Dignity Fund Community Needs Assessment

Prepared by

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San Francisco Department of Aging and Adult Services

Dignity Fund Community Needs Assessment

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About Resource Development Associates

Resource Development Associates (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

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List of Terminology

Throughout this report, the following terms are used frequently. The following table is intended to provide a definition of these terms for reference.

Terminology	Definition
Older Adults	Adults age 60 and older
Adults with Disabilities	Adults between the ages of 18 and 59 with a disability
Caregivers	Family or friends who regularly provide in-home care or support for an older adult or adult with a disability, typically without financial compensation
Service Providers	Paid individuals who work for an agency that provides programs or services for older adults, adults with disabilities, and/or other community members
Equity Analysis	An analysis that establishes a set of metrics to understand disparities in service participation by older adults and adults with disabilities
Service Participation Rate	The rate at which a population participates in services. This measure is represented by the number of participating individuals per 1,000 eligible individuals who could be participating in the service
Average Per-Participant Benefit	The average cost of services based on service participation and allocated budget for that service in fiscal year 2016-2017

List of Acronyms

Several acronyms are used throughout the report. The following list defines each frequently used acronym.

Acronym	Full Name
ADRC	Aging and Disability Resource Center
DFCNA	Dignity Fund Community Needs Assessment
OAC	Oversight and Advisory Committee
OOA	Office on the Aging
SAP	Services and Allocation Plan
SF DAAS	San Francisco Department of Aging and Adult Services
FPL	Federal Poverty Level
SSI	Supplemental Security Income
SO/GI Ordinance	Sexual Orientation/Gender Identify Ordinance

Service Index

SF DAAS funds an array of services for older adults and adults with disabilities. Service areas, service types, and specific services are referenced throughout the report. Below is a summary of the service areas and corresponding services that are eligible for funding from the Dignity Fund. For a map of service locations, refer to Appendix I. Additionally, for a description of each service, see Appendix II.

Service Area	Service
Access	Advocacy - Home Care
	Advocacy - Long-Term Care Rights
	Aging and Disability Resource Centers (ADRCs)
	DAAS Integrated Intake Unit
	Empowerment
	Health Insurance Counseling & Advocacy Program (HICAP)
	Legal Services
	LGBT Cultural Competency Training
	LGBT Dementia Training
	Naturalization
	Rental Assistance Demonstration Project
	Transportation
Caregiver Support	Adult Day Care
	Alzheimer's Day Care Resource Center
	Family Caregiver Supportive Services
Case Management	Case Management
	Community Living Fund
	LGBT Care Navigation
	Medication Management
	Money Management
Connection & Engagement	Adult Day Health Center
	LGBT Pet Care Support
	Center for Elderly Suicide Prevention
	Community Connector
	Community Liaisons
	Community Service Centers
	Employment Support
	Senior Companion
	SF Connected
	Support for People with Collecting Behaviors
	Village Model
Housing Support	Advocacy - Housing
	Housing Subsidies
	Scattered Site Housing

Service Area	Service
Nutrition & Wellness	Congregate Meals
	Food Pantry
	Health Promotion
	Home-Delivered Groceries
	Home-Delivered Meals
	Nutrition Counseling and Education
Self-Care & Safety	Alzheimer's Disease Initiative
	Elder Abuse Prevention
	Emergency Short-Term Home Care
	Forensic Center
	Long-Term Care Ombudsman
	Support at Home

San Francisco Department of Aging and Adult Services

Dignity Fund Community Needs Assessment: Executive Summary

Currently, San Francisco is home to 169,189 adults ages 60 or over and 33,463 adults ages 18 through 59 living with a disability. In 2016, older adults comprised 20% of the City's population, a number that will rise to 26% by 2030.[1] 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 need to provide 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[2] 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 the San Francisco Department of Aging and Adult Services (SF DAAS).

SF DAAS services aim to maximize self-sufficiency, safety, health, and independence so older adults and adults with disabilities may live in the community for as long as possible while maintaining the highest quality of life. An Oversight and Advisory Committee (OAC) comprised of representatives from the Aging and Adult Services Commission, the SF DAAS Advisory Council, the Long Term Coordinating Council, and at-large mayoral appointments ensures responsible and equitable allocation of the Fund.

Proposition I also outlined a planning process to begin in FY17-18 and repeat every fourth fiscal year. The following Dignity Fund Community Needs Assessment (DFCNA) represents the start of this planning process. The findings from each DFCNA will inform the Service Allocation Plan (SAP) developed in the subsequent year.

DFCNA Guiding 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?

This DFCNA integrated findings from two concurrent efforts – Community Research and an Equity Analysis – to identify consumer needs, system-level strengths and gaps, and underserved community members. The Community Research component collected new data from a wide breadth of community members and service providers. Community forums in each supervisorial district and 29 focus groups with a variety of demographic groups reached 744 consumers and service providers, while online, paper, and phone surveys reached 1,127 consumers and 298 service providers. The Equity Analysis leveraged existing data sources, such as the Census and SF DAAS administrative data, to calculate SF DAAS service participation rates for consumers with the presence of an equity factor and across districts and income levels, as well as financial benefits across districts.

[1] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[2] For original text of the amendment, see: http://69.89.31.206/~sfcommun/sfdignityfund/wp-content/uploads/2016/11/Leg-Final.pdf

Key Findings

The section below summarizes key findings for both the Community Research and Equity Analysis components of the DFCNA. The complete report is available online or by contacting SF DAAS.

Community Research

Over the past several years, SF DAAS has invested extensive time and funding into improving its capacity to serve and support older adults and adults with disabilities so they can maintain independence and contribute to their neighborhoods and communities. Findings suggest that SF DAAS' efforts to support older adults and adults with disabilities and allow them to continue contributing to their communities have been largely successful. Connected consumers rated programs and services favorably and shared many stories of positive experiences. Findings also indicate that there continue to be opportunities to improve outreach and service efforts to meet the needs of older adults and adults with disabilities. The Community Research efforts also highlighted the structural problems that persist throughout San Francisco and often amplify the challenges in providing social services to large groups of individuals who are struggling to meet their basic needs. Key findings include:

1. **The majority of service-connected consumers have positive service experiences and enjoy their participation**. Consumers who participate in existing programs view them favorably. Those programs and services that promote meaningful community and social connection are an important and beneficial resource that enhance consumers' quality of life.
2. **Consumers and service providers described several barriers and challenges to accessing services that can limit engagement in services and programs that support older adults and adults with disabilities.** They identified a need for more information about and increased visibility of existing programs and services that support older adults and adults with disabilities. They also described barriers such as navigation challenges and confusion around eligibility. Adults with disabilities called out an increased navigation challenge because the name of SF DAAS does not specifically call out adults with disabilities as a population served.
3. **San Francisco residents display limited awareness of the challenges facing older adults and adults with disabilities, which compounds existing barriers to service engagement for these groups.** Consumers and service providers voiced concern that younger adults and those without a disability lack awareness of the challenges facing older adults and adults with disabilities. They expressed interest in promoting awareness of these challenges among the broader San Francisco community.
4. **There are opportunities to enhance existing collaboration efforts and establish new partnerships throughout the community, both across agencies and within community groups.** Community members and providers identified important opportunities to continue or begin collaboration efforts between agencies in San Francisco. Consumers also expressed appreciation for collaboration efforts that involve other community members, not just those who are not adults with disabilities or older adults. They expressed interest in being integrated into their community through programs and services.

Equity Analysis

The equity analysis establishes and applies a set of standardized metrics that assess how resources are distributed among the city's older adults and adults with disabilities to enable SF DAAS to evaluate how well it is serving the city's diverse populations, particularly populations with equity factors, and to identify possible disparities in service provision and utilization. The equity analysis asked the following 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?

Equity factors identify populations that experience systemic barriers that can inhibit accessing of services and resources. Following a review of literature and available data sources, the following equity factors were identified for the DFCNA:

- Social isolation[3]
- Poverty[4]
- Limited or no English-speaking proficiency
- Communities of color[5]
- Sexual orientation and gender identity

Question 1

SF DAAS is serving 1 in 4 older adults, and both older adults and adults with disabilities with the presence of an equity factor participate in services more than the general population of older adults. Overall, adults with disabilities have a much lower participation rate in services compared to older adults. The table below summarizes key findings from the investigation of service utilization rates of those older adults and adults with disabilities with an equity factor, compared to the general population of older adults and adults with disabilities.

Table 1. Service Utilization among Older Adults and Adults with Disabilities by Equity Factor

Equity Factor	Older Adults	Adults with Disabilities
Living Alone	• Participated slightly more in services overall compared to all older adults (particularly for Nutritional Counseling, Case Management, and Home-Delivered Meal services), but participated less in ADRC and Food Pantry services	• Participated more in services overall compared to all adults with disabilities (particularly for Home-Delivered Meals, Case Management, and Congregate Meals), but participated less in DAAS-funded Transportation and ADRC services

[3] Following a review of literature, it was determined that living alone is a risk factor for isolation and was used to indicate heightened risk for social isolation.

[4] Low-to-moderate income was defined as 200% or below federal poverty level. Estimates from SF DAAS program data used the threshold of 185% or below federal poverty level since that was the best available data.

[5] Communities of color included persons who identified with a race or ethnicity other than non-Hispanic White.

Equity Factor	Older Adults	Adults with Disabilities
Low-to-Moderate Income	• Participated in services at twice the rate of the overall older adult population (particularly for ADRC services), but participated less in Village Model and Home-Delivered Groceries	• Participated in services slightly more compared to all adults with disabilities (particularly for Nutritional Counseling, ADRC, Community Living Fund, Case Management, Congregate Meals, Health Promotion, Home-Delivered Meals, DAAS-funded Transportation, and Community Service Centers)
Limited/No English-Speaking Proficiency	• Participated more in services compared to all older adults (particularly for ADRC, DAAS-funded Transportation, and Congregate Meals), but participated two times less in Community Living Fund, and Nutritional Counseling, Village Model, and Home-Delivered Meal services	• Participated in services nearly two times more compared to all older adults with disabilities (particularly for Food Pantry, ADRC, and Congregate Meals), but participated less in Home-Delivered Meals and DAAS-funded Transportation services
Communities of Color	• Participated in services more than all older adults (particularly for DAAS-funded Transportation, Congregate Meals, ADRC, Food Pantry, Community Service Centers, and Home-Delivered Groceries), but participated less in Village Model and Community Living Fund Services	• Participated in services at a rate comparable to the general population of adults with disabilities in San Francisco
LGBTQ	• Lowest service participation rate; however, due to data gaps,[6] further validation with improved data in future years is needed to validate this conclusion	• Participation could not be assessed due to a lack of citywide population estimates for this demographic

Question 2

We calculated service participation rates for all income levels in San Francisco districts and district-level rates were compared to citywide rates for select services. This analysis was repeated for populations with lower income levels to assess district-level disparities among lower income populations. Key findings related to Question 2 include:

1. Among older adults and adults with disabilities, including those at lower income levels, participation rates across districts varied broadly.
2. Among low-to-moderate income older adults, outer districts (i.e., Districts 1, 2, 4, 10, 11) and Districts 5 and 9 tended to have lower participation rates.

[6] Data for FY16-17 predated the local Sexual Orientation and Gender Identity (SO/GI) ordinance requiring collection of sexual orientation and gender identity data. Nearly 40% of older adult clients who received SF DAAS services in FY 2016-17 either declined to state or had missing data for sexual orientation and gender identity.

3. Among low-income adults with disabilities, Districts 1, 2, 5, 8, 9, and 11 tended to have lower participation rates.
4. The highest levels of service participation were observed in Districts 3, 6, and 8 among older adults and Districts 3, 6, and 7 among adults with disabilities. Residents in urban areas (i.e., Districts 3, 6, and 8) may have access to multiple transportation modes that are located in close proximity to many service site locations. Notably high level of participation among adults with disabilities in District 7 may be due to a high volume of clients receiving Community Service Center services.

Question 3
Finally, the financial analysis was designed to assess the distribution of financial benefit across the City, particularly in districts with the highest proportion of low-income older adults and adults with disabilities. Key Research Question 3 findings include:

1. The largest portion of expenditures went to Nutrition and Wellness services.
2. The average financial benefit per client varied widely across services and ranged from $74 to $26,286. Across all service types, the average per-participant benefit was $2,843.
3. The overall citywide average per-participant benefit was $823. District 6 had a notably higher total funding, which may be in part due to high participation in high-cost services.
4. The distribution of financial benefit largely reflected the distribution of the location of services, with Districts 5, 6, and 9 receiving the highest average per-participant financial benefit and Districts 3, 4, and 11 receiving the lowest average per-participant financial benefit.

Gap Analysis

In order to identify key gaps and opportunities for improvement in programs and services for older adults and adults with disabilities, we cross-referenced findings from the community research efforts and equity analysis. The following gap analysis is presented using a framework that highlights five key factors for successful program implementation:[7]

Accessibility: Services are known and accessible to older adults and adults with disabilities.

Service Delivery: Services are delivered across San Francisco to meet the needs of older adults and adults with disabilities.

[7] Icon credits: Delivery service by Creative Stall from the Noun Project; Accessibility by Yu luck from the Noun Project; Inclusiveness by Mohanabrabu BM from the Noun Project; Efficiency by Youmena from the Noun Project; Collaboration by Kidiladon from the Noun Project

Inclusiveness and Responsivity: Services are inclusive of all older adults and adults with disabilities, including specific subpopulations that may have unique service needs and face challenges or barriers specific to their community. Services are also culturally responsive and reflect the diverse makeup of older adults and adults with disabilities.

Efficiency: Services and resources are efficiently utilized across the city to maximize impact of the Dignity Fund for older adults and adults with disabilities.

Collaboration: Organizations and agencies coordinate and collaborate to maximize impact, reach, and effectiveness of services to older adults and adults with disabilities.

It is important to note that this gap analysis identifies, but does not prioritize gaps in services. It is expected that given the growing needs within the Dignity Fund target populations, there are more nuanced gaps to be addressed based on this analysis, and that this is a starting point for future work. Through integrating community research and equity analysis findings, the following gaps emerged:

Factor	Gaps
Accessibility	1. Overall high service utilization rates indicate that many consumers can access needed services. 2. Consumers described a large and complicated service system that is challenging to navigate for many older adults and adults with disabilities. 3. Among consumers and service providers, awareness varies regarding the array of services available to support older adults and adults with disabilities. 4. Ineligibility, as well as confusion around eligibility status, poses a significant barrier to service engagement. 5. There is higher service participation among consumers residing in districts with more services immediately available. 6. San Francisco residents demonstrate a lack of awareness of the challenges facing older adults and adults with disabilities that can compound existing barriers.
Service Delivery	1. Consumers reported that services in which they engaged met basic needs, promoted community-building social engagement, and provided opportunities for learning and gaining new skills. 2. There are opportunities to support consumers as they navigate the service system to meet their basic needs and connect them to necessary resources. 3. Consumers have high utilization rates for Nutrition and Wellness services, but disparities were evident across districts and subpopulations (e.g., consumers in certain districts had low participation rate in Congregate Meals), indicating that there may be gaps in these services for some groups. 4. Findings highlight the need for additional support for caregivers, particularly for older adult caregivers with limited or no English-speaking proficiency and low-to-moderate income adults with disabilities who are caregivers. 5. Limitations in missing or incomplete data (e.g., sexual orientation and/or gender identity, or demographic information for ADRC clients) create challenges in assessing service participation and experience among some populations.

Factor	Gaps
Inclusiveness & Responsivity	1. Existing services reflect the cultures of San Francisco’s neighborhoods. 2. Across all services, service participation by adults with disabilities is nearly two times lower compared to older adults. 3. Older adults and adults with disabilities who live alone are at particular risk for social isolation. 4. Based on existing data, older adults who identify as LGBTQ generally participate in services substantially less compared to the general population of older adults. 5. Veterans face unique challenges and barriers in accessing services. 6. There continue to be opportunities to further address the needs of low-to-moderate income populations. 7. Some barriers are further amplified within specific racial and ethnic communities.
Efficiency	1. Many consumers who engage in benefits services described various bureaucratic inefficiencies that make accessing those services challenging. 2. The average financial benefit does not always align with the level of need among older adults and adults with disabilities.
Collaboration	1. There is a need for continued community-level collaboration at neighborhood and district levels. 2. Collaboration across agencies that serve older adults and adults with disabilities, including SFMTA and CBHS, will enhance service experience and delivery. 3. Consumers want opportunities to build connection within communities and among neighbors.

Recommendations

Several recommendations for improvement can be made within this gap analysis framework. The following recommendations are based on a synthesis of the quantitative and qualitative data that make up the DFCNA and the identified gaps in the current system of services for older adults and adults with disabilities.

<table>
<tr><th>Factor</th><th>Recommendation</th></tr>
<tr><td>Accessibility</td><td>1. Examine opportunities to improve consumers’ and service providers’ awareness of existing services, including ways to increase awareness of navigation-support services such as the DAAS Integrated Intake Unit at the DAAS Benefits and Resources Hub and ADRCs located throughout the City. Data indicate that current successful outreach efforts leverage existing consumer networks, so consider strategies that leverage such networks to expand knowledge of services for existing and potential consumers.
2. Provide opportunities for service providers to learn more about other existing services, and consider methods to distribute updated information regarding existing resources to support appropriate recommendations and connections.
3. Consider peer navigator programs that utilize trained consumers as ambassadors to support service navigation. Peer navigation programs offer opportunities to employ older adults and adults with disabilities, empower consumers, and provide culturally and linguistically appropriate services. They may also be an effective method for identifying and providing access support to currently isolated older adults and adults with disabilities.
4. Examine service utilization in outer districts (i.e., Districts 1, 2, 4, 10, and 11) to further explore and validate potential access barriers.
5. Develop and implement a stakeholder-informed marketing campaign to raise awareness of and sensitivity to the needs of older adults and adults with disabilities among the general public.</td></tr>
<tr><td>Service Delivery</td><td>1. Expand the objectives of existing services to incorporate opportunities for community building and social interaction, including multicultural and intergenerational interactions, and consider the development of new services that achieve this aim. Conduct targeted outreach to build awareness of these services among underrepresented groups.
2. Expand services that support caregivers, particularly those with limited or no English-speaking proficiency and low-to-moderate income. Include services that provide community and respite for caregivers, as well as those that provide training so they can effectively and safely care for their loved ones. Conduct targeted outreach to build awareness of these services among underrepresented groups.
3. Examine ways to collect additional data on populations that are part of the Dignity Fund charter. Potential changes to consider include:
a. Work with service providers to improve long-term, program-level data collection for all Dignity Fund client data to enable accurate assessment of service enrollment trends. Such improvements are critical for the accuracy of future equity analyses.
b. Implement additional qualitative data collection measures to enhance understanding of underrepresented populations, such as targeted intercept surveys, focus groups, or participatory action research.
4. Explore opportunities to reduce the burden of service navigation, such as improving use of the DAAS Benefits and Resource Hub and ADRCs, and other services that impact consumers’ access to and engagement in services.</td></tr>
</table>

Factor	Recommendation
Inclusiveness & Responsivity	1. Expand outreach efforts and culturally appropriate services to address the needs of adults with disabilities, and consider specific outreach strategies and services to engage younger adults with disabilities. 2. Conduct targeted outreach strategies to engage populations with equity factors (i.e., individuals living alone, with low-to-moderate income, with limited or no English-speaking proficiency, LGBTQ community members) who have low service participation and ensure services are meeting the needs of these groups. 3. Conduct additional analyses to identify potential disparities in service participation among specific racial and ethnic groups to ensure they are receiving appropriate services. 4. Conduct additional analyses on LGBTQ community members' service utilization once there is a full year of data collected under the City's SO/GI ordinance. 5. Engage stakeholders in districts and communities with lower service utilization to further identify barriers to service engagement. 6. Include consumers in service delivery roles (such as volunteers or peer mentors), in order to leverage their shared experience to contribute to more inclusive and responsive service delivery. 7. Examine how factors that increase service engagement (e.g., proximity/convenience, social cohesion/sense of community, independence/security, and cultural appropriateness) can be leveraged to engage underrepresented populations.
Efficiency	1. Examine service provision in districts with higher participation to determine whether participants from neighboring districts are being adequately served or if more efficient service delivery models might be applied to districts with lower engagement. 2. Conduct follow-up analyses to determine if high ADRC participation indicates unmet needs for other types of support services or indicates a successful service model.
Collaboration	1. Implement processes to maximize collaborative efforts across agencies, departments, and providers (particularly with Community Behavioral Health) and consider co-locating services in places where older adults and adults with disabilities are already receiving services. 2. Identify opportunities to collaborate with City departments to serve homeless older adults and adults with disabilities. Given the growing number of older adults among the City's homeless population, establish partnerships with the Department of Homelessness and Supportive Housing and the Mayor's Office of Housing and Community Development to jointly serve this population. 3. Expand services that use integrated and collaborative approaches, including intergenerational and multicultural collaborative programs. 4. Identify opportunities and processes to support collaboration between community-based organizations to enable them to address the needs of local populations.

A. Introduction

Dignity Fund Overview

On November 8, 2016, San Francisco voters approved Proposition I[8] to amend the Charter of the City and County of San Francisco to establish the Dignity Fund, a guaranteed funding stream to provide needed services and supports for older adults and adults with disabilities. Prior to the creation of the Dignity Fund, the San Francisco Department of Aging and Adult Services (SF DAAS) received ongoing financial support from the City's general fund, in addition to state and federal funds. Concerns arose regarding the ability of these funding streams to keep pace with the needs of the growing population of older adults and adults with disabilities. In 2016, a group of advocates and community-based organizations formed the Dignity Fund Coalition and worked with City leaders to develop Proposition I, which passed with support from 66% of San Francisco voters. 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 year (Fiscal Year 2017-18) and $3 million annually thereafter until FY26-27. Beyond FY26-27, contributions can be adjusted on an annual basis until FY36-37.[9]

The Dignity Fund is administered by SF DAAS, the City department responsible for planning, administering, and delivering a variety of federal, state, and local programs to assist older adults and adults with disabilities and their families. SF DAAS services aim to maximize self-sufficiency, safety, health, and independence so older adults and adults with disabilities can remain living in the community for as long as possible and maintain the highest quality of life.

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

Dignity Fund Community Needs Assessment

In addition to creating the Dignity Fund, Proposition I outlined a planning process to begin in FY17-18 and repeat every fourth fiscal year. This planning process begins with a Dignity Fund Community Needs Assessment (DFCNA) to identify strengths, service gaps, and unmet needs. The findings from each DFCNA will inform the Service Allocation Plan (SAP) developed in the subsequent year. The legislation stipulated that the DFCNA would:

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[8] For original text of the amendment, see: http://69.89.31.206/~sfcommun/sfdignityfund/wp-content/uploads/2016/11/Leg-Final.pdf

[9] Annual adjustments will be made based on changes in the City's discretionary revenues.

- Include qualitative and quantitative data sets 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."[10]

The following questions guided the 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?

In order to answer these questions, the needs assessment included a set of activities that built on existing data already collected by SF DAAS, developed a robust amount of new qualitative and quantitative data from diverse sources, and engaged community members City-wide (see Figure 1).

Figure 1. Dignity Fund Needs Assessment Activities

The DFCNA process began in July 2017 when SF DAAS engaged Resource Development Associates (RDA) to conduct the assessment, which continued through February 2018. RDA is a local, mission-driven consulting firm that brings an inclusive, collaborative, and rigorous approach to needs assessments.[11]

The draft DFCNA was released in March 2018 and followed by a joint public hearing of the Aging and Adult Services Commission and the Dignity Fund OAC in April 2018. Once the Commission approves the report, it is sent to the Board of Supervisors for approval by June 1, 2018.

[10] San Francisco Charter, Article XVI, Section 16.128
[11] Given the close collaboration between SF DAAS and RDA, they are referred to collectively as "the team" or "we" throughout the report.

This report represents the culmination of the DFCNA process with the goal of informing the SAP by identifying the strengths, opportunities, challenges, and gaps present in the current services landscape. This DFCNA contains the following sections:

- **Methodology**: A description of the three main phases of data collection and corresponding data analyses.
- **Population Overview**: A snapshot of the demographic characteristics of San Francisco residents and consumers of SF DAAS programs and services.
- **Community Engagement**: A description of the community outreach and engagement efforts and the demographic characteristics of who was reached through these efforts.
- **Community Research Findings**: A description of consumer, caregiver, and service providers' perceptions of programs and services for older adults and adults with disabilities, including the strengths of the existing system and opportunities for improvement.
- **Equity Analysis**: An analysis that establishes and applies a set of standardized metrics to understand disparities in service participation and to develop a baseline understanding of service usage by older adults and adults with a disabilities with the presence of an equity factor, across the city, and by district.
- **Gap Analysis**: A synthesis of findings that highlights existing gaps in the system of services for older adults and adults with disabilities.
- **Recommendations**: A series of actionable recommendations to inform the Dignity Fund's SAP.

B. Methodology

As mandated by Proposition I, the methodology for the DFCNA involved a mixed methods approach that employs rigorous analyses to integrate a variety of qualitative and quantitative data sources. The team identified a series of data collection activities designed to produce a thorough understanding of the needs of aging adults and adults with disabilities in San Francisco and identify gaps in services and resources.

As previously noted, the DFCNA focuses on addressing 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?

The team employed a rigorous multi-pronged approach to comprehensively assess the needs, strengths, and gaps of services for older adults and adults with disabilities using the process outlined in Figure 2.

Figure 2. Community Needs Assessment Methodological Approach

Phase I: Situational Analysis

In the first phase of the DFCNA, the team established a foundational understanding of the context and history of the Dignity Fund, as well as the existing resources, programs, and services for older adults and adults with disabilities. The team implemented the following activities to establish this foundation and identify target populations for the DFCNA:

- **Literature and Document Reviews**: The team reviewed existing reports from SF DAAS and other departments and agencies in the City in order to understand the current body of knowledge relating to the needs of older adults and adults with disabilities in San Francisco. Further, the team conducted a review of existing published literature on the needs of these populations in San Francisco and best practices for meeting those needs.
- **Key Informant Interviews**: The team conducted interviews with key stakeholders (see Appendix III) to gather information and insights about the current system of service delivery. Phone interviews with key stakeholders were approximately 45 to 60 minutes each and focused on perceptions of the strengths and challenges of the existing service system, as well as recommendations for its improvement.
- **Secondary Data Source Review**: The team identified and reviewed existing City, state, and national data sources that provide information on older adults and adults with disabilities to provide context for the needs assessment and to inform additional analytic decisions and activities in subsequent phases.

Information gathered from Phase I served to inform the design and development of Phase II. The next section describes Phase II, which involved the following concurrent research activities: Phase IIa) Community Research, and Phase IIb) Equity Analysis.

Phase IIa: Community Research

Community research efforts targeted older adults, adults with disabilities, caregivers of those individuals, and paid service providers. Phase IIa included extensive community outreach and engagement to employ a variety of data collection methodologies. Together, the community research activities served to meet the following objectives:

1. To provide information about and to promote awareness of the Dignity Fund and the corresponding DFCNA; and
2. To 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.

Data Sources

The team conducted broad outreach efforts in order to recruit diverse and representative participants. For more information about this outreach process, see the *Section D: Community Outreach and Engagement* section.

Community forums were conducted in each supervisorial district of San Francisco. The districts provided an established framework for coordinating outreach and capturing the perspectives of the City's diverse populations, and the Board of Supervisors served as vital partners in identifying and reaching City residents within the target populations identified during Phase I.

Focus groups were conducted over the span of six weeks following the community forums. Using information gathered in Phase I, stakeholder input from the community forums, and analysis of SF DAAS program enrollment data, the team identified several specific communities to target further outreach for focus groups.

In order to standardize the formats for qualitative data collection, the team developed a standard presentation to guide each forum and a standard protocol to guide the focus group discussions. In order 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.

The **population survey** incorporated questions informed by information gathered in Phase I as well as a review of survey tools from previous needs assessments conducted with comparable populations in other large cities. The population survey included four sections that gathered responses on the following themes:

- **SF DAAS Programs and Services Experience**: This section assessed respondents' program and service participation, ratings of service experience, barriers to service participation, and general perceptions of services for older adults and adults with disabilities in San Francisco. The survey questions were designed with a skip logic in which questions probed for more details depending on whether the respondent has heard of or participated in a given program (see Figure 3 on the following page).
- **Health and Well-being**: This section assessed respondents' social engagement, community involvement, and physical and emotional well-being concerns, including isolation and disability.
- **Caregiving Experiences**: This section was targeted for respondents who provided care for one or more older adults or adults with disabilities. Questions were designed to measure their caregiving experience, their knowledge of caregiver resources, and the impact of caregiving on their lives.
- **Demographic Information**: This section gathered respondents' demographic information, including district of residence, age, race and ethnicity, preferred language, gender identity, sexual orientation, household size and income, residence type, education level, employment status, and military service experience.

Figure 3. Population Survey Service Experience Questions

The survey design met the City's standards for inclusion and accessibility and was translated from English into Cantonese, Russian, Spanish, Tagalog, and Vietnamese.

In order to reach as many Dignity Fund stakeholders as possible, the team disseminated the population survey in three formats: 1) online via SurveyGizmo, 2) paper via community-based organizations and Oversight and Advisory Committee (OAC) members, and 3) phone via a firm that specializes in Computer-Assisted Telephone Interviewing (CATI). Each format was made available for 24 days (from Wednesday, November 15, 2017, through Friday, December 8, 2017). Table 1 provides a summary of the survey administration and outreach strategies.

Table 1. Phase IIa Population Survey Administration

Survey Format	Administration Strategy	Outreach Strategy
Online	SurveyGizmo's online survey platform enabled a Section 508-compliant survey[12] compatible with screen readers and other assistive devices. To ensure participants could respond in their preferred language, six translations were available online with specific links that were posted to the SF DAAS website in each language. A language selection bar was also enabled on SurveyGizmo; the survey was set to automatically detect the language of the respondent's internet browser and default to their preferred language, or participants could select their preferred language.	Links to the online survey were sent to all community forum attendees who left an email address and participants of focus groups that occurred before December 6, 2017. Additionally, SF DAAS posted the survey link in six languages on their website and sent targeted messages to the OAC, community members, and service providers, who shared the link with their contacts.
Paper	The survey was printed in large font and in high contrast colors in six languages to ensure accessibility. There was minimal skip logic to reduce burden on respondents and instructions were	SF DAAS distributed copies of the paper survey to contracted service providers who gave the survey to consumers across San Francisco. SF DAAS followed up with providers periodically to ensure

[12] Section 508 of the Rehabilitation Act of 1973, as amended in 1998, 29 U.S.C, §794 (d).

Survey Format	Administration Strategy	Outreach Strategy
	written clearly at the beginning of each new section.	completion, troubleshoot issues, and answer questions.
Telephone	The team contracted with an external firm to conduct CATI. The firm used a stratified random sample by San Francisco supervisorial district, with a margin of error of about 7% at a 95% confidence level.	Residents of San Francisco who were over the age of 60 or an adult with a disability were called at random and asked to complete the survey. If they did not answer the first time, they were called again on a different day of the week at a different time of day.

In addition to the population survey, the team developed a **service provider survey** to further assess the characteristics of individuals served, the types of services, the barriers to service engagement, and consumers' greatest unmet needs. The survey mirrored the organization of the consumer survey and was administered online. SF DAAS distributed the online survey link to all of its service providers.

Data Analysis

Given the mixed methods approach to data collection, the team relied on a variety of data analyses.

Community Forums and Focus Groups: The team conducted a content analysis to summarize and code raw data from transcripts and field notes of all community forums and focus groups. Codes were identified through an iterative process in which forums and focus group notes were reviewed by individual researchers who then met to clarify and validate their understanding of emerging codes. Following this coding process, the team collaborated to identify key themes, and used descriptive statistics (e.g., frequencies and averages) to analyze the demographics of attendees.

Population Survey: First, the team tested for differences in demographics and responses between those who took the survey over the phone and those who took the survey via paper and online. Given the minimal differences between the sample characteristics, additional descriptive statistics and difference testing were conducted on the aggregate sample.

Provider Survey: Data from the online provider survey were analyzed using descriptive statistics. The team used content analysis to analyze open-ended responses.

Phase IIb: Equity Analysis

The purpose of the equity analysis was to establish and apply a set of standardized metrics to measure disparities in service participation, while also establishing a baseline of SF DAAS services and resources for older adults and adults with disabilities with the presence of an equity factor. The equity analysis will be repeated in future years to help planners continue to assess the distribution of services to older adults and adults with disabilities in San Francisco.

In Phase IIb, the team designed the equity analysis based on information gathered in Phases I and IIa, a literature review, a review of equity analysis best practices, a review of comparable equity analysis

methodologies, and a review of available data sources. The equity analysis focused on addressing three key research questions:

	Research Question
	1) Are populations with the presence of an equity factor using services at the same rate as the population citywide?
	2) How do service participation rates among low-income populations compare across districts in the city?
	3) How are funds spent across districts in the City?

Data Sources

The equity analysis was centered on Fiscal Year 2016-2017 (FY16-17) and utilized the most recent available data to achieve the requirements of the Dignity Fund Charter. In Phase IIb, the team identified and analyzed several secondary data sources, including SF DAAS Program Administration Data, SF DAAS Financial Data, and U.S. Census Bureau Data, in order to conduct an equity analysis for residents of San Francisco that are older adults (aged 60 or older) and adults (aged 18 to 59) with disabilities. Table 2 summarizes the data sources utilized in the equity analysis.

Table 2. Data Sources for DFCNA Equity Analysis

Data Sources	Year
SF DAAS OOA program administrative data, including: • Office on the Aging (CA GetCare) • Community Living Fund (CaseCare) • County Veterans Services Office (VetPro)	FY16-17
CalFresh program data (CalWIN)	FY16-17
SF DAAS financial data	FY16-17
U.S. Census Bureau Integrated Public Use Microdata Series (IPUMS)[13]	2011-2015
U.S. Census Bureau American Community Survey (ACS) 5-Year Estimates	2011-2015
Human Services Agency Planning Unit: Lesbian, Gay, Bisexual, and Transgender (LGBT) Seniors in San Francisco: Current Estimates of Population Size, Service Needs, and Service Utilization Report	2012

[13] Ruggles, S., Genadek, K., Goeken, R., Grover, J ., and Sobek, M. (2017) *Integrated Public Use Microdata Series: Version 7.0* [dataset]. Minneapolis: University of Minnesota. https://doi.org/10.18128/D010.V7.0.

U.S. Census Bureau population estimates were used to estimate the eligible populations in San Francisco. For the purposes of estimating the eligible population in San Francisco, adults with disability were defined as adults aged 18 to 59 with disabilities as defined by the U.S. Census Bureau (i.e., adults with cognitive difficulty, ambulatory difficulty, independent living difficulty, self-care difficulty, vision difficulty, or hearing difficulty). Older adults are defined as adults 60 years and older. See Appendix IV and Appendix V for the census population estimates used in the equity analysis.

Data Analysis

Table 3 outlines the overall analytic approaches for each component of the equity analysis, which was conducted from December 2017 to January 2018.

Table 3. Overview of Analytic Approach for DFCNA Equity Analysis[14]

Research Question	Analytic Approach
Are populations with the presence of an equity factor using services at the same rate as the population citywide?	Calculated service participation rates among older adults and adults with disabilities for each equity factor by service type.
How do service participation rates among low-income population compare across districts in the city?	Calculated service participation rates among older adults and adults with disabilities for the overall population and low-income population, by district and selected service types.
How are funds spent across districts in the City?	Examined average per-participant financial benefit for each district.

The following section provides a detailed description of the analytic approach and methodology for each research question. Appendix VI provides additional equity analysis information.

For Research Questions 1 and 2, census population data was integrated with SF DAAS program enrollment data to calculate a service participation rate, which is a standard metric to make comparisons between populations of varying sizes. In this analysis, the service participation rate represents the number of persons who participated in services for every 1,000 individuals who were eligible to use the services.

[14] Image Credits: (Top)"Equity" by Laura Amaya; (Middle) "Community Mapping icon" by Iconathon; (Bottom) "Money" by Icon Solid from theNounProject.com

Research Question 1:

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

To identify equity factors that contribute to disadvantage through systematic barriers to accessing services, the team reviewed existing data sources, published literature, previous needs assessments (including SF DAAS 2016 Seniors and Adults with Disabilities Needs Assessment report), and information gathered from Phase I and IIa. The team applied the following criteria to identify and prioritize equity factors to include in the equity analysis:[15]

- **Impact:** There was strong evidence indicating that the equity factor had a high impact on needs of older adults and adults with disabilities.
- **Relevance:** There was a relationship between the equity factor and the increased risk of older adults and adults with disabilities for death or functional decline.
- **Usefulness:** The equity factor captured information that helped inform SF DAAS strategies, priorities, or programming.
- **Feasibility:** Data could be obtained with reasonable and affordable effort, and data was expected to be collected again in the future.
- **Reliability:** Available data related to the equity factor accurately and reliably measured what it purported to measure.
- **Credibility:** Available data related to the equity factor was recommended or was being used by experts and organizations.
- **Distinctiveness:** The equity factor lacked redundancy and was not already captured under other equity factors.

Based on the criteria described above, the following equity factors were prioritized for the equity analysis:

- Social Isolation[16]
- Poverty[17]
- Limited or No English-Speaking Proficiency
- Communities of Color[18]
- Sexual Orientation and Gender Identity

[15] Criteria was adapted from MEASURE Evaluation's indicator selection criteria: https://www.measureevaluation.org/prh/rh_indicators/overview/rationale2

[16] Following a review of literature, it was determined that living alone is a risk factor for isolation and was used to indicate heightened risk for social isolation.

[17] Low-to-moderate income was defined as 200% or below federal poverty level. Estimates from SF DAAS program data used the threshold of 185% or below federal poverty level since that was the best available data.

[18] Communities of color included persons who identified with a race or ethnicity other than non-Hispanic White.

Research Question 1 measured how service participation varied across populations with the presence of an equity factor. The team calculated service participation rates for each population (e.g., older adult and adults with disabilities) in San Francisco with the presence of an equity factor, and compared subgroup participation rates to citywide rates for each service. The services listed below have additional eligibility criteria that were factored into the analysis:

Service Participation Rate per 1,000:

$$\frac{\text{\# Clients Participating in SF DAAS Services}}{\text{Eligible Population}} \times 1{,}000$$

- Food Pantry: Individuals at or below 200% of the federal poverty level (FPL).
- Home-Delivered Groceries: Individuals at or below 200% FPL and with self-care, independent living, or ambulatory disability.
- Home-Delivered Meals: Individuals with self-care, independent living, or ambulatory disability.
- Community Living Fund: Individuals at or below 300% FPL and with self-care, independent living, or ambulatory disability.

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

Research Question 2 measured how service participation rates varied across districts in San Francisco among low-to-moderate income older adults and low-income adults with disabilities, as well as among the general population of older adults and adults with disabilities. Since census data were not available for low-to-moderate income adults with disabilities at the district level, the team conducted the analysis only for low-income adults with disabilities.

District-level rates were compared to citywide rates for select services that had a high volume of participants, were consistently offered every year, and provided targeted services for low-income populations. The threshold was approximately at least 1,000 total older adult participants or 100 adults with disabilities participants, with the exception of Community Living Fund, which is an important service targeted for low-income populations. These included the following services: Aging and Disability Resource Centers, Community Service Centers, Case Management, Community Living Fund, Congregate Meals, Home-Delivered Meals, and Home-Delivered Groceries.

Service participation was analyzed based on the district in which the client resided, except for the services only available in-person at a service site, which were analyzed based on the service site district. These include: Health Promotion, Community Service Center, Aging and Disability Resource Centers, Congregate Meals, and SF Connected. For persons with missing district residency information, the team used the district in which they accessed the service.

For Research Question 2, data were unavailable to apply all eligibility criteria as described in Research Question 1. Thus, the team utilized the best available data and documented the applied eligibility criteria in each respective section of Research Question 2.

Research Question 3:

How are funds spent across districts in the city?

Research Question 3 measured how funds were spent across districts using a standard metric that captured average per-participant financial benefit. The standard metric was calculated by dividing the total cost of services accessed in a district by the number of people who used services in that district.

Average Per-Participant Financial Benefit:

$$\frac{\text{Total Cost of Services per District}}{\text{\# of Clients Participating in City services per District}}$$

The team calculated the average per-participant financial benefit for each district using service utilization data and financial budget data. The analysis was designed to assess distribution of financial benefit, particularly in districts with the highest proportion of low-income older adults and adults with disabilities. The financial analysis included both older adults and adults with disabilities, and only included services for which client enrollment data were available.

Phase III: Synthesis and Gap Analysis

In Phase III, the team integrated and synthesized findings from the multiple quantitative and qualitative research activities to identify trends in service needs, availability of services, quality of existing services, and access to services for the citywide population of older adults and adults with disabilities as well as for specific subpopulations. In addition to overall gaps and needs, the team investigated differences in trends across subpopulations, including geographic areas (e.g., neighborhood, district), demographic characteristics (e.g., age, race and ethnicity, preferred language, gender, sexual orientation), and socioeconomic characteristics (e.g., household size and income, residence type, education level, employment status, and military service experience). The synthesis of findings and identification of gaps were used to develop recommendations to inform the SAP.

Limitations

There are important limitations to consider in this DFCNA. Overall, the team utilized available data sources and employed standardized measures and protocols to increase the quality of the analysis. However, **timeline constraints prevented the team from conducting additional in-depth analyses on subpopulations when gaps emerged** in program or public data. Instead, the team designed a data

collection strategy that enables follow-up analyses that can be conducted following the conclusion of the DFCNA.

Within community research activities, the team collected data from a variety of sources; thus, **some respondents may have been duplicated across qualitative datasets**. For example, individuals may have attended a community forum and/or focus group, as well as filled out a population survey. The team prioritized anonymity in data collection activities so respondents could feel comfortable providing candid feedback. Therefore, since identifying data were not collected, multiple responses may have represented the same person. Additionally, participant recruitment for the community forums and focus groups largely depended on community service centers and nonprofit organizations. Qualitative data from community research activities, particularly for community forums and surveys, erred on the side of inclusiveness, and some participants included service providers and community members who did not live in the district where the community forum was held. While the random sample phone survey attempted to account for this limitation, those already connected to social services had more opportunities to participate.

Population survey data had some limitations, as well. Many consumers did not know or report their district of residence. While reported zip codes were used to identify district when possible, some San Francisco zip codes cross district lines and were unable to be coded. Data from the phone survey were weighted based on consumers' residence, so those without a district were given a weight of one.

All aspects of the DFCNA were designed with the consideration that the DFCNA will be repeated in the future. Therefore, the equity analysis utilized data sources that are expected to see regular data collection in the future. Further, the team applied standardized measures and criteria with the intention that the same or a similar methodological approach will be applied in future assessments. With that consideration, there are some specific limitations to the equity analysis that should be noted for both interpretation of this assessment and the implementation of future assessments:

- **Service participation rates do not account for intensity or frequency of participation.** SF DAAS program enrollment data identifies whether individuals used a service, but it did not capture the number of times or length of time in which the individual used a service. Thus, service utilization rates and average per-participant financial benefit did not take into account the intensity or frequency with which clients utilized services.
- **Smaller populations had larger variation in estimated participation rates.** Service participation rates provide an estimate of how much a particular population participates in a given service. Small programs typically have a lower participation rate, which can magnify variation in utilization rates to appear as though discrepancies are large when in fact the actual difference in enrollments may be quite small.
- **Census data were limited at district-level.** Since U.S. Census Bureau data were not available for multiple equity factors at the district-level, the team used income as the main equity factor to identify disparities in service participation across districts.
- **Census data for older adults at district-level did not align with client population age range.** The SF DAAS target population includes older adults 60 years and older; however, published data for district level population estimates from the U.S. Census Bureau included in this analysis used an

age threshold of 65 years and older. This may have underestimated the reference population and subsequently slightly overestimated service participation rates in Question 2.

