

LGBTQ Seniors and Adults with Disabilities: Program Participation and Equity Analysis FY 2017-18

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INTRODUCTION

In November 2016, San Francisco voters passed legislation to establish the Dignity Fund, creating a protected funding stream for social services that support seniors, adults with disabilities, and their caregivers. As part of the Dignity Fund charter amendment, a planning and funding cycle was instituted that begins with a community needs assessment to support a subsequent four year funding plan. Both the funding and planning processes are managed by the Department of Aging and Adult Services (DAAS), the City agency tasked with administering social services to these populations.

DAAS completed the first Dignity Fund Community Needs Assessment (DFCNA) in Spring 2018. A key component of the DFCNA was an equity analysis to evaluate service utilization and resource distribution throughout the city; in particular, this equity analysis was focused on evaluating how services are (or are not) accessed by communities that have historically faced systemic barriers that inhibit opportunities and limit service utilization. However, the data available at the time of this project pre-dated a local ordinance that now mandates collection of sexual orientation and gender identity data (often referred to as “SOGI” data) in programs that collect client demographic data.¹ Consequently, over 40% of senior clients were missing at least one of these fields, making it difficult to gauge the accuracy and utility of the equity analysis findings for the lesbian, gay, bisexual, transgender, and queer (LGBTQ)² population.

This report is a follow up to the FY 2017-18 DFCNA, providing an updated LGBTQ population equity analysis after a full year of enrollment under the requirements of the local SOGI data collection ordinance. Additionally, this report includes a profile of LGBTQ seniors and adults with disabilities who participate in DAAS-funded community-based services. This is included to provide additional context for the equity analysis and also to share new and valuable information about an important part of the City community.

Key findings from this analysis include:

- **Collection of SOGI data has significantly improved.** The sexual orientation question has historically been the primary driver in missing SOGI data. For FY 2017-18, only 10% of clients are missing a response to this field.
- Compared to all program participants, **clients identifying as LGBTQ are more likely to be white and to live alone.** For example, 58% of LGBTQ senior clients are white, compared to 19% of all senior clients.
- Overall, **LGBTQ seniors are two and a half times less likely to utilize services.** This varies by program; they access services housed within LGBTQ-identified agencies at a higher rate than the overall senior population.
- **DAAS must improve engagement of LGBTQ seniors and adults with disabilities and support their increased participation in services.** These efforts should take into account the diverse communities that make up the broader LGBTQ population, including communities of color and smaller subgroups (such as persons who are transgender).
- **Citywide LGBTQ population data remains limited, preventing an equity analysis of adults with disabilities who identify as LGBTQ.** DAAS should continue to work with researchers, city leaders, and community partners, to identify a strategy to support this equity analysis.

¹ The San Francisco Board of Supervisors passed an ordinance in July 2016 to require collection of SOGI data beginning July 2017. All DAAS services that collect client demographic data are required to gather this information.

² This acronym/term is used in this report to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.

BACKGROUND: DIGNITY FUND

DIGNITY FUND COMMUNITY NEEDS ASSESSMENT

The **Dignity Fund** was established via a charter amendment passed by San Francisco voters as Proposition I in 2016. The legislation contained three major components:

- **Protected funding:** Established a funding set-aside for services that support seniors and adults with disabilities to live in and engage with their communities. Based on existing funding levels, the set-aside began with baseline funding of \$38 million, and the charter amendment requires the City to increase this funding by \$33 million over ten years.
- **Planning and funding Cycle:** Developed a four-year planning and funding cycle. The cycle begins with a Community Needs Assessment to assess needs and analyze equity in service provision. This assessment supports the subsequent creation of a funding plan that outlines how funding will be allocated over the next four years.
- **Oversight:** Created an Oversight and Advisory Committee to advise DAAS on administration of the Dignity Fund. This body is supported by a Service Provider Working Group that advises on the perspective and needs of community-based organizations that serve seniors and adults with disabilities.

The first Dignity Fund Community Needs Assessment (DFCNA) was completed in FY 2017-18.³ This project involved extensive community outreach and engagement:

FY 2017-18 DFCNA: Community Engagement

Community Engagement Method	Participation Levels
Community forums	11 forums (one in each supervisorial district) with 462 attendees
Focus groups with specific populations of interest	29 focus groups with 282 participants
Population survey	1,112 responses from community members
Provider survey	266 responses from service providers

A key component of this report was an equity analysis that examined service utilization rates of populations that have historically faced systemic barriers, including: communities of color, low-income, limited English fluency, isolation, and LGBTQ identification. All of this work supported a gaps analysis and several recommendations to improve service provision to older adults, people with disabilities, and caregivers in San Francisco.

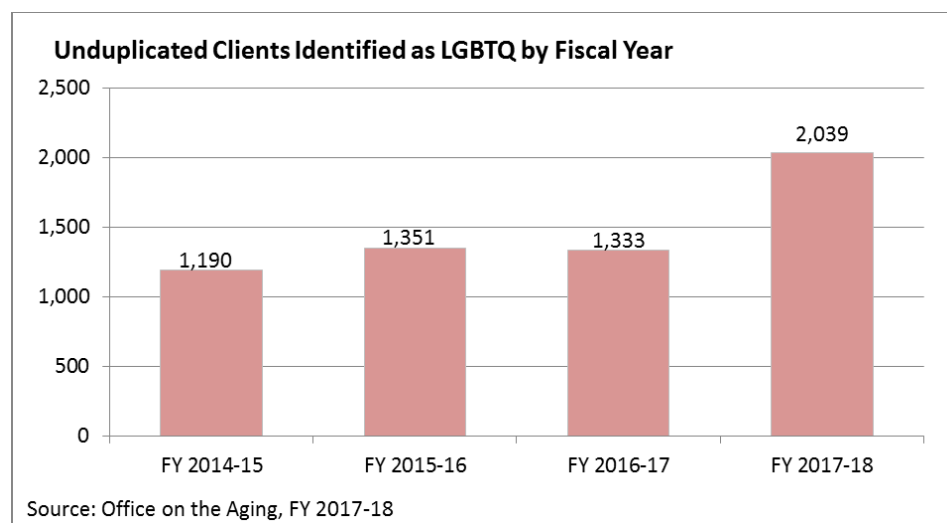
Unfortunately, the equity analysis related to LGBTQ identification was hampered by inadequate data. At the time the DFCNA was completed, San Francisco was in its first year of implementation of a local ordinance that requires collection of sexual orientation and gender identity (SOGI) data in programs that collect client demographic information. Consequently, available data on LGBTQ identification was incomplete for a large portion of clients. For example, 40% had no response to a question about sexual orientation. A recommendation from the DFCNA was that the LGBTQ equity analysis be updated after a full year under the local SOGI ordinance requirements.

³ The full report and corresponding material is available on the DAAS website: <http://sfdaas.org>

PROFILE OF LGBTQ PROGRAM PARTICIPANTS

This section provides an overview of LGBTQ-identified clients participating in community-based services funded through the DAAS Office on the Aging (OOA).⁴

In FY 2017-18, **OOA served 2,039 clients who identified as LGBTQ**. This represents a **71% increase** over enrollment levels four years ago.⁵ This increase is due in part to new programs specifically designed for LGBTQ populations, such as a care navigator and peer support program recommended by the LGBT Aging Policy Task Force. However, this trend also reflects better and more complete data. DAAS has provided enhanced trainings on best practices in asking these demographic questions, and service providers have worked hard to comply with the San Francisco SOGI data collection ordinance that went into effect in July 2017.⁶



In total, these LGBTQ clients account for 3,831 service enrollments (a single consumer may enroll in multiple services). The most commonly accessed services are Community Service Centers, Congregate Meals, and Home-Delivered Meals. This is consistent with overall OOA trends; these are some of the largest services. More information on service enrollments is provided by client population later in this report.

Approximately **5.3% of OOA clients identify with a sexual orientation other than straight**. About 10% percent have a blank or unknown response, and another 10% have declined to state.

Office on the Aging FY 2017-18: Sexual Orientation

Gay/Lesbian/ Same-Gender Loving	Bisexual	Not listed	Questioning/ Unsure	Straight/ Heterosexual	Declined to answer	Unknown	Total
1,369	405	103	43	27,133	3,723	3,630	36,406
4%	1%	0.3%	0.1%	75%	10%	10%	100%

Source: Office on the Aging, FY 2017-18

⁴ OOA accounts for the majority of client enrollments and DAAS funding for community-based services. Service providers utilize a shared database to input client demographic information and enrollment information.

⁵ The slight decrease in enrollment in FY 2016-17 is influenced by database improvements to identify and deduplicate clients enrolled under multiple IDs.

⁶ The percent of clients missing sexual orientation data decreased from 40% in FY 2016-17 to 10% in FY 2017-18.

The **majority of OOA clients are cisgender – their gender identity matches the sex that they were assigned at birth**. In total, 245 clients (0.7%) report a gender identity that is different from the sex assigned at birth, including those who are genderqueer or do not identify with society’s traditional binary male/female gender definitions.

