Dignity Fund
Community Needs Assessment 2021-22

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

RDA CONSULTING

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

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 Fergison (Quantitative Analyst), Raminder Somal (Facilitator), and Suzanne Winters (Copy Editor).

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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

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[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?

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

- 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 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.

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(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.

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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]

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[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

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[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

Older Adults n=184,811 — Adults with Disabilities N=34,073

Legend: ■ Asian & Pacific Islander ■ Black/African American ■ Latinx/Hispanic ■ Other BIPOC ■ Non-Hispanic White

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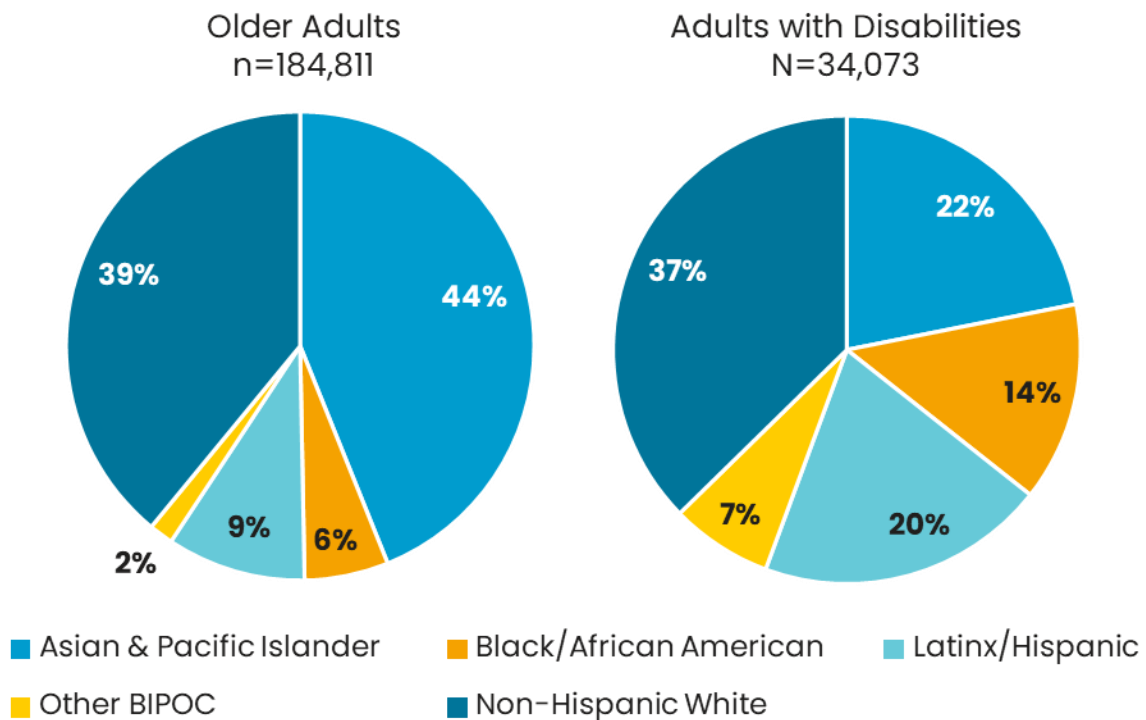
[4] Population data is based on the 2019 American Community Survey 5-Year Estimates except where otherwise indicated.

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
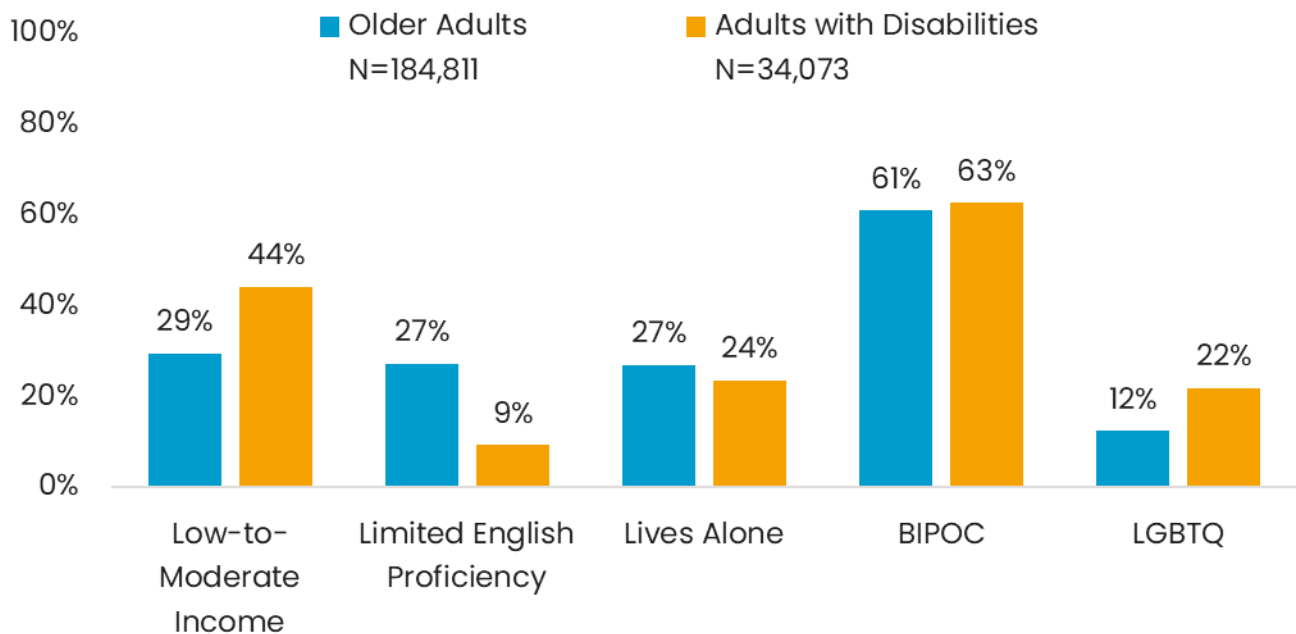
More than a quarter of older adults have low-to-moderate income[6] (29%) with 13% living at or below the federal poverty level. Approximately a quarter (27%) of older adults have limited English proficiency. A similar proportion—about 27% of older adults—live alone. An estimated 12% of older adults identify 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 LBGTQ (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.

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[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

Legend:
- Older Adults N=39,796
- Adults with Disabilities N=4,659
- All DAS consumers N=53,744

	Older Adults	Adults with Disabilities	All DAS consumers
Low-to-Moderate Income	70%	75%	63%
Limited English Proficiency	45%	20%	42%
Lives Alone	36%	38%	32%
BIPOC	72%	62%	65%
LGBTQ	4%	12%	5%

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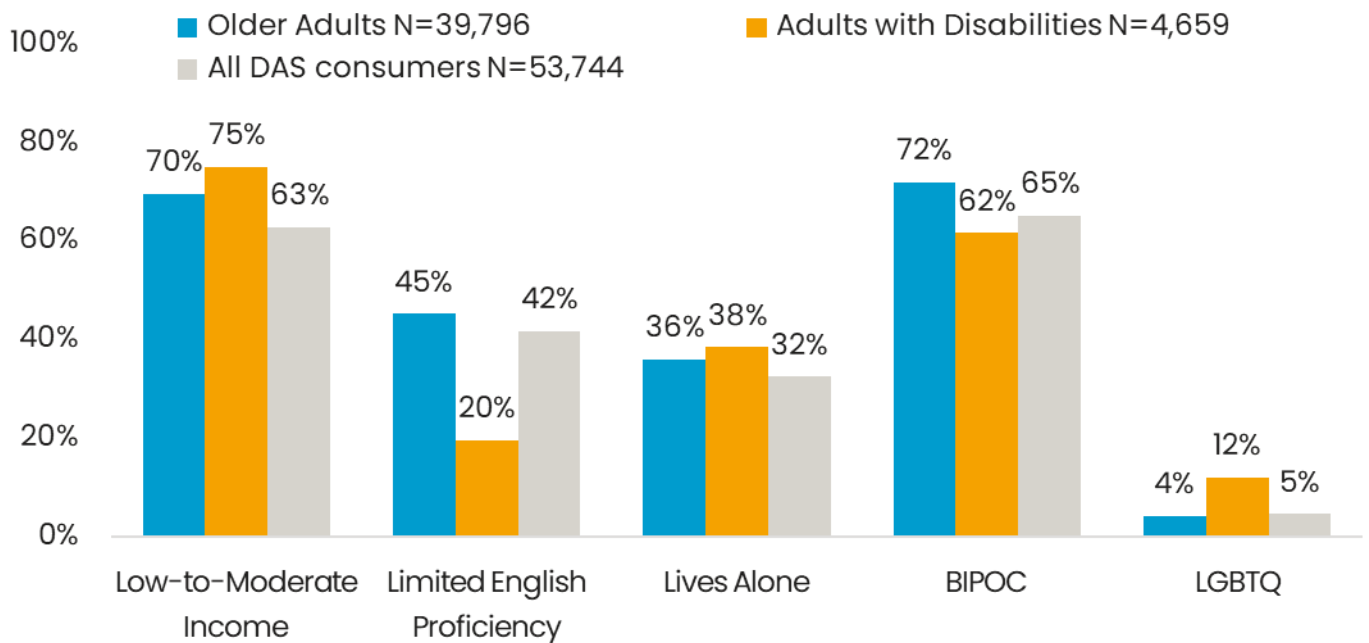
[7] Demographic data are missing for some DAS consumers, including age data missing for 14% of DAS consumers. See Appendix F, Table 45 for specific rates of missing by indicator.

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 Adults
N=39,796

Adults with Disabilities
N=4,659

- ■ Asian & Pacific Islander
- ■ Black/African American
- ■ Latino/a/x
- ■ Non-Hispanic White
- ■ Not Listed
- ■ Decline to State/Unknown
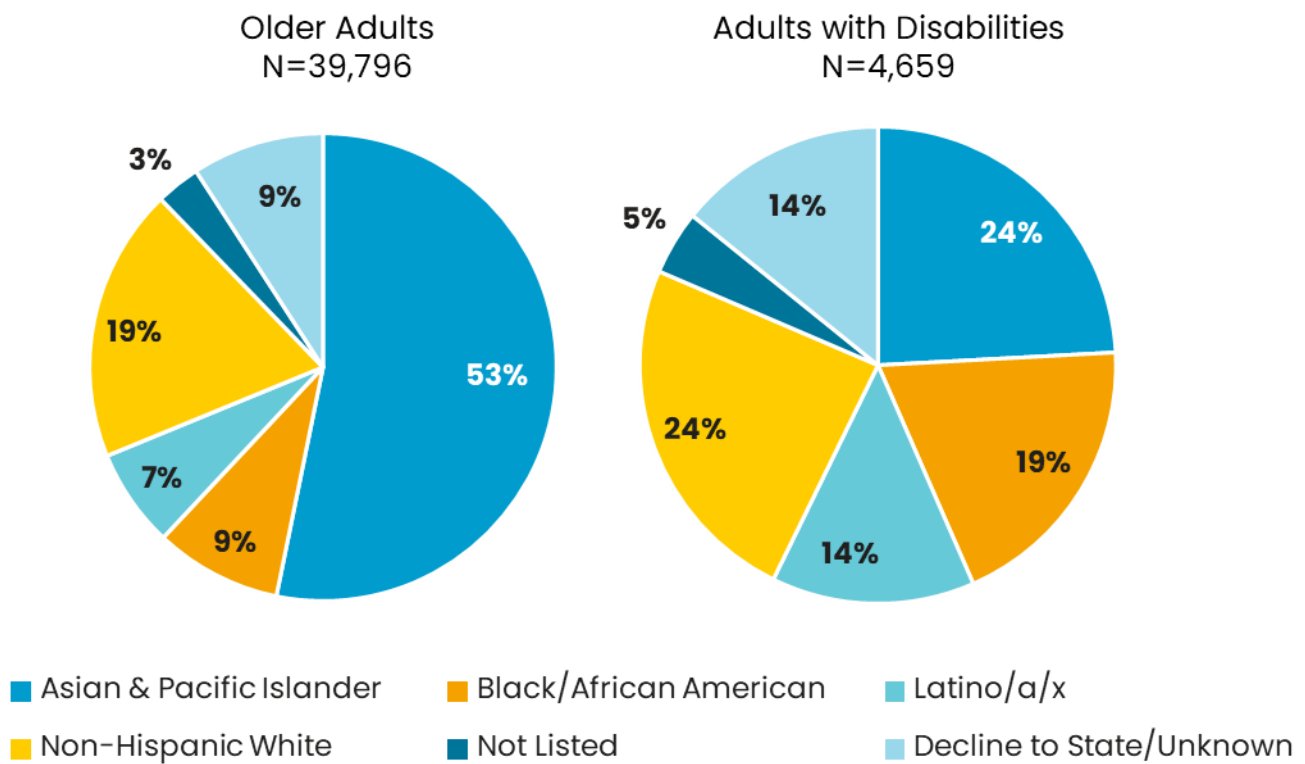
Older DAS Office of Community Partnerships clients tended to identify as female—about 52%, compared to 37% who identified as male, and 0.3% who identified as transgender or gender non-conforming. **A greater share of adults with disabilities identified as male** (46%) than as female (41%) or transgender or gender non-conforming (3%).

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[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

Legend: ■ Older adults ■ Adults with disabilities ■ Age/disability status unknown or other

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.

Dignity Fund Community Needs Assessment 2021–22

- 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.

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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.

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[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 district[10]
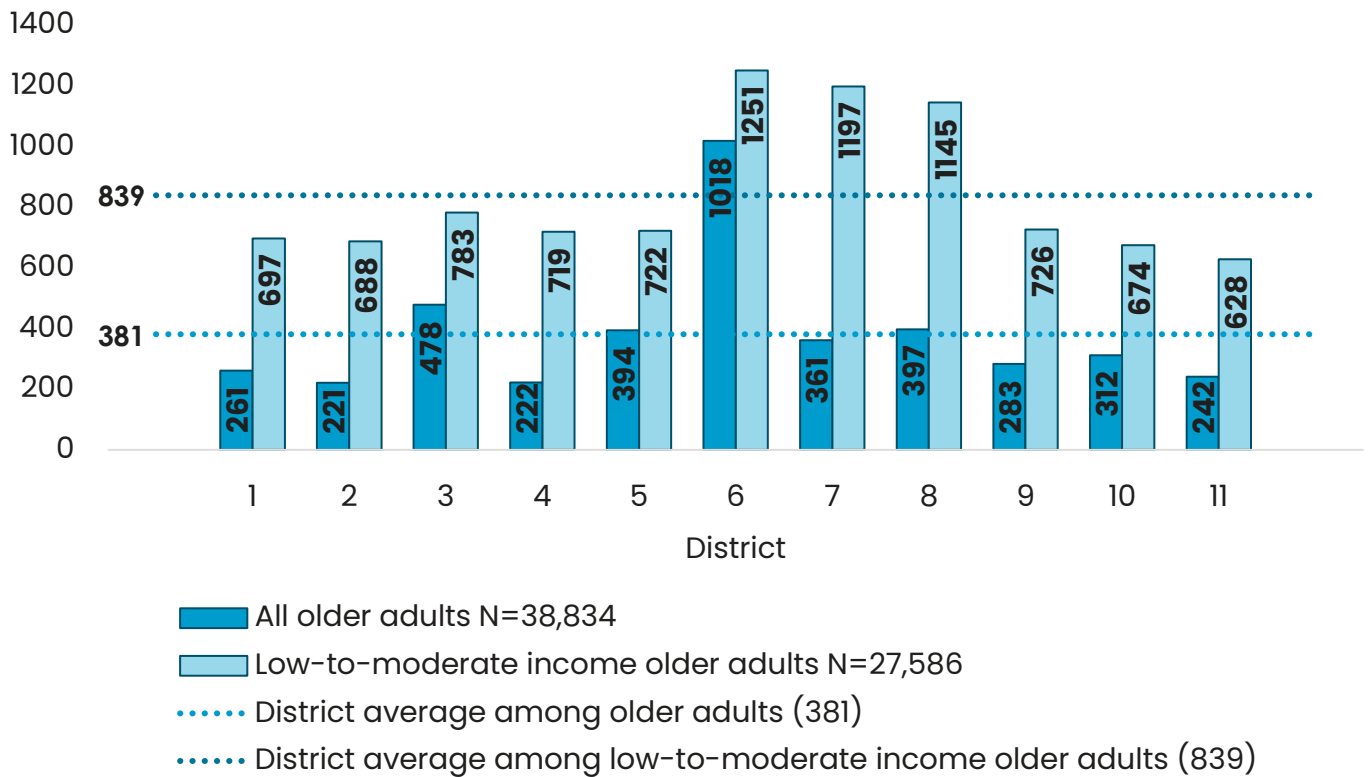
Bar chart showing participation rates by district (per 1,000 eligible people). Values for All older adults (dark blue) and Low-to-moderate income older adults (light blue):

District	All older adults	Low-to-moderate income older adults
1	261	697
2	221	688
3	478	783
4	222	719
5	394	722
6	1018	1251
7	361	1197
8	397	1145
9	283	726
10	312	674
11	242	628

Legend:
- All older adults N=38,834
- Low-to-moderate income older adults N=27,586
- District average among older adults (381)
- District average among low-to-moderate income older adults (839)

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.*

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[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

Legend:
- All adults with disabilities N=4,638
- Low-to-moderate income adults with disabilities N=3,476
- District average among adults with disabilities (112)
- District average among low-to-moderate income adults with disabilities (323)
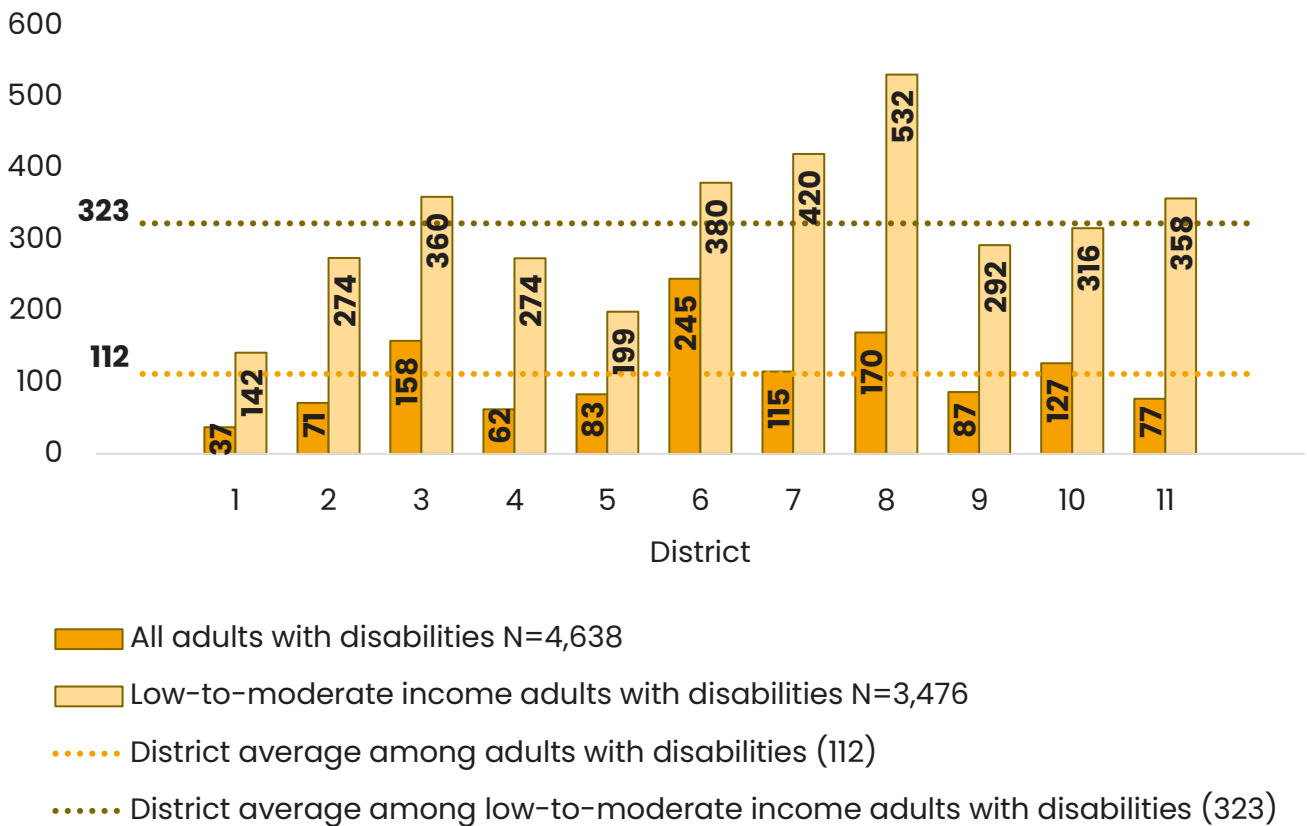
Note: *The average participation rate across districts for all adults with disabilities is 112, while the average participation rate for low-to-moderate income adults with disabilities is 323.*

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.

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[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
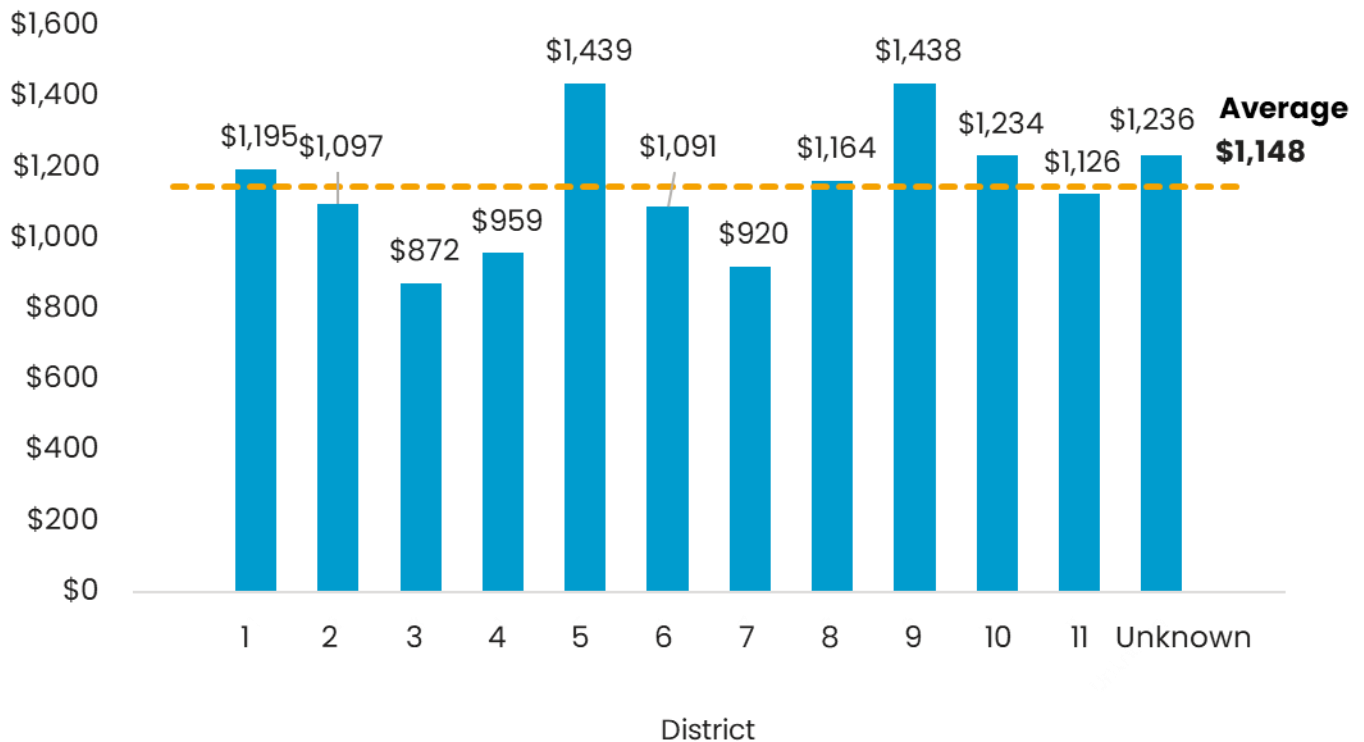
Gaps Analysis Findings

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.

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[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:
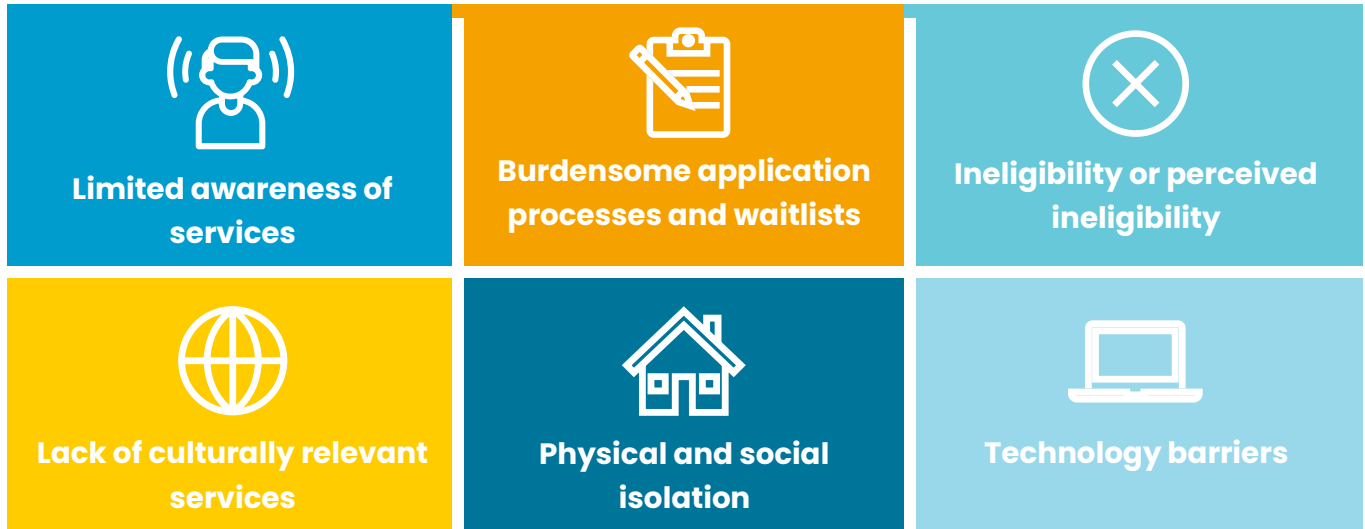
Limited awareness of services	**Burdensome application processes and waitlists**	**Ineligibility or perceived ineligibility**
Lack of culturally relevant services	**Physical and social isolation**	**Technology barriers**

♦ **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.

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[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.

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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 population[14]
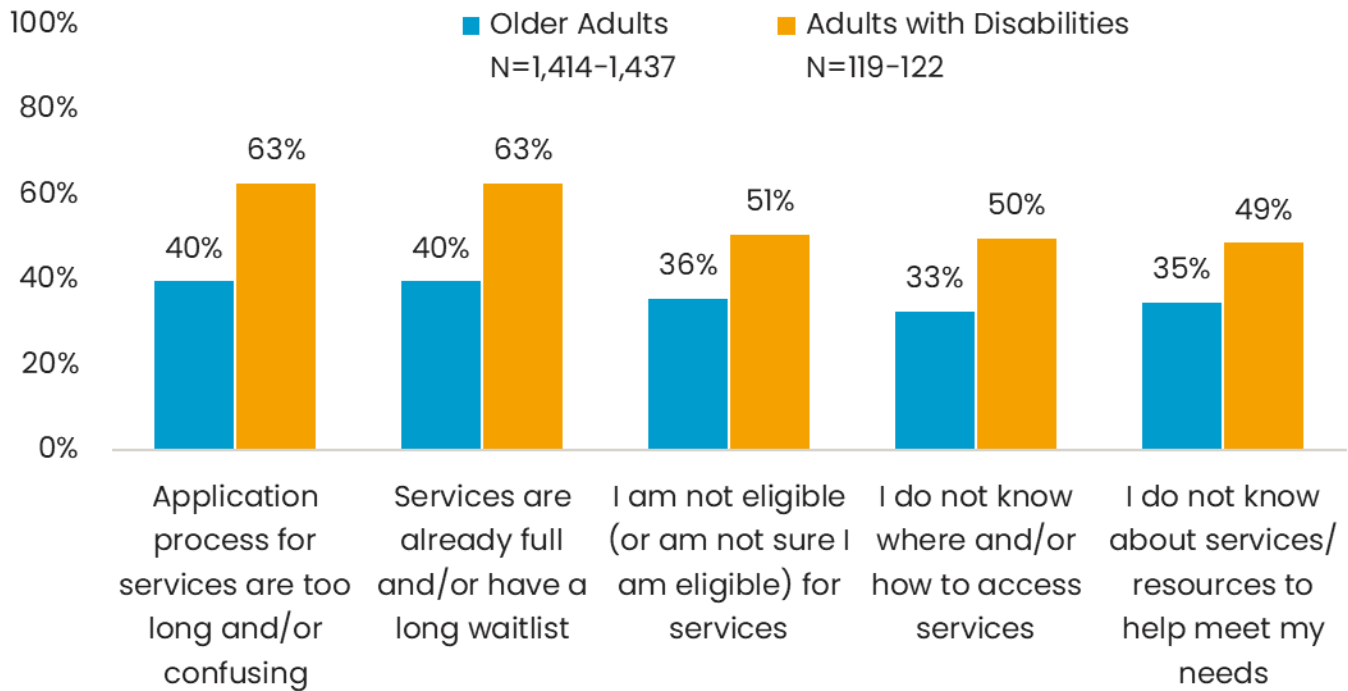
Legend:
- ■ Older Adults N=1,414-1,437
- ■ Adults with Disabilities N=119-122

Category	Older Adults	Adults with Disabilities
Application process for services are too long and/or confusing	40%	63%
Services are already full and/or have a long waitlist	40%	63%
I am not eligible (or am not sure I am eligible) for services	36%	51%
I do not know where and/or how to access services	33%	50%
I do not know about services/ resources to help meet my needs	35%	49%

♦ **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.

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

Figure 10. Awareness and engagement, by population[15]
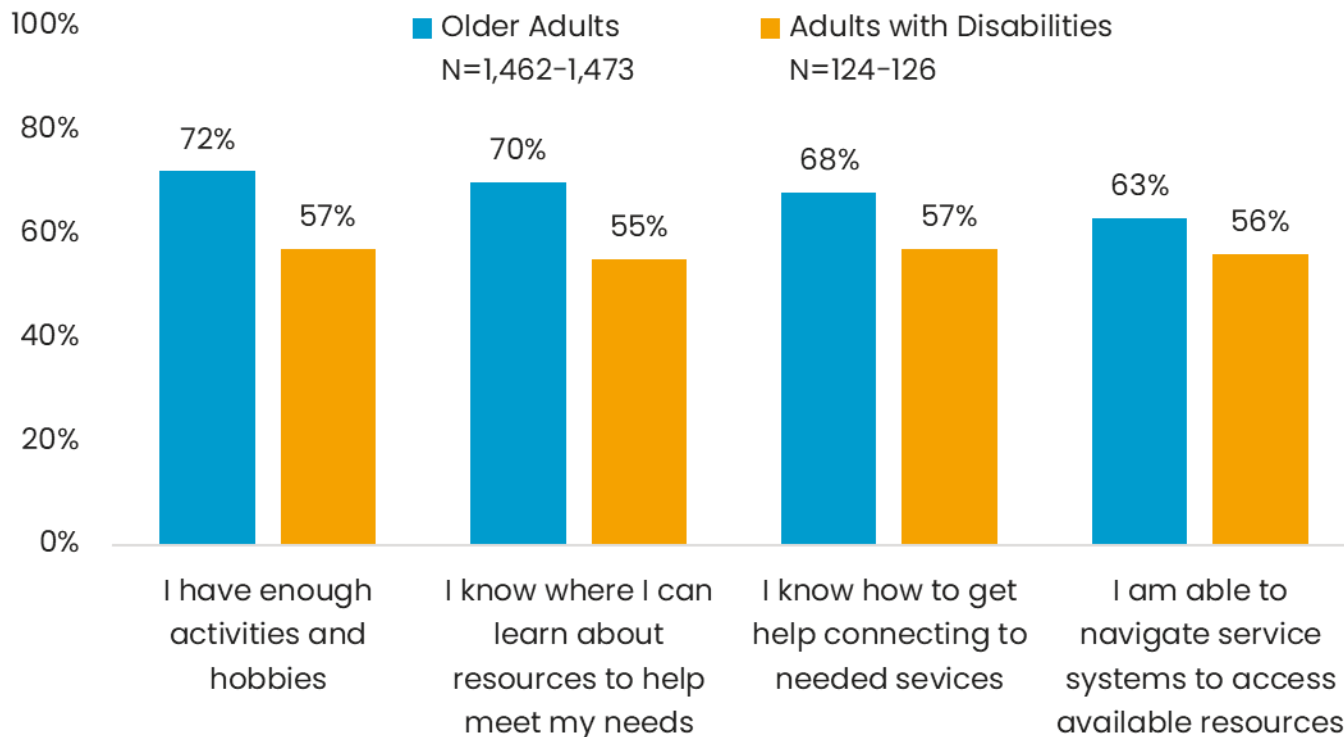
Legend: ■ Older Adults N=1,462–1,473 ■ Adults with Disabilities N=124–126

Category	Older Adults	Adults with Disabilities
I have enough activities and hobbies	72%	57%
I know where I can learn about resources to help meet my needs	70%	55%
I know how to get help connecting to needed sevices	68%	57%
I am able to navigate service systems to access available resources	63%	56%

♦ **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.

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[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://invisibledisabilities.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 population[17]
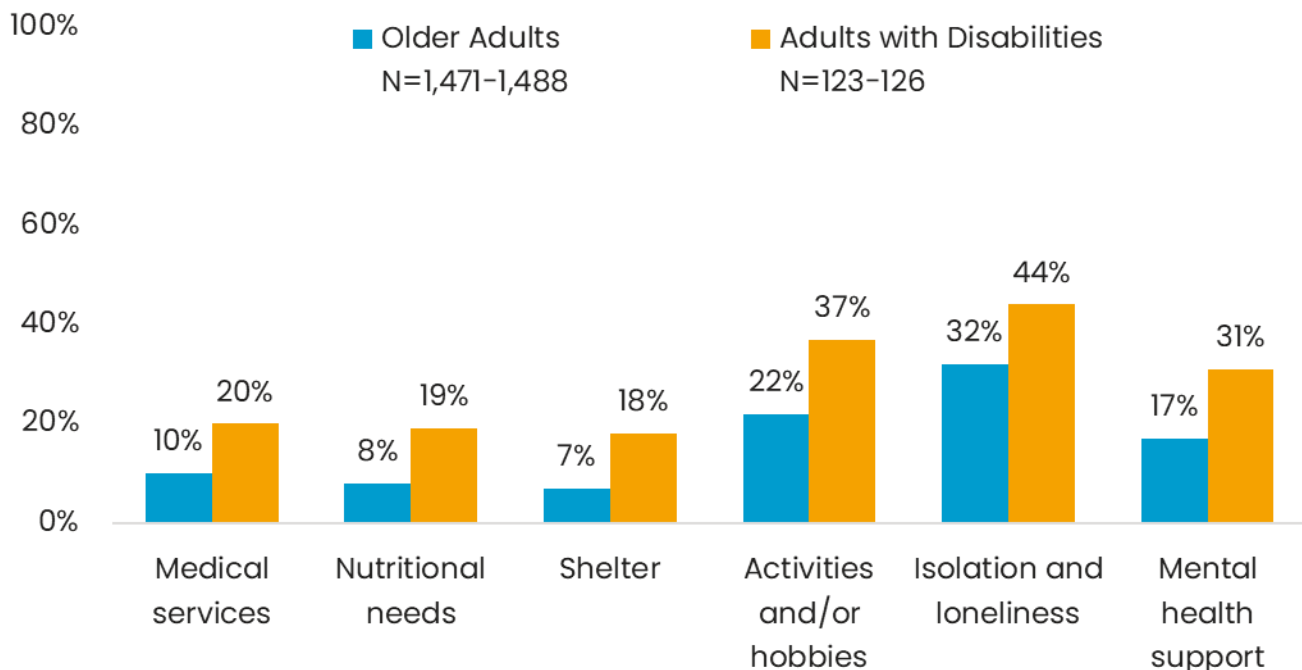
Legend: Older Adults N=1,471–1,488 (blue); Adults with Disabilities N=123–126 (orange)

Category	Older Adults	Adults with Disabilities
Medical services	10%	20%
Nutritional needs	8%	19%
Shelter	7%	18%
Activities and/or hobbies	22%	37%
Isolation and loneliness	32%	44%
Mental health support	17%	31%

♦ **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**

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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]

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[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

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"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.

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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

♦ **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.)

♦ **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.

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[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 <u>San Francisco LGBTQ Senior Survey Final Report</u>

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.**

7 **(i)** **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.

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♦ 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.

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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.

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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.

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"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.

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♦ 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

Dignity Fund

**Community Needs Assessment 2021-22
Appendices**

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

RDA
CONSULTING

Table of Contents

Appendix A: DAS Services List and Descriptions

This appendix provides a brief description of services directly provided or administered by DAS through partnerships with community-based organizations.

All DAS programs are included to provide a full picture of the Department's operations and because many non-Dignity Fund eligible services were also referenced during the community research for the DFCNA. For clarity, the tables below indicate status as a Dignity Fund eligible program.

Alphabetical List

In this section, programs are categorized within a broad service area. The table below lists each program alphabetically and identifies its corresponding service area.