- **Census data for adults with disabilities at district-level did not align with client population age range.** The SF DAAS target population included adults with disabilities between ages 18 and 59 years; however, published data for district-level population estimates from the U.S. Census Bureau are only available for an age range between 18 and 64 years. This may have overestimated the reference population and subsequently slightly underestimated service participation rates in Question 2.
- **SF DAAS enrollment data has missing or incomplete data for important variables.** Missing and incomplete SF DAAS program enrollment data across all populations and services limited the equity analysis, leading to underrepresentation of certain groups with a lot of missing data. For example, ADRC clients had many missing and incomplete data across important variables (such as household size) which decreased the accuracy of the equity analysis for individuals living alone. See Appendix VII for a table outlining data gaps identified in the process of conducting the equity analysis.
- **SF DAAS enrollment data has missing or incomplete income data.** Income data from SF DAAS program enrollment records was incomplete or missing for a total of 17% of clients. Thus, income level was approximated based on information from multiple sources: self-reported income status and data matching to identify enrollment in In-Home Supportive Services, Medicaid, and CalFresh. Estimates from SF DAAS program administration data used the threshold of 185% FPL or below and were used as a proxy for 200% FPL. In addition, Community Living Fund and Aging and Disability Resource Centers program data were unavailable for low-to-moderate income level (200% FPL) – data were only available for low-income (100% FPL) populations. The team noted these threshold differences where they applied in the equity analysis.
- **Only services with client-level data were included in financial analysis.** Only services with client-level or site-level data available were included in the financial analysis. The financial analysis did not include services not registered to a specific district, including: Empowerment, Intake Unit, Legal Services, Naturalization, Center for Elderly Suicide Prevention, Support for Hoarders & Clutterers, and LTC Ombudsman. The following programs were new to DAAS in FY16-17 and full year enrollment data were not available: Support at Home, Employment Support, and Adult Day Health Center. Additionally, the following services do not directly serve clients and thus were not included in the financial analysis: Advocacy – Home Care, Advocacy – LTC Rights, LGBT Cultural Competency Training, LGBT Dementia Training, Community Liaisons, Advocacy – Housing, Alzheimer's Grant, Elder Abuse Prevention, and Forensic Center.
- **Individuals may be duplicated across districts if they used services in multiple districts.** Among SF DAAS site-based services (i.e., Community Services Centers, Health Promotion, Aging and Disability Resource Centers, Congregate Meals, and SF Connected), district assignment was based on the district in which clients accessed services. Thus, individuals may have been duplicated across districts if they utilized site-based services in multiple districts.
- **SF DAAS enrollment data has missing or incomplete LGBTQ data.** Data for FY16-17 predated the local Sexual Orientation and Gender Identity (SO/GI) ordinance requiring collection of sexual

orientation and gender identity data. Nearly 40% of older adult clients who received SF DAAS services in FY 2016-17 either declined to state or had missing data for sexual orientation and gender identity. Thus, the LGBTQ population participation among SF DAAS clients was likely underestimated, but data collected in future years (post-SO/GI) are expected to have improved data quality. The team included this data despite limitations in order to establish an approximate baseline from which future equity analyses can make comparisons. Future research may consider repeating analysis for the LGBTQ population after a year of data has been collected post-SO/GI.

- **LGBTQ population estimates are not available for adults with disabilities**. The team was unable to identify a reliable source to estimate the overall size of the population between age 18 and 59 that identifies as LGBT and experiences disability. This limitation prevented the team from analyzing service participation rates for LGBT adults with disabilities in the equity analysis.
- **DFCNA team did not disaggregate equity analysis by subgroups.** Due to the limited timeframe in which the equity analysis needed to be completed, the team conducted the analysis for individuals with limited or no English-speaking proficiency and did not disaggregate the analysis further by language spoken. Similarly, the equity analysis did not disaggregate analysis by race and ethnicity subgroups. Equity analysis findings were triangulated with qualitative data to delve further into subgroup-specific trends. Future research may consider a similar analysis that delves deeper into subgroup-specific trends.

In the final phase of the DFCNA, equity analysis findings were integrated with community research findings where appropriate. Integrating findings from diverse research activities to identify gaps in services has some inherent limitations that should be addressed. First, given the availability and nature of public and programmatic data, aspects of the community research and equity analysis explored services in different ways. For example, while the population survey asked consumers about Information and Referral services, which included ADRCs, the equity analysis utilized data only for ADRCs. Similarly, the population survey asked consumers about a variety of assisted transportation services, including Paratransit, while the equity analysis focused only on DAAS-funded transportation services, which does not include Paratransit. As appropriate, these differences were reconciled with qualitative data from community forums, focus groups, and open-ended survey responses from consumers and services providers.

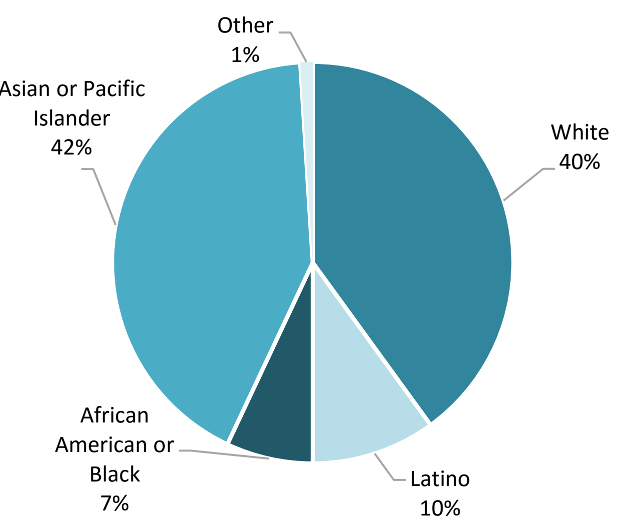
C. Population Overview

This section provides a brief overview of San Francisco's demographic composition of older adult and people with disabilities, followed by a snapshot of clients accessing Office on the Aging services. This population overview serves to frame the findings; for an in-depth review of community trends, please refer to the *SF DAAS 2016 Seniors and Adults with Disabilities Needs Assessment Report*.

Demographic Composition of Older Adults and Adults with Disabilities

There are currently **169,189 adults living in San Francisco ages 60 or over.** Similar to the trend across the rest of the country, the older adult population in San Francisco is experiencing a period of rapid growth as the Baby Boomer generation enters retirement age. **Older adults comprised 20% of the population in 2016, and will rise to 26% by 2030**.[19] San Francisco's older adult population is shifting to be more diverse, with an increasing number of older adults who are immigrants, people of color, LGBTQ individuals, and working older adults.[20] Currently, older adults of color make up 60% of the overall population, and 52% speak a primary language other than English. As shown in Figure 4, the Asian/Pacific Islander population makes up 42% of the older adult population. In addition, approximately 12% percent of older adults identify as LGBTQ and about 29% live alone (this translates to approximately one in four LGBTQ older adults living alone).

Figure 1. Race/Ethnicity of Older Adults in San Francisco



There are currently **33,463 adults between the ages 18 and 59 living with a disability in San Francisco**. The most common type of disability reported by adults is cognitive difficulty, followed by ambulatory or physical difficulty (defined as serious difficulty walking or climbing stairs). Communities of color represent two-thirds of adults with disabilities. Compared to the overall adult population, a larger share of adults

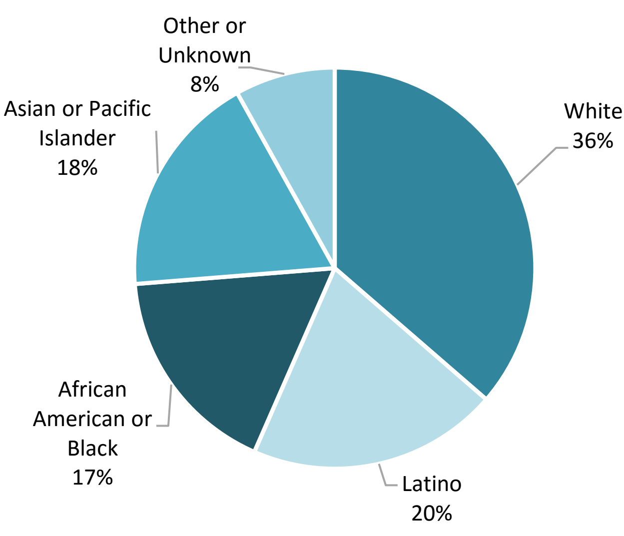
[19] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[20] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

with disabilities are Latino and African American, as shown in Figure 5.[21] One in three adults with disabilities speaks a primary language other than English. Similar to older adults, approximately 29% of adults with disabilities live alone.

Older adults and adults with disabilities make up a large portion of low-income individuals living in San Francisco. Although the general population of low-income individuals in San Francisco is rising, the number living below the poverty line is experiencing the most rapid growth. San Francisco has a higher share of seniors receiving Supplemental Security Income (SSI) than any other California county.[22] Among those in poverty, older women are especially likely to be living in deep poverty. Among adults with disabilities, one in three persons lives at or below the federal poverty level.

Figure 2. Race/Ethnicity of Adults with Disabilities in San Francisco



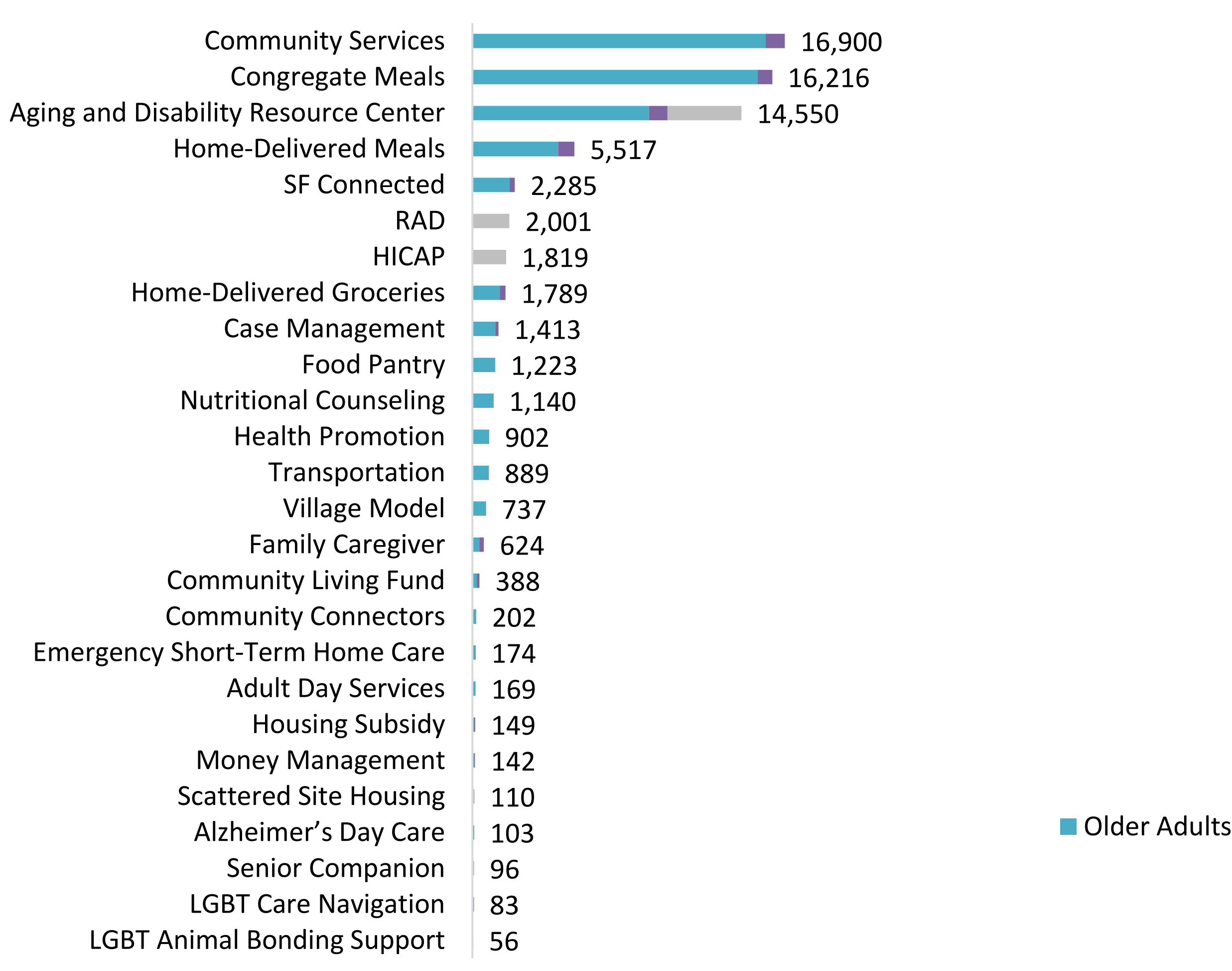
[21] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[22] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

Demographic Profile of SF DAAS Office on the Aging Clients

The DFCNA team analyzed demographic data for the OOA client population (n = 34,324) served in FY16-17. Among these 34,324 individuals, the majority (90%) were older adults (60 years or older) and a small proportion (10%) were adults with disabilities (between ages 18-59). The majority of clients (72%) were at or below the federal poverty level.[23] As shown in Figure 6, clients participated most in Community Services, Congregate Meals, ADRCs, and Home-Delivered Meals.

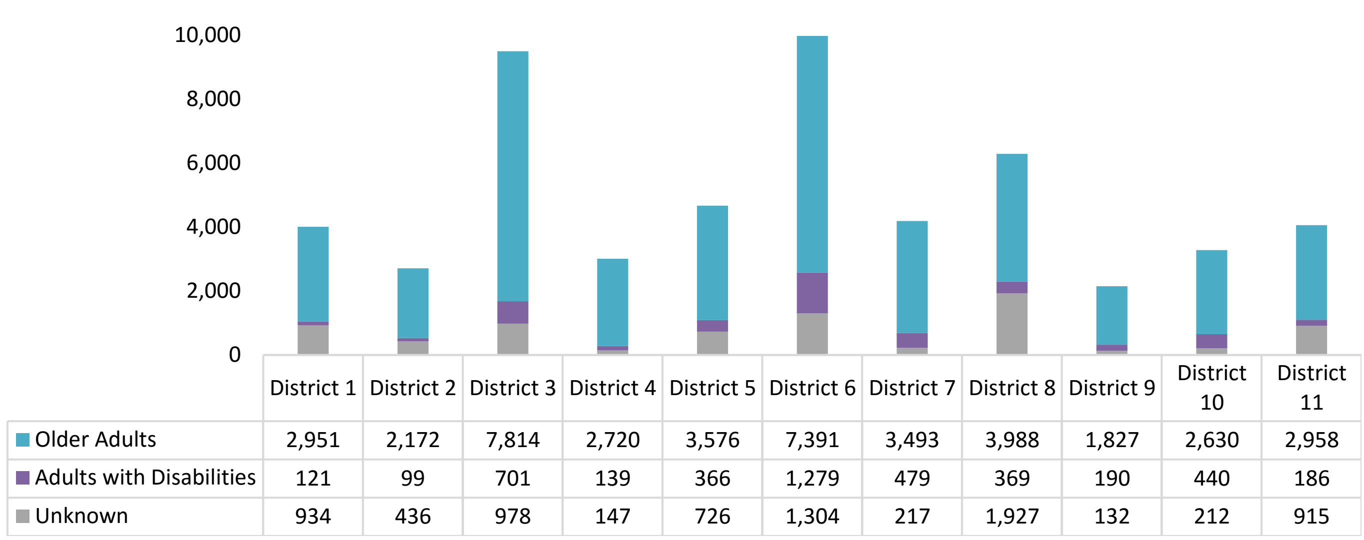
Figure 6. SF DAAS OOA Client Population by Services, FY16-17



[23] Poverty data was derived from reported income and enrollment in IHSS, SSI, Medicaid, or CalFresh.

As shown in Figure 7, SF DAAS clients resided in all districts of San Francisco, with Districts 3 and 6 being the most represented. District 6 had a notably higher portion of SF DAAS clients who were adults with disabilities compared to other districts.

Figure 7. SF DAAS OOA Clients by Supervisor District



	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	District 9	District 10	District 11
Older Adults	2,951	2,172	7,814	2,720	3,576	7,391	3,493	3,988	1,827	2,630	2,958
Adults with Disabilities	121	99	701	139	366	1,279	479	369	190	440	186
Unknown	934	436	978	147	726	1,304	217	1,927	132	212	915

The majority (56%) of SF DAAS clients were female and a small proportion (<1%) identified as transgender.[24] The majority (55%) of clients identified as straight or heterosexual. Of those who provided a response to sexual orientation and gender identity, 4% of clients identified as LGBTQ; this population is likely underestimated since 42% of clients had missing data or declined to answer.

As shown in Figure 8, SF DAAS clients represented diverse ethnic groups, including Asian or Pacific Islander (n = 17,391), White (n = 7,060), Black or African American (n = 3,965), Hispanic or Latino/a (n = 3,303), and American Indian or Native Alaskan (n = 122).[25]

The diversity of SF DAAS clients was further reflected in the range of languages spoken at home. Nearly half (49%) of clients spoke a language other than English at home. Chinese was the most commonly reported non-English language, including Cantonese (26%) and Mandarin (3%) dialects. Many clients (39%) reported limited or no English fluency.

Figure 3. Race and Ethnicity of SF DAAS OOA Clients

Asian or Pacific Islander	51%
White	21%
Black or African American	12%
Hispanic or Latino/a	10%
Unknown	6%
Other	1%
American Indian or Native Alaskan	0%

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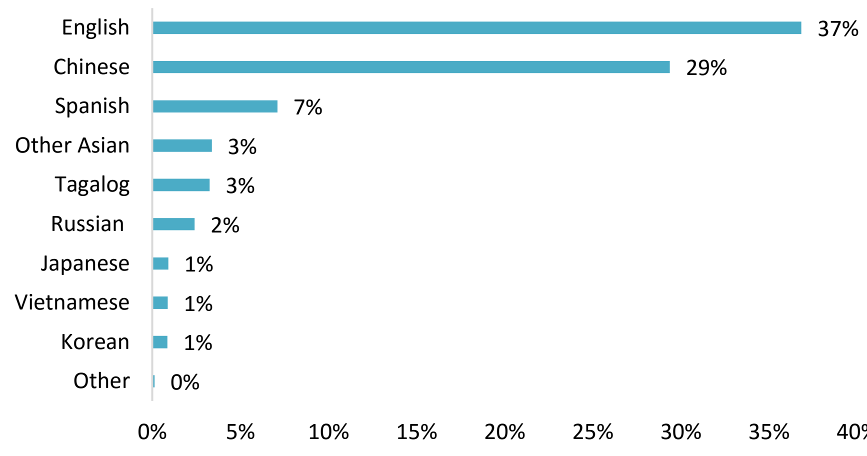
24 Gender data were missing or client declined to state for 4% of the client population (n = 1,448).

25 Race and ethnicity data were missing or client declined to state for 6% of the client population (n = 1,984)

Figure 9 shows SF DAAS Clients by language spoken at home. Many clients were retired (45%), disabled (11%), or unemployed (8%), and only a small proportion (7%) of clients reported working part-time or full-time.[26] Although only 5% (n = 1,820) of the client population self-reported a veteran status, they may be underestimated since 39% of clients had missing data for veteran status.

Figure 4. SF DAAS OOA Clients by Language Spoken at Home



[26] Data were missing or client declined to state employment status for 28% of the client population (n = 9,686).

D. Community Outreach & Engagement

Community Forum and Focus Group Outreach Overview

As part of their outreach efforts, the team convened **11 community forums – one in each supervisorial district – and 29 focus groups with targeted demographic communities.** The Oversight and Advisory Committee (OAC) and the Service Provider Work Group (SPWG) collaborated with the team to inform outreach methods to engage older adults and adults with disabilities in this research. The community forums were open to public participation, while focus group participants were invited to attend based on the target demographic and to build on feedback from the forums. The team worked with community service centers and community-based organizations (CBOs) that address the needs of older adults and adults with disabilities in San Francisco to support outreach to their service communities. Additionally, a community forum flyer was widely distributed by the OAC members, CBOs, and Supervisors' offices to engage stakeholders.

Focus groups included the following communities:

- ✓ Spanish-Speaking
- ✓ African-American
- ✓ Russian
- ✓ Cantonese-Speaking
- ✓ Filipino
- ✓ Japanese
- ✓ Korean
- ✓ LGBTQ
- ✓ Veterans
- ✓ Housing-Insecure Adults
- ✓ Homebound Adults
- ✓ Adults and Transition Aged Youth with Disabilities
- ✓ Community Service Center Participants
- ✓ Active and Involved Older Adults
- ✓ Blind/Low Vision Adults
- ✓ People Aging with HIV
- ✓ Seniors and Adults with Disabilities Seeking Employment
- ✓ Behavioral and Mental Health Consumers
- ✓ Case Managers
- ✓ Housing Representatives
- ✓ SF DAAS Social Workers
- ✓ Coalition of Agencies Serving the Elderly (CASE) Member Caregivers
- ✓ Faith-Based Community Leaders

Community Forum and Focus Group Respondents

All community forum and focus group participants were asked to complete a 12-question demographic survey. **Four hundred and sixty-two (462) participants signed in and filled out a demographic survey at a community forum** and **282 participants filled out a demographic survey at a focus group**. Appendix VIII provides additional detailed descriptions of attendees, while Appendix IX provides an overview of the

findings from each district.[27] Figure 10 shows participants' stakeholder affiliations. Participants could select all affiliations that applied to them. Most identified as community members and nearly 30% identified as service providers. Most community members were female (60%) and the most represented racial/ethnic groups were Asian (39%) and White (24%). The most frequently selected age range was between 65 and 74 (35%) and nearly 14% of community members identified as gay/lesbian, bisexual, or questioning. When asked if they had participated in services, 54% of community members indicated that they and/or their family member(s) had participated.

Figure 10. Forum and Focus Group Participant Stakeholder Affiliation (n = 744)

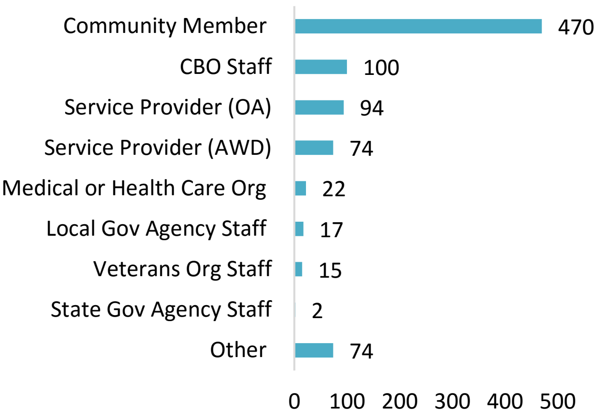
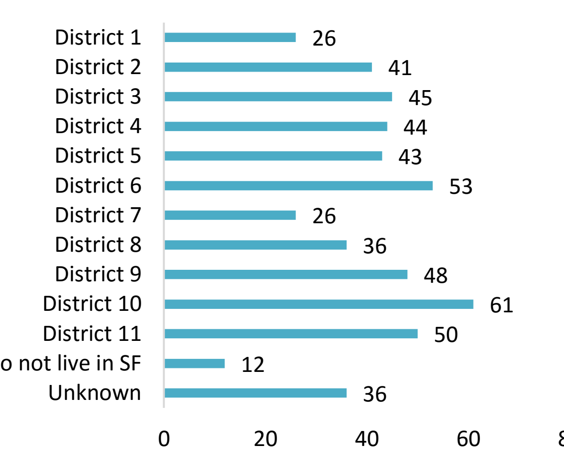


Figure 11. Forum and Focus Group Participant District of Residence (n = 521)



Community members represented all districts of San Francisco, with the most participants coming from District 10 (12%) (see Figure 11). Approximately 11% of community members were veterans. If English was not their preferred language, community members spoke Cantonese (55% or Spanish (22%) with the highest frequency (see Figure 12). Most community members had lived in San Francisco for over 30 years (58%), as shown in Figure 13.

Figure 12. Forum and Focus Group Participant Preferred Language (n = 196)

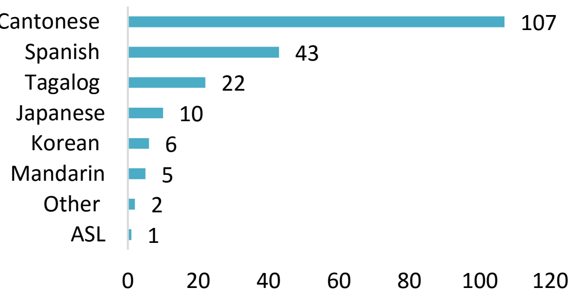
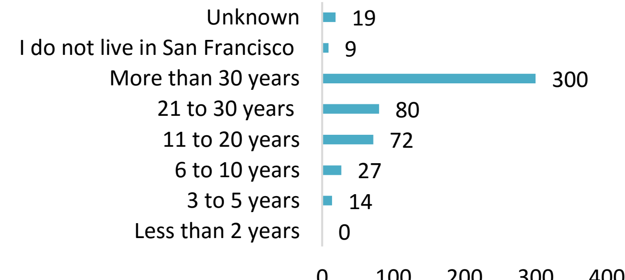


Figure 13. Forum and Focus Group Participant Years Lived in San Francisco (n = 521)



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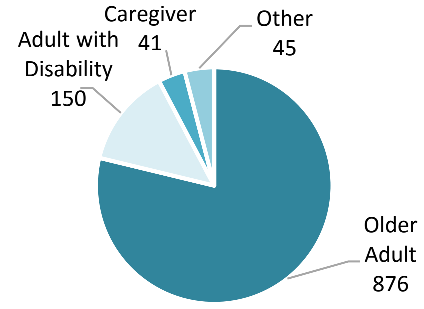
[27] Respondents may not have answered every question; therefore, the number of respondents varies in the following figures.

Population Survey Outreach Overview

In addition to focus groups and community forums, the team created and distributed a population survey to Dignity Fund stakeholders, including community members and service providers. All individuals who attended a community forum and left their email address were provided a link to the survey. The survey was advertised on the SF DAAS website, and SF DAAS requested service providers distribute the survey link or paper copies to their clients, with guidance to complete the survey only one time. In addition to the paper and online survey, a phone survey was administered to a stratified random sample of respondents. There were **1,127 survey responses total** (see Appendix X for additional detailed descriptions of respondents). Service providers (n = 266) were administered a separate survey, whose results are not presented here (see Appendix XI for additional information about service providers' survey responses). For more information about survey administration, please see the Methodology Section, Phase IIa: Community Research.

Population Survey Respondents

Figure 5. Population Survey Stakeholder Affiliation (n = 1,112)



While administering the survey, the team compared population survey data to data from the American Community Survey Estimates for older adults and adults with disabilities to ensure that the population survey was representative of San Francisco's demographic diversity. Results showed a similar distribution of language, race/ethnicity, and income between survey and census data. The majority of respondents were older adults (see Figure 14). Most survey respondents lived in a single-family house (41%) or an apartment/flat (41%). Almost two-thirds of respondents had lived in the city for over 30 years (60%; see Figure 15) and residents of all San Francisco districts were represented in the survey (see Figure 16).

Figure 15. Population Survey Years Lived in San Francisco (n = 1,088)

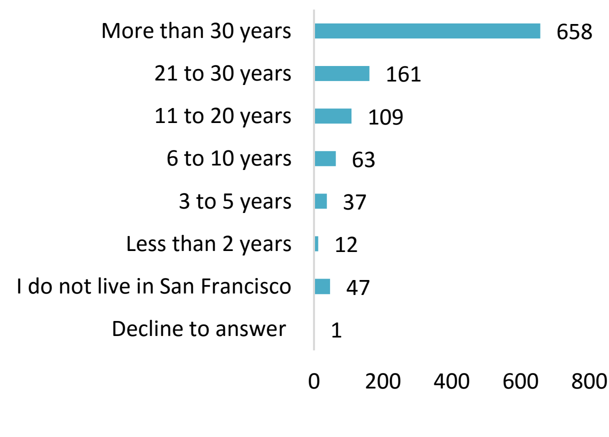
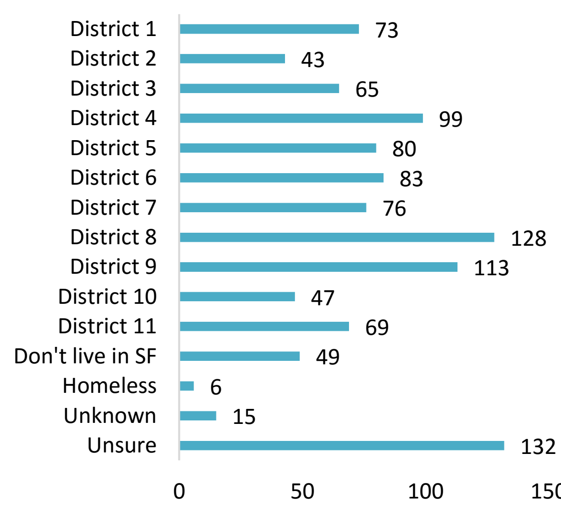


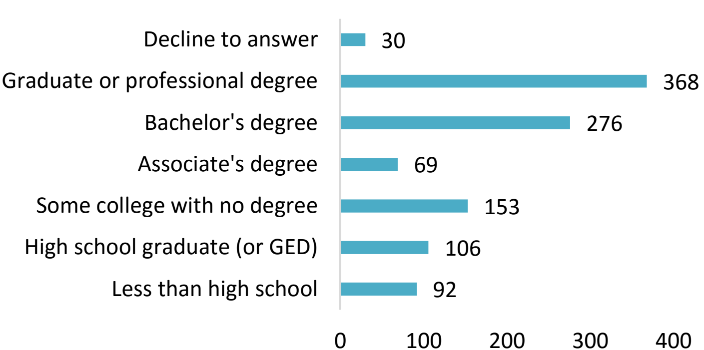
Figure 16. Population Survey District of Residence (n = 1,078)



Approximately 37% of respondents were married and 24% were single. The other consumers were either widowed (15%), divorced, (14%), other (7%), or did not report their status. The majority of respondents either lived alone (42%) or with one other person (36%), while 11% lived with two other people and 7% lived in a household of four or more.

Almost 10% of respondents served in the military at some point. Just over half of respondents had a Bachelor's or graduate degree, as shown in Figure 17. Most respondents were female (61%). The most frequently selected age range was between 65 and 74 years (43%) and 18% identified as gay/lesbian, bisexual, questioning, or other.

Figure 6. Population Survey Education Level (n = 1,094)



E. Community Research Findings

Overview

Older adults and adults with disabilities are important, vibrant members of the San Francisco community who contribute to their neighborhoods through work and volunteerism, participation in multi-generational events, commitment to the neighborhood's well-being, and willingness to give back to their community. Over the past several years, SF DAAS has invested extensive time and funding into improving its capacity to serve and support these individuals so they can maintain independence and contribute to their neighborhoods and communities. Findings from the Community Research component of the DFCNA suggest that SF DAAS' efforts to support older adults and adults with disabilities and allow them to continue contributing to their communities have been largely successful. Consumers and service providers were asked about their awareness of, engagement in, and barriers accessing several different service areas:

1. **Adult Day Programs** (including Adult Day Health Centers, Adult Social Day, or Alzheimer's Day Care Resource Centers)
2. **Assisted Transportation** (including Paratransit, Group Van, Shopping Shuttle)
3. **Caregiver Support** (including respite, support groups)
4. **Case Management** (including navigating the care system, getting access to services)
5. **Community Service Centers and activities** (sometimes called "senior centers")
6. **Health Promotion** (including Always Active, fall prevention & disease management programs)
7. **Housing Support** (including housing subsidies, home modifications)
8. **Information and Referral Assistance** (including Aging and Disability Resource Centers, Benefits and Resource Hub at 2 Gough Street)
9. **In-Home Care** (including support services with personal tasks, such as dressing or bathing)
10. **Legal Services** (including support services with naturalization)
11. **Neighborhood-Based Connection Programs** (including Villages or Community Connectors)
12. **Nutrition Support** (including Home-Delivered Meals, Congregate Meals at community centers)
13. **Technology Classes** (including SF Connected)

Overall, consumers who are engaged in these services enjoy and appreciate them. Connected consumers rated programs and services favorably and shared many stories of positive experiences. Additionally, Community Research findings also indicate that there continue to be opportunities to improve outreach and service efforts to meet the needs of older adults and adults with disabilities.

The Community Research **efforts also highlighted the structural problems that persist throughout San Francisco and often amplify the challenges in providing social services** to large groups of individuals who are struggling to meet their basic needs. For example, in 2016, more than half of adults over 65 living in

the San Francisco area experienced either moderate or severe housing burden,[28] while individuals receiving Supplemental Security Income (SSI) had to pay about 151% of their SSI income to afford a modest one-bedroom apartment in San Francisco.[29] The stress of this burden was apparent during many focus groups with consumers and service providers. While the Dignity Fund cannot fully resolve these issues, there are opportunities for Dignity Fund resources to provide support and guidance for navigating housing challenges.

Community Research Key Findings

1. The majority of service-connected consumers have positive service experiences and enjoy their participation.
2. Consumers and service providers described several barriers and challenges to accessing services that can limit engagement in services and programs that support older adults and adults with disabilities.
3. San Francisco residents display limited awareness of the challenges facing older adults and adults with disabilities, which compounds existing barriers to service engagement for these groups.
4. There are opportunities to enhance existing collaboration efforts and establish new partnerships throughout the community, both across agencies and within community groups.

1. The majority of service-connected consumers have positive service experiences and enjoy their participation.

Consumers and service providers shared many stories of successful service engagement, with the majority of older adults and adults with disabilities speaking highly of the services they received. Consistently, consumers viewed services that promote meaningful social engagement and community building as key to enhancing quality of living. The following section describes these findings from consumers and service providers.

a. Consumers who participate in existing programs and services view them favorably.

Over half of all survey respondents had participated in at least one program or service. They were asked how they would rate each service they participated in, from very poor to very good. **On average, respondents rated all programs and services between good and very good.** Focus group participants also had positive feedback regarding their service experiences. As older adults and adults with disabilities

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[28] Joint Center for Housing Studies of Harvard University. *2016 Renter Cost Burdens by Age*. Retrieved from http://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_age_table. The San Francisco area includes San Francisco, Oakland, and Hayward. Moderately cost-burdened households pay between 30% and 50% of their household income on housing, while severely cost-burdened households pay over 50% of their household income on housing.

[29] Technical Assistance Collaborative. *Priced Out in the United States.* Retrieved from http://www.tacinc.org/knowledge-resources/priced-out-v2/.

discussed which services they enjoyed, several key themes regarding what made those services beneficial emerged:

- **Services meet consumers' basic needs**: Consumers expressed appreciation for the services that meet their basic needs, such as meal support and advocacy for navigating challenges with housing, benefits, and legal issues. They also discussed the importance of having places to go or services to utilize that help them feel safe.
- **Services promote social engagement**: Consumers enjoy programs and services that allow them to interact with their peers and other community members. Younger adults with disabilities discussed how they enjoyed being in classes and going on trips with each other, while older adults described how Community Service Centers allow them to socialize with each other, staff, and volunteers.

> *"It's therapy to be with your friends." – Older Adult*

- **Services provide opportunities for learning and skill building**: Older adults cited several activities and classes that were intellectually challenging or allowed them to learn new skills. For example, many older adults expressed appreciation for technology classes where they could learn to use smart phones and online communication services (e.g., Skype) to communicate with family and friends who did not live locally.
- **Services are culturally responsive**: Adults with disabilities and older adults discussed the value of services that are provided by people who understand consumers' experiences and cultural background. They talked about their preference for services provided in different languages or provided by people from backgrounds or with experiences similar to their own.
- **Services vary and are innovative**: Consumers expressed appreciation for programs and services that provided a variety of options. Older adults particularly appreciate the variety of services provided by Community Service Centers, such as dance, art, and field trips, and they encouraged providers to continue being creative and innovative in their programming.

b. Programs and services that promote meaningful community and social connection are an important and beneficial resource that enhance consumers' quality of life.

Older adults and adults with disabilities often discussed the **value of services that promote community and social engagement**. Consumers cited different types of service "hubs" that are grounded in both service provision and community, including Community Service Centers, neighborhood-based connection programs, and several community-based organizations (CBOs). Both older adults and adults with disabilities noted that such programs provide the opportunity to engage with peers and staff in a safe and supportive environment. Many older adults who utilize services at a Community Service Center shared positive relationships with staff, and enjoyed the classes, activities, and meals that enable them to spend

time with others. Several older adults also mentioned groups and clubs, such as neighborhood associations or choirs that are intellectually stimulating and provide opportunities to be a part of a community. Older adults who participated in Village programs, a neighborhood-based connection model, discussed the importance of having a community that functions as a support system and safety net.

Many adults with disabilities emphasized the **value of CBOs with accessible service locations that provide activities and classes to promote social engagement and community building**. At one CBO, adults with disabilities praised the activities that they enjoyed participating in, including dances, field trips, and writing. They discussed not only the camaraderie they experienced with other consumers, but also their strong sense of connection to and willingness to advocate for each other.

"[This organization] takes care of business. [They] make us safe here and are advocates." –Adult with a Disability

COMMUNITY VOICES: COMMUNITIES OF COLOR

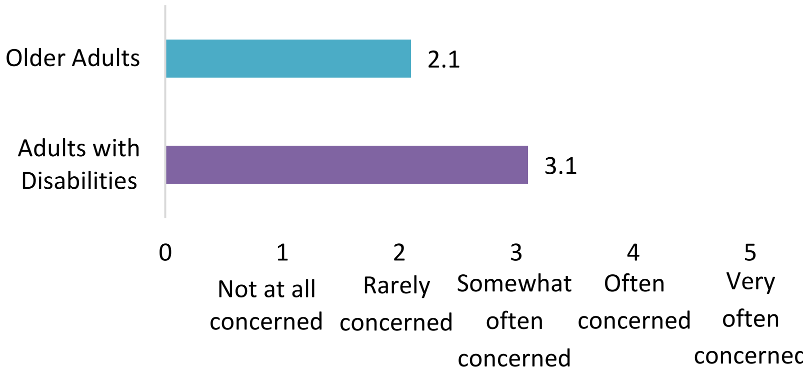
Asian or Pacific Islander Community. Filipino consumers highlighted the need for language services, expanded hours, permanent location of a Community Services Center, more cultural events, navigation for services (e.g., legal, housing, SSI, caregiver support), improvements capacity for transportation (i.e., paratransit), mental health services, and cost of in-home support and medical services. Additionally, Chinese consumers highlighted the need for services to prevent social isolation, expanded services and permanent locations for Community Service Centers, navigating housing support services, capacity of transportation services, and language services. In community forums and focus groups, Korean and Japanese consumers called out gaps in mental health services and legal support services.

Latino Community. Consumers from the Latino community discussed positive experiences with Community Service Centers, especially for preventing social isolation. They also expressed interest in more mental health services, transportation services, exercise classes, craft activities, and expanded hours and permanent locations of Community Service Centers.

African American Community. Overall, African-American participants reported positive experiences with Community Service Centers and felt that the center contributes to a sense of community and social cohesion. The largest African American communities of older adults and adults with disabilities reside in Districts 5 and 10. District 5 has a large proportion of older adults living alone, and African American participants from this district highlighted the need for more companionship services to prevent social isolation. Participants from community forums shared concerns regarding the need for more services to support aging in place (e.g., legal support services, housing support services, advocacy services, expanded case management services) and increased awareness, access, and linkages to services. Districts 5 and 10 reported positive experiences with Community Service Centers, and District 5 community forum participants highlighted the opportunity to leverage local community-based organizations to mobilize around key issues important to local neighborhoods. Consumers highlighted gaps in in-home support services (particularly for moderate-income individuals), dental and medical care, nutrition services, technology classes, intergenerational activities, employment opportunities, and expressed the need for more service locations.

Some adults with disabilities highlighted the importance of organized peer groups that not only foster a sense of community but also can be useful for word-of-mouth outreach and finding additional services that could be helpful. The need for services that reduce isolation and loneliness was further highlighted in consumers' responses to the population survey. When asked, on a scale of 1 (not at all) to 5 (very often), how often during a typical month they felt concerned about feeling isolated or lonely, adults with disabilities reported more frequent concern than older adults (see Figure 18).

Figure 7. Adults with disabilities tend to be more concerned about isolation and loneliness



Survey responses from both paid service providers and informal caregivers who provide care for their loved ones indicated that caregivers also appreciate programs that promote community, specifically noting the value of services that can connect caregivers to each other for support. However, when asked on a scale of 1 (not at all true) to 4 (very true) if they know where to get support as a caregiver, the average response was only "a little bit true," indicating they may need additional help accessing supportive services. One provider identified gaps around caregiver support, noting that they would benefit from trainings in multiple languages. Such trainings would not only improve their ability to provide care for their loved ones, but would allow them to connect and share experiences with other caregivers in their community.

2. Consumers and service providers described several barriers and challenges to accessing services that can limit engagement in services and programs that support older adults and adults with disabilities.

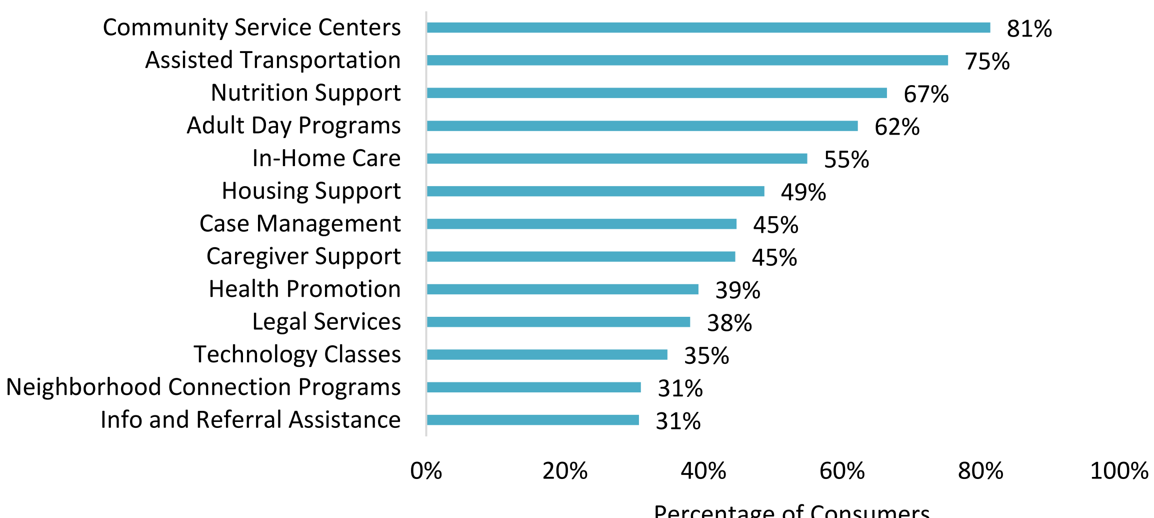
Consumers and service providers highlighted challenges to service engagement, including the need for more information about and increased visibility of existing programs and services. In addition to limited awareness of available services, they also discussed barriers to accessing those that they did know existed. The following section reviews these challenges and how they may limit consumers' service engagement.

a. There is a need for more information about and increased visibility of existing programs and services that support older adults and adults with disabilities.

