

# ISSUE BRIEF: Engagement & Inclusion

**DOMAIN OVERVIEW:** The Engagement & Inclusion domain focuses on the programs and policies that foster social integration and create opportunities for people with disabilities and seniors to participate and remain connected within their communities. These programs and policies may occur in but are not limited to cultural, social, educational, enrichment, and civic participation sectors.

**SUMMARY:** In many ways, San Francisco is at the forefront of innovative programs and inclusive policies. Public and private efforts have created a robust and diverse network of community-based supports that promote independent living and social connection and also empower consumers to lend their voices in meaningful ways to decision-making processes. However, San Francisco also faces unique challenges, including a growing generational divide and higher risk for isolation, and seniors and adults with disabilities report that ageism and ableism remain prevalent barriers. This issue brief includes preliminary recommendations to address these gaps.

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The Age and Disability Friendly Task Force is charged with identifying achievable and tangible goals that will increase the accessibility and inclusivity of San Francisco. Members are expected to review the issue brief and draft recommendations. Please come to the meeting prepared to suggest edits, feedback, and recommendations on the topic of **Engagement & Inclusion**. Ideal recommendations are those that address key populations for this effort: people with disabilities, seniors, caregivers, and people with cognitive impairment.

## I. AGE & DISABILITY FRIENDLY GOALS

Based on the World Health Organization, research, previous efforts, and focus groups, below are goals that we believe contribute to an age- and disability-friendly San Francisco, specifically with regard to **Engagement & Inclusion**.

**When reviewing these, please consider:**

- From your experience & expertise, how does San Francisco measure up in this category?
- What are strengths within this area? Where do we have gaps within this area?
- Are these the right goals? Are there any that are missing?

GOALS	DESCRIPTION
<p><b>Seniors &amp; people with disabilities have opportunities for civic participation &amp; volunteering.</b></p>	<p>Participants are included as <b>full partners in community decision-making</b>, including:</p> <ul style="list-style-type: none"> <li>• Advisory councils, boards of organizations, neighborhood based groups, etc. include people with disabilities and seniors; and</li> <li>• Support exists and is available for residents to participate, such as accessible devices or accommodations.</li> </ul> <p>There is a <b>range of accessible volunteer opportunities</b> available:</p> <ul style="list-style-type: none"> <li>• Volunteer places are physically accessible and adaptable to the needs of volunteers; and</li> <li>• There is organizational support to recruit, train, and retain volunteers.</li> </ul>
<p><b>Public &amp; private policies &amp; programs are inclusive &amp; accessible.</b></p>	<p>Attempts are made to <b>address barriers</b> within the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Safety</b>, including both physical (lighting) and personal (locations) considerations;</li> <li>• <b>Facilities are accessible</b> and equipped to enable participation including: bathrooms, appropriate seating, and ADA compliant;</li> <li>• <b>Free or affordable activities</b> are made available whenever possible; and</li> <li>• <b>Cultural sensitivity and awareness</b> are integral components.</li> </ul> <p><b>These apply to city departments, nonprofits, and private businesses.</b></p>

GOALS	DESCRIPTION
<p><b>Programs exist that reduce &amp; address isolation.</b></p>	<p><b>Activities increase the likelihood of participation and can reduce isolation for consumers and caregivers.</b> Efforts may include:</p> <ul style="list-style-type: none"> <li>• Outreach &amp; opportunities for residents who are homebound;</li> <li>• Remotely based participation opportunities, such as phone or online support;</li> <li>• Caregiver respite and participation; and</li> <li>• There are a range of programs available, including peer mentoring.</li> </ul>
<p><b>Efforts are made to integrate generations &amp; cultures.</b></p>	<p>Programs &amp; policies encourage the <b>participation of people of different ages and cultural backgrounds</b>, through such means as:</p> <ul style="list-style-type: none"> <li>• Sharing spaces &amp; facilities to support opportunities for interaction;</li> <li>• Develop intergenerational programming; and</li> <li>• Facilitate cross cultural events &amp; programs.</li> </ul>
<p><b>Ableism &amp; ageism are addressed through public &amp; private efforts.</b></p>	<p>Efforts should be made to <b>address ableism and ageism</b> through education, training, and awareness, and may include such efforts as:</p> <ul style="list-style-type: none"> <li>• There is a commitment towards age and disability friendly services and practices;</li> <li>• City wide awareness campaign to counter ableism and ageism; and</li> <li>• Training for service providers and organizations to best respond to the needs of people with disabilities, older adults, or people with cognitive impairment.</li> </ul>
<p><b>Localized community networks that provide engagement &amp; support for seniors, adults with disabilities, &amp; caregivers.</b></p>	<p><b>People with disabilities, seniors, and caregivers are engaged and supported by local networks</b>, including:</p> <ul style="list-style-type: none"> <li>• Sensitivity to the times &amp; location of events;</li> <li>• Formal and informal networks that allow independent living and keeps people engaged within their communities; and</li> <li>• Supporting neighborhood based opportunities for interaction, such as block parties or festivals.</li> </ul>

