly. I get a lot of condescending treatment. I suffer from a lot of harsh judgment. Even if I am acting the same as someone else, I get judged and treated a lot worse. [We deserve a] job [...] that fits our education skills and interest [...]. People don’t like hiring us. They have that stigma. We may be the best fit for the job [...], [but] people look down on us.”

– *Virtual Focus Group with Adults with Disabilities*

Recommendations

◆ Strategize ways to meet the unique needs of—and address barriers specific to—adults with disabilities.

- Continue to engage consumers with disabilities and incorporate their perspectives, experiences, and needs in the development of new and expansion of existing programs and services.
- Develop or expand application assistance services to address barriers to connection for adults with disabilities.
- Improve accessibility of service information and navigation support, particularly for those with low vision, blindness, or hearing impairments.
- Partner with city departments to advocate for infrastructure improvements that support more physically accessible public spaces (e.g., sidewalks, bus stops) for people with disabilities, especially individuals who have difficulty walking or experience other mobility concerns.
- Cultivate strategic interagency partnerships to expand the capacity of organizations that primarily serve the disability community to provide culturally relevant services that better address the intersectional needs of diverse clients.
- Explore strategies to better address the needs of transitional age youth with disabilities (age 18–24), with emphasis on community building and social connection.
- Increase the capacity of DAS service providers and other partners to provide accessible and culturally responsive services to people with disabilities, through disability competency training, resources, and cross-sector collaboration.
- As suggested in *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*, “Promote inclusion of people with disabilities of all types.” Specifically, promote awareness of “invisible disabilities”¹⁶ and related needs and accommodations across DAS services.
- Provide more support for people with disabilities to access vocational training and employment resources.

¹⁶ A physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person’s movements, senses, or activities. Source:

<https://invisible disabilities.org/what-is-an-invisible-disability/>

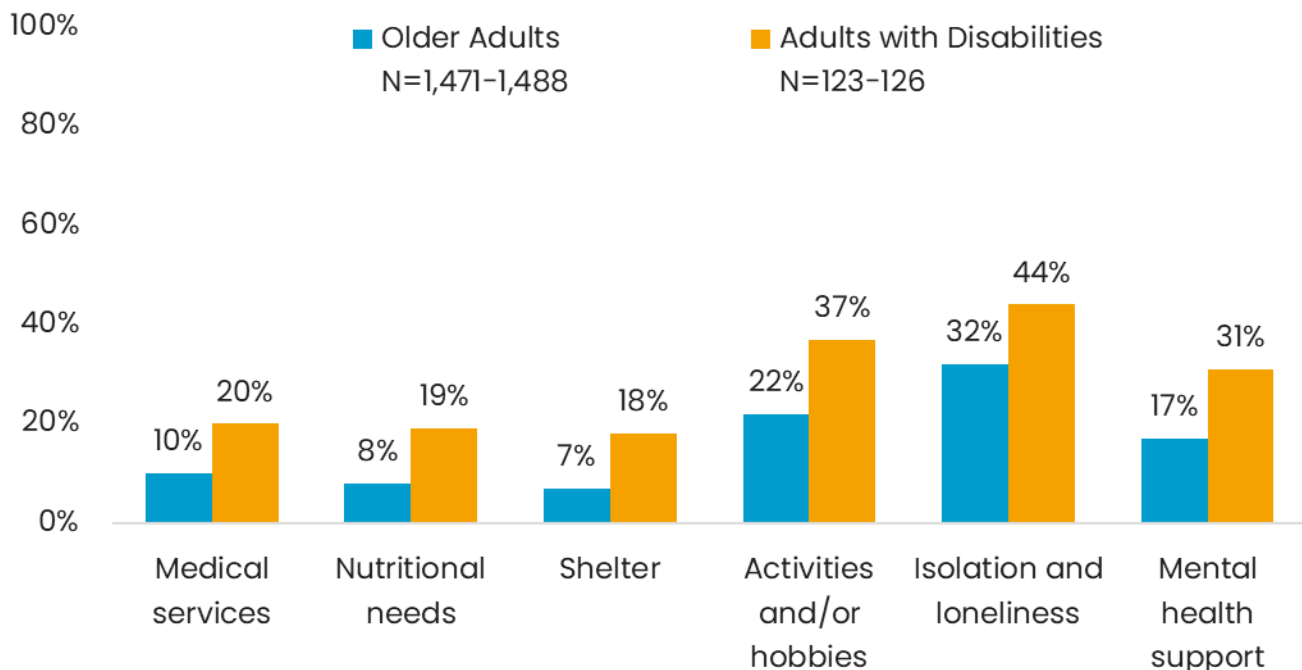
3



While many of consumers' basic needs are generally met, social connectivity and mental health needs (amplified by the pandemic) are not as well met.

◆ **Consumers' basic needs, particularly nutrition and physical activity needs, are generally well met.** Nutrition services are highly utilized by both older and disabled participants, across populations with the presence of an equity factor. Moreover, nearly all consumer survey respondents report having enough to eat. Likewise, very few community research participants reported physical activity needs. Most (approximately 75%) are able to engage in desired exercise and/or physical activity. Nearly all consumers report they are able to get the medical services they need to maintain their physical health.