Challenges exist in the awareness of information about available support services and programs for older adults and adults with disabilities. In the population survey, at least 60% of respondents were aware of Community Service Centers, Assisted Transportation, Nutrition Support, and Adult Day Programs. On the

other end of the spectrum, less than one-third of respondents were aware of Information and Referral Assistance (see Figure 19).

Figure 19. Some service areas are better known than others

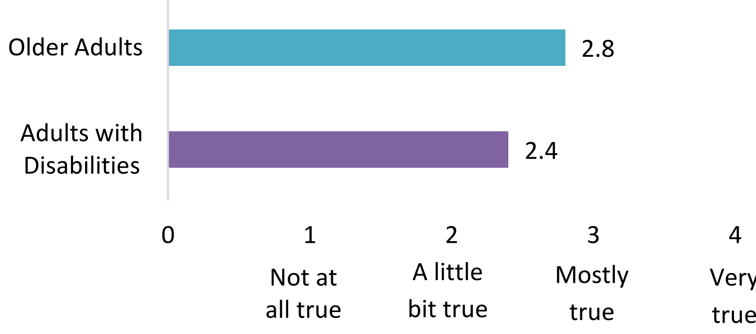


> *"It would be helpful if there was one office where we could go and someone could tell us about all of the services, instead of having to figure it out by ourselves."*
> *– Older Adult*

Consumers' limited awareness of key resource centers - such as the DAAS Benefits and Resources Hub and Aging and Disability Resource Centers (ADRCs) - was echoed by focus group participants who often expressed a desire for centralized resource centers throughout the City. Although most focus group participants were already engaged in services, many still expressed a desire for centralized resources that can be accessed through means other than their current service provider. For example, some older adult focus group participants expressed interest in having a place to go where they could learn about all available services, not just those provided by their current provider. Other older adults and adults with disabilities suggested implementing centers that are population-specific that take into consideration the unique needs of different groups. Adults with disabilities suggested that providing in-person resources, regularly updated mailed information, and phone options would be more inclusive of individuals with diverse accommodation needs.

Differences in awareness emerged between older adults and adults with disabilities. In the population survey, older adults and adults with disabilities were asked how true the statement, "I know where to get programs and services" was for them, on a scale of 1 ("not at all true") to 4 ("very true"). As shown in Figure 8, on average, older adults were more likely than adults with disabilities to state that they knew where to get services and programs for themselves. However, both groups averaged a response of less than three, indicating that **there remain opportunities to improve consumers' awareness of where to go to access programs and services to meet their needs**. Providers also noted the desire to learn more about what other services exist in the City as well as to have updated materials about existing resources in order to make appropriate recommendations and connections.

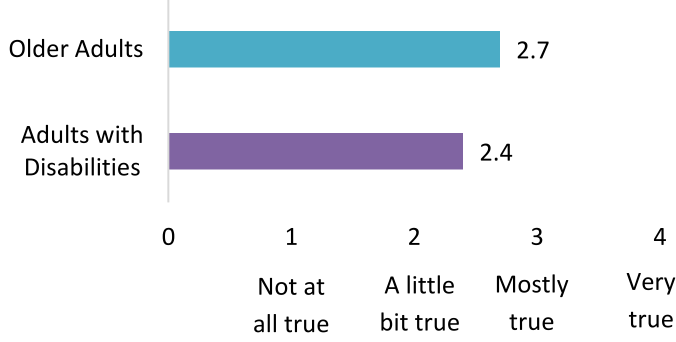
Figure 8. Older adults know where to get services and programs more than adults with disabilities



In addition to lacking awareness of the DAAS Benefits and Resources Hub and ADRCs, many consumers articulated a need for specific additional services to meet their basic needs; **however, many of these services currently exist, further indicating the need for improved awareness of existing services**. Across focus groups, forums, and surveys, consumers discussed what they perceived as unmet needs, some of which were complex and involved multiple systems. In the population survey, older adults and adults with disabilities were asked how true the statement, "Services and programs meet the need of this group of adults" was for them, on a scale of 1 (not at all true) to 4 (very true). As shown in Figure 21, older adults were more likely than adults with disabilities to believe this statement was true for them. Notably, on average, both groups ranged between believing this statement was "a little bit true" and "mostly true," suggesting there continues to be opportunities to deliver services to meet the needs of both older adults and adults with disabilities.

Many consumers and providers discussed ongoing needs while acknowledging the challenges facing San Francisco. For example, conversations about housing needs were often contextualized with the recognition that "housing is hard" across the City. However, within this recognition, consumers maintained a strong desire to access additional supports. Many of the services consumers cited as absent or needing improvement are services that SF DAAS currently provides across the City.

Figure 9. Older adults are more likely to believe existing services meet their needs



Specifically, **consumers often discussed the need for additional advocacy and support to respond to housing-related difficulties and expanded assisted transportation resources that are efficient, accessible, and safe.**

About half of the consumer survey respondents had heard of SF DAAS-funded housing support services (e.g., housing subsidies or home modifications) and about one-third had received some form of housing support from SF DAAS. Among those who did not receive support, the majority reported that they did not need it; however, among those who did need support, they reported uncertainty about eligibility and/or lack of eligibility as barriers to accessing housing support services (see Figure 22). **While discussing the need for additional housing support, consumers called out specific legal and financial concerns.** This need was amplified in African American and Hispanic/Latino focus groups and community forums, in which older adults in both communities discussed confusion and frustration around their legal rights related to evictions and mistreatment from property managers. They also discussed the need for support in navigating finances, the use of power of attorney, and avoiding

COMMUNITY VOICES: NON-ENGLISH SPEAKERS

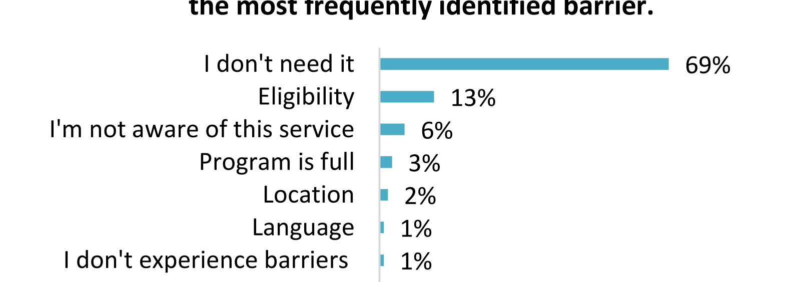
San Francisco is home to 112 different languages. The City's cultural and linguistic diversity is well-reflected in its aging population, 55% of whom speak a primary language other than English. Over one-third of adults with disabilities also speak primary languages other than English. Thus, the experiences and input from non-English consumers were essential to the DFCNA. Through multilingual forums, focus groups, and population surveys, DFCNA activities reached 653 residents with limited English proficiency.

A wide array of services provided by SF DAAS and community-based organizations cater specifically to non-English speaking cultural groups. Many of these services, particularly community hubs such as senior centers, leverage existing community ties to bring people together and offer a variety of services. Service staff at service hubs are often culturally and linguistically representative of the population they serve and are poised to forge bonds to meet their needs. During a focus group at a senior center, one provider shared that, "All of our staff speak the languages of the community. Cantonese, Mandarin, Vietnamese, Spanish… We are very community-driven so a lot of the services they ask for, we do."

Across some non-English speaking groups, community services were well known and utilized at a high frequency. These consumers expressed the need for more space and additional hours, given both the demand for services and consumers' desire to participate in the evenings and on weekends.

Across focus groups, there was a consistent call for increased multicultural interactions and activities, coming from both English speakers and non-English speakers alike.

Figure 10. Among those who needed housing support, eligibility was the most frequently identified barrier.



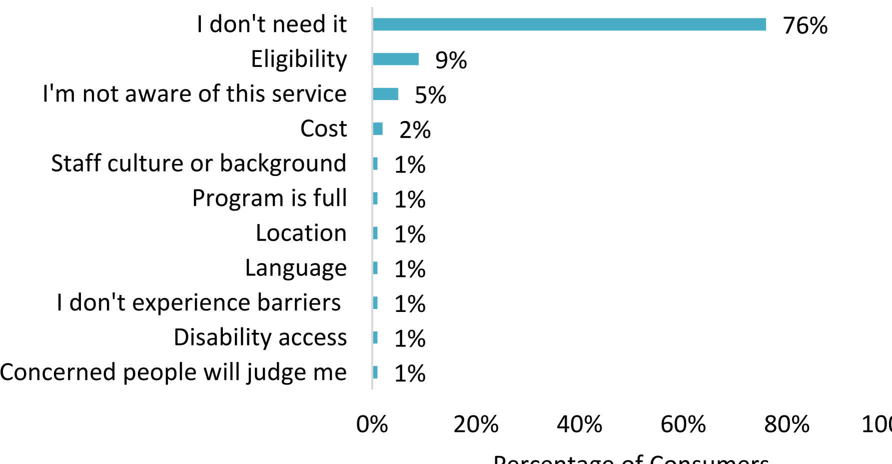
mistreatment as they age. Both older adults and adults with disabilities highlighted their own vulnerability in legal and financial situations, and they expressed a need for accessible, affordable, and trustworthy guidance for resolving legal challenges and money management concerns. Such vulnerability produced fear in many consumers that they could lose their housing and be forced to leave the communities in which many have lived for decades.

Additionally, adults with disabilities and older adults described a **need for resources and support adapting their residences for disability needs and aging at home**. Adults with disabilities shared stories of property managers failing to make reasonable accommodations to make housing compliant with the Americans with Disabilities Act (ADA), while older adults discussed the need for help identifying and utilizing resources to make home modifications in order to continue aging in place and contributing to their community. Providers also noted the **increased challenges that homeless adults with disabilities and older adults experience**; not only does this population need additional support identifying housing solutions, but their service needs are greater and more difficult to address than the non-homeless population.

"The bus is not a safe space. It's too crowded and people don't care, even though you say you have a disability. I wish people realized and people would be more respectful."
–Adult with a Disability

In focus groups and community forums, consumers shared **challenging experiences using public transportation, citing concerns about safety and access**. Given the challenges consumers experience riding public transportation, many rely on Paratransit and SF DAAS-funded assisted transportation services that support participation in DAAS Community Service Centers, such as the Group Van program. Three out of four survey respondents had heard of these assisted transportation services, while one in five had used them at some point. As shown in Figure 23, the majority of those who did not use assisted transportation did not need it.

Figure 23. Most people who did not participate in assisted transportation did not need it



However, a smaller percentage of those who did not use assisted transportation services were either ineligible or unsure about their eligibility, unaware that it was available or how to access it, or were concerned about cost.

Similar to survey responses, many consumers who attended community forums and focus groups also relied on assisted transportation services like Paratransit, often because of challenges using public transportation. **Consistently, older adults and adults with disabilities who relied on assisted transportation services expressed frustration that existing services did not meet their needs.** Consumers highlighted several concerns with existing assisted transportation services, including that they were unreliable (e.g., long wait times and no-shows from Paratransit), inflexible, and expensive, even for individuals receiving subsidized rides. Some middle-income older adults with need for mobility accommodations expressed concern that their assisted transportation options were further limited by eligibility requirements. In addition, many older adults and adults with disabilities expressed concern over assisted transportation service providers that do not provide support getting from the residence to the vehicle.

COMMUNITY VOICES: SERVICE PROVIDERS

Through their on-the-ground experience working with residents, SF DAAS-funded service providers possess an understanding of the social, economic, and health-related barriers experienced across the city's diverse communities. However, DFCNA findings indicate that population growth among aging adults places growing strain on the capacity of community-based service providers.

Over 200 service providers participated in the DFCNA survey. Provider survey respondents ranked housing, in-home care, case management, and assisted transportation as the areas of greatest need among older adults and adults with disabilities living in San Francisco. During focus groups, providers echoed the concerns of consumers when it came to the challenges that older adults and adults with disabilities face in finding appropriate support services. Providers reported that many people are unaware of SF DAAS and the network of resources and services it provides directly and indirectly through CBOs. As one service provider stated, "newer seniors just don't know about our services. We're still a little bit of a secret. Those that use us really love [it]."

Many service providers spoke of the importance of case managers to help people overcome barriers, navigate the system, and find appropriate services to meet their individual needs. They emphasized the value of case management in helping consumers to find help before they reach a crisis, which can be a crucial step toward reducing strain on costly emergency medical and mental health systems. Beyond health and well-being, case managers can provide education about how to apply for services such as housing and translation assistance; however, finding case managers to meet the cultural and linguistic needs of the growing population is an ongoing challenge for CBOs. As many services are already at capacity, waitlists for case management and other services emerged as an issue that makes service providers' work more difficult.

CBOs expressed concern about the needs of a rapidly growing Baby Boomer population. As one service provider mentioned, "Service providers like my organization are already struggling to keep the doors open and provide services. As the number of seniors increases, and as their needs increase as a result of being older, without additional funding service providers will be hard pressed to maintain staff and services." As new members age into the older adult population, SF DAAS and service providers will need to collaborate to ensure awareness of and access to needed supports in order to allow older adults to age in place.

According to service providers, consumers with more complex needs may benefit from additional case management and coordinated care services. Providers consistently ranked case management and care coordination as an area with the greatest need for more services. According to survey responses, just under half of respondents had heard of case management, and 39% of those who had heard of it had received such services.

Consumers and providers called for greater outreach and awareness efforts to increase consumers' understanding of available SF DAAS services. The need for such an increase was evident in the prevalence of consumers' requests for centralized resource centers, limited awareness of existing SF DAAS information and referral services, and calls for additional services to meet their basic needs (i.e., housing, legal and financial support, and improved assisted transportation access). Providers expressed the need for further outreach to promote service awareness among consumers and recommended **further outreach and promotion of existing SF DAAS resources that centralized service information**. In both focus groups and survey responses, providers described how their **agencies often lack resources to conduct extensive outreach to connect with consumers** and suggested a centralized outreach and marketing campaign to improve service connection across populations.

Consumers participating in focus groups also recommended greater outreach efforts to promote awareness of services among older adults and adults with disabilities, as well as their families and caregivers.

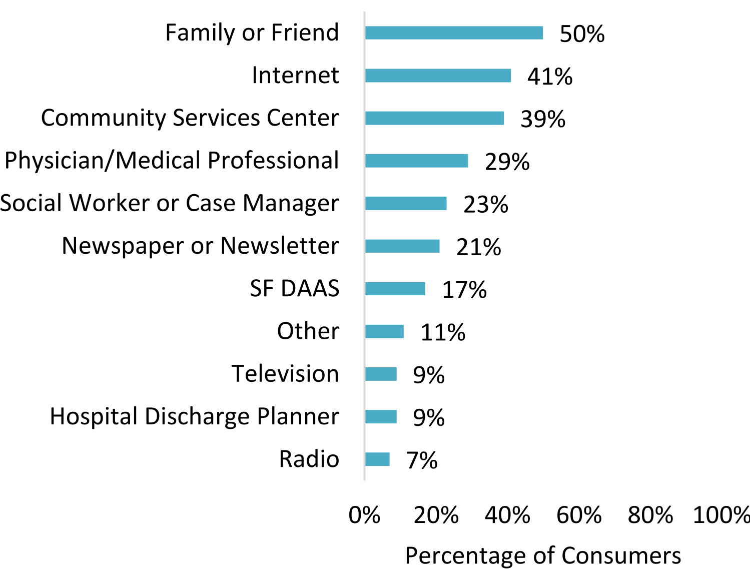
"A key issue is communication: Getting the word out…about services that are available and providing mechanisms for them to connect with the services so that they can benefit from them." – Older Adult

One adult with a disability highlighted that outreach is especially important for adults with disabilities, since SF DAAS does not specify disability services in its name and adults with disabilities might not know that SF DAAS is a resource for them.

Consumers expressed interest in seeing innovative strategies for increasing service awareness and engagement. One frequently cited example was the use of peer service navigators or ambassadors, who can listen to individual consumers' needs and connect them to appropriate resources. Many recommended utilizing community members as volunteers or staff for this role, which can help ensure outreach efforts are both culturally responsive and specific to the needs of local populations who may have varying backgrounds, experiences, and needs. In one focus group with African Americans, consumers recommended using existing service providers who have already established trust with the community to train other community members to assist older adults who need support. Trained peer navigators could provide a culturally responsive opportunity to facilitate service connection, which many consumers and providers cited as vital to effective outreach and engagement.

Current successful outreach efforts leverage existing consumer networks. According to survey responses, most consumers hear about existing programs and services from family and friends, the internet, and community service centers (see Figure 24). Focus group participants emphasized the importance of word-of-mouth outreach; many referenced hearing about services from neighbors, friends, or even casual conversations with others on the bus or at the store. They also discussed the value of community- or neighborhood-specific newsletters.

Figure 11. Consumers hear about services from a variety of sources



b. A variety of barriers and challenges to access can limit service engagement.

In recognition of the diversity of neighborhoods across the City, SF DAAS and its contracted service providers work to deliver services that align with the varying needs of different groups in each neighborhood. For example, SF DAAS contracts with multi-lingual providers and agencies that employ staff who reflect the background of the community they serve. Different racial and ethnic groups reported comparable levels of awareness, participation, and perceptions of program quality, which suggests SF DAAS' commitment to culturally responsive providers has been effective. Regardless of race or ethnicity, the **majority of survey respondents who did not participate in a program or service stated that it was because they did not need it; however, several respondents and focus group participants shared a variety of obstacles that can make it difficult to access the services they need**.

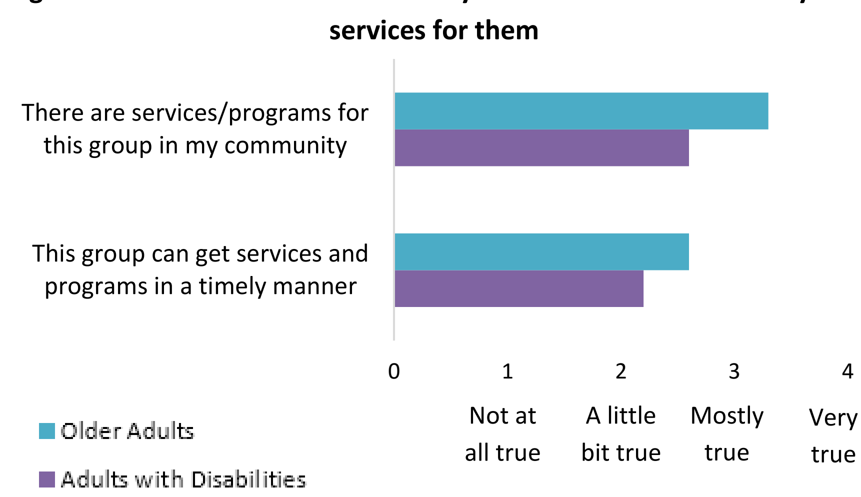
Many consumers expressed concerns about navigating what they perceive as a large and often-complicated service system. Consumers noted their frustration with what they consider the de-centralized nature of a large and complex system. They discussed the time it takes to navigate the system and to determine what services are available, where they are located, and whether they meet eligibility requirements. As an example of the complications associated with navigating the system, many consumers from different groups cited an extensive amount of paperwork, which is often redundant across different services or programs.[30] Service providers were familiar with consumers' frustrations, stating that accessing the service system can often require tenacity from consumers who are willing to make multiple phone calls, fill out a large amount of paperwork, and persistently ask for support. They

[30] It should be noted that Office on the Aging services do not require paperwork, though other programs and services do have paperwork requirements.

further noted that those who do not have the capacity to be so persistent are often left out of service engagement.

As shown in both the survey and focus groups, **adults with disabilities found the system to be more challenging to navigate**. In the population survey, both groups were asked how true the statements, "There are services for this group of adults in my community" and "This group of adults can get services and programs in a timely manner" were for them, on a scale of 1 (not at all true) to 4 (very true). As shown in Figure 25, adults with disabilities were less likely to believe that there are services and programs for them, and were less likely to agree that they can access them in a timely manner. Some adults with disabilities expressed the belief that the service system is more fluid and easier to navigate for older adults than for younger adults with disabilities:

Figure 12. Older adults are more likely to believe their community has services for them



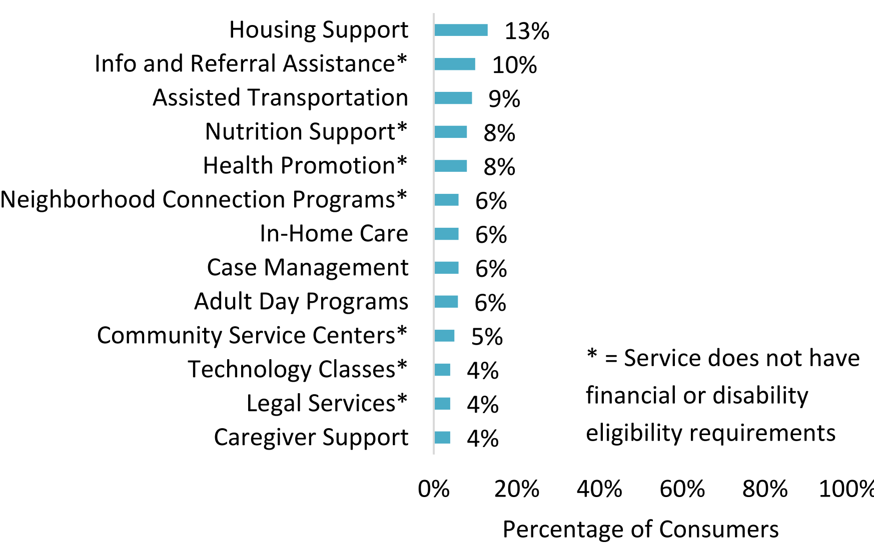
"I'm younger…so it's not centralized [for me]. There is mixed information…so you don't know where to turn, unlike with the seniors. They have all the services for them." – Adult with a Disability

One consumer with a disability observed that if someone is not connected to something like a Community Service Center, where staff can provide guidance and facilitate service connection, they must go to many different agencies and providers for services. This can disproportionately affect consumers with mobility restrictions, as well as younger adults with disabilities, who may see resources like Community Service Centers as only for older adults. Transitional age youth (i.e., 18 to 25 years old) with disabilities also expressed a perception that assumptions were made about all adults with disabilities that may not be applicable to younger adults. For example, one transitional age youth with a disability discussed how challenging it is to get support seeking full-time employment, as few services seem to consider that adults with disabilities may desire or be able to participate in full-time work. While the DAAS Benefits and Resources Hub and ADRC sites are service hubs that serve both older adults and people with disabilities under age 60, this perception is critical for DAAS to understand and address.

Consumers and service providers **identified eligibility as a significant barrier to service engagement**. Among survey respondents who experienced a barrier to accessing services, between 4% and 13% of consumers identified eligibility as a barrier. Challenges with understanding eligibility were ubiquitous; consumers consistently selected it as a barrier for each service area included in the survey (see Figure 13).

The focus groups provided an opportunity to dig more deeply into this challenge. Providers noted that **some consumers were mis-informed about eligibility requirements and tended to assume there were more eligibility requirements than actually existed**. Additionally, a subset of middle-income consumers described a situation in which they did not meet the eligibility requirements for some means-tested in-home care services, but paying for private sector services threatened their financial stability. These individuals expressed a desire for more affordable in-home care, particularly for aging adults. Caregivers, many of whom were caring for aging parents or partners who did not qualify for subsidized in-home care, echoed consumers' concerns. Caregivers described the frustration caused by what they perceived as restrictive eligibility requirements and told stories of having to reduce work hours, quit their jobs, or spend their savings to support their loved ones.

Figure 13. At least 4% of consumers identified eligibility as a barrier for engaging in every service



Consumers and service providers also highlighted **barriers to service engagement related to organizations' service capacity**. While few survey respondents cited a program being full as a reason not to engage, many focus group participants talked about waitlists for programs they were most interested in, including case management, food delivery services, and adult day programs. Consumers discussed concerns about organizations not having enough staff who speak their language, which was echoed by a small proportion of survey respondents (2-3%) who indicated that not seeing their cultural background reflected in staff was a barrier to engaging in Community Service Centers, Information and Referral Services, and Neighborhood-Based Connection Programs.

Consumers also discussed how agencies' hours and locations limit service engagement:

> *"I know many seniors and we would like a program that is close to us [that] we can go to, to share our lives and stories. We want to be connected." – Older Adult*

Some older adults highlighted programs that they wished could expand to meet the needs of more consumers. They noted that attending programs and activities may be the only social interaction many older adults take part in, and they suggested extending the hours of those programs beyond mid-afternoon to later in the day and on weekends.

Furthermore, between 2% and 6% of survey respondents noted that location impacted their ability to access Community Service Centers, Health Promotion Programs, Information and Referral Services, Neighborhood-based Connection Programs, and Technology Classes. In one focus group, consumers told stories about their aging friends who could not leave home to access services. They noted that having to get to a service provider's office can be a significant barrier to individuals with mobility limitations, and they expressed a desire for more home-based services that promote companionship.

COMMUNITY VOICES: OLDER ADULT VETERANS

Older adult veterans represent a key demographic slice of San Francisco, with the majority having called the City home for at least 30 years. These veterans often present with both overlapping and unique needs compared to their peers, including high rates of chronic health issues, Post-Traumatic Stress Disorder (PTSD), and other emotional and physical challenges.

Veterans make up almost 12% of the older adult population (65+) currently residing in San Francisco. To understand their experience using community support services, we sought feedback from 164 veterans through surveys, focus groups, and community forums. We found that veterans experienced many of the same challenges as their peers when it came to aging in place in the Bay Area, as well as additional obstacles that may affect their daily well-being.

Among survey respondents, nearly half of older adult veterans reported experiencing long-term/chronic health issues, while one in three reported having a disability requiring accommodation. Veterans also reported experiencing frequent concerns about meeting their healthcare and medication needs.

In focus groups, veterans shared stories about the impact of invisible disabilities on their daily lives. For example, PTSD can create barriers to essential City services like public transportation. Many veterans reported intense discomfort and fear of riding public transportation due to the potential triggering effect of being in crowded, enclosed spaces. One participant who experiences PTSD shared that riding public transportation "is really dangerous because it's all you can do to not seriously react [in] situations when high school kids on the bus route are acting up." He and other participants went on to emphasize a desire for the expansion and improvement of SF DAAS-funded assisted transportation services as a means to improve their transportation safety.

Female veterans described challenges as a gender minority in many programs and facilities aimed at veterans. Focus group attendees explained that, "women veterans are a little different and it can be difficult being one or two women in the room or building." To address this challenge, participants suggested women's activity/support groups that meet consistently and reliably.

As they discussed the aforementioned access and engagement barriers, consumers and providers identified elements that facilitate access and engagement. **Consistently, older adults and adults with**

disabilities discussed the importance of being able to trust service providers. According to consumers, culturally responsive service delivery is a key building block of that trust. Adults with disabilities discussed the importance of feeling understood and safe when receiving services, while older adults noted their appreciation for activities that celebrate their culture (such as meals and festivals).

3. San Francisco residents display limited awareness of the challenges facing older adults and adults with disabilities, which compounds existing barriers to service engagement for these groups.

Older adults, adults with disabilities, and service providers emphasized the importance of improving the community's awareness of the needs and challenges older adults and adults with disabilities face. Community members and service providers voiced **concern that younger adults and those without a disability lack awareness of the challenges facing older adults and adults with disabilities**. For example, older adults and adults with disabilities cited safety and accessibility issues with taking public transportation in San Francisco. They shared examples of inconsistent stop announcements, challenges getting others to respect their need for accommodations, and safety fears when buses move before they are seated, make sudden stops, or do not allow enough time for them to get on or off the bus.

Consumers expressed interest in an **awareness campaign** that can sensitize other community members to those who may need additional accommodations. Some suggestions focused specifically on increasing messaging and signage on public transportation to inform others of the importance of observing disability seating protocol on public transit. Others emphasized the need for increased messaging that promotes awareness around street safety, so older adults and adults with disabilities can feel safe crossing the street. Some adults with disabilities expressed interest in a campaign that includes education about disabilities that may not be visibly apparent. Consistently, older adults and adults with disabilities expressed a desire to be "seen" by other San Francisco residents in order to feel safer in and connected to their community.

4. There are opportunities to enhance existing collaboration efforts and establish new partnerships throughout the community, both across agencies and within community groups.

Consumers often discussed the challenges of having to seek support from multiple sources, wondering why agencies "don't talk to each other." Service providers gave a more nuanced perspective, recognizing the inherent challenges in cross-system collaboration. Both groups, however, expressed a desire for enhanced collaboration, both among service providers and with other community members.

a. **Community members and providers identified important opportunities to continue or begin collaboration efforts between agencies in San Francisco.**

Much of the discussion about collaboration among different agencies who serve older adults and adults with disabilities in San Francisco focused on the potential for further collaboration between community service providers and behavioral health providers. One provider noted that, "*seniors [can] be overlooked when it comes to substance abuse services. Most such services are directed at younger people and seniors don't seem to have a lot of options*." Others discussed gaps in behavioral health services including substance abuse treatment for homebound consumers. Some providers suggested finding ways to treat behavioral health concerns through spaces that already exist for community engagement and social activity. According to service providers, increased formal communication could help identify older adults and adults with disabilities in need of behavioral health care and connect them to timely and appropriate services.

Consumers also highlighted what they perceived as opportunities for increased collaboration among service providers and agencies. They expressed interest in having the agencies they work with work together. They suggested that such collaboration between agencies could

COMMUNITY VOICES: LGBTQ+ CONSUMERS

Though San Francisco has long been a destination for LGBTQ individuals from across the country, aging LGBTQ consumers experience unique challenges related to isolation and discrimination, which may intensify as they age. San Francisco currently offers LGBTQ-specific services and communal spaces that provide support to decrease isolation and increase the quality of life for these members of the community.

The LGBTQ community makes up approximately 12% of the older adult population in San Francisco. The DFCNA engaged 369 community members that identified as LGBTQ to solicit feedback about their needs and their experience accessing community support services. A number of consumers spoke of the many strengths of the services provided to LGBTQ older adults and adults with disabilities. They emphasized the importance of social support services and congregate meals that are specifically designed for the LGBTQ population. Community members also spoke of the assistance they received through centralized service "hubs" including case management, mental health care, and emergency support for medical needs. They emphasized the importance of opportunities to come together with other community members in safe spaces to provide mutual support.

While isolation is a challenge for all older adults and adults with disabilities, San Francisco's LGBTQ community spoke of increased challenge in this area. They shared that much of the LGBTQ population in their generation live away from immediate family and do not have adult children, often a source of care and support later in life. Another contributing factor is that many reported feeling uncomfortable attending all service sites, requiring them either to seek out and access services outside of their neighborhood or to not engage in services. Having to travel farther to access services and spaces where they feel safe and comfortable can become an even greater obstacle if they experience physical or mental challenges. For the transgender aging community, there is an added layer of complexity in accessing services. While most reported that services and hubs designed for LGBTQ are "trans-welcoming," it can be still be hard if there are few transgender community members in attendance or working at the center. Several transgender community members reported the importance of having representation of transgender identities in staff at community sites and health centers.

Given these factors, LGBTQ community members repeatedly highlighted the need to have more spaces and activities that help to build community resilience and fight individual isolation. As one community member stated, "We want to be together. [We need] things that build on optimism and engagement."

provide additional support and help consumers better connect with the service system. Adults with disabilities provided one example of how this could be beneficial in their discussion of the Golden Gate Regional Center (GGRC). Though not a SF DAAS-funded service, many adults with disabilities discussed the usefulness of the GGRC and inquired about ways their current services could align with GGRC resources. Providers who work with adults with disabilities discussed increasing community service providers' collaboration with agencies like the San Francisco Recreation and Parks Department to provide classes tailored for adults with disabilities, in addition to the existing programs designed for older adults.

b. Consumers appreciate collaboration efforts that involve community members who are not adults with disabilities or older adults.

Consumers discussed the value of interacting with other members of their community who were different from themselves. For example, many older adults expressed their enjoyment of and appreciation for programming that promotes intergenerational interactions. They discussed the value of interacting with other community members, noting that their neighbors are not all older adults and they wanted to be able to get to know all their neighbors in order to feel connected to their community. Such connection also has practical implications, as noted by one older adult who observed that it may be more challenging to access programs exclusively for older adults, and inter-generational programs could be delivered more locally:

"[I'd like to see] intergenerational programs that bring different ages together in my community rather than programs restricted to seniors that I have to find and go to that aren't a part of my community. Being a senior does not mean that I do not want to participate in my community." –Older Adult

Similarly, other older adults discussed the value of programs utilizing volunteers of all ages, such as the Villages and Community Connector programs, as helpful in supporting the transition into older age.

In one focus group, adults with disabilities discussed programs that paired them with adults who did not have a disability and provided resources for them to go on various outings. Focus group participants talked about their appreciation for the opportunity to form these relationships and friendships with individuals who they may not otherwise have met.

Finally, older adults and adults with disabilities expressed appreciation for volunteer opportunities that allow them to interact more with others in their community. Some older adults expressed interest in programming that brings together people from different cultural backgrounds and experiences, while one adult with a disability discussed his rewarding volunteer work with young kids as an opportunity to give back to the community. Providers for faith-based organizations discussed the integral role played by older adult volunteers in daily operations and programming. Additionally, older adults in many focus groups talked about their enjoyment of volunteering at the Community Service Centers or other community-based organizations that provide them with services. In each of these instances, consumers and providers highlighted how volunteer opportunities create a sense of purpose and can build community beyond groups of older adults or adults with disabilities.

F. Equity Analysis

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 SF 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. This report's analysis is intended to serve as a baseline; the analysis will be repeated in future years. Findings from the equity analysis are integrated with other data sources in the DFCNA to inform the gap analysis.

The Dignity Fund aims to serve all older adults and adults with disabilities in San Francisco. However, some populations face systematic barriers to accessing Dignity Fund 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 systematic barriers leading to inequitable access to services.

Thus, the team designed the equity analysis to address the following key research questions (see Figure 27).

Figure 27. Summary of Equity Analysis Research Questions[31]

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?

For most programs, service participation rates were calculated using the population of all seniors or adults with disabilities residing in San Francisco. For programs with specific eligibility criteria, the eligible population was restricted to populations eligible to enroll in the program.[32] DAAS-funded Transportation

[31] Image Credits: (Left) "Equity" by Laura Amaya; (Middle) "Community Mapping icon" by Iconathon; (Right) "Money" by Icon Solid from theNounProject.com.

[32] In addition to age and disability status, the equity analysis factored in additional eligibility criteria for the following programs which had specific eligibility requirements for program enrollment: (1) Food Pantry: Individuals at or below 200% federal poverty level. (2) Home-Delivered Groceries: Individuals at or below 200% FPL and with self-care, independent living, or ambulatory disability. (3) Home-Delivered Meals: Individuals with self-care, independent

supplements Paratransit to support client participation at Community Service Centers – serving about 1,300 clients per year – and it does not represent all Paratransit clients. Small programs with a small number of clients may appear to have large disparity in participation rates when actual difference may be minimal. Thus, the equity analysis focuses primarily on large programs with enrollment threshold of approximately 1,000 older adults and 100 adults with disabilities.

This section describes the results of the equity analysis for each research question (see Appendix XII, Appendix XIII, Appendix XV, Appendix XVI, and Appendix XVII for additional results).

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living, or ambulatory disability. (4) Community Living Fund: Individuals at or below 300% FPL and with self-care, independent living, or ambulatory disability.

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

Equity factors capture populations that experience systemic barriers that can inhibit accessing of services and resources. Measuring the effects of equity factors on service participation is methodologically challenging, and it requires a more technical approach in order to empirically capture and measure those effects. This introductory section provides context and guidance for interpreting the equity analysis findings.

The team conducted a rigorous review of the literature and available data sources to identify and prioritize the following five equity factors:

Social Isolation	Poverty	Limited or No English-Speaking Proficiency	Communities of Color	Sexual Orientation and Gender Identity

The following data were used for Research Question 1 analysis:

- SF DAAS OOA Program Enrollment Data FY16-17
- U.S. Census Bureau. IPUMS U.S. Census Bureau 2011-2015 5-Year Estimates[33]
- Human Services Agency Planning Unit: Lesbian, Gay, Bisexual, and Transgender (LGBT) Seniors in San Francisco: Current Estimates of Population Size, Service Needs, and Service Utilization. November 2012

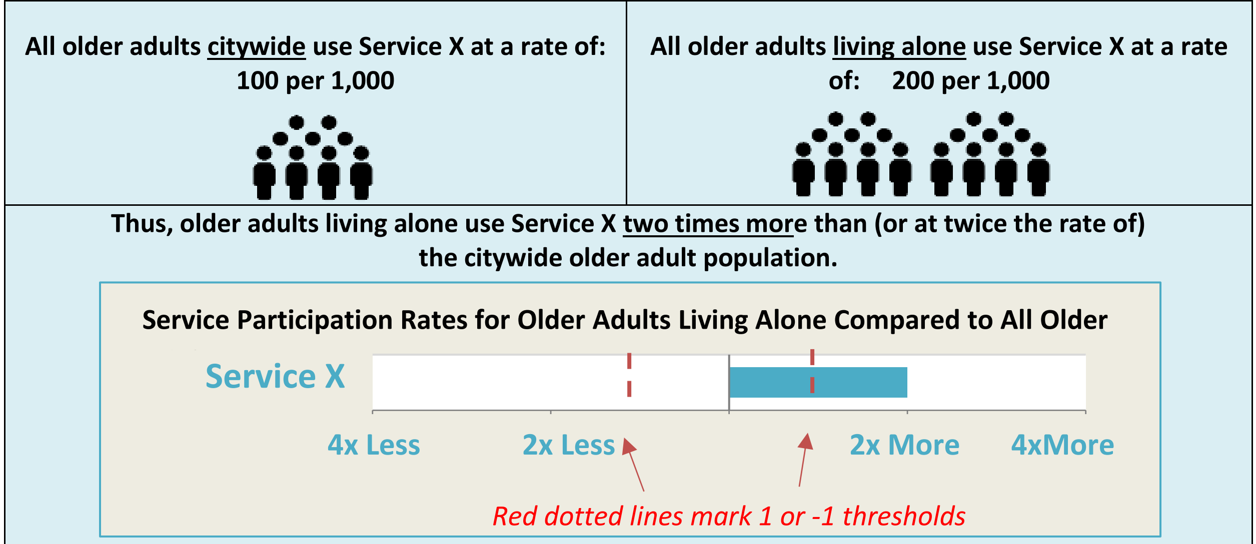
[33] Ruggles, S., Genadek, K., Goeken, R., Grover, J ., and Sobek, M. (2017) *Integrated Public Use Microdata Series: Version 7.0* [dataset]. Minneapolis: University of Minnesota. https://doi.org/10.18128/D010.V7.0.

Service participation rates are standard metrics designed to measure disparities between populations, and they do not describe the volume of individuals served. Throughout this section, 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:

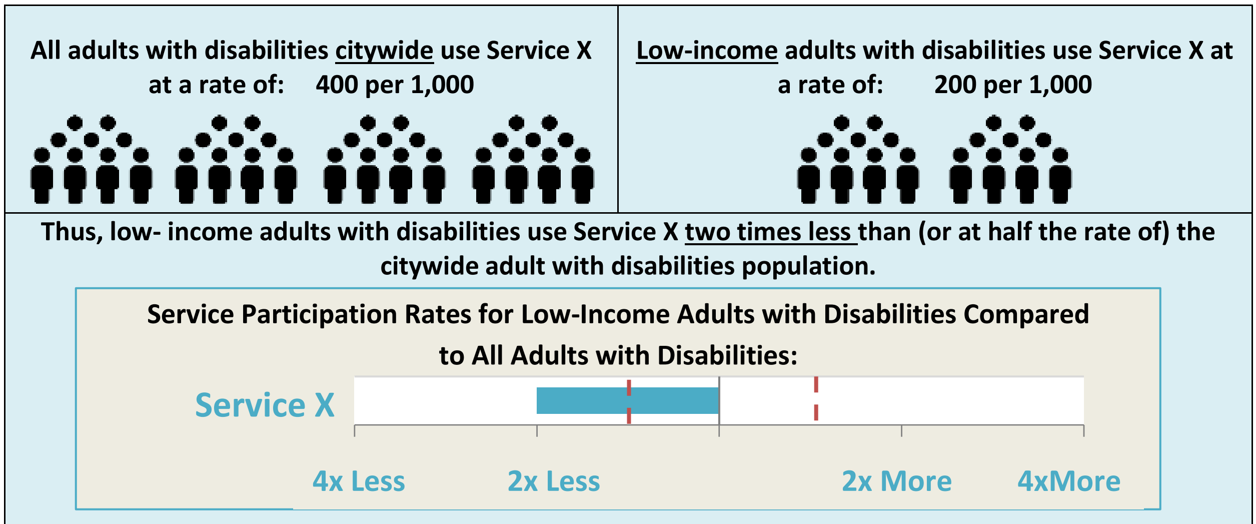
- **A ratio greater than 1** indicates that the subpopulation's rate is higher than the citywide rate.
- **A ratio less than -1** indicates that the subpopulation's rate is lower than the citywide rate.
- **A ratio of one (either 1 or -1)** indicates that there was no difference between the subpopulation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



Key Findings

Overall, **populations with the presence of an equity factors participated in services more compared to the general population of older adults and adults with disabilities**. This trend suggests effective targeting of services to communities that may face systematic barriers to access.

The following summary of findings for Research Question 1 provides an overview of highlighted trends that indicated disparities in service participation across older adult subpopulations with the presence of an equity factor.

Equity Analysis Key Findings for Older Adults with Presence of an Equity Factor

1. Overall, populations with the presence of an equity factor participated in services more compared to the general population of older adults and adults with disabilities.
2. Older adults **living alone** participated slightly more in services overall compared to all older adults (particularly for Nutritional Counseling, Case Management, and Home-Delivered Meal services), but participated less in ADRC and Food Pantry services.
3. **Low-to-moderate income** older adults participated in services at twice the rate of the overall older adult population (particularly for ADRC services), but participated less in Village Model and Home-Delivered Groceries.
4. Older adults with **limited or no English-speaking proficiency** participated more in services compared to all older adults (particularly for ADRC, DAAS-funded Transportation, and Congregate Meals), but participated two times less in Community Living Fund, and Nutritional Counseling, Village Model, and Home-Delivered Meal services.
5. Older adults belonging to **communities of color** participated in services more than all older adults (particularly for DAAS-funded Transportation, Congregate Meals, ADRC, Food Pantry, Community Service Centers, and Home-Delivered Groceries), but participated less in Village Model and Community Living Fund Services.
6. **LGBTQ** older adults had the lowest service participation rate; however, due to data gaps, further validation with improved data in future years is needed to validate this conclusion.