**Notes on Goals:**

## II. DRAFT RECOMMENDATIONS.

Below are some possible recommendations to support the age- and disability-friendliness of San Francisco through **Engagement & Inclusion**.

These are only meant as a starting point and the role of the task force is to develop the final recommendations, either based on these draft ideas or to address gaps not covered in these recommendations. *Please see the footnotes for more information on the recommendation source.*

GOALS	RECOMMENDATIONS
<p><b>Increase opportunities for civic participation &amp; volunteering.</b></p>	
<p><b>Ensuring that public &amp; private policies &amp; programs are inclusive &amp; accessible.</b></p>	<p>Advocate for <b>policies that empower and offer opportunities for people with disabilities and seniors to engage</b> within efforts that impact their lives and communities, such as:</p> <ul style="list-style-type: none"> <li>• Integrate the needs of people with dementia into comprehensive planning processes<sup>1</sup>;</li> <li>• Ensure that advisory bodies, committee, and neighborhood based organization are inclusive and accessible;</li> <li>• Educate, train, and support civic bodies or volunteer organizations that want to become more accessible and inclusive.</li> </ul> <p>Advocate for <b>increased collaboration among City agencies that serve seniors and adults with disabilities</b>, both maximizing resources and providing increased service connections. Potential collaborations may include<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• SF Public Library: offers unique programing and accessible public locations;</li> <li>• SF Department of Recreation and Parks: offers classes for seniors &amp; adults with disabilities as well as green space and accessible public locations.</li> </ul>

<sup>1</sup> Dementia Friendly America; Dementia Friendly Local Government, March 2016.

<sup>2</sup> San Francisco Human Services Agency Planning Unit, "Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Part 2: Analysis of Needs and Services (p. 47)

GOALS	RECOMMENDATIONS
<p><b>Encourage social participation &amp; mitigate isolation.</b></p>	<p>Create and support <b>programs that specifically target populations at increased risk of isolation</b>, such as:</p> <ul style="list-style-type: none"> <li>• Expand on the community services and programming for people with disabilities, especially younger adults<sup>3</sup>; and</li> <li>• Develop engaging activities for people with dementia and their care partners, such as physical activity, art, and wellness.<sup>4</sup></li> </ul>
<p><b>Increased efforts to integrate generations &amp; cultures.</b></p>	
<p><b>Ableism &amp; ageism are addressed through public &amp; private efforts.</b></p>	<p>Increase <b>public awareness of dementia through education and training</b> for those experiencing memory loss, caregivers, as well as service providers, and health care professionals on the following topics<sup>5 6</sup>:</p> <ul style="list-style-type: none"> <li>• Early identification of Alzheimer’s and related dementias, including what to expect, disease management, and risk reduction;</li> <li>• Available services and resources; and</li> <li>• Caregiver wellness and support.</li> </ul> <p>Develop and implement <b>an Age and Disability Friendly Business program</b>, which may include:</p> <ul style="list-style-type: none"> <li>• Provide outreach and training for local businesses and merchant corridors on the economic benefits of operating an inclusive business;</li> <li>• Create an awareness campaign that informs consumers of their neighborhood’s accessible and inclusive businesses; and</li> <li>• Develop a recognition program that acknowledges age and disability friendly businesses and encourages continued participation.</li> </ul>
<p><b>Support localized community networks for seniors &amp; people with disabilities.</b></p>	

**Notes on recommendations:**

<sup>3</sup> “...the vast majority (92%) of DAAS community service clients continue to be seniors. Most of the Community Service agencies are focused on the senior population and do not consider serving the younger disabled adult population as a core part of their mission.” *San Francisco Human Services Agency Planning Unit, “Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Part 2: Analysis of Needs and Services*

<sup>4</sup> Dementia Friendly America, “Dementia Friendly Community Based Services & Supports.”