Office on the Aging FY 2017-18: Gender

Trans Female	Trans Male	Genderqueer, Gender non- binary	Cisgender	Unknown	Total
144	85	16	34,449	1,712	36,406
0.4%	0.2%	0.04%	95%	5%	100%

Source: Office on the Aging, FY 2017-18

Most LGBTQ people enrolled in OOA services are seniors. They are 69% of LGBTQ clients. As shown below, about 25% are adults under age 60 who report disabilities. About three percent are younger adult caregivers who do not report disabilities; they are enrolled only in services for informal (unpaid) caregivers providing support to a loved one. A small number are missing age and/or date of birth.

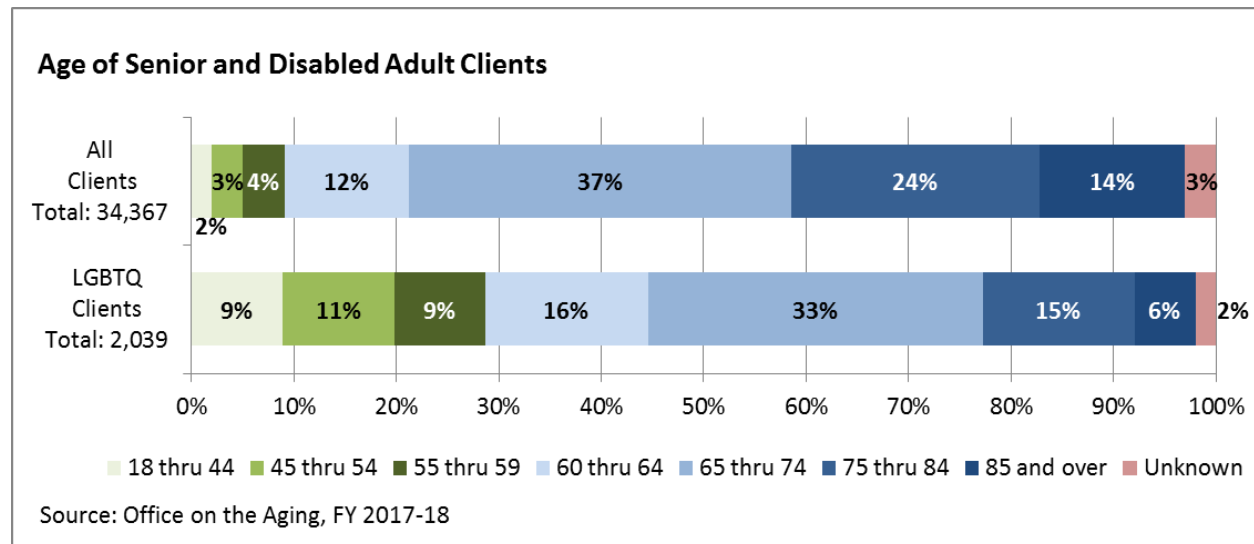
Office on the Aging FY 2017-18: LGBTQ Clients by Type

Seniors (Age 60+)	Adults with Disabilities (Age 18-59)	Caregivers*	Unknown	Total
1,406	517	69	47	2,039
69%	25%	3%	2%	100%

Source: Office on the Aging, FY 2017-18

*Adults under age 60 who are only enrolled in caregiver support services

Clients identifying as LGBTQ tend to be younger than the overall OOA client population. Overall, only 11% of OOA clients are under age 60. However, almost 30% of LGBTQ clients are under age 60. About 44% are under age 65, compared to 24% of the overall client population. This may reflect actual enrollment trends but could also be influenced by generational variation in comfort disclosing this information or pressure to return to the closet in older age.

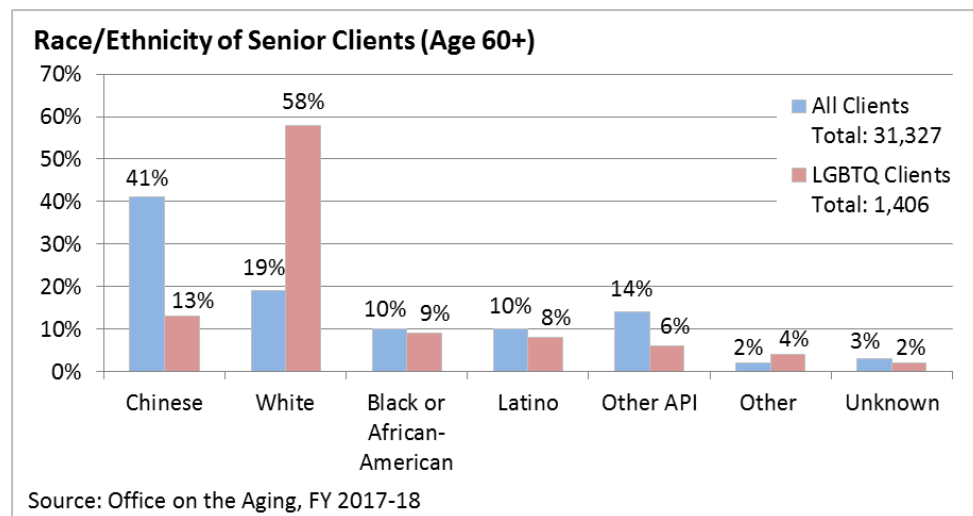


OLDER ADULTS

This section provides a profile of the older adults who participated in OOA services in FY 2017-18 and identify as LGBTQ. **These 1,406 clients represent four percent of the 31,327 seniors served last year.**

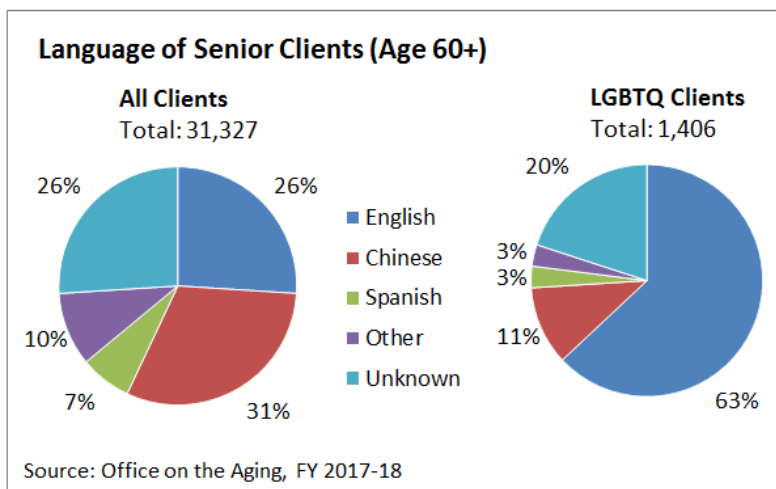
RACE/ETHNICITY

The LGBTQ senior population varies significantly from the overall OOA senior client population in terms of race and ethnicity. **Most LGBTQ senior clients are white** (58%). About 19% are Asian/Pacific Islander (API), mostly Chinese. However, across all OOA clients, the majority is API: 41% are Chinese and 14% belong to other API groups (e.g., Filipino, Japanese, or Korean). Black or African-American and Latino seniors are more consistently represented in the LGBTQ population.



This divergence may be the result of many factors, such as varying levels of cultural comfort disclosing sexual orientation and gender identity. Alternately, there may be differences in how cultures conceptualize or articulate these ideas. It could also be that the types of services that have been cultivated for the LGBTQ population or the agencies through which services are provided are not as well aligned with ethnic minority communities. This is worth further exploration.

LANGUAGE

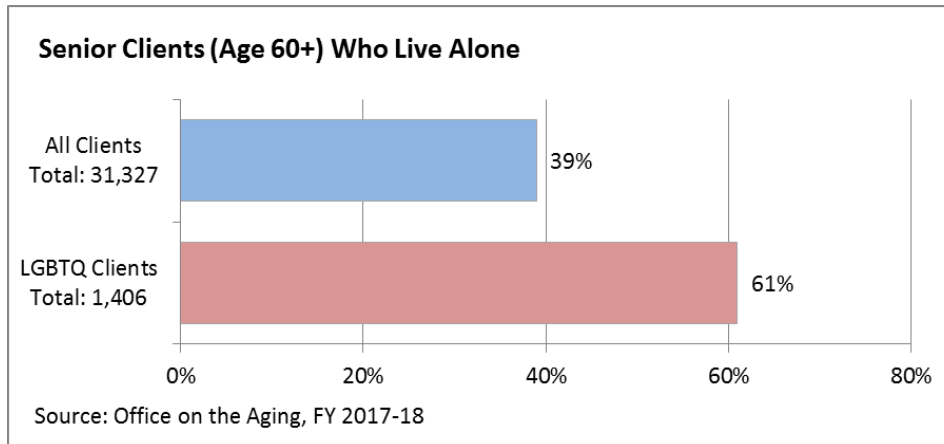


Language trends mirror the race/ethnicity profile provided above. **Most LGBTQ clients speak English** (63%). This is inconsistent with the overall client population; Chinese languages are the most common.

