San Francisco Department of Aging and Adult Services

Assessment of the Needs of San Francisco Seniors and Adults with Disabilities

Part I: Demographic Profile

Report by the San Francisco Human Services Agency Planning Unit
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Introduction

The Older American's Act (OAA) and the Older Californians Act require that the Department of Aging and Adult Services (DAAS), San Francisco's Area Agency on Aging, conduct a community needs assessment every four years to determine the extent of need for services and to aid in the development of a plan for service delivery for older adults. DAAS has extended the focus of its attention to include the needs of younger adults with disabilities. This report contains the findings of the 2015 needs assessment process.

This assessment is divided into two volumes. This first report is a broad quantitative and qualitative profile of San Francisco's seniors and persons with disabilities, intended as an inventory of information, a reference for citizens, non-profit service providers, public sector planners, and researchers. The second report examines the key service categories of the Office on the Aging, discussing more specifically the needs and rationale that underlie the services, and comparing trends in funding.

Highlights from this first report related to the senior population include:

- 20% of the city's population is 60 or older: 161,777 individuals. This population has grown by 18% since 2000 (compared to 4% overall city growth). This growth is anticipated to continue as the Baby Boomer generation ages.
- Over the last two decades, these seniors have become predominantly an immigrant population. Most commonly, these immigrants were born in China and have become naturalized citizens.
- 54% of seniors speak a primary language other than English.
- 16% have income below the federal poverty line (FPL), which was $11,770 for a single household in 2015. Approximately half have income below 300% FPL.
- An estimated 12% of seniors identify as part of the lesbian-gay-bisexual-transgender (LGBT) community.

Key findings regarding adults with disabilities include:

- 35,145 adults between age 18 and 59 report disabilities in the census. Most (88%) live in the community, but about 4,000 reside in group quarters, such as skilled nursing facilities and adult group homes.
- Half of this population reports cognitive disabilities – difficulty remembering, concentrating, or making decisions due to a physical, mental, or cognitive problem.
- Compared to the overall adult population, African-American and Latino adults are overrepresented in this group and Asian-Pacific Islander adults are underrepresented. This may be due in part to uneven rates of reporting in the census.
- This population tends to have very low income. One-third has income below 100% FPL. Sixty-nine percent have incomes below 300% FPL.

Methodology

Sources of Information

This assessment integrates data and information from a variety of sources, relying on both existing analysis, such as the work by the LGBT Aging Policy Task Force, and new analysis generated specifically for this assessment. Major sources of information are described below.

U.S. Census Bureau
Census data provides valuable insight into current and historic population trends. The majority of the demographic analysis in this needs assessment is based on census data accessed from the following data sources:

- University of Minnesota Integrated Public Use Microdata Series (IPUMS):
    - 1990 5% population sample
    - 2000 5% population sample
    - 2012 Three-Year American Community Survey sample[1]
- U.S. Census Bureau American FactFinder:
    - 2013 Five-Year American Community Survey tables

Using both the IPUMS sample data and the American FactFinder table provides a more comprehensive understanding of seniors and adults with disabilities. Each source has strengths and limitations:

- The IPUMS sample data contains weighted respondent-level data, which allows for customized analysis. For example, these datasets allow for creation of more meaningful definitions of low-income status and cross-tabulations of populations of interest by key demographic factors (e.g., income and ethnicity). However, these datasets have limited geographic data and thus do not support meaningful analysis of trends by location within San Francisco. Also, the most recent multiyear IPUMS dataset is for the 2009 to 2012 period (though a review of slightly more recent FactFinder tables suggests the trends remain consistent).
- The American FactFinder tables provide data at the census tract level, permitting analysis of trends by location. However, this source provides only aggregate data in tables with preset population definitions, which do not always align with DAAS population definitions. For example, few tables are focused on adults with disabilities, and the data that is available uses an age threshold of 18 to 64 that is inconsistent with the Office on Aging age threshold of 18 to 59. Similarly, much of the more specific data on seniors, including poverty, is focused on adults age 65 and older.