<sup>5</sup> Alzheimer’s/Dementia Expert Panel, “San Francisco’s Strategy for Excellence in Dementia Care: Part One of Two. (p. 50)

<sup>6</sup> Dementia Friendly America, “Dementia Friendly Local Government, March 2016.

### III. SAN FRANCISCO ASSETS

Below are some assets within the area of **Engagement & Inclusion**, which we believe supports the age- and disability-friendliness of San Francisco. This is not an exhaustive list and we welcome suggestions from task force members to be included in the final report.

ASSETS	EXAMPLES
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ASSETS	EXAMPLES
<p><b>Robust and diverse community based support networks.</b></p>	<p>Efforts that <b>support independent living, social connection and wellness</b>, including:</p> <ul style="list-style-type: none"> <li>• <b>The Village programs:</b> a localized, membership based model, the Villages promote independent living by helping clients develop enhanced support networks.</li> <li>• <b>The Community Living Campaign:</b> an organization that uses the power of relationships to reduce isolation &amp; eliminate barriers to aging in community, such as the Cayuga Community Connectors<sup>7</sup>.</li> <li>• <b>Senior Centers &amp; Community Services:</b> with 35 sites located throughout the city, these vital hubs provide physical, social, psychological, economic, educational, recreational, and/or creative services and programs for seniors and adults with disabilities, and often serve as the entry point for many in need of additional services.</li> <li>• <b>Senior Companion Program:</b> a volunteer service opportunity for low-to-moderate income older adults by assisting and visiting homebound seniors with chores, transportation, etc.</li> </ul> <p>Additionally, there <b>are a range of enriching and engaging programs and classes</b>, such as:</p> <ul style="list-style-type: none"> <li>• <b>SF Connected:</b> provides free computer tutoring and technology support;</li> <li>• <b>SF Public Library:</b> offers a range of programming and events, a traveling book mobile, and accessible public branches in most neighborhoods;</li> <li>• <b>Osher Lifelong Learning Institute<sup>8</sup>:</b> housed within San Francisco State University, OLLI offers engaging and educational opportunities including for older adults;</li> <li>• <b>SF Department of Recreation &amp; Parks:</b> recently expanded the programming, offering activities 7 days/week, which includes many programs for seniors &amp; adults with disabilities.</li> <li>• <b>Senior Center without Walls:</b> offers activities, education, and socialization for people who cannot easily leave their homes or facilities<sup>9</sup>.</li> </ul>

<sup>7</sup> <http://www.cayugaconnectors.org/>

<sup>8</sup> <https://olli.sfsu.edu/>

<sup>9</sup> <http://www.seniorcenterwithoutwalls.org/>

ASSETS	EXAMPLES
<p><b>Efforts to empower &amp; engage seniors &amp; adults with disabilities.</b></p>	<p>Efforts are made <b>to solicit input from seniors and adults with disabilities</b>, including the following:</p> <ul style="list-style-type: none"> <li>• <b>The Long Term Care Coordinating Council</b></li> <li>• <b>The Advisory Council</b></li> <li>• <b>San Francisco City Survey</b></li> </ul> <p>Additionally, there are programs and organizations that specifically <b>foster empowerment among seniors and adults with disabilities</b>, including:</p> <ul style="list-style-type: none"> <li>• <b>Senior &amp; Disability Action’s “Senior and Disability Survival School”</b> which trains participants to access vital community resources and exercise their rights.<sup>10</sup></li> <li>• <b>Access SFUSD</b>, a partnership of the SF Unified School District and the Arc, empowers young adults (18-22) with developmental disabilities at becoming involved members of the community through individualized programming that includes skill development and vocational experience.</li> </ul>

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<sup>10</sup> <https://sdaction.org/programs/>