Figure 11. Areas of unmet need by population¹⁷



◆ **Barriers to in-person participation driven by the COVID-19 pandemic have contributed to a gap in services that meet the needs of consumers who want to connect socially.** As discussed further on in Finding #5, pandemic-related safety concerns have compounded barriers to in-person service engagement. Focus group and community forum participants directly and indirectly described how the rise of racial discrimination and violence specifically has contributed to their sense of isolation (due to fear of leaving their homes)

¹⁷ Source: 2022 DFCNA Survey. Percent of consumers that report this is an unmet need.

and simultaneously exacerbated their need for social connection. Nevertheless, 38% of older adults who completed the DFCNA survey report that they continue to engage in-person at community centers at least once a week. Notably, other indicators of social connectivity, such as participation in faith communities, social clubs, and civic organizations are lower for adults with disabilities than for older adults (29% vs 35% respectively).

“We can't leave the house for various reasons, there's no one to help us, so I think they we would like to... we would like to be part of activities, but it's difficult.”

– *Virtual Community Forum participant, District 9 (English breakout room)*

“We still wish that the virtual class would be continued because we are still too scared to take public transit to go out.”

– *Virtual Community Forum participant, District 4 (Cantonese breakout room)*

◆ **Community research participants appreciate offerings that allow them to connect socially and desire more opportunities for connection.** Participants across population subgroups shared an interest in more opportunities to socialize, both in person and virtually (e.g., via Zoom). This need is especially apparent for consumers who felt lonely or isolated during the pandemic. The flexibility of virtual programming particularly meets the needs of adults with disabilities who may not otherwise participate. Meanwhile, older adults desire more outdoor activities and opportunities to visit parks. A number of focus group participants also shared an interest in intergenerational activities and other opportunities to connect with their community. Both older adults and adults with disabilities who identify as LGBTQ+ who participated in the listening sessions with communities of color called for “more social and fun opportunities” to bring community members together and build social connection.

“I think with the Zoom class they can have a lot of social activities—just like us, we can see each other on Zoom, and they feel they are more included in social events.”

– *Virtual Community Forum participant, District 9 (Cantonese breakout room)*

“I'm part of the support group on Zoom, and it saves me a whole morning. Zoom has a real place in connecting people with issues of isolation and loneliness. Would like to see it expanded so every senior has the ability to connect.”

– *Virtual Community Forum participant, District 8 (English breakout room)*

*See Finding #4 for more on technology and virtual service offerings.

◆ **Mental health needs—often as they relate to loneliness and social isolation exacerbated by COVID-19—are a concern for many older adults and adults with**

disabilities, particularly LGBTQ+ and BIPOC community members. Although most respondents to the DFCNA consumer survey (83% of older adults and 69% of adults with disabilities) report being able to meet their mental health needs, community members also express persistent concerns about the need for culturally and linguistically appropriate mental health services for older and disabled people. For instance, participants from listening sessions with communities of color noted that both the pandemic and aging—and in the case of Black/African Americans, experiences of community displacement in San Francisco—have compounded their sense of loneliness and isolation. Findings from the LGBTQ+ older adult survey echo these sentiments: about two-thirds (65%) of respondents reported feeling lonelier during the pandemic than before the pandemic. Nearly three times as many respondents reported symptoms of depression during the pandemic compared to pre-pandemic levels.

“Mental health is the number one issue, the pandemic definitely escalated depression, anxiety, just a lot of mental health issues.”

– *Virtual Focus Group participant, Women LGBTQ+*

“POC respondents, respondents with a disability and transgender and gender nonconforming respondents reported the highest levels of stress both prior to and during COVID.”

– *San Francisco LGBTQ Senior Survey Report*

“We need to look at grief connected with social isolation. Where normally when people pass away, you’re able to go love on the family and receive love, hugs, condolences. [During the pandemic], everything has been through technology or the phone, with no intimacy.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

◆ **Consistent with Finding #2, adults with disabilities experience uniquely high rates of unmet need with respect to loneliness and, especially, mental health services.** Nearly one-third (31%) of adults with disabilities do not receive the mental health support they need, compared with 17% of older adults. This pattern mirrors similar differences in reported levels of unmet need with respect to isolation and loneliness: 44% of adults with disabilities and 32% of older adults report having unmet needs in this area.

Recommendations

◆ **Expand service opportunities and improve service connection for consumers, particularly LGBTQ+ and BIPOC consumers, who are experiencing loneliness and mental health challenges.**

- Explore ways to reduce social isolation and improve mental health services access.
- Consider using existing service touchpoints and data gathering activities as an opportunity to identify individuals experiencing high rates of loneliness, stress, and depression, to provide targeted outreach and support.

◆ Identify new, creative, localized, and culturally relevant opportunities for consumers to connect and socialize.

- Ensure social support programs are focused on a variety of populations and interests, such as for younger adults with disabilities, for consumers by language group, etc.
- Be creative in ways to engage people in person, such as holding outdoor classes or small neighborhood-based events like a group walk in a park.
- Support both formal and informal community groups to coordinate and implement wellness checks and outreach activities at the neighborhood level (e.g., develop and disseminate a toolkit for creating neighborhood phone trees).
- Increase awareness among community members and caretakers of existing wellness check services.
- Continue to invest in and potentially expand peer support programs and intergenerational socialization activities.
- Consider ways to enhance social connection among consumers by promoting resources that support employment and/or volunteering.

4



Consumers increasingly rely on technology and would benefit from expanded technology resources and virtual service offerings that promote inclusivity.