A significant portion of clients are missing language data.

LIVING ALONE

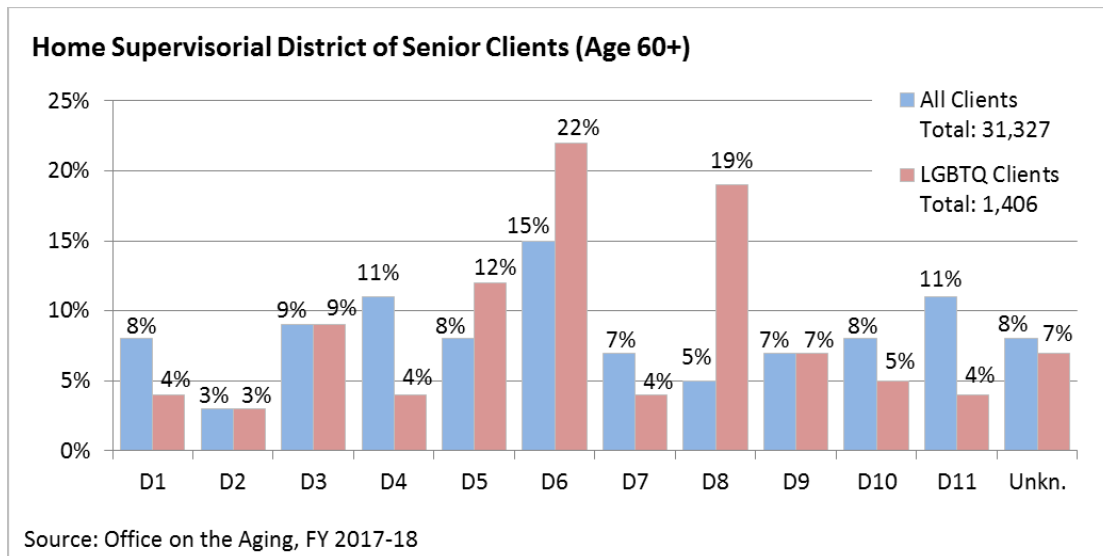
Isolation is a significant risk for older adults, particularly in San Francisco where rates of living alone are higher than elsewhere in the state and nation.⁷ The **majority of LGBTQ senior clients (61%) lives alone** – much higher than the OOA program-wide rate of 39%.



As noted in research for the LGBT Aging Policy Task Force, the LGBTQ population is less likely to have biological family; many have also lost chosen family and close friends to illness, including HIV/AIDS. This trend may also reflect that the services DAAS has developed to serve the LGBTQ population are primarily for persons at risk of isolation, including a care navigation and peer support program to prevent isolation.

LOCATION

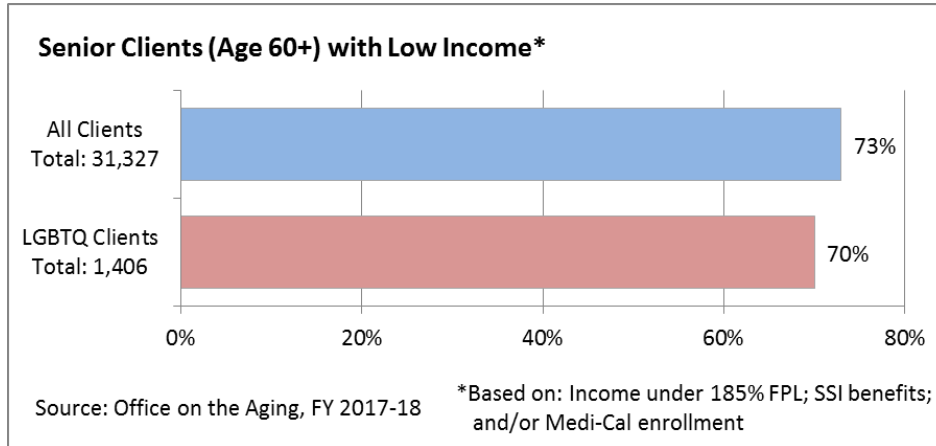
LGBTQ seniors accessing OOA services are most likely to live in District 6 (Civic Center, SOMA) and District 8 (Castro, Upper Market). This is consistent with available data on the citywide LGBTQ senior population.



⁷ Living alone is used as a rough proxy for enhanced isolation risk. About 30% of all San Francisco seniors live alone. State and nationwide, this rate is closer to 20% to 24%.

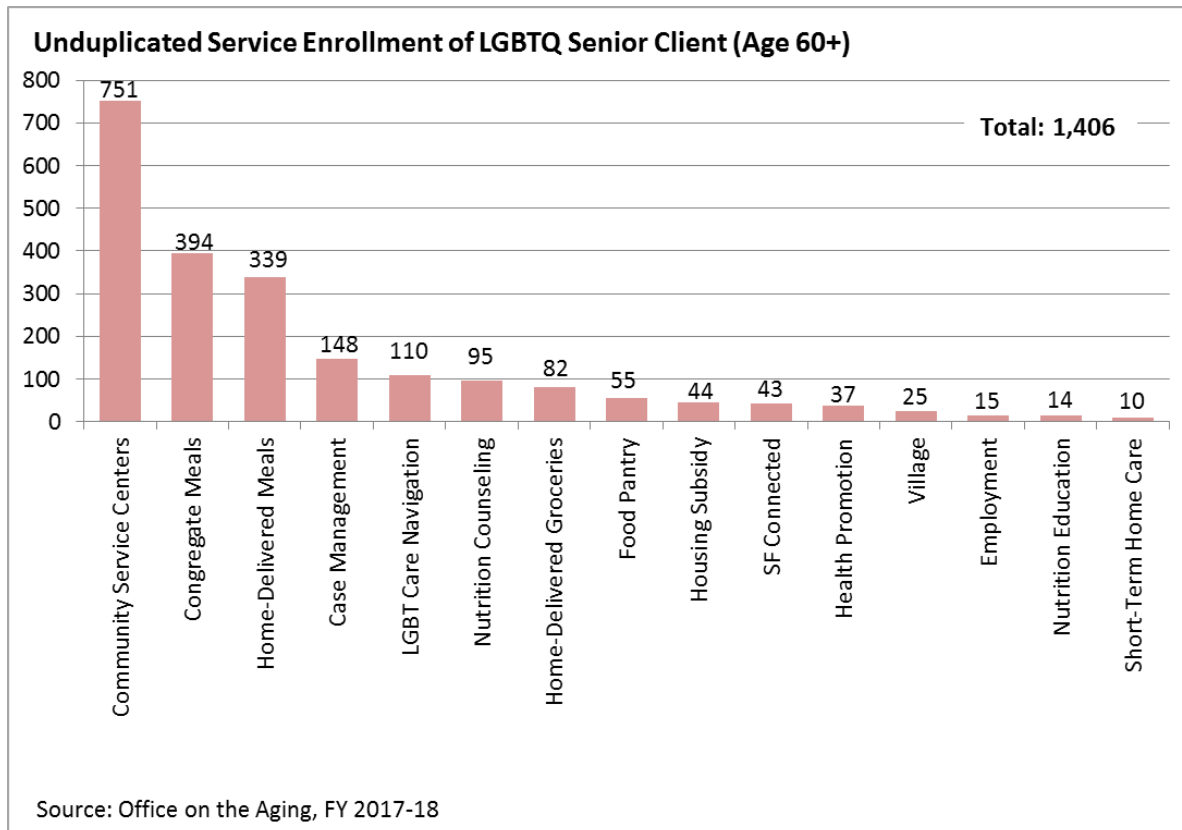
INCOME

Approximately **70% of LGBTQ clients are identified as low-income**, based on affirmative response to at least one of the following fields: income below 185% FPL, receipt of SSI benefits, or Medi-Cal enrollment. This is consistent with overall OOA program trends.



SERVICE ENROLLMENTS

Over half of LGBTQ seniors are enrolled in Community Service Centers. Almost 400 – slightly more than a quarter of LGBTQ clients – participate in Congregate Meals. Another quarter is enrolled in Home-Delivered Meals. These are three of the largest OOA programs, and these trends are generally consistent with overall enrollment trends. Over 250 LGBTQ clients access services that help coordinate care, either through the Case Management or LGBT Care Navigation program. See Appendix A for more detail.