ASSETS	EXAMPLES
<p><b>Providing accessible and engaging arts programing.</b></p>	<p><b>The Contemporary Jewish Museum<sup>11</sup> and the Fine Arts Museums of San Francisco (De Young and the Legion of Honor)<sup>12</sup></b> have made great efforts towards being inclusive and engaging, including:</p> <ul style="list-style-type: none"> <li>• Dedicated accessibility staff coordinators</li> <li>• Hosting regular “Access Days” or events that are particularly welcoming, accessible, and supportive of specific populations (such as people with dementia, visually impaired, or older adults);</li> <li>• Engages an access advisory board to help guide and monitor the inclusivity and accessibility of the museum;</li> <li>• As well as unique and engaging programing (in addition to their ongoing accessibility accommodations).</li> </ul> <p><b>Collaborative and multidisciplinary efforts</b>, such as Creative Aging San Francisco, that advocate for increasing access to the arts for seniors and adults with disabilities.</p> <p><b>Unique and population specific opportunities or organizations</b>, including:</p> <ul style="list-style-type: none"> <li>• <b>The Memory Café<sup>13</sup></b>: offers meetings and social outings for people with cognitive impairment and their caregivers;</li> <li>• <b>The Legacy Film Festival on Aging</b>: an annual film festival that educates, entertains, and inspires audiences about the issues surrounding aging;</li> <li>• <b>Art with Elders</b>: provides art programing to people living in long-term care facilities;</li> <li>• <b>Creativity Explored</b>: Arts based nonprofit for adults with developmental disabilities.</li> </ul>
<p><b>A variety of programs that prevent or diminish isolation.</b></p>	<p>There are a variety of organizations that specifically engage “friendly visitor” programs, such as: for seniors or adults with disabilities, such as</p> <ul style="list-style-type: none"> <li>• Episcopal Senior Communities “ElderWISE”;</li> <li>• OpenHouse’s “Friendly Visitor” (specifically LGBT residents); and</li> <li>• Institute on Aging’s “Friendship Line”, to name a few.</li> </ul>

**Notes on Assets:**

<sup>11</sup> [https://www.thecjm.org/accessibility\\_information](https://www.thecjm.org/accessibility_information)  
<sup>12</sup> <https://deyoung.famsf.org/deyoung/visiting/accessibility>  
<sup>13</sup> <https://www.memorycarecafe.org/>

## IV. SAN FRANCISCO GAPS

Below are identified gaps within the area of **Engagement & Inclusion**. This is not an exhaustive list and we welcome suggestions from task force members to be included in final report.

GAPS	EXAMPLES
<p><b>Programing tends to be age segregated.</b></p>	<p>Focus group <b>participants noted that most programing, events, and social spaces are highly age segregated:</b></p> <ul style="list-style-type: none"> <li>• Limited intergenerational programing or opportunities for interaction;</li> <li>• The majority of senior center participants (92%) are seniors, with very little programing that is of interest to young adults with disabilities;</li> <li>• Younger seniors expressed interest in programing that was more geared towards them as well.</li> </ul>
<p><b>Barriers that prevent full participation of seniors or adults with disabilities.</b></p>	<p><b>Many events, public meetings, and programing do not provide accessible accommodations</b>, which greatly limits the participation of residents. Some challenges include:</p> <ul style="list-style-type: none"> <li>• Spaces not being ADA compliant;</li> <li>• Lack of information or awareness on how to be accessible and/or inclusive;</li> <li>• Misinformation as a result of ageism and/or ableism.</li> </ul> <p>A need for <b>city-wide training and/or education for providers</b> on how best to support seniors and adults with disabilities.</p> <p><b>Lack of variety in activity time/structure that would allow for greater flexibility and increased participation.</b> Examples include: alternating the meeting times, choosing more convenient locations, ensuring that transportation is available, etc.</p>