There is important nuance to note about three census variables that are particularly relevant for the populations DAAS serves:

- **Location**. As noted above, the data available by location is in a fixed format that does not necessarily meet the population or income definitions used by DAAS. Poverty data uses an age 65 threshold for seniors and an age range of 18 to 64 for adults with disabilities. Also, the data on adults with disabilities is limited; not all of the topics available for

[1] As this report was undergoing final preparation for publication, the 2013 Three-Year IPUMS sample was released. Review of this data indicates the trends described in this assessment remain consistent. The total city population is 825,669 with 165,138 seniors age 60 and older (20%) and 35,101 aged 18 to 59 reporting disabilities (4%).

seniors are provided for the disabled adult population. As much as possible, this needs assessment uses the DAAS population definitions and provides comparable analysis for both populations.

- **Group Quarters**. The census data includes individuals living in two types of group quarters. People under formally authorized, supervised care or custody are categorized as residing in "institutional group settings," such as skilled nursing facilities, in-patient hospice, mental/psychiatric hospitals, and correctional facilities. Group quarters like college dormitories, adult group homes and residential treatment facilities, and workers' group living quarters, are classified as "non-institutional group quarters." For this needs assessment, all seniors and adults reporting disabilities are included in the analysis unless otherwise specified. Residence in facilities may not be permanent and certain DAAS programs support people in facilities. For example, the Community Living Fund helps those wanting to transition out of skilled nursing residential care facilities.

- **Disability**. Two aspects of the census disability data are important to highlight. First, to improve accuracy and reduce non-response rates, the census questions measuring disability were changed in 2008. The Census Bureau cautions against comparing trends in disability across that time period. Accordingly, analysis of the census disability data in this assessment is focused on the most recent time period. The U.S. Census Bureau has analyzed the current questions in comparison to its Survey for Income and Program Participation survey, which is a more nuanced survey focused on disability and service needs (unfortunately, this study does not provide recent data at the county level). This analysis suggests that the revised census questions approximate results in line with this survey, suggesting that the current questions are an improvement and do provide useful insight into trends in disability (Brault, 2009).

  Second, disability data in the census is self-reported based on questions about "difficulty" in key functional areas. As such, this data is best viewed as indicative of population trends but should not be construed to represent factual data on disability as diagnosed/assessed by a medical or social work professional. One reason for this suggested perspective is that self-reported data is subject to misreporting. This may occur for many reasons. A key attribute of certain mental health conditions is lack of insight into the illness; individuals who do not acknowledge their disability will not self-report it in the census. Stigma surround disabilities, particularly mental health conditions, may inhibit reporting. Cultural variation in perceptions of disability may result in variation in rates of self-reporting. In particular, it seems likely that the Asian-Pacific Islander (API) population underreports disability. Approximately 31% of the adult population age 18 to 59 is API; however, APIs only constitute 18% of adults reporting disabilities in the census. While it is possible that disability is less prevalent in this population, it is likely that cultural reticence may be partly responsible. When asked about this issue, many San Francisco service providers that work with the API population saw merit in this theory. Unfortunately, there is not research to estimate the rates of underreporting that may exist among certain communities.

Despite these limitations, census data provides critical insight into population trends and is of value to DAAS in planning its efforts to meet the needs of local seniors and adults with disabilities.

Program data
This needs assessment also relies heavily on service enrollment data to both assess client service needs and gather population information. The primary databases are listed below. Most analysis focuses on program trends from Fiscal Year 2014-15.

