

Department of Aging and Adult Services Office on the Aging



2010 Needs Assessment Consumer Advocacy

October 27, 2010

Table of Contents

| # | Section | Page |
|-------|---|------|
| I. | Consumer Advocacy Overview | 2 |
| II. | Health In Health Insurance Counseling and Insurance Counseling and Advocacy Program | 2 |
| III. | Home Care Advocacy | 3 |
| IV. | Housing Advocacy | 5 |
| V. | Legal Services | 8 |
| VI. | Long Term Care Consumer Rights Advocacy | 12 |
| VII. | Naturalization | 12 |
| VIII. | Senior Empowerment | 15 |
| IX. | Bibliography | 17 |

I. Consumer Advocacy Overview

San Francisco has more older persons than other California counties, and its seniors are more likely to be older, to have limited English proficiency, and to be living alone in the community with higher levels of risk. To remain safely in the community, it is essential that they have access to the full range of available benefits and support resources. San Francisco also has a large number of younger adults with disabilities who face similar barriers to services. Because of specific barriers to service, many consumers require assistance with advocacy.

Consumer advocacy programs assist seniors and adults with disabilities to advocate for their rights and services either on an individual level or at the level of systems change. The direct service models of consumer advocacy are those that either: (a) strengthen consumers' ability to advocate on their own behalf to access services or defend rights; or (b) provide volunteer or professional staff to advocate on consumers' behalf. Systems advocacy efforts are coordinated activities designed to influence specific planning processes, systems changes, and/or legislation that will benefit seniors and adults with disabilities in key issue areas.

To help vulnerable seniors and persons with disabilities remain in the community, the Department of Aging and Adult Services funds the following consumer advocacy service areas:

| Service Area | Types of Advocacy Provided | |
|--|----------------------------|---------|
| | Direct Service | Systems |
| Health Insurance Counseling and Advocacy Program | ✓ | |
| Homecare Advocacy | | ✓ |
| Housing Advocacy | ✓ | ✓ |
| Legal Services | ✓ | |
| Long Term Care Consumer Rights Advocacy | ✓ | ✓ |
| Naturalization | ✓ | |
| Senior Empowerment | ✓ | |

This memo provides a brief overview of the need for each of these service areas. Findings are based on reviews of existing independent research, along with key informant interviews.

II. Health Insurance Counseling and Advocacy Program

The Health Insurance Counseling and Advocacy Program (HICAP) is a state-sponsored, volunteer-supported program that provides free counseling to Medicare beneficiaries about their benefits, rights and options, and other health insurance-related questions.

The current provider of HICAP services in San Francisco reports a high volume of consumers. In the first quarter of 2010, 439 persons received HICAP counseling, and over 1,900 received quick information from HICAP volunteers over the phone. Consumers often have to wait one to two months for an appointment. At the end of the year, when the Medicare beneficiaries must choose their drug benefit program, the wait can be as long

as three months. Many eligible persons have difficulty navigating the Medicare system because of limited English proficiency, literacy, and issues related to poverty. Available evidence suggests the prevalence of the need for extensive services:

- ❖ According to the American Community Survey (2005), 37 percent of San Francisco seniors speak English “not well” or “not at all.” Over 50 percent of clients served by HICAP in the past have had limited English proficiency.
- ❖ According to the 2000 Census, 25% of San Francisco seniors have less than a high school degree, making them more likely to require counseling services for their health insurance benefits.
- ❖ According to a Mathematica Survey conducted in 2009,¹ 31% of older adults in San Francisco had annual income of less than \$20,000. The American Community Survey suggests that 12% of seniors in San Francisco are living under the federal poverty level.

San Francisco has approximately 120,000 Medicare beneficiaries.² Based on current levels of service provision, about two percent of all eligible persons are receiving HICAP services. The current need, as suggested by the statistics cited above, may be as high as 12 to 14%. Moreover, the oldest baby boomers turn 64 in 2010, foretelling a large influx of Medicare beneficiaries. Newly eligible for Medicare are likely to have questions about enrollment procedures and drug benefits. Furthermore, many consumers remain confused about the impact of federal health reform legislation on Medicare benefits, which may increase demand for HICAP services. If the current penetration rate is maintained, the number of clients seeking services could increase by at least ten percent by 2015.³ Since available funding cannot keep pace with demand, creative strategies for managing the queue of clients are necessary, and volunteer training and recruitment will be critical program elements in order to prevent increases in service wait times.

III. Home Care Advocacy

To remain safely in their homes, seniors and adults with disabilities often require help with non-medical personal care and basic chores. The Family Caregiver Alliance found that more than a quarter of Californians age 40 and older needed, within the previous year, “in-home care either for themselves or for a loved one.” The majority of adults receiving care at home get their care from family or friends, but many Californians in the same study (51%) felt that they would be unable to afford to pay for even two hours of in-home help per day if they

¹ Taken from a memo dated October 15, 2009 “Data Tables from the 2008 Survey of Older Adults” based on the Community Partnerships for Older Adults (CFPOA) data tables. Cheh, V and Kim, J. 10/15/2009. Princeton, NJ: Mathematica Policy Research, Inc.

² There were 119,814 persons eligible for Medicare because of age or disability status in 2007. Source: Centers for Medicare and Medicaid Services, Medicare Enrollment Reports: <http://www.cms.gov/MedicareEnrpts/>.

³ This percentage increase is based on a comparison of interpolated California Department of Finance Population Projections for the population 65+ to 2008 American Community Survey population estimates for San Francisco.

needed it for six months (Grey et. al., 2003).⁴ For single seniors, the need for formal in-home care may be more prevalent because many have few relatives available for help (Johnson et al., 2006).