*Notes on Gaps:*

## APPENDIX A. OTHER AGE & DISABILITY FRIENDLY EFFORTS

### A. BEST PRACTICES.

#### Public awareness & education to address ableism & ageism:

- Wisconsin’s “Brain Health” Curriculum:** created in partnership with the Department of Health Services, Public Instruction, and support from the Alzheimer’s Institute, this flexible curriculum includes information, classroom activities, and community engagement opportunities for students in middle and high schools in Wisconsin (ages 12-18). In addition to providing education around dementia, brain health, and family caregiving, as well as reducing stigma around dementia, the pilot projects revealed that one in five students participating have provided at least supervision, if not additional caregiving duties, for someone with dementia.<sup>14</sup>

#### Isolation Prevention & Mitigation:

**Minnesota’s “Expand Your Circles” campaign:** Initiated by the Metropolitan Area on Agency, this effort includes a website ([connect2affect.org](http://connect2affect.org)) where seniors can assess their isolation risks. Additionally, their **Senior LinkAge** program has a hot line and offers additional resources, such as referrals to centers, classes and home visit programs, to keep seniors connected.

**Fremont, California’s “Senior Peer Coaching” program<sup>15</sup>:** A program that trains volunteers to be peer coaches, as a means for addressing isolation both for the coaches and the recipient of the peer coaching.

**Age United Kingdom, “Campaign to End Loneliness”:** has devoted public funds and national attention to combat loneliness, launching programs through the local age-friendly efforts and includes resources, information, and best practices<sup>16</sup>.

<sup>14</sup> [https://www.dropbox.com/s/pgh1htsdqa7wo0f/WI\\_Public%20Instruction\\_Dementia%20education.pdf?dl=0](https://www.dropbox.com/s/pgh1htsdqa7wo0f/WI_Public%20Instruction_Dementia%20education.pdf?dl=0)

<sup>15</sup> [https://www.dropbox.com/s/7xf853eim98ii5n/Senior%20Peer%20Coaches%20Evaluation%20Report\\_FremontCA.pdf?dl=0](https://www.dropbox.com/s/7xf853eim98ii5n/Senior%20Peer%20Coaches%20Evaluation%20Report_FremontCA.pdf?dl=0)

<sup>16</sup> <http://www.campaigntoendloneliness.org/>

**B. EXAMPLES OF OTHER CITY’S AGE & DISABILITY FRIENDLY PLANS:**

**Table 1: Washington, DC. Age Friendly DC: Strategic Plan (2014-2017)<sup>17</sup>**

Domain 5. Respect and Social Inclusion	
<p><b>Expand programs and services that engage and empower older adults.</b></p>	<ul style="list-style-type: none"> <li>• Expand activities, services, and programs likely to attract residents age 50+.</li> <li>• Assess all District agencies engaged in customer service to identify age-friendly practices in place and make recommendations for improvements.</li> <li>• Develop a marketing and outreach plan that increases the participation by older adults in programs, services, and activities that address the needs of diverse constituencies.</li> <li>• Work with the business community to adopt age-friendly business practices and provide a welcoming and inclusive environment for older adult customers.</li> </ul>

**Table 2: Portland, Oregon. Action Plan for an Age-Friendly Portland (2013)<sup>18</sup>**

Action Area 7: Social Participation	
<p>Create a directory of age friendly activities.</p>	<ul style="list-style-type: none"> <li>• Issue information ranging from cultural activities to health related programs to lifelong learning opportunities to faith based organizations and places of worship.</li> <li>• Detail the accessibility of venues and provide information on how to request accommodations.</li> <li>• Prepare a print directory for use by people of all ages and abilities and as an amenity for those traveling to Portland as tourists and visitors.</li> </ul> <p>Potential partners listed.</p>

**Table 3: New York City, New York. Age Friendly NYC (2009)<sup>19</sup>**

Community & Civic Participation Agenda.	Goal:
<p><b>Volunteerism.</b></p>	<ul style="list-style-type: none"> <li>• Promote intergenerational volunteering and learning through partnerships with schools and nonprofit</li> </ul>

<sup>17</sup> <https://agefriendly.dc.gov/publication/age-friendly-dc-strategic-plan-2014-2017>

<sup>18</sup> [https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13\\_0.pdf](https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13_0.pdf)

<sup>19</sup> [http://www.nyc.gov/html/dfta/downloads/pdf/age\\_friendly/agefriendlynyc.pdf](http://www.nyc.gov/html/dfta/downloads/pdf/age_friendly/agefriendlynyc.pdf)