The following summary of findings for Research Question 1 provides an overview of highlighted trends that indicated disparities in service participation across subpopulations of adults with disabilities who have the presence of an equity factor.

Equity Analysis Key Findings for Adults with Disabilities with Presence of an Equity Factor

1. Overall, adults with disabilities had a much lower participation rate compared to older adults.
2. Adults with disabilities **living alone** participated more in services overall compared to all adults with disabilities (particularly for Home-Delivered Meals, Case Management, and Congregate Meals), but participated less in DAAS-funded Transportation and ADRC services.
3. **Low-to-moderate income** adults with disabilities participated in services slightly more compared to all adults with disabilities (particularly for Nutritional Counseling, ADRC, Community Living Fund, Case Management, Congregate Meals, Health Promotion, Home-Delivered Meals, DAAS-funded Transportation, and Community Service Centers).
4. Adults with disabilities with **limited or no English-speaking proficiency** participated in services nearly two times more compared to all older adults with disabilities (particularly for Food Pantry, ADRC, and Congregate Meals), but participated less in Home-Delivered Meals and DAAS-funded Transportation services.
5. Adults with disabilities belonging to **communities of color** participated in services at a rate comparable to the general population of adults with disabilities in San Francisco.
6. LGBTQ participation could not be assessed due to a lack of citywide population estimates for this demographic.

Overall, adults with disabilities had a much lower participation rate compared to older adults in San Francisco. As shown in Table 4, the disparities in service participation between older adults and adults with disabilities are also evident across subpopulations with the presence of an equity factor.

Table 4. 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**

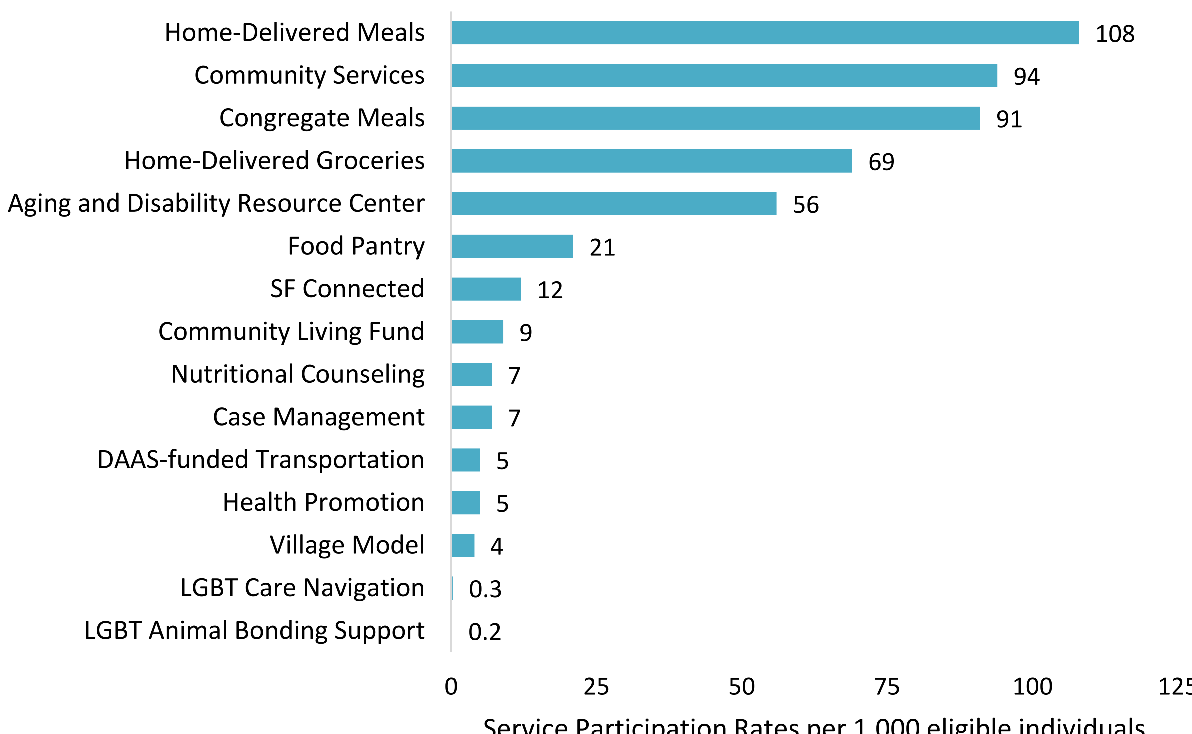
Older Adults

The following section presents service participation rates for each older adult population with the presence of an equity factor, and compares the subpopulation rates to citywide rates for select services.[34] See for a detailed table outlining population served and service participation rates for older adults.

Overall Population

In FY16-17, SF DAAS provided services to 24% of older adults in San Francisco (n = 40,889), which equates to serving 242 older adults for every 1,000 older adults in San Francisco. As shown in Figure 28, the most utilized services included Home-Delivered Meals, Community Service Centers, Congregate Meals, Home-Delivered Groceries, and ADRC.

Figure 28. Service Participation Rates per 1,000 Eligible Individuals for Older Adults, FY16-17



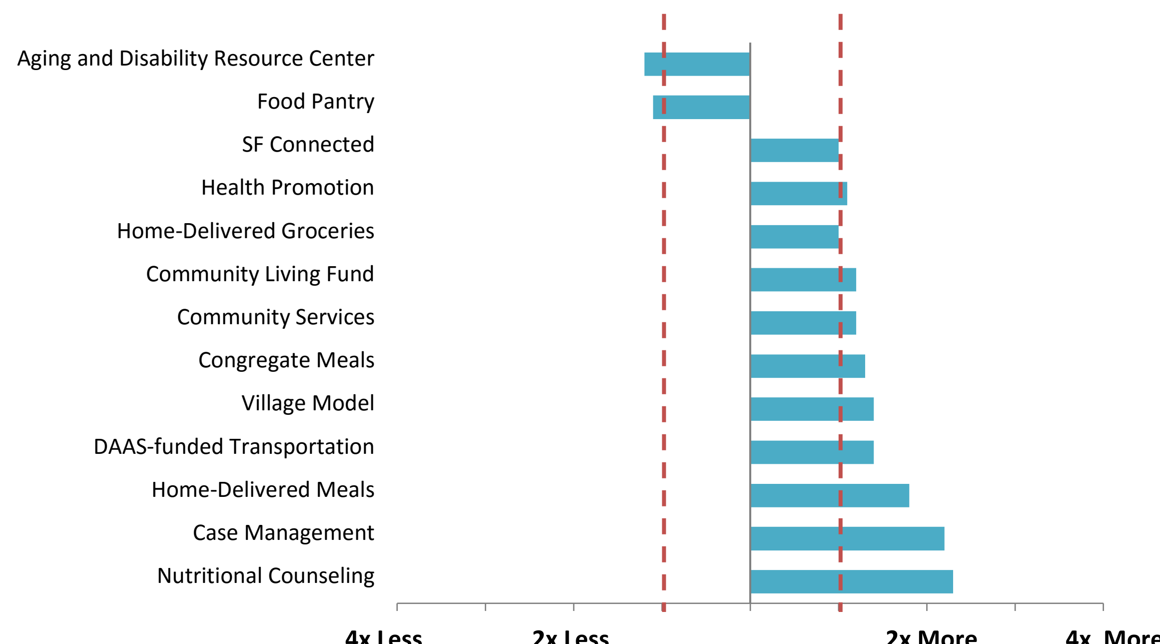
Social Isolation

For the purpose of this equity analysis, social isolation is measured by the proxy indicator of living alone. In FY16-17, SF DAAS provided services to 14,003 older adults living alone, which equates to serving approximately 293 older adults for every 1,000 older adults in San Francisco. Older adults living alone generally participated in services more compared to the general population of older adults in San

[34] The team identified select services that were accessible to the general population and generally had a large enough client population for reliable analysis.

Francisco (242 clients per 1,000 older adults). As shown in Figure 29, participation among older adults living alone varied across services. **Older adults living alone participated less in Aging and Disability Resource Centers (ADRC) and Food Pantry services compared to all older adults, and participated more in Nutritional Counseling, Case Management, and Home-Delivered Meal services.** However, this trend should be further explored and verified since 20% of ADRC clients ages 60 and older had missing or incomplete data for household size.

Figure 29. Service Participation Rates per 1,000 Eligible Individuals for Older Adults Living Alone Compared to All Older Adults, FY16-17[35]



Low-to-Moderate Income

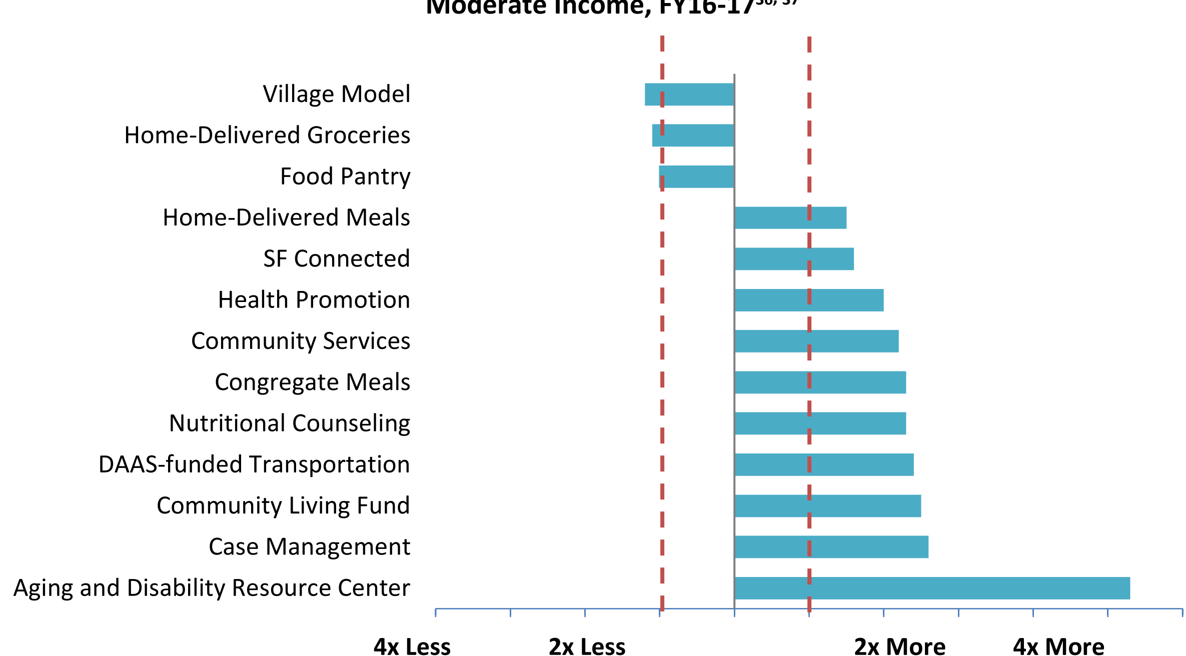
In FY16-17, SF DAAS provided services to 29,747 low-to-moderate income older adults, which equates to serving approximately 519 older adults for every 1,000 older adults with low-to-moderate income in San Francisco. Older adults with low-to-moderate income participated in services more than two times more compared to the general population of older adults in San Francisco (242 clients per 1,000 older adults).

As shown in Figure 30, participation among low-to-moderate income older adults varied across services. **Low-to-moderate income older adults participated slightly less in Village Model and Home-Delivered Groceries, and participated nearly six times more in ADRC services.** Low-to-moderate older adults also participated more in Case Management, Community Living Fund, DAAS-funded Transportation, Nutritional Counseling, Congregate Meals, Community Service Centers, Health Promotion, SF Connected,

[35] Estimates of population served is obtained from SF DAAS program administration data. A total of 8% of older adult clients in OOA services had either missing data for living alone status or they declined to state. Additionally, 18% of ADRC clients had missing or incomplete data for household size.

and Home-Delivered Meals. This high level of service participation, both in volume and diversity of services, may be an indication of effective targeting of support services for older adults with income-based needs and disadvantages. In addition, high utilization of ADRC may be indicative of effective linkages to additional support services.

Figure 30. Service Participation Rates per 1,000 Eligible Individuals for Older Adults with Low-To-Moderate Income, FY16-17[36, 37]



English Speaking Proficiency

In FY16-17, SF DAAS provided services to 20,097 older adults with limited or no English-speaking proficiency, which equates to serving approximately 402 older adults for every 1,000 older adults with limited or no English-speaking proficiency in San Francisco. Older adults with limited or no English-speaking proficiency participated in services nearly two times more compared to the general population of older adults in San Francisco (242 clients per 1,000 older adults).

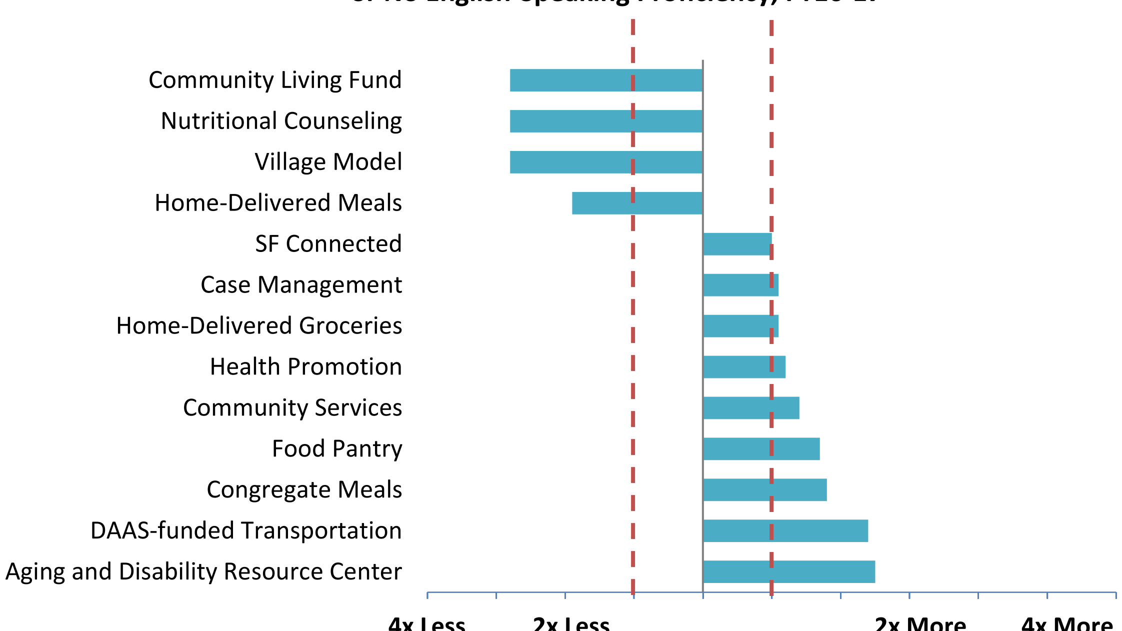
As shown in Figure 31, participation among older adults with limited or no English-speaking proficiency varied across services. **Older adults with limited or no English-speaking proficiency participated two times less in Community Living Fund, and Nutritional Counseling, Village Model, and Home-Delivered Meal services.** Older adults with limited or no English-speaking proficiency also **participated**

[36] Estimates of population served are obtained from SF DAAS program administration data. Income level was determined by self-reported income status and enrollment in IHSS, SSI, Medi-Cal, and CalFresh. A total of 17% of older adult clients had missing or incomplete data for income level. Estimates from SF DAAS program administration data use the threshold of 185% or below FPL and was used as a proxy for 200% FPL.

[37] Community Living Fund and ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

approximately two times more in ADRCs, DAAS-funded Transportation, Congregate Meals, and Food Pantry services.

Figure 31. Service Participation Rates per 1,000 Eligible Individuals for Older Adults Who Have Limited or No English-Speaking Proficiency, FY16-17[38]



Communities of Color

In FY16-17, SF DAAS provided services to 31,264 older adults belonging to communities of color, which equates to serving approximately 308 older adults for every 1,000 older adults belonging to communities of color in San Francisco. Older adults belonging to communities of color generally participated in services slightly more compared to the general population of older adults in San Francisco (242 clients per 1,000 older adults).

As shown in Figure 32, participation among older adults belonging to communities of color varied across services. **Older adults belonging to communities of color participated nearly two times less in Village Model services and participated slightly less in Community Living Fund services**. However, these findings should be further explored and validated since findings were limited by missing data (i.e., 14% of Village Model clients were missing race/ethnicity data) and there were a small number of clients enrolled in Community Living Fund resulting in the participation difference representing a small actual variation in participation (10 per 1,000 citywide compared to 7 per 1,000 from communities of color). Older adults belonging to communities of color participated slightly more in DAAS-funded Transportation, Congregate Meals, ADRC, Food Pantry, Community Service Centers, and Home-Delivered Groceries. This trend

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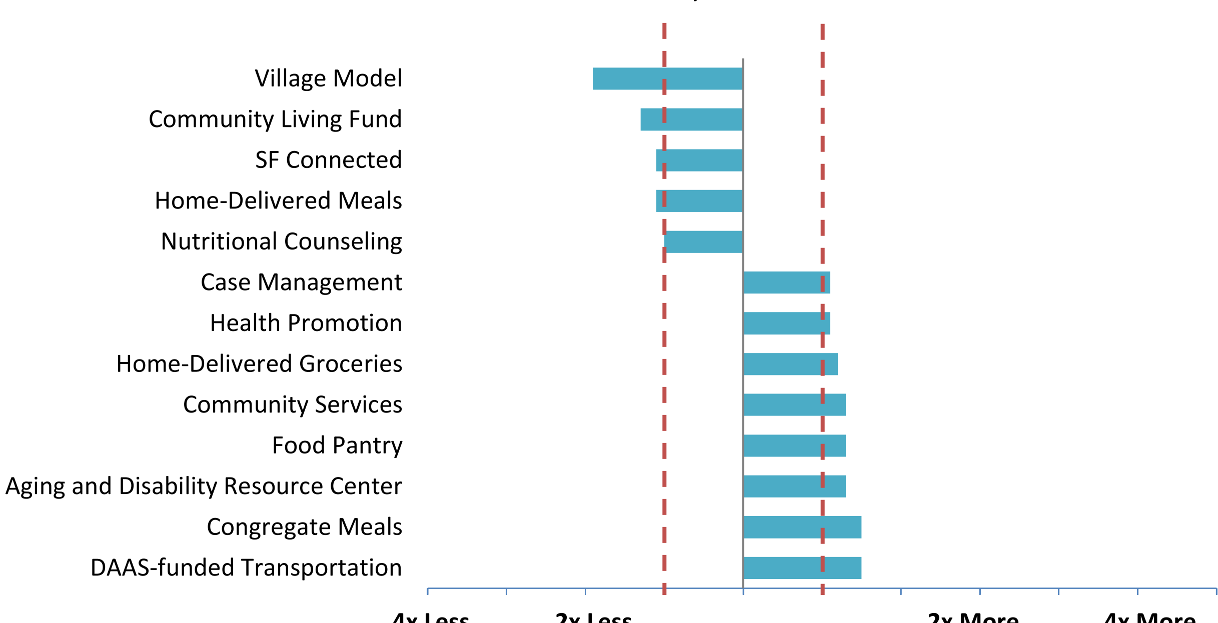
[38] Estimates of population served is obtained from SF DAAS program administration data. A total of 10% of older adult clients had either missing data for language spoken and English fluency or they declined to state.

indicates that older adult communities of color are generally participating in services at the same level as the general older adult population in San Francisco, with the exception of the Village Model.

Figure 32. Service Participation Rates per 1,000 Eligible Individuals for Older Adults Belonging to Communities of Color, FY16-17[39]



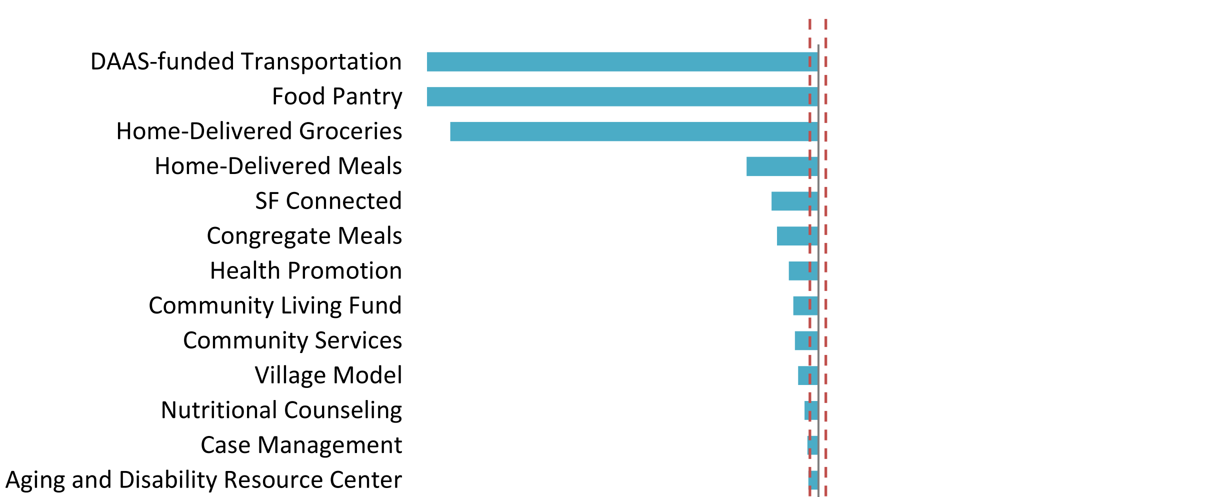
Sexual Orientation and Gender Identity

In Fiscal Year 2016-2017, SF DAAS provided services to 1,444 older adults who self-reported their sexual orientation and gender identity as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ), which equate to approximately 75 older adults for every 1,000 older adults who identify as LGBTQ in San Francisco. **Older adults who identified as LGBTQ generally participated in substantially less compared to the general population of older adults in San Francisco (242 clients per 1,000 older adults).**

As shown in Figure 33 on the following page, participation among older adults who identified as LGBTQ varied across services. Older adults who identified as LGBTQ participated less in DAAS-funded Transportation, Food Pantry, and Home-Delivered Groceries. In addition, older adults who identified as LGBTQ participated more in targeted programs such as LGBT Animal Bonding Support and LGBT Care Navigation, which may be in part due to reporting bias in which targeted programs are more likely to collect sexual orientation and gender identity data.

[39] Estimates of population served is obtained from SF DAAS program administration data. A total of 3% of older adult clients had either missing data for race and ethnicity information or they declined to state.

Figure 33. **Service Participation Rates per 1,000 Eligible Individuals for Older Adults with LGBTQ Status, FY16-17**[40,41]



Many LGBTQ individuals may be reluctant to disclose their LGBTQ identity. This effect is evident in nearly 40% of older adult clients either having declined to state or missing data for sexual orientation and gender identify. In addition, data for FY16-17 predates the launch of the sexual orientation and gender identity (SO/GI) data collection ordinance. Thus, the LGBTQ older adult population among SF DAAS clients is likely underestimated, but data collected in future years are expected to have improved data quality. The team included this data despite limitation in order to establish an approximate baseline in which future equity analysis can make comparisons.

Adults with Disabilities

The following section presents service participation rates for the populations of adults with disabilities in San Francisco with the presence of an equity factor and compares the subpopulation rates to citywide rates for select services. [42] See Appendix XIII for a detailed table outlining population served and service participation rates for adults with disabilities.

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[40] Service participation rates for LGBT older adults were calculated without program-specific eligibility criteria due to limited availability of data. Similarly, citywide rates were calculated without program-specific eligibility criteria in order to appropriately make comparisons between LGBT older adults and the general population of older adults.
[41] Estimates of population served are obtained from SF DAAS program administration data. A total of 37% of older adult clients had either missing or incomplete data for sexual orientation information or they declined to state.
[42] The team identified select services which were accessible to the general population and generally had a large enough client population for reliable analysis.

Overall Population

In FY16-17, SF DAAS provided Dignity Fund services to 13% of adults with disabilities in San Francisco (n = 4,352), which equates to serving 130 adults with disabilities for every 1,000 adults with disabilities in San Francisco. As shown in Figure 34, service participation among adults with disabilities varied across services, and the most utilized services including Home-Delivered Meals, Community Service Centers, Aging and Disability Resource Centers, Home-Delivered Groceries, and Congregate Meals. Adults with disabilities generally participated much less overall in Health Promotion, Food Pantry, DAAS-funded Transportation, Nutritional Counseling, and LGBTQ programs.

Figure 34. Service Participation Rates per 1,000 Eligible Individuals for Adults with Disabilities, FY16-17

Service	Service Participation rates per 1,000 eligible individuals
Home-Delivered Meals	44
Community Services	31
Aging and Disability Resource Center	30
Home-Delivered Groceries	26
Congregate Meals	24
Community Living Fund	9.4
SF Connected	8.3
Case Management	5
LGBT Care Navigation	0.8
LGBT Animal Bonding Support	0.5
DAAS-funded Transportation	0.4
Nutritional Counseling	0.4
Food Pantry	0.3
Health Promotion	0.2

Social Isolation

In FY16-17, SF DAAS provided Dignity Fund services to 1,606 adults with disabilities living alone, which equates to serving 177 adults with disabilities living alone for every 1,000 adults with disabilities living alone in San Francisco. Overall, adults with disabilities living alone participated in services slightly more than the overall population of adults with disabilities (130 clients per 1,000 adults with disabilities).

As shown in Figure 35, participation among adults with disabilities living alone varied across services. **Adults with disabilities living alone participated nearly four times less in DAAS-funded Transportation services and nearly two times less in ADRC services compared to all adults with disabilities in San Francisco.** However, this trend should be further explored and verified since 37% of ADRC clients below age 60 had missing or incomplete data for household size. Adults with disabilities living alone **participated**

in Home-Delivered Meals more than twice more compared to all adults with disabilities in San Francisco. In addition, adults with disabilities living in alone **participated more in Case Management, Congregate Meals, Nutritional Counseling, Community Living Fund, and Community Service Centers**.

Figure 35. Service Participation Rates per 1,000 Eligible Individuals for Adults with Disabilities Living Alone Compared to All Adults with Disabilities, FY16-17[43]

DAAS-funded Transportation
Aging and Disability Resource Center
SF Connected
Health Promotion
Food Pantry
Home-Delivered Groceries
Community Services
Community Living Fund
Nutritional Counseling
Congregate Meals
Case Management
Home-Delivered Meals

4x Less
2x Less
2x More
4x More

Low-to-Moderate Income

Adults with disabilities tend to have lower income than the general adult population, which compounds barriers to accessing services. In FY16-17, SF DAAS provided Dignity Fund services to 3,222 low-to-moderate income adults with disabilities, which equates to serving 177 adults with disabilities for every 1,000 low-to-moderate income adults with disabilities in San Francisco. Low-to-moderate income adults with disabilities participated in services slightly more than the overall population of adults with disabilities (130 clients per 1,000 adults with disabilities).

As shown in Figure 36, participation among low-to-moderate income adults with disabilities varied across services. **Generally, low-to-moderate income adults with disabilities participated in services at the same or higher rate compared to adults with disabilities in general.** Low-to-moderate income adults with disabilities **participated more in Nutritional Counseling, ADRC, Community Living Fund, Case Management, Congregate Meals, Health Promotion, Home-Delivered Meals, DAAS-funded Transportation, and Community Service Centers**. Higher levels of service participation may be an

[43] Estimates of population served is obtained from SF DAAS program administration data. A total of 11% of adult with disability clients enrolled in OOA programs had either missing data for living alone status or they declined to state. Also, 37% of ADRC clients had missing or incomplete data for household size.

indication of effective targeting of support services for adults with disabilities with income-based need and disadvantages.

Figure 36. Service Participation Rates per 1,000 Eligible Individuals for Adults with Disabilities with Low-To-Moderate Income, FY16-17[44,45]

English Speaking Proficiency

In FY16-17, SF DAAS provided Dignity Fund services to 820 adults with disabilities with limited or no English-speaking proficiency, which equates to serving 232 adults with disabilities for every 1,000 adults with disabilities with limited or no English-speaking proficiency in San Francisco. Adults with disabilities with limited or no English-speaking proficiency participated in services nearly two times more than the overall population of adults with disabilities (130 clients per 1,000 adults with disabilities).

As shown in Figure 37, participation among adults with disabilities who have limited or no English-speaking proficiency varied across services. **Adults with disabilities with limited or no English-speaking proficiency participated nearly two times less in Home-Delivered Meals.** Adults with disabilities with limited or no English-speaking proficiency **participated six times more in Food Pantry services, nearly four times more in ADRC services, and nearly three times more in Congregate Meals.** In addition, they participated slightly more in Nutritional Counseling, Community Service Centers, Health Promotion, and Community Living Fund services.

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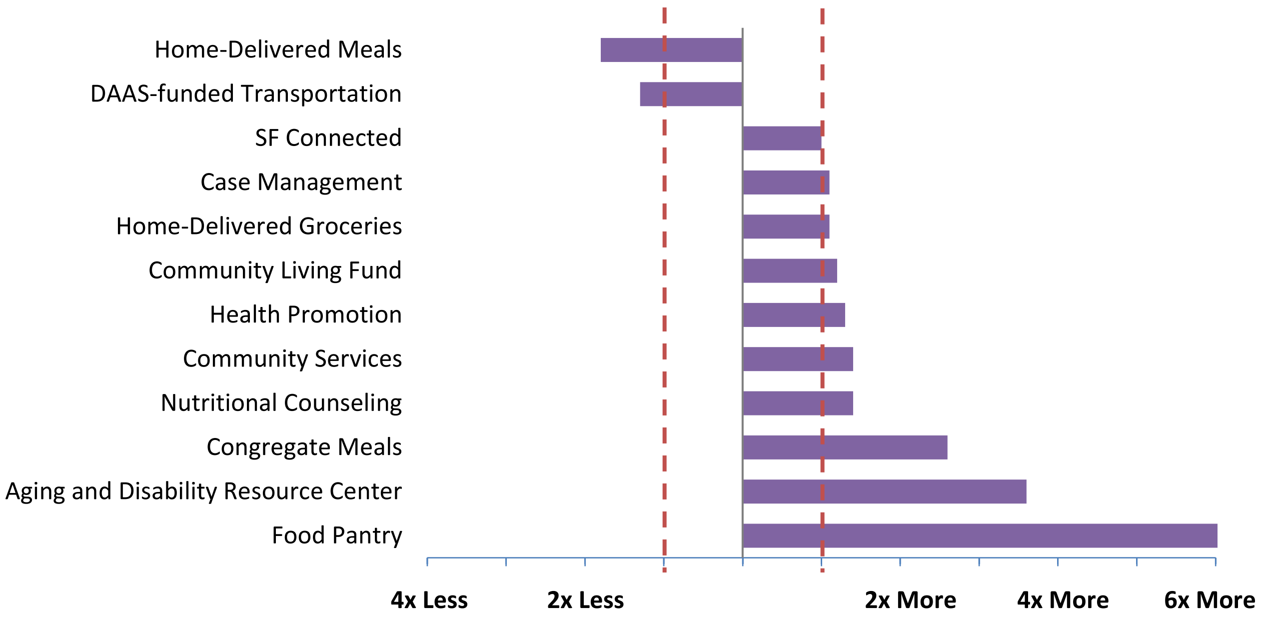
[44] Estimates of population served is obtained from SF DAAS program administration data. Income level was determined by self-reported income status and enrollment in IHSS, SSI, Medicaid, and CalFresh. A total of 16% of adult with disability clients had missing or incomplete data for income level. Estimates from SF DAAS program administration data use the threshold of 185% or below FPL and will be used as a proxy for 200% FPL.

[45] Community Living Fund and ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

Figure 37. Service Participation Rates per 1,000 Eligible Individuals for Adults with Disabilities Who Speak Primary Language Other Than English, FY16-17[46]

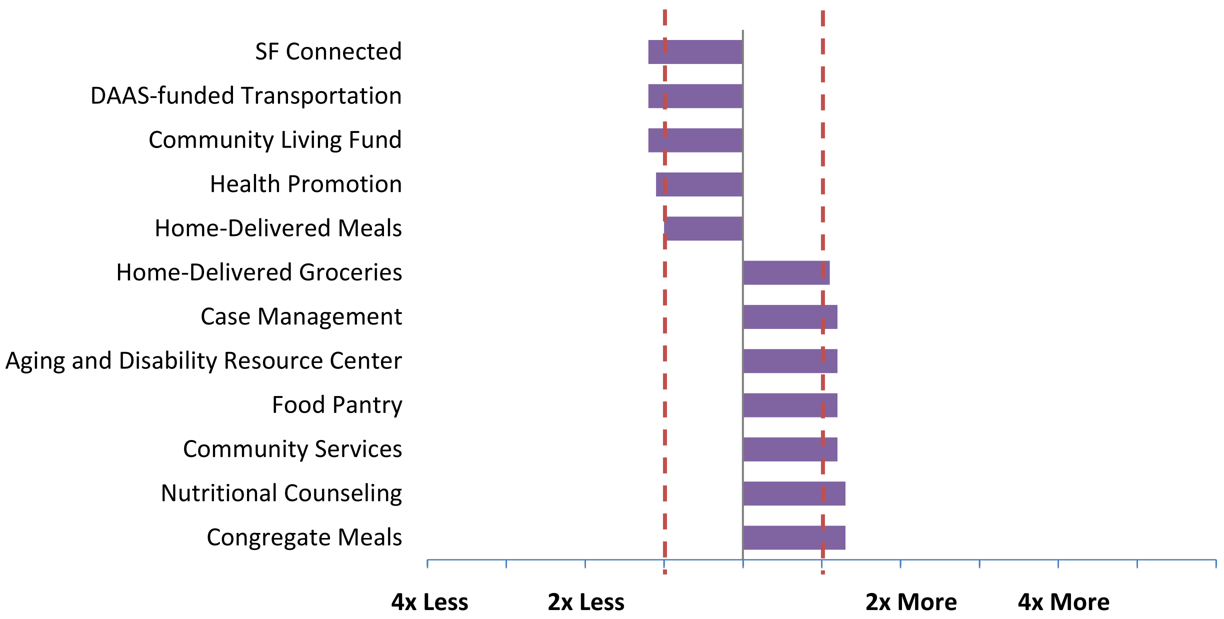


Communities of Color

In FY16-17, SF DAAS provided Dignity Fund services to 2,975 adults with disabilities belonging to communities of color, which equates to serving 145 adults with disabilities for every 1,000 adults with disabilities belonging to communities of color in San Francisco. As shown in Figure 38 on the following page, adults with disabilities belonging to communities of color participated in services slightly more than the overall population of adults with disabilities (130 clients per 1,000 adults with disabilities). Generally, **adults with disabilities belonging to communities of color are generally participating in services at a rate comparable to the general adults with disabilities population in San Francisco.**

[46] Estimates of population served is obtained from SF DAAS program administration data. A total of 12% of adult with disability clients had either missing data for language spoken and English fluency or they declined to state.

Figure 38. Service Participation Rates per 1,000 Eligible Individuals for Adults with Disabilities belonging to Community of Color, FY16-17[47]



Sexual Orientation and Gender Identity

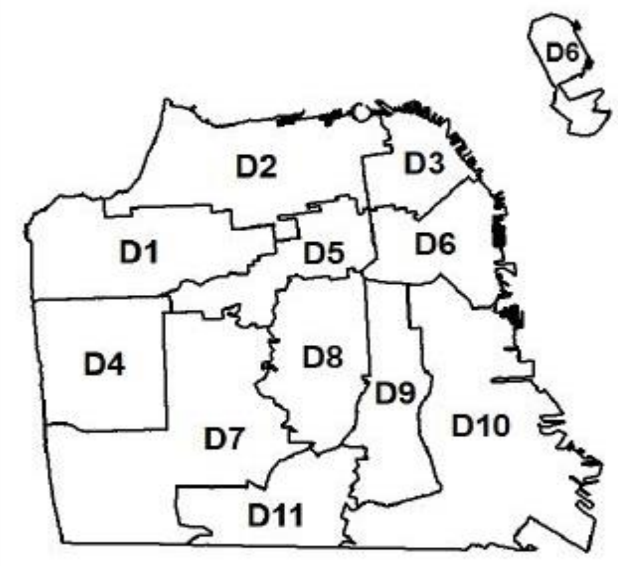
A total of 298 clients between age 18 and 59 identified as LGBTQ. Population estimates were not available for the number of LGBTQ adults with disabilities in San Francisco. Thus, the team was unable to calculate service participation rates for adults with disabilities who identify as LGBTQ. In the gap analysis, the team utilizes qualitative data from community forums and focus groups to understand service needs and trends among the LGBTQ community.

[47] Estimates of population served is obtained from SF DAAS program administration data. A total of 5% of adult with disability clients had either missing data for race and ethnicity information or they declined to state.

Research Question 2: How do service participation rates among low-income populations compare across districts in the city?

The team calculated service participation rates for all income levels in San Francisco districts and district-level rates were compared to citywide rates for select services.[48] This analysis was repeated for populations with lower income levels to assess district-level disparities among lower income populations. The following map in Figure 39 visualizes the districts referenced throughout this section, while Appendix XIV provides a guide outlining the neighborhoods in each district.

Figure 39. San Francisco Districts Map



The following data were used for Research Question 2 analysis:

- SF DAAS OOA Program Enrollment Data FY16-17
- U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months.
- U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status.

[48] Due to limitations with district level data, the team identified select services which were impactful for service allocation planning purposes and which had a large enough client population for reliable analysis.

Key Findings

The following summary of findings for Research Question 2 provides an overview of highlighted trends that indicated disparities in service participation across districts in San Francisco.

Equity Analysis Key Findings for Service Participation Across Districts

1. Among older adults and adults with disabilities, including those at lower income levels, participation rates across districts varied broadly.
2. Among low-to-moderate income older adults, outer districts (i.e., Districts 1, 2, 4, 10, and 11) and Districts 5 and 9 tended to have lower participation rates.
3. Among low-income adults with disabilities, Districts 1, 2, 5, 8, 9, and 11 tended to have lower participation rates.
4. The highest levels of service participation were observed in Districts 3, 6, and 8 among older adults and Districts 3, 6, and 7 among adults with disabilities. Residents in urban areas (i.e., Districts 3, 6, and 8) may have access to multiple transportation modes that are located in close proximity to many service site locations. Notably high level of participation among adults with disabilities in District 7 may be due to a high volume of clients receiving Community Service Center services.

Older Adults

The following section describes service participation rates per 1,000 eligible older adults by district. Population estimates from the U.S. Census Bureau at the local level by age and income were only available for older adults 65 years and older. The available data does support analysis of general trends, but underestimates the eligible population and generally overestimates participation rates. The most appropriate use of this analysis is as a comparison across districts, rather than as an estimate of actual service participation rate.[49]

The following section describes participation rates for the overall population as well as the low-to-moderate income (at or below 200% FPL) older adult population. The subsequent section presents an overview of participation rates by services for low-to-moderate income older adult populations across districts.

As shown in Figure 40, older adults in Districts 3, 6 and 8 generally participated in services more while other districts participated in services less compared to the citywide service participation rate.[50]

[49] For example, using the district-level U.S. Census Bureau data (with its 65+ age threshold) and SF DAAS service enrollment data (with its 60+ age threshold) yields a citywide Case Management participation rate of 26 per 1,000 eligible individuals. However, as noted in Research Question 1 section, the actual Case Management participation rate is 7 per 1,000 eligible individuals.

[50] District assignment was based on the district in which the client resides, except for the following site-based services in which district assignment was determined by the district in which the client accessed the service: Health

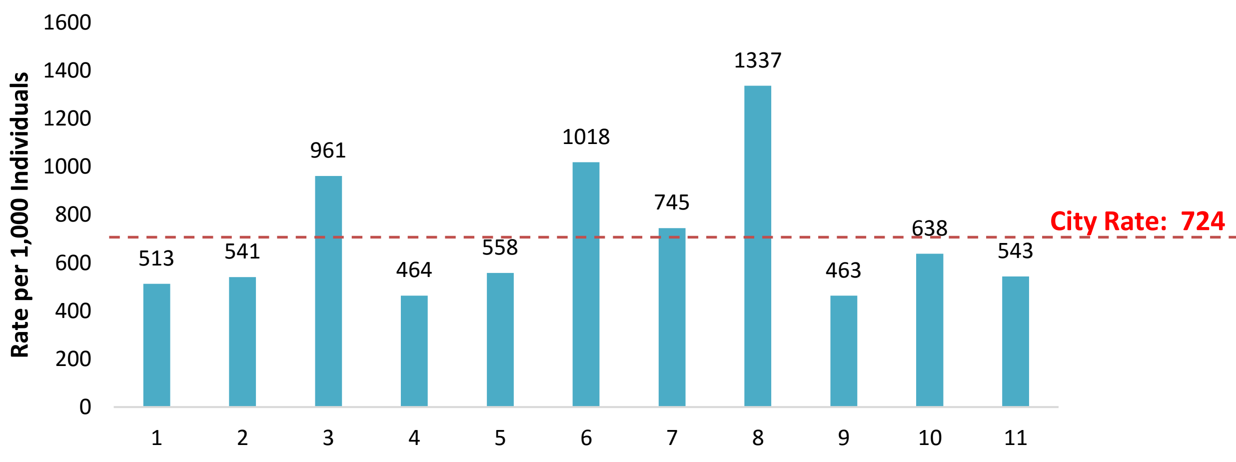
Generally, districts located in the outer areas of the city (including Districts 1, 2, 4, 7, 10, and 11) as well as Districts 5 and 9 had lower participation rates among older adults compared to the citywide rate. This effect may be due to the location of site-based services with a high volume of clients, such as ADRC and Community Service Centers.

Figure 40. Participation Rate per 1,000 Eligible Individuals for Older Adults for All Services, by District, FY16-17

Rate per 1,000 Individuals
City Rate: 355
1: 235, 2: 228, 3: 573, 4: 206, 5: 350, 6: 901, 7: 288, 8: 471, 9: 197, 10: 336, 11: 247

As shown in Figure 41, overall service participation rates among low-to-moderate income older adults were generally higher among Districts 3, 6, and 8, while participation was generally lower among Districts 1, 2, 4, 5, 9, 10, and 11.

Figure 41. Participation Rate per 1,000 Eligible Individuals for Low-to-Moderate Older Adults for All Services, by District, FY16-17



The following table describes service participation rates among low-to-moderate income older adults by district and services (see Table 5). Rates lower than the citywide rate are highlighted in red text.

Promotion, Community Service Centers, Aging and Disability Resource Centers, Congregate Meals, and SF Connected.

Table 5. Service Participation Rates per 1,000 Eligible Individuals among Low-Moderate-Income Older Adults, by District and Service, FY16-17

	District											
Service	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**SF**
ADRC	371	155	3,429	485	69	602	0	273	0	349	362	**471**
Community Service Centers	198	253	105	129	255	404	293	812	311	328	296	**278**
Congregate Meals	204	200	218	209	354	447	446	492	220	265	98	**281**
Home-Delivered Meals	43	53	43	48	81	194	73	109	96	92	63	**84**
Home-Delivered Groceries	47	15	47	15	24	38	16	22	30	51	29	**33**
Case Management	13	14	18	9	27	59	20	35	21	34	17	**26**
Community Living Fund	5	7	14	13	11	44	9	5	31	18	8	**13**

See Appendix XIV for additional tables and charts that compare overall participation to low-income participation by service.

