

# San Francisco Department of Aging and Adult Services

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## 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.<sup>1</sup> 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<sup>2</sup> 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

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<sup>1</sup> 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>.

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

participation rates for consumers with the presence of an equity factor and across districts and income levels, as well as financial benefits across districts.

## 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<sup>3</sup>
- ❖ Poverty<sup>4</sup>
- ❖ Limited or no English-speaking proficiency
- ❖ Communities of color<sup>5</sup>
- ❖ 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Communities of color included persons who identified with a race or ethnicity other than non-Hispanic White.

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

Equity Factor	Older Adults	Adults with Disabilities
<b>Living Alone</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Low-to-Moderate Income</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> </ul>
<b>Limited/No English-Speaking Proficiency</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Communities of Color</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Participated in services at a rate comparable to the general population of adults with disabilities in San Francisco</li> </ul>
<b>LGBTQ</b>	<ul style="list-style-type: none"> <li>Lowest service participation rate; however, due to data gaps,<sup>6</sup> further validation with improved data in future years is needed to validate this conclusion</li> </ul>	<ul style="list-style-type: none"> <li>Participation could not be assessed due to a lack of citywide population estimates for this demographic</li> </ul>

**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

<sup>6</sup> 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.

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. Districts at the outer edges of the City tended to have lower participation rates, particularly among lower income populations.
3. The highest levels of service participation were observed in Districts 3, 6, and 8. Residents in these districts have access to multiple transportation modes that are located in close proximity to many service site locations.
4. The lowest levels of engagement were seen in Districts 2, 4, and 9, which may indicate barriers unique to each location. District 2 and 4 are located far from service site locations, and the southern part of District 9 is further from established service sites. Districts 5 and 9 had lower levels of service participation and may face challenges in accessing services that are unique to their respective communities.

### **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:<sup>7</sup>

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<sup>7</sup> 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  
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Executive Summary



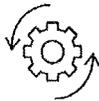
**Accessibility:** Services are known and accessible to older adults and adults with disabilities.



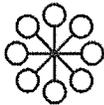
**Service Delivery:** Services are delivered across San Francisco to meet the needs of older adults and adults with disabilities.



**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.

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	<ul style="list-style-type: none"> <li>❖ Overall high service utilization rates indicate that many consumers can access needed services.</li> <li>❖ Consumers described a large and complicated service system that is challenging to navigate for many older adults and adults with disabilities.</li> <li>❖ Among consumers and service providers, awareness varies regarding the array of services available to support older adults and adults with disabilities.</li> <li>❖ Ineligibility, as well as confusion around eligibility status, poses a significant barrier to service engagement.</li> <li>❖ There is higher service participation among consumers residing in districts with more services immediately available.</li> <li>❖ San Francisco residents demonstrate a lack of awareness of the challenges facing older adults and adults with disabilities that can compound existing barriers.</li> </ul>
Service Delivery	<ol style="list-style-type: none"> <li>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.</li> <li>2. There are opportunities to support consumers as they navigate the service system to meet their basic needs and connect them to necessary resources.</li> <li>3. Consumers have high utilization rates for Nutrition and Wellness services, but disparities were evident across districts and subpopulations (e.g., consumers in</li> </ol>

Factor	Gaps
	<p>Districts 2 and 8 had low participation rate in Congregate Meals), indicating that there may be gaps in these services for some groups.</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>
<b>Inclusiveness &amp; Responsivity</b>	<ol style="list-style-type: none"> <li>1. Existing services reflect the cultures of San Francisco’s neighborhoods.</li> <li>2. Across all services, service participation by adults with disabilities is nearly two times lower compared to older adults.</li> <li>3. Older adults and adults with disabilities who live alone are at particular risk for social isolation.</li> <li>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.</li> <li>5. Veterans face unique challenges and barriers in accessing services.</li> <li>6. There continue to be opportunities to further address the needs of low-to-moderate income populations.</li> <li>7. Some barriers are further amplified within specific racial and ethnic communities.</li> </ol>
<b>Efficiency</b>	<ol style="list-style-type: none"> <li>1. Many consumers who engage in benefits services described various bureaucratic inefficiencies that make accessing those services challenging.</li> <li>2. The average financial benefit does not always align with the level of need among older adults and adults with disabilities.</li> </ol>
<b>Collaboration</b>	<ol style="list-style-type: none"> <li>1. There is a need for continued community-level collaboration at neighborhood and district levels.</li> <li>2. Collaboration across agencies that serve older adults and adults with disabilities, including SFMTA and CBHS, will enhance service experience and delivery.</li> <li>3. Consumers want opportunities to build connection within communities and among neighbors.</li> </ol>

## 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.

Factor	Recommendation
<b>Accessibility</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>4. Examine service utilization in outer districts (i.e., Districts 1, 2, 4, and 11) to further explore and validate potential access barriers.</li> <li>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.</li> </ol>
<b>Service Delivery</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Examine ways to collect additional data on populations that are part of the Dignity Fund charter. Potential changes to consider include: <ol style="list-style-type: none"> <li>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.</li> <li>b. Implement additional qualitative data collection measures to enhance understanding of underrepresented populations, such as targeted intercept surveys, focus groups, or participatory action research.</li> </ol> </li> <li>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.</li> </ol>

Factor	Recommendation
<b>Inclusiveness &amp; Responsivity</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Conduct additional analyses to identify potential disparities in service participation among specific racial and ethnic groups to ensure they are receiving appropriate services.</li> <li>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.</li> <li>5. Engage stakeholders in districts and communities with lower service utilization to further identify barriers to service engagement.</li> <li>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.</li> <li>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.</li> </ol>
<b>Efficiency</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>
<b>Collaboration</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Expand services that use integrated and collaborative approaches, including intergenerational and multicultural collaborative programs.</li> <li>4. Identify opportunities and processes to support collaboration between community-based organizations to enable them to address the needs of local populations.</li> </ol>