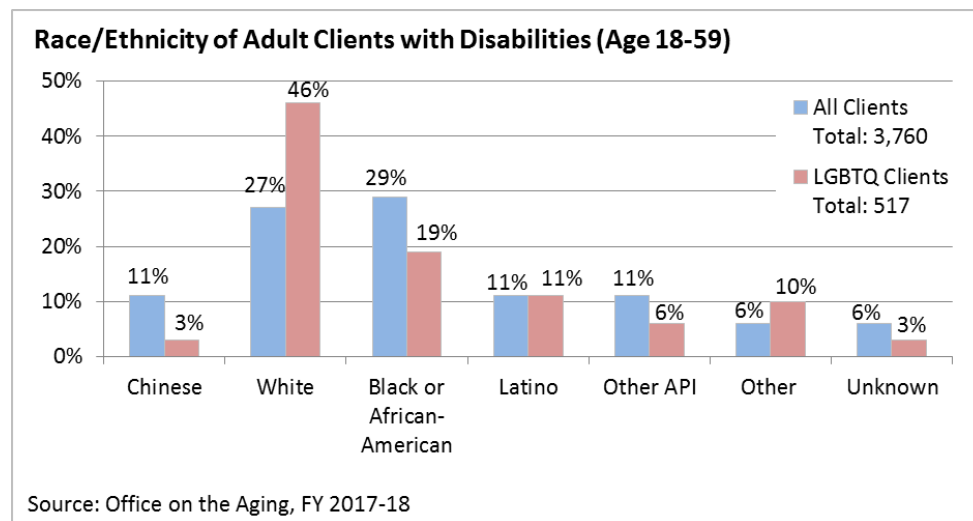


ADULTS WITH DISABILITIES

This section provides a profile of the adults with disabilities under age 60 who participated in OOA services in FY 2017-18 and identified as LGBTQ. **These 517 clients are 14% of the 3,760 adults with disabilities served.**

RACE/ETHNICITY

Similar to the senior population, LGBTQ adults with disabilities are more likely to be white than the overall disabled adult population served by OOA. Among all adult clients with disabilities, the most common ethnic group is black or African-American. As shown below, LGBTQ adults with disabilities who participate in OOA services are most commonly white (46%), followed by black or African-American (19%) and Latino (11%). In total, only nine percent are API, with Chinese the most common single group; API are 22% of all clients.

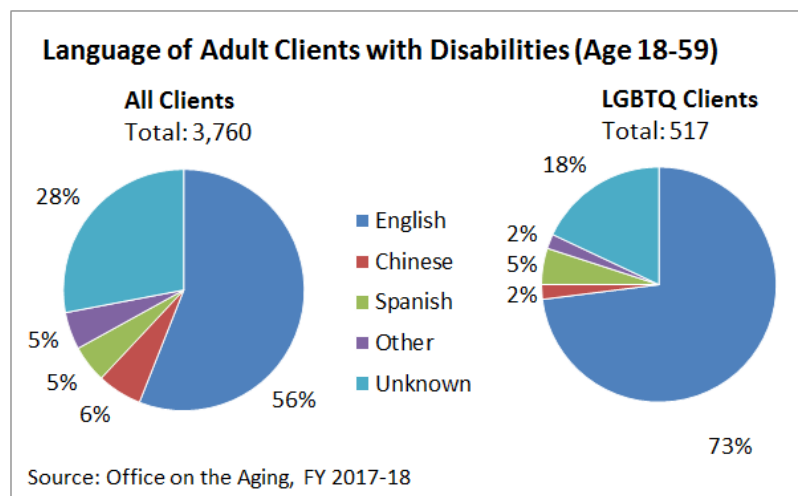


LANGUAGE

Primary languages spoken by adults with disabilities reflect the race and ethnicity trends described above. Among LGBTQ clients, English is by far the predominant language, spoken by almost three-quarters of clients.

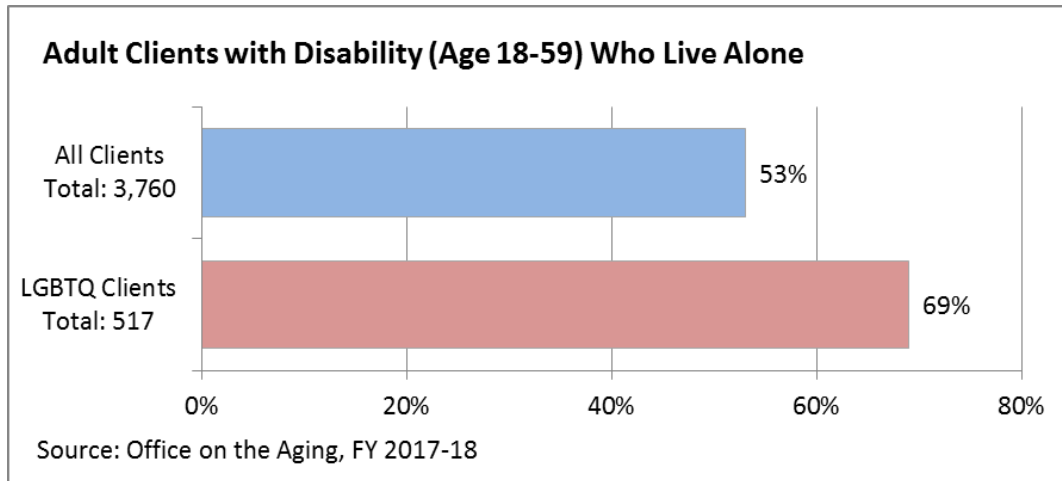
The overall population of adults with disabilities served by OOA is more diverse; this is reflected in their primary languages.

A significant portion of clients are missing language data.



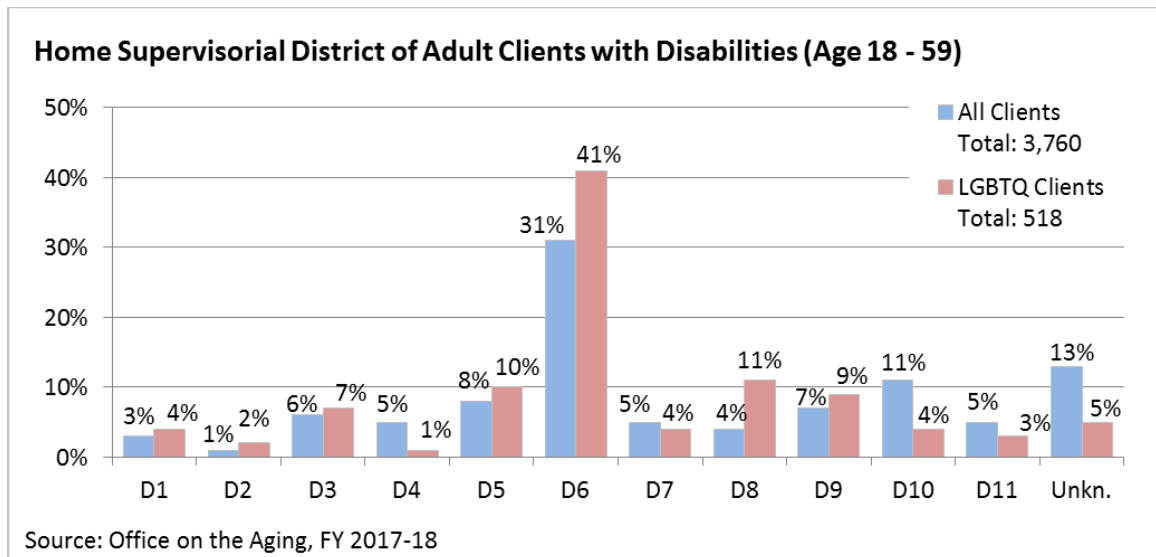
LIVING ALONE

The majority of adult clients with disabilities live alone, putting them at heightened risk for isolation. This is even more pronounced among those who identify as LGBTQ: **69% live alone**. This trend is important. Isolation is linked to increased risk for depression, physical health issues, and potential for exploitation and abuse. These existing touchpoints offer potential opportunities for DAAS and community partners to further maximize service connection and engagement for an especially at-risk population.



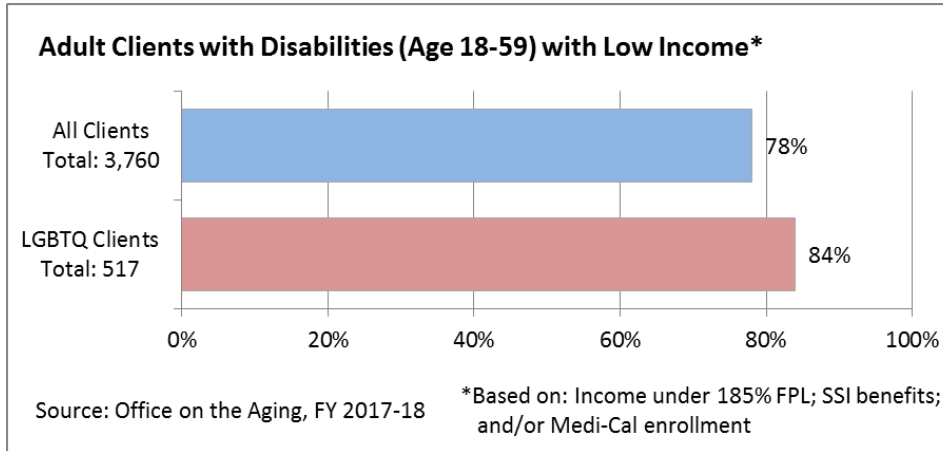
LOCATION

Generally, adults with disabilities participating in OOA services tend to live in similar areas, regardless of LGBTQ identification. Still, there are some distinctions. LGBTQ adults with disabilities are slightly more likely to live in Districts 6 and 8, where OOA has funded services focused on this population. They are less likely to live in Districts 10 (Bayview, Visitacion Valley, Potrero) and 4 (Sunset).