Service	Service Area	DF Eligible
Adult Day Health Center	Connection & Engagement	Y
Adult Day Programs	Caregiver Support	Y
Adult Protective Services	Self-Care & Safety	N
Advocacy: Home Care	Access & Empowerment	Y
Advocacy: Housing	Access & Empowerment	Y
Advocacy: Long-Term Care	Access & Empowerment	Y
Aging and Disability Resource Centers	Access & Empowerment	Y
Caregiver Respite	Caregiver Support	Y
Case Management	Case Management	Y
Chronic Disease Management Programs	Nutrition & Wellness	Y
Community Bridge	Connection & Engagement	Y
Community Connector	Connection & Engagement	Y
Community Liaisons	Access & Empowerment	Y
Community Living Fund	Case Management	Y
Community Service Centers	Connection & Engagement	Y
Community Service Program Pilots	Connection & Engagement	Y
Congregate Meals	Nutrition & Wellness	Y
County Veterans Service Office	Access & Empowerment	N

Service	Service Area	DF Eligible
DAS Intake	Access & Empowerment	Y
Elder Abuse Prevention Services	Self-Care & Safety	Y
Employment Support	Connection & Engagement	Y
Empowerment Programs	Access & Empowerment	Y
Family Caregiver Support Program	Caregiver Support	Y
Food Pantry	Nutrition & Wellness	Y
Health Insurance Counseling and Advocacy Program (HICAP)	Access & Empowerment	Y
Health Promotion - Physical Fitness	Nutrition & Wellness	Y
Home-Delivered Groceries	Nutrition & Wellness	Y
Home-Delivered Meals	Nutrition & Wellness	Y
Housing Subsidies	Housing Support	Y
In-Home Supportive Services	Self-Care & Safety	N
Intergenerational Programs	Connection & Engagement	Y
Legal Assistance	Access & Empowerment	Y
LGBTQ Care Navigation	Case Management	Y
LGBTQ Cultural Competency Trainings	Access & Empowerment	Y
LGBTQ Financial Literacy	Access & Empowerment	Y
LGBTQ Legal & Life Planning	Access & Empowerment	Y
LTC Ombudsman	Self-Care & Safety	Y
Money Management	Case Management	Y
Naturalization	Access & Empowerment	Y
Neighborhood Choirs	Connection & Engagement	Y
Neighborhood-Based Pilot Programs	Connection & Engagement	Y
Nutrition as Health	Nutrition & Wellness	Y
Nutrition Counseling	Nutrition & Wellness	Y
Nutrition Education	Nutrition & Wellness	Y
Peer Ambassadors	Access & Empowerment	Y
Public Administrator	Self-Care & Safety	N
Public Conservator	Self-Care & Safety	N
Public Guardian	Self-Care & Safety	N
Rental Assistance Demonstration Project	Housing Support	Y
Representative Payee	Self-Care & Safety	N
Scattered Site Housing	Housing Support	Y
Senior Companion	Connection & Engagement	Y
SF Connected	Connection & Engagement	Y
Short-Term Home Care for Seniors	Self-Care & Safety	Y

Service	Service Area	DF Eligible
Suicide Prevention & Emotional Support	Self-Care & Safety	Y
Support at Home	Self-Care & Safety	Y
Support Services for People with Collecting Behaviors	Self-Care & Safety	Y
Technology at Home	Connection & Engagement	Y
Transgender and Gender Non-Conforming (TGNC) Supports	Connection & Engagement	Y
Transportation	Access & Empowerment	Y
Veterans Services Connect	Housing Support	Y
Village Programs	Connection & Engagement	Y
Volunteer Visitors	Connection & Engagement	Y
Workforce Support	Self-Care & Safety	Y

Access & Empowerment

Access & Empowerment services are designed to educate, empower, and support older adults and adults with disabilities to access needed benefits and participate in services.

Service	Description	DF Eligible
Advocacy: Home Care	Home care advocacy services provide systems-level advocacy to maintain a seamless and responsive home care system for meeting the in-home and personal care needs of older adults and people with disabilities. This includes facilitating a task force responsible for addressing issues such as systemic gaps in service access and coordinating responses to state policy and budget changes related to In-Home Supportive Services.	Y
Advocacy: Housing	Housing counseling and advocacy services help to improve housing conditions by providing both direct services, such as information and assistance for individuals at risk of eviction, and systems-level advocacy, such as training for individuals and groups to inform the public about the need for affordable and accessible housing in San Francisco.	Y
Advocacy: Long-Term Care	Long-term care advocacy services provide assistance and education to consumers to help them learn about long-term care services and understand the basic rights that are guaranteed to them by the various long-term care services in San Francisco.	Y

Service	Description	DF Eligible
Aging and Disability Resource Centers (ADRCs)	ADRCs are centralized resources for free information, service referral, and assistance on issues affecting old adults and people with disabilities, regardless of their income. These hubs are located throughout the City, with at least one ADRC located in each Supervisorial District; information, referral, and assistance are offered in multiple languages to meet the needs of non-English speaking residents.	Y
Community Liaisons	Community Liaisons are older adults and adults with disabilities who work in project based assignments to enhance accessibility and operation of services for older adults and adults with disabilities. This might include hosting activities, providing tech support, or translation of documents. In addition to improving the flow of service and client experience, the program provides a meaningful employment opportunity for seniors and disabled adults in the community.	Y
County Veterans Service Office (CVSO)	The CVSO supports veterans and their dependents to understand, apply for, and obtain benefits and entitlements from the U.S. Department of Veterans Affairs.	N
DAS Intake	The DAS Intake serves as a centralized hub for accessing Department services. Through a single call or visit to the DAS Benefits and Resource Hub at 2 Gough, older adults and adults with disabilities may receive information about and assistance applying for various services, including the Community Living Fund, In-Home Supportive Services, Home Delivered Meals, and Case Management. Information, referral, and assistance services are offered in multiple languages to meet the needs of non-English speaking residents.	Y

Service	Description	DF Eligible
Empowerment Programs	Empowerment Programs provide trainings on organizing, leadership, and civic engagement and advocacy. Participants have the opportunity to build tangible skills like conducting effective meetings and resolving conflict, and also learn how to access essential benefits and services in the community.	Y
Health Insurance Counseling and Advocacy Program (HICAP)	HICAP services support San Francisco residents receiving Medicare to maximize their health benefits. HICAP Counselors provide consumers with information and counseling about Medicare, supplemental health policies, and long-term care insurance, in addition to assistance with filing insurance claims and preparing appeals if their claims are denied.	Y
Legal Assistance	Legal assistance provides legal representation, counseling on legal issues, and drafting of legal documents. These legal services may address a variety of topics such as eviction prevention, financial and consumer issues, preparation of wills, disability planning and advance directives, and immigration matters.	Y
LGBTQ Cultural Competency Trainings	DAS funds two LGBTQ trainings for service providers. One is a cultural sensitivity training, focused on improving awareness of current issues faced by LGBTQ seniors and adults with disabilities. This is provided to DAS community partners. The LGBTQ Dementia Care Training is focused more specifically on facilitating service provider efforts to assist LGBTQ persons with dementia and to connect these clients to needed services and supports.	Y

Service	Description	DF Eligible
LGBTQ Financial Literacy	A recommendation of the LGBT Aging Policy Task Force, this program was created to provide one-on-one counseling to empower LGBTQ clients to manage their finances and achieve financial goals. Services are tailored to each client's needs and work toward countable outcomes, such as opening savings and/or checking accounts, establishing a safe and affordable banking account, decreasing debt by at least ten percent, and establishing or improving credit score.	Y
LGBTQ Legal & Life Planning	A recommendation of the LGBT Aging Policy Task Force, this program helps LGBTQ clients identify and memorialize their end of life decisions. The goal of this service is to support and protect chosen family relationships and individual preferences for care through formal legal documentation, such as wills and trusts, advanced care directives, and hospital visit authorizations.	Y
Naturalization	Naturalization services help older adults and adults with disabilities who are legal permanent residents to complete the process of becoming United States Citizens. Services include citizenship and English as a Second Language classes to help clients successfully pass their naturalization tests; one-on-one counseling and support to prepare naturalization documents and navigate the citizenship process; and assistance with applications for disability and/or language waivers so clients may access the accommodations to which they are entitled.	Y

Service	Description	DF Eligible
Peer Ambassadors	Peer Ambassadors are older adults or adults with disabilities trained to conduct outreach and share information about DAS programs and services widely in the community. This program not only helps to raise consumer awareness of and connection to DAS services, but also offers seniors and disabled adults opportunities for meaningful employment.	Y
Transportation	Transportation services increase the accessibility and participation in DAS-funded services. This primarily supports attendance at Community Service Center services for those unable to transport themselves or use public transit. This supplement to Community Service Center program also includes a small amount of Shopping Shuttle service that transports clients between certain Community Service sites and grocery stores.	Y

Caregiver Support

Caregiver Support services are designed to support the wellbeing of family and friend caregivers and their care recipients through education, counseling, resources, and connection.

Service	Description	DF Eligible
Adult Day Programs (Adult Social Day and Alzheimer's Day Care Resource Centers)	These state-licensed, community-based centers provide social and recreational activities, nutrition, and personal care support for clients who require help with basic daily tasks. Serving clients who need supervision and thus are not able to independently participate in Community Service Centers, Adult Day Programs provide respite for family and friend caregivers during daytime hours. Some sites have specialized programs for persons with moderate-to-late stage dementia and Alzheimer's disease.	Y
Caregiver Respite	The Caregiver Respite program provides in-home and out-of-home respite care, such as attendance at an Adult Day Program, to unpaid caregivers of older adults and adults with disabilities. Respite services may be provided for intermittent periods and/or in the event of an emergency. The program seeks to reduce caregiver burden and prevent or delay institutionalization of the care recipient, thereby enabling care recipients to live safely in their own homes and communities.	Y
Family Caregiver Support Program	The Family Caregiver Support Program provides a variety of services to unpaid caregivers, including counseling, caregiver training, and respite care. The program also provides caregivers with referrals to other supportive services, such as case management.	Y

Case Management & Care Navigation

Case Management & Care Navigation services facilitate service connections and support individuals with complex needs to navigate available resources and promote stability in the community.

Service	Description	DF Eligible
Case Management	Case Management services help navigating and coordinating the services needed to live safely in the community. Case managers provide a range of support to clients, including client needs assessment, service planning and monitoring, and coordination of services across providers.	Y
Community Living Fund (CLF)	CLF provides intensive case management and purchase of goods and services to support safety and stability in the community, as an alternative to institutionalization at a Skilled Nursing Facility.	Y
LGBTQ Care Navigation	This program helps LGBTQ older adults and adults with disabilities navigate service systems to access healthcare resources and social supports. Peer volunteers visit clients regularly to reduce isolation, also helping them overcome barriers that may inhibit accessing of needed services. Many clients have pets that represent the only consistent source of compassion and unconditional love in their lives; for those struggling to care for their animal companion, this program also provides pet care resources to maintain this important source of support.	Y
Money Management	A voluntary program that provides assistance to consumers in the management of income and assets. This may include, but is not limited to, payment of rent and utilities, purchase of food and other necessities, and payment of insurance premiums, deductibles and co-payments	Y

Community Connection & Engagement

Community Connection & Engagement services are designed to provide opportunities for older people and adults with disabilities to socialize, build community, and participate in a meaningful way in their community.

Service	Description	DF Eligible
Adult Day Health Center (ADHCs)	ADHCs are state-licensed, community-based facilities that provide social and recreational activities, supervision, physical and occupational therapy, and personal care support for clients with skilled nursing level of care needs and/or cognitive impairment (e.g., dementia). This is a Medi-Cal benefit that also accepts private pay clients who can afford the daily rate.	Y
Community Bridge	Based out of a Community Service Center, the Community Bridge program blends off-site service coordination, development of social networks, and recruitment of volunteers with site-based activities. This program began as a pilot project 'hybrid' between the neighborhood-focused Village Model and site-based Community Service Center program.	Y
Community Connector	Community Connector services provide diffuse, neighborhood-based opportunities for community and social connection. These services are facilitated by a local resident and advisory board, and are an important means of supporting social engagement and inclusion in those neighborhoods not already being served by a Community Service Center.	Y

Service	Description	DF Eligible
Community Service Centers	Community Service Centers provide a wealth of social activities and other programs to promote engagement and inclusion in the community. Across nearly 40 service sites scattered throughout the City, participants are invited to join in programs like tai chi, painting, computer access and literacy, English as a second language classes, exercise classes, and many other events to participate meaningfully in their communities.	Y
Community Service Program Pilots	Community Service Program pilots are designed to engage underserved older adults and adults with disabilities. These pilots use diverse approaches across many different community service sites in the City to reach new consumers. These engagement strategies include (1) new activities such as exercise classes and leadership programming, (2) extended service hours for new evening or weekend programming, and (3) enhanced outreach through avenues such as community events, local health clinics, or social media.	Y
Employment Support	Employment Support services include subsidized job placements and other job-related supports to older adults and adults with disabilities seeking work. These services not only help to supplement participants' incomes, but also offer opportunities for social engagement and greater inclusion in the community.	Y
Intergenerational Programs	Intergenerational programs facilitate social engagement and exchange between older adults or adults with disabilities and individuals belonging to other generations.	Y

Service	Description	DF Eligible
Neighborhood Choirs	Neighborhood-focused or neighborhood-based choirs designed to engage older adults and adults with disabilities. Participation is this program type has been shown to build social supports and connection, provide and increased sense of belonging, reduce feelings of loneliness, and increase interest in life.	Y
Neighborhood-Based Pilot Programs	Neighborhood-Based Pilot Programs are designed to engage older adults and adults with disabilities in underserved neighborhoods or districts. These pilots use diverse approaches in delivering services and activities to help increase awareness of services, foster empowerment, support engagement and socialization, and reduce social isolation. Programs vary by neighborhoods and can include activities like interactive arts, field trips, reading groups, cooking classes, housing-based supports, and many more.	Y
Senior Companion	The Senior Companion program provides low-to-moderate income older adults with the opportunity to volunteer at local community organizations. In addition to providing a small stipend, this program enhances participants' feelings of self-worth and connection with the community. The organizations where these volunteers are placed benefit from their expanded capacity to deliver needed services.	Y
SF Connected	Located at sites throughout the City, including many DAS-funded Community Service Centers, this program provides customized training and educational programs specifically for older persons and people with disabilities to learn and grow familiar with basic computer and internet skills. A primary goal is to address barriers to social connection and provide social media tools to help individuals overcome isolation and access resources for healthy aging.	Y

Service	Description	DF Eligible
Technology at Home	The Technology at Home program seeks to reduce isolation and support self-management of health through the use of technology. The program provides participants with a long-term loan of a tablet computer or similar devices, trains clients one-on-one to use these devices, and provides ongoing technical and troubleshooting to support clients' self-sufficiency and social engagement.	Y
Transgender and Gender Non-Conforming (TGNC) Supports	Transgender and Gender Nonconforming (TGNC) Supports provide programming and social services in a supportive and gender affirming environment. Activities are centered round creating social connections, building community, and addressing unmet social service needs for TGNC older adults and TGNC adults with disabilities living in San Francisco.	Y
Village Programs	Village Programs support members' ability to live independently in their homes, helping them to build and maintain meaningful relationships with other members of their community as part of a neighborhood network of support. These programs use a membership model in which paid staff and volunteers coordinate services and social activities for Village members.	Y
Volunteer Visitors	The Volunteer Visitors program matches volunteers with older adults and adults with disabilities who are socially isolated or at heightened risk of isolation, with the goal of reducing these individuals' feelings of loneliness and isolation. Volunteers visit client participants at least twice monthly for a period of six months or more, to support successful pairings and meaningful relationship building.	Y

Housing Support

Housing Support services are designed to support seniors and adults with disabilities to maintain stable housing through service connection and community engagement.

Service	Description	DF Eligible
Housing Subsidies	This program seeks to prevent loss of housing by identifying currently-housed persons facing imminent eviction and helping to stabilize their housing situation through the use of a housing subsidy payment. The subsidy amount varies based on client income and rent amount but with the universal goal to bring the rent burden to 30%. In addition to the rental subsidy, staff members provide clients with help connecting to other social services and resources that promote their housing stability.	Y
Rental Assistance Demonstration Project	The Rental Demonstration Assistance Project provides supportive services to public housing residents to promote housing retention and community connection. Outreach and engagement efforts, such as tenant newsletters, monthly meetings, and onsite activities, aim to develop a sense of community. This program also provides health and wellness support and directly promotes housing stability by helping tenants address issues related to their housing, such as safety concerns and delinquent rent payments.	Y
Scattered Site Housing	The Scattered Site Housing and Rental Subsidy Program provides rental subsidies in private market housing and ongoing housing retention services to ensure clients are able to stay housed. This program is focused on supporting persons transitioning out of institutional care, such as nursing homes; their needs tend to be complex, and they benefit from ongoing support and connection to resources to maintain their housing.	Y

Service	Description	DF Eligible
Veterans Services Connect	Based out of veterans housing developments, this program promotes independence and aims to extend the capacity of veteran residents to remain at home and within their community safely. This includes help connecting to supportive services and resources, as well as outreach and engagement to develop a sense of community at these housing sites.	Y

Nutrition & Wellness

Nutrition & Wellness services are designed to promote physical health and wellbeing for older adults and adults with disabilities by providing nutritious foods and supporting healthy lifestyles.

Service	Description	DF Eligible
Chronic Disease Management Programs	Chronic Disease Management Programs provide evidence-based education to older adults or adults with disabilities with ongoing health conditions that affect their quality of life, such as heart disease, chronic pain, depression, and HIV. Topics covered include setting achievable goals for managing chronic conditions; improving nutrition and eating healthier; relaxation and stress management skills; and communicating better with family, friends, and health care providers.	Y
Congregate Meals	Congregate Meals, sometimes known as community dining programs, provide lunch every day at various locations throughout the City. This program not only supports nutrition by providing healthy meals, but also offers diners with the opportunity to socialize with their peers and engage in community activities at meal sites.	Y
Food Pantry	Food Pantry programs provide supplemental grocery bags to low-income older adults and adults with disabilities for pick-up at various pantry sites located throughout the City. This program helps to reduce food insecurity among these populations, and to improve their access to nutritious foods.	Y

Service	Description	DF Eligible
Health Promotion - Physical Fitness	Physical Fitness programs support older adults to exercise and maintain their health as they age. Using evidence-based programming, this service works to reduce risk of falls and prevent injury. Managed by a lead agency in the community, these classes are provided at various sites throughout the City and have a secondary effect of helping to build a sense of community among participants.	Y
Home-Delivered Groceries	The Home-Delivered Groceries program delivers groceries directly to the homes of older adults and adults with disabilities with limited mobility. This program not only helps seniors and people with disabilities to access fresh, nutritious produce, but also helps program participants to maintain their independence and quality of life.	Y
Home-Delivered Meals	The Home-Delivered Meals program delivers meals to homebound seniors and adults with disabilities who are unable to shop or prepare their own meals due to a physical or mental impairment. Emergency home-delivered meals are also available to clients who may have immediate, short-term need for these meals, such as those individuals discharging from the hospital and returning to the community.	Y
Nutrition as Health	Nutrition as Health services provide nutritious meals designed to meet dietary recommendations for disease management for people who are food insecure and have a chronic health condition (such as heart disease, diabetes, or HIV). Additional, these meals are supplemented with supportive services such as one-on-one nutrition counseling, nutrition education classes, and cooking demonstrations to support client outcomes.	Y

Service	Description	DF Eligible
Nutrition Counseling	For nutrition clients identified at high risk of poor nutrition status and/or with special diet requirements, nutrition counseling provides one-on-one support from a registered dietician to help individuals improve their nutrition status and maintain their health.	Y
Nutrition Education	Nutrition Education provides nutrition clients with information to promote healthy food selection and eating habits. This service is primarily provided at Congregate Meal sites as public presentations or demonstrations, as well as small group discussions.	Y

Self-Care & Safety

Self-Care & Safety services are designed to support older adults and people with disabilities to meet their needs in the most independent setting, safe from abuse and self-neglect.

Service	Description	DF Eligible
Adult Protective Services (APS)	APS investigates possible abuse or neglect of older adults and adults with disabilities, including self-neglect. Protective service workers provide short-term intensive case management and help connect clients to other supportive services to promote their stability and mitigate risk of harm. Additionally, APS collaborates with community and government partners to address individual cases and systemic trends in abuse.	N
Elder Abuse Prevention Services	The Elder Abuse Prevention program provides outreach and educational trainings to professionals and the general public to prevent and mitigate abuse of older adults and adults with disabilities. The community-based service is supported by the Adult Protective Services program. This also includes the Forensic Center, a multidisciplinary team of legal, medical, law enforcement, and social service professionals who meet regularly to collaborate on complex cases and share expertise and resources.	Y
In-Home Supportive Services (IHSS)	IHSS is a Medi-Cal benefit that funds home care workers to low-income seniors and people with disabilities to support clients to remain in their homes rather than reside in an institution. Homecare workers assist with household chores, non-medical personal care like bathing, grooming, feeding or dressing, cooking and more physically challenging home maintenance activities. IHSS consumers who are unable to oversee their own care are served through a home care agency.	N

Service	Description	DF Eligible
LTC Ombudsman	The Long-Term Care Ombudsman is tasked to investigate allegations of abuse and neglect occurring in nursing homes, residential care facilities for the elderly, adult residential care facilities, and other settings in accordance with California Law.	Y
Public Administrator	The Public Administrator investigates and resolves the estate of persons who die with no known next of kin able to administer the estate, or who die without a will. In the event that attempts to locate next of kin or a will are unsuccessful, the Public Administrator will serve as the Court-appointed representative of the estate. The Public Administrator may also act as a neutral stakeholder in contested estates.	N
Public Conservator	The Public Conservator provides mental health conservatorship, a legal procedure that authorizes psychiatric treatment of a person who is found by the Court to be gravely disabled due to mental disease, and who is unable or unwilling to accept voluntary treatment. In addition to supervising treatment of conservatees and providing reports for Court hearings related to conservatorship and placement, the Public Conservator serves as an advocate for the least restrictive placement of the conservatee.	N
Public Guardian	The Public Guardian provides conservatorship to people who are frail, elderly, and/or disabled, and who are substantially unable to provide for their own personal needs, manage their finances, or resist fraud or undue influence. The Public Guardian develops and executes a care plan for immediate and long-term care of conservatees. These tasks include procuring appropriate housing, medical, and social service supports for the conservatee, and managing their finances and estate to protect their assets.	N

Service	Description	DF Eligible
Representative Payee	The Representative Payee manages money for older adults and adults with disabilities who cannot manage their own funds to ensure their daily living needs are met. The Representative Payee supports clients' well-being and independence by helping them to apply for and maintain government benefits and by collaborating with case managers to issue appropriate spending allowances to clients for their personal use.	N
Short-Term Home Care for Seniors	This program provides time-limited help at home with personal care, homemaker, and chore needs to allow older adults to live safely in the community, thereby preventing premature institutionalization. A program model outlined by the California Department of Aging, this is focused on older adults discharging from hospital and/or applying for In-Home Supportive Services (a Medi-Cal benefit).	Y
Suicide Prevention & Emotional Support	Suicide Prevention and Emotional Support services include a variety of supports, such as peer and professional psychological counseling, and grief counseling and support groups, as well as information and referral services to help connect clients with other needed supportive services. The program also provides the Friendship Line, which serves as an emergency telephone hotline for crisis intervention services, and as a warmline to reduce callers' feelings of loneliness and social isolation.	Y
Support at Home	Support at Home provides home care subsidies for people who have too much income to qualify for IHSS but not enough to afford to privately pay for home care.	Y
Support Services for People with Collecting Behaviors	This program facilitates support groups and psychoeducation for individuals who compulsively acquire possessions and are unable to discard them. It also coordinates a citywide task force and provides education and training to professionals working with people with collecting behaviors (i.e., hoarding and cluttering).	Y

Service	Description	DF Eligible
Workforce Support	The Workforce Support program is designed to strengthen the competencies of paid caregivers and home care workers who provide care to older adults and adults with disabilities in San Francisco. In addition to building basic caregiving skills, knowledge, and abilities, the training offered by the program includes education on cultural sensitivity so that caregivers may serve diverse clients, such as those with limited English-speaking proficiency.	Y

Appendix B: DAS Service Site Guide

This appendix provides a map and list of sites throughout the city — organized by Supervisorial District — where services are directly provided or administered by DAS through partnerships with community-based organizations. This guide reflects updates through December 2021.

In addition to the services listed within this service site guide, DAS provides many services that are not site-specific, such as home-delivered meals and in-home care. These services are available citywide (accessible via phone or provided to the client in their home). For a complete list and description of DAS services, including those supported by the Dignity Fund, please see *Appendix A: DAS Services List and Descriptions*.

Supervisorial Districts
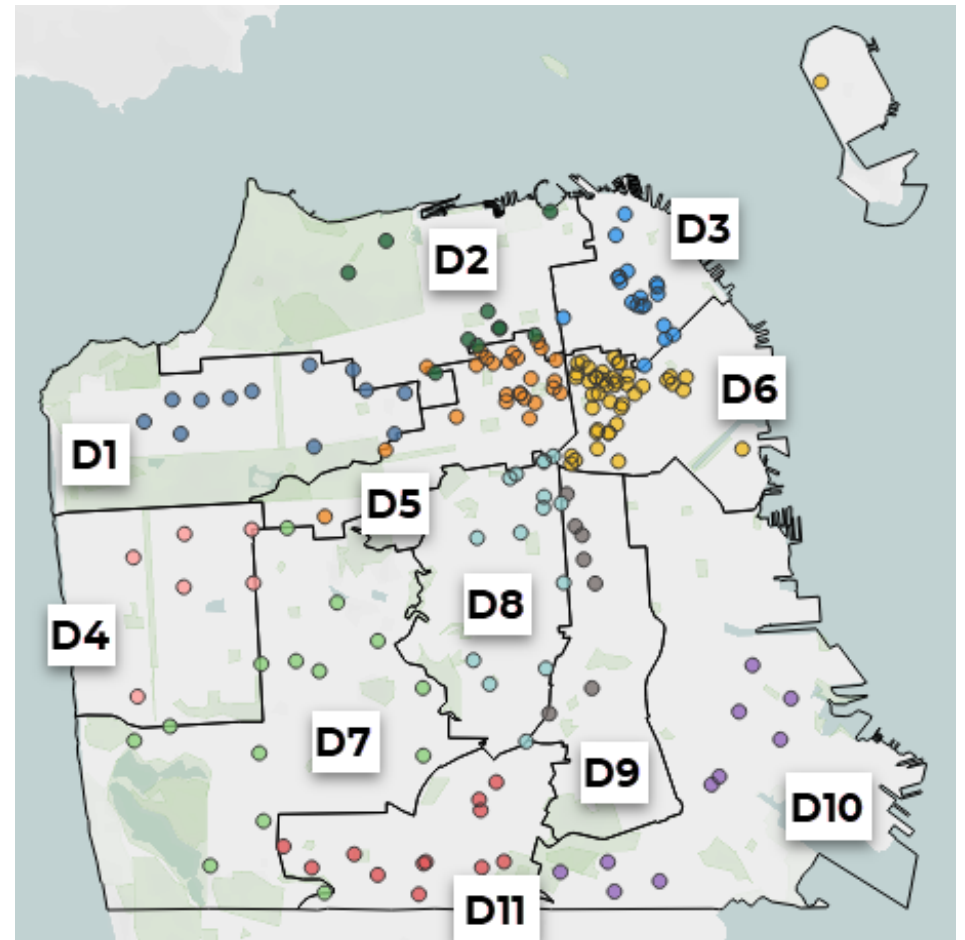
District 1 ●
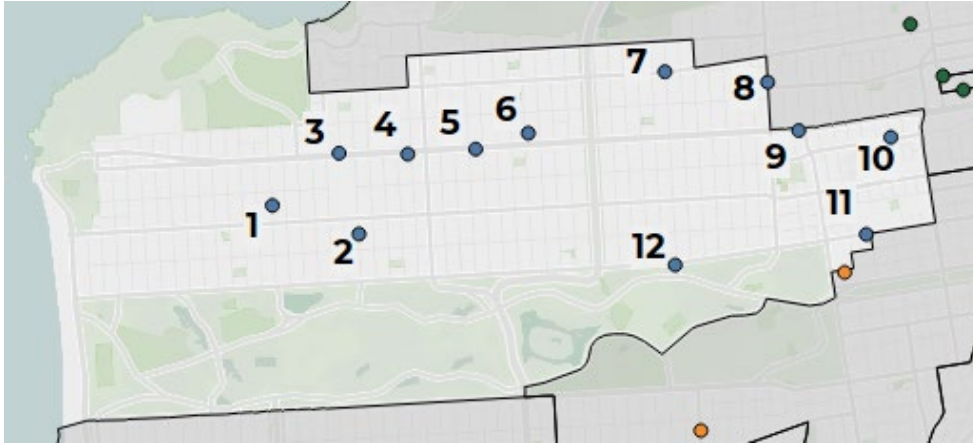
Service Sites in District 1

1   Lafayette Elementary School
2   Richmond Neighborhood Center
3   491 31st Avenue
4   Felton Institute
5   Jackie Chan Senior Center
6   YMCA: Richmond
7   St James Episcopal Church Learning Center
8   345 Arguello Boulevard
9   Institute on Aging
10   Russian American Community Services
11   University of San Francisco
12   San Francisco Village

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 1: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Lafayette Elementary School	637 36th Ave	94121	Food Pantry	San Francisco-Marin Food Bank
2	Richmond Neighborhood Center	741 30th Ave	94121	Food Pantry	San Francisco-Marin Food Bank
				Neighborhood Choirs	Community Music Center
3	491 31st Avenue	491 31st Ave	94121	Rental Assistance Demonstration	Mercy Housing
4	Felton Institute	6221 Geary Blvd	94121	Case Management^	Felton Institute
				Senior Companion	Felton Institute
5	Jackie Chan Senior Center	5757 Geary Blvd	94121	Adult Day Program	Self-Help for the Elderly
				Alzheimer's Day Care Resource Center	Self-Help for the Elderly
				Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				Naturalization	Self-Help for the Elderly
				SF Connected	Self-Help for the Elderly
6	YMCA: Richmond	360 18th Ave	94121	Community Service Centers	YMCA
				Food Pantry	San Francisco-Marin Food Bank
7	St James Episcopal Church Learning Center	4620 California St	94118	Health Promotion: Physical Fitness	Community Learn Center- St. James
8	345 Arguello Boulevard	345 Arguello Blvd	94118	Rental Assistance Demonstration	Mercy Housing
9	Institute on Aging	3575 Geary Blvd	94118	Case Management^	Institute on Aging
				Suicide Prevention + Emotional Support	Institute on Aging
10	Russian American Community Services	300 Anza St	94118	Community Service Centers	Russian American Community Services
				Congregate Meals	Russian American Community Services
11	University of San Francisco	2130 Fulton St	94117	Health Promotion: Physical Fitness	University of San Francisco
12	San Francisco Village	3220 Fulton St	94118	Village Model	San Francisco Village

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 2 ⬤

Service Sites in District 2

1	Irene Swindells Center for Adult Services
2	Veterans Academy
3	Aquatic Park Senior Center
4	1880 Pine Street
5	JFK Towers
6	Conard House: Cooperative Apartments/Jackson
7	JCYC Chibi Chan Preschool
8	2698 California Street
9	St. Andrew Missionary Baptist Church

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 2: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Irene Swindells Center for Adult Services	386 Moraga Ave	94129	Adult Day Program	Institute on Aging
				Alzheimer's Day Care Resource Center	Institute on Aging
2	Veterans Academy	1030 Girard Rd	94129	Congregate Meals	Centro Latino de San Francisco
				Veterans Service Connection	Swords to Plowshares
3	Aquatic Park Senior Center	890 Beach St	94109	Aging & Disability Resource Center	Sequoia Living
				Community Service Centers	Sequoia Living
				Congregate Meals	Project Open Hand
				Health Promotion: Physical Fitness	Sequoia Living
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Technology Network
4	1880 Pine Street	1880 Pine St	94109	Rental Assistance Demonstration	Mercy Housing
5	JFK Towers	2451 Sacramento St	94115	Rental Assistance Demonstration	Mercy Housing
6	Conard House: Cooperative Apartments/Jackson	2441 Jackson St	94115	SF Connected	Conard House
7	JCYC Chibi Chan Preschool	2507 Pine St	94115	Intergenerational Programs	Kimochi
8	2698 California Street	2698 California St	94115	Rental Assistance Demonstration	Mercy Housing
9	St. Andrew Missionary Baptist Church	2565 Post St	94115	Food Pantry	San Francisco-Marin Food Bank

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 3 ●

Service Sites in District 3

1	227 Bay Street	17	Family Caregiver Alliance
2	Telegraph Hill Neighborhood Center	18	Toolworks
3	NEXT Village	19	Mental Health Association of San Francisco
4	Salvation Army: Chinatown	20	Old First Presbyterian Church
5	Lady Shaw Senior Center		
6	Chinatown Public Health Center		
7	990 Pacific Avenue		
8	Self-Help for the Elderly (Main Office)		
9	Manilatown Senior Center		
10	Portsmouth Square		
11	Presbyterian Church in Chinatown		
12	YWCA: Chinatown		
13	Donaldina Cameron House		
14	Geen Mun Activity Center		
15	YMCA: Chinatown		
16	Stanford Hotel		

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 3: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	227 Bay Street	227 Bay St	94133	Rental Assistance Demonstration	Chinatown Community Development Corporation
2	Telegraph Hill Neighborhood Center	660 Lombard St	94133	Congregate Meals	Project Open Hand
				SF Connected	Community Living Campaign
					Community Technology Network
3	NEXT Village	704 Filbert St	94133	Village Model	NEXT Village San Francisco
4	Salvation Army: Chinatown	1450 Powell St	94133	Food Pantry	San Francisco-Marin Food Bank
5	Lady Shaw Senior Center	1483 Mason St	94133	Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				SF Connected	Self-Help for the Elderly
6	Chinatown Public Health Center	1490 Mason St	94133	Naturalization	Self-Help for the Elderly
7	990 Pacific Avenue	990 Pacific Ave	94133	Rental Assistance Demonstration	Chinatown Community Development Corporation
8	Self-Help for the Elderly (Main Office)	601 Jackson St	94133	Aging & Disability Resource Center	Self-Help for the Elderly
				Case Management^	Self-Help for the Elderly
				Family Caregiver Support Program^	Self-Help for the Elderly
				HICAP/Medicare Counseling	Self-Help for the Elderly
				Housing Subsidy	Self-Help for the Elderly
				Naturalization	Self-Help for the Elderly
				Workforce Support Program	Self-Help for the Elderly
9	Manilatown Senior Center	848 Kearny St	94108	Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				Health Promotion: Physical Fitness	Self-Help for the Elderly
10	Portsmouth Square	733 Kearny	94108	Naturalization	Self-Help for the Elderly
11	Presbyterian Church in Chinatown	925 Stockton St	94108	Food Pantry	San Francisco-Marin Food Bank
12	YWCA: Chinatown	940 Powell St	94108	SF Connected	Community Technology Network

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
13	Donaldina Cameron House	920 Sacramento St	94108	Food Pantry	San Francisco-Marin Food Bank
14	Geen Mun Activity Center	777 Stockton St	94108	Aging & Disability Resource Center	Self-Help for the Elderly
				Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
15	YMCA: Chinatown	855 Sacramento St	94108	Community Connectors^	YMCA
				Community Service Centers	YMCA
				Food Pantry	San Francisco-Marin Food Bank
16	Stanford Hotel	250 Kearny St	94108	Congregate Meals	Project Open Hand
				Veterans Service Connection	Swords to Plowshares
17	Family Caregiver Alliance	101 Montgomery St	94103	Family Caregiver Support Program^	Family Caregiver Alliance
			94104	Caregiver Respite Program^	Family Caregiver Alliance
18	Toolworks	25 Kearny St #400	94108	Aging & Disability Resource Center	Toolworks
19	Mental Health Association of San Francisco	870 Market St	94102	Social Support for Hoarding Disorder	Mental Health Association of San Francisco
20	Old First Presbyterian Church	1751 Sacramento St	94109	Food Pantry	San Francisco-Marin Food Bank

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 4 ⬤

Service Sites in District 4

1	Catholic Charities
2	L'Chaim Adult Day Health Center
3	Calvary United Methodist
4	CHAMPSS at Green Bamboo
5	Lutheran Church
6	South Sunset Senior Center

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

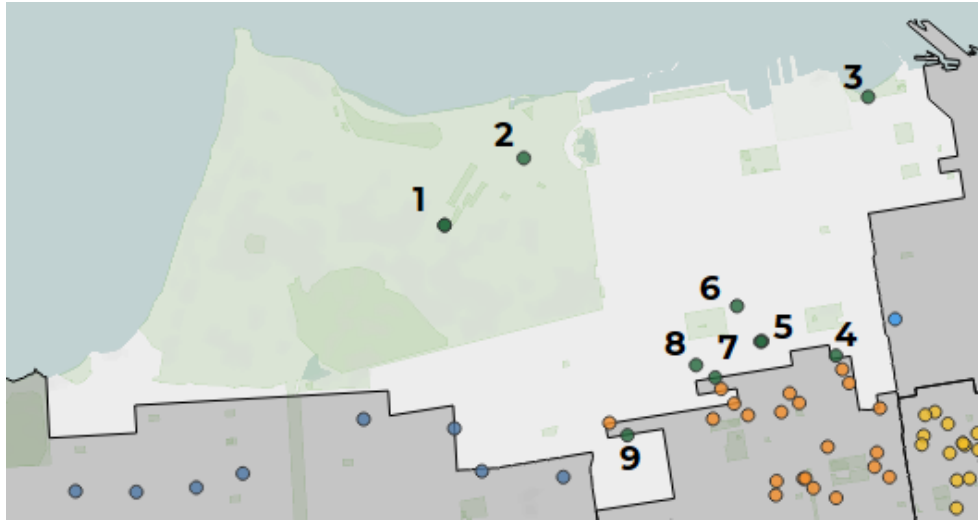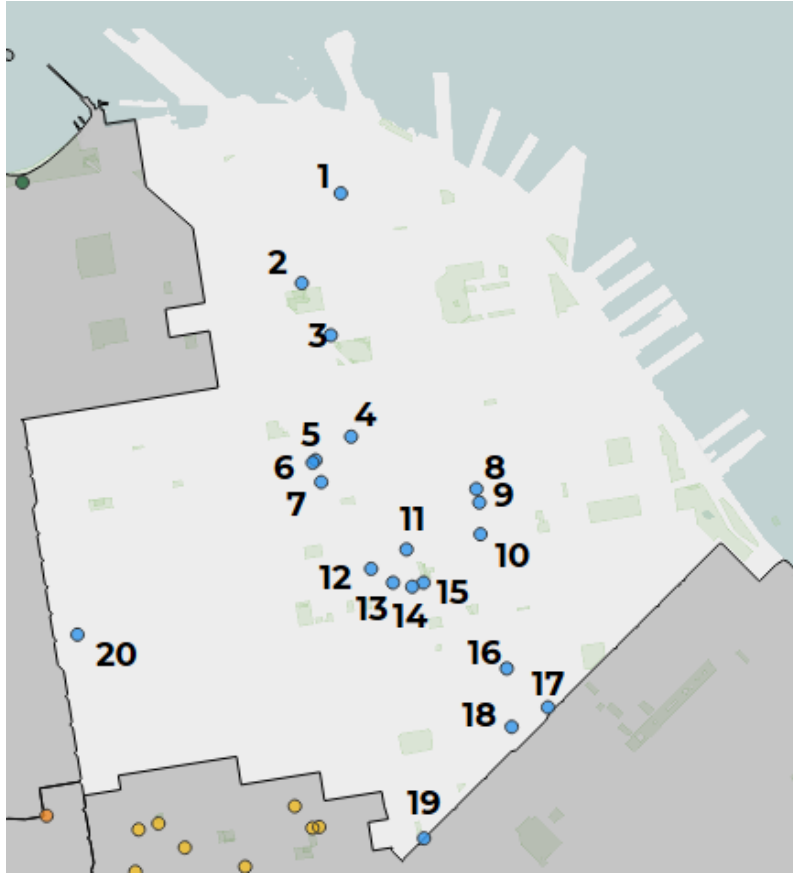**Service Sites in District 4: Services Available by Site**