◆ **Technology-based resources and service offerings are experienced by consumers as both a service strength and challenge.** Overall, the need for enhanced technological capacity—for more virtual service offerings, more support for technology users, and expanded access to mobile devices and the Internet—emerged as a key area of need and opportunity for the Dignity Fund. In large part, findings in this area were driven by COVID-19 pandemic-related restrictions limiting in-person services, and in turn consumers’ increased reliance on technology (phones, internet) to both access information about services and participate in virtual programming.

◆ **Consumers appreciate the flexibility, accessibility, and inclusivity of virtual offerings during the COVID-19 pandemic.** Approximately 80% of the surveyed community research participants reported that they use technology to socialize with loved ones and a similar proportion use technology to participate in services. Only 19% of older adults and 16% of adults with disabilities, who completed the 2022 DFCNA, are not able to use technology to participate in services.¹⁸

¹⁸ This trend may be in part a reflection of higher levels of technology access and literacy among some DFCNA participants. For example, the majority of consumers completed the Gaps Analysis Findings

“Zoom classes during COVID-19—we love it. So important, and I’ve heard this from other seniors. Even when the senior center opens, we recommend that they continue Zoom classes so that it’s more flexible.”

– *Virtual Community Forum participant, District 3 (English breakout room)*

“From the Zoom classes, we find a lot of elderly who are isolated for a long time, and they have limited capability or knowledge about the internet.”

– *Virtual Community Forum participant, District 5 (Cantonese breakout room)*

“Tech is a big concern for people—a lot of community partners are doing [a] good job trying to address it, but lots of people can’t afford the internet, even \$10/month internet is really slow and [it] end[s] up going so slow and not fast enough to get on Zoom. It would be nice to see that expanded and made faster. Would help people trying to navigate websites.”

– *Virtual Community Forum participant, District 5 (English breakout room)*

◆ **Despite their strengths, technology access and technology-based resources still pose a barrier to participation for some people.** Consumers and providers alike pointed out that virtual activities and online services pose barriers to participation for individuals without Internet access or with limited digital literacy. These community research participants noted a need to improve access to technology and available technology support along with enhancing the range of virtual service offerings. Community forum participants believe offerings such as computer tutoring and technology classes have enabled ongoing connection to community, decreased isolation, and increased knowledge of healthy living practices, yet 61% of older adults and 75% of adults with disabilities, who completed the 2022 DFCNA, have not participated in technology classes. Less than half of surveyed providers know how to refer consumers to technology access and support services, further indicating that technology resources may be underutilized. (See ‘Key Findings from the 2021 Empowered SF Technology Needs Assessment Report’ below for additional description of barriers and needs identified by consumers.)

DFCNA survey online, and may be more likely to report using technology to stay connected with their communities or access services than their peers who completed paper surveys.

Key Findings from the [2021 Empowered San Francisco Technology Needs](#)

Assessment Report

- 1 Access to technology was a vital resource in receiving various COVID-related public services and information, as well as maintaining social connections during the pandemic. Without adequate access to digital technologies or digital skills, many residents felt they would be “left behind” and not be able to access critical services, information and support.
- 2 Affordability, unreliability, and concerns about online security were reported to be primary barriers to accessing the internet.
- 3 During the pandemic, receiving medical services through telehealth (phone and video visits) was both vital and presented some significant challenges for residents with disabilities and older adults.
- 4 Receiving telehealth services was particularly difficult for the Latinx/Hispanic community.
- 5 There are digital challenges that go beyond access to devices and the internet. While access to devices and the internet are vital to digital inclusion, there are barriers that cannot be solved by access alone. Lack of accessibility of digital content and services was a key issue that was raised by focus group participants.
- 6 Providing free or low-cost assistive or adaptive technology and adaptive technology training and information is key for ensuring digital equity for residents with disabilities and older adults.
- 7 The need for assistive or adaptive technology services (such as affordable adaptive technology equipment and education) are greater for people with disabilities who are: older adults (ages 60+); experiencing either chronic pain or mental health disability; low-income (less than \$20,000); living in single-room occupancy (SRO) hotels; Black/African American, Latinx/Hispanic, and API communities; monolingual (Spanish or Cantonese); and those who lack access to devices and internet.
- 8 Public computer labs such as public libraries, community centers, or tech labs served as vital sources of internet for the disability community prior to the pandemic, particularly for transitional age youth (age 18-24), veterans, and people experiencing homelessness.
- 9 The importance of safe, secure and accessible public computer labs in providing access to free technology services for residents with disabilities and older adults.
- 10 Customized digital literacy services are necessary for a community with varied digital knowledge and experience.
- 11 Lack of access to the internet is a barrier to employment and academic success. Focus groups revealed that many residents with disabilities routinely face barriers to accessing employment remotely due to unreliable internet.

Recommendations

◆ Continue the investment and expansion of hybrid services, providing virtual and in-person options that allow consumers flexibility with how they engage with a given service.

- Assess remote service utilization to better understand and target services and activities that community members prefer to access remotely.
- Increase service provider capacity—through staffing and other resources—to support the provision of culturally and linguistically relevant hybrid service offerings.
- Integrate technology access and support (e.g., Zoom support, navigating online resources, lending devices) as a component of case management and other community-based services.

◆ Expand and scale technology access across Dignity Fund service offerings.