Below are key highlights of district-level trends:

- **ADRC.** Participation among low-to-moderate income 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; 19% of the City's seniors with limited English proficiency live in this district. Participation among low-to-moderate income older adults was lower in Districts 1, 2, 5, 7, 8, 9, 10, and 11.
- **Community Services Centers.** Participation among low-to-moderate income older adults was notably higher in District 8, and participation was lower in Districts 1, 2, and 5 and lowest in Districts 3 and 4.
- **Congregate Meals.** Participation among low-to-moderate income older adults was generally higher in Districts 5, 6, 7, and 8, while participation was lower in Districts 1, 2, 3, 4, 9, 10, and 11. Participation was notably lowest in District 11. Aware of these trends prior to the DFCNA, SF DAAS increased funding in FY17-18 to supplement Congregate Meals in Districts 3 and 11, including a new CHAMPSS restaurant meal site in Excelsior that launched in February 2018; the impact of this funding is not evident in the FY16-17 data.
- **Home-Delivered Meals.** Participation among low-to-moderate income older adults was notably higher among District 6, as well as Districts 8, 9, and 10. Participation was lower in Districts 1, 2, 3, 4, 5, 7, and 11. District 6 is home to 10% of the city's older adults with disabilities and many of the residents live in Single-Room Occupancy hotels, which often lack adequate cooking facilities.
- **Home-Delivered Groceries.** Participation among low-to-moderate income older adults was generally higher among Districts 1, 3, 6, and 10, while participation was lower in Districts 2, 4, 5,

7, 8, and 11. The high participation districts are those with neighborhood-focused programs in addition to the citywide model.

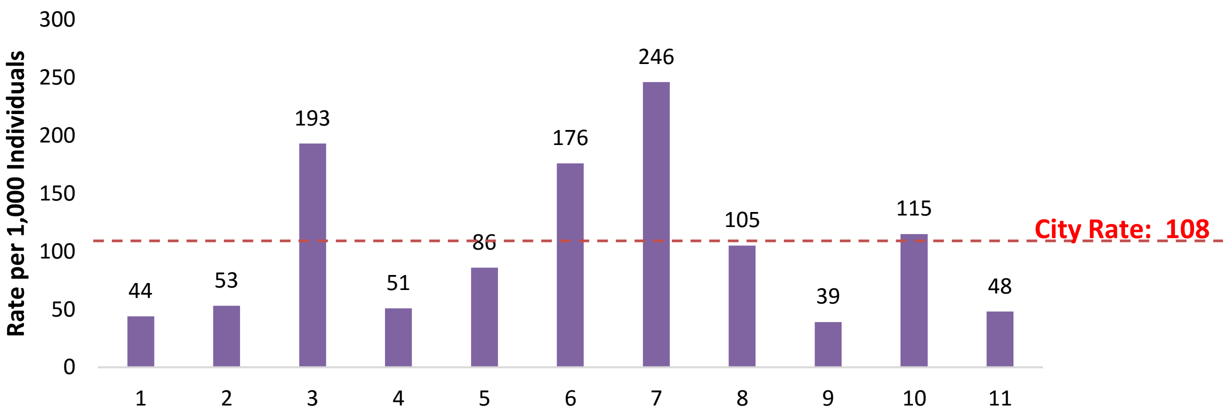
- **Case Management.** Participation among low-to-moderate income older adults was generally higher among Districts 5, 6, 8, and 10, while participation was much lower in Districts 1, 2, 3, 4, 7, 9, and 11.
- **Community Living Fund.** Participation among low-to-moderate income older adults was generally higher among Districts 3, 6, 9, and 10, while participation was lower in Districts 1, 2, 5, 7, 8, and 11. This reflects in part where the program has been able to find appropriate, accessible, and affordable housing units for persons transitioning out of institutional care.

Adults with Disabilities

The following section describes service participation rates per 1,000 eligible adults with disabilities by district.[51] See Appendix XV for detailed participation rates, including participation rates for specific services for the general adults with disabilities population regardless of income level.

The largest population of adults with disabilities reside in District 6; other areas with large portions (>10%) of this population include Districts 5 and 9. As shown in Figure 42, adults with disabilities in Districts 3, 6, and 7 had higher participation while Districts 1, 2, 4, 5, 6, 9, and 11 had lower participation compared to the citywide participation rate. District-level trends may be influenced by the location of site-based services with a high volume of clients, such as Community Service Centers and ADRCs.

Figure 42. Participation Rate per 1,000 Eligible Individuals for Adults with Disabilities for All Services, by District, FY16-17



Low-income adults with disabilities in District 7 had notably higher participation, in part due to the high volume of clients receiving Community Service Center services in District 7. Districts 1, 2, 5, 8 9, and 11 participated in services less compared to the citywide service participation rate (see Figure 43).

[51] Population estimates from the U.S. Census Bureau at the local level (i.e., district areas) were only available for the adults with disabilities between 18 to 64 years (which is used as a proxy population for adults with disabilities between 18 to 59 years), which overestimates the eligible population and leads to generally underestimated participation rates.

Figure 43. Participation Rate per 1,000 Eligible Individuals for Low-Income Adults with Disabilities for All Services, by District, FY16-17[52]

Table 6 describes service participation rates among low-income adults with disabilities by district and services. Rates lower than the citywide rate are highlighted in red text.

Table 6. Service Participation Rates per 1,000 Eligible Individuals Among Low-Income Adults with Disabilities, by District and Service, FY16-17

	District											
Service	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**SF**
ADRC	9	31	285	48	15	7	0	75	0	36	19	**45**
Community Service Centers	31	48	11	27	61	44	554	43	40	80	24	**57**
Congregate Meals	31	17	58	51	59	64	89	4	27	72	0	**49**
Home-Delivered Meals	31	31	32	65	44	103	58	31	35	58	31	**60**
Home-Delivered Groceries	24	6	22	14	16	14	33	16	12	45	43	**20**
Case Management	9	8	13	27	12	12	17	6	7	18	10	**12**
Community Living Fund	1	3	3	0	1	4	11	2	1	4	3	**3**

See Appendix XVI for additional tables and charts that compare overall participation to low-income participation by service.

Below are key highlights of district-level trends:

- **ADRC.** Participation among low-income adults with disabilities was notably higher in District 3, likely due to there being several ADRC sites located in District 3. Participation rates were lower in Districts 1, 2, 5, 6, 7, 9, 10, and 11.

[52] District assignment was based on the district in which the client resides, except for the following site-based services in which district assignment was determined by the district in which the client accessed the service: Health Promotion, Community Services, Aging and Disability Resource Centers, Congregate Meals, and SF Connected.

- **Community Service Centers.** Participation among low-income adults with disabilities was notably higher in District 7, and this appears to be driven by a single site in District 7 that attracts adults with disabilities from all over the city to its programming. Participation was lower in Districts 1, 2, 3, 4, 6, 8, 9, and 11.
- **Congregate Meals.** Participation among low-income adults with disabilities was higher in Districts 3, 4, 5, 6, 7, and 10, while participation was lower in Districts 1, 2, 8, 9, and 11. Aware of the need for Congregate Meal service for adults with disabilities in the southwest part of the city, SF DAAS made additional funding available for Districts 4, 7, and 11 in its nutrition Request for Proposal solicitation last year (for services to begin in FY17-18). However, no proposals were submitted for this service and SF DAAS continues to strategize on enhancing service in this area.
- **Home-Delivered Meals.** Participation among low-income adults with disabilities was higher in Districts 4, 6, and 11, while participation was lower in Districts 1, 2, 3, 5, 7, 8, 9, and 10.
- **Home-Delivered Groceries.** Participation among low-income adults with disabilities was higher among Districts 1, 3, 7, 10, and 11, while participation was lower in Districts 2, 4, 5, 6, 8, and 9.
- **Case Management.** Participation among low-income adults with disabilities was higher among Districts 3, 4, 7, and 10, while participation was lower in Districts 1, 2, 8, 9, and 11. Overall, enrollment of adults with disabilities is low, leading to less reliable estimates of service participation rates.
- **Community Living Fund.** Participation among low-income adults with disabilities was notably higher in District 7, which is likely due to the low number of low-income adults with disabilities located in District 7 and availability of appropriate, accessible, and affordable housing to support adults with disabilities at risk of institutionalization. Many districts had a small number of clients leading to less reliable estimates of service participation rates.

Research Question 3: How are funds spent across districts in the city?

The financial analysis is designed to assess distribution of financial benefit, particularly in districts with the highest proportion of low-income older adults and adults with disabilities. The financial analysis includes both older adults and adults with disabilities populations, and only includes services for which client-level data or district assignment data are available. Appendix XVII outlines the budget allocations and services that were incorporated into the financial analysis. See the Methodology section for detailed description of the financial analysis methodology. The following data were used for Research Question 3 analysis:

- SF DAAS OOA Program Enrollment Data FY16-17
- SF DAAS Financial Data FY16-17

Key Findings

The following summary of findings for Research Question 3 provides an overview of highlighted trends that resulted from the examination of average per-participant financial benefit across districts in San Francisco.

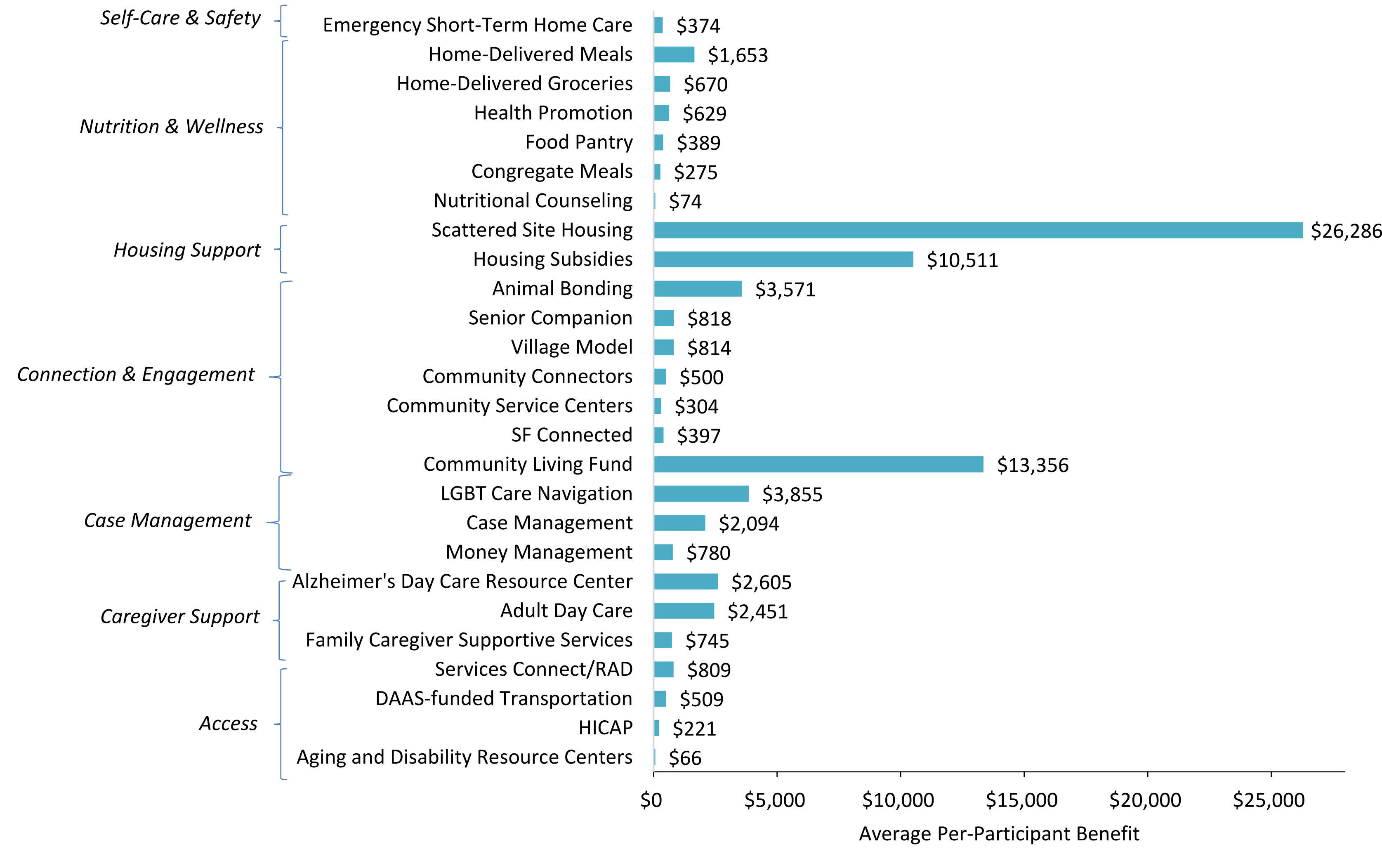
Equity Analysis Key Findings for Average Financial Benefit

1. The largest portion of expenditures went to Nutrition and Wellness services.
2. The average financial benefit per client varied widely across services and ranged from $74 to $26,286. Across all service types, the average per-participant benefit was $2,843.
3. The overall citywide average per-participant benefit was $823. District 6 had a notably higher total funding, which may be in part due to high participation in high-cost services.
4. The distribution of financial benefit largely reflected the distribution of the location of services, with Districts 5, 6, and 9 receiving the highest average per-participant financial benefit and Districts 3, 4, and 11 receiving the lowest average per-participant financial benefit.

Financial Analysis Results

As shown in Figure 44 on the following page, **the average financial benefit per client varied widely across services** and ranged from $74 to $26,286. This variation is due in part to length and intensity of services. The most cost-intensive services included Scattered Site Housing, Community Living Fund, and Housing Subsidies. The least cost-intensive services included Aging and Disability Resource Centers and Nutritional Counseling. Across all service types included in the financial analysis, the average per-participant benefit was $2,843.

Figure 44. Average Per-Participant Benefit by SF DAAS OOA Service, FY16-17



The team calculated the average per-participant benefit per district by identifying the cost per enrolled client in each program, summing the total costs for all enrollments by district, and calculating the average cost across all consumers served in that district. Table 7 summarizes the total funding allocation and average per-participant benefit by district. The overall citywide average per-participant benefit was $823.

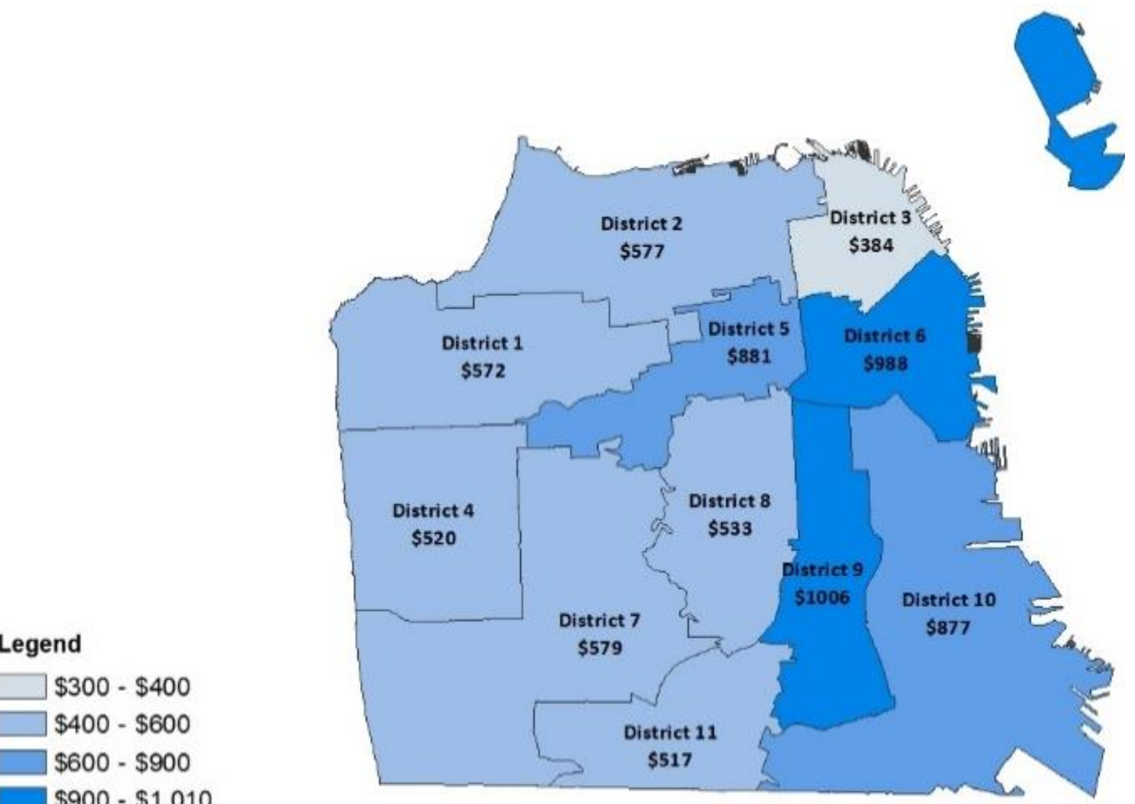
Table 7. Financial Allocation and Average Per-Participant Benefit, by District, FY16-17

District	Total Clients	Total Funding	Average Per-Participant Benefit
District 1	4,961	$ 2,839,256	$ 572
District 2	3,483	$ 2,009,487	$ 577
District 3	11,689	$ 4,487,695	$ 384
District 4	4,797	$ 2,494,461	$ 520
District 5	5,994	$ 5,282,412	$ 881
District 6	10,895	$ 10,758,897	$ 988
District 7	6,440	$ 3,731,427	$ 579
District 8	7,080	$ 3,770,235	$ 533
District 9	2,644	$ 2,658,660	$ 1,006
District 10	3,651	$ 3,200,807	$ 877
District 11	4,576	$ 2,363,757	$ 517
San Francisco	53,288[53]	$ 43,836,006	$ 823

As shown in Figure 45 on the following page, **older adults and adults with disabilities living in Districts 5, 6, and 9 generally received a higher average per-participant financial benefit** compared to the citywide average per-participant financial benefit. In addition, **Districts 3, 4, and 11 received lower average per-participant financial benefit** compared to the citywide average per-participant financial benefit. Generally, the distribution of funds spent across districts in the city seem comparable to the distribution of service site locations (See Appendix I for a map of service site locations). Of note, there are more service site locations generally where there are larger populations of older adults and adults with disabilities. However, the DFCNA found that the **average financial benefit did not always align with the level of need among older adults and adults with disabilities.**

[53] This client population may be overestimated since it includes individuals who may be counted more than once if they participated in services which stored data separately from GetCare, specifically for the following programs: Community Living Fund, ADRC, Senior Companion, HICAP, Scattered Site Housing, and Services Connect/RAD.

Figure 14. Average Per-Participant Financial Benefit by District, FY16-17



District 6 has a large population of low-income older adults and the largest population of adults with disabilities and also low-income adults with disabilities. In District 6, the average financial benefit reflected the high level of need among district residents. However, District 3 had the largest volume of older adults served, including low-to-moderate income older adults, but had the lowest average per-participant benefit compared to other districts. This trend in District 3 was influenced by the high participation in ADRC services, which is a low-cost and low-touch service. Generally, participation across most services was higher in District 3 compared to other districts. It is **unclear whether the high usage of the low-cost ADRC service represents an efficient, cost-effective way to meet the needs of the community or indicates unmet needs and more targeted services are warranted.**

Districts 5 and 9 had low overall service participation compared to other districts and high average per-participant benefit. This trend may also indicate that **individuals in Districts 5 and 9 are reaching some of the higher cost services but may also further benefit from low-cost and low-touch services**, such as ADRCs. It is important to note, that while some interesting themes emerged from the financial analysis, data limitations may indicate a need for further exploration.

G. Gap Analysis

Introduction

The Gap Analysis inquiry is a critical component of the DFCNA, leveraging findings from the community research efforts and the equity analysis to obtain overarching findings to support the SAP that will be developed in FY18/19. Overall, findings from these analyses demonstrate that the populations SF DAAS serves receive many of the services and supports they need; however, despite evidence of targeted service delivery for older adults and adults with disabilities, there continue to be gaps in service delivery and utilization. Furthermore, San Francisco continues to undergo changes associated with an aging Baby Boomer generation and economic pressures that increase the cost and scarcity of housing within the city. As the city's population of adults aged 60 and over grows, the proportions of adults aged 85 and older, older adults living alone and/or on limited fixed income, homeless older adults, and informal caregivers are expected to increase.[54] Such an increased demand in services heightens the importance of leveraging the DFCNA to ensure programs and services meet the needs of older adults and adults with disabilities living in San Francisco.

The Dignity Fund is intended to ensure that older adults and adults with disabilities live independently and in good health in their own homes. According to the Dignity Fund's Charter, its primary goals are ensuring that older adults and adults with disabilities have access to affordable and quality support services that enable them to remain in their homes and communities. The Charter emphasizes prevention, equity, and culturally responsive service provision, and seeks to ensure that San Francisco is an aging- and disability-friendly city. It calls for leveraging existing services when feasible to identify and fill gaps in services. Service priorities include stabilizing people through services that address their basic needs, including housing, preventative care, caregiver support, and services that support system navigation. The Charter also calls for a community-based network of services that promotes collaboration among providers.[55]

This DFCNA is intended to support the accomplishment of these goals through a mixed methods approach to understand consumers' service experiences and develop a set of equity metrics "to establish a baseline of existing services and resources" for older adults and adults with disabilities. The following gap analysis synthesizes findings from these activities.

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[54] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[55] For the full text, see: http://69.89.31.206/~sfcommun/sfdignityfund/wp-content/uploads/2016/11/Leg-Final.pdf

Gaps and Opportunities

In order to identify key gaps and opportunities for improvement in programs and services for older adults and adults with disabilities, the team cross-referenced findings from the community research efforts and equity analysis. In addition to overall gaps and needs, the team investigated differences in trends across subpopulations, including geographic areas (e.g., district), demographic characteristics (e.g., age, race and ethnicity, language, sexual orientation and gender identity), and socioeconomic characteristics (e.g., household size, income, military service experience). The synthesis of findings and identification of gaps were analyzed in context of the goals of the Dignity Fund to provide an overview of gaps and opportunities that will inform the planning process used to develop a SAP.

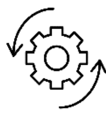
It is important to note, however, that this gap analysis identifies, but does not prioritize gaps in services. It is further expected that given the growing needs within the Dignity Fund target populations, there are more nuanced gaps to be addressed based on this analysis. This section of the report aims to identify the gaps that arose from this needs assessment with the expectation that 1) this DFCNA may lead to further analysis or areas of inquiry; and 2) findings from this DFCNA will inform a planning process whereby SF DAAS and the OAC set priorities for the SAP.

The following gap analysis is presented using a framework that highlights key factors for successful program implementation:[56]

Accessibility: Services are known and accessible to older adults and adults with disabilities.

Service Delivery: Services are delivered across San Francisco to meet the needs of older adults and adults with disabilities.

Inclusiveness and Responsivity: Services are inclusive of all older adults and adults with disabilities, including specific subpopulations that may have unique service needs and face challenges or barriers specific to their community. Services are also culturally responsive and reflect the diverse makeup of older adults and adults with disabilities.



Efficiency: Services and resources are efficiently utilized across the city to maximize impact of the Dignity Fund for older adults and adults with disabilities.

Collaboration: Organizations and agencies coordinate and collaborate to maximize impact, reach, and effectiveness of services to older adults and adults with disabilities.

[56] Icon credits: Delivery service by Creative Stall from the Noun Project; Accessibility by Yu luck from the Noun Project; Inclusiveness by Mohanabrabu BM from the Noun Project; Efficiency by Youmena from the Noun Project; Collaboration by Kidiladon from the Noun Project

Accessibility

SF DAAS has worked with community leaders and consumers to implement services and processes that seek to improve accessibility to necessary services and supports for older adults and adults with disabilities. **The overall high utilization rate across many of these services demonstrates the effectiveness of these efforts to provide accessible services.** Overall, population groups with the presence of an equity factor participated in services more than the general population, which suggests SF DAAS is effectively targeting services to communities that may face systematic barriers to access. Specifically, Connection and Engagement services were found to be highly utilized and impactful in both the equity analysis and community research efforts. ADRCs were also frequently used, though few survey respondents were aware of them. Moreover, many focus group and community forum participants expressed the need for support like that available through the DAAS Integrated Intake Unit and ADRCs but were unaware that these programs existed. Such a disconnect, along with other gaps, suggest opportunities exist to continue improving consumers' ability to access programs and services.

Gap Analysis Findings: Accessibility

1. Overall high service utilization rates indicate that many consumers can access needed services.
2. Consumers described a large and complicated service system that is challenging to navigate for many older adults and adults with disabilities.
3. Among consumers and service providers, awareness varies regarding the array of services available to support older adults and adults with disabilities.
4. Ineligibility, as well as confusion around eligibility status, poses a significant barrier to service engagement.
5. There is higher service participation among consumers residing in districts with more services immediately available.
6. San Francisco residents demonstrate a lack of awareness of the challenges facing older adults and adults with disabilities that can compound existing barriers.

Consumers described a large and often-complicated service system that is challenging to navigate for many older adults and adults with disabilities. Both older adults and adults with disabilities expressed frustration with the time needed to navigate the service system and to determine service availability, location, and eligibility. Community research findings indicate that these challenges are amplified for adults with disabilities. Consumers consistently expressed interest in being able to go to a "one stop shop" or "hub" to receive information and referrals to multiple services, which is a primary goal of the DAAS Benefits and Resources Hub and ADRCs.

Both consumers and service providers have varying awareness of the array of services available to support older adults and adults with disabilities. Many SF DAAS-funded services are well-known among both consumers and service providers (e.g., Community Service Centers and Nutrition and Wellness services); however, according to the community research, some key resources that serve to connect consumers to other programs and services, such as ADRCs, are not as familiar. While equity analysis data

indicate that ADRCs have relatively high overall usage, adults with disabilities access these services five times less than older adults. Individuals who live alone and members of the LGBTQ community also have lower participation in ADRCs. Importantly, ADRCs provide services in multiple languages, which may contribute to higher participation rates among populations belonging to communities of color or with limited or no English-speaking proficiency. Findings also indicate that service providers are often a primary method of information and referrals for both older adults and adults with disabilities, offering further potential to support system navigation beyond increasing ADRC use.

Ineligibility, as well as confusion around eligibility status, poses a significant barrier to service engagement. Many older adults, as well as caregivers for older adults, discussed the high financial and emotional costs of in-home care, and expressed frustration that their income level disqualified them from many of these services. They noted that the high costs of living in San Francisco amplifies these challenges and some expressed concern that they would have to leave the city for a more affordable place to live.

Evidence from both the equity analysis and community research indicates that **there is higher service participation among consumers residing in districts with more services immediately available.** More urban and centralized neighborhoods with high populations of low-income older adults and adults with disabilities, such as Districts 3 and 6, have a high concentration of service site locations as well as higher service utilization rates among these groups. Outer districts (i.e., Districts 1, 2, 4, 10, 11) have a much lower share of service utilization. These outer districts have fewer service site locations and the services tend to be more spread out across large districts, which may create large distances for consumers to travel for service access. Such distance may compound other barriers, such as transportation access, service awareness, and mobility restrictions.

Finally, **San Francisco residents demonstrate a lack of awareness of the challenges facing older adults and adults with disabilities that can compound existing barriers.** Across community research activities, consumers shared stories of times when they felt unsafe or excluded because adults and younger adults did not understand the challenges consumers experience. For example, the casual behavior of members of the public on streets and transit heightens the risk of falling for those with mobility challenges. Participants attributed these experiences to fellow residents' lack of understanding that their neighbors may need additional accommodations, support, and empathy.

Service Delivery

Overall, consumers who are engaged in services rate them highly and find them to be beneficial. While utilization is high for several groups, gaps remain in delivery across consumer groups in some service areas.

Gap Analysis Findings: Service Delivery

1. Consumers reported that services in which they engaged met basic needs, promoted community-building social engagement, and provided opportunities for learning and gaining new skills.
2. There are opportunities to support consumers as they navigate the service system to meet their basic needs and connect them to necessary resources.
3. Consumers have high utilization rates for Nutrition and Wellness services, but disparities were evident across districts and subpopulations, indicating that there may be gaps in these services for some groups.
4. Findings highlight the need for additional support for caregivers, particularly for older adult caregivers with limited or no English-speaking proficiency and low-to-moderate income adults with disabilities who are caregivers.
5. Limitations in missing or incomplete data create challenges assessing service participation and experience among some populations.

Overall, participants rated services highly and reported that the services they engaged in met basic needs, promoted community-building social engagement, and provided opportunities for learning and gaining new skills. Many specifically highlighted that programs and services that promote meaningful connection with others enhanced consumers' quality of life. For example, all districts reported positive experiences with Community Service Centers at the community forums. Equity analysis findings and community research findings indicate that Community Service Centers can help address the need for service linkages and centralization of resources, as well as promote community, skill-building, and social engagement.

There are opportunities to support consumers as they navigate the service system to meet their basic needs and connect them to necessary resources. Service navigation can be better leveraged to facilitate improved service connection for consumers to obtain the support they need, such as housing support and assisted transportation. Consumers lack awareness of DAAS Integrated Intake Unit at the DAAS Benefits and Resources Hub, as well as ADRCs located throughout the City. Such programs provide information and support to access useful services, which play a key role in meeting individual consumer needs, such as those expressed for housing advocacy and transportation access. While housing and assisted transportation are primarily outside the direct purview of SF DAAS, department leadership can lend its population expertise in supporting other city departments in their provision of these services. The importance and scale of housing pressures was evident in community research findings with most districts highlighted the need for more housing support services. In addition, they highlighted the need for advocacy, financial, and legal support related to housing issues – services well within the purview of SF DAAS. In terms of transportation needs, consumers in most districts highlighted gaps in transportation

and Paratransit services related to the availability and reliability of services as well as access challenges for consumers who need mobility accommodations. In almost every community forum and in many focus groups, consumers discussed how the nature of San Francisco's hills and the prevalence of stairs amplified the challenges in accessing transportation.

Overall, consumers participate in Nutrition and Wellness services much **more** compared to other types of services offered by SF DAAS, particularly for Congregate Meals, Home-Delivered Meals, and Home-Delivered Groceries. However, **though Nutrition and Wellness participation rates were generally high for both older adults and adults with disabilities, disparities were evident across districts and subpopulations, indicating that there may be gaps in these services for some groups**. For example, though Congregate Meals were one of the most utilized services, older adults participated nearly three times **more** than adults with disabilities. Participation rates for Congregate Meals were particularly **low** in Districts 1, 2, 3, 4, 9, 10, and 11 among low-to-moderate income older adults, and in Districts 1, 2, 8, 9, and 11 among low-income adults with disabilities. Of note, although there is a sizable community of adults with disabilities in District 11, there were no individuals enrolled in Congregate Meals due to a lack of participating providers; SF DAAS is still working to address this disparity. Similarly, Districts 2 and 8 had a small number of adults with disabilities participating in services. Participation rates among eligible populations are highest for both older adults and adults with disabilities in Home-Delivered Meals; however, older adults participated in Home-Delivered Meals at a much higher rate (69 per 1,000 older adults) compared to adults with disabilities (44 per 1,000 adults). Older adults and adults with disabilities who were low-to-moderate income, had limited or no English-speaking proficiency, or belonged to communities of color participated **less** in Home-Delivered Meals. Participation rates in Home-Delivered Meals were **lower** in Districts 1, 2, 3, 4, 5, 7, and 11 among low-to-moderate income older adults, and were **lower** in Districts 1, 2, 3, 5, 8, 9, 10, and 11 among low-income adults with disabilities. These trends indicate potential barriers unique to lower income populations and specific cultural communities.

Additionally, **DFCNA findings highlighted the need for additional support for caregivers**. Both caregivers and service providers discussed the need for additional resources and support. In survey responses, informal caregivers reported that the statement "I know where to get support as a caregiver" was only "a little bit true," and that they experience emotional stress associated with caregiving somewhat often, on average. This aligns with findings from the National Alliance for Caregiving's 2015 telephone survey, which found that 19% of caregivers are "highly strained" by the physical burden of caregiving, and 38% are "highly stressed" by the emotional toll of caregiving. According to some providers, the need for additional caregiver support is **particularly high among older adult caregivers with limited or no English-speaking proficiency and low-to-moderate income adults with disabilities who are caregivers.** This trend aligns with the finding that older adults with limited or no English-speaking proficiency and low-to-moderate income adults with disabilities have relatively low participation in caregiver support services. Increased access to in-home support services may relieve caregivers of some burden.

In addition to these gaps in services, **limitations in missing or incomplete data create challenges in assessing service participation and experience among some populations.** Missing and incomplete program enrollment data across all populations and services limited the equity analysis, leading to underrepresentation of certain groups with a lot of missing data. While there are data to support that SF

DAAS services are utilized by some LGBTQ individuals, 40% of clients were missing for sexual orientation and/or gender identity; therefore, it is difficult to determine the extent to which data gaps impacted low levels of service participation among the LGBTQ population. Additionally, while data were available for ADRC clients, a substantial amount of data were missing or incomplete for important factors (e.g., household size, income) limiting the accuracy of the equity analysis for low-to-moderate income individuals and individuals living alone. Furthermore, challenges with gathering data from adults with disabilities who are living with HIV, as well as older adults and adults with disabilities who are experiencing homelessness, made it difficult to include their specific perspectives in the DFCNA.

Inclusiveness and Responsivity

Overall, consumers who participate in services find them to be responsive to cultural needs. While the equity analysis indicates that the target populations SF DAAS serves are generally getting access to services, there are some populations with disproportionately lower participation compared to citywide rates.

Gap Analysis Findings: Inclusiveness and Responsivity

1. Existing services reflect the cultures of San Francisco's neighborhoods.
2. Across all services, service participation by adults with disabilities is nearly two times lower compared to older adults.
3. Older adults and adults with disabilities who live alone are at particular risk for social isolation.
4. Based on existing data, older adults who identify as LGBTQ generally participate in services substantially less compared to the general population of older adults.
5. Veterans face unique challenges and barriers in accessing services.
6. There continue to be opportunities to further address the needs of low-to-moderate income populations.
7. Some barriers are further amplified within specific racial and ethnic communities.

Existing services reflect the cultures of San Francisco's neighborhoods. Many of the services that exist to support older adults and adults with disabilities are intended to serve a wide range of consumers with varying needs. Findings indicate that existing services are overall culturally responsive to the different neighborhoods of the City and are reflective of the ethnically diverse populations they serve. It is clear from the findings that existing services are in a given location based on the cultures of the neighborhood's residents. However, there continue to be some areas in which service delivery could increase both its cultural responsiveness and its inclusion of other groups to address the needs of the diverse communities of San Francisco.

Across all services, adults with disabilities participated in services at half the rate of older adults. Although the population of adults with disabilities is smaller than the population of older adults, adults with disabilities are disproportionately marginalized from service participation. These disparities were evident across all equity factors, including living alone, low-to-moderate income level, limited or no

English-speaking proficiency, and belonging to communities of color. For example, one in three adults with disabilities lives at or below the federal poverty level, and the equity analysis indicates that low-to-moderate income and low-income adults with disabilities participate substantially less than lower income older adults across most services.[57] Community research findings identified disparities in service availability and access for adults with disabilities, particularly among underserved populations (e.g., LGBTQ, blind adults, homeless, younger adults with disabilities). Adults with disabilities highlighted needs for improvement in services related to housing support services, employment services, transportation services, dedicated service spaces, social engagement opportunities, and improved safety.

Community research data indicate that younger adults with disabilities are marginalized further from services perceived as or designed for older adults. Additionally, the availability of case management for younger adults with disabilities may be limited since most case management providers are housed in senior-focused agencies, where staff may be less familiar with the unique needs of younger adults with disabilities.[58]

Older adults and adults with disabilities who live alone are at particular risk for social isolation. Social isolation poses a serious challenge for older adults and adults with disabilities in San Francisco and is associated with poor health, decreased cognitive function, and decreased emotional well-being.[59] Those who live alone and those who are homebound may be at heightened risk for isolation and reduced access to services.[60] The equity analysis measured social isolation by the proxy indicator of living alone. San Francisco older adults are more likely to live alone than older adults statewide or in other major California counties.[61] Moreover, the census highlights that the number of older adults living alone has increased in the past decade, indicating greater needs in this area for San Francisco older adults.

Older adults living alone participated **more** in Community Service Centers, Village Model, and Home-Delivered Meals compared to the general older adult population, suggesting that these services are effective in engaging individuals most at risk of social isolation. Although older adults living alone tended to participate **more** in DAAS-funded Transportation compared to all older adults in the city, the participation rate was still relatively low (7 per 1,000 older adults living alone had participated in this program). However, this only includes DAAS-funded Transportation that supports participation at specific DAAS-funded sites; to fully understand assisted transportation services, SF DAAS would need to work with the SF Municipal Transportation Agency, the primary provider of Paratransit services that serve thousands of persons with disabilities each year. Older adults and adults with disabilities living alone may warrant

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[57] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B18101. Sex by age by disability status.

[58] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[59] Charles, S., & Carstensen, L. L. (2010). Social and Emotional Aging. *Annual Review of Psychology*, *61*, 383–409. http://doi.org/10.1146/annurev.psych.093008.100448

[60] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

[61] See page 34 of the DAAS Needs Assessment, Part I for a comparison of seniors living alone across California counties.

additional attention as population trends move more individuals into this demographic category. Additionally, adults 85 years or older often require higher health needs and their age category continues to grow.[61] For those who live alone, access to in-home services is a key factor to aging in place.

Older adults who identify as LGBTQ participate in services substantially less compared to the general population of older adults. LGBTQ older adults had much **lower** participation rates across all services, with the exceptions of programs that primarily focus on the LGBT population. Although these findings indicate effective outreach to this population, more data is needed to verify these conclusions. LGBTQ community research participants reported challenges in navigating services and frustration with redundant paperwork and administrative challenges. They highlighted the need for service navigators to help LGBTQ community members know what services are available and how to access them. LGBTQ community research participants also highlighted the need for housing support services, employment services, subsidies for medication and nutrition needs, services for preventing social isolation, caregiver support services, and services for homebound individuals. Consumers noted that while specialized LGBTQ services are valuable, the locations of services limit access. Furthermore, barriers in accessing services exist among the transgender community, indicating the need for programs that support specific subgroups within the LGBTQ community.

Low-to-moderate income older adults and adults with disabilities are generally accessing services, but there continue to be opportunities to further address their income-based needs. As the population of older adults and adults with disability grows, the number of low-income older adults is also on the rise, with the greatest growth occurring for those below the poverty line. This trend is evident in San Francisco having a higher share of seniors receiving SSI than other California counties.[62] Approximately 22% or 34,975 older adults have moderate-income level (between 100% FPL and 199% FPL) and are ineligible for public benefits, such as Medi-Cal, but may still struggle to meet needs.[63]

Overall, older adults with low-to-moderate income participated in services **more** than the general older adult population, and had particularly high participation in Case Management, Community Living Fund, and Housing Subsidy programs. Low-to-moderate income older adults participated in ADRC services at more than five times the rate of the general older adult population, suggesting effective targeting of ADRC services to older adult populations with high need. On the other hand, low-to-moderate income older adults participated **less** in services with participation costs, such as Adult Day Care services which has limited DAAS-subsidized slots.

Districts 3, 9, and 11 have the largest populations of low-to-moderate income older adults. Among these districts, Districts 9 and 11 had **lower** participation among low-to-moderate income older adults. Although Districts 3 and 6 have the largest populations of low-income older adults, participation among low-to-

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[62] The report compares San Francisco to Contra Costa, Riverside, San Diego, Orange, San Bernardino, Alameda, Santa Clara, and Los Angeles. See page 10 of report. Accessed on February 2018 from: http://www.sfhsa.org/asset/SeniorsAdultswithDisabilities/DAAS_Needs_Assessment_2016_Report1.pdf

[63] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

moderate income older adults was **higher** compared to other districts. Moderate-income individuals also face eligibility barriers (i.e., awareness of eligibility criteria, ability to meet income-based requirements) in accessing in-home support and caregiver support services.

Generally, communities of color have comparable service participation to the general populations of older adults and adults with disabilities. Additionally, **consumers from different racial and ethnic communities expressed similar concerns and challenges accessing services across groups. However, some barriers are further amplified within specific communities.** For example, African American and Hispanic/Latino older adults who are residents of predominantly African American and Hispanic/Latino districts discussed concerns regarding their ability to age in place in the communities where they have always lived. They expressed concerns about their own vulnerability to housing crises and economic constraints. They also emphasized the need for continued support of providers who share their experiences and can provide accessible advocacy and resources to resolve financial and legal issues, particularly related to housing.

Older adults and adults with disabilities with limited or no English-speaking proficiency experience barriers accessing some services. More than half of older adults in San Francisco speak a primary language other than English. Over the last two decades, the population of older adults have increasingly represented immigrant communities of color. The most common ethnic background is currently Chinese.[64] Older adults with limited or no English-speaking proficiency participate approximately two times **more** in ADRC, Transportation, Congregate Meals, and Food Pantry services. However, older adults with limited or no English-speaking proficiency participate two times **less** in Community Living Fund, Nutritional Counseling, Village Model, and Home-Delivered Meal services. Additionally, adults with disabilities with limited or no English-speaking proficiency participate nearly two times **less** in Home-Delivered Meals and slightly less in Transportation services compared to the general population of adults with disabilities. Such findings indicate that, while they are utilizing resources that can connect them to services, they may still be experiencing barriers in accessing or learning about other services. In addition, findings indicate that language barriers exist for caregivers as well as consumers. Further exploration is needed to validate whether lower participation of other services is based on barriers or needs and preferences.

Veterans face unique challenges and barriers in accessing services. Older adults and adults with disabilities who are veterans make up an important part of the Dignity Fund target population. Across community research, veterans highlighted gaps in accessing healthcare and medication services to help support them in living with chronic health issues. In addition, veterans may have disabilities requiring specific accommodations, housing support, and transportation services related to previous combat experience, such as PTSD. Further exploration is warranted to better understand the needs of older adults and adults with disabilities who are also veterans.

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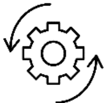
[64] San Francisco Human Services Agency Planning Unit. 2016. *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities.* Accessed on February 2018 from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities.

Efficiency



Several community-based organizations, along with SF DAAS staff, provide a variety of programs and services for consumers across the city; however, the DFCNA identified some areas in which service efficiency could improve.

Gap Analysis Findings: Efficiency

1. Many consumers who engage in benefits services described various bureaucratic inefficiencies that make accessing those services challenging.
2. The average financial benefit does not always align with the level of need among older adults and adults with disabilities.

Many consumers who engage in services described various inefficiencies, particularly when trying to access benefits services, that make access challenging. For example, consumers cited the extensive amount of paperwork required when enrolling in programs like CalFresh, which is often redundant with other benefits programs. While SF DAAS-funded services utilize centralized intake and enrollment systems that minimize duplicative data collection, consumers articulated a perception that these challenges existed for all services, reflecting potential assumptions that may keep them from attempting to access services. They also cited frustrations with having to go to multiple locations to receive support. Service providers echoed these concerns, stating that accessing the service system often requires tenacity from consumers who are willing to make multiple phone calls, fill out a large amount of paperwork, and persistently ask for support. Though providers spoke broadly about these challenges, they often cited case management as a resource for reducing these challenges and supporting consumers through this process.