#	Site	Address	Zip	Service	Agency
1	Catholic Charities	1555 39th Ave	94122	Housing Subsidy	Catholic Charities
2	L'Chaim Adult Day Health Center	2534 Judah St	94122	Case Management^	Jewish Family and Children's Services
				Naturalization	Jewish Family and Children's Services
				SF Connected	Community Living Campaign
					Self-Help for the Elderly
3	Calvary United Methodist	1400 Judah St	94122	Food Pantry	San Francisco-Marin Food Bank
4	CHAMPSS at Green Bamboo	1240 Noriega St	94122	Congregate Meals	Self-Help for the Elderly
5	Lutheran Church	2400 Noriega St	94122	Naturalization	Self-Help for the Elderly
6	South Sunset Senior Center	2601 40th Ave	94116	Aging & Disability Resource Center	Self-Help for the Elderly
				Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				Health Promotion: Physical Fitness	Self-Help for the Elderly

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 5 🟠

Service Sites in District 5

1	Booker T. Washington Community Center	6	Kimochi Lounge
2	St. Dominic's Catholic Church	7	Kimochi Senior Center
3	Jewish Family and Children's Services	8	Kimochi Administration Office
4	Macedonia Baptist Church	9	1760 Bush Street
5	Jones Memorial	10	Kimochi Home

11	Senior and Disability Action at First Unitarian Universalist Society
12	Western Park Apartments
13	939 & 951 Eddy St Apartments
14	Parkview Terraces
15	Mary Helen Rogers Senior Community
16	Bethel AME Church
17	Autumn Glow
18	Rosa Parks Senior Center
19	Willie B. Kennedy Apartments
20	Rosa Parks Apartments
21	Western Addition Senior Center
22	Open Door Legal: Western Addition
23	1750 McAllister Street
24	St. Mary's Hospital
25	Seventh Avenue Presbyterian Church
+	Inner Sunset Community Connectors (facilitates a variety of neighborhood-based activities but does not have a specific service site)

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 5: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Booker T. Washington Community Center	800 Presidio Ave	94115	Congregate Meals	Project Open Hand
				Neighborhood-Based Pilot Program	Booker T Washington Community Service Center
2	St. Dominic's Catholic Church	2390 Bush St	94115	Food Pantry	San Francisco-Marin Food Bank
3	Jewish Family and Children's Services	2150 Post St	94115	Naturalization	Jewish Family and Children's Services
4	Macedonia Baptist Church	2135 Sutter St	94115	Food Pantry	San Francisco-Marin Food Bank
5	Jones Memorial	1975 Post St	94115	Food Pantry	San Francisco-Marin Food Bank
6	Kimochi Lounge	1581 Webster St	94115	Intergenerational Programs	Kimochi
7	Kimochi Senior Center	1840 Sutter St	94115	Community Service Centers	Kimochi
				Congregate Meals	Kimochi
				Intergenerational Programs	Kimochi
8	Kimochi Administration Office	1715 Buchanan St	94115	Case Management^	Kimochi
				Family Caregiver Support Program^	Kimochi
				Intergenerational Programs	Kimochi
9	1760 Bush Street	1760 Bush St	94109	Rental Assistance Demonstration	Mercy Housing
10	Kimochi Home	1531 Sutter St	94109	Adult Day Program	Kimochi
				Congregate Meals	Kimochi
11	Senior and Disability Action at First Unitarian Universalist Society	1187 Franklin St	94109	Congregate Meals	Centro Latino de San Francisco
12	Western Park Apartments	1280 Laguna St	94115	Intergenerational Programs	Sequoia Living
				SF Connected	Self-Help for the Elderly
13	939 & 951 Eddy St Apartments	951 Eddy St	94109	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Tenderloin Neighborhood Development Corporation
14	Parkview Terraces	871 Turk St	94102	Intergenerational Programs	Sequoia Living

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
15	Mary Helen Rogers Senior Community	701 Golden Gate Ave	94102	Intergenerational Programs	Sequoia Living
16	Bethel AME Church	916 Laguna St	94115	Food Pantry	San Francisco-Marin Food Bank
17	Autumn Glow	654 Grove St	94102	Assisted Living Facility Support	Self-Help for the Elderly
18	Rosa Parks Senior Center	1111 Buchanan St	94115	Community Service Centers	Bayview Senior Services
				Congregate Meals	Bayview Senior Services
				Health Promotion: Physical Fitness	Bayview Hunters Point Multipurpose Senior Services, Inc
				SF Connected	Community Technology Network
19	Willie B. Kennedy Apartments	1239 Turk St	94115	Intergenerational Programs	Sequoia Living
20	Rosa Parks Apartments	1251 Turk St	94115	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Tenderloin Neighborhood Development Corporation
21	Western Addition Senior Center	1390 1/2 Turk St	94115	Aging & Disability Resource Center	Bayview Senior Services
				Case Management^	Bayview Senior Services
				Community Service Centers	Bayview Senior Services
				Congregate Meals	Bayview Senior Services
				Health Promotion: Physical Fitness	Bayview Senior Services
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Technology Network
22	Open Door Legal: Western Addition	1113 Fillmore St	94115	Legal Assistance	Open Door Legal
23	1750 McAllister Street	1750 McAllister St	94115	Rental Assistance Demonstration	HomeRise
24	St. Mary's Hospital	2255 Hayes St	94117	HICAP/Medicare Counseling	Self-Help for the Elderly
25	Seventh Avenue Presbyterian Church	1329 7th Ave	94122	HICAP/Medicare Counseling	Self-Help for the Elderly

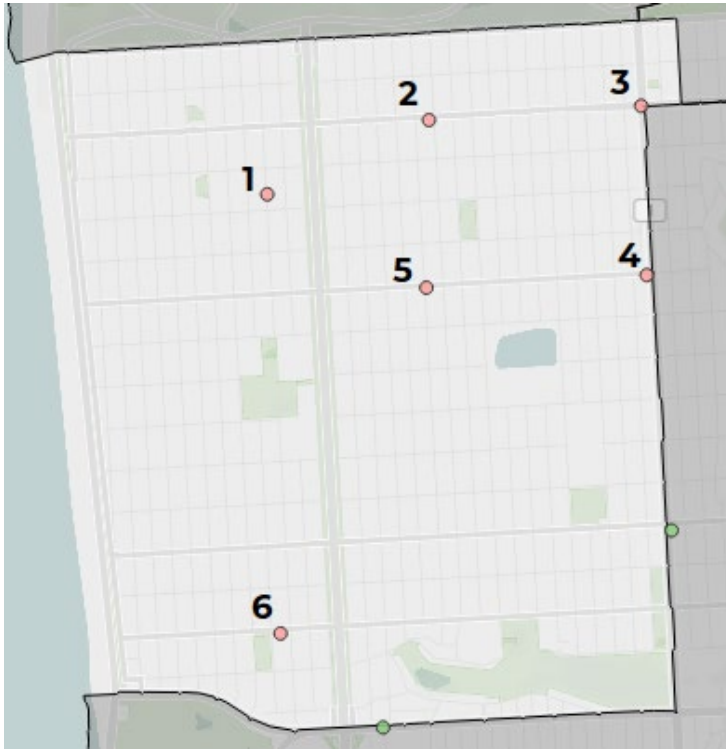^ Service available onsite and also provided to client in the community and/or at their home

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District 6 🟡
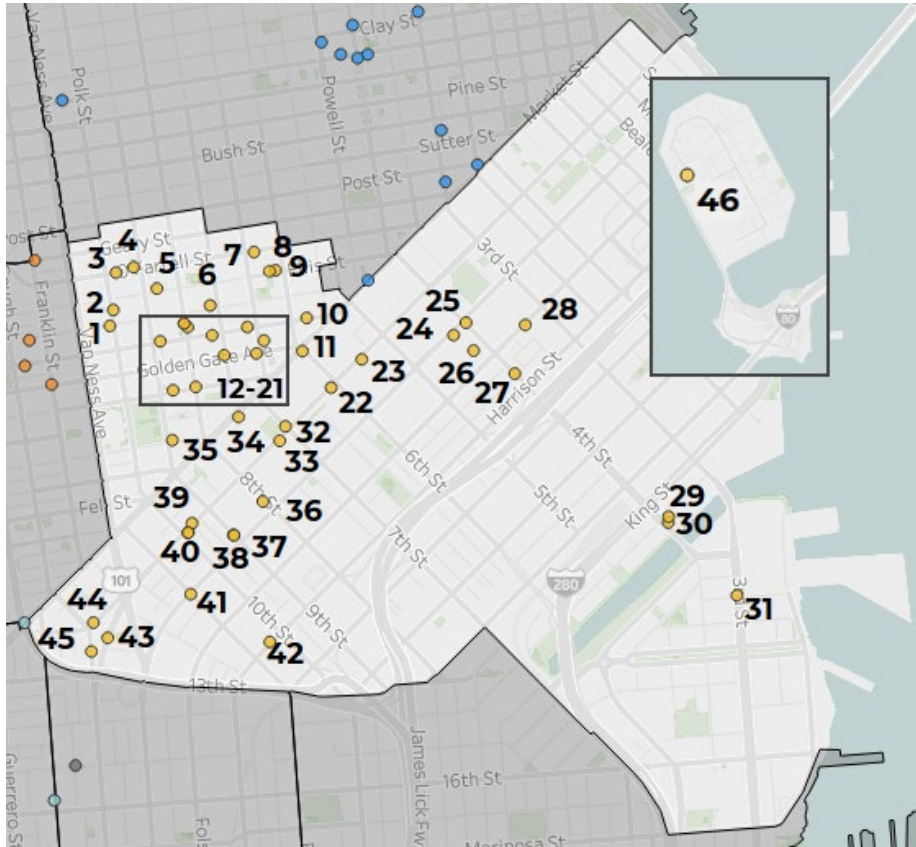
Service Sites in District 6

1. Eastern Park Apartments
2. Project Open Hand
3. Southeast Asian Community
4. Conard House: Jordan Apartments
5. 666 Ellis Street
6. Fairfax Hotel
7. Downtown SF Senior Center
8. 350 Ellis Street
9. Glide Foundation
10. Conard House: Aranda Hotel
11. Homebridge
12. Sala Burton Manor
13. Conard House: Allen Hotel
14. Conard House: The Midori
15. Curry Senior Center
16. Salvation Army: Kroc Center
17. Conard House: The Lyric
18. St. Anthony's Dining Room
19. Central Tenderloin Neighborhood Pantry
20. UC Hastings College of the Law - Medical-Legal Partnership for Seniors

(continued on next page)

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 6 (Continued)

21	Conard House: McAllister	34	Lighthouse for the Blind & Visually Impaired
22	Bayanihan Equity Center	35	San Francisco Public Library
23	Pilipino Senior Resource Center	36	Canon Kip Senior Center
24	Independent Living Resource Center of San Francisco	37	Conard House: Tech Cafe
25	Woolf House	38	Conard House: El Dorado Hotel
26	Clementina Towers	39	Senior and Disability Action
27	Salvation Army: South of Market	40	Conard House: Allen Hotel
28	Mendelsohn House	41	The Arc San Francisco
29	Mission Creek Community	42	San Francisco Human Services Agency
30	Mission Creek Adult Day Health	43	Community Living Campaign
31	Edwin M Lee Apartments	44	DAS Benefits and Resource Hub
32	Social Security Administration	45	Veterans Commons
33	API Legal Outreach	46	Maceo May Apartments

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 6: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Eastern Park Apartments	711 Eddy St	94109	Intergenerational Programs	Sequoia Living
				SF Connected	Community Living Campaign
					Community Technology Network
					Self-Help for the Elderly
2	Project Open Hand	730 Polk St	94109	Congregate Meals	Project Open Hand
				LGBTQ Financial Literacy	Balance
				Nutrition as Health	Project Open Hand
3	Southeast Asian Community	875 O'Farrell St	94102	Food Pantry	San Francisco-Marin Food Bank
4	Conard House: Jordan Apartments	820 O'Farrell St	94109	SF Connected	Conard House
5	666 Ellis Street	666 Ellis St	94109	Rental Assistance Demonstration	HomeRise
				SF Connected	Self-Help for the Elderly
6	Fairfax Hotel	420 Eddy St	94109	Veterans Service Connection	Swords to Plowshares
7	Downtown SF Senior Center	481 O'Farrell St	94102	Aging & Disability Resource Center	Sequoia Living
				Case Management^	Sequoia Living
				Community Service Centers	Sequoia Living
				Congregate Meals	Project Open Hand
				Congregate Meals (Breakfast)	Project Open Hand
				Health Promotion: Physical Fitness	Sequoia Living
				SF Connected	Community Technology Network
					Self-Help for the Elderly
8	350 Ellis Street	350 Ellis St	94102	Rental Assistance Demonstration	Glide Community Housing
9	Glide Foundation	330 Ellis St	94102	Congregate Meals	Glide Foundation
				Congregate Meals (Free Meals)	Glide Foundation
10	Conard House: Aranda Hotel	64 Turk St	94102	SF Connected	Conard House

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
11	Homebridge	1035 Market St	94103	Case Management^	Homebridge
12	Sala Burton Manor	430 Turk St	94102	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Tenderloin Neighborhood Development Corporation
13	Conard House: Allen Hotel	1693 Market Street	94103	SF Connected	Conard House
14	Conard House: The Midori	240 Hyde St	94102	SF Connected	Conard House
15	Curry Senior Center	333 Turk St	94102	Case Management^	Curry Senior Center
				Community Service Centers	Curry Senior Center
				Congregate Meals	Project Open Hand
				Congregate Meals (Breakfast)	Project Open Hand
				LGBTQ Financial Literacy	Balance
				SF Connected	Community Technology Network
					Self-Help for the Elderly
				Technology at Home	Curry Senior Center
16	Salvation Army: Kroc Center	240 Turk St	94102	Food Pantry	San Francisco-Marin Food Bank
17	Conard House: The Lyric	140 Jones St	94102	SF Connected	Conard House
18	St. Anthony's Dining Room	121 Golden Gate Ave	94102	Food Pantry	San Francisco-Marin Food Bank
				Neighborhood Choirs	Community Music Center
19	Central Tenderloin Neighborhood Pantry	210 Golden Gate Ave	94102	Food Pantry	San Francisco-Marin Food Bank
20	UC Hastings College of the Law - Medical-Legal Partnership for Seniors	200 McAllister St	94102	Legal Assistance	UC Hastings College of the Law - Medical-Legal Partnership for Seniors
21	Conard House: McAllister	270 McAllister St	94102	SF Connected	Conard House
22	Bayanihan Equity Center	1010 Mission St	94103	Community Service Centers	Bayanihan Equity Center
				Food Pantry	San Francisco-Marin Food Bank
				Neighborhood Choirs	Community Music Center
23	Pilipino Senior Resource Center	953 Mission St	94103	Naturalization	Asian Pacific Islander Legal Outreach

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

| #	Site	Address	Zip	Service	Agency
24	Independent Living Resource Center of San Francisco	825 Howard St	94103	Community Service Centers	Independent Living Resource Center of San Francisco
				Legal Assistance	Independent Living Resource Center of San Francisco
25	Woolf House	801 Howard St	94103	Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
26	Clementina Towers	330 Clementina St	94103	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Tenderloin Neighborhood Development Corporation
				Senior Companion	Felton Institute
27	Salvation Army: South of Market	360 4th St	94107	Food Pantry	San Francisco-Marin Food Bank
28	Mendelsohn House	737 Folsom St	94107	Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
29	Mission Creek Community	225 Berry St	94158	Food Pantry	San Francisco-Marin Food Bank
30	Mission Creek Adult Day Health	930 4th St	94158	Alzheimer's Day Care Resource Center	Stepping Stone
				Community Service Program Pilot	Stepping Stone
				Family Caregiver	Stepping Stone
				Senior Companion	Felton Institute
				SF Connected	Community Living Campaign
31	Edwin M Lee Apartments	1150 3rd St	94158	Congregate Meals	Centro Latino de San Francisco
				Veterans Service Connection	Swords to Plowshares
32	Social Security Administration	90 7th St	94103	HICAP/Medicare Counseling	Self-Help for the Elderly
33	API Legal Outreach	1121 Mission St	94103	Legal Assistance	Asian Pacific Islander Legal Outreach
				Naturalization	Asian Pacific Islander Legal Outreach

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
34	Lighthouse for the Blind & Visually Impaired	1155 Market St	94103	Community Service Centers	Lighthouse for the Blind & Visually Impaired
				Intergenerational Programs	Lighthouse for the Blind & Visually Impaired
				SF Connected	Lighthouse for the Blind & Visually Impaired
				Transportation	Lighthouse for the Blind & Visually Impaired
35	San Francisco Public Library	100 Larkin St	94102	LGBTQ Financial Literacy	Balance
36	Canon Kip Senior Center	705 Natoma St	94103	Case Management^	Episcopal Community Services
				Community Service Centers	Episcopal Community Services
				Congregate Meals	Episcopal Community Services
				Health Promotion: Physical Fitness	On Lok
37	Conard House: Tech Cafe	154 9th St	94103	SF Connected	Conard House
38	Conard House: El Dorado Hotel	150 9th St	94103	SF Connected	Conard House
39	Senior and Disability Action	1360 Mission St	94103	Empowerment Program	Seniors and Disability Action
				Homecare Advocacy	Seniors and Disability Action
				Housing Counseling & Advocacy	Seniors and Disability Action
				LTC Consumer Rights Counseling & Advocacy	Seniors and Disability Action
40	Conard House: Allen Hotel	1693 Market Street	94103	SF Connected	Conard House
41	The Arc San Francisco	1500 Howard St	94103	Employment (Support Services)	The Arc San Francisco
				SF Connected	The Arc
42	San Francisco Human Services Agency	1440 Harrison	94103	HICAP/Medicare Counseling	Self-Help for the Elderly
43	Community Living Campaign	1663 Mission St	94103	Employment (Reserve)	Community Living Campaign
44	DAS Benefits and Resource Hub	2 Gough St	94103	HICAP/Medicare Counseling	Self-Help for the Elderly

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
45	Veterans Commons	150 Otis St	94103	Congregate Meals	Centro Latino de San Francisco
				Veterans Service Connection	Swords to Plowshares
				Congregate Meals	Centro Latino de San Francisco
46	Maceo May Apartments	1433 F Halibut Ct	94130	Veterans Service Connection	Swords to Plowshares

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 7

1	Pomeroy Recreation and Rehabilitation Center
2	First United Presbyterian Church
3	YMCA: Stonestown
4	YMCA: Park Merced
5	Holy Trinity Greek Orthodox Church
6	Golden Gate Church
7	Saint Finn Barr Church
8	Corner Stone Trinity Baptist Church
9	255 Woodside
10	Forest Hill Church
11	Covenant Presbyterian Church
12	West Portal Community Center
13	CHAMPSS at S & E Cafe
14	St Anne of the Sunset

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 7: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Pomeroy Recreation and Rehabilitation Center	207 Skyline Blvd	94132	Congregate Meals	Project Open Hand
2	First United Presbyterian Church	1740 Sloat Blvd	94132	Food Pantry	San Francisco-Marin Food Bank
3	YMCA: Stonestown	3150 20th Ave	94132	Community Service Centers	YMCA
				Congregate Meals	On Lok
4	YMCA: Park Merced	3711 19th Ave	94132	Community Service Centers	YMCA
5	Holy Trinity Greek Orthodox Church	999 Brotherhood Way	94132	Food Pantry	San Francisco-Marin Food Bank
6	Golden Gate Church	201 Head St	94132	Community Connectors^	Community Living Campaign
				Health Promotion: Physical Fitness	On Lok
7	Saint Finn Barr Church	415 Edna St	94112	Community Connectors^	Community Living Campaign
				Health Promotion: Physical Fitness	On Lok
8	Corner Stone Trinity Baptist Church	480 Teresita Blvd	94127	Community Connectors^	Community Living Campaign
				Health Promotion: Physical Fitness	On Lok
9	255 Woodside	255 Woodside Ave	94127	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Bridge Housing
10	Forest Hill Church	250 Laguna Honda Blvd	94116	Community Connectors^	Community Living Campaign
				Health Promotion: Physical Fitness	On Lok
11	Covenant Presbyterian Church	321 Taraval St	94116	Food Pantry	San Francisco-Marin Food Bank
12	West Portal Community Center	131 Lenox Way	94127	Aging & Disability Resource Center	Self-Help for the Elderly
				Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				Health Promotion: Physical Fitness	On Lok
				SF Connected	Self-Help for the Elderly
13	CHAMPSS at S & E Cafe	2406 19th Ave	94116	Congregate Meals	Self-Help for the Elderly
14	St Anne of the Sunset	850 Judah St	94122	Community Connectors^	Community Living Campaign

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 8 ○

Service Sites in District 8

1	LGBT Center
2	Openhouse
3	On Lok Adult Day
4	462 Duboce Avenue
5	25 Sanchez
6	Mission Dolores
7	La Raza Centro Legal
8	Grace Fellowship Community Church
9	3850 18th Street
10	Castro Senior Center
11	Salvation Army: Mission
12	30th Street Senior Center (On Lok)
13	St. Aidan's Episcopal Church
14	New Life Lutheran Church
15	YMCA: Mission

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 8: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	LGBT Center	1800 Market St	94103	LGBTQ Financial Literacy	LGBT Center
2	Openhouse	65 Laguna St	94102	Aging & Disability Resource Center	Openhouse
				Case Management^	Openhouse
				Community Service Centers	Openhouse
				Intergenerational Programs	Openhouse
				TGNC Supports	Open House
3	On Lok Adult Day	75 Laguna St	94102	Adult Day Program	On Lok
4	462 Duboce Avenue	462 Duboce St	94117	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Bridge Housing
5	25 Sanchez	25 Sanchez St	94114	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Bridge Housing
6	Mission Dolores	1855 15th St	94103	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Bridge Housing
7	La Raza Centro Legal	474 Valencia St	94103	Legal Assistance	La Raza Centro Legal
				Naturalization	La Raza Centro Legal
8	Grace Fellowship Community Church	3265 16th St	94103	Food Pantry	San Francisco-Marin Food Bank
9	3850 18th Street	3850 18th St	94114	Intergenerational Programs	Sequoia Living
				Rental Assistance Demonstration	Bridge Housing
10	Castro Senior Center	110 Diamond St	94114	Community Service Centers	Golden Gate Senior Services
				Congregate Meals	Project Open Hand
				Health Promotion: Physical Fitness	Golden Gate Senior Services
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Technology Network
11	Salvation Army: Mission	69 San Jose Ave	94110	Food Pantry	San Francisco-Marin Food Bank
				SF Connected	Community Technology Network

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
12	30th Street Senior Center (On Lok)	225 30th St	94131	Aging & Disability Resource Center	On Lok
				Case Management^	On Lok
				Chronic Disease Self-Management Programs	On Lok
				Community Service Centers	On Lok
				Congregate Meals	On Lok
				Health Promotion: Physical Fitness	On Lok
				HICAP/Medicare Counseling	Self-Help for the Elderly
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Living Campaign
					Community Technology Network
13	St. Aidan's Episcopal Church	101 Goldmine Drive	94131	Food Pantry	San Francisco-Marin Food Bank
14	New Life Lutheran Church	395 Addison St	94131	Food Pantry	San Francisco-Marin Food Bank
15	YMCA: Mission	4080 Mission St	94112	Community Service Centers	YMCA

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700
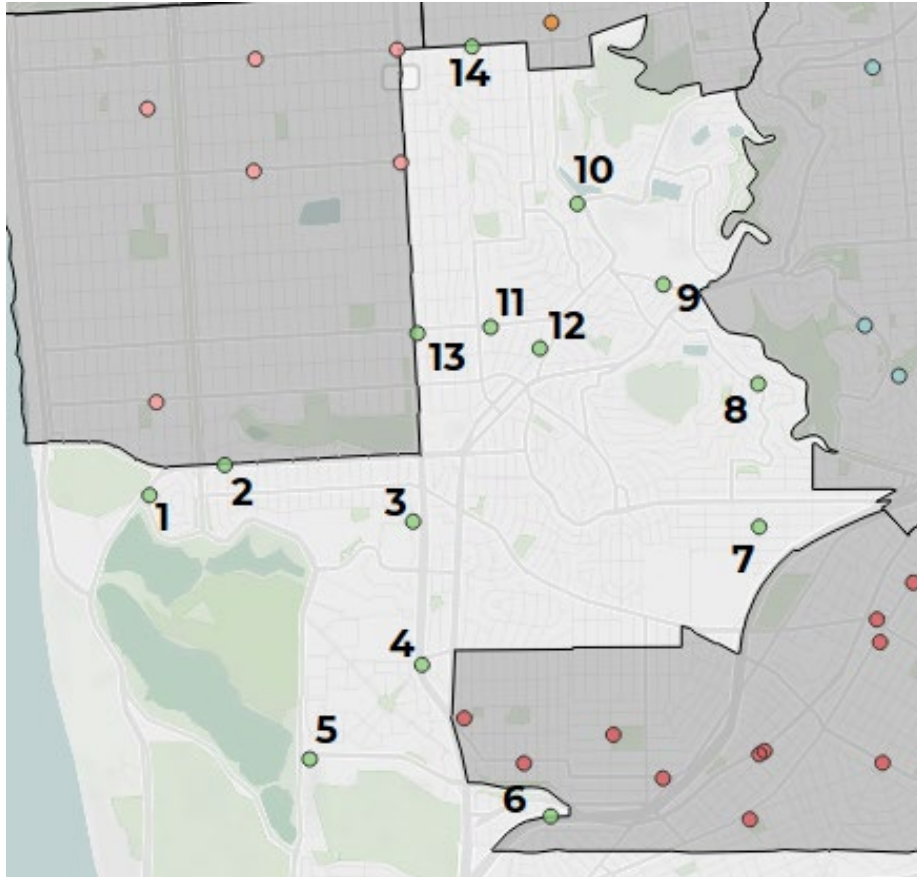
District 9 ●

Service Sites in District 9

1   Centro Latino de San Francisco
2   Star Hotel
3   Mission Neighborhood Centers
4   Bethany Center
5   Pets Are Wonderful Support (PAWS)
6   Bernal Heights Neighborhood Center
7   Casa de Barro

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

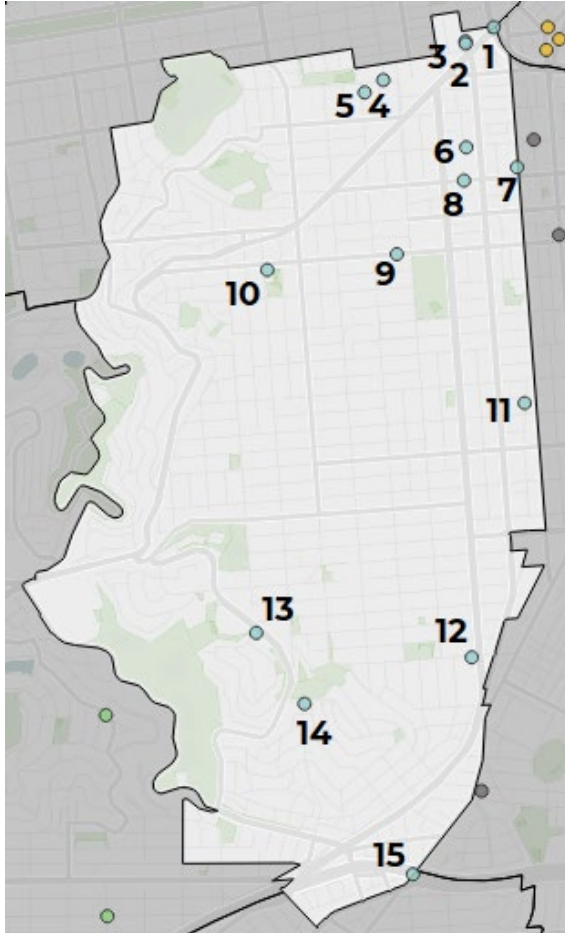**Service Sites in District 9: Services Available by Site**

#	Site	Address	Zip	Service	Agency
1	Centro Latino de San Francisco	1656 15th St	94103	Community Service Centers	Centro Latino de San Francisco
				Congregate Meals	Centro Latino de San Francisco
				Naturalization	Centro Latino de San Francisco
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Living Campaign
					Community Technology Network
2	Star Hotel	2176 Mission St	94110	Congregate Meals	Centro Latino de San Francisco
3	Mission Neighborhood Centers	362 Capp St	94110	Aging & Disability Resource Center	Mission Neighborhood Centers
				Community Service Centers	Mission Neighborhood Centers
				Congregate Meals	Centro Latino de San Francisco
				Food Pantry	San Francisco-Marin Food Bank
				Intergenerational Programs	Mission Neighborhood Centers
				Naturalization	Centro Latino de San Francisco
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Living Campaign
					Community Technology Network
					Self-Help for the Elderly
4	Bethany Center	580 Capp St	94110	Health Promotion: Physical Fitness	Bethany Center
				Neighborhood Choirs	Community Music Center
5	Pets Are Wonderful Support (PAWS)	3170 23rd St	94110	LGBTQ Care Navigation	Shanti Project
				LGBTQ Financial Literacy	Balance
6	Bernal Heights Neighborhood Center	515 Cortland Ave	94110	Community Service Centers	Bernal Heights Neighborhood Center
				Congregate Meals	On Lok
				Food Pantry	San Francisco-Marin Food Bank
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Technology Network
7	Casa de Barro	3811 Mission St	94110	Food Pantry	San Francisco-Marin Food Bank

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 10 ⬤

Service Sites in District 10

1	Edgewood Center for Children & Families
2	Redeemer Community Church
3	Open Door Legal: Bayview
4	Bayview Hunters Pt Adult Day Health Center
5	Dr. George W. Davis Senior Center
6	Senior Ex-Offender Program
7	Visitacion Valley Community Center
8	Calvary Street Village
9	John King Senior Community
10	Samoan Community Development Center

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Service Sites in District 10: Services Available by Site

#	Site	Address	Zip	Service	Agency
1	Edgewood Center for Children & Families	3801 3rd St	94124	Family Caregiver Support Program^	Edgewood Center for Children & Families
2	Redeemer Community Church	1224 Fairfax Ave	94124	HICAP/Medicare Counseling	Self-Help for the Elderly
3	Open Door Legal: Bayview	4634 3rd St	94124	Legal Assistance	Open Door Legal
4	Bayview Hunters Pt Adult Day Health Center	1250 La Salle Ave	94124	SF Connected	Community Living Campaign
5	Dr. George W. Davis Senior Center	1751 Carroll Ave	94124	Aging & Disability Resource Center	Bayview Senior Services
				Case Management^	Bayview Senior Services
				Community Service Centers	Bayview Senior Services
				Congregate Meals	Bayview Senior Services
				Food Pantry	San Francisco-Marin Food Bank
				Health Promotion: Physical Fitness	Bayview Senior Services
				Home-Delivered Groceries	Bayview Senior Services
				Intergenerational Programs	Bayview Senior Services
				Money Management	Bayview Senior Services
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Technology Network
6	Senior Ex-Offender Program	5600-A 3rd St	94124	Senior Ex-Offender Program	Bayview Senior Services
7	Visitacion Valley Community Center	66 Raymond Ave	94134	Congregate Meals	Project Open Hand
				Community Service Centers	Felton Institute
					Visitacion Valley Neighborhood Association
				Congregate Meals	Project Open Hand
8	Calvary Street Village	1099 Sunnydale Ave	94134	Food Pantry	San Francisco-Marin Food Bank

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
9	John King Senior Community	500 Raymond Ave	94134	Community Service Centers	Self-Help for the Elderly
				Congregate Meals	Self-Help for the Elderly
				Food Pantry	San Francisco-Marin Food Bank
				Naturalization	Self-Help for the Elderly
				SF Connected	Self-Help for the Elderly
10	Samoan Community Development Center	2055 Sunnydale Ave	94134	Community Service Centers	Bayview Senior Services
				Congregate Meals	Bayview Senior Services

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

District 11 🔴
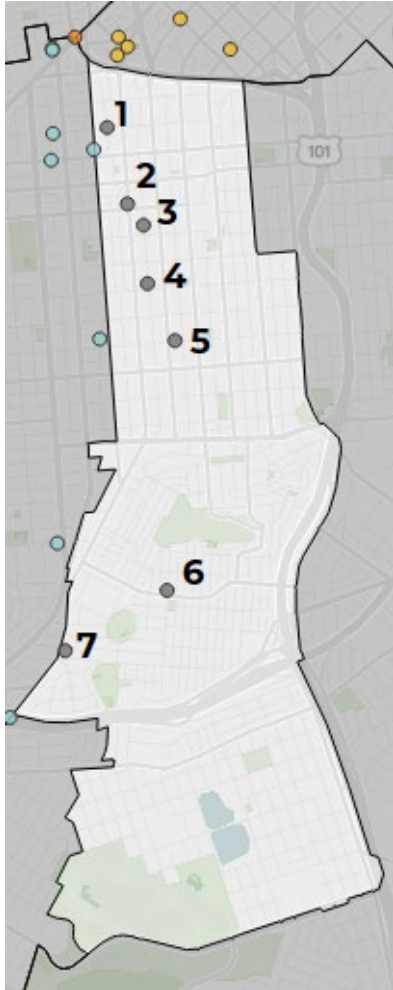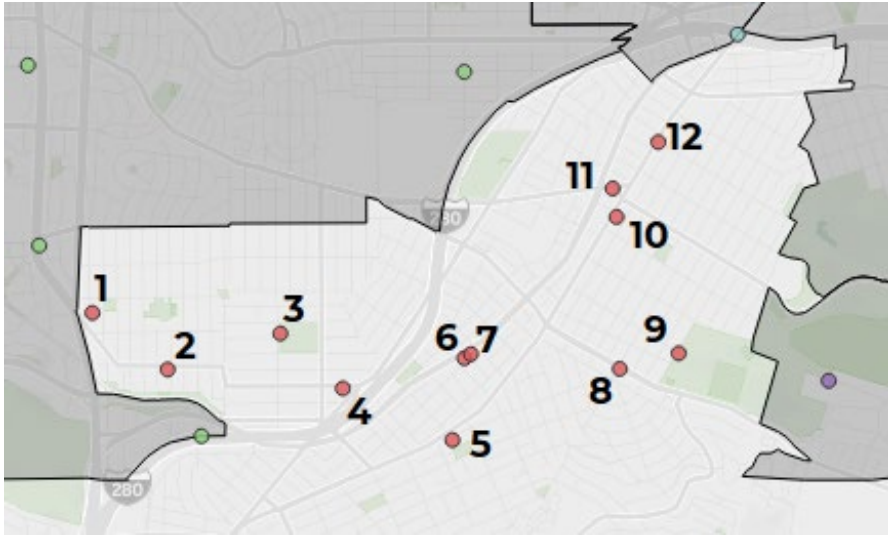

Service Sites in District 11

1   OMI Senior Center
2   IT Bookman Community Center
3   OMI Family Resource Center
4   San Francisco Adult Day Support
5   Calvary Baptist Church
6   Addis Kidan/Bethel Lutheran Church
7   Bethel Center
8   San Francisco Community Fellowship
9   Crocker Amazon Park Clubhouse
10   CHAMPSS at Henry's Hunan
11   Open Door Legal: Excelsior
12   Excelsior Community Center
 +   Cayuga Community Connectors
     (facilitates a variety of neighborhood-
     based activities but does not have a
     specific service site)

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

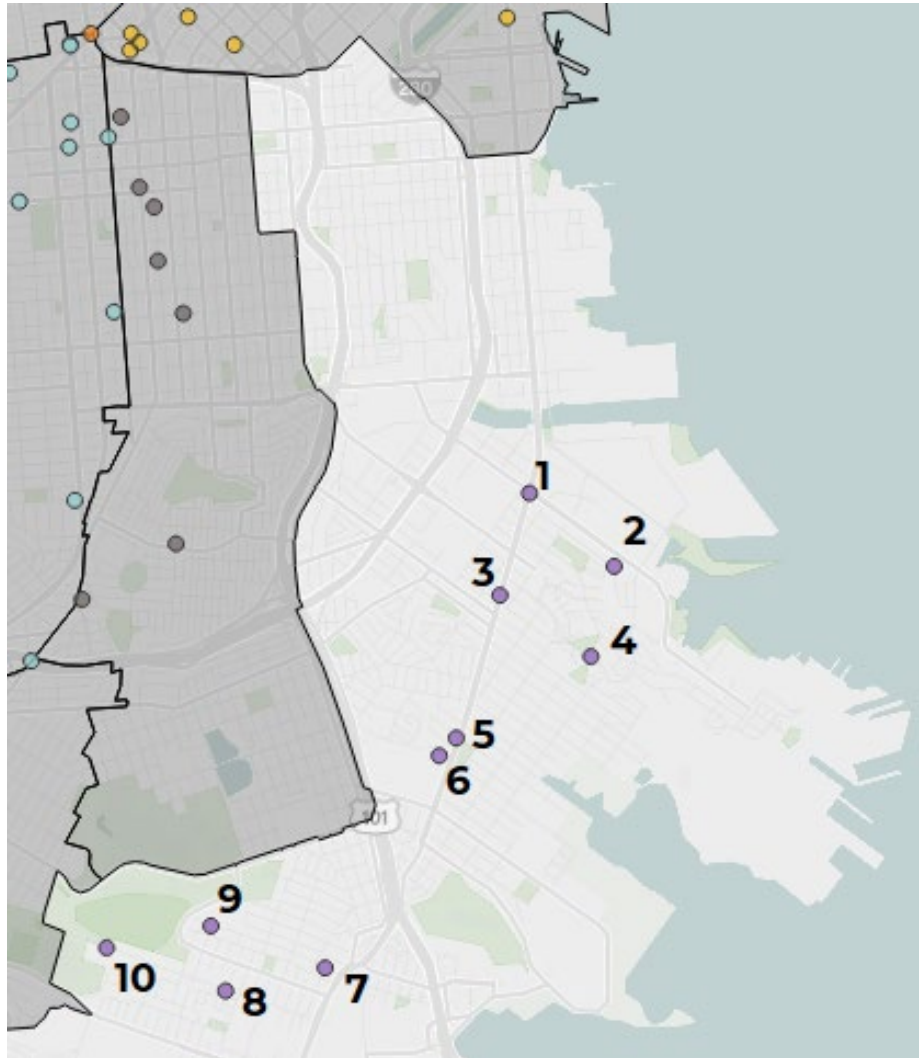**Service Sites in District 11: Services Available by Site**

#	Site	Address	Zip	Service	Agency
1	OMI Senior Center	65 Beverly St	94132	Aging & Disability Resource Center	Catholic Charities
				Case Management^	Catholic Charities
				Community Service Centers	Catholic Charities
				Congregate Meals	On Lok
				Food Pantry	San Francisco-Marin Food Bank
				Health Promotion: Physical Fitness	Catholic Charities
				Neighborhood Choirs	Community Music Center
				Senior Companion	Felton Institute
				SF Connected	Community Technology Network
					Self-Help for the Elderly
2	IT Bookman Community Center	446 Randolph St	94132	Community Service Centers	Southwest Community Corporation
				Congregate Meals	Centro Latino de San Francisco
					Project Open Hand
				Health Promotion: Physical Fitness	Southwest Community Corporation
				Neighborhood Choirs	Community Music Center
				SF Connected	Community Living Campaign
					Community Technology Network
3	OMI Family Resource Center	650 Capitol St	94112	Food Pantry	San Francisco-Marin Food Bank
4	San Francisco Adult Day Support	50 Broad St	94112	Adult Day Program	Catholic Charities
				Alzheimer's Day Care Resource Center	Catholic Charities
				Congregate Meals	On Lok
				SF Connected	Community Living Campaign
					Self-Help for the Elderly
5	Calvary Baptist Church	5655 Mission St	94112	Food Pantry	San Francisco-Marin Food Bank
6	Addis Kidan/Bethel Lutheran Church	2525 Alemany Blvd	94112	Community Connectors^	Community Living Campaign

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

#	Site	Address	Zip	Service	Agency
7	Bethel Center	2557 Alemany Blvd	94112	Health Promotion: Physical Fitness	Bethel Center
8	San Francisco Community Fellowship	1195 Geneva Ave	94112	Food Pantry	San Francisco-Marin Food Bank
9	Crocker Amazon Park Clubhouse	799 Moscow St	94112	Community Connectors^	Community Living Campaign
10	CHAMPSS at Henry's Hunan	4753 Mission St	94112	Congregate Meals	Self-Help for the Elderly
11	Open Door Legal: Excelsior	60 Ocean Ave	94112	Legal Assistance	Open Door Legal
12	Excelsior Community Center	4468 Mission St	94112	Community Service Centers	Bernal Heights Neighborhood Center
				Congregate Meals	On Lok
				Food Pantry	San Francisco-Marin Food Bank
				HICAP/Medicare Counseling	Self-Help for the Elderly
				SF Connected	Community Technology Network
					Self-Help for the Elderly

^ Service available onsite and also provided to client in the community and/or at their home

To learn more about these service sites and other home-based services, contact the DAS Benefits and Resource Hub at (415) 355-6700

Appendix C: DFCNA Consumer Survey Data Tables

Table of Contents

Overview

This appendix summarizes key findings and participant responses from the DFCNA consumer survey to help inform our understanding of community needs and experience of services. The survey was administered via online, paper, and phone formats to older adults, adults with disabilities, and caregivers for these populations from November 17, 2021 – January 4, 2022.