The need for in-home care is often crucial following hospital discharge, and failing to secure adequate support can lead to poor recovery or re-hospitalization. In some cases, the lack of in-home and other services upon discharge can result in a client being referred to Adult Protective Services. Without adequate support, seniors and younger adults with disabilities face higher rates of adverse events that affect both quality of life and long-term care costs (e.g., dehydration, falls, burns, missed meals, and missed doctor's appointments). Community-based in-home services facilitate living at home, which most people prefer, rather than moving to institutional settings (Weiner et al., 2004).

A 2009 San Francisco Controller's Office analysis of home and community-based long term care services spending administered by the City and County of San Francisco puts into perspective the enormous role that the publicly-funded In-Home Supportive Services (IHSS) program plays in the arena of community-based long term care services. The report found that the IHSS comprised 81% of city spending on immediate needs for this population and 97% of self-care and safety services (Kent et al., 2010). With over 21,000 consumers enrolled in services, IHSS is by far the largest home care program in the city.

Organizing an effective and responsive IHSS program requires significant coordination between numerous constituent groups: consumers, providers, unions, the Department of Aging and Adult Services, the San Francisco Public Authority, the IHSS Consortium, hospitals, and other community-based service providers. For 17 years the IHSS Task Force has served as a place for stakeholders to plan, problem-solve, and coordinate of local and state advocacy. The Office on the Aging's Home Care Advocacy funding supports the group. Examples of significant issues addressed by the Task Force in recent years include: (1) hospital discharge and transitional care issues related to IHSS; (2) access gaps for consumers whose income or assets are higher than the standard SSI rate; and (3) coordination of responses to state policy changes or proposed state budget cuts.

The primary tasks of home care advocacy services will continue to be the facilitation of diverse IHSS stakeholders to:

1. Identify priority home care advocacy issues;
2. Develop specific advocacy strategies and action plans related to those issues, taking into consideration the need to align activities with related work groups (e.g., transitional care work groups); and
3. Implement action plans.

⁴ Survey respondents were informed of an hourly cost of \$15 for home care services.

IV. Housing Advocacy

Housing is the most overarching, urgent challenge facing seniors and younger adults with disabilities. San Francisco real estate is among the most expensive in the country, with the median home price at \$821,800, 61% higher than the state median.⁵ The average rent for a 1-bedroom unit in San Francisco is nearly twice the median Social Security check or the maximum SSI payment.⁶ Not surprisingly, then, 90% of all San Franciscans live in privately owned homes and apartments, including the vast majority of seniors and younger adults with disabilities. A recent report by the Insight Center for Community Economic Development detailed that 61 percent of San Francisco residents 65 and older earn less than the \$2,273 per month necessary to cover rent, food, transportation, and out-of-pocket medical bills (Insight Center for Economic Community Development, 2010).

Public agencies spend millions each year to fund non-profit affordable housing, public housing and Section 8 rental vouchers for low-income San Franciscans. However, the demand far outpaces the supply for government-subsidized units. For example, in July of 2006 there were 30,000 persons on the waiting list for the 6,000 apartments managed by the San Francisco Housing Authority. The Mayor's Office of Housing, the San Francisco Redevelopment Agency and the Department of Housing and Urban Development all help non-profit developers to build and operate affordable housing buildings. Between 2000 and 2008, over 4,920 new affordable housing units were added to San Francisco's housing stock. While more than half of new units in affordable properties in San Francisco are designated for seniors, it still falls far short of the need, and clients often have to wait several years for an appropriate unit.

DAAS lacks the financial capacity to develop housing, and is instead focused on the provision of social services. Because of the vital nature of housing issues, however, DAAS has historically chosen to fund some housing advocacy and counseling services in an effort to strategically improve the housing situation for seniors and adults with disabilities. Below is a description of these services followed by some important themes and issues to consider in this arena in the future.

Housing Advocacy and Counseling Activities and Services

Housing Advocacy: Housing advocacy is a "systems-change" activity that includes advocating for affordable and accessible housing for seniors and adults with disabilities. Activities include commenting on draft reports and participating in public hearings and forums to advocate the need for increased housing options. Activities and reports of the Mayor's Office of Housing, the San Francisco Redevelopment Agency and the Planning Department are of particular strategic interest. Advocates also help to promote legislation that will increase the housing supply or improve living conditions. For example, advocates supported

⁵ U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates.

⁶ Average rent is \$1,736 per month, while the median Social Security check in San Francisco is only \$943 per month and the maximum monthly payment for an aged or disabled SSI recipients is \$907. (Sources: Data from Rent-SF based on listings from SFChronicle, craigslist, sf4rent, and MetroRent. U.S. Social Security Administration, January 2009, for seniors with cooking facilities.)

legislation put forth by Supervisor Chu to increase the allowable housing density on the west side of San Francisco along transportation corridors.

Education and Outreach Activities: These activities are aimed at residents. Actions include developing and distributing materials to inform diverse San Francisco populations about their rights as tenants. Service providers note that many elderly or disabled tenants may choose not to call attention to code enforcement because they do not speak English or that they want to avoid conflict for fear of retaliation, including eviction. Another key activity is to consolidate information on affordable housing options, vacancies and wait lists and publicize the information to seniors and adults with disabilities. For example, the service providers post this type of information on their web sites.