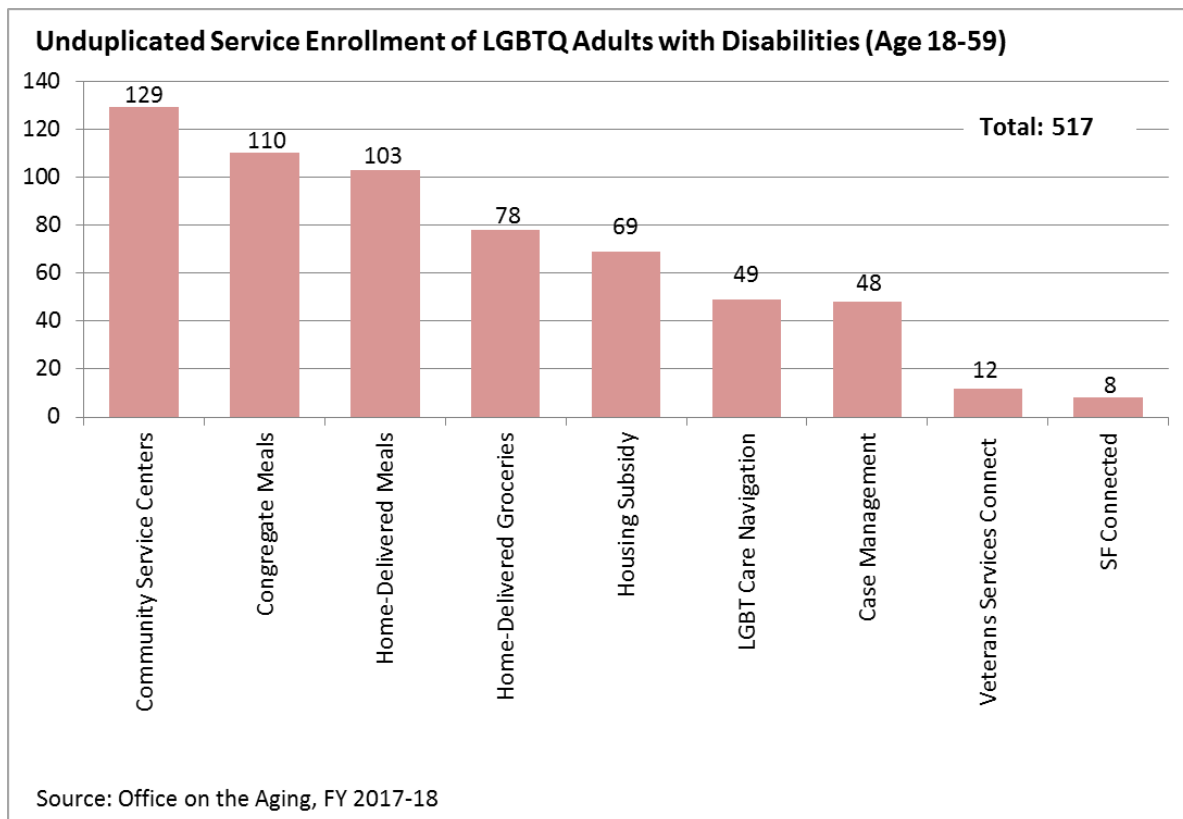
INCOME

The vast majority of adults with disabilities participating in OOA services have low income: 78%. This trend is even stronger among those identified as LGBTQ: 84% are low income.



SERVICE ENROLLMENTS

The chart below depicts the number of LGBTQ adults with disabilities participating in OOA services. Most commonly, these clients participate in activities at Community Service Centers (129 individuals or about 25%). An almost equal number participate in Congregate Meals or Home-Delivered Meals (about 20% in each). For more detail, please see Appendix A.



EQUITY ANALYSIS

This section provides an update on the equity analysis focused on service utilization by older adults who identify as LGBTQ.

BACKGROUND: EQUITY ANALYSIS

The Dignity Fund aims to serve all older adults and adults with disabilities in San Francisco. However, **some populations face systemic barriers to accessing services**, which can lead to inequitable distribution of services and resources and disproportionately decreased level of access for those populations. Furthermore, an individual’s environment and community (such as a district area) may be associated with systemic barriers leading to inequitable access to services.

The **purpose of the equity analysis is to establish and apply a set of standardized metrics that assess how resources are distributed among the city’s seniors and adults with disabilities**. This helps DAAS evaluate how well it is serving the city’s diverse populations, particularly populations with equity factors, and **identify possible disparities in service provision and utilization**. The analysis can be repeated in future years to assess how investments have impacted service access and utilization.

Three equity analysis questions were investigated in the FY 2017-18 DFCNA. This report provides an update on the first equity analysis research question, which focused on analyzing service participation among populations that **experience systemic barriers** that can inhibit accessing of services and resources.

Equity Analysis Research Question 1⁸



Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?

Equity Factors

- Low Income
- Social Isolation
- Communities of Color
- Limited or no English-Speaking Proficiency
- Sexual Orientation and Gender Identity

At the time of the FY 2017-18 DFCNA, the data available pre-dated a local ordinance that now mandates collection of sexual orientation, gender identity, and sex at birth data along with other key demographic characteristics. Consequently, over 40% of senior clients were missing at least one of these fields, calling into question the validity and utility of the equity analysis findings. It was recommended that the analysis be updated after a full year enrollment under the local ordinance that requires this data collection.

EQUITY ANALYSIS METHODOLOGY

Service participation rates are standard metrics designed to measure disparities between populations, and they do not describe the volume of individuals served. Service participation is calculated as outlined in the box to the right.

$$\text{Service Participation Rate per 1,000: } \frac{\# \text{ Clients Participating in SF DAAS Services}}{\# \text{ Eligible Population}} \times 1,000$$

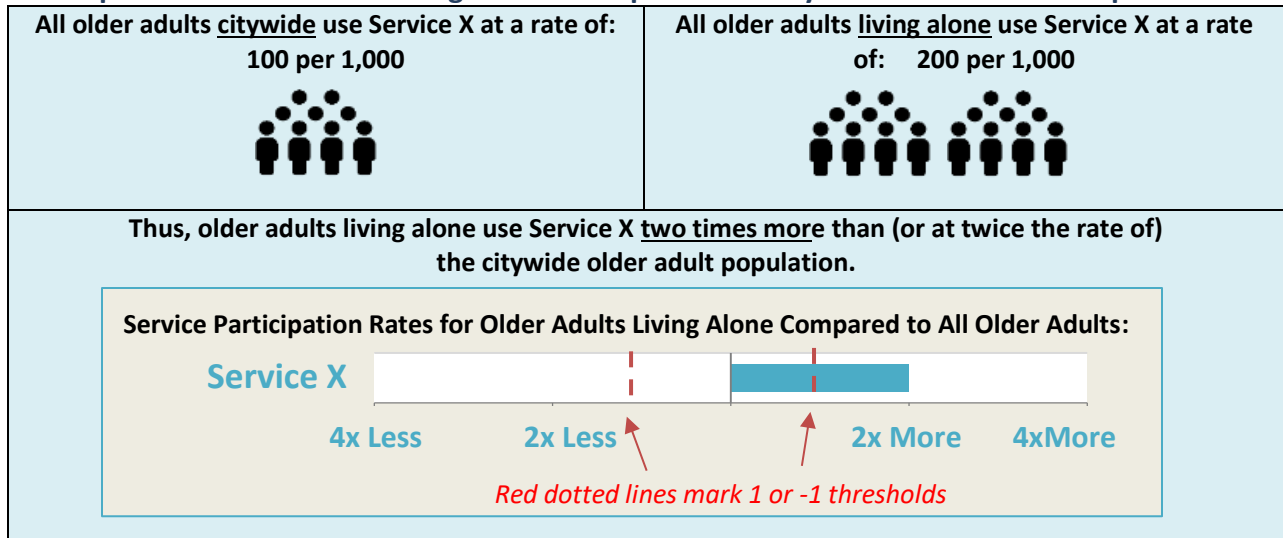
⁸ Image Credit: “Equity” by Laura Amaya from theNounProject.com.