We received a **total of 1,881 unique survey responses** reflecting the perspectives of 1,652 consumers (including older adults and adults with disabilities), 111 caregivers, and 118 individuals who are both caregivers and consumers.

The survey's open-ended responses are not summarized below due to capacity constraints. However, thematic coding of the open-ended responses showed that this data generally echoes the quantitative findings presented in this summary. RDA will provide the open-ended survey responses to DAS along with the full consumer survey data set.

Summary of Findings

Health, Well-being, and Areas of Need

- **Consumers' basic needs are generally well met.** Most older adults and adults with disabilities have a place to stay overnight, have enough to eat, and are able to get the medical services they need to maintain their health. In addition, most consumer respondents (approximately two-in-three) are able to get the mental health supports they need.
- While **consumers are somewhat active and stay connected with friends and family, they don't always know how to connect with services**. Compared with their self-report of how well their basic needs are met, a relatively smaller proportion of consumers say they have enough activities, hobbies, and opportunities to engage in physical activity.
  - Most consumers leave their home to go outside at least once a week.
  - Most older adults visit with friends or family in person or on the phone at least once a week. In contrast, just about half of adults with disabilities visit with friends and family in person or on the phone weekly.
  - Only about one quarter of consumers report that they *always* know where to learn about resources or how to get help connecting to needed services.

Experience with Services

- Approximately half of all **older adults learn about services through community services centers** and the same proportion report that **they learn about services from friends or family**. In contrast, about one-third of adults with disabilities say they find out about services in these ways. **The most common way that adults with disabilities learn about services is through an internet/web search.**
- **Older adults and adults with disabilities most often use phone to participate in services or seek help.** In addition, about half participate in services or seek help in-person and approximately one-third use video calls (like Zoom) to participate.
- Amongst survey respondents, **the programs most utilized by adults with disabilities and older adults include community service centers, food**

support programs, and in-home care services. For adults with disabilities, the top service is in-home care while for older adults it is community service centers.

- **Adults with disabilities who responded to the survey experience barriers to participation at a much greater rate than older adults.** Adults with disabilities are particularly challenged by finding that services are already full and/or have a long waitlist as well as challenging application process. In addition, over half of adults with disabilities regularly feel concerned about their safety when traveling to and/or participating in services.

Caregiver Questions

- Most caregiver respondents **provide care to one or more family member or friend daily.**
- The **primary types of stress that caregivers experience include emotional and physical stress,** however less than half of respondents report that they feel each of these types of stress weekly (or more frequently).
- Most caregivers report that they **do not typically know where to get support as a caregiver.** A similar proportion say that they don't know that there are services available to support caregivers.
- Only about **one-third of caregivers believe that services in San Francisco meet the needs of caregivers**, however about **two-thirds of caregivers believe they are adequately equipped to provide quality care to care recipients.**

Participant Profile

Older Adults

San Francisco District N=1,502

District	%
District 1	9%
District 2	4%
District 3	8%
District 4	13%
District 5	8%
District 6	14%
District 7	5%
District 8	7%
District 9	7%
District 10	5%
District 11	5%
I do not live in San Francisco	2%
Unsure	8%
Decline to answer	3%

Race/Ethnicity N=1,504

- Asian & Pacific Islander — 50%
- Non-Hispanic White — 34%
- Latinx/Hispanic — 7%
- Black/African American — 6%
- Other BIPOC — 3%
- Not listed — 2%
- Decline to answer — 1%

Language N=1,514

- English 54%
- Cantonese 24%
- Tagalog 7%
- Spanish 5%
- Mandarin 3%
- Vietnamese 3%
- Japanese 1%
- Korean 1%
- Russian 1%
- Not Listed 1%
- Decline to answer 1%

(0% 20% 40% 60%)

Age Range N=1,514

- 60 - 64 years 13%
- 65 - 74 years 49%
- 75 - 84 years 28%
- 85 years or older 8%
- Decline to answer 1%

(0% 20% 40% 60%)

Military Status N=1,297

- Not a Veteran 91%
- Veteran 6%
- Decline 3%

People in Household N=1,504

- I live alone 46%
- 2 people 35%
- 3 people 9%
- 4 or more people 5%
- Decline to answer 5%

(0% 20% 40% 60%)

Sexual Orientation N=1,478

- Straight/Heterosexual 77%
- Gay/Lesbian/Same-Gender Loving 7%
- Bisexual 3%
- Not Listed 1%
- Decline to answer 11%

(0% 20% 40% 60% 80%)

Gender N=1,437

- Woman 67%
- Man 32%
- Trans Woman 0%
- Trans Man 1%
- Gender nonbinary/ Genderqueer 1%
- Not listed 0%
- Decline to answer 0%

Annual Household Income N=1,493

Category	Percentage
Less than $30,000	43%
$30,000 to $39,999	9%
$40,000 to $49,999	6%
$50,000 to $74,999	9%
$75,000 to $99,999	5%
More than $100,000	9%
Don't know	4%
Decline to answer	16%

Residence Type N=1,501

Category	Percentage
Apartment or flat	43%
Single-family house	33%
Supportive housing	7%
Single-Room Occupancy (SRO) hotel	3%
In-law unit	3%
Assisted living or board and care home	1%
Not Listed	4%
Decline to answer	5%

Employment Status N=1,505

Category	Percentage
Retired	69%
Employed, part-time	8%
Unable to work due to disability	7%
Employed, full-time	5%
Unemployed, looking for work	3%
Unemployed, but not looking for work	1%
Not Listed	2%
Decline to answer	5%

Adults with Disabilities

San Francisco District N=118

District	%
District 1	5%
District 2	0%
District 3	8%
District 4	5%
District 5	16%
District 6	26%
District 7	1%
District 8	3%
District 9	8%
District 10	11%
District 11	3%
I do not live in San Francisco	3%
Unsure	7%
Decline to answer	3%

Race/Ethnicity N=125

Category	%
Asian & Pacific Islander	38%
Non-Hispanic White	30%
Latinx/Hispanic	10%
Black/African American	18%
Other BIPOC	3%
Not listed	2%
Decline to answer	8%

Language N=125

- English — 67%
- Cantonese — 10%
- Tagalog — 7%
- Spanish — 6%
- Vietnamese — 3%
- Mandarin — 2%
- Russian — 2%
- ASL — 1%
- Arabic — 1%
- Korean — 1%
- Decline to answer — 5%

(Axis: 0% 20% 40% 60% 80%)

Age Range N=127

- 18 - 24 years — 2%
- 25 - 44 years — 28%
- 45 - 54 years — 31%
- 55 - 59 years — 35%
- Decline to answer — 3%

(Axis: 0% 10% 20% 30% 40%)

Military Status N=121

- Not a Veteran — 93%
- Veteran — 2%
- Decline — 5%

People in Household N=127

- I live alone — 45%
- 2 people — 28%
- 3 people — 10%
- 4 or more people — 11%
- Decline to answer — 6%

(Axis: 0% 20% 40% 60%)

Sexual Orientation N=124

- Straight/Heterosexual — 64%
- Gay/Lesbian — 15%
- Bisexual — 6%
- Questioning/Unsure — 2%
- Not Listed — 1%
- Decline to answer — 11%

(Axis: 0% 20% 40% 60% 80%)

Gender N=124

- Woman — 50%
- Man — 43%
- Trans Woman — 2%
- Trans Man — 2%
- Gender nonbinary/Genderqueer — 2%
- Not listed — 0%
- Decline to answer — 0%

Annual Household Income N=127

Income	Percentage
Less than $30,000	65%
$30,000 to $39,999	6%
$40,000 to $49,999	2%
$50,000 to $74,999	7%
$75,000 to $99,999	2%
More than $100,000	2%
Don't know	7%
Decline to answer	9%

Residence Type N=128

Residence	Percentage
Apartment or flat	45%
Single-family house	17%
Supportive housing	16%
Single-Room Occupancy (SRO) hotel	11%
In-law unit	2%
Shelter	2%
Unsheltered	2%
Assisted living or board and care home	1%
Not listed	2%
Decline to answer	3%

Employment Status N=128

Employment	Percentage
Unable to work due to disability	57%
Employed, part-time	9%
Retired	8%
Employed, full-time	8%
Unemployed, looking for work	8%
Unemployed, but not looking for work	4%
In school, not working	2%
Not Listed	2%
Decline to answer	3%

Survey Responses by Question

The data tables below summarize how survey participants responded to each question on the DFCNA consumer survey, disaggregated by respondent type: older adults (age 60+), adults with disabilities (age 18-59), and caregivers.

Note to Readers: All questions in the survey were optional, including the individual components of each question. As such, the number of respondents—used as the denominator to calculate response percentages by population—often varies by question and question sub-components. These totals are indicated in the table by *N = number of respondents*.

The tables summarize survey responses for from most common to least common response (i.e., high to low percentage of overall respondents.

Survey Respondent Information

Table 1. Please select the statement that best describes you.

Total Respondents N = 1,881	Older Adults (age 60+) N = 1,625	Adults with Disabilities (age 18-59) N = 145	Caregivers Only N = 111
100%	86%	8%	6%

NOTE: A total of 229 respondents identified as a caregiver. However, 118 of these respondents also identified as a consumer. Those respondents who identified as both are included in both the consumer data tables and caregiver data tables.

Table 2. How did you hear about this survey?

Source	Older Adults N=1,500	Adults with Disabilities N=127
Community Services Center (*sometimes called "senior centers"*)	53%	32%
Friend or family	52%	34%
Internet/Web search	38%	43%
Physician or medical professional	34%	27%
Social worker or case manager	22%	39%
SF Department of Disability & Aging Services	19%	20%
Email	17%	19%
Television	17%	9%
Newspaper or newsletter	16%	7%
Church or other faith-based community	13%	9%
Social media	12%	17%
Something else	11%	3%
Radio	8%	16%

Health, Well-being, and Areas of Need

Table 3. Please indicate whether any of the following apply to you.

Barrier	Older Adults N=1,501	Adults with Disabilities N=129
Chronic health condition	39%	45%
Disability	26%	83%
Limitation in daily life activities (such as dressing or preparing meals) due to a chronic or ongoing condition	15%	34%
Something else	8%	5%
None of the above apply to me	41%	4%

Table 4. Please indicate if you have an impairment or need support in any of the following areas.

	Older Adults N=1,480	Adults with Disabilities N= 126
Physical mobility	26%	48%
Vision	24%	29%
Long-term health needs (such as having a chronic health condition)	23%	40%
Hearing	19%	13%
Independent Living (such as difficulty doing errands alone including visiting a doctor's office or shopping)	16%	35%
Memory	16%	26%
Self-care	8%	19%
Learning	6%	21%

	Older Adults N=1,480	Adults with Disabilities N= 126
Something else	5%	13%
None of the above apply to me	36%	6%

Table 5. During a typical month, how often do you do the following activities? (Older Adults)

	Never	Less than once a week	Weekly	Multiple times a week	Not applicable
Leave my home or go outside N=1,490	4%	11%	18%	64%	3%
Visit with friends or family in person or on the phone N=1,454	6%	16%	28%	47%	3%
Engage in a hobby such as art, gardening, or music N=1,412	17%	15%	23%	36%	9%
Participate in activities at a Community Services Center N=1,429	38%	14%	19%	17%	11%
Provide care for another person N=1,386	45%	9%	8%	14%	24%
Participate in groups like faith communities, social clubs, or civic organizations N=1,440	34%	19%	23%	12%	12%
Help people in my community through paid or volunteer work N=1,407	39%	18%	14%	11%	18%

Table 6. During a typical month, how often do you do the following activities? (Adults with Disabilities)

	Never	Less than once a week	Weekly	Multiple times a week	Not applicable
Leave my home or go outside N=126	5%	23%	25%	48%	0%
Engage in a hobby such as art, gardening, or music N=123	18%	20%	27%	31%	4%
Visit with friends or family in person or on the phone N=124	11%	30%	25%	29%	5%
Participate in activities at a Community Services Center N=126	42%	17%	14%	17%	10%
Provide care for another person N=124	48%	10%	9%	15%	18%
Participate in groups like faith communities, social clubs, or civic organizations N=125	47%	15%	14%	15%	9%
Help people in my community through paid or volunteer work N=122	39%	19%	13%	13%	16%

Table 7. Please rate your agreement with the following statements about your needs. (Older Adults)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I have a place to stay overnight that meets my needs N=1,488	3%	4%	20%	65%	9%
I have enough to eat N=1,488	2%	6%	27%	61%	3%
I am able to perform basic daily tasks like dressing, bathing, preparing meals, and other household chores N=1,491	5%	8%	26%	56%	4%
I am able to get the medical services I need to maintain my physical health N=1,481	3%	7%	31%	55%	4%
I am able to walk and/or move around my home with ease N=1,486	4%	8%	31%	53%	3%
I am able to use technology (like cell phones or the Internet) to socialize with loved ones N=1,483	6%	9%	29%	53%	3%
I am able to afford my rent or mortgage N=1,479	6%	7%	24%	53%	11%
I have adequate transportation to access my basic needs (like food, shelter, health care) N=1,461	7%	9%	31%	46%	6%
I am able to use technology (like cell phones or the	9%	10%	29%	45%	7%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
Internet) to participate in services N=1,479					
I have adequate transportation to participate in services N=1,454	10%	11%	28%	43%	8%
I am able to engage in desired exercise and/or physical activity N=1,472	7%	15%	36%	38%	4%
I am able to get the mental health support I need N=1,455	7%	10%	28%	36%	19%
I have enough activities and/or hobbies N=1,471	8%	14%	38%	34%	5%
I am able to navigate service systems to access available resources (like social services, healthcare, housing) N=1,468	11%	16%	33%	30%	11%
I know where I can learn about resources to help meet my needs N=1,473	8%	16%	41%	29%	6%
I am able to provide adequate care for a family member or friend N=1,479	14%	8%	21%	29%	29%
I know how to get help connecting to needed services N=1,462	9%	17%	41%	27%	6%
I rarely feel isolated and/or lonely N=1,463	13%	19%	34%	27%	7%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I am able to get legal help I need to address issues like immigration, housing, and/or estate planning N=1,459	13%	16%	23%	22%	26%

Table 8. Please rate your agreement with the following statements about your needs. (Adults with Disabilities)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I have a place to stay overnight that meets my needs N=126	6%	12%	17%	58%	6%
I have enough to eat N=125	9%	10%	30%	49%	2%
I am able to use technology (like cell phones or the Internet) to socialize with loved ones N=125	5%	10%	34%	46%	4%
I am able to use technology (like cell phones or the Internet) to participate in services N=125	6%	10%	32%	45%	6%
I am able to get the medical services I need to maintain my physical health N=128	5%	15%	38%	38%	4%
I am able to afford my rent or mortgage N=123	12%	15%	26%	38%	8%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I am able to walk and/or move around my home with ease N=125	10%	18%	34%	35%	2%
I am able to perform basic daily tasks like dressing, bathing, preparing meals, and other household chores N=127	11%	20%	32%	34%	4%
I have adequate transportation to access my basic needs (like food, shelter, health care) N=126	10%	13%	41%	31%	4%
I am able to get the mental health support I need N=125	14%	17%	32%	28%	9%
I have enough activities and/or hobbies N=125	18%	19%	28%	27%	8%
I rarely feel isolated and/or lonely N=124	21%	23%	25%	27%	4%
I have adequate transportation to participate in services N=126	13%	19%	37%	25%	6%
I am able to navigate service systems to access available resources (like social services, healthcare, housing) N=124	17%	22%	31%	24%	6%
I know how to get help connecting to needed services N=126	15%	26%	36%	21%	2%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I am able to engage in desired exercise and/or physical activity N=126	15%	27%	29%	21%	8%
I am able to get legal help I need to address issues like immigration, housing, and/or estate planning N=125	19%	23%	21%	20%	17%
I know where I can learn about resources to help meet my needs N=125	18%	27%	33%	19%	3%
I am able to provide adequate care for a family member or friend N=124	20%	23%	17%	18%	23%

Experience with Services

Table 9. Please rate your agreement with the following statements about services for <u>older adults</u>. (Older Adults)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
There are services for older adults in my community. N=1,489	4%	12%	41%	38%	5%
I know where to get services for older adults. N=1,472	9%	16%	38%	32%	5%
Services in San Francisco meet the needs of older adults. N=1,470	6%	17%	45%	24%	7%

There are services for adults with disabilities in my community. N=1,446	7%	15%	35%	23%	20%
Older adults can get services in a timely manner. N=1,454	8%	21%	41%	20%	10%

Table 10. Please rate your agreement with the following statements about services for <u>older adults</u>. (Caregivers)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
There are services for older adults in my community. N=175	6%	15%	35%	39%	5%
I know where to get services for older adults. N=175	12%	19%	30%	31%	7%
Services in San Francisco meet the needs of older adults. N=174	10%	14%	37%	30%	8%
Older adults can get services in a timely manner. N=177	11%	22%	39%	23%	6%

Table 11. Please rate your agreement with the following statements about services for <u>adults with disabilities</u>. (Adults with Disabilities)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
There are services for adults with disabilities in my community. N=125	14%	20%	38%	21%	6%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
I know where to get services for adults with disabilities. N=127	19%	28%	28%	20%	5%
Services in San Francisco meet the needs of adults with disabilities. N=125	14%	26%	36%	16%	9%
Adults with disabilities can get services in a timely manner. N=124	8%	19%	32%	16%	25%

Table 12. Please rate your agreement with the following statements about services for <u>adults with disabilities</u>. (Caregivers)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
There are services for adults with disabilities in my community. N=175	10%	17%	35%	28%	10%
Services in San Francisco meet the needs of adults with disabilities. N=176	11%	21%	37%	22%	9%
I know where to get services for adults with disabilities. N=174	14%	21%	37%	19%	9%
Adults with disabilities can get services in a timely manner. N=176	14%	26%	33%	19%	8%

Table 13. How do you typically find out about services that may help meet your needs?

Source	Older Adults N=1,500	Adults with Disabilities N=127
Community Services Center *(sometimes called "senior centers")*	53%	32%
Friend or family	52%	34%
Internet/Web search	38%	43%
Physician or medical professional	34%	27%
Social worker or case manager	22%	39%
SF Department of Disability & Aging Services	19%	20%
Email	17%	19%
Television	17%	9%
Newspaper or newsletter	16%	7%
Church or other faith-based community	13%	9%
Social media	12%	17%
Radio	8%	3%
Something else	11%	16%

Table 14. What technologies or form(s) of communication do you typically use to participate in services or seek help?

Forms of communication	Older Adults N=1,505	Adults with Disabilities N=128
Phone calls	73%	77%
In-person	52%	52%
Email	43%	44%
Internet/web search	38%	37%
Video calls (like Zoom or Skype)	32%	37%
Text messaging	27%	34%
Social media	13%	26%
Something else	6%	5%
I do not participate in services	6%	8%

Table 15. What form(s) of transportation do you typically use to participate in services or get around San Francisco?

Transportation	Older Adults N=1,511	Adults with Disabilities N=128
Public transportation (such as Muni or BART)	64%	61%
Walk	52%	55%
Drive my own car	33%	9%
Rides from friends or family	29%	30%
Taxi	18%	21%
Paratransit	12%	24%
Rideshare (such as Lyft/Uber)	11%	20%
I do not frequently leave my home	7%	14%
I do not participate in services	4%	4%

Table 16. During a typical month, how often do you participate in the following services to help meet your needs? (Older Adults)

	Never	Less than once a week	Weekly	Multiple times a week	I don't need this service
Community service centers *(sometimes called "senior centers")* **and/or other neighborhood-based programs for social connection** N=1,448	33%	18%	20%	16%	13%
Food support programs *(like Home-Delivered Meals, Congregate Meals at community centers and/or free grocery programs)* N=1,468	35%	12%	22%	12%	19%
In-home care services *(like In-Home Supportive Services, Support @ Home, or private pay home care help)* N=1,447	50%	5%	7%	11%	27%
Computer labs and/or technology classes *(like SF Connected)* N=1,439	51%	10%	13%	6%	21%
Information, referral, and assistance services *(like the DAS Benefits & Resource Hub or neighborhood Aging & Disability Resource Centers)* N=1,455	46%	16%	9%	5%	23%
Assisted transportation services *(like Paratransit, Group Van, Shopping Shuttle)* N=1,431	53%	9%	8%	5%	26%

	Never	**Less than once a week**	**Weekly**	**Multiple times a week**	**I don't need this service**
Caregiver support services *(like respite, support groups)* N=1,434	53%	5%	6%	5%	32%
Case management services *(like help navigating multiple service systems like social, health, and housing services, help getting access to resources)* N=1,445	49%	14%	8%	4%	26%
Housing support services *(like housing subsidies, on-site programs at housing sites, home modifications)* N=1,438	53%	9%	6%	4%	29%
Legal services *(like help with immigration, housing, finances, and/or estate planning)* N=1,424	55%	12%	4%	2%	27%

Table 17. During a typical month, how often do you participate in the following services to help meet your needs? (Adults with Disabilities)

	Never	**Less than once a week**	**Weekly**	**Multiple times a week**	**I don't need this service**
In-home care services *(like In-Home Supportive Services, Support @ Home, or private pay home care help)* N=122	47%	5%	15%	22%	11%

	Never	Less than once a week	Weekly	Multiple times a week	I don't need this service
Food support programs *(like Home-Delivered Meals, Congregate Meals at community centers and/or free grocery programs)* N=123	42%	8%	30%	12%	7%
Community service centers *(sometimes called "senior centers")* **and/or other neighborhood-based programs for social connection** N=120	53%	9%	14%	12%	13%
Housing support services *(like housing subsidies, on-site programs at housing sites, home modifications)* N=121	46%	16%	14%	11%	13%
Assisted transportation services *(like Paratransit, Group Van, Shopping Shuttle)* N=122	60%	12%	11%	9%	8%
Caregiver support services *(like respite, support groups)* N=119	52%	7%	13%	8%	20%
Case management services *(like help navigating multiple service systems like social, health, and housing services, help getting access to resources)* N=119	37%	30%	17%	7%	9%
Information, referral, and assistance services *(like the*	56%	18%	11%	6%	9%

	Never	Less than once a week	Weekly	Multiple times a week	I don't need this service
DAS Benefits & Resource Hub or neighborhood Aging & Disability Resource Centers) N=122					
Computer labs and/or technology classes *(like SF Connected)* N=120	60%	15%	10%	5%	10%
Legal services *(like help with immigration, housing, finances, and/or estate planning)* N=121	55%	18%	7%	4%	16%

Table 18. During a typical month, how often do you participate in the following services to help meet your needs? (Caregivers)

	Never	Less than once a week	Weekly	Multiple times a week	I don't need this service
Caregiver support services *(like respite, support groups)* N=168	52%	9%	10%	9%	20%

Table 19. Please rate your agreement with the following statements about any barriers you have experienced when trying to participate in services. (Older Adults)

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
Application processes for services are too long and/or confusing N=1,421	16%	15%	23%	17%	29%
I am concerned about my safety when traveling to and/or participating in services N=1,433	22%	16%	22%	17%	23%
Services are already full and/or have a long waitlist N=1,414	15%	12%	24%	16%	32%
I am not eligible (or I am not sure if I am eligible) for services N=1,421	23%	19%	21%	15%	21%
I do not know about services/ resources to help meet my needs N=1,437	25%	22%	21%	14%	19%
I do not know where and/or how to access needed services N=1,419	25%	23%	21%	12%	18%
Services cost too much money N=1,406	25%	16%	14%	11%	34%
I do not have adequate transportation to and from services N=1,413	34%	15%	14%	10%	27%

	Not at all true	Rarely true	Often true	Almost always true	Not applicable
Services are not located in neighborhoods where I can participate in them N=1,415	27%	17%	17%	9%	30%
Service provider staff do not have a similar culture or background as me N=1,410	33%	18%	13%	5%	31%
Services do not accommodate my disability (like mobility, vision, or hearing impairment, intellectual or cognitive disabilities, etc.) N=1,413	28%	13%	11%	5%	42%
Services are not welcoming and respectful to people from my culture or background N=1,415	41%	16%	11%	4%	28%
I am concerned people will judge me for participating in services N=1,415	42%	15%	10%	5%	28%
Services are not available in my language N=1,414	43%	13%	7%	5%	31%
I am concerned that participating in services will negatively affect my immigration status or that of my loved ones N=1,412	39%	7%	5%	2%	47%

Table 20. Please rate your agreement with the following statements about any barriers you have experienced when trying to participate in services. (Adults with Disabilities)

	Not at all true[1]	Rarely true	Often true	Almost always true	Not applicable
Services are already full and/or have a long waitlist N=120	18%	9%	30%	31%	12%
I am concerned about my safety when traveling to and/or participating in services N=121	26%	11%	26%	29%	8%
Application processes for services are too long and/or confusing N=119	21%	12%	31%	28%	8%
I am not eligible (or I am not sure if I am eligible) for services N=122	28%	16%	30%	24%	2%
I do not know about services/ resources to help meet my needs N=120	27%	22%	24%	23%	5%
I do not know where and/or how to access needed services N=121	26%	19%	30%	21%	4%
Services cost too much money N=120	27%	12%	24%	21%	15%
Services are not located in neighborhoods where I can participate in them N=121	34%	14%	24%	17%	11%

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[1] Some versions of survey list this as 'Not true' and others 'Not at all true.'

	Not at all true[1]	Rarely true	Often true	Almost always true	Not applicable
I do not have adequate transportation to and from services N=121	35%	21%	20%	17%	7%
I am concerned people will judge me for participating in services N=122	42%	13%	21%	16%	8%
Services do not accommodate my disability (like mobility, vision, or hearing impairment, intellectual or cognitive disabilities, etc.) N=120	32%	14%	23%	15%	17%
Services are not welcoming and respectful to people from my culture or background N=121	40%	17%	17%	12%	15%
Service provider staff do not have a similar culture or background as me N=120	37%	18%	18%	10%	18%
Services are not available in my language N=117	60%	9%	9%	6%	16%
I am concerned that participating in services will negatively affect my immigration status or that of my loved ones N=119	44%	10%	7%	6%	34%

Caregiver Questions

N=229 Caregivers, including 111 individuals who are caregivers only and 118 who are both caregivers and consumers who identify as an older adult or adult with a disability.

Table 21. How frequently do you provide care to one or more family member(s) or friend(s)?

	Caregiver N=163
Daily	72%
Weekly	23%
Once in a while	3%
Monthly	1%

Table 22. During a typical month, how often do you feel the following types of stress related to caring for a relative or friend?

	Not at All	**Less than once a week**	**Weekly**	**Multiple times a week**	**Daily**	**Not Applicable**
Emotional Stress N=161	19%	16%	19%	19%	24%	2%
Physical Stress N=158	28%	13%	19%	15%	18%	6%
Financial Stress N=158	32%	20%	14%	12%	13%	9%

Table 23. Please rate your agreement with the following statements about services for <u>caregivers</u>.

	Not at all true	A little bit true	Mostly True	Very True	Not Applicable
I know where to get support as a caregiver. N=161	37%	21%	16%	19%	7%
There are services available to support caregivers. N=160	18%	31%	24%	17%	9%
Services in San Francisco meet the needs of caregivers. N=157	26%	26%	20%	15%	12%
Caregivers can get services in a timely manner. N=157	28%	25%	20%	15%	12%

Table 24. Please rate your agreement with the following statements about your needs as a caregiver and your experience with services to help meet those needs.

	Not at all true	A little bit true	Mostly True	Very True	Not Applicable
I feel adequately equipped to provide quality care to my care recipient(s) N=161	11%	22%	31%	34%	2%
I participate in trainings to continuously build my caregiving skills N=161	33%	17%	19%	19%	12%
I participate in respite services, support groups, or other resources to help manage stress related to my caregiving responsibilities N=158	46%	15%	10%	13%	17%

Table 25. Please indicate whether any of the following statements apply to you.

	Caregivers N=163
I am the only one providing help to the person(s) I care for	49%
I am paid to provide care as an In-Home Supportive Services Independent Provider	37%
I care for someone with dementia or Alzheimer's disease	26%
I provide support to multiple people	20%
I am paid to provide care in another setting (like a private agency or organization)	5%
Something else	12%
None of the above	7%

Appendix D: DFCNA Provider Survey Data Tables

Table of Contents

Overview

This appendix summarizes key findings and participant responses from the DFCNA provider survey to help inform our understanding of community needs and experience of services from the perspective of service providers and other professionals who serve older people, people with disabilities, and their families. The survey was administered online from November 17, 2021 – January 4, 2022.

The survey's open-ended responses are not summarized below due to capacity constraints. However, thematic coding of the open-ended responses showed that this data generally echoes the quantitative findings presented in this summary. RDA will provide the open-ended survey responses to DAS along with the full provider survey data set.

Summary of Findings

Provider Profile

- Most respondents (63%) work for a **non-profit social services agency**.
- Over half of respondents (57%) report that their role within their agency is **direct service provider**.
- Over half of respondents say their **agency provides services city wide** (54%).
- **Most provider respondents (79%) indicate that their agency services Asian consumers**, while a smaller majority indicate that their agency serves **Black/African American and Latinx/Hispanic consumers**, respectively.
- Over a third of consumers believe their agency serves **LGBTQ consumers**.
- **Services provided by service providers are diverse.** The most common services provided (identified by approximately one-in-three respondents respectively) included
  - Case Management
  - Adult Day Programs
  - Information and Referral Assistance
  - Nutrition Support

Barriers to Accessing and Participating in Services

- The two **top barriers identified by nearly all service providers included application processes and limited service capacity** (specifically, services are already full and/or have a long waitlist).
- In addition, the vast majority of service providers identified a **lack of awareness about services/ resources as a barrier** to consumers accessing and participating in services.
- A **lack of adequate transportation to and from services** was also identified as a top barrier by providers.

System Service Strengths and Challenges

- Overall **rates of awareness of services amongst providers is notably higher than rates at which providers know how to refer consumers to services**. While, for example, more than four-in-five providers know about Community Service Centers, only three-in-five know how to refer a consumer to this service.

- Generally, **providers are most familiar with Community Service Centers** (often called "senior centers"), followed **Assisted Transportation** (Paratransit, Group Van, Shopping Shuttle) and **In-Home Care**.
- Service **providers are most familiar with how to refer a consumer to In-Home Care, Nutrition Support, and Assisted Transportation**.

Provider Profile

309 service providers completed the community needs assessment survey online. The provider profile reflects the sample of individuals who completed one or more of each of the following background questions on the survey.