- Support agencies and advocacy efforts that seek to establish high-speed internet as public infrastructure and improve digital connectivity for older adults and adults with disabilities. And, as needed, connect consumers with devices.
- Strengthen referral pathways and connection to digital inclusion programs, free or low-cost internet, devices and Adaptive Technology, and digital skills training within and outside of DAS supported service umbrella.
- Increase investment in and support to local agencies and programs that create access to free or low-cost assistive or adaptive technology (including adaptive training and information).
- Support the development and implementation of digital accessibility trainings and professional development for community-based service providers.
- Expand connectivity (especially strong, reliable WiFi) and digital literacy trainings for older adults and adults with disabilities. Offer free classes to educate these consumers on technology use and access.
- Ensure ongoing availability of information about and access to in-person services, so that clients who do not or cannot connect to DAS virtually are adequately supported.

5



Consumer concerns and needs relating to safety, mobility, and transportation have been exacerbated by the COVID-19 pandemic and racialized violence.

◆ **Participants in community research activities frequently reported concern for their safety and wellbeing when having to conduct essential out-of-the-home activities.** More than half of adults with disabilities shared, via the consumer survey, that they are concerned about their safety when traveling to and/or participating in services. A number of community research participants expressed greater need for personal and community safety, especially on or while waiting for public transportation. Although most providers are familiar with these services and their associated referral processes, just 20% of adults with disabilities and 13% of older adults who completed the 2022 DFCNA reported participating in such services. Consumers shared that both their fear of contracting COVID-19 in public settings and targeted violence has increased their stress and made them reluctant to go about some daily activities, including grocery shopping and attending medical appointments, without escort services. One listening session participant remarked, “COVID-19 isolation is aggravated by the violence. We want to feel safe to be able to go out again.”

◆ **BIPOC members of the community specifically expressed fear of racially motivated violence given the rise of violence against the Asian and Pacific Islander (API) community.** Listening session and focus group participants who identify as API expressed feelings of unsafety traveling in the city. A Japanese-speaking focus group participant reflected on their experience with public transportation saying, “It’s dangerous, crowded. It’s not safe. Particularly with the Asian hate that is happening.” Other participants noted that they avoid leaving the house to access resources and services due to concerns about discrimination and fears of being yelled at or attacked.

“The API violence happening recently makes [the community] even more isolated and afraid. There are less people at houses of worship because it feels like when they walk outside, they will be targeted. They need help with transportation and safety escorts... COVID-19 isolation is aggravated by the violence. We want to feel safe to be able to go out again.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

“Incidents of violence on Muni makes it unsafe for people to get on the bus. Lines and service have not been restored [since the COVID-19 outbreak], there’s been some advocacy to hopefully restore some lines of service. There have been folks who have been hurt.”

– *Virtual Community Forum participant, District 7*

“The senior escort program¹⁹ is significant—it is very helpful. Especially these days [when] Chinese are targeted, they are attacked [and] yelled at [on the] bus.”

– *Virtual Community Forum participant, District 3 (Cantonese breakout room)*

◆ **Although most consumers report that their transportation needs for accessing basic services are being met, safety issues (as described above) coupled with pandemic-related service changes and reductions along key public transit arteries have fueled transportation challenges. Clients who participate in assisted transportation services describe a need for expanded services for vulnerable populations.**

Most survey respondents have access to adequate transportation to access their basic needs (75%) and participate in services (70%). Over half of surveyed community respondents shared that they walk or use public transportation to participate in services. However, many consumers, across activities, expressed interest in more flexible, reliable, efficient, and safe transportation options. Consumers and providers alike expressed a desire for expanded Paratransit and other assisted transportation services, particularly for populations that may face greater barriers to transportation access (e.g., people with disabilities including mobility difficulties, BIPOC individuals). Some community research participants expressed appreciation for alternatives to public transportation, such as the Taxi Voucher Program. They also expressed interest in more flexible options for using ride-sharing services such as Uber or Lyft. (See Finding #9 for further description of consumer needs that fall outside of DAS.)

“Now for the seniors taking public transportation it’s not that convenient so I wonder if Uber can be made more available for seniors. All I hear about is some kind of taxi service—some people can buy a voucher or something.”

– *Virtual Community Forum participant, District 5 (Cantonese breakout room)*

“Rideshare coupons for seniors are so helpful—need more of them distributed to CBOs in the area. Especially during COVID-19, I worry about contracting COVID-19 in public transit. Many people skip appointments altogether because they’re afraid to go out on public transit.”

– *Virtual Community Forum participant, District 10 (English breakout room)*

◆ **Consumers with physical mobility challenges and related accessibility needs find public transportation particularly inaccessible, compounding the barriers they face in connecting with needed services outside the home.** Assistance with mobility was identified as a need by half of the surveyed adults with disabilities.

¹⁹ A new Dignity Fund program as of 2021.

The equity analysis further shows that adults with disabilities participate in DAS-funded transportation services at much lower rates than their older adult counterparts. Focus group and community forum participants with limited physical mobility who are able to leave their homes experienced public transportation (including buses) as inaccessible. Some participants added that even when people live close to services, they may be unable to walk and also find transportation options “unreliable or difficult to use.”