Database	Program(s)
CA GetCare	Office on Aging
SF GetCare	DAAS Integrated Intake & Referral Unit and DAAS Transitional Care programs
CASECare	Community Living Fund
Case Management, Information and Payrolling System II (CMIPS II)	In-Home Support Services
APS Automated Client Tracking System (AACTS)	Adult Protective Services
CalWIN	CalFresh
VetPro	County Veterans Service Office (CVSO)

Survey data
This assessment also draws on survey data gathered by external sources. Two of the primary surveys integrated into this analysis are:

- **Biennial City Survey**. The San Francisco Controller's office funds a citywide survey every two years to learn about city residents' needs and experiences with local government. Conducted by an outside consultant, this telephone survey is designed to randomly sample city residents throughout the city, offering a valuable opportunity to gather feedback from seniors and adults with disabilities outside of the DAAS service network. In addition to survey specific to DAAS services, this survey offers the unique and valuable opportunity to understand how seniors and adults with disabilities experience other parts of city life.
- **California Health Interview Survey (CHIS)**. A collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute, the California Health Interview Survey (CHIS) is a telephone survey of adults, adolescents, and children from all parts of the state. Local-level data are available for San Francisco and were included to supplement local research.

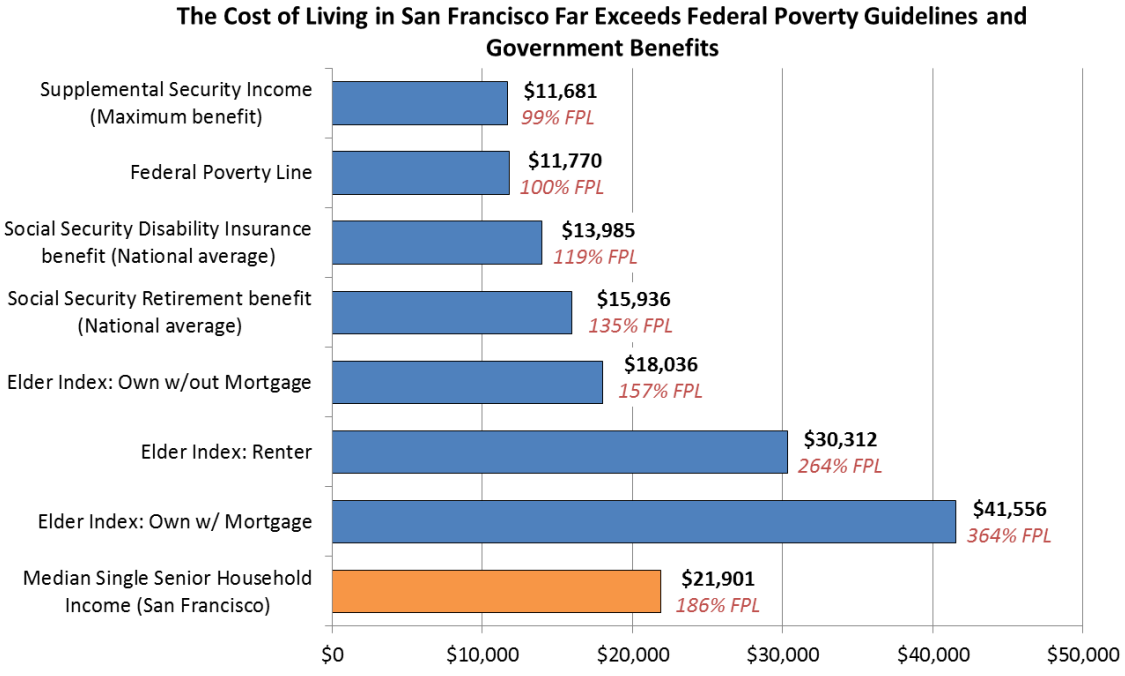
Qualitative data
In addition to the quantitative data described above, this assessment draws on qualitative data. Over the last year, a series of focus groups were held throughout the city to reach San Francisco's diverse communities. The goal of these focus groups was to gather insight into the experience of being a senior or person with disabilities living in San Francisco, as well as to gather suggestions for ways to better serve these populations. Participants included African-American, Asian-Pacific Islander, Latino, white, LGBT, homeless seniors, and adults were disabilities. Focus groups were also held with family caregivers and Adult Protective Service workers, as well as homeless older persons. This assessment is also shaped by qualitative information from key informant interviews with service providers and city staff serving seniors and adults with disabilities. See Appendix A for a complete list of focus groups.