Role at your agency N=305

Role	%
Direct service provider	57%
Program Manager or Director	21%
Supervisor	7%
Executive Director	5%
Division Director	2%
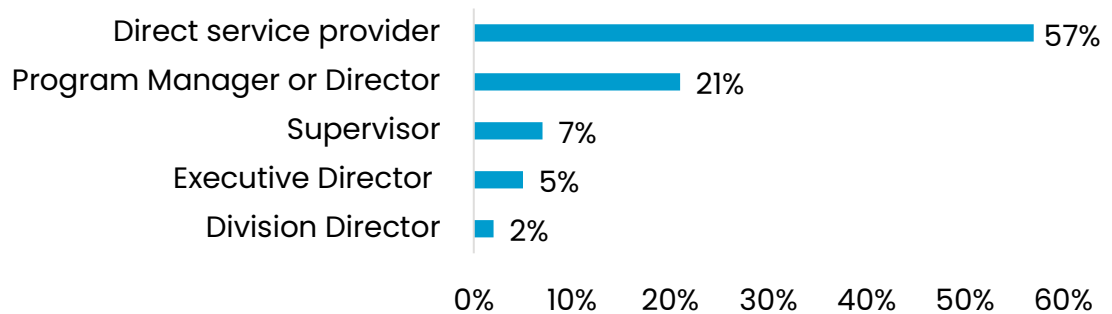
Districts where your agency provides services N=305

District	%
District 1	17%
District 2	10%
District 3	13%
District 4	18%
District 5	12%
District 6	27%
District 7	9%
District 8	12%
District 9	23%
District 10	22%
District 11	18%
My agency provides servics citywide	54%
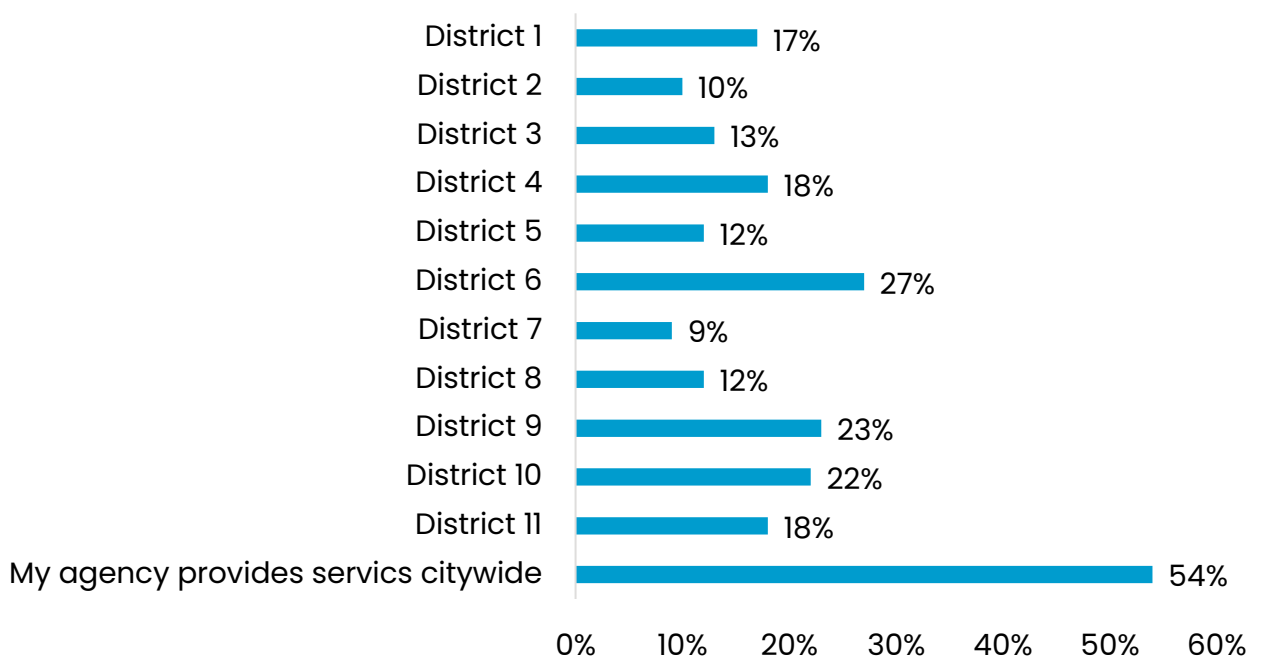
Agency's client type N=306

Client type	Percentage
Older adults	87%
Adults with disabilities age 18-59	61%
Veterans	22%
Caregivers	26%
Something else	2%
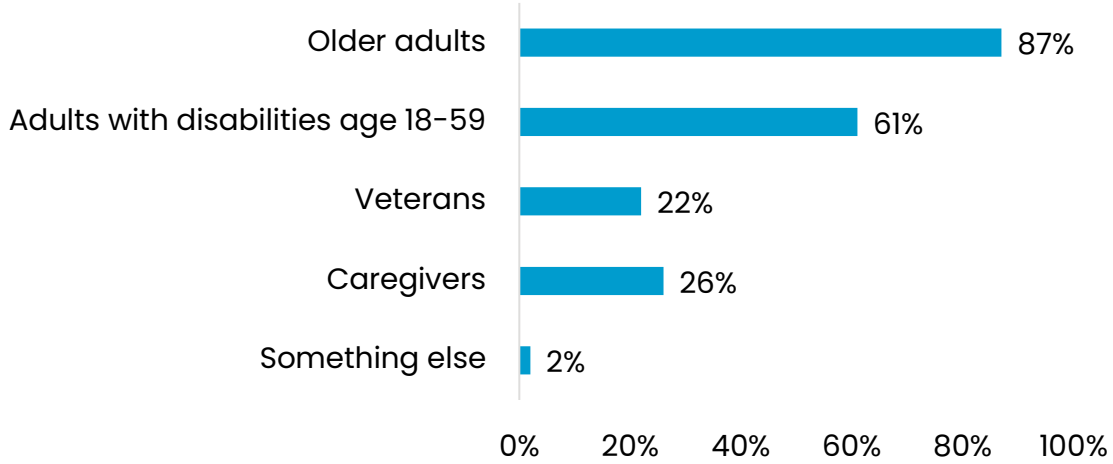
Primary languages clients speak N=308

Language	Percentage
English	79%
Cantonese	65%
Spanish	53%
Mandarin	35%
Tagalog	29%
Vietnamese	23%
Russian	18%
Japanese	15%
Korean	14%
Arabic	8%
ASL	7%
Samoan	5%
Hmong	4%
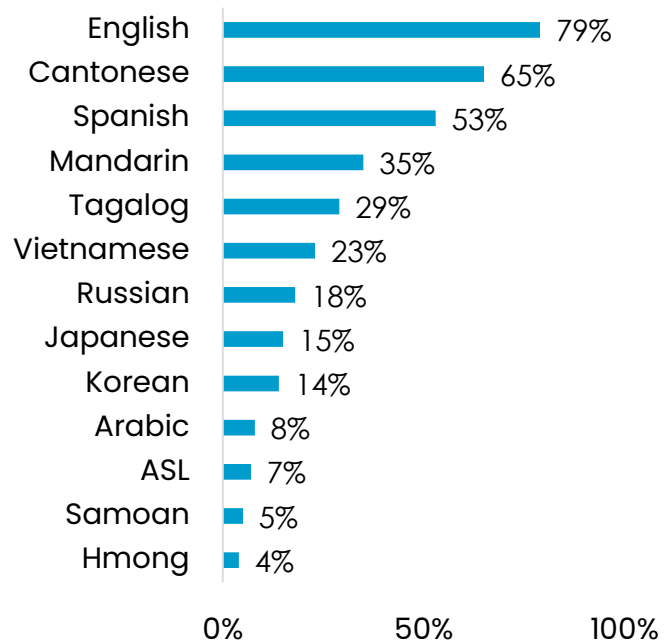
Many clients served by my agency identify as Transgender, Genderqueer, Gender Non-Binary, and/or Gender Non-Conforming N=306

Response	Percentage
I'm not sure	38%
No	33%
Yes	29%
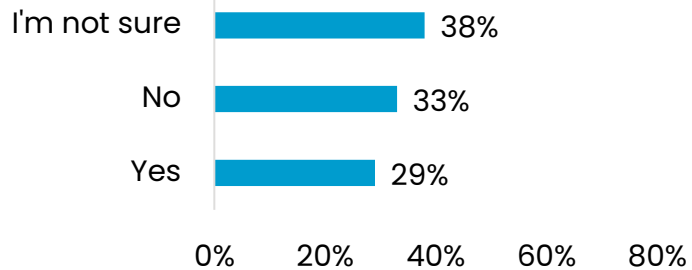
Type of agency you work for N=308

Category	Percentage
A non-profit social services agency	63%
San Francisco DAS	9%
A medical/healthcare organization	7%
Another San Francisco city agency	7%
University or research institution	2%
Something else	12%
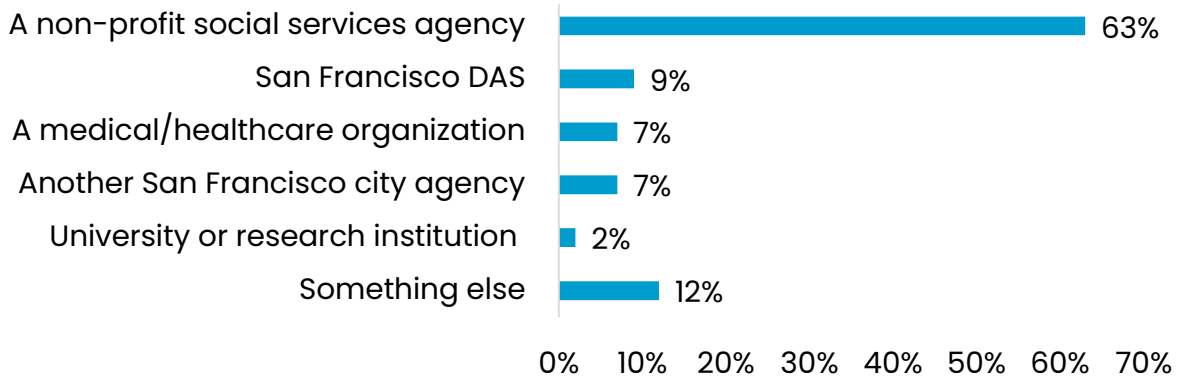
Clients' race & ethnicity N=300

Category	Percentage
Asian	79%
Non-Hispanic White	60%
Latinx/Hispanic	57%
Black/African American	56%
Pacific Islander	23%
Other BIPOC	23%
Unknown origin	5%
Not listed	5%
Decline to answer	4%
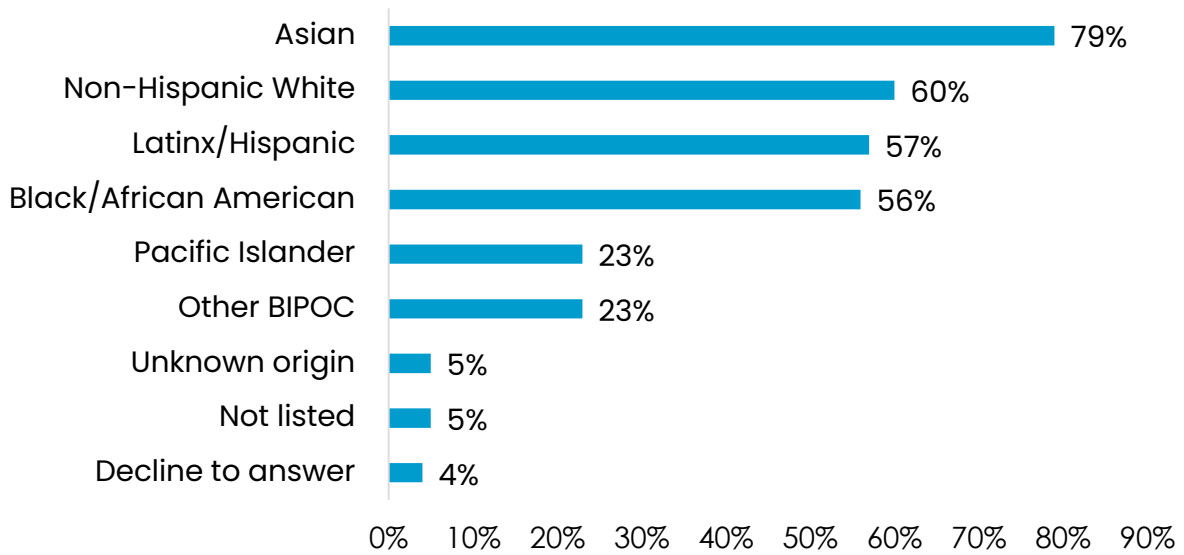
Many clients served by my agency identify as LGBTQ N=306

Category	Percentage
Yes	38%
I'm not sure	34%
No	28%
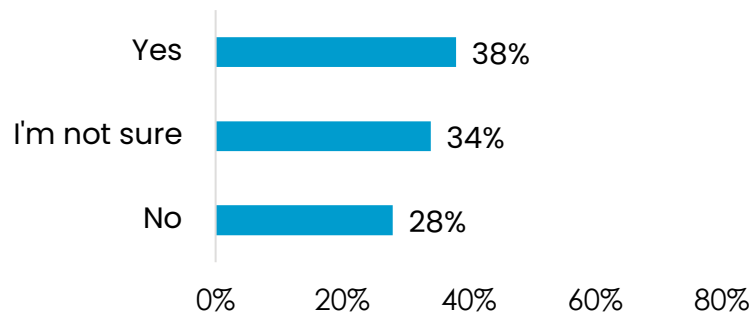
Table 1. Types of services my agency provides. (Select all that apply)

N=307

	Count of respondents	Percent
Case Management (including care navigation)	118	38%
Adult Day Programs (Adult Social Day, Adult Day Health Centers, Alzheimer's Day)	96	31%
Information and Referral Assistance (such as Aging and Disability Resource Centers)	95	31%
Nutrition Support (such as Home-Delivered Meals, Congregate Meals, Nutrition Counseling)	93	30%
Community Service Centers (often called "senior centers")	89	29%
In-Home Care (help with personal tasks, like dressing or bathing)	84	27%
Caregiving Support (Respite Care, Family Caregiver Support Program)	81	26%
Technology Access and Support (such as SF Connected computer labs or training)	70	23%
Empowerment Classes and/or Advocacy and Counseling (such as long-term care rights counseling, housing counseling, HICAP)	58	19%
Housing Support (housing subsidies, home modifications)	55	18%
Assisted Transportation (Paratransit, Group Van, Shopping Shuttle)	53	17%
Neighborhood-Based Programs for Social Connection (like The Village Program or Community Connectors)	49	16%

	Count of respondents	Percent
Legal Services and Immigration Assistance (including naturalization services)	33	11%
Money Management (like classes and workshops)	30	10%
Something else	74	24%

Survey Responses by Question

The data tables below summarize how survey participants responded to each question on the DFCNA provider survey.

Note to Readers: All questions in the survey were optional, including the individual components of each question. As such, the total number of respondents — used as the denominator to calculate response percentages — often varies by question and question sub-components. These totals are indicated in the table by *N = number of respondents*.

The tables summarize survey responses from most common to least common response (i.e., high to low percentage of overall respondents) based on total survey respondents.

Barriers to Accessing & Participating in Services

Table 2. Please rate your agreement with the following statements about any barriers older and/or disabled consumers experience when trying to participate in services.

	Not at all	Rarely true	Often true	Almost always true	Not applicable
Application processes for services are too long and/or confusing N=295	5%	9%	35%	47%	5%
Services are already full and/or have a long waitlist N=294	3%	10%	37%	45%	5%

	Not at all	Rarely true	Often true	Almost always true	Not applicable
They do not know where and/or how to access needed services N=296	3%	7%	54%	33%	2%
They do not have adequate transportation to and from services N=291	3%	17%	45%	30%	5%
They do not know about services/ resources to help meet their needs N=296	4%	8%	59%	27%	2%
They are not eligible (or are not sure if they are eligible) for services N=296	5%	20%	45%	24%	5%
Services cost too much money N=292	12%	29%	35%	16%	8%
They are concerned about their safety when traveling to and/or participating in services N=292	5%	21%	40%	29%	5%
They are concerned that participating in services will negatively affect their immigration status or that of their loved ones N=291	12%	23%	36%	14%	15%
They are concerned people will judge them for participating in services N=288	13%	31%	33%	12%	10%
Services are not welcoming and respectful to people from their culture or background N=290	19%	38%	23%	12%	9%

	Not at all	Rarely true	Often true	Almost always true	Not applicable
Service provider staff do not have a similar culture or background as them N=291	115	27%	35%	19%	8%
Services do not accommodate their disability (like mobility, vision, or hearing impairment, intellectual or cognitive disabilities, etc.) N=291	11%	29%	38%	17%	7%
Services are not located in neighborhoods where they can participate in them N=288	6%	29%	41%	16%	8%
Services are not available in their language N=293	12%	33%	33%	14%	7%

System Service Strengths & Challenges

Table 3. Have you heard of the following services? (Please check all that apply) N=306

	Count of respondents	Percent
Community Service Centers (often called "senior centers")	252	82%
Assisted Transportation (Paratransit, Group Van, Shopping Shuttle)	248	81%
In-Home Care (help with personal tasks, like dressing or bathing)	244	80%
Adult Day Programs (Adult Social Day, Adult Day Health Centers, Alzheimer's Day)	243	79%
Case Management (including care navigation)	221	72%
Caregiver Support (Respite Care, Family Caregiver Support Program)	221	72%
Nutrition Support (such as Home-Delivered Meals, Congregate Meals, Nutrition Counseling)	223	72%
Housing Support (housing subsidies, home modifications)	205	67%
Legal Services and Immigration Assistance (including naturalization services)	201	66%
Information and Referral Assistance (such as Aging and Disability Resource Centers)	195	64%
Technology Access and Support (such as SF Connected computer labs or training)	173	56%
Empowerment Classes and/or Advocacy and Counseling (such as long-term care rights counseling, housing counseling, HICAP)	168	55%

	Count of respondents	Percent
Money Management (like classes and workshops)	150	49%
Neighborhood-Based Programs for Social Connection (like The Village Program or Community Connectors)	148	48%
Something else (please specify)	2	1%

Table 4. Do you know how to refer clients to the following services? (Please check all that apply) N=291

	Count of respondents	Percent
In-Home Care (help with personal tasks, like dressing or bathing)	196	67%
Nutrition Support (such as Home-Delivered Meals, Congregate Meals, Nutrition Counseling)	189	65%
Assisted Transportation (Paratransit, Group Van, Shopping Shuttle)	185	64%
Adult Day Programs (Adult Social Day, Adult Day Health Centers, Alzheimer's Day)	178	61%
Community Service Centers (often called "senior centers")	176	61%
Case Management (including care navigation)	160	55%
Caregiver Support (Respite Care, Family Caregiver Support Program)	158	54%

	Count of respondents	Percent
Information and Referral Assistance (such as Aging and Disability Resource Centers)	158	54%
Legal Services and Immigration Assistance (including naturalization services)	147	51%
Housing Support (housing subsidies, home modifications)	145	50%
Technology Access and Support (such as SF Connected computer labs or training)	136	47%
Empowerment Classes and/or Advocacy and Counseling (such as long-term care rights counseling, housing counseling, HICAP)	114	39%
Neighborhood-Based Programs for Social Connection (like The Village Program or Community Connectors)	111	38%
Money Management (like classes and workshops)	104	36%
Something else (please specify)	16	5%

Table 5. Based on your experience as a service provider in San Francisco, what are the top three (3) areas with the greatest service gaps or unmet need? N=297

	Count	Area 1	Count	Area 2	Count	Area 3	Count	Total[1]
Housing Support (housing subsidies, home modifications)	79	27%	47	16%	28	10%	**154**	**52%**

[1] Total number of respondents that selected this service area as one of the top three areas with the greatest gaps or unmet need. Percentages based on N=297. Total exceeds 100%, given 3 options reflected.

In-Home Care (help with personal tasks, like dressing or bathing)	34	11%	35	12%	25	9%	**94**	**32%**
Caregiver Support (Respite Care, Family Caregiver Support Program)	25	8%	24	8%	18	6%	**67**	**23%**
Adult Day Programs (Adult Social Day, Adult Day Health Centers, Alzheimer's Day)	31	10%	19	7%	13	5%	**63**	**21%**
Technology Access and Support (such as SF Connected) computer labs or training)	26	9%	23	8%	28	10%	**77**	**26%**
Neighborhood-Based Programs for Social Connection (like The Village Program or Community Connectors)	7	2%	15	5%	18	6%	**40**	**13%**
Community Service Centers (often called "senior centers")	8	3%	11	4%	13	5%	**32**	**11%**
Case Management (including care navigation)	22	7%	29	10%	23	8%	**74**	**25%**

	Count	Area 1	Count	Area 2	Count	Area 3	Count	Total[2]
Money Management (like classes and workshops)	6	2%	6	2%	18	6%	**30**	**10%**
Assisted Transportation (Paratransit, Group Van, Shopping Shuttle)	15	5%	21	7%	16	6%	**52**	**18%**
Legal Services and Immigration Assistance (including naturalization services)	14	5%	8	3%	22	8%	**44**	**15%**
Empowerment Classes and/or Advocacy and Counseling (such as long-term care rights counseling, housing counseling, HICAP)	4	1%	16	6%	10	4%	**30**	**10%**
Information and Referral Assistance (such as Aging and Disability Resource Centers)	6	2%	9	3%	10	4%	**25**	**8%**

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[2] Total number of respondents that selected this service area as one of the top three areas with the greatest gaps or unmet need. Percentages based on N=297. Total exceeds 100%, given 3 options reflected.

Nutrition Support (such as Home-Delivered Meals, Congregate Meals, Nutrition Counseling)	5	2%	18	6%	13	5%	**36**	**12%**
Something else (please specify): _ _ _	15	5%	8	3%	30	11%	**53**	**18%**
Total	297	100%	289	100%	285	100%	---	---

Appendix E: DFCNA Community Research Qualitative Analysis Summary

Table of Contents

Overview

This summary reflects RDA's coding and analysis of all community research data gathered via in-person and online focus groups and community forums between November 16 and December 16, 2021 (see table 1 below). This analysis summary also incorporates findings from *Listening Sessions with Communities of Color: Summary of Findings and Recommendations* prepared by DAS.

Throughout the community research process, participants shared feedback that extend beyond the scope of DAS programs and service. These themes are included to accurately reflect community feedback. Additionally, DAS may be able to support access to resources and systems-level coordination around these issues.

Summary of Findings

Overarching Findings

Community research participated identified limited ability to leave the home to receive services, due to physical isolation or fears of being attacked, as key barrier to accessing services. Other barriers include limited technological literacy and challenges navigating eligibility of public benefits.

Key Themes by Service Area

Access and Empowerment: Community research participants expressed a need for—and challenges with—navigating resources, as well as a need for improved transportation, reliable and affordable internet, improved technological literacy, and legal assistance.

Caregiver Support: Caregivers need support navigating resources, financial support, and improved referral processes. Caregivers with limited English proficiency shared poor experiences with navigating the healthcare system with the individuals they care for.

Case Management and Care Navigation: Participants often found success in navigating resources after connecting with a social worker. They also shared a need for help advocating for healthcare decisions.

Community Connection and Engagement: Participants shared an increased need for connection to their community, ongoing virtual activities, and workforce development resources for adults and youth with disabilities, particularly those with limited English proficiency. Many participants appreciated accessibility of remote activities and culturally relevant programs.

Housing: Participants shared difficulties accessing a limited supply of unaffordable, unstable, unsafe, non-inclusive, and inadequate housing. They found it challenging to navigate housing resources and expressed a need for housing search assistance, rental assistance, and eviction prevention.

Nutrition and Wellness: Overall, participants shared great appreciation for nutrition support resources, though many mentioned long lines and accessibility challenges

in getting food. Participants mentioned difficulty paying for healthcare costs as a key service need.

Self-Care and Safety: Consumers shared experiences of feeling unsafe and expressed both an appreciation and increased need for escort services. LGBTQ participants shared an acute need for identity affirming services to feel safe and accepted. Challenges included insufficient allocation of IHSS hours and long waitlists for middle income in-home care programs, two programs that community participants credited as strong services.

Participant Profile

Over 400 *duplicated* participants[1] participated in at least one community forums and focus groups. Of these participants, 142 completed a demographic form. The participant profile reflects the sample of individuals who participated in at least one community forum or focus group and answered one or more question on the demographic form. This sample is roughly representative of the proportion of individuals who participated in each type of event overall (see Table 1 on pages 6-7); specifically, 77% participants who completed the demographic form participated in a community forum, while 23% of participants who completed the demographic form participated in a focus group.

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[1] Some participants attended more than one community forum or focus group.

Figure 1. Participant Profile

San Francisco District N=123

District	Percentage
District 1	7%
District 2	11%
District 3	5%
District 4	21%
District 5	8%
District 6	7%
District 7	3%
District 8	5%
District 9	8%
District 10	13%
District 11	7%
I do not live in San Francisco	4%
I am unhoused	1%
Decline to answer	1%

Race/Ethnicity N=142

- Asian & Pacific Islander — 46%
- Non-Hispanic White — 23%
- Latinx/Hispanic — 13%
- Black/African American — 17%
- Other BIPOC — 1%
- Not listed — 2%

Language N=137

- English — 48%
- Cantonese — 31%
- Spanish — 12%
- Tagalog — 1%
- Korean — 2%
- Japanese — 1%
- Russian — 1%
- ASL — 1%
- Not Listed — 1%

(scale: 0% — 50% — 100%)

Age Range N=134

- 18 - 24 years
- 25 - 44 years
- 45 - 54 years
- 55 - 59 years
- 60 - 64 years
- 65 - 74 years
- 75 - 84 years
- 85 years or older

(scale: 0% — 20% — 40% — 60%)

Military Status N=135

- Not a Veteran — 84%
- Veteran — 14%
- Decline — 1%

People in Household N=134

- I live alone — 48%
- 2 people — 32%
- 3 people — 13%
- 4 or more people — 7%

(scale: 0% — 20% — 40% — 60%)

Sexual Orientation N=122

- Straight/Heterosexual
- Gay/Lesbian/Same-Gender Loving — 5%
- Bisexual — 2%
- Decline to answer — 6%

(scale: 0% — 20% — 40% — 60% — 80%)

Gender N=134

- Woman — 67%
- Man — 28%
- Trans Woman — 1%
- Trans Man — 0%
- Gender nonbinary/Genderqueer — 1%
- Not Listed — 1%
- Decline to answer — 2%

Table 1. Community Research Events

Event & Participants	Group (and participant count)	Languages
Virtual Focus Groups (9) **47 total participants**	Adults with Disabilities (1 community member)	English
	Transition Age Youth with Disabilities (1 community member)	English
	People who are blind and/or with low vision (11 community members)	English, Cantonese
	People who are deaf and/or hard of hearing (7 community members)	English
	Family caregivers of people with dementia, Alzheimer's (6 total)	English, ASL
	Homebound Adults (3 community members, 3 service providers)	English
	Women that Identify as LGBTQ (1 community member, 2 service providers)	English
	People that identify as Transgender, nonconforming intersex (1 community member)	English
	Faith leaders (7 community members, 1 service provider)	English
In-person Focus Groups (4) **37 total participants**	Adults with Disabilities (5 community members, 1 service providers)	English
	Korean/Japanese Community members (8 community members)	English, Korean, Japanese
	Veterans (15 community members)	English
	Individuals who are unhoused (8 community members)	English
	D1 (22 community members, 9 service providers)	English, Cantonese

Event & Participants	Group (and participant count)	Languages
Virtual Community Forums (11) **213 total participants**	D2 (13 community members, 2 service providers)	English, Cantonese
	D3 (28 community members, 7 service providers)	English, Cantonese
	D4 (27 community members, 5 service providers)	English, Cantonese
	D5 (13 community members, 5 service providers)	English, Cantonese
	D6 (6 community members, 3 service providers)	English, Cantonese
	D7 (11 community members, 4 service providers)	English, Cantonese
	D8 (5 community members, 3 service providers)	English, Cantonese
	D9 (9 community members, 1 service provider)	English, Cantonese
	D10 (19 community members, 3 service providers)	English, Cantonese
	D11 (15 community members, 3 service providers)	English, Cantonese
In-person Community Forums (5) **111 total participants**	Region 1 – Central/ Northeast (4 community members)	English, Tagalog
	Region 2 – Central (44 community members)	English, Spanish
	Region 3 – Southeast (22 community members)	English
	Region 4 – Southwest (12 community members, 6 service providers)	English, Cantonese
	Region 5 – Northwest (20 community members, 3 service providers)	English, Cantonese, Korean, Russian

Overarching Findings

- **Physical Isolation:** Community research participants shared that physical mobility limits their ability to leave the house to receive services and participate in activities.
  - "We can't leave the house for various reasons, injuries or no one to help them, so I think that they would like to… they would like to be part of activities, but it's difficult." – Virtual Community Forum, District 9 (main room)
  - "One of the challenges throughout San Francisco is that to get out of the home you have to go down at least one flight of stairs, and if there are challenges with walking or with joints—which makes it more difficult to get up and down stairs—and not everyone can afford to put in a chair lift, or the permitting process can take a long time. So those are concerns I've had—we need to be prepared to age in place, whether we need grab bars." – Virtual Community Forum, District 4 (English breakout room)

- **Fear of racially motivated violence:** Many community research participants described avoiding leaving the house to access resources due to concerns about discrimination and fears of being attacked.
  - "[Transportation] is dangerous, crowded. It's not safe. Particularly with Asian hate that is happening." – In-person Focus Group, Kimochi (Japanese speaking)
  - "The AAPI (Asian American and Pacific Islander) 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." – DAS staff member, *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

- **Technological literacy**: Some community research participants listed technological literacy as a key barrier to accessing services, while others

credited virtual offerings as a reason they were able to stay connected to services. The wide range of technical literacy among participants highlights the potentially significant impact of expanding access to communities still struggling with technology.

- **Housing access:** One of the key barriers to accessing housing resources, the City's online affordable housing application portal, may be related to limited technological literacy. Several community research participants mentioned the inability to navigate this website as a barrier.
- **Online connection:** Technological and virtual connectivity plays a significant role in social connection with these San Francisco communities, particularly as a direct result of the increased social isolation of the COVID-19 pandemic.

- **Eligibility challenges:** Community research participants shared frustrations around eligibility criteria based on demographic characteristics, such as age or income, which made it difficult for participants to meet their needs.
  - **Eligibility for long term care:** Many community research participants shared that they don't qualify for Medi-Cal and other low-income services but are unable to pay for care out of pocket. Across services, many mentioned a gap in services for middle income individuals.
    - "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, District 9 (Cantonese breakout room)
    - "I think the services have focused on people with Medi-Cal or other supplements but 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 outside—they own a house, but other than that they cannot afford caregiver or someone to clean the house. They can't afford to have someone else to take care of them. Hoping to put some attention on this group." – Virtual Community Forum, District 7 (Cantonese breakout room)

- "The whole caregiving for middle income people is really hard to find. IHSS does a wonderful job if you're on Medi-Cal, but if you're not…that's a problem. If you're very wealthy, you can take care of yourself but if you're in the middle there's very little." – Virtual Community Forum, District 7 (main room)
- "My concern is about those elderly who live alone and who might own a house, but their kids are not around them. They're mostly middle income so they're not eligible for a lot of services but they need them. The most they need is grocery escort—some people in their 80s or 90s, they, with their weak bodies, make it to the grocery store, but if someone can help them carry their groceries it would be great, and also someone who can talk to them or listen to them and keep them company." – Virtual Community Forum, District 5 (Cantonese breakout room)

- **Complex public benefits requirements and applications:** Caregivers shared a need to understand the complicated requirements around Medi-Cal and other financial support.
    - "There seems to be a lack of time to access the available funds for caregivers. Difficult to navigate the tax rules surrounding this. 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 with Caregivers

Key Themes by Service Area

Access and Empowerment

Access and Empowerment services are designed to educate, empower, and support older adults and adults with disabilities to access needed benefits and participate in services. Services include Advocacy, Aging and Disability Resource Centers (ADRC), Community Liaisons, County Veteran Service Office, DAS Intake, Empowerment for Seniors & Adults with Disabilities, Health Insurance Counseling & Advocacy Program (HICAP), Legal Services, LGBTQ Cultural Competency Trainings, LGBTQ Legal & Financial Planning, Naturalization, Peer Ambassadors, and Transportation.

Overall Finding

Community research participants expressed a near-ubiquitous need for improved resource navigation and awareness, improved transportation, technological literacy. Other common but less pervasive needs included legal services related to aging and/or disabilities.

- **Navigation and awareness of resources:** Overall, participants described challenges accessing information about resource navigation, limited awareness of available resources, and a need for non-digital outreach methods. In essence, participants were describing a resource like the DAS Hub, or DAS Intake. Their suggestions indicate an important lack of awareness of this resource.
  - **Accessible system navigation resources:** Community research participants, including caregivers and providers, expressed a need for a centralized system to access information on eligibility, available resources, and to have various questions answered. Many specified that this system be accessible to all, including those with limited technological literacy, recommending that this information be accessible through the phone in preferred languages.
    - "One central place to access information such as jobs, housing, transportation. Clients must sort out things and [there is] not a single location/repository for all the information needed." – In-person Focus Group with Individuals who are Unhoused

- "Need more help navigating the system—in a simple way to find [resources] and figure out if they're eligible for them" – Virtual Community Forum, District 2
- "I really echo what was shared at first and, for the middle-income group people, if we need help, we don't know where to get it. Most of the time we have nobody to ask." – Virtual Community Forum, District 5 (Cantonese breakout room)
- "Even when you do get a number, sometimes you get lost in the phone tree, so make sure that for city services, it's straightforward to get through to a person." – Virtual Community Forum, District 4
- "But if this information was more accessible—Pamphlets [are] in languages we need so we don't have to use so many different channels. Online translation tools don't always make sense." – Virtual Community Forum, District 10 (Cantonese breakout room)
- "Accessing resources, [they are] often not marketed well. We didn't see flyers or see it on TV, better marketing if there are services the Dignity Fund is providing in accessible formats and different languages. Maybe public announcement services." – Virtual Focus Group with Blind and/or Low Vision

- **Lack of awareness of services:** Community research participants discussed a variety of challenges that they face in accessing information about services and in initially connecting with the services themselves. Challenges included the lack of awareness of which services they are eligible for, inaccurate and out-of-date service information, and a lack of an accessible yet comprehensive repository of all needed resources and service information.
  - "I'm usually the last one to find out if a benefit is available to me—it's hard to know who the providers are, how to access this. I didn't even know about this event until a couple of days ago and had to juggle my schedule. I find out about food giveaways often afterwards. How to get information out to us? Rather than having us go to look for it?" – Virtual Community Forum, District 3 (main room)
  - "It's not enough to make a book [of resources], you have to keep it up to date...there's nothing more frustrating than getting the

info, finally sitting down in front of a computer, and then being sent on a chase because the info is out of date." – Virtual Community Forum, District 4 (English breakout room)

▪ "For the technology illiterate-challenged seniors, access to information and services is a need." – Virtual Community Forum, District 2 (main room)

- **Non-digital provider outreach:** Community research participants reported that people without access to internet and digital literacy training are likely falling further through the cracks. Participants voiced the importance of provider outreach through "non-digital" means (e.g., flyers, announcements on buses, radio) to continue to reach those who may not know how to use technological resources or who are without access to internet/devices.

  ▪ "A lot of outreach is 'advertising on the moon'… people don't see it, only a select group gets that info. Ethnic media, direct outreach to the centers, so people who don't have digital access. If people don't know about this, how will they participate?" – Virtual Community Forum, District 10 (main room)

  ▪ "The resources, initiatives, different ways to be involved or access services, it falls in the cracks. My peers don't know about them. Before COVID-19 it was like this too. We need to be doing more outreach, flyers need to be posted, stapled …onto wooden poles, tape them onto storefront windows." – Virtual Community Forum, District 11 (main room)

- **Transportation (e.g., The Essential Trip Card):** Community research participants need reliable, safe, timely, and efficient transportation to access services to meet their needs. Participants suggested increased connections with ride-sharing services as an alternative to the taxi voucher program.

  - **Transportation challenges:** Existing transportation options are inadequate. Community research participants shared that existing resources, such as MTA and Paratransit, do not currently meet their needs.

    ▪ "Muni is wonderful source of transit, but seniors always complain about Muni not being on time. Paratransit, also great service but so many complaints; being late, drivers not being best… a former

senior client got run over by a Paratransit she had just gotten out of." – Virtual Community Forum, District 10 (main room)

- Asian community research participants shared that people often live close to services but are unable to walk. Transportation options are "unreliable or difficult to use," and there are safety concerns tied to transportation in the wake of anti-Asian hate violence. – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*
- Other themes mentioned by community participants include: functional limitations on driving, mobility challenges using transportation, needing someone to accompany them home from medical appointments, fears of catching COVID-19 on public transport, safety concerns on public transport (see protection and safety section), and feeling isolated in specific neighborhoods due to lack of transportation (especially Presidio).
- **Desire for more connections with ride-sharing services:** Community research participants appreciate the taxi voucher program and would like more flexibility to use ride-sharing services such as Uber or Lyft.
  - "Now for the seniors, taking public transportation is 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, 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 are afraid to go out on public transit." – Virtual Community Forum, District 10 (main room)

- **Technology literacy and bridging the digital divide:** Community research participants expressed a need to use technology to access services, but WiFi connections and varying comfort levels with technology can be a barrier.
  - **Accessibility and use of virtual activities:** Providers, disability advocates, and faith leaders shared that the increased offerings of remote opportunities to participate in meetings, services, and activities,

provided access for many individuals who likely would not have attended in-person events prior to the shelter-in-place directive.

- "Support of DAS and partnerships in the pandemic [enabled us] to include virtual programming. [We] added seniors that we hadn't been able to reach prior to pandemic but now through a connection with us have been able to access [activities]." – Virtual Community Forum, District 1 (main room)
- "I'm Zoomed up to the limit. They work well—it's actually easier than getting around and waiting for the train." – Virtual Community Forum, District 7 (main room)
- "Zoom class helps us a lot—thanks to the Zoom classes provided by Self-Help during COVID-19, more than one year we've been on Zoom class, we learn a lot of resources that before we didn't know they existed." – Virtual Community Forum, District 5 (main room)

- **WiFi connection challenges:** Community research participants shared a need for connection to fast, reliable, affordable internet.
  - "Tech is a big concern for people—a lot of community partners 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. Would be nice to see that expanded and made faster. Would help people trying to navigate websites." – Virtual Community Forum, District 5 (English breakout room)

- **Technology literacy to connect to services:** Community research participants have a desire to use technology to access services and connect with their community, but express a need for training on how to use digital tools.
  - "Zoom class to teach us to use Zoom, especially for the elderly whose kids live out of the city, and they don't have many chances to see in person." – Virtual Community Forum, District 9 (Cantonese breakout room)
  - "Need for digital training. Great programs in San Francisco but at a small scale. How to make them more accessible? Tech training and access to devices. A lot of older adults, people with

disabilities, and caregivers." – Virtual Community Forum, District 3 (main room)

- ▪ "Older people are not good with technical skills, hard time participating in Zoom meetings." – Virtual Community Forum, District 3 (main room)

- **Legal assistance:** A few community research participants mentioned needing legal assistance with eviction protection, estate planning, caregiving, immigration support, and benefits eligibility.
  - "Eviction Protection: Protect disabled from being evicted from SROs under any circumstances as they are not able to reside on streets similar to able-bodied individuals." – In-person Focus Group with Individuals who are Unhoused
  - "Legal case managers are needed who can not only provide needs but also shepherd the case from beginning to end. There are a ton of ongoing questions that caregivers have and need answers to as they work through the process." – Virtual Focus Group with Caregivers
  - Chinese and other Asian participants specifically expressed a need to understand benefits eligibility and the lasting effects of the 2019 public charge rule. – *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

Caregiver Support

Caregiver Support services are designed to support the wellbeing of family and friend caregivers and their care recipients through education, counseling, resources, and connection. Services include Adult Day Programs, Caregiver Respite, and the Family Caregiver Support Program.

Overall Finding

Caregivers need support identifying and navigating resources available to the people in their care, including financial support for themselves and the individuals they care for. Accessing needed information and resources has significantly limited opportunities for caregivers to support themselves and consumers.

- **Frequency and availability of services:** Caregivers described the infrequency of support services available to them as a barrier to participation.
  - "Self-Help for caregivers needs to be more frequent." – Virtual Focus Group with Caregivers
  - "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." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

- **Resource navigation:** Caregivers expressed a need for additional help navigating what resources are available to the people in their care. Caregivers who shared experiences of trying to obtain referrals described challenges getting connected to a resource.
  - "[It is difficult] knowing what resources are available. [Part of the issue is] maybe not knowing where to research. [I need] caregiver resources [and] a link to help me navigate. Something like the social worker at the VA. Connected to her through primary care and neuro." – Virtual Focus Group with Caregivers
  - "Actually, education in advance, not waiting until to get admitted into the hospital. Get prepared for all of this information. Set up a hotline, including a nursing hotline, just like there is 311 in different languages. All of them are closed after hours. If there is someone available 24/7, in case someone—a senior has fever, we can call and find out if they need to go to hospital." – Virtual Focus Group with Caregivers (Cantonese breakout room)
  - "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)

- **Financial and other support for caregivers:** Consumer participants as well as caregivers advocated for more financial support and compensation for caregivers, particularly IHSS Independent Providers.