Housing Counseling: These services provide more individualized assistance in tackling housing problems. Common challenges include: preventing eviction; working with landlords to improve housing habitability; referring to legal assistance or mediation through the San Francisco Rent Board; and navigating decentralized vacancy- and wait-lists for subsidized housing.⁷

Single Room Occupancy Hotel Advocacy: Many low-income seniors and adults with disabilities rent units in Single Room Occupancy (SRO) units in hotel-style buildings. An estimated 18,500 people live in the 530 buildings classified as SROs by the Planning Department. More low-income persons live in SROs in San Francisco than in the city's public housing developments. Average monthly rents range from \$500 to \$600. SROs are concentrated in the Tenderloin, Chinatown, South of Market and Mission neighborhoods. A 2009 study by the Human Services Agency found that a significant proportion of SRO residents (43%) were 60 years or older. Many buildings do not have elevators or even well-lit hallways or stairways, which can contribute to social isolation and safety hazards for seniors and adults with disabilities. About 20% of the SRO buildings are leased by the city or owned by non-profits. These are better maintained and provide greater access to supportive services. The remaining 80% of the hotels are privately owned and managed, usually without organized access to social and supportive services. (Fribourg, 2009)

DAAS is in the process of amending a current Housing Advocacy and Counseling contract to include a special focus on SRO advocacy. The contractor is being charged to work with established SRO collaboratives, the Department of Building Inspection, and other city agencies and community based organizations to advocate for improved living conditions in the private SROs. The initiative is intended to connect residents to supportive services relevant to an aging and disabled population. Other planned objectives include assisting with desk clerk training and arranging for a Board of Supervisors hearing on private SROs.

⁷ While the Mayor's Office of Housing also contracts with about a dozen non-profits to provide similar housing counseling services in San Francisco, many specialize in some capacity. DAAS contracts are intended to ensure that providers are available who have experience working with seniors and adults with disabilities to ensure their unique challenges and needs are understood. For example, knowing which buildings are physically appropriate for the clients and/or have designated senior/disabled units is useful. Cultural competency, language capacity and neighborhood location are also factors that determine which clients are served and the quality of that service.

Key Issues for Housing Advocacy

The topic of affordable and appropriate housing for seniors and adults with disabilities in San Francisco is broad and complex. DAAS has limited resources and an ambiguous role in this arena. However, since housing is such a vital issue for seniors and adults with disabilities, it is appropriate resources DAAS' housing advocacy services be aimed at making a strategic impact. Below are key themes that might guide housing advocacy and counseling services for seniors and adults with disabilities in San Francisco:

- ❖ *Most low-income seniors and adults with disabilities live in private housing and this will not change.* Affordable housing developments built and managed by non-profits is ideal because of the rent safeguards and access to supportive services, and housing advocates often focus their efforts in this arena. However, a dramatic increase in funding at all levels of government would be necessary to meet the overwhelming demand for such housing, which is unlikely in the current funding environment. The same is true about the supply of public or other government-subsidized housing. Therefore, advocates may be more productive looking for ways to increase access to housing and improve living conditions within the private housing market for seniors and adults with disabilities. Effective activities could range from getting involved in policy/legislative decisions to connecting clients to programs like “Rebuilding Together”, which helps low-income seniors and persons with disabilities make improvements their homes, including small-scale enhancements like installing grab bars.
- ❖ *Relatively little affordable housing is specifically targeted for younger adults with disabilities.* The supply of affordable housing is inadequate for all sub-populations, but this appears to be especially true for younger adults with disabilities, largely because of funding requirements and federal and state fair housing laws. For example, the federal Housing and Urban Development “202” housing program typically provides three times as much funding for new affordable housing developments for seniors, compared to the “811” program that serves younger adults with disabilities.
- ❖ *Given the scarcity of resources, it is prudent to focus on the high-need and most vulnerable populations.* DAAS can only make a small investment in the area of housing advocacy and counseling, so it is important to be mindful of which populations are being targeted for services. It may make sense to focus on populations with the greatest need who are the least likely to avail themselves of services. For example, limited English proficiency clients face special challenges and are best served by providers with the appropriate cultural and language capacity. In addition, African Americans and Latinos are underrepresented within affordable housing buildings. This appears to be because fewer African Americans and Latinos apply for this type of housing, not because they are less likely to be eligible.
- ❖ *Targeting SRO residents could make a big impact.* SROs house concentrated populations of low-income seniors and adults with disabilities. Tenants in private SRO are often an “invisible” population, and data suggests that many senior and disabled residents may not be taking full advantage of available services because of

isolation, a lack of awareness, and misinformation. Moreover, many private SRO owners have a strong interest in addressing tenants' needs, especially when they interfere with rent collection and hotel operations. Advocacy in the SRO arena will require the knowledge and cultural competency to be responsive to tenants and to enlist the cooperation of landlords.

- ❖ *Problems surrounding illegal units plague many low-income residents in San Francisco.* A 1996 Planning Department survey estimated that there were approximately 25,000 illegal units in the city (representing 20% of total units). There is no reliable data on who lives in these illegal units, but since they are presumably on the lower-end of the rent spectrum, they are likely to include many seniors and younger adults with disabilities. One housing counseling service provider reports that about 20% of clients seeking help live in illegal units. These renters have uncertain rights and are often afraid to complain, lest the Planning Department force the landlord to remove the unit altogether. Efforts to preserve, improve and legalize these units may be a valuable focus for housing advocates representing seniors and adults with disabilities.

V. Legal Services

Legal services help seniors and younger adults with disabilities remain safely in the community and out of institutions. Issues addressed by legal services can include:

- ❖ *Immigration:* San Francisco seniors are much more likely than seniors statewide to be immigrants, and unresolved immigration issues can thwart unifications with family members still living in countries of origin. Having family nearby can provide the informal support necessary for older persons to live safely and independently.
- ❖ *Financial Distress:* Because many consumers have fixed incomes, especially those relying on public benefits, events like eviction, illegal rent increases, or consumer fraud can be catastrophic. Debt collection can be particularly onerous and threatening.
- ❖ *Protection:* Mistreatment -- either financial or physical -- can jeopardize the security of seniors and persons with disabilities, and legal services can help vulnerable persons make necessary reports and seek remedies that keep them safe.
- ❖ *Discrimination:* Because of age or disability status, discrimination is a common barrier to full participation in the community.
- ❖ *Planning:* Seniors often have unique legal needs, including assistance with will preparation and advance directives. Yet according to a recent phone survey, 45% of vulnerable San Francisco older persons (either of advanced age or requiring personal care) have not signed a durable power of attorney for health care or living will, nor have 50% of non-vulnerable seniors, rates higher than other communities surveyed (Kim and Canon, 2009).