To complete the equity analysis, disparities in service participation rates are discussed in terms of the number of times a subpopulation’s rate is higher or lower than the citywide rate. Comparisons are measured using a ratio of two rates, and they should be interpreted as follows:

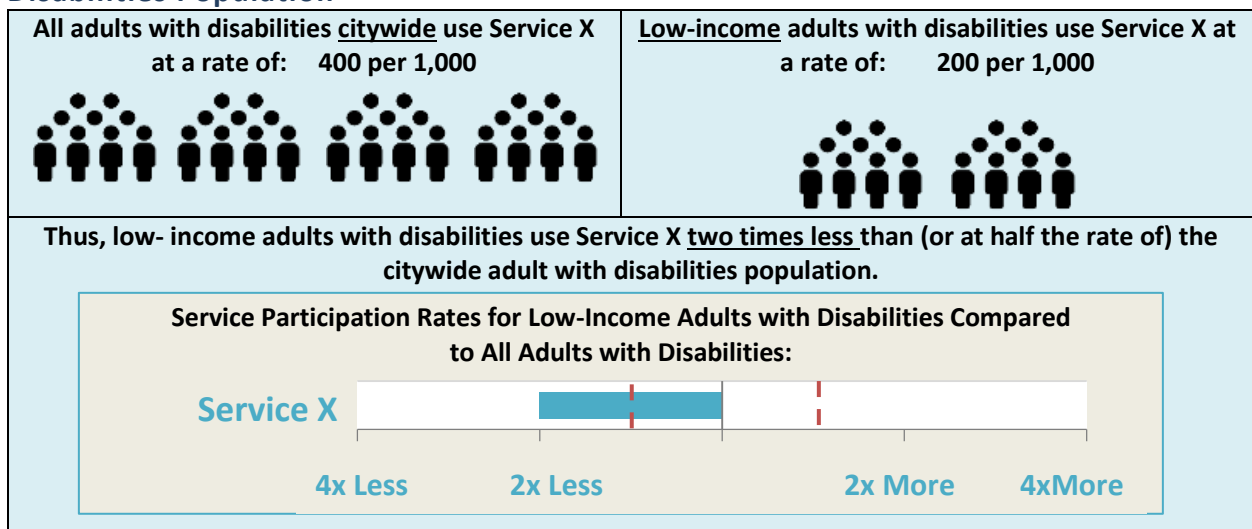
- **A ratio greater than 1** indicates that the subpopulation’s rate is higher than the citywide rate.
- **A ratio less than -1** indicates that the subpopulation’s rate is lower than the citywide rate.
- **A ratio of one (either 1 or -1)** indicates that there was no difference between the subpopulation rate and the citywide rate.

Below are examples demonstrating how to interpret comparisons between service participation rates.

Example 1: Older Adults Living Alone Compared to Citywide Older Adult Population



Example 2: Low-Income Adults with Disabilities Compared to Citywide Adult with Disabilities Population



Based on FY 2016-17 enrollment data, the DFCNA equity analysis found that DAAS is supporting approximately 242 per thousand older adults through its community partner network – that is, almost 25% of older adults access DAAS-funded community-based services. Across most equity factors, participation rates were higher among populations with the presence of an equity factor than the citywide rate. For example, low-to-moderate income older adults participate in services at a rate of 519 per thousand, meaning that DAAS is serving over half of the citywide population. However, the findings related to LGBTQ population revealed that the population is participating in services at a lower rate than the overall citywide rate.

FY 2107-18 DFCNA: Summary of Service Participation Rates for Research Question 1.

Equity Factor	Older Adults Participation Rate per 1,000	Adults with Disabilities Participation Rate per 1,000
Living Alone	293	177
Low-to-Moderate Income	519	177
English-Speaking Proficiency	402	232
Communities of Color	308	145
LGBTQ	75	Not Available
Overall	242	130

LIMITATION: ESTIMATE OF ELIGIBLE LGBTQ POPULATIONS

Notably, this equity analysis is hindered by limitations in citywide data on LGBTQ residents. A key component in calculating service participation rate is an estimate of the eligible population – that is, the number of people citywide who could potentially participate in a service. However, for the LGBTQ population, citywide data is limited.

$$\text{Service Participation Rate per 1,000: } \frac{\# \text{ Clients Participating in SF DAAS Services}}{\# \text{ Eligible Population}} \times 1,000$$

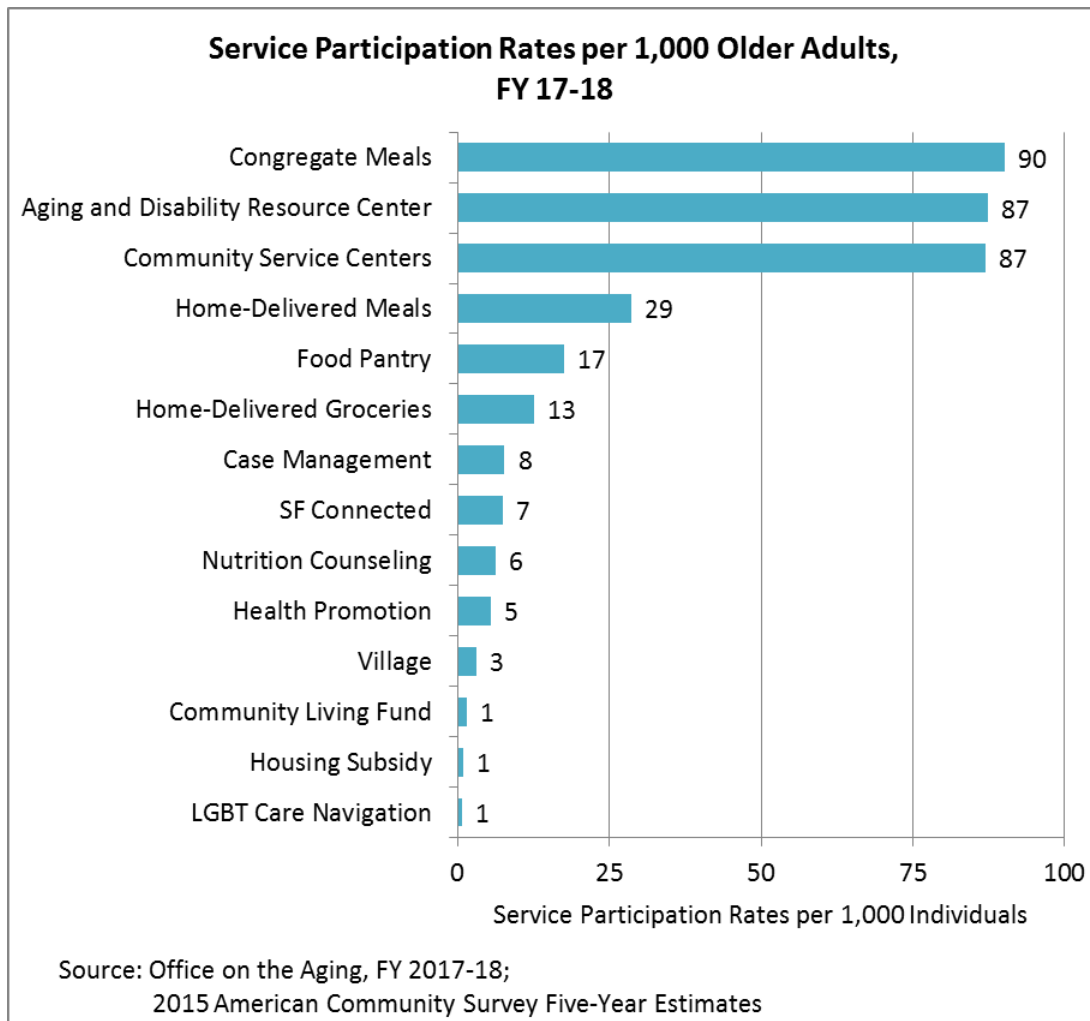
This impacts the equity analysis in two ways:

- **Adults with disabilities:** As noted in the FY 2017-18 DFCNA, there is not a clear resource that provides the number of adults age 18 to 59 with disabilities who identify as LGBTQ in San Francisco. Without this estimate, it is not possible to calculate service participation rate and thus complete the equity analysis. This is a major limitation, and DAAS should make it a priority to work with researchers and the community to identify or develop an estimate that can be used in an equity analysis in the future.
- **Eligibility criteria:** Most services included in this analysis are open to all seniors and adults with disabilities. However, a few services have eligibility criteria: the Home-Delivered Meals Program, Home-Delivered Groceries, and Community Living Fund are services for people with functional impairment, and the Home-Delivered Groceries and Community Living Fund programs also have income criteria. While census data provides information to layer in these additional criteria for the citywide population, there is not a resource that provides this level of detail for the LGBTQ population. As an adjustment from the FY 2017-18 DFCNA, this updated analysis utilizes the overall senior population for the citywide participation rates. While less precise, this allows for consistency in comparison with the LGBTQ population participation rates and provides a more meaningful comparison. Please see the FY 2017-18 DFCNA for the most precise citywide participation rates in the above-mentioned programs.

SENIORS CITYWIDE

In FY 2017-18, DAAS provided service to 46,115 older adults aged 60 and older through its community-based services. This represents approximately **273 per one thousand older adults in San Francisco – meaning that DAAS is supporting over 1 in 4 of the city’s seniors**. This is a slight increase over FY 2016-17 service levels highlighted in last year’s DFCNA: 242 per 1,000 older adults.