- "Supporting [in-home care] and offering better salaries to those who do this work is important. Need to support these programs with more funding." – Virtual Community Forum, District 5 (English breakout room)
- "Need more money for caregivers, need to pay them more than minimum wage." – In-person Community Forum, Region 4
- IHSS Independent Providers, "who are predominantly people of color, [...] lack the same degree of institutional support for employees typically available to paid caregivers working for private agencies. For example, while private home care agencies in San Francisco might have opportunities for job advancement, paid professional development, or peer and supervisory structures to help caregivers navigate challenging issues at work, IHSS IPs don't have access to similar supports." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

- **Poor experiences with healthcare system:** Caregivers with limited English proficiency described poor experiences with medical staff and hospital discharge.
  - "Caregivers [...] reported unsafe hospital discharges since short-staffed hospital teams do not have language capacity or time to adequately communicate how to care for a loved one at home. Providers shared how these caregivers feel unprepared and also treated "like second-class citizens," but typically do not want to follow up for clarification or file complaints due to intimidation and fear of reprisal." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

Case Management and Care Navigation

Case Management and Care Navigation services facilitate service connections and support individuals with complex needs to navigate available resources and promote stability in the community. Services include Case Management, Community Living Fund, LGBTQ Care Navigation (including Pet Support), and Money Management.

Overall Finding

Participants shared successful examples of learning about and connecting with new services. They emphasized the importance of connecting with a person to learn about and connect with services. They also expressed a need for a service to help advocate for healthcare decisions.

- **Connection with a social worker:** Community research participants shared examples of engagement with a knowledgeable professional (social worker, facilitator of Zoom workshop) that could provide referrals and connection support.
    - "Before COVID-19, I had no knowledge of government benefits. But during COVID-19, I joined many Zoom classes. One of them was with Self-Help. A social worker connected me to resources and agencies." – Virtual Community Forum, District 1 (Cantonese breakout room)
    - "I've tried different places, the most helpful was the social worker at the VA hospital and the social worker at Family Caregiver Alliance. They would get back in 24 hours to offer consultation and referrals to point in the direction of resources and services. These were the only two I found helpful." – Virtual Focus Group with Caregivers

- **Healthcare advocacy:** Community research participants expressed a need for a service that supported healthcare decisions for older adults.
    - "When a senior has needs not being met, having a health advocate to communicate between senior and family to ensure his/her/their needs are being addressed. For example, Kimochi member has a sister with health problems and her son is not in agreement with need for surgery. It would be helpful to have a health advocate to help support the senior's needs and mitigate between senior and family and backed by the city." – Kimochi Focus Group (Korean breakout room)

Community Connection and Engagement

Community Connection and Engagement services are designed to provide opportunities for older people and adults with disabilities to socialize, build community, and participate in a meaningful way in their community. Services

include Adult Day Health Centers, Community Bridge, Community Connector, Community Service Centers (and pilots), Employment Support, Intergenerational Programs, Neighborhood Choirs, Neighborhood-Based Pilot Programs, Senior Companion, SF Connected, Technology at Home, Transgender and Gender Non-Conforming (TGNC) Supports, Village Programs, and Volunteer Visitors.

Overall Finding

In general, community research participants overwhelmingly expressed a desire for increased social connection, both online and in-person, to combat social isolation, a common occurrence for older adults and adults with disabilities that has been even further exacerbated by the current pandemic. Participants identifying as adults with disabilities and those with limited English proficiency specifically noted challenges with acquiring, maintaining, or being treated fairly in a job and expressed interest in targeted employment support for their specific needs.

- **Increased need for connection:** Due to the pandemic, community research participants shared feeling physically and socially isolated. They expressed the need to feel connected to other people and their community. Social programming shows up as a frequent need for those living alone to combat the impacts of social isolation.
    - "What we find during COVID-19 and continue to find is the sense of connection [...] being with people, people listening to you and hearing what you have to say." – Virtual Community Forum, District 2 (main room)
    - "No one comes to the house anymore. [...] I see people in the hallway [...] I'm missing that friendship connection." – Virtual Focus Group with People that Identify as Transgender, Nonconforming, and/or Intersex

- **Interest in ongoing virtual activities:** Community research participants requested that virtual activities and classes be continued moving forward to maintain current levels of access, convenience, and safety. They reported that remote activities and community connectors supported maintaining connection to the community, decreased isolation, and increased knowledge of healthy living practices.
    - "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, District 4 (Cantonese breakout room)

- "Zoom classes during COVID-19—we love it. So important, and I've heard this from other seniors. If even when the senior center opens, we recommend that they continue Zoom classes so that it is more flexible." – Virtual Community Forum, District 3 (main room)
- "I see in the group I belong to on Monday mornings, many in our 80s, many living alone—isolation—this group is invaluable in bringing us together—feeling we have a community, not alone, we have problems we can talk about with people that we know, the importance of services like this group." – Virtual Community Forum, District 2 (main room)
- "I appreciate the Zoom classes—they cover health, technology, how to use computers, especially for the past two years. We are not getting bored to stay at home but are learning. I hope this continues." – Virtual Community Forum, District 2 (main room)
- "The pandemic opened up lots of Community Connectors. Getting to know more people in Cayuga Connectors, can see neighborhoods worked to build up connections between neighbors, telephone trees." – Virtual Community Forum, District 11 (main room)
- Latinx/Hispanic participants reported using technology to stay connected to family and their community. This is an existing need that has been exacerbated by the pandemic. – *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

- **Inclusivity & cultural relevance.** Community research participants shared that the programs and services they utilize with staff of similar orientation and ethnic and linguistic backgrounds support feelings of comfort, connection to community, and language access.
  - Referring to the Friendly Visitor Program: "The person…calls once a week and we talk on the phone. So, it's connecting me to the community, is connecting me to the senior gay people, which I didn't realize—I should realize there are a lot of us out." – Virtual Focus Group with People that Identify as Transgender, Nonconforming, and/or Intersex
  - **Intergenerational programming:** Black/African American community research participants expressed a specific need for more programming for both young people and older adults.
    - "Intergenerational programming is a way to help their communities thrive and counteract the cultural loss and impacts

on the community shaped by widespread Black/African American displacement and outmigration from San Francisco. As one older Black/African American senior shared, 'I'm concerned about younger people growing up who are trying to do the right things… There are still possibilities for the older generation to try to motivate people.'" – Excerpt and Quote from DAS Report *Listening Sessions with Communities of Color (2021)*

- **Workforce development resources**
  - **For adults and youth with disabilities:** Community research participants shared a need for job training, job search assistance, and support when facing discrimination in the workplace.
    - "[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/treated a lot worse. [We deserve] a job […] that fits our education skills and interest. And a job where we are treated well with respect that we deserve. People don't like hiring us. They have that stigma. We may be the best fit for the job and have a lot of kindness, compassion, [but] people look down on us. [There is] a lot of stigma." – Virtual Focus Group with Adults with Disabilities
    - "There are a lot of work programs and training but for people with disabilities it can be hard to do specific work. So having training programs for more specific types of work. I feel like people with disabilities have to mask it, do things that regular people don't have to. So, training about finding jobs, maybe get a certificate after. People with disabilities don't know how to get jobs. I'm not aware of any resources like that." – Virtual Focus Group with TAY with Disabilities
    - "I think it depends on the organization, when you go to a job, I feel like disclosing 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 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 with TAY with Disabilities

- **For non-English speakers:** Community research participants expressed a need for more job training opportunities for people who do not speak English and services offered in their primary language.
    - "I'm 62 years old, I don't speak English, so [it's] hard to find job. Thanks for Self-Help, I found out about their job training program, from there I get trained and paid. And I don't have to worry about basic living needs. And also, they give me hope. I think many people outside have the same experience; they don't speak English and need job training opportunities. I hope funding can be put into this program to serve more people." – Virtual Community Forum, District 3 (Cantonese breakout room)
    - "Another thing I want to mention, another concern, because of language barrier, a lot of seniors did not get good job and have minimal pay. For California supplemental pay plan, our population got left out. Just because we need don't get SSI, we were not eligible. Because of all the inflation and needs this is not fair to us." – Virtual Community Forum, District 10 (Cantonese breakout room)

- Other themes mentioned by community participants include: enrichment activities, activities specific to needs of different communities, evening programming, activities to improve cognitive functioning, activities to improve mental health.

Housing

Housing Support services are designed to support older adults and adults with disabilities to maintain stable housing through service connection and community engagement. Services include Housing Subsidies, Rental Assistance, Scattered Site Housing, and Veterans Services Connect.

Overall Finding

Consumers have many needs pertaining to obtaining and sustaining affordable housing, many of which are outside the scope of Dignity Fund Services. Overall, community research participants are challenged by non-intuitive or insufficient options for navigating available housing resources and supports.

- **Affordable housing:** Affordable housing is in high demand and short supply. Participants looking for housing have difficulty accessing a limited supply of unaffordable, unstable, and inadequate housing.
    - **Limited housing supply:** Community research participants reported an overall limited housing supply, particularly housing units that meet their accessibility needs.
        - "Even if the government does give me money to help subsidize the rent, then there's difficulty actually finding a place to rent to me, especially after they learn of my son's condition. Currently, I'm [subletting] a friend's basement, with three people to one room." – Chinese older adult and caregiver to an intellectually disabled adult child, *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*
    - **Unaffordable and unstable housing:** Community research participants who are renters shared difficulty in finding affordable housing, both at market rate and through city-administered affordable housing programs. This leads to an increased fear and risk of evictions.
        - "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, District 5 (main room)
        - "With cost of living in San Francisco, constant fear of evictions, changing nature of having opportunity to sell a home then evicting long-term tenants, people living on fixed income. Tenuous nature of housing for many people in the community." – Virtual Community Forum, District 10 (main room)
    - **Unsafe housing:** Some community research participants described significant habitability concerns with their rentals. BIPOC participants mentioned an acute need for safe and culturally inclusive housing.

- "We have to deal with a lot of issues with the landlord. We don't have utilities or heat, even when we paid." – Virtual Community Forum, District 4 (Cantonese breakout room)
- "Before the pandemic, there was a group that was ready to go out and put in smoke detectors. It got canceled because of lockdown—making houses and homes prepared for people to be able to age in place [...] When something happens and they can't get out of their house—or because they can't stay at home anymore—they're moved to residential care, which costs so much more money than having them age in place with things available to them." – Virtual Community Forum, District 4 (English breakout room)

- **Safe and culturally inclusive housing:** Asian community research participants named a need for housing to accommodate multigenerational households. LGBTQ BIPOC participants shared that their safety is often tied to housing, with many seeking housing to escape violence. They shared fears of violence in housing and a need for housing and providers that "prioritize LGBTQ safety." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

- **Housing resources and supports:** Community research participants who are looking for housing find it challenging to navigate existing resources. They reported a need for assistance finding housing, rental assistance, and eviction prevention resources. Some participants described translation support as a key reason they were able to remain housed.
  - **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.
    - "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, District 2 (main room)
    - **Application and lottery system:** Community research participants mentioned the complicated application and lottery system for city-funded affordable housing as a barrier to

accessing this resource, as well as confusion about eligibility requirements. These comments pertain to systems managed by the other City agencies (e.g., Mayor's Office of Housing and Community Development)

- "I feel like this population is neglected. I've been applying for 13 years for senior housing, and I've heard nothing. It's just about luck." – Virtual Community Forum, District 11 (Cantonese breakout room)
- "How can they support folks to get into housing [and] navigate the website? [...] I'm having trouble understanding that benefit... Where, if anywhere, do you [ask] for assistance, for figuring out how to apply?" – In-person Focus Group with Adults with Disabilities

▪ **Connection to housing:** BIPOC groups reported specific challenges navigating and getting connected to current housing resources.

- Asian participants reported "difficulties navigating bureaucracy and even discrimination in the process of seeking affordable housing." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*
- Latinx participants expressed a need for resources for families that are not technically homeless because they are doubled up or living in inadequate housing. – *Listening Sessions with Communities of Color: Summary of Findings and Recommendations*

- **Rental assistance:** Many community research participants report difficulties paying rent or mortgage for many reasons including rent increases and loss of income.
  - "I am legally blind, [my] husband died 4 years ago, and [I am] having trouble paying the rent ($1050/mo). I need help with rent." – In-person Community Forum, Region 4
  - Due to many rent increases, people need subsidies to stay in housing that they could once afford. – Virtual Community Forum, District 5 (English breakout room)
- **Eviction prevention:** Some community research participants discussed fears of being evicted and difficulties staying housed.

- During an in-person focus group with veterans, one participant shared during the pandemic there have been several evictions pending in their building due to residents not taking care of shared space. – In-Person Focus Group with Veterans
- A focus group participant who was unhoused advocated for increased eviction protection for individuals who are disabled. They explained that adults with disabilities may have more difficulty residing on the streets compared to able-bodied individuals. – In-person Focus Group with Individuals who are Unhoused
- **Translation**: Community research participants shared that translation support services played a critical role in housing stability.
  - "[Translation support] really helped me to stay in low-income housing." In-person Focus Group, Kimochi (Japanese speaking)

- **Historic discrimination:** Some community research participants described the lasting impacts that historic discrimination and racism have had on their ability to access resources today.

Nutrition and Wellness

Nutrition and Wellness services are designed to promote physical health and wellbeing for older adults and adults with disabilities by providing nutritious foods and supporting healthy lifestyles. Services include Chronic Disease Management, Congregate Meals, Food Pantry, Home-Delivered Groceries, Home-Delivered Meals, Nutrition Counseling & Education, Nutrition for Healthy Outcomes, and Physical Fitness.

Overall Finding

Community research participants expressed appreciation for nutrition services, particularly within the context of the COVID-19 pandemic but also identified challenges to accessing services and culturally appropriate food. Participants also described difficulties paying for health care expenses.

- **Health/Nutrition Support and Resources:** Community research participants agreed that nutrition services (meal delivery and pickup) had been important to their wellbeing during the pandemic. Many community research participants named the nutrition programs, particularly the Congregate Meal services, as a key source for social and community connection.
    - "I get [food] delivered [from the] food bank. They bring you a huge bag of groceries. I get mine Mondays between 9-12. It's very good. [They deliver] fresh fruits and vegetables anywhere in SF." – In-Person Focus Group with Adults with Disabilities
    - "During COVID-19 we found out food is so important for the elderly— Self-Help did a great job on the meal delivery, so this service should continue, they are very helpful—and the food pantry too." – Virtual Community Forum, District 5 (Cantonese breakout room)

- **Challenges accessing or using nutrition services:** Despite overall satisfaction with nutrition and meal services, several community research participants described challenges effectively using those services. These challenges included not having access to a kitchen to prepare food, long lines, and accessibility issues.
    - **Food for individuals who don't have access to a kitchen:** Several community research participants mentioned not having a kitchen being a barrier to the kinds of resources they are able to use.
        - "Living in SRO [single room occupancy] is the cheaper option but you're exchanging access to the kitchen so having to eat out and eating less healthy. So, more money being spent on food." – Virtual Focus Group with TAY with Disabilities
        - "[We need the] ability to use EBT cards in restaurants since we live in a shelter where we are not able to store food in our units and could use it to get a hot meal at a restaurant." – In-person Focus Group with Individuals who are Unhoused
    - **Long lines at food banks and for hot meal services:** Community research participants shared that they face long wait times for needed services due to an increased need for nutrition support.
        - "The food bank service is pretty good, now I have found out a lot of people in need of food but there's always a long line." – Virtual Community Forum, District 5 (Cantonese breakout room)

- "I live in Sunset neighborhood. I am not going to come all the way here and wait in line [for meal services]." – In-person Focus Group, Kimochi (Japanese speaking)

- **Accessibility challenges in getting food:** Many community research participants described the inability to access healthy food in their neighborhood as well as physical accessibility barriers to connecting to nutrition resources

  - "If you wait in line [to pick up lunch], you have to get there by 8:30am and they run out. If you are old, it is hard to stand for that long." – In-person Focus Group, Kimochi (Japanese speaking)

  - "[There are some accessibility challenges] in the blind community. There is so much different access you can have to food through apps [...] but [they are] not very accessible [to the blind community]." – Virtual Community Forum, District 6 (main room)

  - "Right here in the Bayview, we have a food desert. We don't have access to healthy food. We need to collaborate with local farmers and growers to get foods that are healthy." – In-person Community Forum, Region 3

- **Lack of culturally appropriate food:** Community research participants mentioned limited culturally relevant food as a barrier to seeking nutrition services.

  - "I get Meals on Wheels, and I have talked to a nutritionist [about getting more culturally diverse food]. I was asking for some jerk chicken." – Virtual Focus Group with Homebound Adults

- **Health coverage:** Community research participants find it difficult to pay for things like deductibles and other out of pocket expenses.

  - "We now have deductibles out of our own pockets. We used to work for 3 to 4 dollars an hour and don't have savings to pay for services. Now inflation is going crazy, we can't afford or catch up." – Virtual Community Forum, District 4 (Cantonese breakout room)

  - "So, I think for me, medication coverage. When we see a doctor, they prescribe a lot of medicines, we go to the pharmacy, and it is not

covered." – Virtual Community Forum, District 11 (Cantonese breakout room)

- "[I've] lived in San Francisco for over 50 years, over 55 [years old]. I need hearing aids, but I don't have them. One thing is that they're very expensive. I haven't been able to find some that I can afford." – Virtual Focus Group with Deaf and Hard of Hearing

Self-Care and Safety

Self-Care and Safety services are designed to support older adults and people with disabilities to meet their needs in the most independent setting, safe from abuse and self-neglect. Services include Adult Protective Services, Assisted Living Facility Support, Elder Abuse Prevention Services, Short-Term Home Care, In-Home Supportive Services (IHSS), LTC Ombudsman, Legal & Guardianship Programs, Suicide Prevention & Emotional Support, Support at Home, Support Services for People with Collecting Behaviors, and Workforce Support for paid caregivers and home care workers.

Overall Finding

Consumers feel unsafe in their neighborhoods and articulated a need for escorts to safely travel alone in the city. Community research participants appreciate the escort services that currently exist, but desire more expanded offerings in this area. When connected, in-home care services are mostly meeting the needs of consumers, although consumers would like to see more culturally relevant options in this area.

- **Safety in community:** Community research participants shared experiences of feeling unsafe in their neighborhoods, in shared spaces, and while using public transportation.
  - "Every morning we have walking mates to walk in the early morning, and a few days ago we saw a guy sit in the route we use every morning, and he yells at us, and we try to avoid this guy and use another route, and when we came back, he was still there. It seems like he's stalking us and yelling at us, it took us another half an hour to get home, and the next morning he was there again. This kind of presence really makes us

feel unsafe and uncomfortable." – Virtual Community Forum, District 9 (Cantonese breakout room)

- "This impacts residents' quality of life to be around residents who are on drugs and then makes non-addicted residents feel more isolated as they will stay only in their room and not socialize." – In-person Focus Group with Veterans
- "Incidents of violence on Muni makes it unsafe for people to get on the bus. Lines and service have not been restored, there's been some advocacy to hopefully restore some lines of service. There have been folks who have been hurt." – Virtual Community Forum, District 7 (main room)

- **Need for escorts:** With particular emphasis and frequency, community research participants requested expanded escort services given the rise of violence and feelings of unsafety traveling alone in the city.
  - "Senior escort program is significant, it is very helpful. Especially these days [when] Chinese are targeted, they are attacked [and] yelled at [on the] bus. Their service is not in good capacity. I tried to make an appointment, but they told me they don't have enough personnel. Sometimes we want an escort to get to the doctor and we were told that they do not have the personnel. We need it for a longer time. It takes longer to get to a destination or [we] get lost. We need this service more." – Virtual Community Forum, District 3 (Cantonese breakout room)
  - "I appreciate the escort service, which is very convenient for elderly, especially for those that can't drive. Some people live in a place that cannot be reached by public transit. So, with this type of service it's very helpful for people that want to see friends or need to get groceries. Would like to expand it to other areas." – Virtual Community Forum, District 10 (main room)
  - "I also want to say escort service is wonderful. I think they need rapid improvement. They cannot meet all of the demands. For seniors, they don't just need it to go see doctor, but to go out to be exposed to sun, go around to park so that they will stay healthy, grocery shopping. One thing good is that escorts speak Chinese. Conversations during escort are helpful, [to] be a part of outside world, speak to demands. I hope we

take those needs well." – Virtual Community Forum, District 3 (Cantonese breakout room)

- **In-home care:** Community research participants often credited in-home care as the reason they can live independently. However, others are not receiving enough or any in-home care and face long waitlists for programs outside of IHSS.
  - **Role of in-home care in maintaining independence:** Community research participants who receive in-home care expressed appreciation for the services provided by their caregiver and credit it as a reason they are able to live independently in the community.
    - "My friend is getting great support [from Homebridge], emotional, shopping, transportation, etc." – Virtual Community Forum, District 5 (English breakout room)
    - "I have a provider that comes twice a week. I truly recommend them because they have resources that can help […] certain things kept me going and otherwise I wouldn't be in the position that I'm in today." – Virtual Focus Group with Homebound Adults
  - **Insufficient allocation of IHSS hours:** Community research participants shared a challenge in getting a sufficient allocation of hours for In-Home Supportive Services.
    - "Many seniors who are under Medi-Cal have in-home support, but we hear from seniors with multiple health issues. Sometimes we see that the hours are not really enough; they need more supervision at home, insufficient supervision. We try to call social workers, but they say it has to be the family member or the senior calling specifically. [We] had a staff member write down the points the senior needs to make in order to advocate for themselves to justify more hours." – Virtual Community Forum, District 1 (main room)
  - **Long waitlists for affordable in-home care programs outside of IHSS:** Community research participants shared frustration at having to wait a long time to access affordable in-home care programs designed for Medi-Cal ineligible consumers.
    - "[…] Access to more flexible local programs is often inadequate: new clients are placed on long waiting lists until additional

resources become available." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

- **Home healthcare for the individuals who are unhoused:** Several community research participants who are unhoused noted the inaccessibility of home health care for those who reside outside of a permanent residence.
  - "In-house health care is not available for those unhoused and/or living in a shelter even though they need this support." – In-person Focus Group with Individuals who are Unhoused

- **Need for inclusive services:** Community research participants described a need for programs with diverse staff and services that affirm their identities.
  - **Diversity of staff:** Community research participants shared that the programs and services they utilize with staff of similar orientation and ethnic and linguistic backgrounds support feelings of comfort, connection to community, and language access.
    - "My [assisted living residence] right now has one social worker from Kimochi who is there and that gives me piece of mind." – In-person Focus Group, Kimochi (Japanese speaking)
    - "[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." – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*
  - **Identity affirming services:** Community research participants shared about the need for services that affirm their LGBTQ identity while meeting their needs. These services include mental health care, in-home care, and housing.
    - "A lot of LGBTQ seniors, because of stigma, are going back into the closet, exacerbates isolation. Nursing home options, very little done in terms of cultural humility." – Virtual Focus Group with Faith Leaders
    - "When you ask about safety, such high incidence of PTSD in LGBT and communities of color. Leads people to feel more vulnerable when they get triggered. So many things about pandemic—

isolation, loneliness, threats to physical safety, body politics—need for mental health services, affordable, accessible mental health services delivered by communities to folks in those communities." – Virtual Community Forum, District 7

▪ LGBTQ BIPOC community research participants reported that they often "lack access to common sources of informal care available to other older people (e.g., older children), they are more reliant on care from strangers." They expressed a need for identity affirming care to feel safe and accepted. – Excerpt from DAS Report *Listening Sessions with Communities of Color (2021)*

Appendix F: DFCNA Equity Analysis

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Overview

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 appendix provides a review of key findings highlighted in the main body of the DFCNA report, plus additional supporting detail to illustrate equity trends, 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?

The following equity analysis describes trends in service participation by the **53,744 unique consumers DAS served during the 2020-21 fiscal year through its community-based services** administered by the Office of Community Partnerships.

Summary of Findings

This section provides a high-level overview of the key findings from the equity analysis. More detailed analysis and findings by research question are presented later in this appendix, with accompanying detailed data tables.

This equity analysis examines service participation trends across five equity factors representing populations who experience systemic barriers to accessing services. These equity factors are not mutually exclusive, and many individuals fall into more than one equity population.

Table 1. 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
Lives alone	Lives 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

Client profile

Of the nearly 54,000 clients served by DAS in FY2020-21, the majority (74%) were older adults ages 60+. Adults with disabilities age 18-59 accounted for 9% of clients, and the remaining 17% were either caretakers or had missing age data. Clients were diverse, with the majority (63%) having low-to-moderate income, 42% having limited English proficiency, one third (32%) living alone, two thirds (65%) identifying as BIPOC, and 5% identifying as LGBTQ.

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 who live alone.

- 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 among adults with disabilities and older adults are similar.
- Older adults and adults with disabilities participated in Nutrition and Wellness programs at higher rates than any other type of program.
- 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.

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 service 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.

- Overall, across all programs, DAS spent an average of $1,146 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 $1,436 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, cost per participant was somewhat below average, at $1,091. This reflects a high volume of participants accessing large site-based services in District 6, which tend to have a lower operating cost per client served.

Methodology

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 calculating and comparing participation rates, a set of standardized metrics that capture how resources are distributed and being used by the city's older adults and adults with disabilities.

RDA used DAS client and enrollment data for all Dignity Fund services 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:

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

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 most programs, where a client receives services in their home or based on where they live, 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 participated in multiple districts was counted in each district in which they enrolled.

Per-client financial costs were calculated using the 2020-21 fiscal year 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.

Findings: Overview

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, and the remaining 17% were either caretakers or had missing age data. **Clients are diverse, reflecting 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.

In total, **the DAS Office of Community Partnership provided services through nearly 60 programs** in FY 2020-21.[1] Total number of enrollments varied widely by program, from fewer than 100 in some of the smaller programs to more than 10,000 in several of the largest, most popular programs. Table 1 shows total enrollments by program among older adults, adults with disabilities, and those who were either caregivers or for whom age data was unknown.

Table 2. Total client enrollments by program

Program Name	Older adults	Adults with disabilities	Other/ Unknown*	Total
Community Services (including pilot)	12,311	693	352	13,356
Congregate Meals	12,238	848	150	13,236
Aging and Disability Resource Centers (ADRCs)	9,105	1,051	2,210	12,366
DAS Intake	3,087	359	4,854	8,300
Home-Delivered Meals	5,521	897	24	6,442
Food Pantry^	3,833	0	21	3,854
Home-Delivered Groceries	3,277	554	15	3,846
Nutrition Counseling	2,976	98	5	3,079

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[1] This equity analysis reflects information on approximately 40 Dignity Fund-eligible services, for which the DAS Office of Community Partnerships and its community-based service providers maintain client-level enrollment data. A full list of DAS services, including all those administered by the Office of Community Partnerships, is provided in Appendix A: DAS Services List and Descriptions.

Program Name	Older adults	Adults with disabilities	Other/ Unknown*	Total
Health Insurance Counseling and Advocacy Program (HICAP)	1,489	155	16	1,660
SF Connected	1,143	73	66	1,282
Case Management	1,039	198	9	1,246
Village Programs	746	12	62	820
Transportation	691	3	14	708
Nutrition as Health	348	296	15	659
Family Caregiver Support Program	0	0	620	620
Health Promotion – Physical Fitness	522	6	4	532
Intergenerational Programs	396	43	12	451
Housing Subsidies	316	110	6	432
LGBTQ Care Navigation	266	96	37	399
Neighborhood-Based Pilot Programs	339	15	25	379
Veterans Services Connect	246	106	1	353
Community Living Fund	191	81	0	272
Caregiver Respite	12	0	221	233
Empowerment Programs	93	58	55	206
Neighborhood Choirs	189	5	8	202
Money Management	127	29	0	156
Short-Term Home Care for Seniors	145	0	5	150
Employment Support	72	24	27	123
Nutrition Education	108	4	2	114
Community Connector	106	4	2	112
Scattered Site Housing	57	49	0	106
Technology at Home	91	4	0	95
Volunteer Visitors	76	7	3	86
Adult Day Programs	85	0	0	85
Transgender and Gender Non-Conforming (TGNC) Supports	52	23	6	81
Support Services for People with Collecting Behaviors	21	15	3	39
LGBTQ Financial Literacy	15	22	0	37
Senior Companion	13	0	0	13

*"Other/unknown" represents consumers who either were caretakers and were neither older adults nor adults with disabilities, or their age data was missing and we could not categorize them.

^Food Pantry enrollments for adults with disabilities are not tracked at the client level, and are therefore excluded from subsequent analysis of program-level service participation trends for adults with disabilities overall and by subpopulations with the presence of an equity factor.

Findings: 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 3).

The table below 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, this can be read as: Older adults with low-to-moderate income participate in programs at 2.4 times the rate of older adults overall.

Table 3. Participation Overall and By Equity Factor

Equity Factor	Older adults' 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	232	1.7
Limited English proficiency	356	1.7	287	2.1
Living alone	286	1.3	223	1.6
BIPOC	254	1.2	134	1.0
LGBTQ	73	0.3	74	0.5

Equity Factor	Older adults' 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
Overall participation rate per 1,000	215	--	137	--

Older adults

The following section presents service participation rates for older adults overall, and each older adult population with the presence of an equity factor and compares the subpopulation rates to citywide rates for select services.[2]

Overall, in FY 2020-21, DAS served 39,796 older adults aged 60 years or older— approximately 22% of the older adult population of San Francisco. This means that older adults participated at a rate of **215 per 1,000 eligible individuals.**

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.

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[2] Participation rates for older adults and adults with disabilities overall and by equity factor were calculated at the program level for 10 select programs, each of which had at least 1,000 unique participants including both older adults and adults with disabilities.

Figure 1. Service participation rates among older adults per 1,000 eligible, by program

Program	Rate
Home-Delivered Groceries	158
Home-Delivered Meals	123
Food Pantry	70
Community Services (including pilot)	67
Congregate Meals	66
Aging & Disability Resource Centers	49
DAS Intake	17
HICAP	8
SF Connected	6
Case Management	6
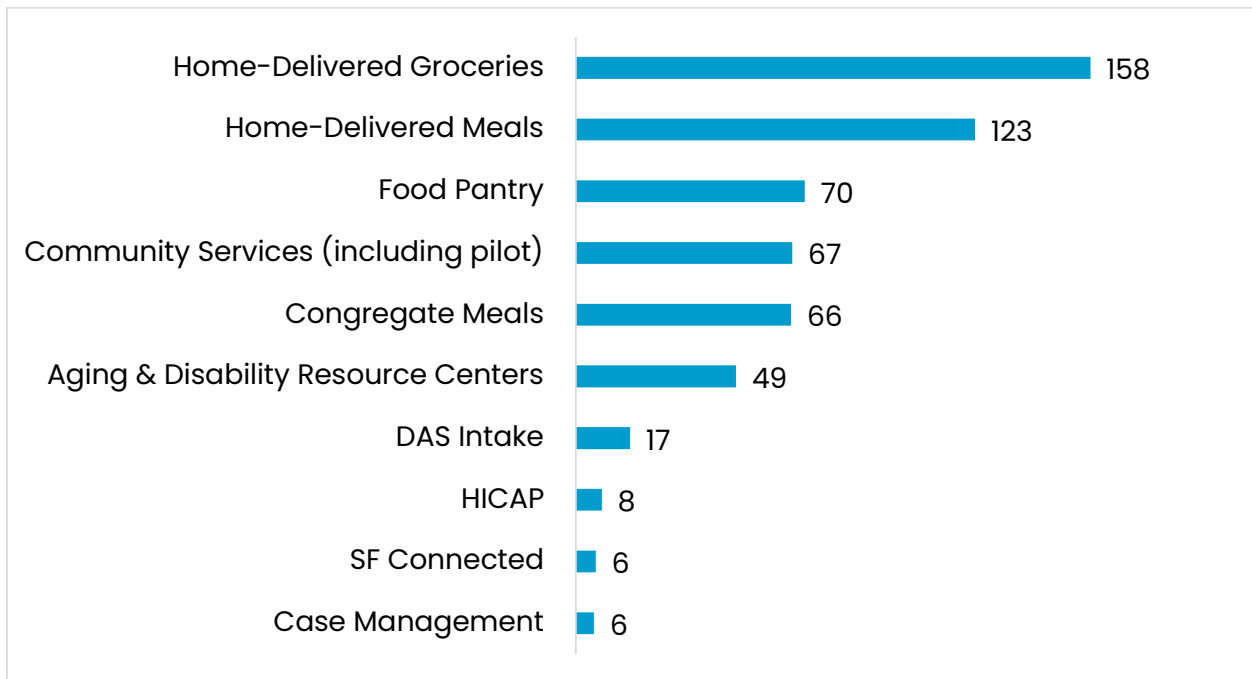
Table 4. Service participation rate among all older adults, by program.

Program Name	Participating older adults	Eligible population	Service participation rate	Service participation rate per 1,000 eligible
Home-Delivered Groceries	3,277	20,689	16%	158
Home-Delivered Meals	5,521	44,922	12%	123
Food Pantry	3,833	54,402	7%	70
Community Services (including pilot)	12,311	184,811	7%	67
Congregate Meals	12,238	184,811	7%	66
Aging and Disability Resource Centers	9,105	184,811	5%	49
DAS Intake	3,087	184,811	2%	17
HICAP	1,489	184,811	0.8%	8

Program Name	Participating older adults	Eligible population	Service participation rate	Service participation rate per 1,000 eligible
SF Connected	1,143	184,811	0.6%	6
Case Management	1,039	184,811	0.6%	6
All services	**39,796**	**184,811**	**22%**	**215**

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 following tables summarize service participation trends for select programs by equity factor to highlight key patterns in each population.

Older adults with low-to-moderate Income

DAS served 27,693 older adults with low-to-moderate income in FY 2020-21, the equivalent of serving 509 out of every 1,000 older adults with low-to-moderate income in San Francisco. These individuals **participate in services at 2.4 times the rate** of older adults overall. High participation rates for this population are **most pronounced in food and nutrition programs**, where low-to-moderate income older adults participate at double to triple the rate of older adults generally. This trend likely reflects the **essential role DAS food programs play in helping to alleviate financial pressures** among adults living on a low or fixed income. In addition, low-to-moderate income older adults participate in Aging and Disability Resource Centers at nearly triple the rate of older adults overall, indicating that this resource is effectively reaching those with greater need.

Table 5. Client enrollments and participation rates among low-to-moderate income older adults, by program

Program Name	Participating older adults with low-to-moderate income	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among low-to-moderate income compared to all older adults
Home-Delivered Meals	4,590	12,413	37%	370	3.0
Case Management	894	54,402	2%	16	2.9
Aging and Disability Resource Centers	7,479	54,402	14%	137	2.8
Congregate Meals	8,934	54,402	16%	164	2.5
SF Connected	796	54,402	2%	15	2.4
DAS Intake	2,035	54,402	4%	37	2.2
Community Services (including pilot)	8,275	54,402	15%	152	2.3
Home-Delivered Groceries	3,219	20,689	16%	156	1.0
Food Pantry	3,596	54,402	7%	66	0.9
HICAP	464	54,402	0.9%	9	N/A*
All Services	**27,693**	**54,402**	**51%**	**509**	**2.4**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Older adults with limited English proficiency

DAS served 17,978 older adults with limited English proficiency in FY2020-21, out of an estimated 50,435 older adults with limited English proficiency in San Francisco. In other words, DAS served more than a third of older adults with limited English proficiency, or approximately 356 out of every 1,000. Older adults with limited English proficiency **participated in programs at 1.7 times the rate** of older adults overall and participated at the highest rates in **site-based programs such as Aging and Disability Resource Centers and Congregate Meals**. This indicates high engagement with service centers which provide **language-specific services such as translation**. Participation among this group was also higher than among older adults overall for several nutrition programs, including Food Pantry and Home-Delivered Groceries.

Table 6. Client enrollments and participation rates among older adults with limited English proficiency, by program

Program Name	Older adults with limited English proficiency	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among older adults with limited English compared to all older adults
Aging and Disability Resource Centers	4,961	50,435	10%	98	2.0
Congregate Meals	6,463	50,435	13%	128	1.9
Food Pantry	2,994	23,553	13%	127	1.8
SF Connected	519	50,435	1%	10	1.7
Community Services (including pilot)	5,416	50,435	11%	107	1.6
DAS Intake	1,177	50,435	2%	23	1.4

Program Name	Older adults with limited English proficiency	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among older adults with limited English compared to all older adults
Home-Delivered Groceries	1,946	9,465	21%	206	1.3
Case Management	345	50,435	0.7%	7	1.2
Home-Delivered Meals	1,495	16,663	9%	90	0.7
HICAP	288	50,435	0.6%	6	N/A*
All services	**17,978**	**50,435**	**36%**	**356**	**1.7**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Older adults who live alone

In total, DAS served 14,269 older adults who live alone in San Francisco out of a total estimated 49,952, the equivalent of serving 29%, or 286 out of every 1,000 eligible. Older adults who live alone participate in nearly every program for which data were available at higher rates than the overall older adult population and **participate in services overall at 1.3 times the rate**. 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; though the total number of people participating in this program is relatively low, the high participation rate compared to other older adults may indicate that this **program serves an important role for adults who may otherwise be isolated**. Older adults who live alone participate in Food Pantry at lower rates than older adults overall.

Table 7. Client enrollments and participation rates among older adults who live alone, by program

Program Name	Participat-ing older adults who live alone	Eligible popula-tion	Service participa-tion rate	Service participa-tion rate per 1,000 eligible	Participation rate "lives alone" com-pared to all older adults
Case Management	720	49,952	1%	14	2.6
Home-Delivered Meals	3,415	16,210	21%	211	1.7
SF Connected	439	49,952	0.9%	9	1.4
Community Services (including pilot)	4,456	49,952	9%	89	1.3
Congregate Meals	4,090	49,952	8%	82	1.2
Home-Delivered Groceries	1,806	10,660	17%	169	1.1
Food Pantry	1,320	23,126	6%	57	0.8
Aging and Disability	2,877	49,952	6%	58	N/A

Program Name	Participating older adults who live alone	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate "lives alone" compared to all older adults
Resource Centers					
DAS Intake	1,550	49,952	3%	31	N/A
HICAP	251	49,952	0.5%	5	N/A
All services	**14,269**	**49,952**	**29%**	**286**	**1.3**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Older adults who identify as BIPOC

DAS served a total of 28,607 older adults who identify as BIPOC in FY2020-21, out of a total estimated 112,689 older BIPOC adults in San Francisco. This is equivalent to serving 254 out of every 1,000 eligible individuals, or 25%. **BIPOC older adults participate in programs at slightly higher rates than the overall population.** This is unsurprising given that the majority of older adults served by DAS identify as BIPOC. However, there is some variation: BIPOC older adults participate in Congregate Meals at approximately 1.5 times the rate of older adults overall, and participate in Home-Delivered Meals, HICAP, and Case Management at slightly lower rates.