Despite their needs, many San Francisco seniors and younger adults with disabilities lack the resources or do not know how to access legal assistance. In a 2008 telephone survey of a random sample of San Francisco older adults (60+) and adults with disabilities, 12% of persons with disabilities and 5% of older adults had used legal services in the previous year. However, another 10% of persons with disabilities and 5% of older persons needed, but

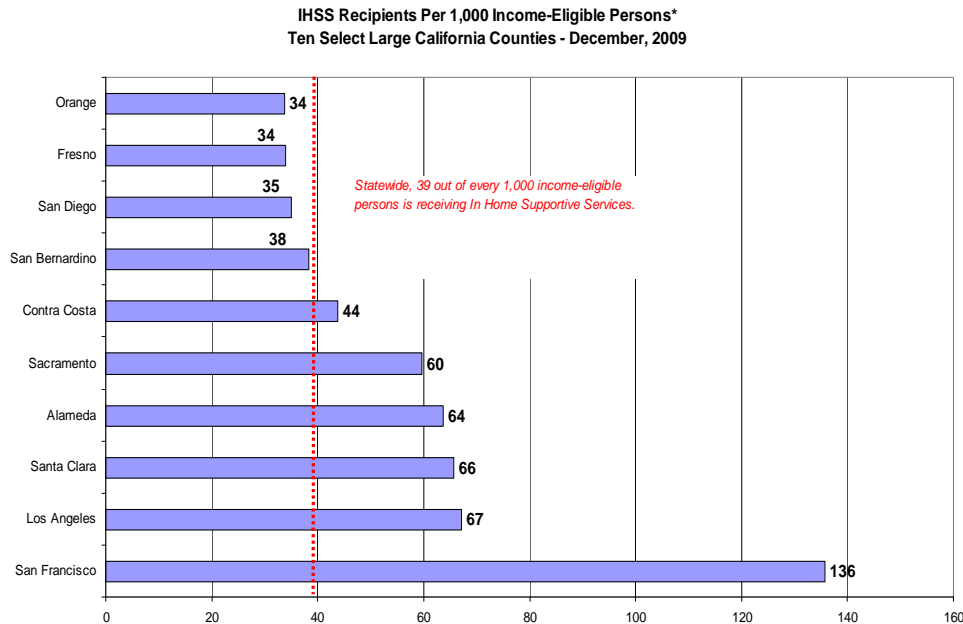
were not able to use, legal services. Of adults with disabilities in this group, 29% reported that they could not afford the services, and 24% did not know how to access them. Twenty three percent of seniors in this group did not know that legal services were available through the Department of Aging and Adult Services, and 11% did not know how to access them (National Research Center, 2008). Providing legal services to this population requires creative outreach and marketing.

Common areas of focus for legal services providers include public benefits, housing, and protection. Each of those areas is described in detail below.

Public Benefits

Whether applying for SSI, MediCare, Medi-Cal, or other public benefits like Cash Assistance Linked to Medi-Cal, seniors and persons with disabilities often have unique challenges that require legal assistance. The process of applying for benefits often entails a high probability of initial denial that can be resolved on appeal. Legal advice is particularly important to immigrants, who because of their immigration status may be hesitant to seek needed entitlements. Their apprehension may be compounded by limited English proficiency and confusion about the public benefits system. New federal legislation related to health care will make insurance available to many more persons, but will no doubt need to go through a period of working through definitions that may cause delays for applicants and require assistance with due process.

San Francisco seniors and adults with disabilities are likely to be eligible for and in need of a range of public benefits. Legal services can ensure that eligible groups receive the benefits that are available to them. For example, the accompanying chart suggests the extent to which San Francisco seniors and persons with disabilities rely on In Home Supportive Services and other forms of public assistance to remain in the community. Compared to their counterparts in the rest of the state, they are more likely to be living in the community with higher levels of need and risk, and requiring more assistance.



Seniors in San Francisco are particularly dependent on SSI. Twenty-four percent rely on it, compared to a statewide rate of 14%. San Franciscan seniors are much more likely than seniors statewide to be immigrants. Nearly 37% of all San Francisco seniors are foreign-born. Only 44% of older San Franciscans are white, compared with a statewide rate of 70%. It appears that San Francisco seniors, especially Asian/Pacific Islanders, arrive later in life

and do not have enough time to accrue earnings that would provide full Social Security benefits, making it necessary for them to apply for SSI (Social Security Administration, December, 2008; American Community Survey, IPUMS, 2008).