◆ **Given transportation and mobility barriers, adults with disabilities who do not live in central districts are further challenged by service offerings.** The equity analysis illustrates that consumers who live in outer districts (especially districts 1, 2, 4 and 11) participate less frequently in services compared with those who live in central districts. Moreover, adults with disabilities in these outer districts participate at disproportionately lower rates than older adults when compared to rates of participation between the two groups in central districts (e.g., district 6). Taken together with Finding #2, adults with disabilities who live in outer districts may be particularly less likely to participate in in-person services—especially large-scale site-based services offered in central districts—due to a multitude of barriers further compounded by transportation-related challenges.

“There aren’t enough benches to get around with my walker, it’s too hard. There aren’t enough places to land. [I have] difficulty getting off the bus. There isn’t enough space to get off the bus with a walker.”

– *In-person Community Forum participant, District 2*

“I take the buses, it’s exhausting [with the buses] constantly changing schedules. An 8-minute drive can take an hour and a half [and it] requires a lot of walking.”

– *Virtual Community Forum participant, District 2*

“I live near the bay bridge, and I have a prosthesis and other health ailments that make it hard for me to [receive services]. I need transportation for clinic and hospital visits—right now I have to take 2 buses, and it is hard for me to get there. Also, when I come on the bus here, I have to walk a few blocks”

– *In-Person Community Forum participant, Region 2*

◆ **Veterans report needing better transportation services to access their basic needs (including food, shelter, and health care).** Veteran focus group participants described challenges with canceled bus routes, being fined for not having a senior Muni pass (despite being an older adult), along with other barriers to accessing to public transit. Veteran participants also noted that they often live far from the services-dense city center and veteran-specific resources like the Veterans Affairs Medical Center located at Fort Miley in the Richmond District.

Recommendations

◆ Increase access to safe and efficient transportation.

- Strengthen coordination with ridesharing services and agencies like SFMTA to improve service connection and efficiency to ensure consumers' accessibility needs are met.
- Expand the availability of taxi vouchers and explore other ways to help connect consumers with more flexible transit options.

◆ Strengthen supportive services for consumers with mobility-related disabilities.

- Expand and increase communication about and access to identity-specific (e.g., disability, LGBTQ+ older adult) escort services.

6



BIPOC and LGBTQ+ consumers need culturally responsive services that affirm their identities and make them feel included, accepted, and safe.

◆ **BIPOC and LGBTQ+ consumers describe a need for services that affirm their identities while meeting their needs** Noting the need for public resources, BIPOC consumers who participated in listening sessions with communities of color emphasized the importance of identity-affirming care, intergenerational housing and programming, and safe transportation in the midst of racially motivated violence, and anti-discrimination resources, to feel safe and supported. LGBTQ+ community research and listening session participants also expressed a need for services that affirm and respect their specific and intersectional identities—including marginalized queer identities including transgender and gender non-conforming individuals, or those living at the intersection of LGBTQ+ and other identities like queer people of color, queer women, and HIV long-term survivors. Overall, clients and service providers representing diverse identities across LGBTQ+, BIPOC, and other communities, emphasized the need for services and service providers that recognize them as whole persons with multiple and intersecting identities.

“[Think about] historic government and systems, and who they’ve been built to serve—cisgender and white folks. The more trans and gender non-conforming folks are, the more Black they are, the less they work. And the trust isn’t there.... We need to take a hard look at the system and who it’s working for.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

“Disabled people of color in San Francisco feel like they have to fit in a box, and [have] nowhere to go where you get to bring all of you. When I go to this Black or Chinese organization, they don’t understand disability, I’m not part of the group. Then you go to a disability org, and they feel too white or don’t speak my language... [We need] spaces where folks feel comfortable and can bring up their needs.”

– *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

“Sometimes women do not participate [in our LGBTQ+ discussion group] because there are more men in these groups... It feels uncomfortable when men are overpowering the group.”

– *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

◆ **BIPOC and LGBTQ+ community research participants shared a need to feel included in accessing and feeling comfortable with utilizing available resources and services.** During the Department’s listening sessions with communities of color, many older and disabled BIPOC consumers shared that they sometimes feel excluded or unable to be fully themselves when seeking support—experiences that pose a significant barrier to them seeking or engaging in services ongoing. LGBTQ+ identifying older adults echoed challenges in accessing inclusive services, noting a particular concern about their ability to belong in LGBTQ+-specific service contexts as older adults, or in aging services contexts as the first generation aging out of the closet. In a similar vein, the equity analysis revealed that LGBTQ+ consumers participate in services at much lower rates than the overall population of consumers (older adults participate at one-third the rate of older adults overall and adults with disabilities participate at half the rate of adults with disabilities overall). Taken together, this information suggest that issues of access, inclusion, and belonging may play a role in depressing participation rates among LGBTQ+ community members. LGBTQ+ older adults experience unmet need with respect to mental health services in particular. (See key findings from the ‘San Francisco LGBTQ Senior Survey Final Report’ below for additional description of needs identified by consumers.)

Key Findings from the San Francisco LGBTQ Senior Survey Final Report

- 1 During the pandemic, LGBTQ+ older adults experienced significant changes to their mental and physical health including heightened depression, stress, loneliness, memory problems, and changes in health behaviors (e.g., eating more, drinking more, sleeping more).

- 2 Most were able to access the services they needed. However, the highest unmet need was for mental health services.

- 3 LGBTQ older adults did a lot to adapt and stay connected during the pandemic. The most common activity was phone contact, with nearly all saying they text and connect via email.

- 4 As the vaccine rolled out, respondents felt more optimistic, safer, and less stressed. They also reported feeling more comfortable being out in public, seeing friends and family, using public transportation, and doing things like shopping for groceries.