Table 8. Client enrollments and participation rates among BIPOC older adults, by program

Program Name	Participating BIPOC older adults	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among BIPOC older adults compared to all older adults
Congregate Meals	10,893	112,689	10%	97	1.5
SF Connected	941	112,689	0.8%	8	1.4
Aging and Disability	7,246	112,689	6%	64	1.3

Program Name	Participat-ing BIPOC older adults	Eligible popula-tion	Service participa-tion rate	Service participa-tion rate per 1,000 eligible	Participation rate among BIPOC older adults com-pared to all older adults
Resource Centers					
Food Pantry	3,383	39,276	9%	86	1.2
Community Services (including pilot)	9,063	112,689	8%	80	1.2
Home-Delivered Groceries	2,508	14,552	17%	172	1.1
DAS Intake	2,076	112,689	2%	18	1.1
Home-Delivered Meals	3,211	28,994	11%	111	0.9
HICAP	860	112,689	0.8%	8	0.9
Case Management	527	112,689	0.5%	5	0.8
All services	**28,607**	**112,689**	**25%**	**254**	**1.2**

Participation in DAS programs varied by racial and ethnic identity. Older adults who identified as **Black or African American** participated at a rate of 326/1,000 eligible, approximately **1.5 times the participation rate** of older adults overall. **Asians and Pacific Islanders** were by far the largest group of consumers (see Figure 4 in Profile of DAS Office of Community Partnership Clients), and participated in DAS programs at a rate of 261/1,000 — a **participation rate 1.2 times higher than seniors overall. Latinx/Hispanic older adults** participate at a rate of 153/1,000, which is **lower than the overall participation rate (0.7 times the rate)**, and non-Hispanic white older adults participate at a rate of 105/1,000 eligible, which is only half the rate of older adults overall.

Table 9. Client enrollments and participation rates among older adults, by race and ethnicity

Race/ ethnicity	Participat-ing older adults	Eligible popula-tion	Service participa-tion rate	Service participa-tion rate per 1,000 eligible	Participation rate among population compared to older adults overall
Other BIPOC	1,225	3,087	40%	397	1.8
Black/African American	3,498	10,722	33%	326	1.5
Asian or Pacific Islander	21,175	81,121	26%	261	1.2
Latinx/Hispanic	2,709	17,759	15%	153	0.7
Non-Hispanic White	7,544	72,122	10%	105	0.5
All older adults	**39,796**	**184,811**	**22%**	**215**	**--**

Older adults who identify as LGBTQ

DAS served 1,677 older adults who identify as LGBTQ in FY2020-21, out of an estimated 23,009 LGBTQ older adults in San Francisco. This is the equivalent of serving 73 out of every 1,000 eligible LGBTQ older adults, or 7%. This is a much lower participation rate than that of older adults overall, and **LGBTQ older adults participated in every program examined at lower rates than the older adult population overall**. For example, LGBTQ older adults participate in Home-Delivered Meals at half the rate, ADRC at one third the rate and in Congregate Meals at less than one quarter the rate of older adults overall.

Table 10. Client enrollments and participation rates among LGBTQ older adults, by program

Program Name	Participat-ing LGBTQ older adults	Eligible popula-tion	Service participa-tion rate	Service participa-tion rate per 1,000 eligible	Participation rate among LGBTQ older adults com-pared to all older adults
Case Management	104	23,009	0.5%	5	0.8
Home-Delivered Meals	385	6,773	6%	57	0.5
Community Services (including pilot)	644	23,009	3%	28	0.4
Aging and Disability Resource Centers	386	23,009	2%	17	0.3
Congregate Meals	327	23,009	1%	14	0.2
SF Connected	26	23,009	0.1%	1	0.2
Home-Delivered Groceries	124	6,773	2%	18	0.1
Food Pantry	69	6,773	1%	10	0.1
DAS Intake	141	23,009	0.6%	6	N/A*
HICAP	27	23,009	0.1%	1	N/A*
All services	**1,677**	**23,009**	**7%**	**73**	**0.3**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Adults with disabilities

The following section presents service participation rates for adults with disabilities overall, and each disabled adult population with the presence of an equity factor and compares the subpopulation rates to citywide rates for select services.[3]

Overall in FY 2020-21, DAS served 4,659 adults with disabilities aged 18 and 59 years old—approximately 14% of the population of San Francisco who are adults with disabilities. This value translates to a participation rate of **137 per 1,000 eligible adults with a disability.** 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.

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, **Aging and Disability Resource Centers 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 (Figure 2).

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[3] Participation rates for older adults and adults with disabilities overall and by equity factor were calculated at the program level for 9 select programs, each of which had at least 1,000 unique participants including both older adults and adults with disabilities. However, as noted previously, Food Pantry enrollments for adults with disabilities are not tracked at the client level. As such, information on program-level service participation trends for adults with disabilities overall and by equity factor for Food Pantry services is not included in the tables below.

Figure 2. Service participation rates among adults with disabilities per 1,000 eligible, by program

Program	Rate
Home-Delivered Groceries	57
Home-Delivered Meals	49
Aging & Disability Resource Centers	31
Congregate Meals	25
Community Services (inc pilot)	20
DAS Intake	11
Case Management	6
HICAP	5
SF Connected	2
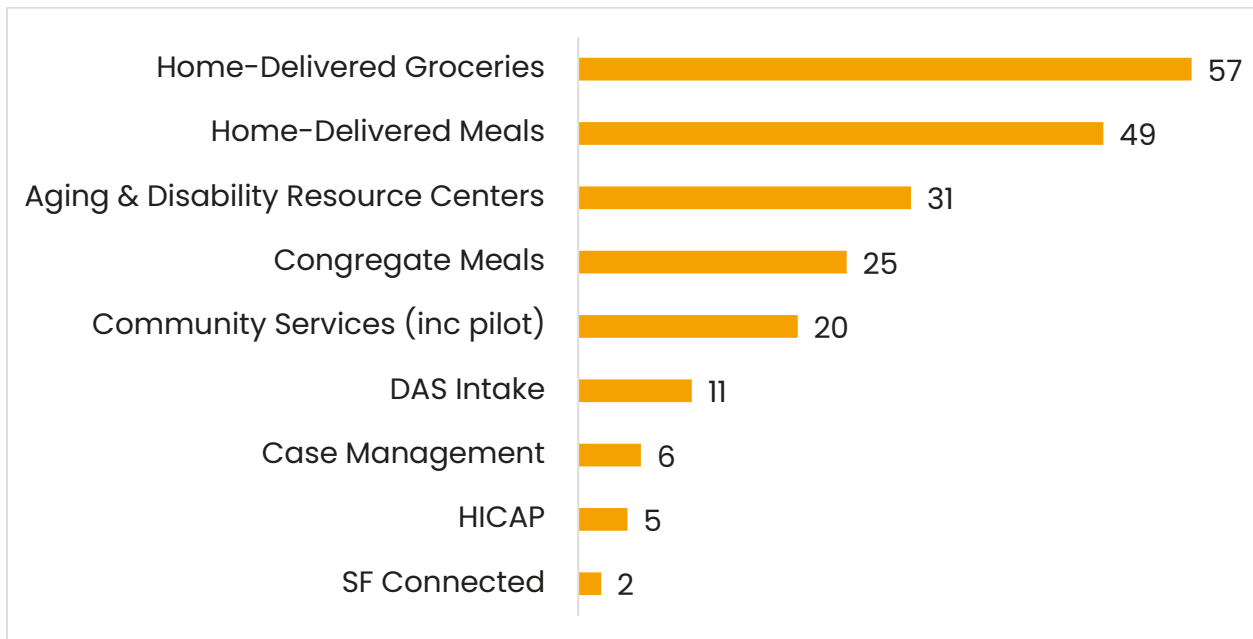
Table 11. Service participation rates among all adults with disabilities, by program

Program name	Participating adults with disabilities	Eligible population	Service participation rate	Service participation rate per 1,000 eligible
Home-Delivered Groceries	554	9,747	6%	57
Home-Delivered Meals	897	18,431	5%	49
Aging and Disability Resource Centers	1,051	34,073	3%	31
Congregate Meals	848	34,073	2%	25
Community Services (including pilot)	693	34,073	2%	20
DAS Intake	359	34,073	1%	11
Case Management	198	34,073	0.6%	6
HICAP	155	34,073	0.5%	5
SF Connected	73	34,073	0.2%	2
All Services	**4,659**	**34,073**	**14%**	**137**

Adults with disabilities with low-to-moderate incomes

DAS served a total of 3,496 low-to-moderate income adults with disabilities out of an estimated total 15,050 low-to-moderate income adults with disabilities in San Francisco. This is the equivalent of a participation rate of 232 per 1,000 eligible adults, or approximately 23% of the eligible population. Adults with disabilities with low-to-moderate income **participate in programs at 1.7 times the rate** of adults with disabilities overall. In particular, this group participates in Case Management, DAS Intake, Home-Delivered Meals, Aging and Disability Resource Centers, and Congregate Meals at double or nearly double the rate of overall adults with disabilities. These **nutrition programs and resource centers fill an important role in meeting the basic needs** of low-to-moderate income adults with disabilities.

Table 12. Client enrollments and participation rates among low-to-moderate income adults with disabilities, by program

Program name	Participating adults with disabilities with low-to-moderate income	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among low income compared to all adults with disabilities
Case Management	173	15,050	1%	11	2.0
DAS Intake	308	15,050	2%	20	1.9
Home-Delivered Meals	859	9,747	9%	88	1.8
Aging and Disability Resource Centers	783	15,050	5%	52	1.7
Congregate Meals	646	15,050	4%	43	1.7
Community Services (including pilot)	412	15,050	3%	27	1.4
SF Connected	34	15,050	0.2%	2	1.1

Program name	Participating adults with disabilities with low-to-moderate income	Eligible popula-tion	Service partici-pation rate	Service partici-pation rate per 1,000 eligible	Participation rate among low income compared to all adults with disabilities
Home-Delivered Groceries	544	9,747	6%	56	1.0
HICAP	24	15,050	0.2%	2	N/A*
All services	**3,496**	**15,050**	**23%**	**232**	**1.7**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Adults with disabilities with limited English proficiency

In FY 2020-21, DAS served a total 914 adults with disabilities with limited English proficiency out of an estimated 3,184 in San Francisco. This means that DAS provides services to more than a quarter of adults with disabilities with limited English proficiency, or 287 out of every 1,000 eligible. **Adults with disabilities with limited English proficiency participate in DAS programs at more than double the rate** of adults with disabilities overall. This group uses **Aging and Disability Resource Centers** at more than four times the rate of adults with disabilities overall and use **Community Service Centers** at more than double the rate. Like for 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**. However, some programs are significantly underutilized by those with limited English proficiency. For example, HICAP was utilized at one-third the rate.

Table 13. Client enrollments and participation rates among adults with disabilities with limited English proficiency, by program

Program name	Participating adults with disabilities with limited English proficiency	Eligible popula-tion	Service partici-pation rate	Service partici-pation rate per 1,000 eligible	Participation rate among LEP compared to all adults with disabilities
Aging and Disability Resource Centers	422	3,184	13%	133	4.3
Community Services (including pilot)	144	3,184	5%	45	2.2
Case Management	35	3,184	1%	11	1.9
Home-Delivered Groceries	132	1,298	10%	102	1.8
Congregate Meals	142	3,184	4%	45	1.8
DAS Intake	44	3,184	1%	14	1.3
SF Connected	9	3,184	0.3%	3	1.3
Home-Delivered Meals	103	2,177	5%	47	1.0
HICAP	5	3,184	0.2%	2	N/A*
All services	**914**	**3,184**	**29%**	**287**	**2.1**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Adults with disabilities who live alone

In FY 2020-21, DAS served 1,791 adults with disabilities who live alone, out of an estimated 8,040 adults with disabilities living alone in San Francisco. This is the equivalent of a participation rate of 223 per 1,000 eligible population, or 22%. Adults

with disabilities who live alone **participate in programs overall at 1.6 times the rate** of 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**.

Table 14. Client enrollments and participation rates among adults with disabilities who live alone, by program

Program name	Participat- ing adults with disabilities who live alone	Eligible popula- tion	Service partici- pation rate	Service participa- tion rate per 1,000 eligible	Participation rate among adults with disabilities who live alone compared to all adults with disabilities
Home- Delivered Meals	632	5,382	12%	117	2.4
Case Management	111	8,040	1%	14	2.4
Congregate Meals	400	8,040	5%	50	2.0
Community Services (including pilot)	219	8,040	3%	27	1.3
SF Connected	22	8,040	0.3%	3	1.3
Home- Delivered Groceries	258	4,163	6%	62	1.1
Aging and Disability Resource Centers	184	8,040	2%	23	N/A*

Program name	Participat-ing adults with disabilities who live alone	Eligible popula-tion	Service partici-pation rate	Service participa-tion rate per 1,000 eligible	Participation rate among adults with disabilities who live alone compared to all adults with disabilities
DAS Intake	194	8,040	2%	24	N/A*
HICAP	19	8,040	0.2%	2	N/A*
All services	**1,791**	**8,040**	**22%**	**223**	**1.6**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Adults with disabilities who identify as BIPOC

In FY 2020-21, DAS served 2,870 adults with disabilities who identify as BIPOC out of an estimated 21,361 BIPOC adults with disabilities in San Francisco. This is equivalent to serving 13% of this population, or 134 per 1,000 eligible adults. This is very **close to the overall participation rate of all adults with disabilities** (137 per 1,000 eligible adults) and for most individual programs, BIPOC adults with disabilities participated at rates very similar to those of adults with disabilities overall. **BIPOC adults with disabilities participate in Aging and Disability Resource Centers at slightly higher rates** (1.2 times the rate) and in DAS Intake, Case Management, and others at slightly lower rates.

Table 15. Client enrollments and participation rates among BIPOC adults with disabilities, by program

Program name	Participat-ing BIPOC adults with disabilities	Eligible popula-tion	Service partici-pation rate	Service participa-tion rate per 1,000 eligible	Participation rate among BIPOC adults with disabilities compared to all adults with disabilities
Aging and Disability Resource Centers	797	21,361	4%	37	1.2

Program name	Participating BIPOC adults with disabilities	Eligible population	Service participation rate	Service participation rate per 1,000 eligible	Participation rate among BIPOC adults with disabilities compared to all adults with disabilities
SF Connected	49	21,361	0.2%	2	1.1
Congregate Meals	582	21,361	3%	27	1.1
Home-Delivered Groceries	376	6,502	6%	58	1.0
Community Services (including pilot)	433	21,361	2%	20	1.0
Home-Delivered Meals	457	12,310	4%	37	0.8
DAS Intake	168	21,361	0.8%	8	0.8
Case Management	91	21,361	0.4%	4	0.7
HICAP	65	21,361	0.3%	3	0.7
All services	**2,870**	**21,361**	**13%**	**134**	**1.0**

Participation in DAS programs among adults with disabilities varied by racial and ethnic identity. **Black/African American adults with disabilities** participated at a rate of 192/1,000 eligible, meaning that they **participate in services at 1.4 times the rate** of adults with disabilities overall. **Asian and Pacific Islander** adults with disabilities participated at a rate of 151/1,000 eligible adults, which is **slightly higher than the overall rate**. Latinx/Hispanic adults with disabilities participated at a rate of only 94/1,000 meaning that **DAS served less than ten percent of eligible Latinx/Hispanic adults with a disability**. Non-Hispanic white and other BIPOC adults with disabilities participated at similar rates, both considerably lower than the overall rate (0.6 times the rate).

Table 16. Client enrollments and participation rates among adults with disabilities, by race and ethnicity

Race/ ethnicity	Participat- ing adults with disabilities	Eligible popu- lation	Service partic- ipation rate	Service partici- pation rate per 1,000 eligible	Participation rate among population compared to adults with disabilities overall
Black/AA	899	4,690	19%	192	1.4
Asian or Pacific Islander	1,125	7,453	15%	151	1.1
Latinx/ Hispanic	643	6,820	9%	94	0.7
Non-Hispanic White	1,127	12,712	9%	89	0.6
Other BIPOC	203	2,398	8%	85	0.6
All adults with disabilities	**4,659**	**34,073**	**14%**	**137**	**--**

Adults with disabilities who identify as LGBTQ

In FY 2020-21, DAS served 553 adults with disabilities who identify as **LGBTQ** out of an estimated 7,435 in San Francisco. This is equivalent to serving approximately 7% of LGBTQ adults with disabilities, or a participation rate of 74 per 1,000 eligible adults. This is **the lowest participation rate of any group with an equity factor** and is half the participation rate of adults with disabilities overall. LGBTQ adults participated in all individual programs examined at lower rates than the overall population - for example, they participated in Nutrition Support Services, ADRC, and Congregate Meals at less than half the rate of overall adults with disabilities.

Table 17. Client enrollments and participation rates among LGBTQ adults with disabilities, by program

Program name	Participat-ing LGBTQ adults with disabilities	Eligible popula-tion	Service partici-pation rate	Service partici-pation rate per 1,000 eligible	Participation rate among LGBTQ compared to all adults with disabilities
Case Management	35	7,435	0.5%	5	0.8
Home-Delivered Meals	124	3,284	4%	38	0.8
Aging and Disability Resource Centers	107	7,435	1%	14	0.5
Community Services (including pilot)	82	7,435	1%	11	0.5
Congregate Meals	82	7,435	1%	11	0.4
Home-Delivered Groceries	61	3,284	2%	19	0.3
SF Connected	2	7,435	0.0%	0	0.1
DAS Intake	52	7,435	0.7%	7	N/A*
HICAP	6	7,435	0.1%	1	N/A*
All services	**553**	**7,435**	**7%**	**74**	**0.5**

*Comparative participation rate cannot be calculated due to a high level of missing data.

Findings: Equity Analysis Question 2

How do service utilization rates among low-to-moderate income populations compare across districts in the city?

The team calculated service participation rates by district for the overall population and the low-to-moderate income population of older adults and adults with disabilities, for the same 10 programs as were examined in Question 1. This analysis helps assess disparities in service participation rates overall and among low-to-moderate income populations by district, by comparing district participation rates to each other and to the city-wide district average.

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 client'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.

District level participation among older adults – all programs

Participation rates were highest in District 6 among older adults overall and among older adults with low-to-moderate income, as shown in Figure 3. Among older adults overall, participation in District 6 was far higher than in any other district. This is likely due, at least in part, to the fact that District 6 is home to the DAS Benefits and Resource Hub, which provides services to a high volume of consumers in-person, online, and over the phone.[4] In addition, central districts such as District 6 have a high concentration of site-based services that large numbers of consumers engage with.

Among older adults with low-to-moderate income, District 6 was followed by Districts 7 and 8 in terms of the highest volume of participants. While District 8 is

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[4] 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 many participating clients likely accessed DAS Hub service (Integrated Intake) online or over the phone.

centrally located and, like District 6, has a large concentration of site-based services, District 7's high participation rate is likely due to high enrollment in the Stonestown YMCA, a popular location for classes and social services. 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. Many older adults travel out of the district in which they live in order to receive services in their preferred language, or because they may live near a border between two districts and services in another district may be closer to their home.

Outer districts, such as Districts 1, 2, 4, and 11 — have some of the lowest participation rates, among both older adults overall and low-to-moderate income older adults. This reflects the lower availability of large-scale site-based services such as Community Service Centers and Aging and Disability Resource 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 service near their homes.

Figure 3. Participation rates in all programs among all older adults and low-to-moderate income older adults, by district

- All older adults N=38,834
- Low-to-moderate income older adults N=27,586
- District average among older adults (381)
- District average among low-to-moderate income older adults (839)
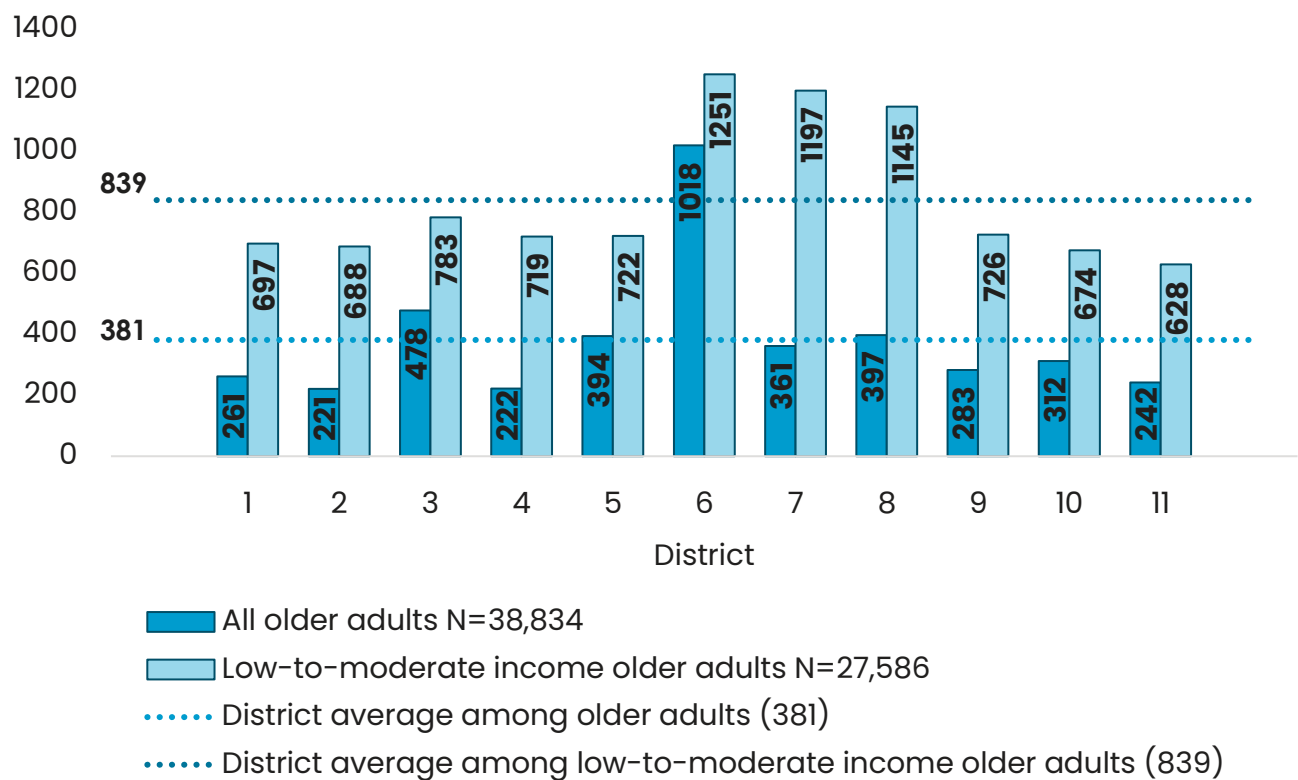
Note: This graph shows participation rates among all older adults and low-to-moderate income older adults, by district, measured as participation per 1,000 eligible people living in that district. Some district participation rates exceed 1,000 because people participate in services in those districts who do not live there.

District-level participation in specific programs among older adults

Participation among older adults in the ten programs looked at in detail varied widely across districts. Participation tended to be high in central districts and was highest in District 6 for many programs. Participation tended to be lower in outer districts, and was lowest for most programs in either District 2 or District 4 (Table 14).

- **Aging and Disability Resource Centers**: Participation in Aging and Disability Resource Centers among older adults was notably higher in District 3 which may be in part due to there being several ADRC sites located in District 3. Additionally, a key component of ADRC is assistance with forms and translation services; a large portion of the City's older adults with limited English proficiency live in this district. Participation was also at or above average in Districts 6, 8 and 9. Participation was lower than average in Districts 1, 2, 4, 5, 7, 10 and 11.
- **Case Management**: Participation in Case Management among older adults in Case Management was highest in District 6, and was also higher than average in District 5. Participation was lower than average in Districts 1, 2, 4, 7, 9, 10, and 11.
- **Community Services**: Participation in Community Services was highest in District 6, as expected with the high number of Community Service Centers in the area. Participation was also high in Districts 2, 8, and 9. It was lowest in District 10, and was below average in Districts 1, 3, 4, 5, 7, 10, and 11.
- **Congregate Meals:** Participation in Congregate Meals was highest in Districts 6 and 5, and was also above average in districts 3, 4, and 7. Participation was lowest in Districts 1, 8, 9 10, and 11, and no older adults participated in Congregate Meals in District 2, due to temporary COVID-related site closures.
- **Food Pantry:** Participation in Food Pantry was highest in District 11, and was higher than average in Districts 4, 6, 9, and 10. Participation was lower than average in Districts 1, 2, 3, 5, 7, and 8, and was significantly lower than any other district in District 2.

- **HICAP:** Participation in HICAP was by far the highest in District 6 (more than double that of any other district), and was also at or above average in Districts 3, 8, 9 and 10. Participation was below average in Districts 1, 2, 4, 5, and 7.
- **Home-Delivered Groceries:** Participation in Home-Delivered Groceries was highest in District 10, which was significantly higher than any other district. Participation was also higher than average in Districts 1, 6, 8 and 9. Participation was lowest in District 4, and was also below average in Districts 2, 3, 5, 7, and 11.
- **Home-Delivered Meals:** Participation in Home-Delivered Meals was by far the highest in District 6. It was also slightly above average in District 10, and was below average in all other districts.
- **SF Connected:** Participation in SF Connected was, like for other programs, by far the highest in District 6, at more than triple the rate of any other district. This may be partly due to a higher number of SF Connected locations in District 6 compared to other districts. It was also above average in Districts 4, 5, 10, and 11, and was below average in Districts 1, 2, 3, 7, 8 and 9.

Table 18. Participation rates among older adults, by district and program

	DISTRICT											Average
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
ADRC	37	23	266	28	25	74	35	172	80	32	43	**74**
Case Management	6	5	9	3	13	27	4	8	6	7	4	**8**
Community Services	80	142	55	28	101	244	93	183	133	54	72	**108**
Congregate Meals	112	0	122	125	219	235	181	62	59	100	63	**116**
Food Pantry	60	19	74	104	72	91	56	51	96	144	148	**83**
HICAP	6	7	13	6	9	26	5	10	10	10	7	**10**
Home-Delivered Groceries	88	46	70	39	72	74	60	75	80	126	69	**73**
Home-Delivered Meals	35	18	36	32	42	139	27	37	43	46	25	**44**
SF Connected	6	3	6	7	7	18	4	4	6	8	7	**7**

Note: participation rates below the average for that program are in red.

District-level participation in specific programs among low-to-moderate income older adults

Participation among low-to-moderate income older adults in the ten programs looked at in detail varied widely across districts. There was more variation in which districts had the highest participation among different programs, compared to older adults overall. Participation was highest in District 6 for some programs and highest in District 8 or 10 in others. Participation tended to be lower for some programs in outer districts (Table 15).

- **Aging and Disability Resource Centers:** Participation among low-to-moderate income older adults in Aging and Disability Resource Centers was highest in District 8, followed by District 3 and District 9. Participation was below average in Districts 1, 2, 4, 5, 6, 7, 10, and 11.
- **Case Management**: Participation in Case Management was highest in District 6, and was also above average in Districts 2, 5, and 8. It was lower than average in Districts 1, 3, 4, 7, 9, 10, and 11.
- **Community Services**: Participation in Community Services was highest in District 8, where some of the larger Community Service Centers are located. Participation was also above average in District 2, 6, and 9. It was lower than average in Districts 1, 3, 4, 5, 7, 10 and 11.
- **Congregate Meals:** Participation in Congregate Meals was highest in District 7, and was also well above average in Districts 1, 4, 5, and 6. Participation was lowest in Districts 3, 8, 9, 10 and 11, and no older adults participated in Congregate Meals in District 2, due to temporary COVID-related site closures.
- **Food Pantry:** Participation in Food Pantry was highest in District 10, and was higher than average in Districts 1, 4, 6, 9, and 11. Participation was lowest in District 2, and was also below average in Districts 2, 3, 5, 7, and 8.
- **HICAP:** Participation in HICAP was highest in District 6, at more than double the rate of any other district. Participation was also above average in Districts 3, 8, and 9, and was below average in Districts 1, 2, 4, 5, 7, 7, 8.
- **Home-Delivered Groceries:** Participation in Home-Delivered Groceries was highest in District 10, as it was for all older adults, and was also at or above average in Districts 1, 5, 6, 8, and 9. Participation was lowest in District 4, and was also below average in District 2, 3, 7, and 11.
- **Home-Delivered Meals:** Participation in Home-Delivered Meals was highest in District 6, and was also above average in Districts 4, 7, 8, and 9. Participation was lowest in District 3, and was also below average in Districts 1, 2, 5, 10, and 11.

- **SF Connected:** Participation in SF Connected was highest in District 4 followed by D6 where most SF Connected sites are located. Participation was also above average in Districts 1, 5, 9, 10, and 11. Participation was lowest in Districts 2, 3, 5, 7, and 8.

Table 19. Participation rates among low-to-moderate income older adults, by district and program

	DISTRICT											Average
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
ADRC	133	105	441	121	53	99	174	607	224	75	112	**195**
Case Management	17	24	17	12	26	38	20	29	17	17	11	**21**
Community Services	193	415	95	86	192	311	231	462	364	113	174	**240**
Congregate Meals	294	0	204	354	412	326	587	202	156	207	155	**263**
Food Pantry	57	19	66	96	70	88	51	50	89	138	136	**78**
HICAP	8	6	13	8	8	22	3	9	10	7	8	**9**
Home-Delivered Groceries	86	43	69	39	71	73	59	71	79	125	68	**71**
Home-Delivered Meals	99	74	60	122	87	210	112	132	112	104	73	**108**
SF Connected	15	7	10	23	13	22	13	12	15	17	18	**15**

Note: participation rates below the average for that program are in red.

Participation rate among older adults and low-to-moderate income older adults, by district for specific programs

The following tables present a more detailed look at total enrollments, eligible population, and participation rate in the ten programs presented above for all older adults and for low-to-moderate income older adults.

For all programs, city averages are taken across enrollments for which the district is known. For the programs which are site-based, a client may have participated in more than one district and may therefore be counted more than once.

Table 20. Participation in any program among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	3,453	13,207	26%	261	2,344	3,364	70%	697
District 2	2,182	9,887	22%	221	1,250	1,818	69%	688
District 3	6,924	14,486	48%	478	5,635	7,200	78%	783
District 4	3,336	15,031	22%	222	2,083	2,896	72%	719
District 5	4,573	11,621	39%	394	3,353	4,645	72%	722
District 6	10,283	10,097	102%	1,018	7,928	6,338	125%	1,251
District 7	4,899	13,574	36%	361	2,560	2,138	120%	1,197
District 8	3,854	9,706	40%	397	2,567	2,241	115%	1,145
District 9	2,935	10,376	28%	283	2,499	3,441	73%	726
District 10	3,116	10,001	31%	312	2,500	3,707	67%	674
District 11	3,562	14,748	24%	242	2,567	4,085	63%	628

SD unknown	1,053				538			
Average	**4,465**			**381**	**3,208**			**839**

Table 21. Participation in Aging and Disability Resource Centers among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	493	13,207	4%	37	448	3,364	13%	133
District 2	223	9,887	2%	23	190	1,818	10%	105
District 3	3,855	14,486	27%	266	3178	7,200	44%	441
District 4	426	15,031	3%	28	350	2,896	12%	121
District 5	293	11,621	3%	25	247	4,645	5%	53
District 6	749	10,097	7%	74	626	6,338	10%	99
District 7	479	13,574	4%	35	373	2,138	17%	174
District 8	1674	9,706	17%	172	1361	2,241	61%	607
District 9	832	10,376	8%	80	772	3,441	22%	224
District 10	322	10,001	3%	32	278	3,707	7%	75
District 11	629	14,748	4%	43	457	4,085	11%	112
SD Unknown	0				0			
Average	**907**			**74**	**753**			**195**

Table 22. Participation in Case Management among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	73	13,207	0.6%	6	57	3,364	2%	17
District 2	48	9,887	0.5%	5	43	1,818	2%	24
District 3	134	14,486	0.9%	9	122	7,200	2%	17
District 4	44	15,031	0.3%	3	34	2,896	1%	12
District 5	152	11,621	1%	13	123	4,645	3%	26
District 6	271	10,097	3%	27	241	6,338	4%	38
District 7	52	13,574	0.4%	4	43	2,138	2%	20
District 8	81	9,706	0.8%	8	65	2,241	3%	29
District 9	61	10,376	0.6%	6	57	3,441	2%	17
District 10	69	10,001	0.7%	7	64	3,707	2%	17
District 11	54	14,748	0.4%	4	45	4,085	1%	11
SD Unknown	0				0			
Average	**94**			**8**	**81**			**21**

Table 23. Participation in Community Services among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	1,054	13,207	8%	80	648	3,364	19%	193
District 2	1,406	9,887	14%	142	754	1,818	41%	415
District 3	801	14,486	6%	55	683	7,200	9%	95
District 4	415	15,031	3%	28	248	2,896	9%	86
District 5	1,174	11,621	10%	101	894	4,645	19%	192
District 6	2,460	10,097	24%	244	1,974	6,338	31%	311
District 7	1,263	13,574	9%	93	494	2,138	23%	231
District 8	1,778	9,706	18%	183	1035	2,241	46%	462
District 9	1,380	10,376	13%	133	1252	3,441	36%	364
District 10	538	10,001	5%	54	419	3,707	11%	113
District 11	1,060	14,748	7%	72	711	4,085	17%	174
SD unknown	180				28			
Average	**1,212**			**108**	**828**			**240**

Table 24. Participation in Congregate Meals among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	1,485	13,207	11%	112	988	3,364	29%	294
District 2	0	9,887	0.0%	–	0	1,818	0.0%	–
District 3	1,765	14,486	12%	122	1472	7,200	20%	204
District 4	1,883	15,031	13%	125	1026	2,896	35%	354
District 5	2,548	11,621	22%	219	1913	4,645	41%	412
District 6	2,371	10,097	23%	235	2067	6,338	33%	326
District 7	2,453	13,574	18%	181	1255	2,138	59%	587
District 8	599	9,706	6%	62	452	2,241	20%	202
District 9	614	10,376	6%	59	537	3,441	16%	156
District 10	997	10,001	10%	100	767	3,707	21%	207
District 11	931	14,748	6%	63	632	4,085	15%	155
SD unknown	0				0			
Average	**1,422**			**116**	**1010**			**263**

Table 25. Participation in Food Pantry among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	202	3,364	6%	60	191	3,364	6%	57
District 2	35	1,818	2%	19	34	1,818	2%	19
District 3	531	7,200	7%	74	475	7,200	7%	66
District 4	300	2,896	10%	104	277	2,896	10%	96
District 5	336	4,645	7%	72	327	4,645	7%	70
District 6	576	6,338	9%	91	558	6,338	9%	88
District 7	119	2,138	6%	56	108	2,138	5%	51
District 8	115	2,241	5%	51	111	2,241	5%	50
District 9	330	3,441	10%	96	307	3,441	9%	89
District 10	535	3,707	14%	144	511	3,707	14%	138
District 11	605	4,085	15%	148	556	4,085	14%	136
SD Unknown	149				141			
Average	**335**			**83**	**314**			**78**

Table 26. Participation in HICAP among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	79	13,207	0.6%	6	28	3,364	0.8%	8
District 2	66	9,887	0.7%	7	10	1,818	0.6%	6
District 3	188	14,486	1%	13	91	7,200	1%	13
District 4	84	15,031	0.6%	6	23	2,896	0.8%	8
District 5	103	11,621	0.9%	9	38	4,645	0.8%	8
District 6	258	10,097	3%	26	137	6,338	2%	22
District 7	65	13,574	0.5%	5	7	2,138	0.3%	3
District 8	93	9,706	1%	10	20	2,241	0.9%	9
District 9	102	10,376	1%	10	34	3,441	1%	10
District 10	97	10,001	1%	10	25	3,707	0.7%	7
District 11	103	14,748	0.7%	7	33	4,085	0.8%	8
SD Unknown	251				18			
Average	**124**			**10**	**39**			**9**

Table 27. Participation in Home-Delivered Groceries among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	295	3,364	9%	88	289	3,364	9%	86
District 2	84	1,818	5%	46	79	1,818	4%	43
District 3	507	7,200	7%	70	499	7,200	7%	69
District 4	114	2,896	4%	39	112	2,896	4%	39
District 5	333	4,645	7%	72	329	4,645	7%	71
District 6	470	6,338	7%	74	460	6,338	7%	73
District 7	128	2,138	6%	60	126	2,138	6%	59
District 8	167	2,241	7%	75	159	2,241	7%	71
District 9	277	3,441	8%	80	272	3,441	8%	79
District 10	466	3,707	13%	126	464	3,707	13%	125
District 11	280	4,085	7%	69	277	4,085	7%	68
SD Unknown	171				167			
Average	**284**			**73**	**279**			**71**

Table 28. Participation in Home-Delivered Meals among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	465	13,207	4%	35	333	3,364	10%	99
District 2	179	9,887	2%	18	135	1,818	7%	74
District 3	516	14,486	4%	36	431	7,200	6%	60
District 4	477	15,031	3%	32	353	2,896	12%	122
District 5	487	11,621	4%	42	406	4,645	9%	87
District 6	1,399	10,097	14%	139	1,334	6,338	21%	210
District 7	363	13,574	3%	27	240	2,138	11%	112
District 8	363	9,706	4%	37	296	2,241	13%	132
District 9	450	10,376	4%	43	384	3,441	11%	112
District 10	458	10,001	5%	46	384	3,707	10%	104
District 11	368	14,748	2%	25	297	4,085	7%	73
SD Unknown	0				0			
Average	**502**			**44**	**418**			**108**

Table 29. Participation in SF Connected among older adults, by district

DISTRICT	Overall older adult population				Low-to-moderate income older adult population			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	81	13,207	0.6%	6	50	3,364	1%	15
District 2	25	9,887	0.3%	3	13	1,818	0.7%	7
District 3	92	14,486	0.6%	6	70	7,200	1%	10
District 4	105	15,031	0.7%	7	67	2,896	2%	23
District 5	83	11,621	0.7%	7	60	4,645	1%	13
District 6	178	10,097	2%	18	139	6,338	2%	22
District 7	50	13,574	0.4%	4	28	2,138	1%	13
District 8	41	9,706	0.4%	4	28	2,241	1%	12
District 9	64	10,376	0.6%	6	50	3,441	1%	15
District 10	82	10,001	0.8%	8	64	3,707	2%	17
District 11	96	14,748	0.7%	7	72	4,085	2%	18
SD Unknown	273				179			
Average	**82**			**7**	**58**			**15**

District level participation among adults with disabilities – all programs

Participation rates were highest in District 6 among adults with disabilities overall and in **District 8** among low-to-moderate income adults with disabilities, as shown in Figure 4. Similar to the trends among older adults, this concentration of services in central districts is likely due, at least in part, to the location of several high-enrollment volume site-based services in these districts. District 7 also had high rates of participation among low-to-moderate income older adults, again likely because of the popular Stonestown YMCA, to which some adults may travel from other districts.