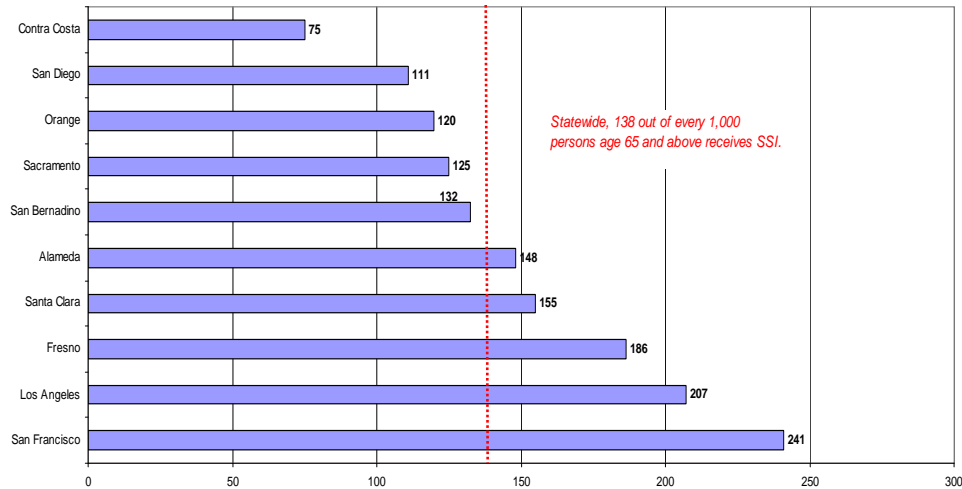
San Francisco is also home to over 40,000 persons age 18 - 64 with disabilities, and the estimated proportion of this group on SSI is 46%. Even before the Great Recession, persons with disabilities had difficulty finding work, as 69% of this group reported not being employed, compared to 20% of their peers without a disability. Thirty-three per cent of younger adults with a disability have incomes below poverty level, compared to 10% of peers without a disability. As many as 9,000 younger adults with disabilities are neither on SSI nor working, suggesting that San Francisco may not be as successful at getting this group onto SSI as it is seniors (2008 ACS, IPUMS).

SSI is just one in a range of public benefits that San Francisco seniors and persons with disabilities rely on. For example, a 2008 phone survey of vulnerable older San Franciscans found that 85% relied on MediCare and 35% on Medi-Cal, significantly higher rates than other communities surveyed.

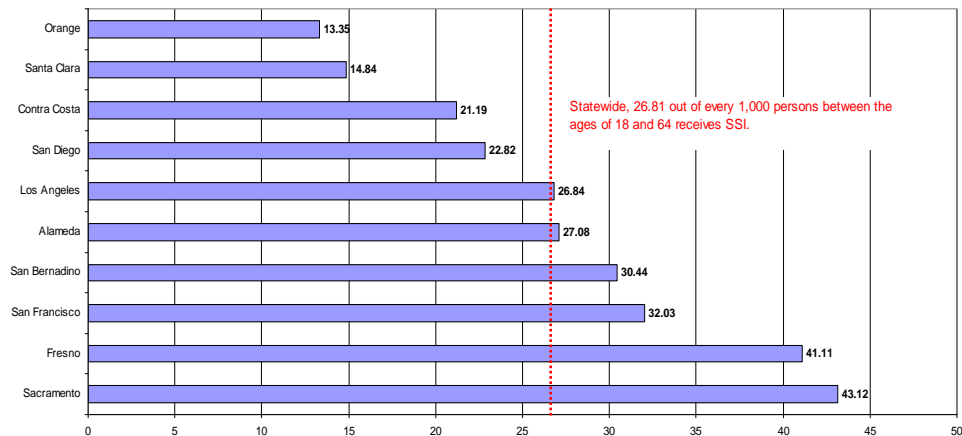
Eviction Prevention and Housing Stabilization

According to the 2008 American Community Survey, 40% of San Francisco seniors are renters. Many seniors and persons with disabilities are living in tenuous housing. It is estimated that over 8,000 San Francisco seniors are living in single room occupancy (SRO) hotels in the Chinatown, Tenderloin, South of Market, and Mission neighborhoods (Fribourg, 2009). Eleven percent of IHSS recipients, and 12% of San Francisco's SSI recipients live in an SRO hotel. Younger adults with disabilities are very likely to be living in

SSI Rates Among Seniors
Ten Select Large California Counties - December, 2008

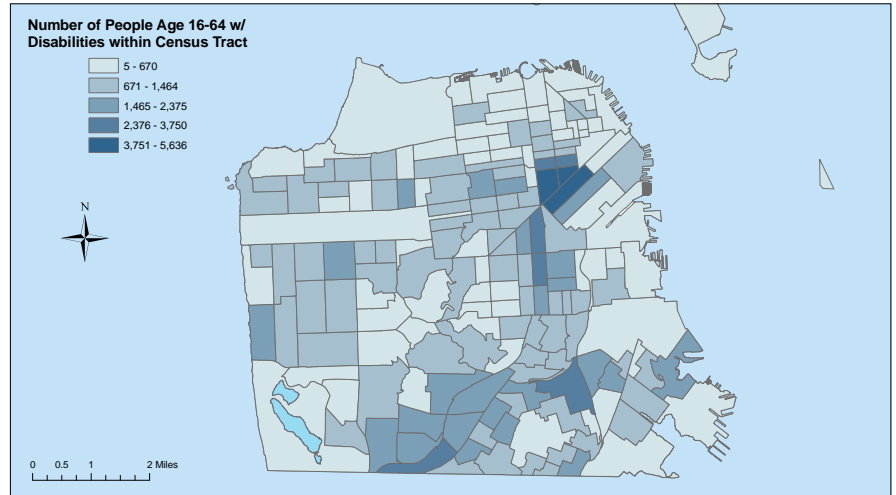


SSI Rates Among Persons Age 18 - 64
Ten Select Large California Counties - December, 2008



the South of Market or Tenderloin neighborhoods, as evidenced by 2000 Census data used in the map below.