◆ **Language needs are prominent among some BIPOC, particularly immigrant, communities like API and Latinx/Hispanic populations.** In fact, over one in ten consumers (12%) say services are not available in their language. Community research participants and survey respondents who have limited to no English proficiency described experiences needing translation support to access resources and services.

◆ **Although DAS services include many culturally specific programs and are supported by culturally and linguistically responsive service providers, some consumers nevertheless note a cultural disconnect with service provider staff as a barrier to their participation.** DAS funds a large number of community-based service providers with particular cultural expertise and grassroots ties to specific communities of color, LGBTQ+ populations, and other groups with unique cultural needs. Community research participants shared that culturally specific services, and culturally responsive service providers whose staff share their ethnic, linguistic, and/or other backgrounds, matter. They described these supports as enhancing their access to services in their primary language, their comfort participating services, and their sense of connection to their communities. However, approximately 25% of all consumer survey respondents indicated that service provider staff do not have a similar culture or background as them, indicating room for improvement with connecting consumers to culturally responsive programming. The importance of enhancing culturally responsive services is magnified by increased rates of stress, depression, and isolation experienced by BIPOC and transgender and gender nonconforming respondents during the pandemic.

“People will be more likely to seek mental health support if they are offered it by someone who understands their culture and that allows them to communicate their needs in the language they are most comfortable with.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

“When the pandemic hit, the State gave [access to The Friendship Line] throughout the State of CA because of mental health issues. We heard from the African American community that this was a huge issue, that [they] need to have people actually making the calls be African American so there’s trust, connection, [and] relationship.”

– *Virtual Focus Group participant, Faith Leaders*

“I have had difficulties being who I am [at certain service providers]. And in sort of the understanding that I know that by being a senior I cannot be gay in certain circumstances. And in certain places I know I can’t do this...I love it, but I can’t do that there. And I don’t know if it’s changed but when I first entered the group. I had a lot of problems. And now I need their help, and I don’t want to be turned away for being gay.”

– *Virtual Focus Group participant, People that Identify as Transgender, Gender Nonconforming, and/or Intersex*

“[Asian] participants shared many examples of their positive experiences with the In-Home Supportive Services program, citing in particular, the crucial role of culturally responsive social workers in helping them to enroll and continue meeting their needs as long-time care recipients.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

Recommendations

◆ **Strengthen service provider capacity to deliver culturally responsive, intersectional, and inclusive services that better meet the needs of diverse consumers—especially with a focus on equity factors such as BIPOC and LGBTQ+ identification.**

- Support community providers to hire and retain staff of diverse cultural backgrounds, languages, disability status, and age to better reflect the varied identities of DAS consumers.
- Improve service provider capacity to provide linguistically responsive services.
- Provide robust training to service provider staff to strengthen cultural humility and responsiveness.
- Improve inclusivity of services for LGBTQ+ clients, who—in contrast to all other populations with the presence of an equity factor—are underrepresented in Dignity Fund services.

◆ **Be focused and intentional in providing inclusive services to the LGBTQ+ population, with attention to the unique needs of specific subgroups.**

- Strengthen DAS service provider capacity to provide culturally responsive support to diverse LGBTQ+ populations, including transgender and gender non-conforming people, queer women and femmes, and HIV+ individuals.
- Consider ways to partner with primarily LGBTQ+-serving organizations outside the traditional disability and aging service provider network to bring their attention to issues of ageism and ableism, and to better meet the needs of older adults and adults with disabilities.
- Improve access to robust, inclusive mental health services for LGBTQ+ older adults and adults with disabilities, particularly transgender and queer people of color, and HIV+ long-term survivors.

◆ **Improve the consistency and availability of demographic data in programs, in particular for equity factors that often have missing data, such as LGBTQ+ identification, to better inform program planning.**



Caregivers need more information about available resources for themselves and their care recipients, as well as help navigating these services.

◆ **Caregivers experience challenges understanding and accessing supportive resources for themselves.** While DAS has made significant investments in caregiver support as a result of the 2018 DFCNA, this remains a key area of need identified by consumers and service providers. Over 20% of respondents to the provider survey identified caregiver support as one of the top three service area gaps or unmet needs. Both paid and informal caregivers in listening sessions and community research activities expressed a desire for help to identify and navigate available resources for themselves, including improved access to respite care and caregiver support groups.

In addition to awareness and navigation help, there may be specific barriers to informal caregiver participation that merit further investigation. About two-thirds of informal caregivers who completed the CNA survey indicated that they know where to get supportive services specifically for caregivers. However, only about one-third (33%) of them indicated that they actually participate in these services.

Caregiving is a time consuming and physically and mentally demanding role that itself presents challenges to engage with resources. Further investigation may provide greater insight into strategies to support this population. These trends may also reflect a need for expanded capacity of existing resources that are successfully meeting needs for current participants.

“Informal family and friend caregivers need more access to respite care, caregiver support groups, and other resources that help them manage the physical and mental toll of this role.”

– Listening Sessions with Communities of Color: Summary of Findings and Recommendations

“As a caregiver, I need a central place to get all the information. [I was looking for access to a food program for a client, and Self-Help referred me to DAS, [who] referred me to Project Open Hand. So frustrating to go around.”