Participation was low (below city averages) for both adults with disabilities overall and those with low-to-moderate income in several of the outer districts, especially Districts 1, 2, and 4. However, in contrast to older adults and to adults with disabilities overall, low-to-moderate income adults with disabilities participated in District 11 at higher-than-average rates, despite this being an outer district.

Figure 4. Participation rates in all programs among all adults with disabilities and low-to-moderate income adults with disabilities, by district

Legend:
- All adults with disabilities N=4,638
- Low-to-moderate income adults with disabilities N=3,476
- District average among adults with disabilities (112)
- District average among low-to-moderate income adults with disabilities (323)
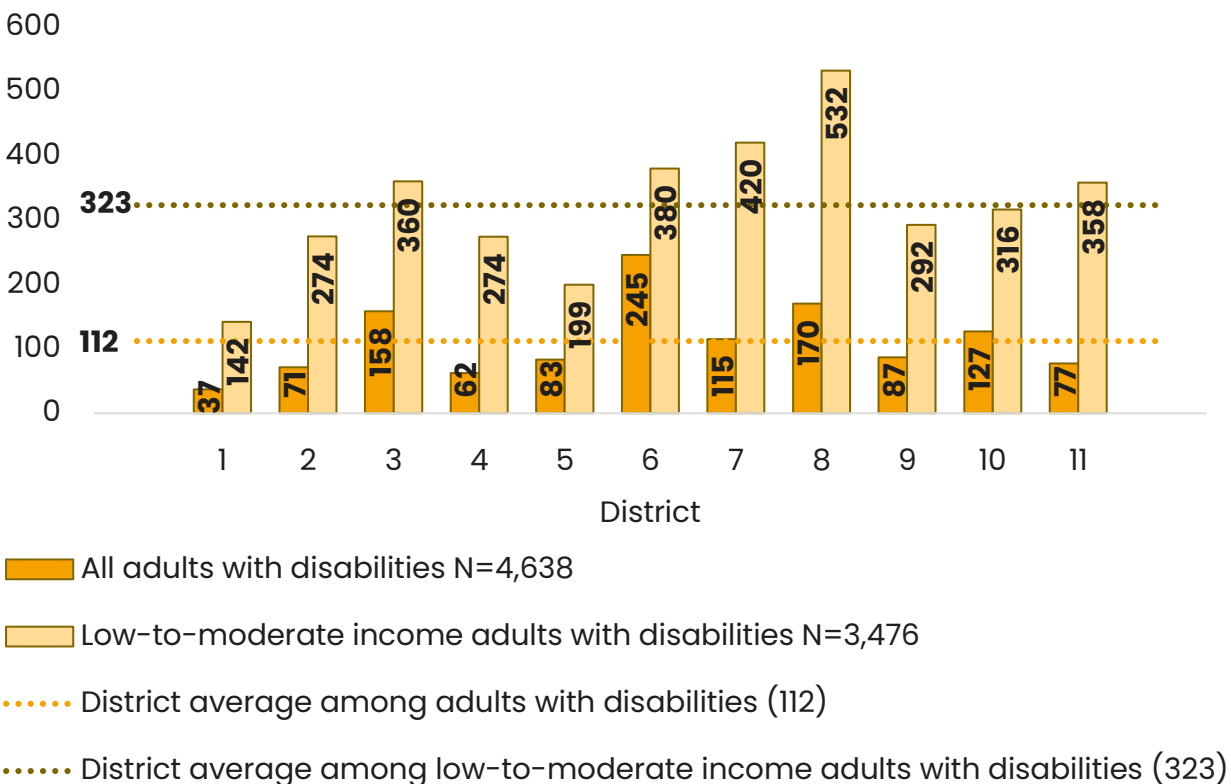
District-level participation in specific programs among adults with disabilities

Participation among adults with disabilities in the nine programs looked at in detail varied widely across districts. Participation was highest for more than half of programs in District 6, and overall tended to be high in central districts. Participation was lowest for many programs in several of the outer districts.

- **Aging and Disability Resource Centers**: Participation in Aging and Disability Resource Centers among adults with disabilities was far higher in Districts 3 and 8 than in any other district. All other districts fell below the average.
- **Case Management**: Participation in Case Management was relatively similar across districts, but was highest in District 6, and was at or above average in Districts 3, 4, 5, and 7. Participation was below average in Districts 2, 1, 8, 9, 10, and 11.
- **Community Services**: Participation in Community Services was highest in District 6, as expected with the high number of Community Service Centers located in this area. Participation was also above average in Districts 2, 5, 7, 8, and 9. Participation was below average in Districts 1, 3, 4, 10, and 11.
- **Congregate Meals:** Participation in Congregate Meals was highest in District 6, and was also above average in Districts 5, 7, 9 and 10. Participation was below average in Districts 1, 3, 4, and 11. There were zero participants in Congregate Meals in District 2 due to temporary COVID-related site closures. In District 8, only one adult with a disability participated (equating to a participation rate of 0/1,000 eligible), in contrast to the participation rate of 62/1,000 among older adults and 202/1,000 low-to-moderate income older adults in this district.
- **HICAP:** Participation in HICAP was by far the highest in District 6, at more than double the rate of any other district. Participation was also higher than average in districts 4, 5, 9, and 10.
- **Home-Delivered Groceries:** Participation in Home-Delivered Groceries was highest in District 7 and was also well above average in Districts 10 and 11. Participation was below average in all other districts.
- **Home-Delivered Meals:** Participation in Home-Delivered Meals was by far the highest in District 6, at nearly triple the rate of any other district, and was also above average in Districts 3 and 10. Participation was below average in all other districts.
- **SF Connected:** Participation in SF Connected was very low across the city, with a rate of 7/1,000 in District 6 and a rate of 0 or 1 in all other districts. This may

be partly because most SF Connected sites are located within Community Service Centers that tend to attract more older adults.

Table 30. Participation rates among adults with disabilities, by district and program

	DISTRICT											Average
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
ADRC	3	4	98	22	10	6	12	104	13	16	25	**29**
Case Management	2	4	7	5	5	8	7	3	4	4	2	**5**
Community Services	4	34	3	4	25	35	23	29	17	8	8	**17**
Congregate Meals	6	0	15	11	27	47	29	0	20	37	13	**19**
HICAP	5	3	8	13	14	35	5	6	15	13	9	**11**
Home-Delivered Groceries	34	18	25	42	36	29	100	43	45	96	76	**50**
Home-Delivered Meals	15	6	20	10	17	59	16	12	13	21	11	**18**
SF Connected	0	0	1	1	0	7	1	0	1	0	0	**1**

Note: participation rates below the average for that program are in red.

District-level participation in specific programs among low-to-moderate income adults with disabilities

- **Aging and Disability Resource Centers**: Participation in Aging and Disability Resource Centers among low-to-moderate income adults with disabilities was highest in District 8, followed by District 3 – similar to the pattern for adults with disabilities overall. Participation was also above average in District 4 and was below average in all other districts.
- **Case Management**: Participation in Case Management was highest in District 7, and was also above average in Districts 2, 3, and 4. Participation was below average in Districts 1, 5,6, 8, 9, 10, and 11. This is the only program for which participation among low-to-moderate income adults with disabilities was below average in District 6.

- **Community Services**: Participation in Community Services was highest in District 8 followed by D9 where some of the larger Community Service Centers are located. Participation was also above average in Districts 2, 5, 6, 7, and 11. It was below average in Districts 1, 3, 4, and 10.
- **Congregate Meals:** Participation in Congregate Meals was highest in District 10, and was also above average in Districts 5, 6, 7, 9, and 11. There were zero participants in Congregate Meals in District 2 due to temporary COVID-related site closures. In District 8, zero low-to-moderate income adults with a disability participated (equating to a participation rate of 0/1,000 eligible), in contrast to the participation rate of 62/1,000 among older adults and 202/1,000 low-to-moderate income older adults in this district.
- **HICAP:** Participation in HICAP was low across the city, with participation rates at or below 4/1,000 in every district except District 11. Participation was slightly above average in Districts 2, 3, 6, 7, 9, and 10. Participation rates were below average in Districts 1, 4, 5, and 8.
- **Home-Delivered Groceries:** Participation in Home-Delivered Groceries was highest in District 7 and was also well above average in Districts 10 and 11. Participation was below average in all other districts.
- **Home-Delivered Meals:** Participation in Home-Delivered Meals was highest in District 6 and was also above average in Districts 1 and 7. Participation was below average in all other districts.
- **SF Connected:** Participation in SF Connected was very low across the city, with rates at or below 5/1,000 in every district. This may be because most SF Connected sites are located within Community Service Centers that tend to attract more older adults. Participation was highest in District 6, and was above average in Districts 3, 4, 7, and 9. Participation rate was below average at rates of 0-1/1,000, in Districts 1, 2, 5, 8, 10, and 11.

Table 31. Participation rates among low-to-moderate income adults with disabilities, by district and program

	DISTRICT											Average
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
ADRC	10	22	218	111	26	11	53	346	49	43	86	**89**
Case Management	11	22	19	27	14	13	34	12	14	11	16	**18**
Community Services	10	62	8	10	61	40	56	65	64	13	39	**39**

	DISTRICT											Average
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
Congregate Meals	26	0	34	40	64	74	72	0	79	83	47	**47**
HICAP	0	4	2	0	1	2	3	0	2	2	8	**2**
Home-Delivered Groceries	34	13	24	42	36	28	97	42	45	94	74	**48**
Home-Delivered Meals	68	44	55	59	48	115	88	48	51	59	61	**63**
SF Connected	0	0	2	2	1	5	3	0	2	1	0	**2**

Note: participation rates below the average for that program are in red.

Participation rate among adults with disabilities overall and low-to-moderate income adults with disabilities, by district for specific programs

The following tables present a more detailed look at total enrollments, eligible population, and participation rate in the ten programs presented above for adults with disabilities overall and low-to-moderate income adults with disabilities.

For all programs, city averages are taken across enrollments for which the district is known. For the programs which are site-based, a client may have participated in more than one district and may therefore be counted more than once.

Table 32. Participation in any program among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	109	2,920	4%	37	87	614	14%	142
District 2	112	1,570	7%	71	62	226	27%	274
District 3	595	3,756	16%	158	471	1,308	36%	360
District 4	159	2,550	6%	62	111	405	27%	274
District 5	342	4,101	8%	83	279	1,400	20%	199
District 6	1,858	7,570	25%	245	1,441	3,795	38%	380
District 7	225	1,954	12%	115	134	319	42%	420
District 8	477	2,803	17%	170	344	647	53%	532
District 9	383	4,425	9%	87	305	1,043	29%	292
District 10	487	3,831	13%	127	402	1,272	32%	316
District 11	264	3,412	8%	77	183	511	36%	358

	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
SD Unknown	134				69			
Average	**456**			**112**	**347**			**323**

Table 33. Participation in Aging and Disability Resource Centers among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	10	2,920	0.3%	3	6	614	1%	10
District 2	7	1,570	0.4%	4	5	226	2%	22
District 3	369	3,756	10%	98	285	1,308	22%	218
District 4	57	2,550	2%	22	45	405	11%	111
District 5	42	4,101	1%	10	36	1,400	3%	26
District 6	48	7,570	0.6%	6	43	3,795	1%	11
District 7	24	1,954	1%	12	17	319	5%	53
District 8	292	2,803	10%	104	224	647	35%	346
District 9	59	4,425	1%	13	51	1,043	5%	49
District 10	63	3,831	2%	16	55	1,272	4%	43
District 11	86	3,412	3%	25	44	511	9%	86
SD Unknown	0				0			
Average	**96**			**29**	**74**			**89**

Table 34. Participation in Case Management among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	7	2,920	0.2%	2	7	614	1%	11
District 2	7	1,570	0.4%	4	5	226	2%	22
District 3	27	3,756	0.7%	7	25	1,308	2%	19
District 4	12	2,550	0.5%	5	11	405	3%	27
District 5	22	4,101	0.5%	5	19	1,400	1%	14
District 6	59	7,570	0.8%	8	50	3,795	1%	13
District 7	14	1,954	0.7%	7	11	319	3%	34
District 8	9	2,803	0.3%	3	8	647	1%	12
District 9	17	4,425	0.4%	4	15	1,043	1%	14
District 10	16	3,831	0.4%	4	14	1,272	1%	11
District 11	8	3,412	0.2%	2	8	511	2%	16
SD Unknown	0				0			
Average	**18**			**5**	**16**			**18**

Table 35. Participation in Community Services among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	11	2,920	0.4%	4	6	614	1%	10
District 2	53	1,570	3%	34	14	226	6%	62
District 3	11	3,756	0.3%	3	11	1,308	0.8%	8
District 4	9	2,550	0.4%	4	4	405	1%	10
District 5	103	4,101	3%	25	85	1,400	6%	61
District 6	265	7,570	4%	35	150	3,795	4%	40
District 7	44	1,954	2%	23	18	319	6%	56
District 8	82	2,803	3%	29	42	647	6%	65
District 9	75	4,425	2%	17	67	1,043	6%	64
District 10	30	3,831	0.8%	8	16	1,272	1%	13
District 11	29	3,412	0.8%	8	20	511	4%	39
SD Unknown	25				7			
Average	**65**			**17**	**39**			**39**

Table 36. Participation in Congregate Meals among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	18	2,920	0.6%	6	16	614	2.6%	26
District 2	0	1,570	0.0%	0	0	226	0.0%	0
District 3	58	3,756	2%	15	44	1,308	3.4%	34
District 4	29	2,550	1%	11	16	405	4.0%	40
District 5	111	4,101	3%	27	89	1,400	6.4%	64
District 6	358	7,570	5%	47	280	3,795	7.4%	74
District 7	56	1,954	3%	29	23	319	7.2%	72
District 8	1	2,803	0.0%	0	0	647	0.0%	0
District 9	89	4,425	2%	20	82	1,043	7.9%	79
District 10	140	3,831	4%	37	106	1,272	8.3%	83
District 11	43	3,412	1%	13	24	511	4.7%	47
SD Unknown	0				0			
Average	**82**			**19**	**62**			**47**

Table 37. Participation in HICAP among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	5	2,920	0.2%	2	0	614	0.0%	0
District 2	3	1,570	0.2%	2	1	226	0.4%	4
District 3	8	3,756	0.2%	2	2	1,308	0.2%	2
District 4	13	2,550	0.5%	5	0	405	0.0%	0
District 5	14	4,101	0.3%	3	2	1,400	0.1%	1
District 6	35	7,570	0.5%	5	9	3,795	0.2%	2
District 7	5	1,954	0.3%	3	1	319	0.3%	3
District 8	6	2,803	0.2%	2	0	647	0.0%	0
District 9	15	4,425	0.3%	3	2	1,043	0.2%	2
District 10	13	3,831	0.3%	3	2	1,272	0.2%	2
District 11	9	3,412	0.3%	3	4	511	0.8%	8
SD Unknown	29				1			
Average	**13**				**2**			**2**

Table 38. Participation in Home-Delivered Groceries among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	21	614	3%	34	21	614	3%	34
District 2	4	226	2%	18	3	226	1%	13
District 3	33	1,308	3%	25	32	1,308	2%	24
District 4	17	405	4%	42	17	405	4%	42
District 5	51	1,400	4%	36	51	1,400	4%	36
District 6	109	3,795	3%	29	106	3,795	3%	28
District 7	32	319	10%	100	31	319	10%	97
District 8	28	647	4%	43	27	647	4%	42
District 9	47	1,043	5%	45	47	1,043	5%	45
District 10	122	1,272	10%	96	120	1,272	9%	94
District 11	39	511	8%	76	38	511	7%	74
SD Unknown	53				53			
Average	**46**			**50**	**45**			**48**

Table 39. Participation in Home-Delivered Meals among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	45	2,920	1.5%	15	42	614	6.8%	68
District 2	10	1,570	0.6%	6	10	226	4.4%	44
District 3	76	3,756	2.0%	20	72	1,308	5.5%	55
District 4	26	2,550	1.0%	10	24	405	5.9%	59
District 5	68	4,101	1.7%	17	67	1,400	4.8%	48
District 6	449	7,570	5.9%	59	437	3,795	11.5%	115
District 7	32	1,954	1.6%	16	28	319	8.8%	88
District 8	34	2,803	1.2%	12	31	647	4.8%	48
District 9	56	4,425	1.3%	13	53	1,043	5.1%	51
District 10	79	3,831	2.1%	21	75	1,272	5.9%	59
District 11	36	3,412	1.1%	11	31	511	6.1%	61
SD Unknown	0				0			
Average	**83**			**18**	**79**			**63**

Table 40. Participation in SF Connected among adults with disabilities, by district

DISTRICT	Overall adults with disabilities				Low-to-moderate income adults with disabilities			
	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals	Total served	Eligible population	Participation rate	Participation rate per 1,000 individuals
District 1	0	2,920	0.0%	0	0	614	0.0%	0
District 2	0	1,570	0.0%	0	0	226	0.0%	0
District 3	3	3,756	0.1%	1	3	1,308	0.2%	2
District 4	2	2,550	0.1%	1	1	405	0.2%	2
District 5	1	4,101	0.0%	0	1	1,400	0.1%	1
District 6	53	7,570	0.7%	7	20	3,795	0.5%	5
District 7	1	1,954	0.1%	1	1	319	0.3%	3
District 8	0	2,803	0.0%	0	0	647	0.0%	0
District 9	4	4,425	0.1%	1	2	1,043	0.2%	2
District 10	1	3,831	0.0%	0	1	1,272	0.1%	1
District 11	0	3,412	0.0%	0	0	511	0.0%	0
SD Unknown	9				5			
Average	**6**			**1**	**3**			**2**

Findings: Equity Analysis Question 3

How are funds spent across districts in the city?

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.[5] Using this enrollment and budget information, we calculated both total expenditures by district and also the average 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. 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 the DAS Benefits and 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. **Overall across all programs, DAS spent an average of $1,148 per participant per district.** District 5 had the highest average per participant cost 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 average per participant cost 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 average per participant cost 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 7, with a dotted line for the average across districts of $1,148.

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[5] 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.

Figure 5. Average cost per participant, by district
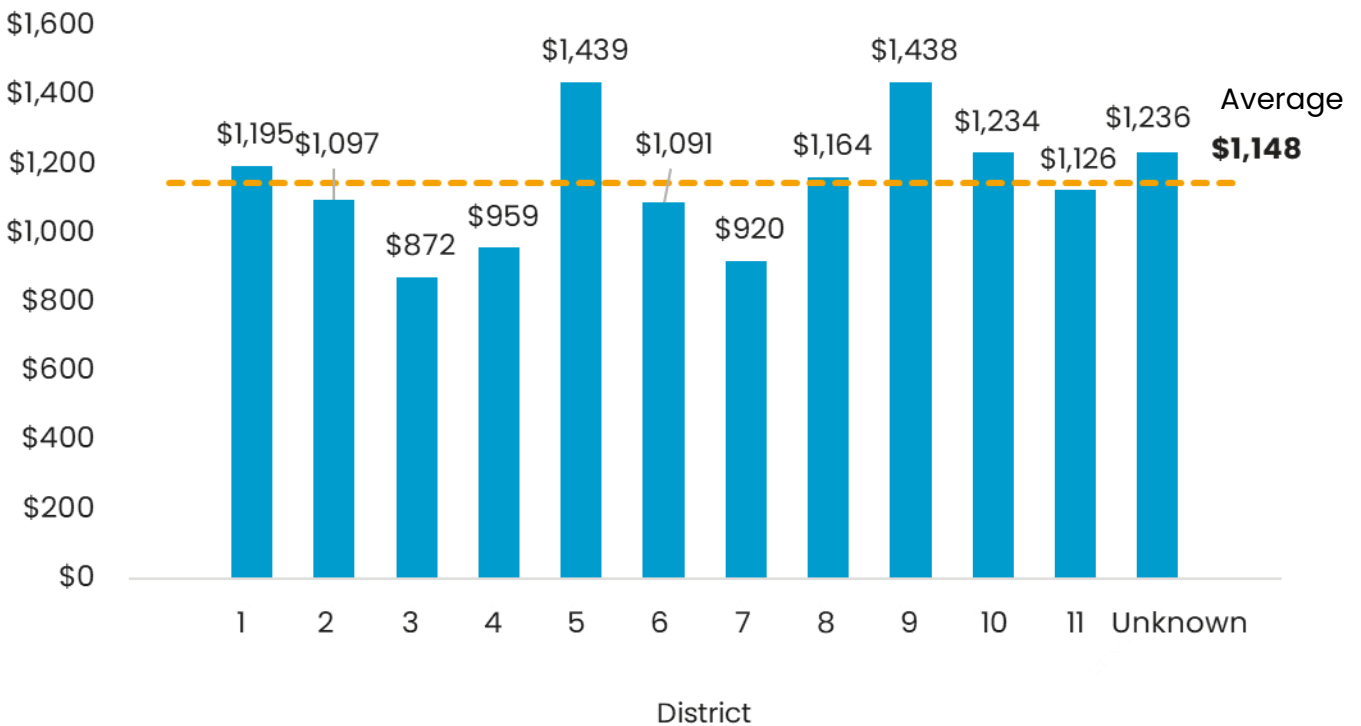
Table 41. Financial Allocation and Average Per-Participant Cost

District	Total Participants	Total Cost	Average per-participant cost
1	3,840	$4,590,224	$1,195
2	2,431	$2,667,852	$1,097
3	8,237	$7,183,213	$872
4	3,706	$3,553,726	$959
5	5,055	$7,274,789	$1,439
6	17,275	$18,841,072	$1,091
7	5,297	$4,871,174	$920
8	5,049	$5,879,102	$1,164
9	3,408	$4,901,660	$1,438
10	3,788	$4,675,673	$1,234
11	4,483	$5,046,019	$1,126
District unknown	1,224	$1,513,302	$1,236
		Total: $70,997,856	**Average $1,148**

*Note: An additional $14,004,556 in benefits was excluded from this analysis as services are not calculated by participant. Average per participant benefit was

calculated amongst participants for whom district is known. Participants were counted in each district in which they participated, and some may be counted more than once.

Figure 11. Average per-participant cost, by district
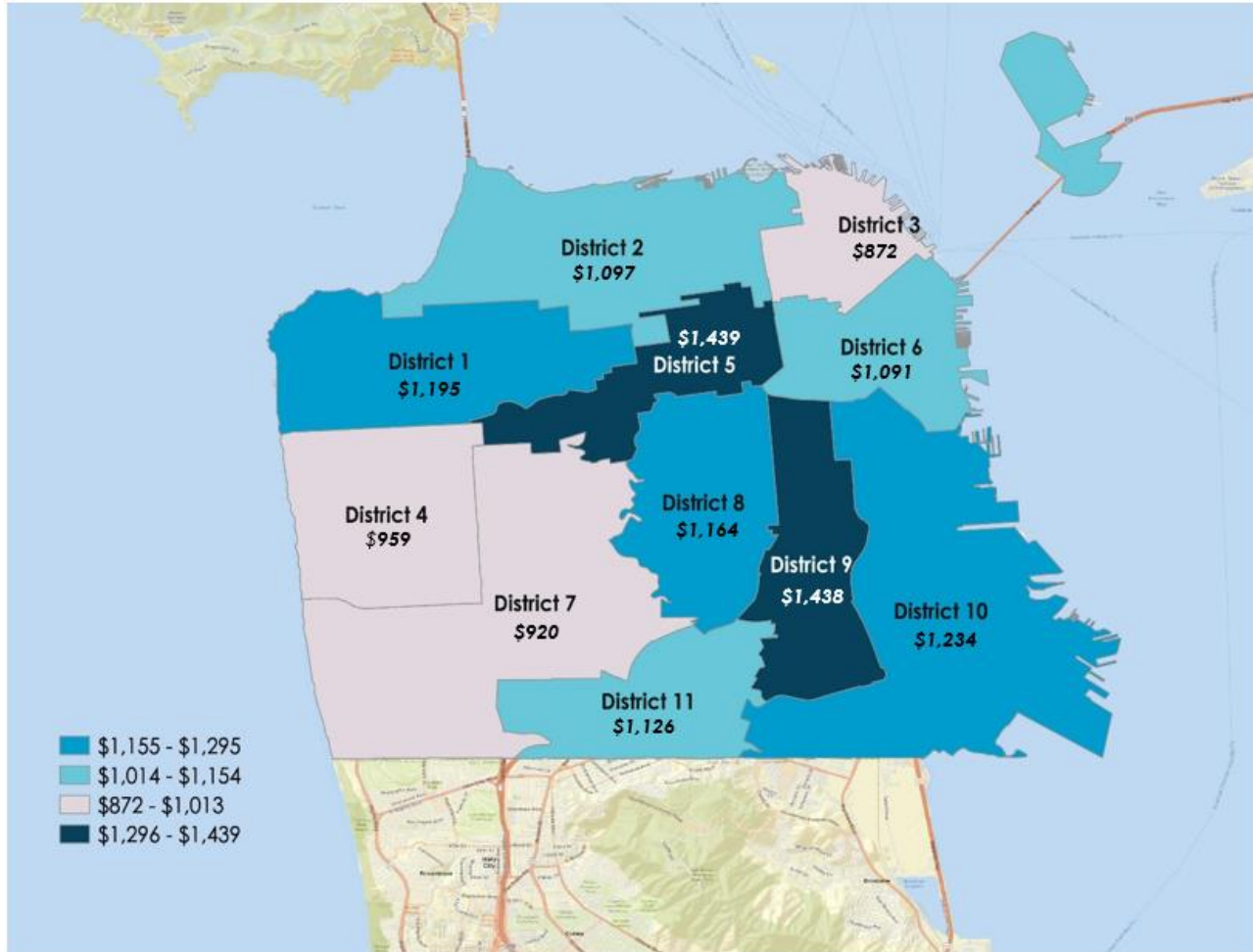
Table 42. Dignity Fund Eligible Services Incorporated into Equity Analysis

Service Area	Service	FY 2020–21 Budget
Access & Empowerment	Aging and Disability Resource Centers (ADRCs)	$2,058,977
	Empowerment Programs	$474,834
	Health Insurance Counseling and Advocacy Program (HICAP)	$445,314
	DAS Intake	$4,276,083
	LGBTQ Financial Literacy	$82,728
	Money Management	$198,419
	Transportation	$2,016,538
Caregiver Support	Adult Day Programs	$1,565,368
	Caregiver Respite	$798,250
	Family Caregiver Support Program	$788,414
Case Management & Care Navigation	Case Management	$3,431,421
	Community Living Fund	$4,936,528
	LGBTQ Care Navigation	$1,709,565
Community Connection & Engagement	Community Connector	$502,882
	Community Service Centers (including pilot)	$9,896,889
	Employment Support	$917,910
	Intergenerational Programs	$669,519
	Neighborhood-Based Pilot Programs	$936,004
	Volunteer Visitors	$199,974
	Neighborhood Choirs	$255,000
	Senior Companion	$89,919
	SF Connected	$1,362,288
	Technology at Home	$378,957
	Transgender and Gender Nonconforming (TGNC) Supports	$286,699
	Village Programs	$736,046
Housing Support	Housing Subsidies	$2,855,394
	Scattered Site Housing	$3,104,642
	Veterans Services Connect	$480,676
Nutrition & Wellness	Congregate Meals	$7,823,856
	Food Pantry	$2,285,533
	Home-Delivered Groceries	$1,184,513
	Home-Delivered Meals	$12,446,396

Service Area	Service	FY 2020–21 Budget
	Nutrition as Health	$515,000
	Health Promotion - Physical Fitness	$871,347
Self-Care & Safety	Short-Term Home Care for Seniors	$117,179
	Support Services for People with Collecting Behaviors	$298,792
Total		**$70,997,854**

Additional Reference Tables

The following section contains information on source data used for the equity analysis. The Census data below was used for city-wide estimates of eligible populations of older adults and adults with disabilities, by equity factor, for Equity Analysis Question 1. "Disability" in the below eligibility criteria indicates ambulatory, independent living, and self-care disabilities. For most programs, the eligible population included all income levels with no further criteria. For some specific programs, there were additional eligibility criteria. Specifically, for Home-Delivered Meals, the criteria was all income levels with a disability; for Food Pantry the criteria was at or below 200% FPL; and for Home-Delivered Groceries the criteria was at or below 200% FPL with a disability.

Table 43. Census data by equity factor, used for Equity Analysis Question 1

Equity Factor	Eligibility Criteria	Eligible Population: Older Adults	Eligible Population: Adults with Disabilities
Overall Population	All Income Levels	184,811	34,073
	All income levels with Disability	44,922	18,431
	At or Below 100% FPL	24,633	9,376
	At or Below 100% FPL with Disability	10,454	5,986
	At or Below 200% FPL	54,402	15,050
	At or Below 200% FPL with Disability	20,689	9,747
	At or Below 300% FPL	75,944	18,959
	At or Below 300% FPL with Disability	25,648	12,367
Lives alone	All Income Levels	49,952	8,040

Equity Factor	Eligibility Criteria	Eligible Population: Older Adults	Eligible Population: Adults with Disabilities
	All income levels with Disability	16,210	5,382
	At or Below 100% FPL	14,218	3,723
	At or Below 100% FPL with Disability	7,502	3,014
	At or Below 200% FPL	23,126	5,192
	At or Below 200% FPL with Disability	10,660	4,163
	At or Below 300% FPL	28,429	5,834
	At or Below 300% FPL with Disability	12,413	4,625
Limited English Proficiency	All Income Levels	50,435	3,184
	All income levels with Disability	16,663	2,177
	At or Below 100% FPL	10,620	903
	At or Below 100% FPL with Disability	4,726	723
	At or Below 200% FPL	23,553	1,698
	At or Below 200% FPL with Disability	9,465	1,298
	At or Below 300% FPL	31,015	2,169
	At or Below 300% FPL with Disability	11,000	1,687
Black, Indigenous, or People of Color (BIPOC) Overall	All Income Levels	112,689	21,361
	All income levels with Disability	28,994	12,310
	At or Below 100% FPL	18,147	6,389
	At or Below 100% FPL with Disability	7,464	4,071
	At or Below 200% FPL	39,276	10,265
	At or Below 200% FPL with Disability	14,552	6,502
	At or Below 300% FPL	54,791	8,558
	At or Below 300% FPL with Disability	17,640	13,214
Asian & Pacific Islander	All Income Levels	81,121	7,453
	All income levels with Disability	19,216	4,354
	At or Below 100% FPL	11,945	1,432
	At or Below 100% FPL with Disability	4,463	964
	At or Below 200% FPL	27,112	2,601
	At or Below 200% FPL with Disability	9,291	1,685
	At or Below 300% FPL	38,537	3,644
	At or Below 300% FPL with Disability	11,503	2,538
Black/African American	All Income Levels	10,722	4,690
	All income levels with Disability	4,424	2,995
	At or Below 100% FPL	2,603	2,039

Equity Factor	Eligibility Criteria	Eligible Population: Older Adults	Eligible Population: Adults with Disabilities
	At or Below 100% FPL with Disability	1,581	1,430
	At or Below 200% FPL	4,731	3,073
	At or Below 200% FPL with Disability	2,421	2,009
	At or Below 300% FPL	6,023	3,465
	At or Below 300% FPL with Disability	2,877	2,277
Latinx/Hispanic	All Income Levels	17,759	6,820
	All income levels with Disability	4,568	3,786
	At or Below 100% FPL	2,953	1,993
	At or Below 100% FPL with Disability	1,086	1,145
	At or Below 200% FPL	6,398	3,395
	At or Below 200% FPL with Disability	2,358	2,102
	At or Below 300% FPL	8,963	4,601
	At or Below 300% FPL with Disability	2,747	2,867
Other BIPOC	All Income Levels	3,087	2,398
	All income levels with Disability	786	1,175
	At or Below 100% FPL	646	925
	At or Below 100% FPL with Disability	334	532
	At or Below 200% FPL	1,035	1,196
	At or Below 200% FPL with Disability	482	706
	At or Below 300% FPL	1,268	1,504
	At or Below 300% FPL with Disability	513	876
Non-Hispanic White	All Income Levels	72,122	12,712
	All income levels with Disability	15,928	6,121
	At or Below 100% FPL	6,486	2,987
	At or Below 100% FPL with Disability	2,990	1,915
	At or Below 200% FPL	15,126	4,785
	At or Below 200% FPL with Disability	6,137	3,245
	At or Below 300% FPL	21,153	5,745
	At or Below 300% FPL with Disability	8,008	3,809
LGBTQ	All Income Levels	23,009	7,435
	At or Below 200% FPL	6,773	3,284

Data source: IPUMS, American Community Survey, 2019 5-Year Estimates, and 2019 San Francisco City Survey.

The table below (Table 44) shows estimates of eligible population by district and was used for the calculations in Equity Analysis Question 2. The data which are available for district-level population estimates are not available for the age groups of 60+ and 18-59, so the total population estimated in this table is distinct from the total population estimates used in Equity Analysis Question 1 (Census data shown in Table 43).

Table 44. Census data by district and income, used for Equity Analysis Question 2

District	Eligible Population: Older Adults 65+	Eligible Population: Low-to-Moderate Income Older Adults 65+	Eligible Population: Adults with Disabilities 18-64	Eligible Population: Low-to-Moderate Income Adults with Disabilities 18-64
1	13,207	3,364	2,920	614
2	9,887	1,818	1,570	226
3	14,486	7,200	3,756	1,308
4	15,031	2,896	2,550	405
5	11,621	4,645	4,101	1,400
6	10,097	6,338	7,570	3,795
7	13,574	2,138	1,954	319
8	9,706	2,241	2,803	647
9	10,376	3,441	4,425	1,043
10	10,001	3,707	3,831	1,272
11	14,748	4,085	3,412	511
San Francisco	132,734	41,873	38,892	11,540

Data Sources: IPUMS NHGIS, American Community Survey, 2019 5-Year Estimates (Table B17024 - Age by Ratio of Income to Poverty Level in the Past 12 Months, Table C18130 - Age by Disability Status by Poverty Status).

Missing data are shown below (Table 45), by equity factor and by program. Missing data were particularly a challenge in DAS Intake and HICAP. DAS Intake's information and referral services are often light-touch interactions, and a significant portion of clients access services anonymously online, by phone, or at outreach events. HICAP data is collected via a separate process outside the main database where DAS client

data is maintained by most service providers; HICAP does not collect several demographic characteristics used to support this equity analysis.

Because it is not possible to draw meaningful conclusions regarding equity in instances where a significant portion of relevant demographic data is missing, this analysis does not include participation rates for some programs in which a given demographic characteristic has more than 50% missing data.

Table 45. Missing data, by program and equity factor

Service	Total Clients	Missing Age		Missing Race/Ethnicity		Missing English proficiency	
		#	%	#	%	#	%
Aging and Disability Resource Centers	12,366	2,166	18%	1,271	10%	2,407	19%
Case Management	1,246	1	0%	22	2%	57	5%
Community Services (including pilot)	13,356	294	2%	1,033	8%	2,160	16%
Congregate Meals	13,236	107	1%	394	3%	1,618	12%
DAS Intake	8,300	4,841	58%	3,276	39%	1	0%
Food Pantry	3,854	9	0%	113	3%	296	8%
HICAP	1,660	10	1%	625	38%	1,127	68%
Home-Delivered Groceries	3,846	9	0%	187	5%	205	5%
Home-Delivered Meals	6,442	1	0%	41	1%	137	2%
SF Connected	1,282	60	5%	109	9%	317	25%
All Services	**53,744**	**7,772**	**14%**	**9,005**	**17%**	**9,489**	**18%**

Table 45 continued

Service	Total Clients	Missing Gender Identity		Missing Sexual Orientation		Missing Income		Missing Living Alone Status	
		#	%	#	%	#	%	#	%
Aging and Disability Resource Centers	12,366	2,580	21%	3,831	31%	3,693	30%	6,972	56%
Case Management	1,246	53	4%	173	14%	153	12%	66	5%

Service	Total Clients	Missing Gender Identity		Missing Sexual Orientation		Missing Income		Missing Living Alone Status	
		#	%	#	%	#	%	#	%
Community Services (including pilot)	13,356	1,303	10%	2,731	20%	3,891	29%	2,211	17%
Congregate Meals	13,236	697	5%	2,410	18%	3,136	24%	1,630	12%
DAS Intake	8,300	293	4%	4,282	52%	3,571	43%	4,848	58%
Food Pantry	3,854	279	7%	990	26%	447	12%	445	12%
HICAP	1,660	31	2%	1,163	70%	1,161	70%	1,195	72%
Home-Delivered Groceries	3,846	162	4%	580	15%	194	5%	214	6%
Home-Delivered Meals	6,442	135	2%	555	9%	578	9%	151	2%
SF Connected	1,282	153	12%	401	31%	433	34%	261	20%
All Services	**53,744**	**6,514**	**12%**	**17,031**	**32%**	**17,546**	**33%**	**18,649**	**35%**