Whether on SSI or not, low-income seniors and persons with disabilities face enormous pressures related to housing and have a limited range of options in San Francisco. The average rent for a studio apartment in San Francisco is \$1,456 (SF Rent Stats, 2010). Even SRO units are expensive: the average rent for an SRO unit is \$589, which would consume 60% of the income for an individual living on SSI (Fribourg, 2009). It is no coincidence that the neighborhoods that are most likely to house low income seniors and persons with disabilities are also those with the highest rates of evictions and rent disputes. According to the Rent Board of the City and County of San Francisco, almost 40% of all tenant petitions requesting assistance came from just three neighborhoods: the Tenderloin, Mission, and Ingleside. By far the highest was from the Tenderloin, which had 20% of the total (Wolf, 2010).



Protection

Legal services can play an important role in providing a source of advice outside of the criminal justice or protective service systems. Seniors and persons with disabilities overcome their fear and broach difficult situations by talking to an expert in a trusted service setting. After initial consultations, legal services often arrange for restraining orders for victims of physical abuse, estate arrangements that prevent financial abuse, and negotiated settlements with landlords.

According to a nationwide 2007 study by the National Institute of Justice, 11% of persons over the age of 60 reported some form of mistreatment during the previous year. Almost 7% reported being financially exploited by a stranger in their lifetimes, while more than 5% reported being financially mistreated by a family member within the previous year. Risk factors for mistreatment included living in a low-income household, minority racial status, poor health, and required help with activities of daily living.

Mistreatment is likely under-reported in the Asian-Pacific Islander community. Based on reports to Adult Protective Services, it would seem that Asian-Pacific Islander seniors and persons with disabilities are less likely to report abuse. Though they comprise 38% of San Franciscans over the age of 65 (ACS, 2008), they represent only 16% of reported incidents. According to advocates in the Asian-Pacific Islander community, reporting abuse has the

danger of severing the relationship with the abuser or bringing stigma and shame to the family (API Legal Outreach, 2005).

VI. Long Term Care Consumer Rights Advocacy

Recent years have shown significant increases in the availability of a variety of home and community-based services, including: rapid growth in IHSS; establishment of the Community Living Fund, which helps persons leaving Laguna Honda Hospital or at risk of institutionalization; implementation of several Medicaid waivers; investments in supportive housing; and the implementation of the Diversion and Community Integration Program. Meanwhile, state and local funding cuts have resulted in reduced services in a variety of related service areas. The IHSS program in particular has faced dramatic state cuts, only to have funding restored due to court interventions. The changing landscape of home and community-based services can be confusing for consumers, caregivers, and providers alike.

While there are a variety of information and referral services designed to support consumers in identifying available services (e.g., DAAS Integrated Intake, Aging and Disability Resource Centers, 211, 311), staff at those programs do not often have the experience or time to assist individuals who are experiencing access barriers. Legal services providers sometimes assist with a variety of program-related grievances, but many circumstances do not really require the professional services of a lawyer and could be resolved more efficiently through consumer education and empowerment. Case managers often act as long term care consumer rights advocates, but many consumers do not require the care planning and social work component of those services. Long term care consumer rights advocacy services are intended to educate individual and targeted groups of consumers and providers about the basic rights guaranteed in the various long term care services in San Francisco, and to provide individual assistance in navigating dispute resolution, hearings, and other grievances as needed, thus filling a niche left fairly vacant by those other services.

VII. Naturalization

The goal of naturalization services is to help legal permanent residents, also known as green card holders, become naturalized citizens of the United States. Each year approximately 25,000 to 35,000 new legal permanent residents reside in the Bay Area - more than the combined total of 17 states. Helping vulnerable members of this group become naturalized is important for a number of reasons, including:

- ❖ *Financial Security:* Green card holders are not eligible for federal benefits such as Social Security, Supplemental Security Income (SSI), and food stamps. These benefits can supplement or replace state and local assistance, including Cash Assistance for Immigrants. Increased income, along with its auxiliary benefits like Medi-Cal and Medicare, often allows older or disabled immigrants to remain in the community, aging in place rather than relying on institutional care or charity care.
- ❖ *Family Reunification:* Seniors who are legal permanent residents may lack the informal family support that would allow them to continue living safely in the community. Naturalized citizens can petition to have their married children immigrate, while legal

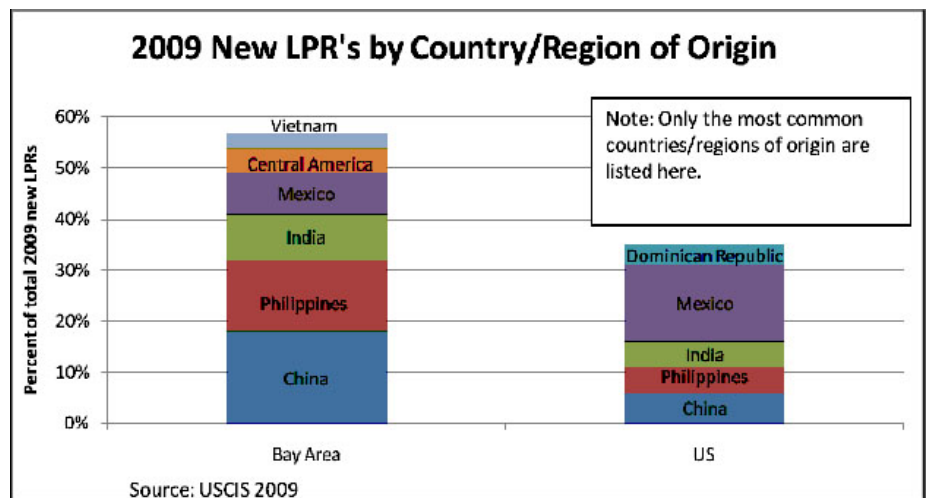
permanent residents can only petition unmarried children. This is important because children of seniors are likely to have already reached the age of marriage.