The average financial benefit does not always align with the level of need among older adults and adults with disabilities. Data indicates that the distribution of financial resources varies across districts and largely aligns with the distribution of service site locations. However, in some districts with large populations of low-income consumers, the average cost per participant is low compared to other districts. For example, the citywide average benefit per client served is $823, but in District 3 the average benefit is $384; this trend may be driven largely by high enrollment in the low-cost, lower-touch ADRC service. It is unclear whether a lower average financial benefit represents an efficient, cost-effective way to meet the needs of the community or indicates unmet needs and the need for more targeted services.

Collaboration

Currently, many qualified and dedicated community-based organizations (CBOs), as well as various City agencies and departments, work toward the mission of serving older adults and adults with disabilities across San Francisco. As they pursue that mission, there remain opportunities to collaborate and forge new partnerships. Opportunities also exist to facilitate collaboration within local communities to bring consumer groups together with their neighbors.

Gap Analysis Findings: Collaboration

1. There is a need for continued community-level collaboration at neighborhood and district levels.
2. Collaboration across agencies that serve older adults and adults with disabilities, including SFMTA and CBHS, will enhance service experience and delivery.
3. Consumers want opportunities to build connection within communities and among neighbors.

There is a need for continued community-level collaboration at neighborhood and district levels. In forums and focus groups, consumers highlighted their appreciation for providers who reflect their community and who have worked to build trust and understanding among consumers. They identified opportunities for providers to engage consumers in meaningful ways that would leverage local knowledge and expertise. For example, they discussed using consumers as mentors who can connect with consumers who otherwise may not feel comfortable accessing services. Many consumers framed this idea as a way to not only improve service delivery, but as a way to work with consumers to make them feel valued and like meaningful contributors to their community.

Collaboration across agencies that serve older adults and adults with disabilities can enhance service experience and delivery. Much of the discussion about collaboration among different agencies who serve older adults and adults with disabilities focused on the potential for further collaboration with Community Behavioral Health and its contracted behavioral health providers. Consumers and providers reported a consistent need for coordinated behavioral health services, with consumers noting that they feel overlooked when it comes to mental health and substance use services. Some consumers suggested that identifying strategies to treat behavioral health concerns through spaces that already exist for community engagement and social activity would create safe accessible spaces for consumers to participate in activities and receive needed services. Furthermore, providers highlighted opportunities for agencies and City departments to collaborate more to support older adults and adults with disabilities who are experiencing homelessness.

Consumers want opportunities to build connection within communities and among neighbors. Consumers consistently expressed a desire for services that promote intergenerational and multicultural engagement. Older adults were interested in getting to know their neighbors, in particular younger people. In addition, both older adults and adults with disabilities expressed interest in volunteer opportunities that allow them to give back to their communities while interacting with others.

H. Recommendations

The DFCNA team proposes the following recommendations based on a synthesis of the quantitative and qualitative data that make up the community needs assessment and the identified gaps in the current system of services for older adults and adults with disabilities.

Accessibility

1. Examine opportunities to improve consumers' and service providers' awareness of existing services, including ways to increase awareness of navigation-support services such as the DAAS Integrated Intake Unit at the DAAS Benefits and Resources Hub and ADRCs located throughout the City. Data indicate that current successful outreach efforts leverage existing consumer networks, so consider strategies that leverage such networks to expand knowledge of services for existing and potential consumers.
2. Provide opportunities for service providers to learn more about other existing services, and consider methods to distribute updated information regarding existing resources to support appropriate recommendations and connections.
3. Consider peer navigator programs that utilize trained consumers as ambassadors to support service navigation. Peer navigation programs offer opportunities to employ older adults and adults with disabilities, empower consumers, and provide culturally and linguistically appropriate services. They may also be an effective method for identifying and providing access support to currently isolated older adults and adults with disabilities.
4. Examine service utilization in outer districts (i.e., Districts 1, 2, 4, 10, and 11) to further explore and validate potential access barriers.
5. Develop and implement a stakeholder-informed marketing campaign to raise awareness of and sensitivity to the needs of older adults and adults with disabilities among the general public.

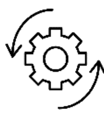
Service Delivery

1. Expand the objectives of existing services to incorporate opportunities for community building and social interaction, including multicultural and intergenerational interactions, and consider the development of new services that achieve this aim. Conduct targeted outreach to build awareness of these services among underrepresented groups.
2. Expand services that support caregivers, particularly those with limited or no English-speaking proficiency and low-to-moderate income. Include services that provide community and respite for caregivers, as well as those that provide training so they can effectively and safely care for their loved ones. Conduct targeted outreach to build awareness of these services among underrepresented groups.

3. Examine ways to collect additional data on populations that are part of the Dignity Fund charter. Potential changes to consider include:
    a. Work with service providers to improve long-term, program-level data collection for all Dignity Fund client data to enable accurate assessment of service enrollment trends. Such improvements are critical for the accuracy of future equity analyses.
    b. Implement additional qualitative data collection measures to enhance understanding of underrepresented populations, such as targeted intercept surveys, focus groups, or participatory action research.
4. Explore opportunities to reduce the burden of service navigation, such as improving use of the DAAS Benefits and Resource Hub and ADRCs, and other services that impact consumers' access to and engagement in services.

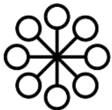
Inclusiveness & Responsivity

1. Expand outreach efforts and culturally appropriate services to address the needs of adults with disabilities, and consider specific outreach strategies and services to engage younger adults with disabilities.
2. Conduct targeted outreach strategies to engage populations with equity factors (i.e., individuals living alone, with low-to-moderate income, with limited or no English-speaking proficiency, LGBTQ community members) who have low service participation and ensure services are meeting the needs of these groups.
3. Conduct additional analyses to identify potential disparities in service participation among specific racial and ethnic groups to ensure they are receiving appropriate services.
4. Conduct additional analyses on LGBTQ community members' service utilization once there is a full year of data collected under the City's SO/GI ordinance.
5. Engage stakeholders in districts and communities with lower service utilization to further identify barriers to service engagement.
6. Include consumers in service delivery roles (such as volunteers or peer mentors), in order to leverage their shared experience to contribute to more inclusive and responsive service delivery.
7. Examine how factors that increase service engagement (e.g., proximity/convenience, social cohesion/sense of community, independence/security, and cultural appropriateness) can be leveraged to engage underrepresented populations.



Efficiency

1. Examine service provision in districts with higher participation to determine whether participants from neighboring districts are being adequately served or if more efficient service delivery models might be applied to districts with lower engagement.
2. Conduct follow-up analyses to determine if high ADRC participation indicates unmet needs for other types of support services or indicates a successful service model.

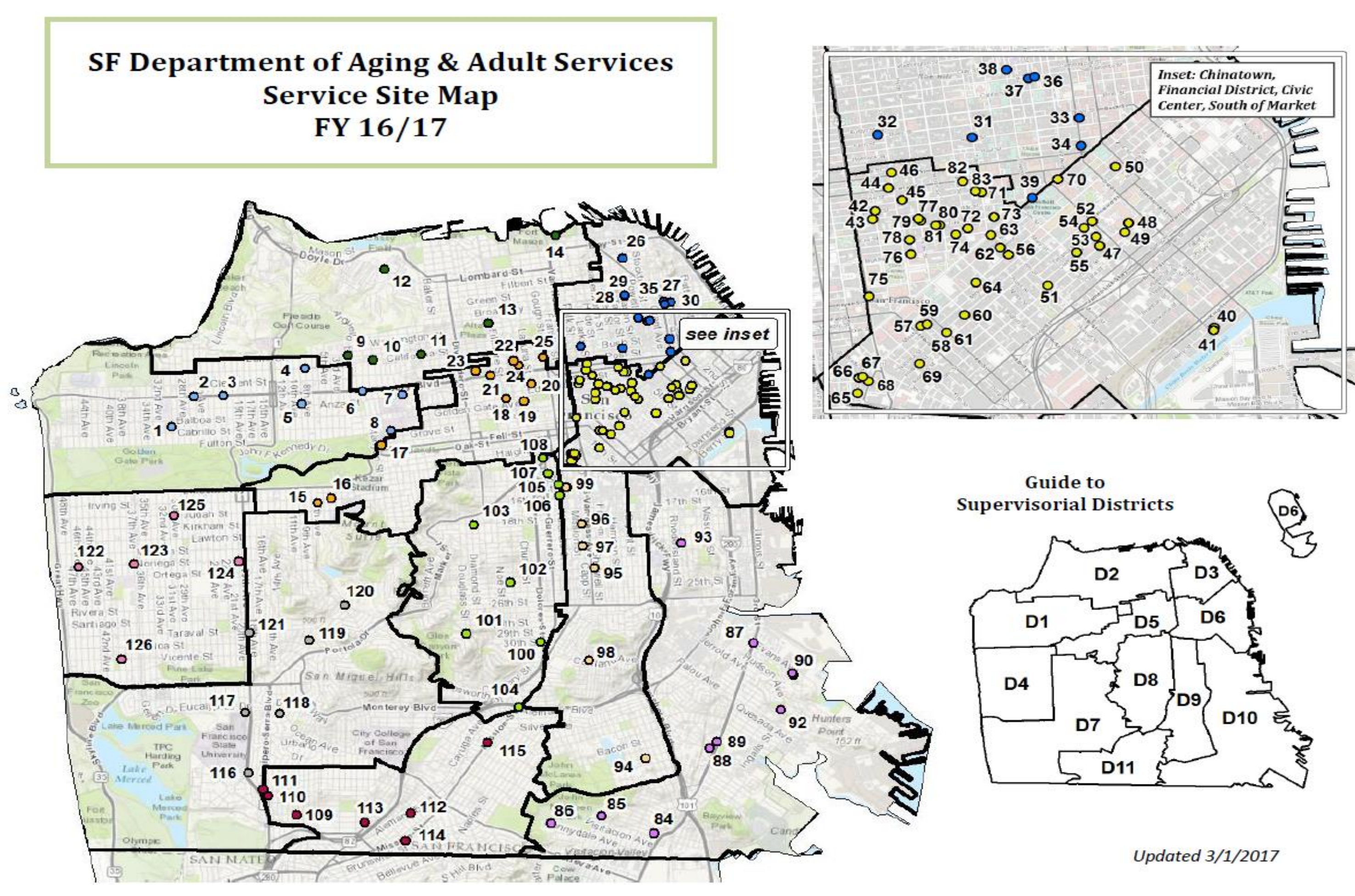


Collaboration

1. Implement processes to maximize collaborative efforts across agencies, departments, and providers (particularly with Community Behavioral Health) and consider co-locating services in places where older adults and adults with disabilities are already receiving services.
2. Identify opportunities to collaborate with City departments to serve homeless older adults and adults with disabilities. Given the growing number of older adults among the City's homeless population, establish partnerships with the Department of Homelessness and Supportive Housing and the Mayor's Office of Housing and Community Development to jointly serve this population.
3. Expand services that use integrated and collaborative approaches, including intergenerational and multicultural collaborative programs.
4. Identify opportunities and processes to support collaboration between community-based organizations to enable them to address the needs of local populations.

I. Appendices

Appendix I. SF DAAS Service Site Map



San Francisco Department of Aging and Adult Services
Guide to FY 16/17 Service Sites – Map Key by Supervisorial District

District 1
1 - Richmond District Neighborhood Center
2 - Richmond Senior Center & Felton Institute
3 - Jackie Chan Senior Center
4 - St James Episcopal Church Learning Center
5 - Zion Lutheran Church
6 - Institute on Aging
7 - Russian American Community Services
8 - University of San Francisco

District 2
9 - St. John's Presbyterian Church
10 - Irene Swindells Center for Adult Services
11 - Jewish Community Center
12 - Veterans Academy (STP)
13 - Conard House: Cooperative Apartments/Jackson
14 - Aquatic Park Senior Center

District 3
26 - Telegraph Hill Neighborhood Center
27 - Self-Help for the Elderly
28 - Lady Shaw Senior Center
29 - Chinatown Public Health Center
30 - Asian Law Caucus
31 - Legal Assistance to the Elderly
32 - On Lok
33 - Stanford Hotel (STP)
34 - Toolworks
35 - Manilatown Senior Center
36 - YMCA: Chinatown
37 - Geen Mun Activity Center
38 - YWCA: Chinatown
39 - Mental Health Association of San Francisco

District 4
122 - Sunset Neighborhood Beacon Center
123 - Sunset Ministry
124 - CHAMPSS at Prince Cooking
125 - L'Chaim Adult Day Health Center
126 - South Sunset Senior Center

District 5
15 - Seventh Avenue Presbyterian Church
16 - Sunset Senior Center
17 - St. Mary's Hospital
18 - Western Addition Senior Center
19 - SFHA Rosa Parks Senior Center
20 - Western Park Apartments
21 - Hamilton Senior Center
22 - Kimochi Senior Center
23 - Jewish Family and Children's Services
24 - Kimochi Administration Office
25 - Kimochi Home

District 6
40 - Mission Creek Neighborhood Housing
41 - Mission Creek Adult Day Health
42 - Shanti & Project Open Hand
43 - Eastern Park Apartments
44 - Conard House: Jordan Apartments
45 - SFHA: 666 Ellis Street
46 - Vietnamese Elderly Mutual Assistance Association
47 - IHSS Public Authority
48 - Mendelsohn House
49 - Mabini Adult Day Health
50 - International Institute of San Francisco
51 - Gene Friend Recreation Center
52 - Woolf House
53 - SFHA: Clementina Towers
54 - Independent Living Resource Center
55 - Alexis Apartments
56 - Veterans Equity Center
57 - Senior and Disability Action
58 - Conard House: El Dorado Hotel
59 - Conard House: Washburn
60 - Canon Kip Senior Center
61 - Conard House: Tech Cafe
62 - Salvation Army South of Market
63 - San Francisco AIDS Foundation & Homebridge
64 - Asian Pacific Islander Legal Outreach
65 - Veterans Commons
66 - SF DAAS Benefits and Resources Hub
67 - IHSS Independent Provider Assistance Center
68 - SF Department of Aging and Adult Services
69 - The Arc San Francisco
70 - Family Caregiver Alliance
71 - Presentation Adult Day Health
72 - Conard House: The Lyric
73 - Conard House: Aranda Hotel
74 - St. Anthony's
75 - Lighthouse for the Blind & Visually Impaired
76 - Conard House: McAllister
77 - Conard House: The Midori
78 - AIDS Housing Alliance & St. Francis Living Room & Golden Gate Adult Day Health
79 - Conard House: Allen Hotel
80 - South East Asian Senior Meal Program
81 - Curry Senior Center
82 - SF Senior Center Downtown
83 - Glide Foundation

San Francisco Department of Aging and Adult Services
Guide to FY 16/17 Service Sites – Map Key by Supervisorial District

District 7

116 - YMCA at Park Merced
117 - YMCA: Stonestown
118 - St. Francis Episcopal Church
119 - West Portal Community Center
120 - Laguna Honda Hospital
121 - CHAMPSS at S & E Cafe

District 8

100 - 30th Street Senior Center (On Lok)
101 - St. Aidan's Episcopal Church
102 - Umqua Bank
103 - Castro Senior Center
104 - YMCA: Mission
105 - Valencia Gardens
106 - La Raza Centro Legal
107 - Francis of Assisi Community
108 - Openhouse

District 9

94 - Christ for All Nations
95 - PAWS
96 - Capp Street Senior Center
97 - Bethany Center
98 - Bernal Heights Senior Center
99 - Centro Latino de San Francisco Senior Center

District 10

84 - Visitacion Valley Community Center
85 - John King Senior Community
86 - Samoan Community Development Center
87 - Edgewood Center for Children & Families
88 - Dr. George W. Davis Senior Center
89 - Bayview Senior Connections
90 - Redeemer Community Church
91 – n/a
92 - Bayview Hunters Point Adult Day Health Center
93 - Potrero Hill Neighborhood House

District 11

109 - IT Bookman Community Center
110 - Temple United Methodist Church
111 - OMI Senior Center
112 - Bethel Center
113 - San Francisco Adult Day Support
114 - Calvary Baptist Church
115 - Excelsior Senior Center

Citywide

The SF Department of Aging and Adult Services provides many services that are not site-specific. These services are available citywide (accessible via phone or provided to the client in their home).

These services include:

- Adult Protective Services
- Case Management
- Cayuga Community Connectors
- Community Living Fund
- Elder Abuse Prevention
- Emergency Short-Term Home Care for Seniors
- Family Caregiver Support
- Home-Delivered Groceries
- Home-Delivered Meals
- Housing Counseling and Advocacy
- Housing Subsidies
- Information and Referral
- LGBT Cultural Competency and Dementia Care Training (for professionals and caregivers)
- Long-Term Care Ombudsman
- Long-Term Care Rights Counseling
- Nutrition Education and Counseling
- Public Protection Programs (Public Conservator, Public Guardian, Representative Payee)
- Suicide Prevention and Emotional Support
- Village Models

To learn more about these services or any DAAS-supported program, contact **DAAS Integrated Intake and Referral at (415) 355-6700**.

Appendix II. SF DAAS Service Descriptions

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

All SF DAAS 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 demarcate status as a Dignity Fund eligible program.

In this section, programs are categorized by broader service area. The table below lists each program alphabetically and identifies service area.

Guide to SF DAAS Services and Service Area

Program	Service Area	DF Eligible
Adult Day Care*	Caregiver Support	Y
Adult Day Health Center*	Connection & Engagement	Y
Adult Protective Services	Self-Care & Safety	N
Aging and Disability Resource Centers	Access	Y
Alzheimer's Day Care Resource Center*	Caregiver Support	Y
Alzheimer's Grant	Self-Care and Safety	Y
Case Management*	Case Management	Y
Clinical and Quality Assurance	Self-Care & Safety	N
Community Connectors*	Connection & Engagement	Y
Community Living Fund	Case Management	Y
Community Service Centers*	Connection & Engagement	Y
Congregate Meals*	Nutrition & Wellness	Y
County Veterans Service Office	Access	N
DAAS Integrated Intake and Referral Unit	Access	Y
DAAS-Funded Transportation*	Access	Y
Elder Abuse Prevention	Self-Care and Safety	Y

Emergency Short-Term Home Care Support for Seniors*	Self-Care and Safety	Y
Employment Support*	Connection & Engagement	Y
Empowerment for Seniors & Adults with Disabilities*	Access	Y
Family Caregiver Support Program*	Caregiver Support	Y
Food Pantry*	Nutrition & Wellness	Y
Forensic Center	Self-Care and Safety	Y
Health Insurance Counseling and Advocacy Program (HICAP)*	Access	Y
Health Promotion*	Nutrition & Wellness	Y
Home Care Advocacy*	Access	Y
Home-Delivered Groceries*	Nutrition & Wellness	Y
Home-Delivered Meals*	Nutrition & Wellness	Y
Housing Counseling & Advocacy*	Housing Support	Y
Housing Subsidies*	Housing Support	Y
IHSS Care Transitions Program	Access	N
In-Home Supportive Services	Self-Care & Safety	N
Legal Assistance*	Access	Y
LGBT Animal Bonding Support*	Connection & Engagement	Y
LGBT Care Navigation*	Case Management	Y
LGBT Cultural Competency Training*	Access	Y
LGBT Dementia Care Training*	Access	Y
LTC Consumer Rights Counseling & Advocacy*	Access	Y
LTC Ombudsman*	Self-Care and Safety	Y
Medication Management*	Case Management	Y
Money Management*	Case Management	Y
Naturalization*	Access	Y

Nutrition Counseling*	Nutrition & Wellness	Y
Public Administrator	Self-Care & Safety	N
Public Conservator	Self-Care & Safety	N
Public Guardian	Self-Care & Safety	N
Rental Assistance Demonstration	Access	Y
Representative Payee	Self-Care & Safety	N
Scattered Site Housing	Housing Support	Y
Senior Companion*	Connection & Engagement	Y
SF Connected*	Connection & Engagement	Y
Suicide Prevention & Emotional Support*	Connection & Engagement	Y
Support at Home	Self-Care and Safety	Y
Support for Hoarding & Cluttering Disorder*	Connection & Engagement	Y
Villages*	Connection & Engagement	Y

**Services facilitated by the SF DAAS Office on the Aging*

Access & Empowerment

Access services assist and empower older adults and adults with disabilities to participate in services and connect to needed resources.

Service	Description	DF Eligible
Aging and Disability Resource Centers	Located at community-based organizations in San Francisco, ADRC Information and Assistance Specialists provide information, advice, translation, and assistance for seniors, adults with disabilities, and family and friends to access a wide variety of services.	Y
County Veterans Service Office	The County Veterans Service Office assists veterans, many of whom are disabled, and their dependents in obtaining U. S. Department of Veterans Affairs' benefits and entitlements.	N
DAAS Integrated Intake and Referral Unit	The DAAS Integrated Intake and Referral Unit provides information, referrals, and assistance for older adults and adults with disabilities, caregivers, and community-based organizations serving older adults and adults with disabilities. It is the hotline for screening for many DAAS-funded and directly-provided services, such as In Home Supportive Services, Home Delivered Meals, and Community Living Fund. The Unit is also serves clients in person at the DAAS Benefits and Resources Hub.	Y
DAAS-Funded Transportation *	DAAS supplements the ADA-required Paratransit services in order to increase accessibility and participation in OOA funded services. DAAS Group Van transports clients from their homes to certain OOA Community Service sites while DAAS Shopping Shuttle service transports clients between Community Service sites and grocery stores.	Y
Empowerment for Seniors & Adults with Disabilities*	Training programs for seniors and adults with disabilities in community organizing, leadership, conducting effective meetings, accessing essential services, conflict resolution, promoting diversity and engaging in civic affairs and advocacy.	Y
Health Insurance Counseling and Advocacy Program (HICAP)*	Counseling and information about Medicare, supplemental health insurance, long-term care insurance, managed care or related health insurance, community education activities, advocacy, and legal representation.	Y
Home Care Advocacy*	Homecare advocacy promotes a seamless and responsive system to best meet the in-home care needs of seniors and adults with disabilities. This program facilitates a task force to address issues like access gaps for persons ineligible for public benefits but unable to afford private pay service and coordination of response to state policy and budget changes.	Y
IHSS Care Transitions Program	This program provides transitional care support for new IHSS applicants returning home after hospitalization. This transitional care service is provided by staff from the DAAS Integrated Intake and Referral Unit.	N

Service	Description	DF Eligible
Legal Assistance*	Legal advice, counseling and/or representation by an attorney. Areas of expertise include: benefits appeals, eviction prevention, consumer rights, estate planning, etc.	Y
LGBT Cultural Competency Training*	This training is focused on improving awareness of current issues faced by LGBT seniors and adults with disabilities. It is provided to DAAS community partners.	Y
LGBT Dementia Care Training*	This training is focused on facilitating service provider efforts to assist LGBT persons with dementia and to connect these clients to needed services and supports.	Y

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Caregiver Support

Caregiver services provide support to friends and family members caring for a loved one.

Service	Description	DF Eligible
Adult Day Care*	Adult Day Care (also termed "Adult Social Day") sites are community-based programs that provides social and recreational activities in a group setting to adults 18 years of age or older who need personal care services and/or supervision but do not need medical attention during the day. A private pay service, DAAS supports a limited number of subsidized slots.	Y
Alzheimer's Day Care Resource Center*	Day care specifically for those in the moderate to late stages of Alzheimer's disease or related dementia whose care needs and behavioral issues make it difficult for the individual to participate in lower-level day care programs. A private pay service, DAAS supports a limited number of subsidized slots. These centers also provide support groups and resources to caregivers.	Y
Family Caregiver Support Program*	For informal caregivers who assist older adults, this program provides a variety of services, including information and assistance, support groups, counseling, respite services and supplemental services to support quality homecare.	Y

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Case Management

For older adults and people with disabilities with complex needs, these programs help clients navigate available supports, advocate for services to meet their needs, and follow up to ensure consistent service.

Service	Description	DF Eligible
Case Management*	Office on the Aging Community Case Management provides care coordination for older adults or adults with disabilities who are experiencing a diminished functional capacity and need formal assistance is required. Services include: assessing needs; developing care plans; authorizing, arranging and coordinating services; follow-up monitoring; and reassessment.	Y
Community Living Fund	This program provides intensive case management and purchases needed services and items for which there is no other payer. Its focus is preventing unnecessary institutionalization of seniors and adults with disabilities and helping those currently institutionalized transition back to the community if that is their preferred location.	Y
LGBT Care Navigation*	Provides care navigation and peer support to help LGBT seniors and adults with disabilities reduce isolation and overcome barriers that may inhibit accessing of needed services.	Y
Medication Management*	Case Management clients are provided with support to management of medication regimens.	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

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Connection & Engagement

The primary focus of these programs is providing opportunities for older people and adults with disabilities to connect socially with and contribute to their community.

Service	Description	DF Eligible
Adult Day Health Center*	Adult Day Health Centers (funded as "Community-Based Adult Services" through Medi-Cal) are community-based sites that support persons with disabilities. Licensed by the state, these facilities provide day program activities, as well as physical and occupational therapies and other support for persons with chronic conditions.	Y
Community Service Centers*	Community centers that provide activities to promote socialization and support quality of life through recreational activities, translation, light social services, and outreach. Historically referred to as "senior centers," these sites are spread throughout the city and welcome both older adults and adults with disabilities.	Y
Community Connectors*	Particularly in residential areas that lack a Community Service Center, these neighborhood-based network building efforts are facilitated by a local resident and advisory board and aim to build community, develop volunteer networks, and foster age- and disability-friendliness through inclusive social opportunities.	Y
Employment Support*	Employment support services include subsidized job placements and other support for older adults and persons with disabilities. In addition to helping supplement income, these services provide opportunities for connection in the community.	Y
LGBT Pet Care Support*	Pets are a powerful source of companionship and support and have the potential to promote healthier outcomes for persons experiencing illness. This program provides care navigation, peer support, and pet care resources, targeting older LGBT persons who are particularly at high risk of isolation.	Y
Senior Companion*	This program provides volunteer service opportunities and a small stipend for a limited number of low-to-moderate income older persons to provide peer support and expand the capacity of local community-based sites to support higher need seniors. These volunteers provide support to other older adults, such as assistance with chores and transportation to appointments.	Y
SF Connected*	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
Suicide Prevention & Emotional Support*	The Center for Elderly Suicide Prevention (CESP) provides crisis intervention, peer counseling, professional psychological counseling, telephone reassurance, grief counseling, support groups, and information and referral to appropriate agencies. Its Friendship Line – serving as a crisis	Y

Service	Description	DF Eligible
	intervention hotline and warm-line for urgent and non-urgent calls – is available at (800) 971-0016 and (415) 752-3778.	
Support 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
Village*	The Village model promotes independent living and helps its members develop enhanced support networks. The model is a membership organization through which paid staff and a volunteer cadre coordinates a wide array of services and socialization activities for senior members.	Y

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Housing Support

Housing-related services administered through DAAS include systems-level advocacy and client-focused services that address individual housing needs.

Service	Description	DF Eligible
Housing Counseling & Advocacy*	This program provides information for individuals in jeopardy of being evicted and assistance in advocating for tenant rights, as well as broader training for individuals and groups so they can inform the public about the need for affordable and accessible housing for older adults and people with disabilities.	Y
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%.	Y
Scattered Site Housing	Originally a program within the SF Department of Public Health, the Scattered Site Housing program was transitioned to DAAS in FY16-17. This program provides housing subsidies and ongoing support for persons transitioning out and/or at risk of placement in institutional care.	Y

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Nutrition & Wellness

Housing-related services administered through DAAS include systems-level advocacy and client-focused services that address individual housing needs.

Service	Description	DF Eligible
Congregate Meals*	Nutritious hot meals provided in a communal group setting (typically co-located with Community Services).	Y
Food Pantry*	DAAS funds grocery bags with nutritious items at food pantries throughout the city for low-income persons in need of additional nutrition resources. This program serves clients who are able to visit a local food pantry and transport food home.	Y
Health Promotion*	These are evidence-based health promotion programs that have been proven to be effective in reducing older people's risk of disease, disability and injury and to empower people to take more control over their own health through lifestyle changes. This includes physical fitness fall prevention classes, as well as chronic disease self-management programs.	Y
Home-Delivered Groceries*	For low-income persons in need of additional nutrition resources who have the capacity to store food and prepare meals but are unable to visit local food pantries or transport food home, this program delivers grocery bags directly to the home through use of volunteers and paid staff.	Y
Home-Delivered Meals*	Meals for persons who are homebound because of illness, incapacitating disability, isolation, or lack of a support network. In addition to ongoing service, the program provides emergency service for those in immediate need and transitional care service for persons discharged from the hospital.	Y
Nutrition Counseling*	Persons identified at high risk of poor nutrition status and/or with special diet requirements may be referred for nutrition counseling for additional one-on-one support.	Y
Nutrition Education*	Group classes and trainings to educate older people and adults with disabilities about strategies to maximize nutrition status. This service is provided at Congregate Meal sites.	Y

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Self-Care and Safety

These programs aim to mitigate risks for older adults and people with disabilities and support their ability to live safely in the least restrictive setting.

Service	Description	DF Eligible
Adult Protective Services	Adult Protective Services (APS) investigates possible abuse or neglect of seniors and adults with disabilities. The abuse may be physical, emotional, financial, neglect by others, or self-neglect. Social workers provide short-term counseling, case management, and referral services that ensure the ongoing safety of the person.	N
Alzheimer's Disease Initiative	Supported by a grant from the U.S. Department of Health and Human Services, this project enhances support for persons with dementia living alone, expands caregiver and staff training, and facilitates support groups for professionals and family caregivers.	Y
Clinical and Quality Assurance	The DAAS Clinical and Quality Assurance (CQA) unit provides clinical consultations by Registered Nurses and Licensed Clinical Social Workers to serve DAAS clients with complex clinical needs, including medical, nursing and behavioral health needs. The CQA unit works collaboratively within DAAS and outside healthcare professionals in order to evaluate clients' medical and/or behavioral health needs, as well as to assess client's readiness for change and engagement with services and to client-centered service plans.	N
Elder Abuse Prevention	With support from the Adult Protective Services program, this community-based program provides outreach and educational trainings for professionals and the general public to prevent and mitigate abuse of older adults and people with disabilities.	Y
Emergency Short-Term Home Care Support for Seniors*	Time-limited personal care, homemaker, and chore services to allow older adults to live safely in the community, thereby preventing premature institutionalization. It is focused on persons discharging from hospital and/or applying for In-Home Supportive Services (a Medi-Cal benefit).	Y
Forensic Center	The Forensic Center is responsible for improving communication and supporting collaboration among the legal, medical, and social service professionals who investigate and intervene in cases of abuse and self-neglect involving older adults and people with disabilities. A multi-disciplinary team meets on a regular basis to discuss cases with the goal of sharing expertise and resources to provide further direction, which might involve prosecution, to the cases being discussed. On a quarterly basis, meetings are open to providers in the community and include an educational component.	Y
In-Home Supportive Services (IHSS)	This 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	N

Service	Description	DF Eligible
	maintenance activities. IHSS consumers who are unable to oversee their own care are served through a home care agency.	
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	When a San Francisco resident dies and there are no family members to take care of his or her affairs, the Public Administrator program will manage the estate. In this role, staff search for family members and wills, arrange for disposition of remains, locate and manage all assets, monitor creditor claims, review taxes and provide all services necessary to administer each estate through distribution to heirs and beneficiaries.	N
Public Conservator	Mental health conservatorship services are provided to San Francisco residents who are gravely disabled (unable to provide for their food, clothing or shelter) due to serious mental illness and who have been found by the Court unable or unwilling to accept voluntary treatment. Referrals are only accepted from psychiatric hospitals. Placements for conservatees are operated in collaboration with the SF Department of Public Health.	N
Public Guardian	The Public Guardian program supports people whose physical and mental limitations make them unable to handle basic personal and financial needs. Many clients have dementia or experienced Traumatic Brain Injuries that have permanently impacted their capacity. A court mandated program, Public Guardian staff is responsible for managing client medical care, placement, and financial resources.	N
Representative Payee	The Representative Payee program manages money for seniors and adults with disabilities who are unable to manage their own finances to ensure that daily living needs are met and that well-being and independence are protected. These services are voluntary, and the consumer must have a case manager to be eligible.	N
Support at Home	A new pilot program beginning in FY16-17, Support at Home subsidizes home care for who are ineligible for In-Home Supportive Services and unable to fully afford to privately pay for needed in-home support.	Y

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Appendix III. Key Informant Interview Participants

Position or Role	Name
SF DAAS Executive Director	Shireen McSpadden
SF DAAS Deputy Director for Community Services and Dignity Fund Manager	Cindy Kauffman and Melissa McGee
SF DAAS Deputy Director for Programs	Jill Nielsen
SF HSA Senior Planning Analyst	Rose Johns
OAC Chair and OAC Vice-Chair	Ramona Davies and Sandy Mori
SF DAAS Advisory Council President and Advisory Council Member	Leon Schmidt and Allegra Fortunati
SF DAAS Program Analyst for Age- and Disability-Friendly San Francisco and the Long-Term Care Coordinating Council	Valerie Coleman

Appendix IV. Census Population Estimates for Research Question 1

The following table summarizes older adult and adults with disabilities population estimates which were used to calculate service participation rates in Research Question 1 of the equity analysis. RDA utilized SF DAAS OOA program administration data from FY16-17 to estimate population served.

Table 8. Population Estimates for Older Adults and Adults with Disabilities by Equity Factor[65]

Equity Factor	Eligibility Criteria[66]	Eligible Population of Older Adult	Eligible Population of Adults With Disabilities
Overall Population (Reference Group)	**All Income Levels**	**169,189**	**33,463**
	All income levels with Disability	42,776	20,004
	At or Below 100% FPL	24,440	11,635
	At or Below 100% FPL with Disability	10,315	7,867
	At or Below 200% FPL	57,266	18,240
	At or Below 200% FPL with Disability	21,581	12,031
	At or Below 300% FPL	78,778	21,759
	At or Below 300% FPL with Disability	27,503	14,080
Social Isolation (i.e. Living Alone)	**All Income Levels**	**47,811**	**9,067**
	All income levels with Disability	15,081	5,734
	At or Below 100% FPL	13,354	5,140
	At or Below 200% FPL	23,086	6,736
	At or Below 200% FPL with Disability	10,603	4,817
	At or Below 300% FPL	28,811	7,267
	At or Below 300% FPL with Disability	12,317	5,130
Limited or No English-Speaking Proficiency	**All Income Levels**	**50,040**	**3,626**
	All income levels with Disability	17,177	2,620
	At or Below 100% FPL	11,689	1,201
	At or Below 200% FPL	25,799	2,237
	At or Below 200% FPL with Disability	10,355	1,709
	At or Below 300% FPL	32,995	2,839
	At or Below 300% FPL with Disability	12,395	2,084
Communities of Color	**All Income Levels**	**101,400**	**20,569**
	All income levels with Disability	27,560	12,991
	At or Below 100% FPL	17,764	8,002
	At or Below 200% FPL	40,327	12,357
	At or Below 200% FPL with Disability	14,436	8,083
	At or Below 300% FPL	54,898	14,755
	At or Below 300% FPL with Disability	18,063	9,560
Sexual Orientation and Gender Identity	**All Income Levels**	**19,200**	**Unavailable**

[65] Ruggles, S., Genadek, K., Goeken, R., Grover, J ., and Sobek, M. (2017) *Integrated Public Use Microdata Series: Version 7.0* [dataset]. Minneapolis: University of Minnesota. https://doi.org/10.18128/D010.V7.0.
[66] Includes self-care, independent living, and ambulatory disabilities

Appendix V. Census Population Estimates for Research Question 2

The following table summarizes older adult and adults with disabilities population estimates which were used to calculate district-level service participation rates in Research Question 2 of the equity analysis.

Table 9. Service Participation Rates by Equity Factor, Population Type, and Service

Equity Factor	Population	Population Numbers
Overall Population (Reference Group)	**Older Adults 65 years or older**	117,064[67]
	Adults (18- 64 years) with Disabilities	40,650[68]
Low to Moderate Income	**Older Adults 65 years or older at or below 100% FPL**	16,802[69]
	Older Adults 65 years or older at or below 200% FPL	41,918[70]
	Older Adults 60 years or older at or below 300% FPL	78,035[71]
	Older Adults 60 years or older at or below 400% FPL	95,624[72]
Low Income	**Adults (18- 64 years) with Disabilities at or below 100% FPL**	13,913[73]

For information about U.S. Census Bureau American Community Survey data definitions and limitations, visit the following website:

https://www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html

[67] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B01001. Sex by age.
[68] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B18101. Sex by age by disability status.
[69] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months.
[70] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months.
[71] Data Source: (U.S. Census Bureau. IPUMS U.S. Census Bureau 2011-2015 5-Year Estimates.) Ruggles, S., Genadek, K., Goeken, R., Grover, J ., and Sobek, M. (2017) *Integrated Public Use Microdata Series: Version 7.0* [dataset]. Minneapolis: University of Minnesota. https://doi.org/10.18128/D010.V7.0.
[72] Data Source: (U.S. Census Bureau. IPUMS U.S. Census Bureau 2011-2015 5-Year Estimates.) Ruggles, S., Genadek, K., Goeken, R., Grover, J ., and Sobek, M. (2017) *Integrated Public Use Microdata Series: Version 7.0* [dataset]. Minneapolis: University of Minnesota. https://doi.org/10.18128/D010.V7.0.
[73] Data Source: U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status.

Appendix VI. Equity Analysis Research Questions

Research Question 1: Are populations with the presence of an equity factor utilizing services at the same rate citywide?

RDA identified areas of potential unmet service need among populations with equity factors using the following metric:

$$Participation\ Rate\ per\ 1{,}000\ Eligible\ Individuals = \frac{Number\ of\ Participating\ Individuals}{Eligible\ Population} \times 1000$$

RDA calculated service participation rates for each population in San Francisco with the presence of an equity factor, and compared subgroup participation rates to citywide rates for each Dignity Fund service type.[74] This rate is standardized (e.g., 10 individuals/1,000 Eligible Population) so participation trends may be comparable across populations.

Research Question 2: How do service utilization rates among low-income population compare across districts in the city?

Using the same metric described in Research Question 1, RDA calculated service participation rates for all income levels in San Francisco districts and compared district-level rates to citywide rates for select Dignity Fund service where data were reliable and available. RDA also repeated this analysis for low-income or low-to-moderate income populations in San Francisco districts and compared district-level rates to citywide rates. Services included in this district-level analysis include Community Services, Case Management, Congregate Meals, Home-Delivered Meals, Home-Delivered Groceries, and Community Living Fund.

Research Question 3: How are funds spent across districts in the city?

RDA analyzed SF DAAS program administrative data to assess financial allocation to districts in San Francisco during fiscal year 2016-2017. Specifically, RDA employed the following analytic steps to estimate financial allocation to districts:

1. Calculated approximate per-participant benefit for each client who receiving services in fiscal year 2016-2017 for each service, using the following formula:

$$\text{Estimated per} - \text{participant benefit} = \frac{\text{Amount allocated to Service X}}{\text{Number of participants served by that Service}}$$

[74] May need to take into consideration income eligibility for Community Living Fund, IHSS, and CalFresh.

2. Based on the estimated per-participant benefit, RDA calculated the total number of funding allocated to each district in the city.[75] RDA then applied the following formula to estimate the average individual funding allocation in each district:

$$\text{Average benefit for individuals in district X} = \frac{\text{Sum of benefits for individuals in district X}}{\text{Number of participants living in district X}}$$

[75] District allocation for client-level services were determined based on client residency, and district allocation for site-level services were determined based on the location in which the client accessed services.

Appendix VII. SF DAAS OOA Equity Analysis Data Availability for Equity Analysis, FY16-17[76]

SF DAAS Program	% Missing Age	% Missing Household Size	% Missing English Proficiency	% Missing Income Level (for 100% FPL or below)	% Missing Income Level (for 200% FPL or below)	% Missing Race and Ethnicity	% Missing Sexual Orientation and Gender Identity
Access Services							
Aging and Disability Resource Centers	28%	39%	27%	44%	*	28%	46%
DAAS-funded Transportation	6%	31%	39%	18%	20%	8%	53%
Caregiver Support							
Adult Day Care	1%	7%	25%	29%	68%	2%	33%
Alzheimer's Day Care Resource Center	1%	11%	38%	29%	64%	3%	47%
Family Caregiver Supportive Services	3%	5%	29%	24%	49%	2%	48%
Case Management							
Case Management	<1%	3%	5%	4%	7%	1%	21%
Community Living Fund	4%	34%	4%	^	*	15%	6%
LGBT Care Navigation	5%	24%	26%	25%	33%	8%	21%
Money Management	0%	9%	14%	4%	6%	3%	38%
Connection & Engagement							
Community Service Centers	1%	4%	16%	14%	24%	3%	39%
LGBT Animal Bonding & Support	27%	48%	38%	29%	32%	30%	50%
SF Connected	23%	33%	42%	38%	42%	28%	54%
Village Model	37%	31%	63%	33%	70%	14%	58%
Housing Support							
Housing Subsidies	<1%	7%	27%	2%	1%	1%	17%
Nutrition & Wellness							
Congregate Meals	<0%	1%	10%	15%	23%	1%	41%
Health Promotion	1%	12%	17%	24%	36%	6%	29%
Home-Delivered Groceries	1%	6%	15%	6%	6%	3%	32%
Food Pantry	<1%	1%	3%	1%	2%	<1%	27%
Home-Delivered Meals	<1%	<1%	1%	7%	17%	<1%	23%
Nutritional Counseling	0%	1%	1%	5%	21%	0%	12%

^To be eligible for Community Living Fund, clients must have income below 300% FPL. While annual income level is recorded, the database does not include fields for above/below 100% FPL. For this needs assessment, clients were identified as below 100% FPL if they were identified as enrolled in Medi-Cal. *Databases do not include indicators for income up to 200% FPL. Accordingly, low-income analysis in the DFCNA for these programs used the 100% poverty threshold.

[76]The percent of missing data includes missing data and decline to state. Income level was determined by self-reported income status and enrollment in IHSS, SSI, Medi-Cal, and CalFresh.

Appendix VIII. Focus Group and Community Forum Consumer Participant Demographics

Across all focus groups and forums, 744 individuals attended. Of those 744, 521 (70%) identified as consumers of services, while the remainder were agency staff or service providers. The following table shows the demographic breakdown for all consumers who attended a focus group or community forum.