– Virtual Community Forum, District 3 (English breakout room)

◆ **Caregivers express a need for more information about services for their care recipients and help getting them connected to needed resources.** In addition to needing help accessing resources to meet their own needs, caregivers expressed their need for information to help their care recipients access available resources. Most caregivers who completed the CNA survey care for family or friends (90% of respondents), and they provide support on a daily basis (70%). They shared a need for more information on resources and the referral pathways to facilitate these connections.

◆ **Consumers and caregivers face barriers related to Medi-Cal and In-Home Supportive Services.** In community research conversations, caregivers specifically highlighted bureaucratic and navigation barriers in public benefit programs that inhibit their care recipients from accessing resources. They expressed a desire for more digestible information to help them understand requirements for Medi-Cal enrollment and participation in the In-Home Supportive Services (IHSS) program. Enrollment in these programs can unlock access to a range of benefits for the care recipient and also provides a path towards compensation for caregivers.

Paid caregivers—many of whom serve as IHSS providers for family and friends—also noted interest in increased compensation for their labor. In community listening sessions, organizations that work with caregivers highlighted the need for paid caregivers to have opportunities to access supportive offerings like respite care and caregiver support groups. While these services are outside the scope of the Dignity Fund itself, DAS has an opportunity to leverage the Dignity Fund’s information, referral, and assistance services to help address this on an individual basis; the Department can also seek to address these challenges through its role in advocacy and systems-level improvements.

“[There are] limitations with understanding funds from Medi-Cal. The restrictive use of funds and the rules and guidelines you have to abide by is difficult to navigate for [caregivers]. Would be helpful to get more assistance with navigating the eligibility process.”

– *Virtual Focus Group participant, Caregivers*

Recommendations

◆ Improve outreach, education, and support for caregivers to ensure services are widely known and caregivers can effectively meet the needs of consumers.

- Expand outreach to formal and informal caregivers to ensure services available are widely known.
- Create or enhance caregiving resource directories to improve seamless connection to resources for themselves and their clients.
- Provide informal caregivers with information, referral, and application assistance to facilitate eligible care recipients' connection to Medi-Cal and IHSS. Support these caregivers to enroll as IHSS Independent Providers so they are paid a wage for their care work.
- Further investigate factors that impact caregivers from participating in available services to identify barriers, resource gaps, and alternate strategies for supporting this population.
- Continue to invest in supportive services for informal caregivers. Consider ways to extend these supports to IHSS Independent Providers who, although they are paid for their work, often lack the institutional supports available to paid caregivers in other settings.

8



Service providers need support to identify and successfully connect clients with available resources.

◆ **While service providers are generally aware of some supportive resources for older adults and adults with disabilities, they may nevertheless need to develop a better understanding of the entire service landscape.** Nearly all CNA provider survey respondents reported knowing about one or more broad services provided by DAS and demonstrated more in-depth knowledge of services in focus groups and community forums, particularly in the context of the many resources their organization may provide. Recognizing their essential role as trusted touchpoints for many community members, however, service providers also shared that they would benefit from additional training on the DAS service network and opportunities to connect with provider staff from other organizations. These capacity-building supports, they explained, would help them to better identify tailored resources for consumers in need and make more effective service referrals outside their agencies.

◆ **Service providers expressed a need for better service navigation resources to help them more successfully connect clients with needed help.** Although they reported high levels of service awareness, CNA provider survey respondents indicated considerably lower levels of knowledge on how to refer clients to those same services.

At most, across a range of broad services provided by DAS, only about two-thirds of providers indicated knowing how to refer clients to a given service—with about half of providers knowing how to make referrals on average across services. This pattern suggests there is a critical gap between provider awareness of services and their ability to act on their knowledge in service of consumers who need help. This theme was echoed across community research and listening sessions, where service providers expressed a need for resources to help them navigate the service landscape and connect their clients to those services. In particular, providers described a desire for a centralized directory of resources and simple collateral materials, like a one-page flyer that explains how to enroll in a program, that they could use as a reference or even share with clients.

“I need more help navigating the system in a simple way to find [resources] and figure out if [clients are] eligible for them.”

– *Virtual Community Forum, District 2*

“There are a ton of resources, and it can be difficult to navigate the field of what all is there. It’s easier when you know an organization to make a warm referral.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

“Fill me with as much information as is available, so I can be a carrier of information... We have to be empowered and equipped to have as much that we can pass on and share.”

– *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

Recommendations

◆ **Strengthen provider training, coordination, and capacity to support consumers with resource navigation. Our findings, along with those from the Listening Sessions with Communities of Color summary, found that providers want information on available resources and tools to help clients navigate and connect to needed services.**

- Provide regular trainings to DAS service providers and partners on available resources for older adults and adults with disabilities.
- Develop a centralized online resource directory to provide service providers and other community professionals with a dynamic tool to search for tailored resources for clients, based on factors like geography and language.
- Cultivate opportunities for service providers to learn about and meet staff from other organizations in the DAS network to strengthen cross-organization referrals and successful service connections.
- Explore opportunities to improve data collection on service referral trends and outcomes, to better understand strengths and opportunities for improvement in ensuring successful resource connections across the DAS service network.

9



Consumers have unmet needs in areas outside of DAS services (e.g., housing) where DAS can play a role through access support and system coordination.