	<p>organizations.</p> <ul style="list-style-type: none"> <li>• Provide new volunteer opportunities and expand resources for older New Yorkers through time-banking and other initiatives.</li> </ul>
<p><b>Cultural &amp; Recreational Activities.</b></p>	<ul style="list-style-type: none"> <li>• Establish a citywide partnership between senior centers and libraries.</li> <li>• Recruit artists to conduct programs in senior centers.</li> <li>• Provide a guide of discounted arts/cultural events for older New Yorkers.</li> </ul>

**APPENDIX B. RELATED RESEARCH & REFERENCES**

According to older adults, “staying connected with friends and family” is considered to be the most important factor contributing to quality of life, higher even than financial well-being, according to a survey conducted by the National Council on Aging<sup>20</sup>.

**RELEVANT RESEARCH** (by goal area):

**Opportunities for civic participation & volunteering.**

**Programs and policies exist to encourage participation and mitigate isolation.**

- Based on the SF Dept of Aging and Adult Services Needs Assessment, 7,000-16,000 seniors and adults with disabilities in San Francisco may be at heightened risk of isolation. These are people who live alone, report a disability that may result in being homebound, and have incomes below 300% of the Federal Poverty Level<sup>21</sup>.
- Research shows that the health risks of prolonged isolation is equivalent to smoking 15 cigarettes a day<sup>22</sup>.
- There are specific groups within our target population that face an increased risk for isolation, including:
  - *Adults with disabilities:* specifically people with cognitive and independent living disabilities.

<sup>20</sup> Scharlach and Lehning, *Creating Aging-Friendly Communities* (pg. 88)

<sup>21</sup> San Francisco Human Services Agency Planning Unit, “Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Part 2: Analysis of Needs and Services (p.40).”

<sup>22</sup> Holt-Lunstad et al., “Loneliness and Social Isolation as Risk Factors for Mortality a Meta-Analytic Review.”

- *Linguistically isolated seniors*: an estimated 25% of older adults, or more than 39,000 people, are living in linguistically-isolated households.
- *Individuals living alone (not in senior specific or supportive housing)*: which is estimated to be more than 55,000 adults with disabilities & seniors
- *LGBT seniors*: a group that is more likely to live alone and less likely to seek out needed services<sup>23</sup>.
- A 2010 study found that people with adequate social relationships have a 50% greater likelihood of survival compared with those with insufficient relationships<sup>24</sup>.
- Loneliness is subjective, not everyone who lives alone will feel lonely or isolated. Likewise, those that feel isolated may not live alone. Additionally, sharing feelings or concerns about being lonely carries a stigma; admitting to loneliness can feel tantamount to admitting social weakness, unlikability, or failure at friendship and love.<sup>25</sup>
- “Social integration has been linked to a decreased risk of mortality, better self-rated health, fewer depressive symptoms, higher levels of well-being, and expectations of remaining in one’s home or community.”<sup>26</sup>
- “Caregiving may also influence health and well-being by reducing opportunities for social interactions and leisure activities, cutting sleep and increasing physical strain when performing certain care activities. A meta-analysis of studies published over three decades reported that physical health problems among caregivers are due to such risk factors as caregiver age, caregiver depression, co-residence, low socioeconomic status, longer duration of care, care recipient cognitive impairment, and few sources of support. Decades of research has also documented that informal caregivers are at a higher risk for stress and depression than other non-caregiving counterparts.”<sup>27</sup>

**Efforts are made to integrate generations, cultures, & communities.**

**Public awareness & education to address ableism & ageism.**

**There are localized community networks that provide engagement & support.**

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<sup>23</sup> San Francisco Human Services Agency Planning Unit, “Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Part 2: Analysis of Needs and Services (p.42)”

<sup>24</sup> Katy Read, “Are You Lonesome? How Minnesota Seniors Are Combating Social Isolation.”

<sup>25</sup> Katy Read, “Are You Lonesome? How Minnesota Seniors Are Combating Social Isolation.”

<sup>26</sup> Scharlach and Lehning, *Creating Aging-Friendly Communities* (111)

<sup>27</sup> Scharlach and Lehning, *Creating Aging-Friendly Communities*. (119)