Definitions of Poverty and Low-Income Status

While many of its programs do not adhere to strict means testing policies, DAAS is charged with focusing its efforts on the most vulnerable seniors and adults with disabilities, including those with low incomes. With the soaring cost of living in San Francisco and the uniform nature of the federal poverty thresholds, the federal poverty line (FPL) is arguably not the most suitable method for identifying and assessing the needs of low-income individuals. In 2015, FPL for a single individual was $11,770; it is beyond doubt that many individuals with income above this official poverty level likely struggle to make ends meet.

The limitations of relying on FPL to assess need are highlighted by a recent study by the UCLA Center for Health Policy Research. This study used the Elder Economic Security Standard Index, which incorporates variation in cost of living by county and by housing tenure to estimate a basic self-sufficiency standard, to identify the hidden poor. Findings from this study suggest that approximately 30% of single seniors and 29% of senior couples age 65 and older are among the hidden poor – their income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living. In total, an estimated 57% of single senior households and 39% of two-person senior households have inadequate income to meet a basic standard of living, representing at least 38,000 San Franciscans age 65 and older.

As shown in the chart below, the estimated cost of living in San Francisco far exceeds federal poverty guidelines and government benefits. Supplemental Security Income (SSI), the federal supplemental income stipend for the most impoverished older adults and persons with disabilities, provides a maximum benefit lower than the federal poverty line; anyone receiving SSI benefits is living in poverty. The national average Social Security retirement benefit is slightly less than $16,000 per year (135% of FPL). Retirees without alternate retirement benefits or significant savings would likely to struggle to make ends meet in San Francisco at this income level.



Sources: Social Security Administration, Supplemental Security Income in California (2015)
U.S. Department of Health & Human Services, 2015 Poverty Guidelines
Social Security Administration,Annual Statistical Report on the Social Security Disability Insurance Program, 2014
Social Security Administration, What is the Average Monthly Benefit for a Retired Worker?, January 2015
UCLA Center for Health Policy Research, Elder Economic Security Standard Index 2013
IPUMS 2012 3-Year Samples

The preceding chart also contains the elder index standards for single seniors. Depending on home ownership status, the minimum income necessary to meet a basic standard of living ranges from $15,936 annual income (157% FPL) to $42,556 (364%). In reality, the median income for a single senior household in San Francisco is approximately $21,901, which equates to 186% FPL (monthly income of $1,825).

In the context of San Francisco's high cost of living, FPL is a crude threshold. Given the discrepancy between official poverty standards and the local cost of living, as well as the fact that many DAAS programs do not employ means testing or use higher income thresholds, this assessment takes a more nuanced approach to identifying and analyzing low-income populations. Specifically, three income tiers are used to identify those with family[2] income:

- Below 100% FPL;
- Between 100% and 199% FPL; and
- Between 200% and 299% FPL.

The table below provides a reference for the annual income equivalent of these thresholds by household size. For example, a single adult in the "lowest-income" group has annual income below $11,770. A single adult with slightly higher income would fall into the middle "low-income" group with annual income between $11,770 but below $23,540. The "upper poor" low-income group in this analysis includes single adults with annual income between $23,540 but below $35,310.

2015 Federal Poverty Line (Annual Income)			
Household Size	**100% FPL**	**200% FPL**	**300% FPL**
1	$11,770	$23,540	$35,310
2	$15,930	$31,860	$47,790
3	$20,090	$40,180	$60,270
4	$24,250	$48,500	$72,750
5	$28,410	$56,820	$85,230
6	$32,570	$65,140	$97,710