Table 10. Focus Group and Community Forum Participant Demographics (N =521)

Category	Percent (number of Participants)
Gender	
Female	60% (n = 311)
Male	34% (n = 176)
Transgender Male	0.4% (n = 2)
Transgender Female	1% (n = 3)
Genderqueer/Gender Non-Binary	0.4% (n = 2)
Unavailable or Unknown	5% (n = 27)
Race/Ethnicity	
Asian	39% (n = 205)
White/ Caucasian Non-Hispanic	24% (n = 123)
Black or African American	12% (n = 63)
Hispanic/Latino/a/x	5% (n = 27)
American Indian/Native American/ Native Alaskan	0% (n = 0)
Native Hawaiian/ Pacific Islander	0% (n = 0)
Two or more Races	10% (n = 51)
Other	3% (n = 15)
Unavailable or Unknown	7% (n = 37)
Age	
18 to 24	1% (n = 4)
25-34 years	2% (n = 8)
35-44 years	1% (n = 7)
45-54 years	3% (n = 16)
55-59 years	5% (n = 24)
60-64 years	11% (n = 59)
65-74 years	35% (n = 184)
75-84 years	27% (n = 140)
85-89 years	6% (n = 30)
90 years or older	2% (n = 11)
Unavailable or Unknown	7% (n = 38)
Sexual Orientation	
Straight/ Heterosexual	68% (n = 356)
Bisexual	3% (n = 16)
Gay/ Lesbian/ Same-Gender Loving	10% (n = 53)
Questioning/ Unsure	1% (n = 3)
Prefer Not to Answer	6% (n = 29)
Unknown or Unavailable	12% (n = 64)

Appendix IX. Community Forum Summaries

The following table provides a breakdown of attendees at each community forum, along with demographic information for consumers who attended each forum.

Category	District										
	1	2	3	4	5	6	7	8	9	10	11
Location	Richmond Rec. Center	Aquatic Park Senior Center	Lady Shaw Senior Center	Ortega Library	Western Addition Senior Center	Curry Senior Center	West Portal Clubhouse	Openhouse	Mission Neighborhood Center	George W. Davis Senior Center	OMI Senior Center
Total Participants	29	69	58	16	41	46	57	17	58	31	40
Service Providers	20	15	24	8	17	13	8	5	18	8	4
Consumers	9	54	34	8	24	33	49	12	40	23	36
Older Adult (65+)	89% (8)	70% (38)	32% (11)	75% (6)	75% (18)	64% (21)	86% (42)	67% (8)	65% (26)	61% (14)	78% (28)
Race/Ethnicity											
Asian	67% (6)	13% (7)	82% (28)	38% (3)	25% (6)	58% (19)	84% (41)	8% (1)	3% (1)	4% (1)	56% (20)
White/Caucasian	22% (2)	57% (31)	3% (1)	25% (2)	4% (1)	18% (6)	14% (7)	58% (7)	68% (27)	9% (2)	22% (8)
Black or African American		2% (1)			63% (15)	6% (2)		17% (2)	5% (2)	70% (16)	14% (5)
Two or more Races						6% (2)		8% (1)		4% (1)	
Other		11% (6)		13% (1)	8% (2)			8% (1)		4% (1)	3% (1)
Unknown or Unavailable	11% (1)	11% (6)	15% (5)	25% (2)		12% (4)	2% (1)		23% (9)	9% (2)	6% (2)
Primary Language											
Cantonese	56% (5)	6% (3)	79% (27)	25% (2)	4% (1)		43% (21)				39% (14)
Spanish		4% (2)							70% (28)		3% (1)
Tagalog						30% (10)					
Japanese					13% (3)		2% (1)				
Korean							2% (1)				
Mandarin	11% (1)						2% (1)				

The following table provides a summary of findings from each community forum.

District	What is Working Well about Existing Services?	What are the Service Gaps or Areas for Improvement?
District 1	• **Community Service (Senior) Centers**: Consumers stated that centers reduce isolation, allow consumers to connect with friends and feel engaged in their community. • **Congregate meals**: Older adults appreciated the food options and camaraderie the experience dining with friends**.** • **Intergenerational programming**: Such programming is appreciated by consumers who enjoy opportunities to engage with their neighbors. • **Transportation**: Access to free transportation helps increase mobility for low-income older adults who are able to safely take Muni and BART.	• **Advocacy for older adults**: Consumers and providers would like to see more awareness promotion and advocacy for the challenges older adults face living in San Francisco. • **Aging transition services**: Consumers are interested in additional support as they transition into older age. • **Coordination and collaboration among CBOs**: Service providers discussed the desire and need to increase coordination among agencies in the district to improve service provision for older adults**.** • **Employment**: Short-term and part-time employment options are needed. • **In-home support**: Service providers discussed the need to improve their capacity to provide in-home care and consumers discussed the need for more support for consumers with mobility challenges. • **Nutrition support**: More options are needed for vegetarians. • **Transportation**: There is not enough assisted transportation and existing options, including Paratransit, are unreliable and/or have long waitlists.
District 2	• **Community Service (Senior) Centers:** Consumers appreciated the variety of activities at the Center and use it as a resource to learn about other events. • **IHSS:** Caregivers appreciated the support they receive from IHSS providers and note that it allows their loved ones to better age in place. • **SF DAAS support:** Service providers valued the support they receive SF DAAS, including technical assistance and advocacy.	• **Caregiver and in-home support:** More services for homebound older adults and those who care for them are needed, as is increased education for consumers about palliative care. • **Creative arts programming:** Additional support for activities that provide creative outlets are needed. • **Housing support and advocacy:** There is a need for more legal services to support older adults and adults with disabilities with housing concerns to promote more stability in housing.

		• **Middle income service access:** Consumers who do not qualify for Medi-Cal feel that there is a service gap for those who cannot leave their home but do not qualify for IHSS. • **Services for adults with disabilities:** There need to be more services just for adults with disabilities, especially younger adults. • **System navigation:** Consumers and service providers discussed challenges with system navigation including receiving contradictory information from the same agencies, extensive paperwork for IHSS, and limited opportunities for providers to connect consumers to other services. Consumers would like an accessible inventory of all services. • **Transportation:** Paratransit does not help people get from their door to the vehicle, which limits access for consumers with mobility impairment.
District 3	• **Community Service (Senior) Centers:** Consumers appreciated the centralized resources available at these centers, noting that staff can connect them to anything they need. • **Nutrition support:** Consumers expressed appreciation for home-delivered and congregate meals.	• **Legal services**: A service provider discussed the need for legal and protective services for older adults and adults with disabilities**.** • **Physical activity and recreation programming:** Consumers wanted more outdoor recreational programs, as well as indoor fitness facilities. • **Service capacity**: Providers discussed the need for more resources for case management and home-delivered meals. • **Transportation:** Consumers struggle navigating San Francisco's hills and discussed needed additional transportation access to help them navigate the city.
District 4	• **Community Service (Senior) Centers:** Consumers highlighted the value of multilingual service providers at these centers, as well as the access to services they provide.	• **Coordination and collaboration among CBOs:** Service providers discussed the desire and need to increase coordination among agencies in the district to improve service provision for older adults.

		• **Housing support and advocacy:** There is a need for more legal and financial support services to support older adults and adults with disabilities with housing concerns. • **Legal services**: A service provider discussed the need for legal and protective services for older adults and adults with disabilities. • **Service capacity**: Providers discussed the need for increased home delivered meal capacity, while consumers discussed the need for more LGBTQ services. • **Services for adults with disabilities:** There need to be more services just for adults with disabilities, especially younger adults. • **Transportation:** Additional transportation is needed to get consumers to and from social events. There is also a need for accessible transportation, because Paratransit does not help consumers get to and from the vehicle.
District 5	• **Community Service (Senior) Centers:** Consumers highlighted the value of multilingual service providers at these centers and the opportunities for social engagement at the center. • **Congregate meals:** Consumers expressed appreciation for the access to food and the social engagement at meal time. • **Support at Home:** Attendees discussed this program as a useful option for consumers who do not qualify for IHSS. • **Intergenerational activities:** Consumers discussed how they enjoy talking to and participating in activities with younger community members.	• **Additional services to support aging in place**: Consumers discussed the need for more housing subsidies, identification of long-term affordable housing options, and accessible housing options, particularly at SROs. Consumers and providers expressed concern that older adults will lose their current housing due to increased costs and health challenges. • **Coordination and collaboration among CBOs:** Service providers discussed the desire and need to increase coordination among agencies in the district to improve their ability to advocate for consumers. • **Employment**: Opportunities for adults over 55 are needed, and employers need additional education to understand the value of employing aging and older adults. • **Intergenerational and multicultural services:** Consumers and providers would like to see additional services that allow older adults to interact with other community members.

District 6	• **Community Service (Senior) Centers:** Consumers spoke at length about their appreciation for these centers.	• **IHSS eligibility:** Consumers who do not qualify for Medi-Cal feel that there is a service gap for those who cannot leave their home but do not qualify for IHSS. • **Service awareness:** Providers discussed the need for increased awareness among consumers about the available SF DAAS-funded services • **Services for vulnerable adults:** There is a need for additional in-home services for adults with Alzheimer's and dementia, as well as additional support for homeless older adults and adults with disabilities. • **Transportation:** Consumers discussed the need for additional door-to-door transportation services.
District 7	• **Community Service (Senior) Centers:** Consumers noted appreciation for the social engagement opportunities, activities, workshops, and caring staff at these centers. • **Creative arts programming:** Consumers discussed the value of community groups and programs that allow older adults to engage in creative arts, including music.	• **Community Service (Senior) Center capacity**: Consumers would like to have more centers in their district, for centers to have permanent locations during the summer, and to expand hours to evenings and weekends. • **Creative arts programming:** Additional support for activities that provide creative outlets is needed. • **Legal services**: A service provider discussed the need for legal and protective services for older adults and adults with disabilities. • **Middle income service access:** Consumers who do not qualify for Medi-Cal feel that there is a service gap for those who cannot leave their home but do not qualify for IHSS. • **Service awareness:** Consumers discussed their own knowledge gaps and concerns that they do not know what services are available or when they should seek services. They specifically discussed concern about when it is appropriate to seek legal services. • **Transportation:** Consumers discussed the need for additional door-to-door transportation services
District 8	• **Community Service (Senior) Centers:** Consumers noted the value of the social engagement available at these centers.	• **Employment**: Short-term and part-time employment options are needed.

	• **Nutrition services**: Consumers expressed appreciation of food banks and congregate meals. • **Transportation**: Consumers discussed their reliance on Paratransit and the majority of attendees had positive experiences using it and other assisted transportation services. They also value free Muni and BART access.	• **Middle income service access:** Consumers who do not qualify for Medi-Cal felt that there is a service gap for those who cannot leave their home but do not qualify for IHSS. • **Service awareness among the LGBTQ community:** Attendees noted that services for LGBTQ older adults are underutilized and that awareness needs to be increased. • **Services for vulnerable adults:** Attendees identified consumers with significant illness, unstable housing, and those who are not U.S. citizens as groups who need additional service support. • **System navigation:** Attendees agreed that navigating the service system is challenging and should be improved. • **Support for home maintenance**: Consumers would like access to on-call maintenance and housework support.
District 9	• **Community Service (Senior) Centers:** Consumers noted appreciation for the variety of activities (e.g., computer training) available at these centers. They also noted that services were useful for getting referrals to other necessary services. • **Creative arts programming:** Consumers discussed the value of community groups and programs that allow older adults to engage in creative arts, including music. • **Transportation**: Access to free transportation helps increase mobility for low-income older adults who are able to safely take Muni and BART.	• **Creative arts programming:** Additional support for activities that provide creative outlets is needed. • **Housing support and advocacy**: Providers discussed capacity challenges, while consumers discussed the need for support navigating abuse, unresponsive landlords, and the stress of potential evictions. They reported a need for legal advocates to help seniors stay in their homes and fight evictions. Consumers also expressed the need for assistance navigating housing searches, which are often online and difficult to access and understand. • **In-home support**: Consumers expressed confusion around how to access in-home support services, including IHSS.
District 10	• **Community Service (Senior) Centers:** Consumers expressed appreciation for the social engagement and support available at these centers.	• **Creative arts programming:** Additional support for activities that provide creative outlets is needed. • **Dental care for older adults**: Providers identified dental care as a gap in existing services for older adults. • **Housing support and advocacy**: Consumers discussed the need for support finding and obtaining affordable housing.

		• **Middle income service access:** Consumers who do not qualify for Medi-Cal felt that there is a service gap for those who cannot leave their home but do not qualify for IHSS. • **Support for home maintenance**: Consumers would like access to on-call maintenance and housework support. • **Technology training for older adults**: Consumers would like access to technology training, such as navigating computers and smart phones.
District 11	• **Community Service (Senior) Centers:** Consumers appreciate the centralized resources available at these centers, noting that staff can connect them to anything they need. They also appreciate the social engagement and variety of activities available.	• **Creative arts programming:** Additional support for activities that provide creative outlets is needed. • **Legal services**: A service provider discussed the need for legal and protective services for older adults and adults with disabilities • **Support for home maintenance**: Consumers would like access to trustworthy on-call maintenance and housework support. • **Transportation:** Additional transportation is needed to get consumers to and from social events. • **Technology training for older adults**: Consumers would like access to technology training, such as navigating computers and smart phones.

Appendix X. Population Survey Demographics

The following table summarizes the demographic breakdown of all consumer population survey respondents.

Table 11. Population Survey Consumer Participant Demographics (N = 1,127)

Category	Percent (number of Respondents)
Gender (N = 1,096)	
Female	61% (n = 667)
Male	36% (n = 397)
Transgender Female	0.2% (n = 2)
Transgender Male	0.2% (n = 2)
Genderqueer	1% (n = 8)
Other/Not Lister	0.2% (n = 2)
Decline to Answer	2% (n = 18)
Age of Respondents (N = 1,104)	
18-24 years	1% (n = 6)
25-34 years	2% (n = 19)
35-44 years	3% (n = 30)
45-54 years	4% (n = 45)
55-59 years	5% (n = 51)
60-64 years	15% (n = 167)
65-74 years	43% (n = 470)
75-84 years	21% (n = 229)
85-89 years	6% (n = 62)
90 years or older	2% (n = 19)
Decline to Answer	1% (n = 6)
Sexual Orientation (N = 1,071)	
Straight/ Heterosexual	75% (n = 802)
Gay/ Lesbian/ Same-Gender Loving	15% (n = 160)
Bisexual	2% (n = 23)
Questioning/ Unsure	0.4% (n = 4)
Other/ Not Listed	1% (n = 6)
Decline to Answer	7% (n = 76)

Appendix XI. Service Provider Survey: Detailed Results

298 providers completed an online survey. Respondents served both older adults, adults with disabilities, as well as other groups. This appendix provides an overview of service providers' responses to key survey questions.

Just over half of service provider respondents were employees at non-profit social services agencies (see Figure 46) and just over one-third of respondents were direct service providers (see Figure 47).

Figure 46. Service Provider Agency Type

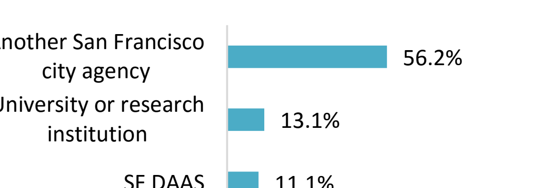
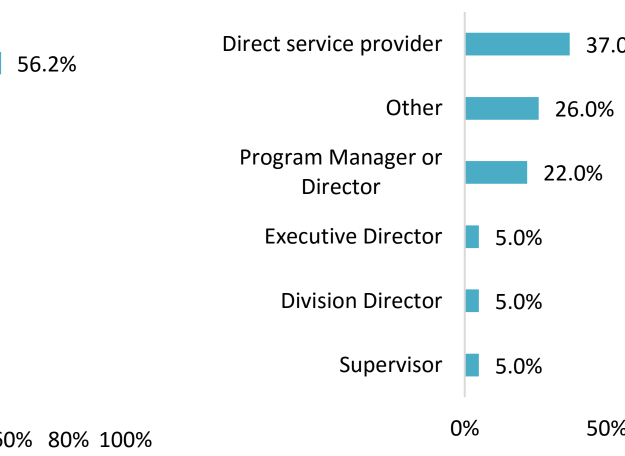
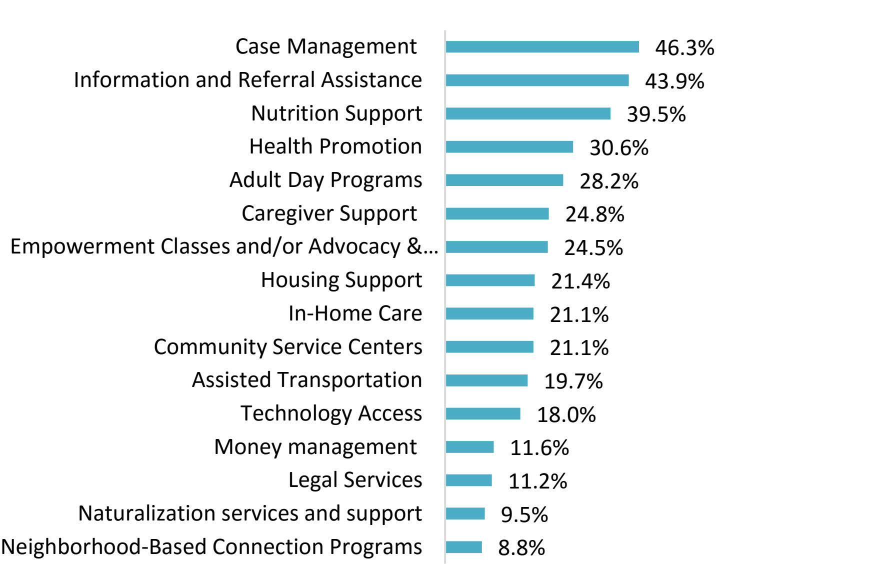


Figure 47. Respondents' Role at Agency

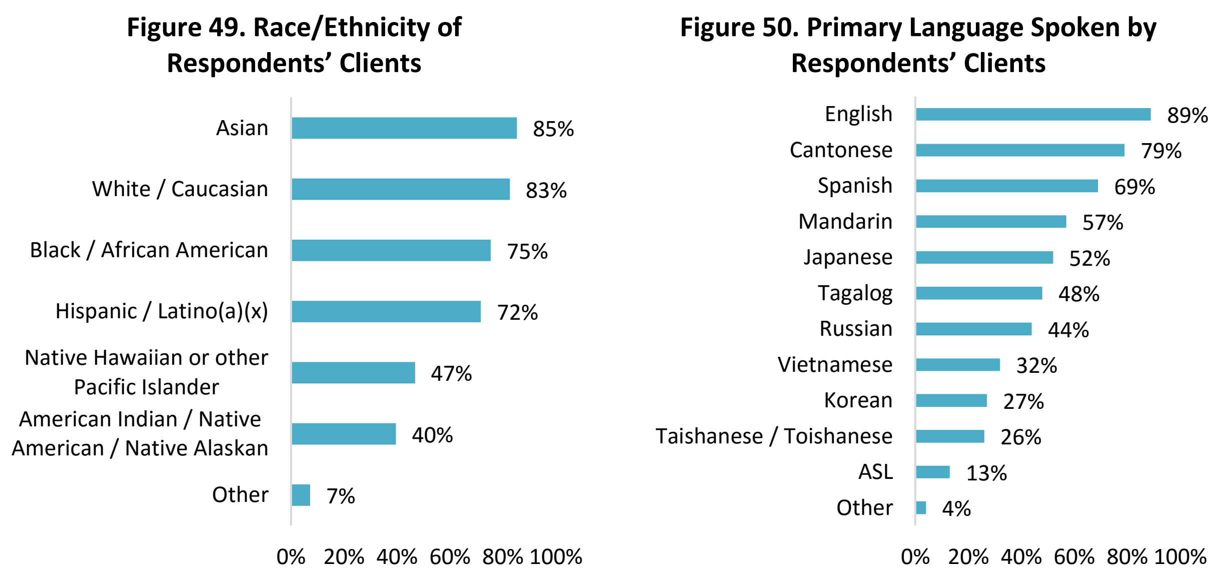


Respondents' agencies provide a variety of services. In addition to those listed in Figure 48 on the following page, respondents included creative programming (e.g., choir and art), medical care, and mental health services.

Figure 48. Type of Services Provided by Respondents' Agencies



Providers who responded to the survey serve a diverse group of clients, as shown in Figure 49. Among those who serve Asian clients, the majority serve Chinese (93%), or Filipino (66%) clients. Among those serving Hispanic/Latino clients, the majority serve Mexican/Mexican American (92%), Central American (75%), El Salvadorian (62%), or South American (53%). Most clients served by respondents speak English (89%), Cantonese (79%), Spanish (69%), Mandarin (57%), or Japanese (52%; see Figure 50).



Just over half (53%) of respondents reported that their agency serves clients who identify as part of the LGBTQ community. Respondents' agencies most frequently serve consumers city-wide (67%).

Appendix XII. Service Participation Rates for Older Adults

The following table summarizes service participation rates for older adults in San Francisco.

Table 12. Service Participation Rates per 1,000 individuals for Older Adults, FY16-17[77]

Services	Total Served[78]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000
Adult Day Services	169	169,189	0.1%	1
Aging and Disability Resource Center	9,550	169,189	6%	56
Alzheimer's Day Care	103	169,189	0.06%	0.6
Case Management	1,231	169,189	0.7%	7
Community Living Fund	238	27,503	0.9%	9
Community Service Centers	15,855	169,189	9%	94
Congregate Meals	15,423	169,189	9%	91
DAAS-funded Transportation	877	169,189	0.5%	5
Emergency Short-Term Home Care	173	169,189	0.1%	1
Family Caregiver	384	169,189	0.2%	2
Food Pantry	1,218	57,266	2%	21
Health Promotion	895	169,189	0.5%	5
Home-Delivered Groceries	1,481	21,581	7%	69
Home-Delivered Meals	4,630	42,776	11%	108
Housing Subsidy	82	169,189	0.05%	0.5
LGBT Animal Bonding Support	39	169,189	0.02%	0.2
LGBT Care Navigation	57	169,189	0.03%	0.3
Money Management	104	169,189	0.06%	0.6
Nutritional Counseling	1,127	169,189	0.7%	7
SF Connected	2,008	169,189	1%	12
Village Model	718	169,189	0.4%	4
Any Services	40,889	169,189	24%	242

[77] Rates were calculated using eligible population estimates based on income-based and/or disability-based eligibility criteria for the following programs: Food Pantry, Home-Delivered Groceries, Home-Delivered Meals, and Community Living Fund.
[78] Estimates of population served is obtained from SF DAAS program administration data which includes older adults 60 year and older who utilized services in fiscal year 2016-2017.

Adult Population Living Alone

The following table summarizes service participation rates for older adults living alone in San Francisco.

Table 13. Service Participation Rates per 1,000 individuals for Older Adults Living Alone, FY16-17[79]

Services	Total Served[80]	Eligible Population Living Alone	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Adult Day Services	36	47,811	0.08%	0.8	-1.3
Aging and Disability Resource Center	2,189	47,811	5%	46	-1.2
Alzheimer's Day Care	12	47,811	0.03%	0.3	-2.4
Case Management	765	47,811	2%	16	2.2
Community Living Fund	127	12,317	1%	10	1.2
Community Service Centers	5,531	47,811	12%	116	1.2
Congregate Meals	5,509	47,811	12%	115	1.3
DAAS-funded Transportation	353	47,811	0.7%	7	1.4
Emergency Short-Term Home Care	97	47,811	0.2%	2	2.0
Family Caregiver	64	47,811	0.1%	1	-1.7
Food Pantry	457	23,083	2%	20	-1.1
Health Promotion	272	47,811	0.6%	6	1.1
Home-Delivered Groceries	815	10,603	8%	77	1.0
Home-Delivered Meals	2,886	15,081	19%	191	1.8
Housing Subsidy	64	47,811	0.1%	1	2.8
Money Management	64	47,811	0.1%	1	2.2
Nutritional Counseling	721	47,811	2%	15	2.3
SF Connected	581	47,811	1%	12	1.0
Village Model	283	47,811	0.6%	6	1.4
Any Services	14,003	47,811	29%	293	1.2

[79] Rates were calculated using eligible population estimates based on income-based and/or disability-based eligibility criteria for the following programs: Food Pantry, Home-Delivered Groceries, Home-Delivered Meals, and Community Living Fund.
[80] Estimates of population served is obtained from SF DAAS program administration data. A total of 8% of older adult clients had either missing data for living alone status or they declined to state.

Low-to-Moderate Income Older Adults

The following table summarizes service participation rates for older adults in San Francisco who had low-to-moderate income at or below 200% federal poverty level.

Table 14. Service Participation Rates per 1,000 individuals for Older Adults with Low-To-Moderate Income, FY16-17

Services	Total Served[81]	Eligible Population at or below 200% FPL	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Adult Day Services	45	57,266	0.08%	0.8	-1.3
Aging and Disability Resource Center[82]	7,324	24,440	30%	300	5.3
Alzheimer's Day Care	37	57,266	0.06%	0.6	1.1
Case Management	1,083	57,266	2%	19	2.6
Community Living Fund[83]	221	10,315	2%	21	2.5
Community Service Centers	11,642	57,266	20%	203	2.2
Congregate Meals	11,767	57,266	21%	206	2.3
DAAS-funded Transportation	716	57,266	1%	13	2.4
Emergency Short-Term Home Care	148	57,266	0.3%	3	2.5
Family Caregiver	149	57,266	0.3%	3	1.1
Food Pantry	1,169	57,266	2%	20	-1.0
Health Promotion	572	57,266	1%	10	2
Home-Delivered Groceries	1,404	21,581	7%	65	-1.1
Home-Delivered Meals	3,532	21,581	16%	164	1.5
Housing Subsidy	79	57,266	0.1%	1	2.8
Money Management	97	57,266	0.2%	2	2.8
Nutritional Counseling	881	57,266	2%	15	2.3
SF Connected	1,091	57,266	2%	19	1.6
Village Model	211	57,266	0.4%	4	-1.2
Any Services	29,747	57,266	52%	519	2.1

[81] Estimates of population served are obtained from SF DAAS program administration data. Income level was determined by self-reported income status and enrollment in IHSS, SSI, Medicaid, and CalFresh. A total of 17% of older adult clients had missing or incomplete data for income level. Estimates from SF DAAS program administration data use the threshold of 185% or below FPL and was used as a proxy for 200% FPL.

[82] ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

[83] Community Living Fund rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

Older Adults with Limited or No English-Speaking Proficiency

The following table summarizes service participation rates for older adults in San Francisco who had limited or no English-speaking proficiency.

Table 15. Service Participation Rates per 1,000 individuals for Older Adults with Limited or No English-Speaking Proficiency, FY16-17[84]

Services	Total Served[85]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Adult Day Services	33	50,040	0.07%	0.7	-1.5
Aging and Disability Resource Center	7,126	50,040	14%	142	2.5
Alzheimer's Day Care	23	50,040	0.05%	0.5	-1.3
Case Management	398	50,040	0.8%	8	1.1
Community Living Fund	39	12,395	0.3%	3	-2.8
Community Service Centers	3,733	50,040	13%	135	1.4
Congregate Meals	8,083	50,040	16%	162	1.8
DAAS-funded Transportation	577	50,040	1%	12	2.4
Emergency Short-Term Home Care	52	50,040	0.1%	1	1.0
Family Caregiver	84	50,040	0.2%	2	-1.4
Food Pantry	939	25,799	4%	36	1.7
Health Promotion	319	50,040	0.6%	6	1.2
Home-Delivered Groceries	813	10,355	8%	79	1.1
Home-Delivered Meals	1,002	17,177	6%	58	-1.9
Housing Subsidy	4	50,040	0.008%	0.08	-6.1
Money Management	1	50,040	0.002%	0.02	-30.8
Nutritional Counseling	118	50,040	0.2%	2	-2.8
SF Connected	601	50,040	1%	12	1.0
Village Model	77	50,040	0.2%	2	-2.8
Any Services	20,097	50,040	40%	402	1.7

[84] Rates were calculated using eligible population estimates based on income-based and/or disability-based eligibility criteria for the following programs: Food Pantry, Home-Delivered Groceries, Home-Delivered Meals, and Community Living Fund.

[85] Estimates of population served is obtained from SF DAAS program administration data. A total of 10% of older adult clients had either missing data for language spoken and English fluency or they declined to state.

Older Adults Belonging to Community of Color

The following table summarizes service participation rates for older adults in San Francisco who identify as belonging to a community of color.

Table 16. Service Participation Rates per 1,000 individuals for Older Adults Belonging to Community of Color, FY16-17

Services	Total Served[86]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Adult Day Services	112	101,400	0.1%	1	1.1
Aging and Disability Resource Center	7,702	101,400	8%	76	1.3
Alzheimer's Day Care	60	101,400	0.06%	0.6	-1.0
Case Management	803	101,400	0.8%	8.0	1.1
Community Living Fund	118	18,063	0.7%	7	-1.3
Community Service Centers	12,359	101,400	12%	122	1.3
Congregate Meals	13,514	101,400	13%	133	1.5
DAAS-funded Transportation	786	101,400	0.8%	8	1.5
Emergency Short-Term Home Care	94	101,400	0.09%	0.9	-1.1
Family Caregiver	282	101,400	0.3%	3	1.2
Food Pantry	1,135	40,327	3%	28	1.3
Health Promotion	592	101,400	0.6%	6	1.1
Home-Delivered Groceries	1,235	14,436	9%	86	1.2
Home-Delivered Meals	2,836	27,560	10%	103	-1.1
Housing Subsidy	38	101,400	0.04%	0.4	-1.3
Money Management	82	101,400	0.08%	0.8	1.3
Nutritional Counseling	653	101,400	0.06%	6	-1.0
SF Connected	1,069	101,400	1%	11	-1.1
Village Model	229	101,400	0.2%	2	-1.9
Any Services	31,264	101,400	31%	308	1.3

[86] Estimates of population served is obtained from SF DAAS program administration data. A total of 3% of older adult clients had either missing data for race and ethnicity information or they declined to state.

Older Adults Sexual Orientation and Gender Identity

The following table summarizes service participation rates for older adults in San Francisco who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ).

Table 17. Service Participation Rates per 1,000 individuals for LGBTQ Older Adults, FY16-17

Services[87]	Total Served[88]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Adult Day Services	2	19,200	0.01%	0.1	-9.6
Aging and Disability Resource Center	385	19,200	4%	42	-1.3
Alzheimer's Day Care	1	19,200	0.005%	0.05	-11.7
Case Management	101	19,200	0.5%	5	-1.4
Community Living Fund	25	19,200	0.3%	3	-3.2
Community Service Centers	590	19,200	3%	31	-3.0
Congregate Meals	331	19,200	2%	17	-5.3
DAAS-funded Transportation	0	19,200	0%	0	-100
Emergency Short-Term Home Care	10	19,200	0.05%	0.5	-2.0
Family Caregiver	35	19,200	0.2%	2	-1.2
Food Pantry	7	19,200	0.04%	0.4	-58.3
Health Promotion	27	19,200	0.1%	1.4	-3.8
Home-Delivered Groceries	28	19,200	0.1%	1.5	-47.1
Home-Delivered Meals	226	19,200	1%	12	-9.2
Housing Subsidy	29	19,200	0.2%	2	3.1
LGBT Animal Bonding Support	15	19,200	0.08%	0.8	3.4
LGBT Care Navigation	41	19,200	0.2%	2	6.3
Money Management	5	19,200	0.03%	0.3	-2.4
Nutritional Counseling	72	19,200	0.4%	4	-1.8
SF Connected	38	19,200	0.2%	2	-6.0
Village Model	31	19,200	0.2%	2	-2.6
Any Services	1,444	19,200	8%	75	-3.2

[87] Rates were calculated using general older adult population living alone regardless of income status, including programs with income-based eligibility. Citywide rates were calculated without income restriction in order to appropriately make service-level comparisons. In addition, income level data was unavailable for older adult LGBTQ population; thus, the service participation rates are generally underestimated for the following programs that had income-based and/or disability-based eligibility: Food Pantry, Home-Delivered Groceries, Home-Delivered Meals, and Community Living Fund.

[88] Estimates of population served are obtained from SF DAAS program administration data. A total of 37% of older adult clients had either missing or incomplete data for sexual orientation information or they declined to state.

Appendix XIII. Service Participation Rates for Adults with Disabilities

The following table summarizes service participation rates for adults with disabilities in San Francisco.

Table 18. Service Participation Rates per 1,000 individuals for Adults with Disabilities, FY16-17

Services	Total Served	Eligible Population	Service Participation Rate	Service Participation Rate per 1000
Aging and Disability Resource Center	994	33,463	3%	29.7
Case Management	182	33,463	0.5%	5
Community Living Fund	133	14,080	0.9%	9.4
Community Service Centers	1,045	33,463	3%	31
Congregate Meals	793	33,463	2%	24
DAAS-funded Transportation	12	33,463	0.04%	0.4
Emergency Short-Term Home Care	1	33,463	0.003%	0.03
Family Caregiver	240	33,463	0.7%	7
Food Pantry	5	18,240	0.03%	0.3
Health Promotion	7	33,463	0.02%	0.2
Home-Delivered Groceries	308	12,031	3%	26
Home-Delivered Meals	887	20,004	4%	44
Housing Subsidy	67	33,463	0.2%	2
LGBT Animal Bonding Support	17	33,463	0.05%	0.5
LGBT Care Navigation	26	33,463	0.08%	0.8
Money Management	38	33,463	0.1%	1.1
Nutritional Counseling	13	33,463	0.04%	0.4
SF Connected	277	33,463	0.8%	8.3
Any Services	4,352	33,463	13%	130

Adults with Disabilities Living Alone

The following table summarizes service participation rates for adults with disabilities living alone in San Francisco.

Table 19. Service Participation Rates per 1,000 individuals for Adults with Disabilities Living Alone, FY16-17

Services	Total Served[89]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Aging and Disability Resource Center	131	9,067	1%	14	-2.1
Case Management	87	9,067	1%	10	1.8
Community Living Fund	62	5,130	1%	12	1.3
Community Service Centers	339	9,067	4%	37	1.2
Congregate Meals	337	9,067	4%	37	1.6
DAAS-funded Transportation	1	9,067	0.01%	0.1	-3.6
Emergency Short-Term Home Care	1	9,067	0.01%	0.1	3.7
Family Caregiver	34	9,067	0.4%	4	-1.9
Food Pantry	2	6,736	0.03%	0.3	1.1
Health Promotion	2	9,067	0.02%	0.2	1.1
Home-Delivered Groceries	140	4,817	3%	29	1.1
Home-Delivered Meals	650	5,734	11%	113	2.6
Housing Subsidy	52	9,067	0.6%	6	2.9
Money Management	22	9,067	0.2%	2	2.1
Nutritional Counseling	5	9,067	0.06%	0.5	1.4
SF Connected	77	9,067	0.8%	8	1.0
Any Services	1,606	9,067	18%	177	1.4

[89] Estimates of population served is obtained from SF DAAS program administration data. A total of 11% of adult with disability clients had either missing data for living alone status or they declined to state.

Low-to-Moderate Income Adults with Disabilities

The following table summarizes service participation rates for adults with disabilities in San Francisco who have low-to-moderate income at or below 200% federal poverty level.

Table 20. Service Participation Rates per 1,000 individuals for Adults with Disabilities with Low-To-Moderate Income, FY16-17

Services	Total Served[90]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Aging and Disability Resource Center[91]	607	11,635	5%	52	1.8
Case Management	166	18,240	0.9%	9	1.7
Community Living Fund[92]	129	7,867	2%	16	1.7
Community Service Centers	788	18,240	4%	43	1.4
Congregate Meals	680	18,240	4%	37	1.6
DAAS-funded Transportation	11	18,240	0.06%	0.6	1.5
Emergency Short-Term Home Care	1	18,240	0.005%	0.05	1.8
Family Caregiver	68	18,240	0.4%	4	-1.9
Food Pantry	5	18,240	0.03%	0.3	1
Health Promotion	6	18,240	0.03%	0.3	1.6
Home-Delivered Groceries	282	18,240	2%	23	-1.1
Home-Delivered Meals	830	18,240	7%	69	1.6
Housing Subsidy	67	18,240	0.4%	4	1.8
Money Management	36	18,240	0.2%	2	1.7
Nutritional Counseling	13	18,240	0.07%	0.7	1.8
SF Connected	160	18,240	0.9%	9	1.1
Any Services	3,222	18,240	18%	177	1.4

[90] Estimates of population served is obtained from SF DAAS program administration data. Income level was determined by self-reported income status and enrollment in IHSS, SSI, Medicaid, and CalFresh. A total of 16% of adult with disability clients had missing or incomplete data for income level. Estimates from SF DAAS program administration data use the threshold of 185% or below FPL and will be used as a proxy for 200% FPL.

[91] ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

[92] Community Living Fund rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.

Adults with Disabilities with Limited or No English-Speaking Proficiency

The following table summarizes service participation rates for adults with disabilities in San Francisco who have limited or no English-speaking proficiency.

Table 21. Service Participation Rates per 1,000 individuals for Adults with Disabilities with Limited or No English-Speaking Proficiency, FY16-17

Services	Total Served[93]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Aging and Disability Resource Center	386	3,626	11%	106	3.6
Case Management	22	3,626	0.6%	6	1.1
Community Living Fund	23	2,084	1%	11	1.2
Community Service Centers	153	3,626	4%	42	1.4
Congregate Meals	222	3,626	6%	61	2.6
DAAS-funded Transportation	1	3,626	0.03%	0.3	-1.3
Emergency Short-Term Home Care	0	3,626	0%	0	-100
Family Caregiver	34	3,626	0.9%	9	1.3
Food Pantry	4	2237	0.2%	2	6.5
Health Promotion	1	3,626	0.03%	0.3	1.3
Home-Delivered Groceries	50	1,709	3%	29	1.1
Home-Delivered Meals	63	2620	2%	24	-1.8
Housing Subsidy	2	3,626	0.06%	0.6	-3.6
Money Management	1	3,626	0.03%	0.3	-4.1
Nutritional Counseling	2	3,626	0.06%	0.6	1.4
SF Connected	31	3,626	0.9%	9	1.0
Any Services	820	3,626	23%	232	1.8

[93] Estimates of population served is obtained from SF DAAS program administration data. A total of 12% of adult with disability clients had either missing data for language spoken and English fluency or they declined to state.

Adults with Disabilities Belonging to Community of Color

The following table summarizes service participation rates for adults with disabilities in San Francisco who identify as belonging to communities of color.

Table 22. Service Participation Rates per 1,000 individuals for Adults with Disabilities belonging to Communities of Color, FY16-17

Services	Total Served[94]	Eligible Population	Service Participation Rate	Service Participation Rate per 1000	Rate Ratio
Aging and Disability Resource Center	707	20,569	3%	34	1.2
Case Management	129	20,569	0.6%	6	1.2
Community Living Fund	78	9,560	0.8%	8	-1.2
Community Service Centers	800	20,569	4%	39	1.2
Congregate Meals	658	20,569	3%	32	1.3
DAAS-funded Transportation	7	20,569	0.03%	0.3	-1.2
Emergency Short-Term Home Care	1	20,569	0.005%	0.05	1.6
Family Caregiver	163	20,569	0.8%	8	1.1
Food Pantry	4	12,357	0.03%	0.3	1.2
Health Promotion	4	20,569	0.02%	0.2	-1.1
Home-Delivered Groceries	222	8,083	3%	27	1.1
Home-Delivered Meals	552	12,991	4%	42	-1.0
Housing Subsidy	34	20,569	0.2%	2	-1.2
Money Management	25	20,569	0.1%	1	1.1
Nutritional Counseling	10	20,569	0.05%	0.5	1.3
SF Connected	144	20,569	0.7%	7.0	-1.2
Any Services	2,975	20,569	14%	145	1.2

[94] Estimates of population served is obtained from SF DAAS program administration data. A total of 5% of adult with disability clients had either missing data for race and ethnicity information or they declined to state.

Appendix XIV. District and Neighborhood Guide

The following table connects San Francisco neighborhoods with their respective district to support interpretation of district-level equity analysis findings.

Table 23. District and Neighborhoods of San Francisco

District	Neighborhoods
District 1	Richmond
District 2	Cow Hollow, Marina, Pacific Heights
District 3	Russian Hill, Nob Hill, Telegraph Hill, North Beach
District 4	Sunset
District 5	Haight Ashbury, Panhandle, Western Addition
District 6	South of Market/SOMA, Tenderloin, Treasure Island
District 7	Park Merced, West Twin Peaks
District 8	Castro, Glen Park, Noe Valley
District 9	Mission District, Bernal Heights
District 10	Bayview Hunters Point, Potrero, Visitacion Valley
District 11	Excelsior, Oceanview, Merced Heights, Ingleside

Appendix XV. Service Participation Rates for Older Adults by District and Income

Below are service participation rates per 1,000 eligible individuals by district for older adults. Cells highlighted in red indicate that the service participation rate for that district was lower than the citywide service participation rate.

All Services

Table 24. Service Participation Rates among Older Adults for All Services, by District and Income Level[95,96]

	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	2,959	12,597	235	2,087	4,070	513
2	2,159	9,396	228	1,070	1,977	541
3	7,829	13,609	573	6,845	7,123	961
4	2,703	13,222	206	1,608	3,469	464
5	3,582	10,220	350	2,594	4,652	558
6	7,383	8,179	901	6,095	5,989	1018
7	3,523	12,109	288	1,620	2,175	745
8	3,974	8,527	471	2,747	2,054	1337
9	1,817	9,389	197	1,606	3,468	463
10	2,644	7,870	336	1,987	3,116	638
11	2,950	11,946	247	2,078	3,825	543
San Francisco	**40,889**	**117,064**	**355**	**30,360**	**41,918**	**724**

[95] Population estimates from the U.S. Census Bureau at the local level were only available for older adults 65 years or older (which is used as a proxy population for older adults 60 years or older), which underestimates the eligible population leading to generally overestimated participation rates.
[96] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

Aging and Disability Resource Centers

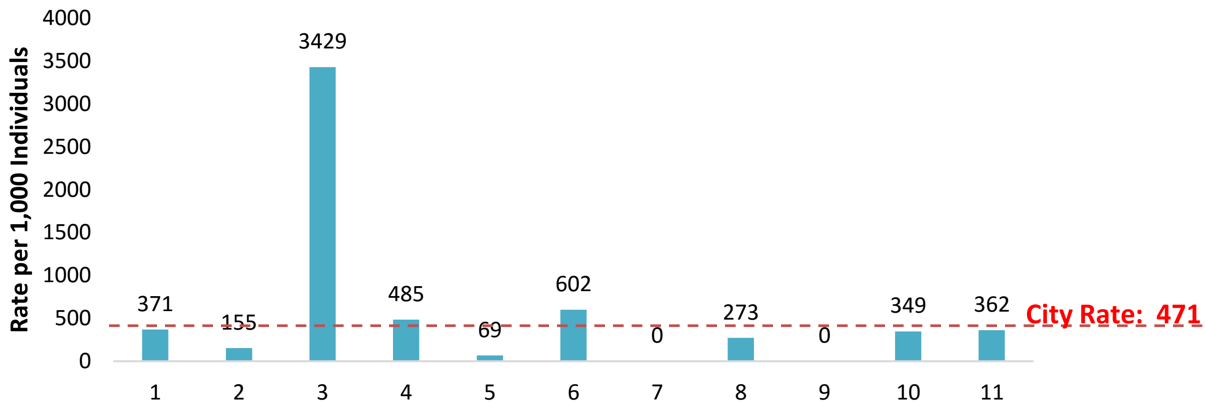
Table 25. Service Participation Rates among Older Adults for ADRC Services, by District and Income Level[97,98]

	Overall Older Adult Population			Low-Income Older Adult Population[99]		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population[100]**	**Rate per 1000 individuals**
1	757	12,597	60	597	1,608	371
2	252	9,396	27	185	1,192	155
3	4,649	13,609	342	4,273	1,246	3,429
4	446	13,222	34	384	791	485
5	375	10,220	37	225	3,258	69
6	1,087	8,179	133	770	1,280	602
7	0	12,109	0	0	1,946	0
8	1,253	8,527	147	710	2,598	273
9	0	9,389	0	0	706	0
10	581	7,870	74	327	936	349
11	815	11,946	68	449	1,241	362
San Francisco	10,215	117,064	**87**	7,920	16,802	**471**

Among low-income older adults, service participation rates for Aging and Disability Resource Centers (ADRC) were higher (471 per 1,000 individuals) compared to the general older adult population citywide (87 per 1,000 individuals; see Figure 51).[101] Participation among low-to-moderate older adults was notably higher in District 3, which may be in part due to there being several ADRC sites located in District 3.