As shown below, service participation is highest in the Department’s largest services: Congregate Meals (15,256 senior clients); Aging and Disability Resource Centers or information hubs located in each supervisorial district (14,789 clients); and Community Service Centers (14,707 clients). See the Appendix B for further detail.⁹

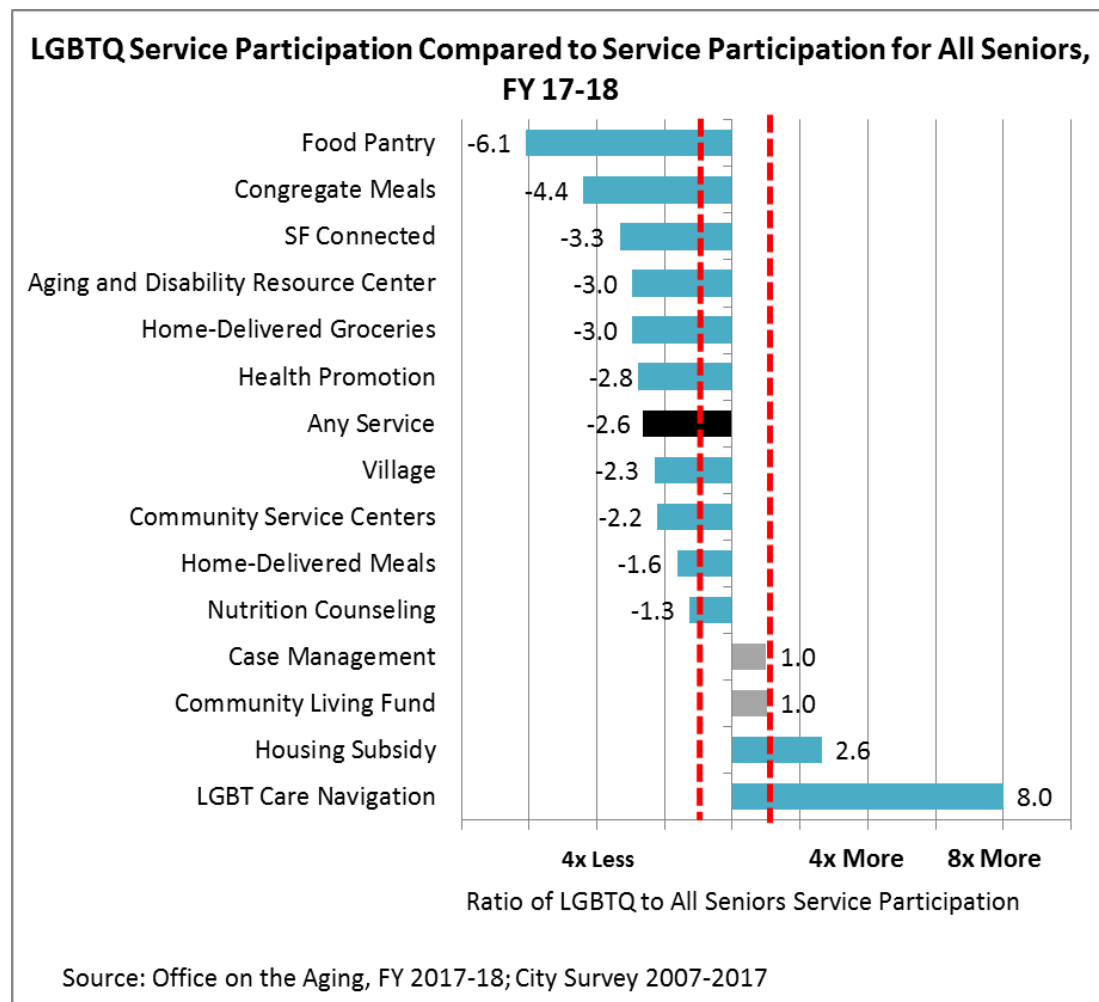


⁹ The chart highlights select services that are accessible to the general population and had a large enough client population for reliable analysis. More detail and services are included in Appendix A.

LGBTQ SENIORS

In FY 2017-18, DAAS provided service to 1,990 LGBTQ older adults aged 60 and older through its community-based services.¹⁰ This represents **approximately 104 per one thousand LGBTQ older adults in San Francisco – meaning that DAAS is supporting about 1 in 10 of the city’s LGBTQ seniors**. This is an increase from the FY 2016-17 DFCNA finding of 75 per 1,000 LGBTQ clients. However, this participation rate is still about **two and a half times lower than the overall senior participation rate**.

As shown below, the discrepancy in participation rate varies by program.¹¹ Participation rates are much lower for LGBTQ seniors in Food Pantry and Congregate Meal programs; they are six times and four times less likely to use these services, respectively. However, in services that have been developed specifically for this population and are housed at agencies identified with the LGBTQ community, LGBTQ seniors have a higher participation rate.



¹⁰ In addition to OOA services profiled in the program participant profile section of this report, this includes the Aging and Disability Resource Centers managed by the DAAS Integrated Intake Unit and also the Community Living Fund managed by DAAS Long-Term Care Operations.

¹¹ The chart highlights select services that are accessible to the general population and had a large enough client population for reliable analysis. More detail and services are included in Appendix A and B.

LIMITATION: DATA COMPLETION

As noted earlier, collection of SOGI data is much improved compared to prior years and provides a more meaningful sense of participation than the FY 2017-18 DFCNA equity analysis. However, it still bears noting that SOGI data collection is not completely available. Of FY 2017-18 senior clients, 2,387 individuals (8%) are missing a response to at least one SOGI question, meaning the response field was left blank or indicates the question was not asked. An additional 3,326 (almost 11%) have declined to answer at least one SOGI question. In total, complete SOGI data is unavailable for about 5,700 OOA senior clients (18%). Please see Appendix B for further detail regarding SOGI data completion.

Despite this limitation, the available data provides insight into trends and should be taken at face value at this time. As part of this report's research, a simulation exercise was conducted to explore the potential impact on the equity analysis if all clients had complete SOGI data. While the scale of disparity decreases for some services, the general trends remained the same.¹² Even if all SOGI data was collected, it is unlikely that trends would be reversed.

¹² In this simulation, an assumption was made that SOGI responses from clients missing data would mirror the LGBTQ identification rate of clients with completed data. For example, about three percent of Congregate Meal clients identify as LGBTQ. This rate was applied to the 2,526 senior Congregate Meal clients with incomplete SOGI data to calculate an adjusted participation rate. However, it must be noted that this was an exploratory exercise only. It is not feasible or responsible to claim the ability to impute an individual's sexual orientation or gender identity – collection of SOGI information directly from clients is critical. This simulation is not included in this analysis to avoid implying otherwise.

FINDINGS AND RECOMMENDATIONS

This analysis of FY 2017-18 enrollment and equity analysis trends has found that the LGBTQ senior population is not accessing services at the same rate as seniors citywide. This research also highlights the need to develop a better sense of the LGBTQ adult population with disabilities who are under age 60 and might benefit from DAAS services. Further discussion and collaboration with community leaders and service providers is merited to identify and implement appropriate strategies to ensure equitable access and participation in City-funded opportunities for connection, engagement, and support.

As part of these conversations, DAAS should consider the following findings and recommendations:

LGBTQ seniors access most services at a lower rate than seniors citywide.

The equity analysis indicates that LGBTQ seniors access services at a rate two and a half times lower than seniors citywide. DAAS could expand or develop new services to serve more of the city's LGBTQ population. In particular, the equity analysis suggests that services tailored for the population or placed at LGBTQ-focused organizations have been successful strategies. If continuing this approach, DAAS must bear in mind the diverse communities that make up the LGBTQ population and ensure that these services are widely accessible. Additionally, it may be worth revisiting LGBTQ cultural sensitivity training that DAAS funds for community-based organizations. LGBTQ seniors and adults with disabilities should feel welcome and comfortable disclosing their identity in all services. See below for more on these topics.

LGBTQ clients are less ethnically diverse than the overall population of clients served.

The program participant profile in this report identifies that the majority of LGBTQ clients participating in OOA services are white (58% of seniors and 46% of adults with disabilities). While past local research has suggested that older adults who identify as LGBTQ are more likely to be white, it may also be the case that persons from communities of color may not feel as comfortable disclosing their identity or may conceptualize their identity differently. They may prioritize another component of their identity, such as ethnicity or language, when seeking services.

This issue is worth delving into more deeply. As noted by the LGBT Aging Policy Task Force, LGBTQ seniors of color often experience compounding effects of discrimination based on sexual orientation, gender identity, race, and age. DAAS should draw on the knowledge of community partners, including community leaders serving diverse ethnic communities, to discuss these trends. It may also behoove DAAS to support more formal research into this area to learn more about how various communities conceptualize these ideas and how these identities may manifest in the city's diverse communities.

Few transgender individuals participate in services.

Less than one percent of OOA clients are transgender: 229 clients. While research has generally suggested this group to be smaller than other groups within the LGBTQ population, their needs are unique and must be appropriately addressed. For example, as noted by the LGBT Aging Policy Task Force, persons who are transgender are more likely to be isolated and unconnected to resources; many live in Single Room Occupancy (SRO) hotels in the Tenderloin and have limited access to affordable healthy food. DAAS should consider developing services specifically designed to meet the needs and encourage participation from the aging and disabled transgender populations.