- ❖ *Freedom of Travel:* Since 9/11, legal permanent residents have faced heightened scrutiny when traveling to and from their home countries. Maintaining connection with family abroad is an important aspect of healthy aging for immigrants.
- ❖ *Stability:* The fear of deportation inhibits many legal permanent seniors from seeking health care. Naturalized citizens cannot be deported. The security of naturalization may allow seniors and disabled persons to seek more preventive health care and services and avoid costly, disruptive emergency care and potential institutionalization.

Demographics

An estimated 13,000 to 19,000 non-citizen seniors live in San Francisco. Data on the actual number of legal permanent residents in San Francisco (or in the U.S. for that matter) does not exist; however, census data can be used to estimate the number of San Francisco residents over age 60 who are not U.S. citizens. According to an average of the 2006-2008 American Community Surveys, an estimated 13,000 to 19,000 non-citizens live in San Francisco.⁸ In addition, *the population eligible for naturalization is likely growing.* A 2008 Department of Homeland Security report estimates that the legal permanent resident population in the US grew by about 5% between 2006 and 2008.⁹

The population of legal permanent residents is diverse. The accompanying depicts the most common countries of origin for new legal permanent



residents (LPRs) in the Bay Area and in the US for 2009. For the Bay Area, China is the dominant country of origin accounting for 18 percent of the total population. Fourteen percent of legal permanent residents originated in the Philippines. India, Mexico, and Vietnam are each the country of origin for less than 10 percent of the population. The remaining legal permanent residents originated from at least twenty other countries. For the United States as a whole, Mexico is the dominant country of origin accounting for 15% of all

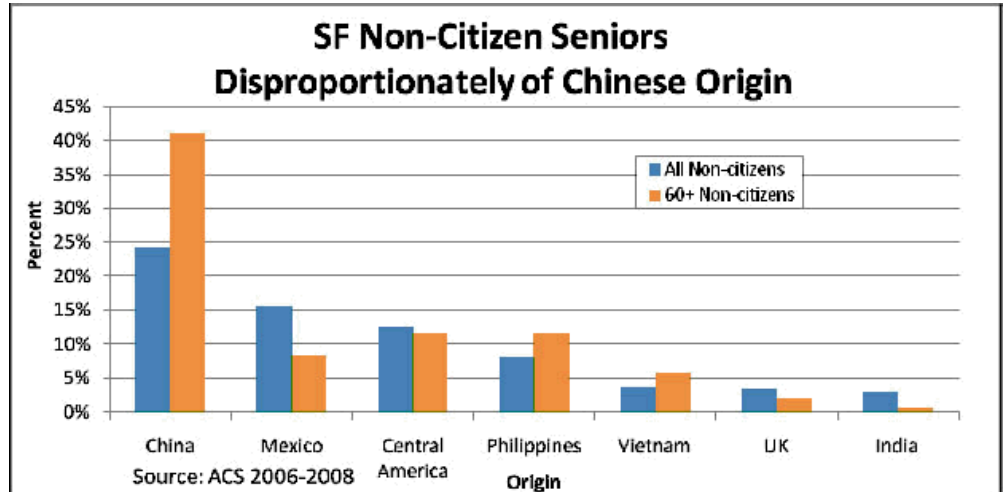
⁸ Estimates are based on 95% confidence intervals from the American Community Survey, 2006 – 2008. This is an approximation for the population but does provide a point of reference. It could overestimate the size of the eligible population because legal permanent residents are just one category of non-citizens. Temporary workers (with student or work visas) and undocumented immigrants are also non-citizens. Alternatively, the range could underestimate the size of the eligible population for two reasons. First, the tally includes seniors but excludes young adults with disabilities who are also eligible for Naturalization Services, but for whom no information is available. Second, non-citizens are less likely to respond to surveys due to fear of deportation. Consequently, the non-citizen community as a whole could be much larger than 19,000 individuals.

⁹ Department of Homeland Security, 2009. "Estimates of the Legal Permanent Resident Population in 2008."

new legal permanent residents, but it is important to note that Spanish speakers in the Bay Area make up at least 14 percent of the total.¹⁰

Data from the 2006-2008 American Community Survey and displayed in Graph II shows that San Francisco non-citizens from China make up approximately 24 percent of all non-citizens but *more than 40 percent of non-citizens age 60 or older*. The statistic indicates that this group skews much older than other non-citizen groups. It also confirms the 2006 DAAS Needs Assessment finding that seniors in San Francisco are predominantly of Chinese origin.

Poverty is also a key factor in access to legal services. Low-income individuals are less likely to have access to the legal and instructional resources necessary to successfully apply for legal residences. More than 35 percent of non-citizens from Vietnam live in poverty; more than double the proportion in poverty for all non-citizens in San Francisco. Non-citizens from China and Mexico also have a poverty rate above the overall non-citizen rate.¹¹



Finally, more than half of the non-citizen population from Vietnam, China, Central America, and Mexico report having limited or no English language proficiency. Legal permanent residents with limited English language proficiency will need to take English classes or apply for a language waiver before they can become naturalized citizens. Department of Aging and Adult Services contractors for naturalization services must provide assistance on both of these tasks.