[97] The enrollment by site district counts a client once in each district they visited. About 800 ADRC clients visit sites in multiple districts.
[98] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.
[99] ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.
[100] 100% FPL level due to data limitations
[101] Since ADRC is a site-based service, district assignment was determined using the district in which clients accessed services.

Figure 51. Participation Rate for Low-Income Older Adults for ADRC Services, by District, FY16-17[1]



Community Service Centers

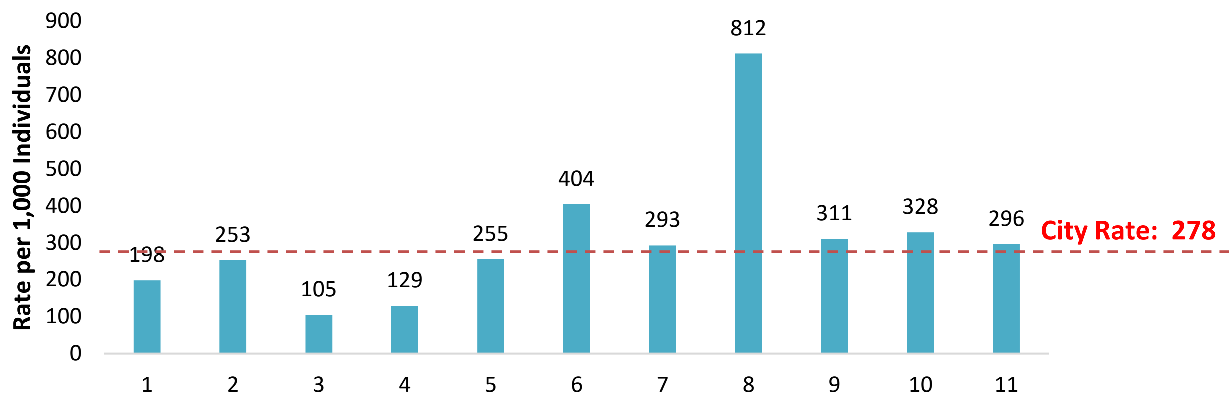
Table 26. Service Participation Rates among Older Adults for Community Service Centers, by District and Income Level[102]

District	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
	Total Served	Eligible Population	Rate per 1000 individuals	Total Served	Eligible Population	Rate per 1000 individuals
1	1104	12,597	87	806	4,070	198
2	1080	9,396	113	501	1,977	253
3	947	13,609	70	745	7,123	105
4	914	13,222	70	447	3,469	129
5	1491	10,220	147	1187	4,652	255
6	2747	8,179	339	2418	5,989	404
7	1664	12,109	137	638	2,175	293
8	2193	8,527	258	1668	2,054	812
9	1132	9,389	121	1077	3,468	311
10	1183	7,870	150	1022	3,116	328
11	1400	11,946	116	1133	3,825	296
San Francisco	15,855	117,064	**135**	11,642	41,918	**278**

Among low-to-moderate income older adults, service participation rates for Community Service Centers were higher (278 per 1,000 individuals) compared to the general older adult population citywide (135 per 1,000 individuals; see Figure 52). Participation among low-to-moderate older adults was notably higher in District 8, and participation was lower in Districts 3 and 4.

[102] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

Figure 52. Participation Rate for Low-to-Moderate Older Adults for Community Service Centers, by District, FY16-17[103]



Case Management

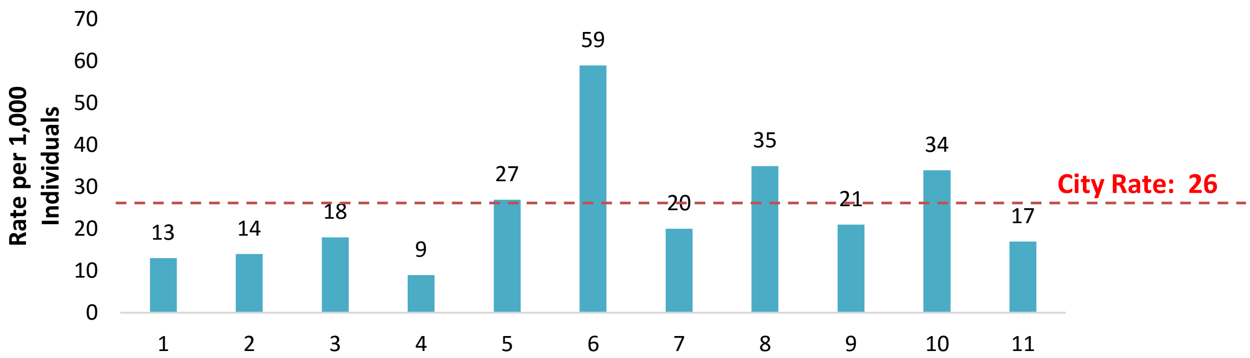
Table 27. Service Participation Rates among Older Adults for Case Management Services, by District and Income Level[104]

	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	65	12,597	5	52	4,070	13
2	40	9,396	4	27	1,977	14
3	141	13,609	10	131	7,123	18
4	44	13,222	3	32	3,469	9
5	156	10,220	15	125	4,652	27
6	373	8,179	46	354	5,989	59
7	56	12,109	5	44	2,175	20
8	89	8,527	10	72	2,054	35
9	79	9,389	8	74	3,468	21
10	115	7,870	15	106	3,116	34
11	73	11,946	6	66	3,825	17
San Francisco	1231	117,064	**11**	1083	41,918	**26**

Among low-to-moderate income older adults, service participation rates for Case Management services were higher (26 per 1,000 individuals) compared to the general older adult population citywide (11 per 1,000 individuals; see Figure 53). Participation was generally higher among Districts 6, 8, and 9, while participation was much lower in Districts 4.

[103] Since Community Services are a site-based service, district assignment was determined using the district in which clients accessed services.
[104] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

Figure 53. Participation Rate for Low-to-Moderate Older Adults for Case Management Services, by District, FY16-17[105]



Community Living Fund

Table 28. Service Participation Rates among Older Adults for Community Living Fund Services, by District and Income Level[106]

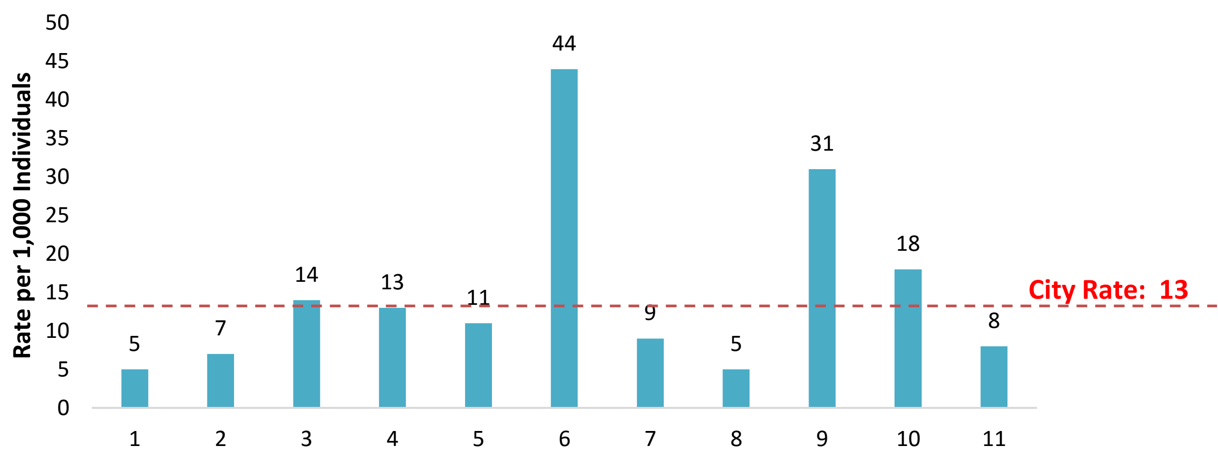
	Overall Older Adult Population			Low-Income Older Adult Population[107]		
District	**Total Served**	**Eligible Population[108]**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population[109]**	**Rate per 1000 individuals**
1	10	5,915	2	8	1,608	5
2	9	3,056	3	8	1192	7
3	18	8,894	2	17	1,246	14
4	12	5,261	2	10	791	13
5	38	6,391	6	36	3,258	11
6	59	6,940	9	56	1,280	44
7	20	4,198	5	18	1,946	9
8	17	3,315	5	14	2,598	5
9	22	5,790	4	22	706	31
10	18	4,507	4	17	936	18
11	10	6,078	2	10	1,241	8
San Francisco	238	60,345	**4**	221	16,802	**13**

Among low-to-moderate income older adults, service participation rates for Community Living Fund services were generally higher (13 per 1,000 individuals) compared to the general older adult population

[105] Since Case Management is a client-level service, district assignment was determined using the district in which clients reside.
[106] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.
[107] Community Living Fund rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.
[108] 300% FPL
[109] 100% FPL due to data limitation

citywide (4 per 1,000 individuals; see Figure 54). Participation was generally higher among Districts 6, 9, and 10, while participation was lower in Districts 1 and 8.

Figure 54. Participation Rate for Low-Income Older Adults for Community Living Fund Services, by District, FY16-17[110,111]



Congregate Meals

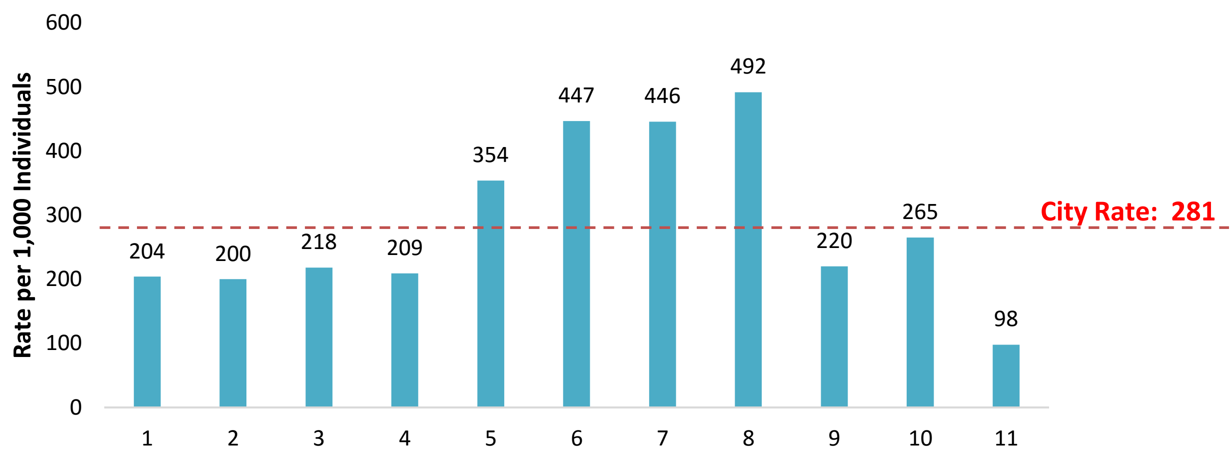
Table 29. Service Participation Rates among Older Adults for Congregate Meals, by District and Income Level[112]

	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	1,115	12,597	88	830	4,070	204
2	647	9,396	72	395	1,977	200
3	1,810	13,609	131	1,555	7,123	218
4	1,463	13,222	114	724	3,469	209
5	2,104	10,220	205	1,647	4,652	354
6	2,870	8,179	350	2,675	5,989	447
7	1,970	12,109	160	969	2,175	446
8	1,184	8,527	141	1,011	2,054	492
9	795	9,389	84	763	3,468	220
10	999	7,870	127	825	3,116	265
11	466	11,946	40	373	3,825	98
San Francisco	15,423	117,064	**132**	11,767	41,918	**281**

[110] Community Living Fund rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.
[111] Since Community Living Fund is a client-level service, district assignment was determined using the district in which clients reside.
[112] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

Among low-to-moderate income older adults, service participation rates for Congregate Meals were higher (281 per 1,000 individuals) compared to the general older adult population citywide (132 per 1,000 individuals, see **Figure 55**). Participation was generally higher in Districts 5, 6, 7, and 8, while participation was notably lower in District 11.

Figure 55. Participation Rate for Low-to-Moderate Older Adults for Congregate Meals, by District, FY16-17[113]



Home-Delivered Meals

Table 30. Service Participation Rates among Older Adults for Home-Delivered Meals, by District and Income Level[114]

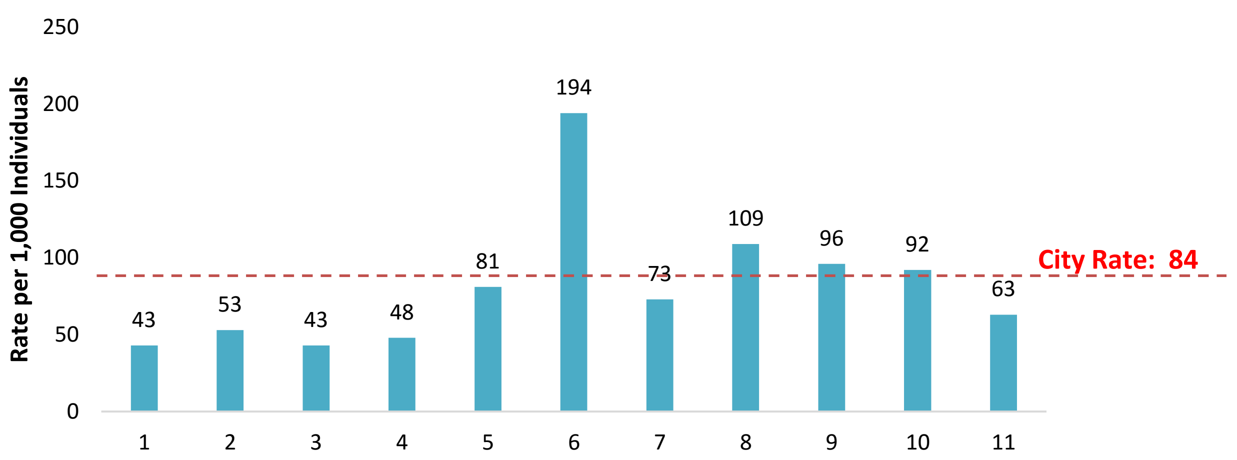
	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	354	12,597	28	175	4,070	43
2	181	9,396	19	105	1,977	53
3	395	13,609	29	308	7,123	43
4	320	13,222	24	166	3,469	48
5	487	10,220	48	376	4,652	81
6	1,237	8,179	151	1162	5,989	194
7	267	12,109	22	158	2,175	73
8	283	8,527	33	223	2,054	109
9	394	9,389	42	332	3,468	96
10	397	7,870	50	287	3,116	92
11	315	11,946	26	240	3,825	63

[113] Since Congregate Meals are a site-based service, district assignment was determined using the district in which clients accessed the services.
[114] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
San Francisco	4630	117,064	**40**	3532	41,918	**84**

Among low-to-moderate income older adults, service participation rates for Home-Delivered Meals were higher (84 per 1,000 individuals) compared to the general older adult population citywide (40 per 1,000 individuals; see Figure 56). Participation was generally higher among Districts 6 and 8, while participation was lower in Districts 1, 2, 3, and 4.

Figure 56. Participation Rate for Low-to-Moderate Older Adults for Home-Delivered Meals, by District, FY16-17[115]



Home-Delivered Groceries

Table 31. Service Participation Rates among Older Adults for Home-Delivered Groceries, by District and Income Level[116]

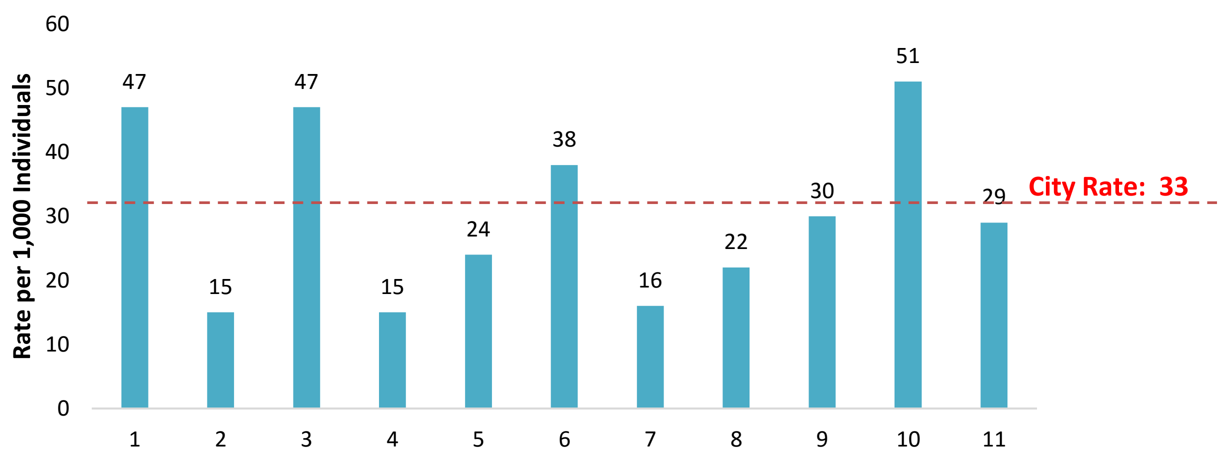
	Overall Older Adult Population			Low-to-Moderate Income Older Adult Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	194	4,070	48	193	4,070	47
2	30	1,977	15	30	1,977	15
3	340	7,123	48	334	7,123	47
4	54	3,469	16	52	3,469	15
5	113	4,652	24	112	4,652	24
6	232	5,989	39	228	5,989	38
7	45	2,175	21	35	2,175	16
8	45	2,054	22	45	2,054	22

[115] Since Home-Delivered Meals are a client-level service, district assignment was determined using the district in which clients reside.
[116] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table B17024. Age by ratio of income to poverty level in the past 12 months. (2) SF DAAS Program Enrollment Data FY16-17.

9	104	3,468	30	104	3,468	30
10	175	3,116	56	159	3,116	51
11	149	3,825	39	112	3,825	29
San Francisco	1,481	41,918	**35**	1404	41,918	**33**

Among low-to-moderate income older adults, service participation rates for Home-Delivered Groceries were slightly lower (33 per 1,000 individuals) compared to the general older adult population citywide (35 per 1,000 individuals; see Figure 57). Participation was generally higher among Districts 1, 3, and 10, while participation was lower in Districts 2, 4, and 7.

Figure 57. Participation Rate for Low-to-Moderate Older Adults for Home-Delivered Groceries, by District, FY16-17[117]



[117] Since Home-Delivered Groceries are a client-level service, district assignment was determined using the district in which clients reside.

Appendix XVI. Service Participation Rates for Adults with Disabilities by District

All Services

Table 32. Service Participation Rates among Adults with Disabilities for All Services, by District and Income Level[118]

	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	117	2,754	44	91	737	123
2	97	1,861	53	50	357	140
3	698	3,630	193	609	1,430	426
4	130	2,710	51	73	293	249
5	370	4,340	86	269	1,709	157
6	1,287	7,272	176	1057	4,362	242
7	483	1,951	246	282	359	786
8	370	3,469	105	191	939	203
9	189	4,841	39	162	1,642	99
10	440	3,828	115	338	1,309	258
11	189	3,994	48	111	776	143
San Francisco	4,380	40,650	**108**	3242	13,913	**233**

Aging and Disability Resource Centers

Table 33. Service Participation Rates among Adults with Disabilities for ADRC Services, by District and Income Level[119]

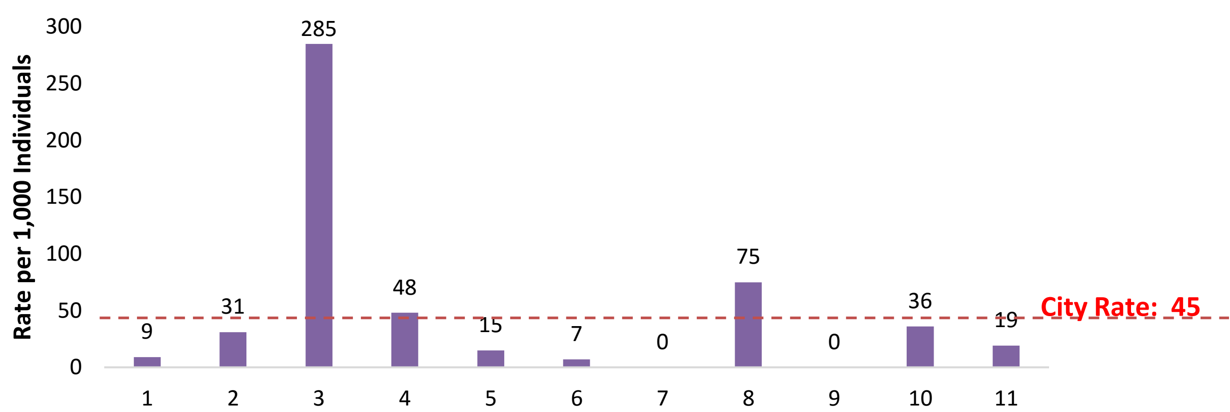
	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	16	2,754	6	7	737	9
2	20	1,861	11	11	357	31
3	473	3,630	130	407	1,430	285
4	17	2,710	6	14	293	48
5	90	4,340	21	26	1,709	15
6	72	7,272	10	30	4,362	7
7	0	1,951	0	0	359	0
8	181	3,469	52	70	939	75

[118] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.
[119] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

9	0	4,841	0	0	1,642	0
10	99	3,828	26	47	1,309	36
11	56	3,994	14	15	776	19
San Francisco	1,024	40,650	25	627	13,913	45

Among low-income adults with disabilities, service participation rates for Aging and Disability Resource Centers (ADRC) were higher (45 per 1,000 individuals) compared to the general adult with disabilities population citywide (25 per 1,000 individuals; see Figure 58). Participation among low-income adults with disabilities was notably higher in District 3, likely due to there being several ADRC sites located in District 3.

Figure 58. Participation Rate for Low-Income Adults with Disabilities for ADRC Services, by District, FY16-17[120,121]



Community Service Centers

Table 34. Service Participation Rates among Adults with Disabilities for Community Service Centers, by District and Income Level[122]

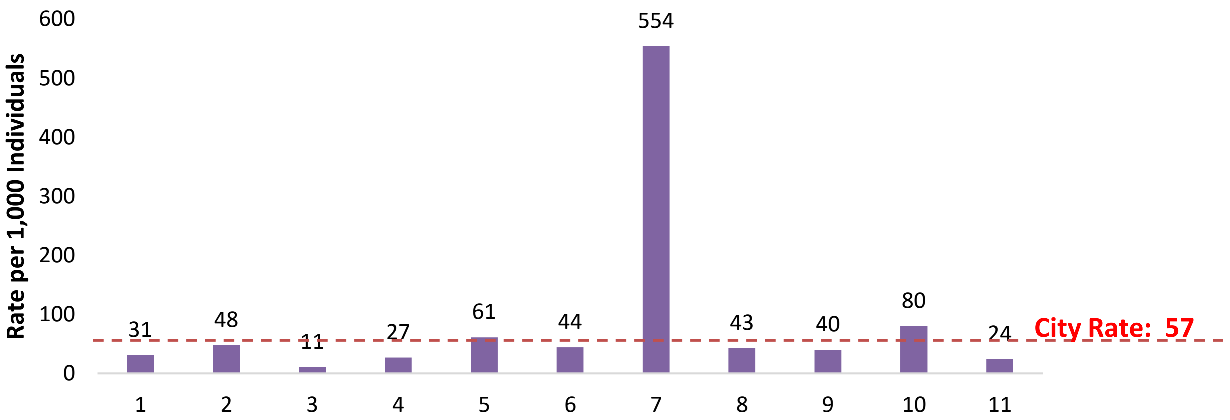
	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	Total Served	Eligible Population	Rate per 1000 individuals	Total Served	Eligible Population	Rate per 1000 individuals
1	25	2,754	9	23	737	31
2	42	1,861	22	17	357	48
3	18	3,630	5	16	1,430	11
4	19	2,710	7	8	293	27
5	108	4,340	25	104	1,709	61

[120] ADRC rates were calculated for low-income older adults at or below 100% FPL since data were unavailable to apply a threshold of 200% FPL.
[121] Since ADRC is a site-based service, district assignment was determined using the district in which clients accessed services.
[122] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

6	223	7,272	31	192	4,362	44
7	335	1,951	172	199	359	554
8	63	3,469	18	40	939	43
9	66	4,841	14	65	1,642	40
10	117	3,828	31	105	1,309	80
11	29	3,994	7	19	776	24
San Francisco	1045	40,650	**26**	788	13,913	**57**

Among low-income adults with disabilities, service participation rates for Community Service Centers were higher (57 per 1,000 individuals) compared to the general adult with disabilities population citywide (26 per 1,000 individuals; see Figure 59). Participation among low-income adults with disabilities was notably higher in District 7, and participation was lower in Districts 3, 4, and 11.

Figure 59. Participation Rate for Low-Income Adults with Disabilities for Community Service Centers, by District, FY16-17[123]



Case Management

Table 35. Service Participation Rates among Adults with Disabilities for Case Management Services, by District and Income Level[124]

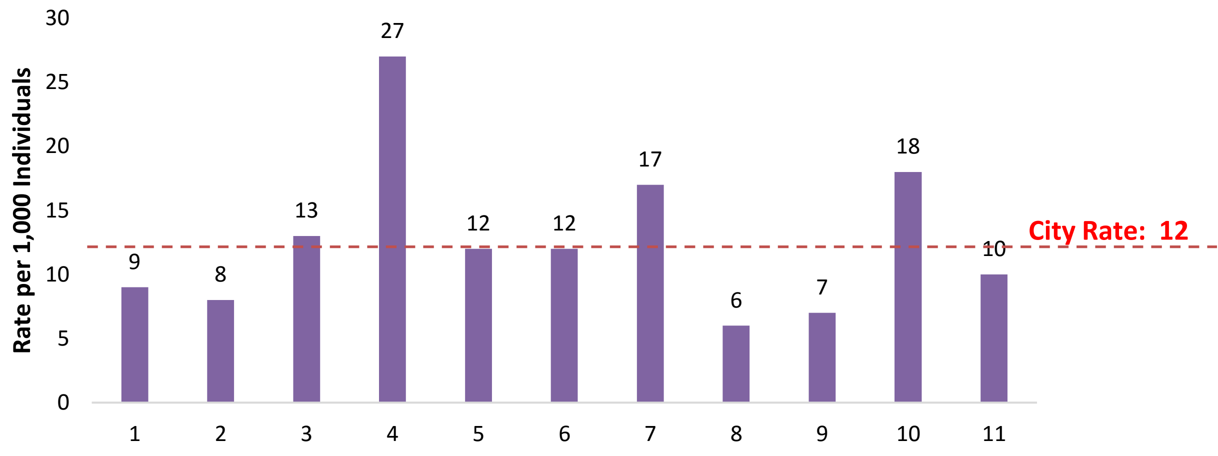
	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	9	2,754	3	7	737	9
2	4	1,861	2	3	357	8
3	18	3,630	5	18	1,430	13
4	8	2,710	3	8	293	27
5	22	4,340	5	20	1,709	12

[123] Since Community Services are a site-based service, district assignment was determined using the district in which clients accessed services.
[124] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

6	58	7,272	8	54	4,362	12
7	7	1,951	4	6	359	17
8	7	3,469	2	6	939	6
9	13	4,841	3	12	1,642	7
10	27	3,828	7	24	1,309	18
11	9	3,994	2	8	776	10
San Francisco	182	40,650	**4**	166	13,913	**12**

Among low-income adults with disabilities, service participation rates for Case Management services were higher (12 per 1,000 individuals) compared to the general adult with disabilities population citywide (4 per 1,000 individuals; see Figure 60). Participation among low-income adults with disabilities was higher among Districts 4, 7, and 10, while participation was lower in Districts 6 and 7. Many districts had a small number of clients leading to less reliable estimates of service participation rates.

Figure 60. Participation Rate for Low-Income Adults with Disabilities for Case Management Services, by District, FY16-17[125]



[125] Since Case Management is a client-level service, district assignment was determined using the district in which clients reside.

Community Living Fund

Table 36. Service Participation Rates among Adults with Disabilities for Community Living Fund Services, by District and Income Level[126]

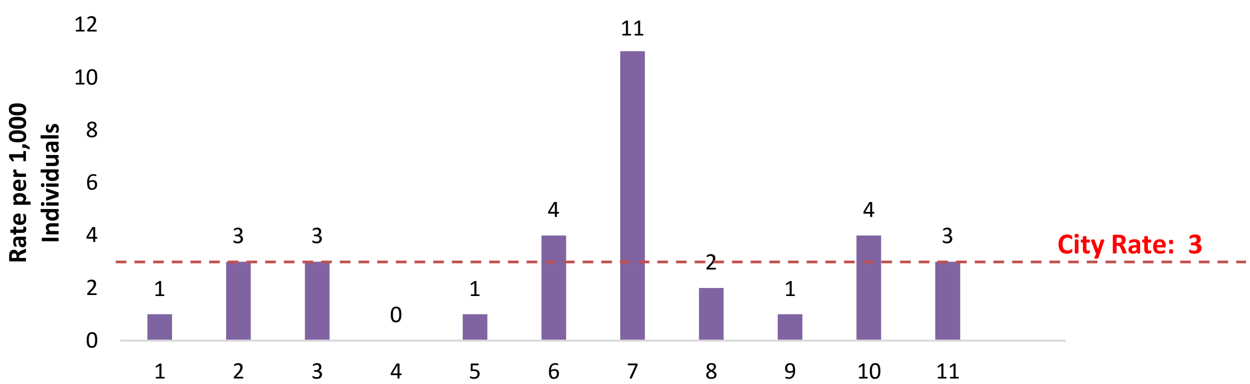
	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**[127]	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	2	2,754	1	2	737	1
2	1	1,861	1	1	357	3
3	6	3,630	2	6	1,430	3
4	2	2,710	1	2	293	0
5	13	4,340	3	13	1,709	1
6	52	7,272	7	49	4,362	4
7	14	1,951	7	14	359	11
8	6	3,469	2	6	939	2
9	6	4,841	1	6	1,642	1
10	16	3,828	4	16	1,309	4
11	5	3,994	1	5	776	3
San Francisco	133	40,650	**3**	129	13,913	**3**

Among low-income adults with disabilities, service participation rates for Community Living Fund services were the same (3 per 1,000 individuals) compared to the general adult with disabilities population citywide (3 per 1,000 individuals; see Figure 61). This effect is due to the eligibility criteria for Community Living Fund being at or below 300% FPL, and the majority (92%) of Community Living Fund clients were at or below 100% of the federal poverty level. Participation among low-income adults with disabilities was notably higher in Districts 7, which is likely due to the low number of low-income adults with disabilities located in District 7. Participation was lower in Districts 1, 4, 5, and 9. District 6 had the highest proportion of low-income adults with disabilities and generally had a higher rate of participation compared to other districts. Many districts had a small number of clients leading to less reliable estimates of service participation rates.

[126] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

[127] Population estimate does not take into account 300% FPL eligibility for income-based programs since 300% FPL data was unavailable.

Figure 61. Participation Rate for Low-Income Adults with Disabilities for Community Living Fund, by District, FY16-17[128]



Congregate Meals

Table 37. Service Participation Rates among Adults with Disabilities for Congregate Meals, by District and Income Level[129]

	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	27	2,754	11	23	737	31
2	6	1,861	3	6	357	17
3	88	3,630	26	83	1,430	58
4	50	2,710	20	15	293	51
5	102	4,340	24	101	1,709	59
6	287	7,272	39	277	4,362	64
7	75	1,951	37	32	359	89
8	5	3,469	1	4	939	4
9	47	4,841	9	45	1,642	27
10	105	3,828	27	94	1,309	72
11	1	3,994	0	0	776	0
San Francisco	793	40,650	**20**	680	13,913	**49**

Among low-income adults with disabilities, service participation rates for Congregate Meals were higher (49 per 1,000 individuals) compared to the general adult with disabilities population citywide (20 per 1,000 individuals; see Figure 62). Participation was higher among Districts 7 and 10, while participation was lower in Districts 4 and 11.

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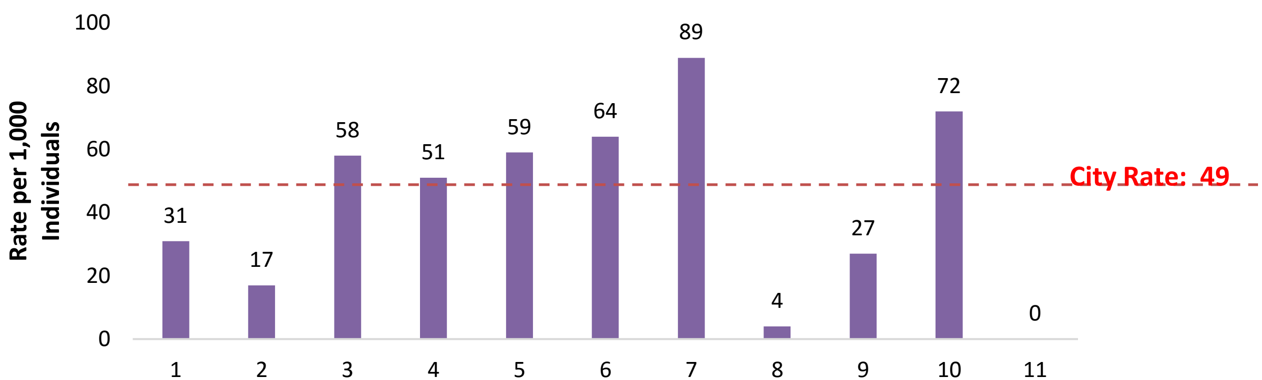
[128] Since Community Living Fund is a client-level service, district assignment was determined using the district in which clients reside.

[129] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

Figure 62. Participation Rate for Low-Income Adults with Disabilities for Congregate Meals, by District, FY16-17[130]



Home-Delivered Meals

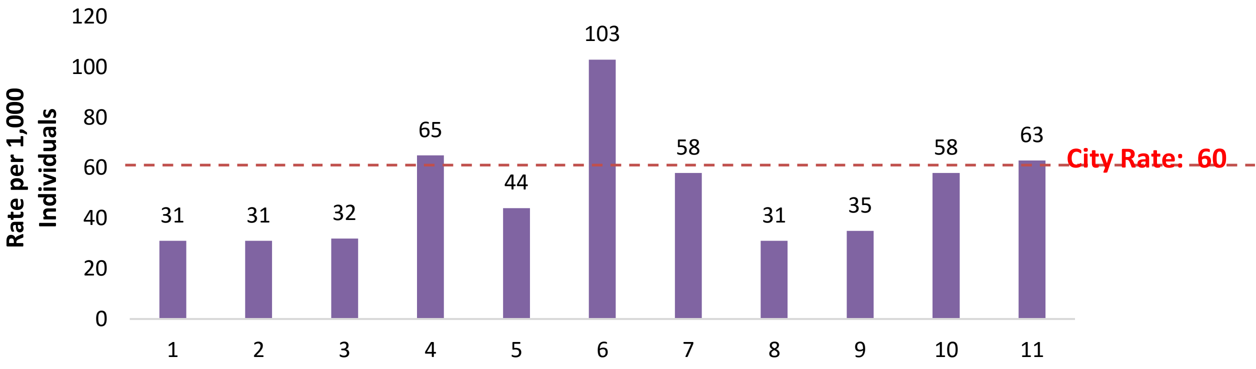
Table 38. Service Participation Rates among Adults with Disabilities for Home-Delivered Meals, by District and Income Level[131]

	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	23	2,754	8	23	737	31
2	12	1,861	6	11	357	31
3	50	3,630	14	46	1,430	32
4	22	2,710	8	19	293	65
5	81	4,340	19	76	1,709	44
6	474	7,272	65	448	4,362	103
7	23	1,951	12	21	359	58
8	32	3,469	9	29	939	31
9	61	4,841	13	57	1,642	35
10	82	3,828	21	76	1,309	58
11	27	3,994	7	24	776	31
San Francisco	887	40,650	**22**	830	13,913	**60**

Among low-income adults with disabilities, service participation rates for Home-Delivered Meals were higher (60 per 1,000 individuals) compared to the general adult with disabilities population citywide (22 per 1,000 individuals; see Figure 63). Participation was higher among Districts 6, while participation was lower in Districts 1, 2, 3, 8, and 9.

[130] Since Congregate Meals are a site-based service, district assignment was determined using the district in which clients accessed the services.
[131] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

Figure 63. Participation Rate for Low-Income Adults with Disabilities for Home-Delivered Meals, by District, FY16-17[132]



Home-Delivered Groceries

Table 39. Service Participation Rates among Adults with Disabilities for Home-Delivered Groceries, by District and Income Level[133]

	Overall Adult with Disabilities Population			Low-Income Adult with Disabilities Population		
District	**Total Served**	**Eligible Population[134]**	**Rate per 1000 individuals**	**Total Served**	**Eligible Population**	**Rate per 1000 individuals**
1	18	2,754	7	18	737	24
2	2	1,861	1	2	357	6
3	32	3,630	9	32	1,430	22
4	4	2,710	1	4	293	14
5	28	4,340	6	28	1,709	16
6	63	7,272	9	60	4,362	14
7	15	1,951	8	12	359	33
8	15	3,469	4	15	939	16
9	19	4,841	4	19	1,642	12
10	74	3,828	19	59	1,309	45
11	38	3,994	10	33	776	43
San Francisco	308	40,650	**8**	282	13,913	**20**

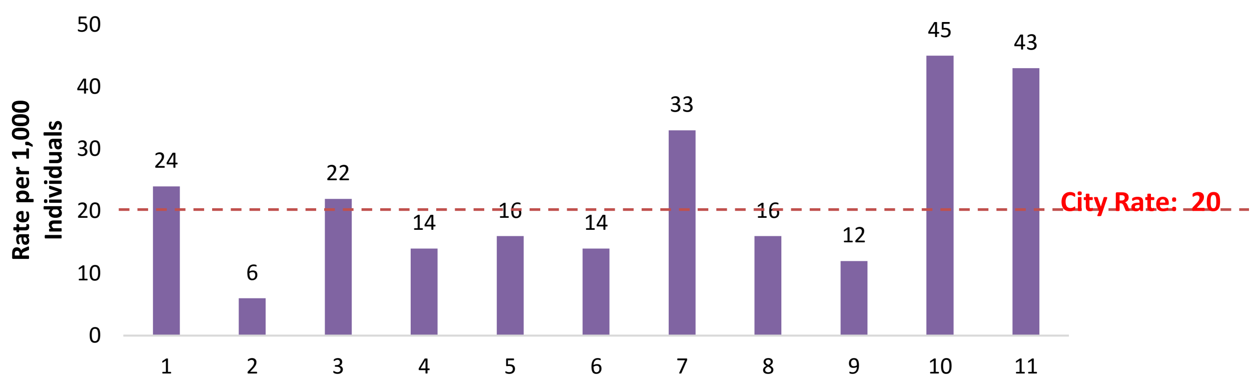
Among low-income adults with disabilities, service participation rates for Home-Delivered Groceries were higher (20 per 1,000 individuals) compared to the general adult with disabilities population citywide (8 per 1,000 individuals; see Figure 64). Participation was higher among Districts 7, 10, and 11, while participation was lower in District 2.

[132] Since Home-Delivered Meals are a client-level service, district assignment was determined using the district in which clients reside.

[133] Data Sources: (1) U.S. Census Bureau. ACS 2011-2015 5-Year Estimates. Table C18130. Age by disability status by poverty status. (2) SF DAAS Program Enrollment Data FY16-17.

[134] Population estimate does not take into account 200% FPL eligibility for income-based programs since 200% FPL data was unavailable.

Figure 64. Participation Rate for Low-Income Adults with Disabilities for Home-Delivered Groceries, by District, FY16-17[135]



[135] Since Home-Delivered Groceries are a client-level service, district assignment was determined using the district in which clients reside.

Appendix XVII. Services and Financial Allocation

Table 40. Dignity Fund Eligible Services Incorporated into Equity Analysis[136,137]

Service Area	Service	Average Per-Participant Benefit	Total Budget
Access	Aging and Disability Resource Centers	$ 66	$ 1,078,233
	HICAP	$221	$ 401,673
	Services Connect/RAD	$809	$ 1,619,177
	Transportation	$509	$ 832,399
	Alzheimer's Day Care Resource Center	$2,605	$ 268,350
	Family Caregiver Supportive Services	$745	$ 464,696
Case Management	Case Management	$2,094	$ 2,960,901
	Community Living Fund	$13,356	$ 5,182,014
	LGBT Care Navigation	$3,855	$ 320,000
	Money Management	$780	$ 110,709
Connection & Engagement	Adult Day Care	$2,451	$ 414,301
	Animal Bonding	$3,571	$ 200,000
	Community Services	$304	$ 5,583,682
	Community Connectors	$500	$ 101,000
	Senior Companion	$818	$ 78,516
	SF Connected	$397	$ 938,676
	Village Model	$814	$ 600,000
	Housing Subsidies	$10,511	$ 1,566,083
	Scattered Site Housing	$26,286	$ 2,891,441
Nutrition & Wellness	Congregate Meals	$275	$ 6,691,752
	Health Promotion	$629	$ 588,531
	Home-Delivered Groceries	$670	$ 1,999,095
	Home-Delivered Meals	$1,653	$ 9,120,303
	Food Pantry	$389	$ 475,236
	Emergency Short-Term Home Care	$374	$ 64,998
	Nutritional Counseling	$74	$ 84,240
	Total	**$2,843**	**$ 43,696,280**

[136] District level and/or client level data was unavailable for the following services Advocacy – Home Care, Advocacy – LTC Rights, Empowerment, Intake Unit, Legal Services, LGBT Cultural Competency Training, LGBT Dementia Training, Naturalization, Adult Day Health Center, Medication Management, Center for Elderly Suicide Prevention, Community Liaisons, Employment, Support for Hoarders & Clutterers, Advocacy – Housing, Alzheimer's Grant, Elder Abuse Prevention, Forensic Center, and LTC Ombudsman. Support at Home services were not included in the financial analysis since the program initiated in fiscal year 2016-2017 and the funding includes cost of program launch. These services equate to a budget allocation of approximately $10,508,921.

[137] Data Sources: (1) SF DAAS Program Enrollment Data FY16-17, (2) SF DAAS Financial Data FY16-17.