Equity analysis of LGBTQ adults with disabilities is limited by lack of data.

The Dignity Fund equity analysis framework requires an estimate for the population eligible for a service. DAAS should research – and, if need be, support development of information to provide a population estimate for adults under age 60 who have disabilities and identify as LGBTQ.

APPENDIX A. SERVICE ENROLLMENT BY POPULATION.

FY 2017-18 Enrollment: Unduplicated Clients by Service

Services	Seniors (Age 60+)		Adults with Disabilities (Age 18-59)	
	All	LGBTQ	All	LGBTQ
Adult Day Health/Social Care	178	*	1	0
Aging and Disability Resource Center	14,789	566	2,488	138
Alzheimer's Day Care Resource Center	102	0	0	0
Case Management	1,300	148	278	48
Cayuga Connector	106	*	1	0
Community Living Fund	250	29	148	25
Community Services	14,707	751	1,329	129
Congregate Meals	15,315	394	1149	110
Employment	58	15	5	*
Empowerment	96	*	7	*
Food Pantry	2,957	55	8	*
Health Promotion	905	37	5	0
Home-Delivered Groceries	2,139	82	564	78
Home-Delivered Meals	4,849	339	775	103
Housing Subsidy	147	44	120	69
LGBT Care Navigation	121	110	53	49
Money Management	121	*	39	*
Nutrition as Health	18		18	*
Nutrition Counseling	1,060	95	40	*
Nutrition Education	448	14	26	*
Senior Companion	15	*	1	0
SF Connected	1,259	43	124	8
Short-Term Home Care	162	10	2	0
Tech at Home	14	*		0
Transportation (Taxi)	35	*	7	0
Veterans Services Connect	95	*	72	12
Village	509	25	18	0
Grand Total	46,155	1,990	6,430	680

*Data withheld to protect client confidentiality (fewer than 10 individuals)

APPENDIX B. SERVICE PARTICIPATION RATES

FY 2017-18: Service Participation Rates per 1,000 Individuals for Older Adults

Services	Total Served	Eligible Population	Service Participation Rate	Service Participation Rate per 1,000
Adult Day Health/Social Care	178	169,189	0.11%	1.05
Aging and Disability Resource Center	14789	169,189	8.74%	87.41
Alzheimer's Day Care Resource Center	102	169,189	0.06%	0.60
Case Management	1,300	169,189	0.77%	7.68
Cayuga Connector	106	169,189	0.06%	0.63
Community Living Fund	250	169,189	0.15%	1.48
Community Services	14,707	169,189	8.69%	86.93
Congregate Meals	15,256	169,189	9.02%	90.17
Employment	58	169,189	0.03%	0.34
Empowerment	96	169,189	0.06%	0.57
Food Pantry	2,957	169,189	1.75%	17.48
Health Promotion	905	169,189	0.53%	5.35
Home-Delivered Groceries	2,139	169,189	1.26%	12.64
Home-Delivered Meals	4,827	169,189	2.85%	28.53
Housing Subsidy	147	169,189	0.09%	0.87
LGBT Care Navigation	121	169,189	0.07%	0.72
Money Management	121	169,189	0.07%	0.72
Nutrition as Health (DF)	18	169,189	0.01%	0.11
Nutrition Counseling	1,060	169,189	0.63%	6.27
Nutrition Education	448	169,189	0.26%	2.65
Senior Companion	15	169,189	0.01%	0.09
SF Connected	1,259	169,189	0.74%	7.44
Short-Term Home Care	162	169,189	0.10%	0.96
Tech at Home (DF)	14	169,189	0.01%	0.08
Transportation (Taxi)	35	169,189	0.02%	0.21
Veterans Services Connect (DF)	95	169,189	0.06%	0.56
Village	509	169,189	0.30%	3.01
Grand Total	46,155	169,189	27.28%	272.80

FY 2017-18: Service Participation Rates per 1,000 Individuals for LGBTQ Older Adults

Services	Total Served	Eligible Population	Service Participation Rate	Service Participation Rate per 1,000	Rate Ratio
Adult Day Health/Social Care	*	19,200	*	*	*
Aging and Disability Resource Center	566	19,200	2.95%	29.48	-3.0
Alzheimer's Day Care Resource Center	0	19,200	0.00%	0.00	n/a
Case Management	148	19,200	0.77%	7.71	1.0
Cayuga Connector	*	19,200	*	*	*
Community Living Fund	29	19,200	0.15%	1.51	1.0
Community Services	751	19,200	3.91%	39.11	-2.2
Congregate Meals	393	19,200	2.05%	20.47	-4.4
Employment	15	19,200	0.08%	0.78	2.3
Empowerment	*	19,200	*	*	*
Food Pantry	55	19,200	0.29%	2.86	-6.1
Health Promotion	37	19,200	0.19%	1.93	-2.8
Home-Delivered Groceries	82	19,200	0.43%	4.27	-3.0
Home-Delivered Meals	336	19,200	1.75%	17.50	-1.6
Housing Subsidy	44	19,200	0.23%	2.29	2.6
LGBT Care Navigation	110	19,200	0.57%	5.73	8.0
Money Management	*	19,200	*	*	*
Nutrition as Health (DF)	0	19,200	0.00%	0.00	n/a
Nutrition Counseling	95	19,200	0.49%	4.95	-1.3
Nutrition Education	14	19,200	0.07%	0.73	-3.6
Senior Companion	*	19,200	*	*	*
SF Connected	43	19,200	0.22%	2.24	-3.3
Short-Term Home Care	10	19,200	0.05%	0.52	-1.8
Tech at Home (DF)	*	19,200	*	*	*
Transportation (Taxi)	*	19,200	*	*	*
Veterans Services Connect (DF)	*	19,200	*	*	*
Village	25	19,200	0.13%	1.30	-2.3
Grand Total	1,990	19,200	10.36%	103.65	-2.6

*Data withheld to protect client confidentiality (fewer than 10 individuals)

APPENDIX C. SUMMARY OF SOGI DATA COLLECTION.

Service	Total	Sexual Orientation			Gender Identity			Sex at Birth		
		Collected	Declined	Missing	Collected	Decline	Missing	Collected	Decline	Missing
Adult Day Health/Social Care	181	86%	4%	9%	97%	0%	3%	97%	0%	3%
Aging and Disability Resource Center	14,579	50%	1%	49%	87%	0%	13%	21%	0%	79%
Alzheimer's Day Care Resource Center	103	88%	3%	10%	97%	0%	3%	97%	0%	3%
Case Management	1,586	90%	4%	6%	100%	0%	0%	99%	1%	1%
Cayuga Connector	153	49%	5%	56%	80%	1%	20%	66%	1%	34%
Community Living Fund	386	94%	4%	2%	100%	0%	0%	74%	1%	25%
Community Services	16,275	85%	7%	8%	98%	0%	2%	97%	1%	3%
Congregate Meals	16,496	83%	12%	5%	99%	1%	0%	99%	1%	1%
Employment	82	61%	6%	33%	77%	1%	22%	77%	0%	23%
Empowerment	105	81%	6%	13%	96%	0%	4%	96%	0%	4%
Food Pantry	2,968	72%	28%	0%	100%	0%	0%	93%	5%	2%
Health Promotion	926	79%	4%	17%	94%	0%	6%	90%	0%	10%
Home-Delivered Groceries	2,725	86%	12%	3%	99%	0%	1%	97%	1%	2%
Home-Delivered Meals	5,628	90%	5%	5%	100%	0%	0%	99%	1%	0%
Housing Subsidy	268	91%	3%	6%	98%	0%	2%	96%	0%	4%
LGBT Care Navigation	192	90%	3%	7%	94%	0%	6%	94%	0%	6%
Money Management	160	68%	6%	27%	94%	0%	6%	93%	1%	6%
Nutrition as Health	36	86%	8%	6%	97%	3%	0%	89%	3%	8%
Nutrition Counseling	1,101	93%	5%	3%	100%	0%	0%	99%	1%	0%
Nutrition Education	477	84%	11%	5%	99%	0%	1%	98%	1%	1%
Senior Companion	16	100%	0%	0%	100%	0%	0%	100%	0%	0%
SF Connected	1,903	56%	5%	39%	75%	0%	25%	72%	0%	28%
Short-Term Home Care	164	66%	1%	32%	99%	0%	1%	99%	0%	1%
Tech at Home	14	100%	0%	0%	100%	0%	0%	100%	0%	0%
Transportation (Taxi)	48	65%	2%	33%	78%	0%	22%	76%	0%	24%
Veterans Services Connect	167	89%	10%	2%	100%	0%	0%	99%	1%	0%
Village	716	61%	14%	25%	90%	0%	10%	89%	1%	11%
Grand Total	51,374	72%	7%	21%	94%	0%	6%	74%	1%	25%