The eight CBOs currently funded to provide naturalization services serve more than 1,250 individuals annually. Tracking naturalizations can be difficult because the process can take between five months and two years and is therefore problematic as an annual outcome. Moreover, some clients have more challenges in obtaining citizenship, and engagement of clients sometimes extends beyond the narrow issue of naturalization to include advising individuals petitioning to immigrate their families, providing education and outreach, assisting victims of domestic violence and other crimes to gain citizenship, and other auxiliary needs. Tough tracking naturalizations is difficult, the lack of current measurement

¹⁰ Department of Homeland Security Profile on Legal Permanent Residents for the San Francisco Core Based Statistical Area (FY 2009). Retrieved from www.dhs.gov/files/statistics/data/dslpr.shtm

¹¹ This graph and all following graphs provide statistics on the most common countries/regions of origin for non-citizens in the American Community Survey sample. At least two dozen other countries of origin were reported, but the subsamples for those countries of origin were too small to make any meaningful inferences or comparisons.

makes it impossible to evaluate the current effectiveness of naturalization. Tracking naturalizations would require focused resources, differentiating levels of client need, and may require creative approaches like client surveys.

VII. Senior Empowerment

Senior empowerment programs comprise a wide range of services. The goal is to promote a vision of healthy aging, and enable seniors to live safely and happily in their own homes and neighborhoods. Programs develop a sense of community among seniors and persons with disabilities. The programs train participants in the political process so that they can advocate more broadly for the needs of their communities, and they teach them the skills necessary to be effective in organizing groups for action. Programs also orient participants to available resources and train them in how to access those services. Many participants become volunteers in programs for seniors and persons with disabilities.

A recent study by Mathematica Policy Research (2009) suggests the role that senior empowerment programs can play. Based on a random telephone survey of approximately 370 individuals age 50 years or older in San Francisco, 88% of the respondents indicated that either “a lot more” or “somewhat more” needs to be done on behalf of frail older adults. Twenty-eight percent indicated a lack of faith in local officials to take into account the interest and concerns of older people. Nearly 36% of the respondents expressed desire to be doing more social activities. Seniors often have to rely on themselves for advocacy and navigating systems. Almost 30% of the Mathematica respondents were living alone and 31 had a child that lived more than 60 minutes away.

Existing Senior Empowerment Services

Currently the City and County of San Francisco contracts for Senior Empowerment Services with three agencies: Network for Elders, Planning for Elders and Senior Action Network. Each of these contracted services uses a standard definition of Senior Empowerment as “activities that help participants to learn the various components of community organizing, leadership, conducting effective meetings, accessing essential services, conflict resolution, diversity training and political advocacy”. Services are targeted to seniors and younger adults with disabilities.

- ❖ Planning for Elders offers a community education program called *Senior Survival School*. Using a curriculum that has been developed over the last 18 years, it teaches seniors and adults with disabilities how to gain access to community resources like transportation, housing, and health care, and to advocate for themselves. It also provides a forum in which seniors can share information and support each other. The program is motivational, encouraging older persons to enhance their quality of life. The classes are available to multiple communities, including non-English speakers.
- ❖ Network for Elders utilizes an informal information network in the Bayview District to increase access to services and for at-risk seniors and to train them to advocate for themselves through *Project Voice*, a senior empowerment membership program

- targeting low income, African American seniors. The program provides information, referral and advocacy services.
- ❖ The Senior Action Network operates a program called *Senior University*. This leadership development program trains older persons to be community organizers, and how to achieve change through the civic and political process, using the tools of advocacy and volunteerism. Offered in multiple languages, the program's curriculum includes sessions on community organizing, lobbying, meeting facilitation, public speaking, diversity, and leadership. Graduates are encouraged to become involved in efforts to organize their own communities, and many go on to volunteer with organizations serving seniors and persons with disabilities.

IX. Bibliography

- Acierno, R., Hernandez-Tejada, M., Muzzy, W., and Steve, K. (2007) *The National Elder Mistreatment Study*. National Institute of Justice, Washington D.C.
- American Community Survey, IPUMS. (2008).
- API Legal Outreach. (2005). *2005 Annual Report and 30th Anniversary Program*.
- Fribourg, Aimée. (2009) *San Francisco's Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs*. San Francisco Human Services Agency.
- Grey, Leslie, & Feinberg, L. S. (2003.) *Survey of Californians About In-Home Care Services*. Family Caregiver Alliance, National Center on Caregiving.
- Insight Center for Economic Community Development. *Elders Who Can't Make Ends Meet in San Francisco County, As Measured by the California Elder Economic Security Standard Index*. Downloaded on October 27th at 11:55 am:
http://www.insightcced.org/uploads/eesi/2010%20county%20pages/San%20francisco/san_francisco_es.pdf
- Johnson, R., & Wiener, J. (2006). The Urban Institute. *A Profile of Frail Older Americans and Their Caregivers*. February 2006. The Retirement Project, Occasional Paper Number 8.
- Kent, Lani, & Wylie, M. (March, 2010.) *Memorandum: Fiscal Analysis of Community-based Long Term Care*. San Francisco Controller's Office, City Services Auditor.
- Kim, J., and Cannon, J. (2009) *The Community Partnerships for Older Adults Program: Second Survey of Older Adults, San Francisco County, California*. Mathematica Policy Research, Inc., Princeton, New Jersey.
- National Research Center. (2008) *City of San Francisco Aging and Adult Services Telephone Survey: Report of Results*. Boulder, Colorado.
- San Francisco Police Department. (2010). *Crime Statistics by Neighborhood*.
- SF Rent Stats. (2010). *Rents Sorted on the Basis of Apartments*. Downloaded on October 7, 2010 from: <http://mullinslab2.ucsf.edu/SFrentstats/>.
- Social Security Administration. (December, 2008). *Supplemental Security Record, 100 per cent data*.
- Wiener, Joshua, et al. (2004). Administration on Aging. *Home and Community-Based Services: A Synthesis of Literature*. Retrieved January 31, 2006 from:
www.aoa.gov/prof/agingnet/RSSR/RSSR.asp

Wolf, D. *City and County of San Francisco, Residential Rent Stabilization and Arbitration Board, Annual Statistical Report, FY 2009 – 2010.*