◆ **Despite high rates of access to medical services reported by DFCNA respondents (see Finding #3), difficulty with paying for things like deductibles and other out-of-pocket expenses was a common theme echoed in community forums and focus groups.**

Specifically, a number of community research participants shared that their income is too high to access some services that prioritize or restrict access to individuals with very low income, but not high enough to afford private-pay or market rate alternatives. Examples of key services where this theme emerged included: affordable housing, healthcare services, and personal or home care supports. Moreover, as described in Findings 3 and 6, mental health needs have increased during the pandemic, particularly among consumers who identify as LGBTQ+, BIPOC, or both.

◆ **One of the most pressing and persistent needs mentioned by consumers and providers alike is for housing-related supports—specifically increased access to affordable housing, and help navigating available housing resources.**

Older adults and adults with disabilities across nearly all focus groups and community forums described a range of unmet housing needs. When participants do find housing they can afford, they note that it often does not meet their needs, or they are unable to keep up with rent increases. Approximately half of providers similarly described a need for housing resources, including Dignity Fund-supported housing subsidies and home modifications.

Moreover, BIPOC and LGBTQ+ identifying consumers have heightened concern and need for safe and affordable housing, given the greater likelihood that they are to be economically precarious and experiencing homelessness or housing insecurity.

Overall, consumers are looking to DAS for greater support with navigation of housing resources and supports. In particular, consumers expressed specific need for support with:

- **Housing search assistance:** Community research participants expressed a need for assistance finding affordable housing that meets their needs, navigating online tools, and assistance if they need to move. Some participants described specific challenges with finding affordable housing through city-administered affordable housing programs.
- **Rental assistance:** Many community research participants report difficulties paying rent or mortgage for many reasons including rent increases and loss of income.
- **Eviction prevention and protection:** When community research participants can find housing, they find it difficult to stay housed. This was especially significant for adults with disabilities, who noted the particular difficulty of living on the streets compared to their able-bodied counterparts.
- **Other themes:** Help maintaining homes, connection to housing after encampment sweeps.

◆ **Participants from BIPOC listening sessions described an acute need for safe and culturally inclusive housing.** Latinx/Hispanic participants from BIPOC listening sessions pointed to a need for resources for families that are not technically homeless but are instead doubling up in overcrowded and inadequate housing. In addition, LGBTQ+ participants of color shared that their safety is often tied to housing: some shared that they sought new housing to escape violence in their current setting; others described challenges accessing gender-affirming services at congregate shelters or other temporary housing sites.

◆ **Adults and transitional age youth with disabilities expressed a need for workforce development resources to find and retain jobs with needs-responsive employers.** Community research participants identifying as having a disability shared a need for job training, job search assistance, and support when facing discrimination in the workplace. Many respondents specifically asked for resources that provide skills on how to obtain employment as a person with a disability.

“Often the announcements from the Mayor’s Office give availability of lower-priced housing. It is \$2,000 a month. Many seniors can’t afford this with their fixed incomes.”

– *Virtual Community Forum participant, District 5 (English breakout room)*

“Many people are in rent-controlled apartments and can’t afford to move but their apartments are not suitable anymore. [They] need legal help to stay in [their] home or get [the] help they need.”

– *Virtual Community Forum participant, District 2 (English breakout room)*

“My trans sisters and brothers are in desperate need for housing... Trans people come [to San Francisco] from all over the country for many reasons, including fleeing from abuse.”

– *Transgender Senior, Listening Sessions with Communities of Color. Summary of Findings and Recommendations*

“I think it depends on the organization, when you go to a job, I feel like disclosing a disability can be scary. Just because you don’t know if they’re going to treat you less than or think you’re not capable. Organizations are aware of the disability but may not have the resources or ability to support you. I don’t feel like I’ve ever disclosed it at jobs because I don’t want to be treated differently. It is a type of privilege—my appearance—it makes it easier to blend in.”

– *Virtual Focus Group, Transitional Age Youth with Disabilities*

“When you ask about safety, there is such a high incidence of PTSD in the LGBT community and communities of color. It leads people to feel more vulnerable when they get triggered. So many things about the pandemic— isolation, loneliness, threats to physical safety, body politics—there is a need for mental health services—affordable, accessible mental health services delivered by communities to folks in those communities.”

– *Virtual Community Forum, District 7 (English breakout room)*

Recommendations

◆ Strengthen interdepartmental collaboration and service coordination to better meet the housing needs of older adults and adults with disabilities.

- As suggested in the *Listening Sessions with Communities of Color. Summary of Findings and Recommendations*, “Enhance system coordination, interagency collaboration, and community feedback.” Specifically,
 - Partner with other departments and agencies to strengthen access and cultural responsiveness of services, while accounting for diverse consumer barriers and entry points to participation.
- Coordinate with city agencies that hold the primary responsibility for delivering essential services, like housing and transportation, to better meet the needs of older adults and adults with disabilities.

◆ Clarify DAS' role as a subject matter expert on disability and aging and enhance DAS' service coordination role to strengthen the connections to available resources and social supports for housing-related needs.

- Provide support for the housing search and application process, as the application and lottery system was named a major barrier to accessing these services.
- Continue to fund (and potentially enhance funding) for
 - Eviction prevention and rent subsidy programs
 - Programs that help consumers age in place (including making homes more accessible, maintaining homes, in-home care)
- Increase availability of programs that support people's ability to access and maintain safe and affordable housing.
- Continue to enhance and strengthen collaboration with the San Francisco Department of Homelessness and Supportive Housing (HSH) to support housing navigation for older adults and adults with disabilities