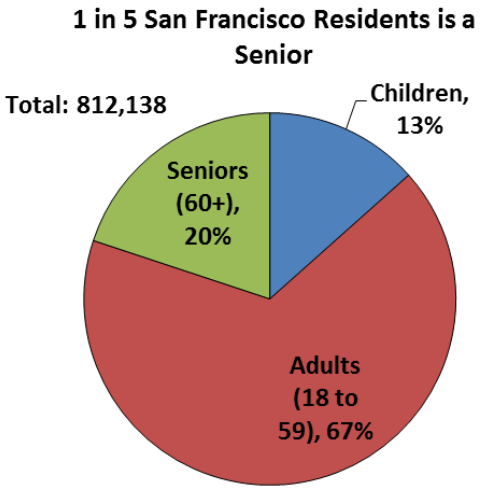
[2] The U.S. Census Bureau defines a family as those living in the same household who are related by birth, marriage or adoption. Family income is the aggregated personal income of all family members.

San Francisco Seniors

Seniors: Population Size

Approximately 161,777 people age 60 or older live in San Francisco. They are 20% of the city population, consistent with population trends over the last 20 years. Approximately 14% of city residents are age 65 and older.

Though the *percentage* of the population that is age 60 and older has remained consistent, the *size* of the senior population has increased significantly and outpaced the general population growth. Over the last 12 years, the senior population has grown by almost 25,000 individuals, an increase of 18%. In comparison, the overall city population has grown by only four percent during this time.

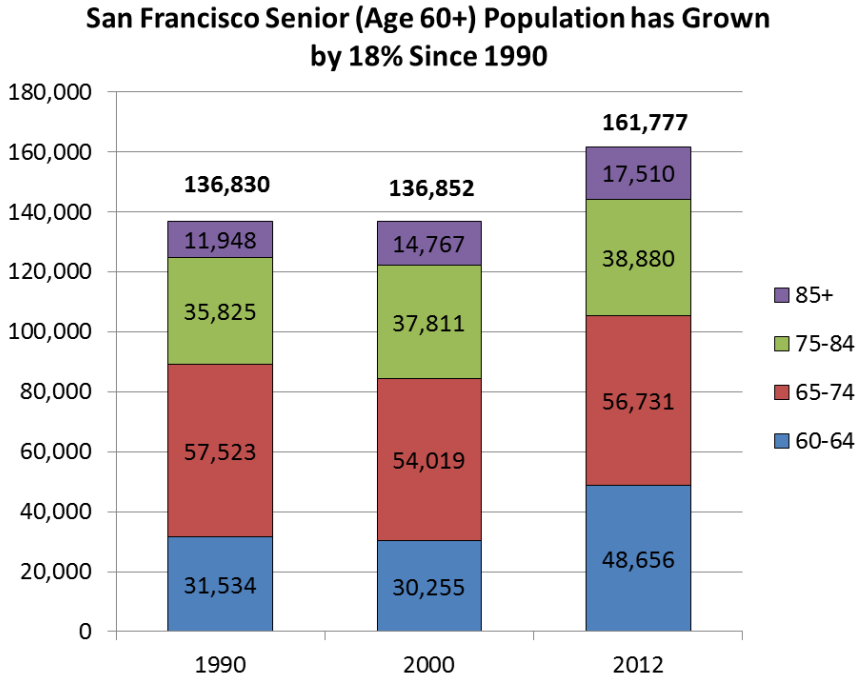


Source: IPUMS 2012 3-Year Sample

Population	2000	2012	# change	% change
Children (Under 18)	111,683	108,941	-2,742	-2%
Adults (Age 18-59)	531,014	541,420	10,406	2%
Seniors (Age 60+)	136,852	161,777	24,925	18%
Total Population	779,549	812,138	32,589	4%

Source: IPUMS 2000 and 2012 ACS Samples

As shown in the chart below, the senior population size remained static between 1990 and 2000 but surged over the last decade. This growth is driven by the younger senior population aged 60 to 64. Between 2000 and 2012, this group grew by approximately 18,400 individuals (an increase of 61%) as Baby Boomers began to reach age 60. As described on the next page, this trend is likely to continue as the younger Baby Boomer reach age 60.

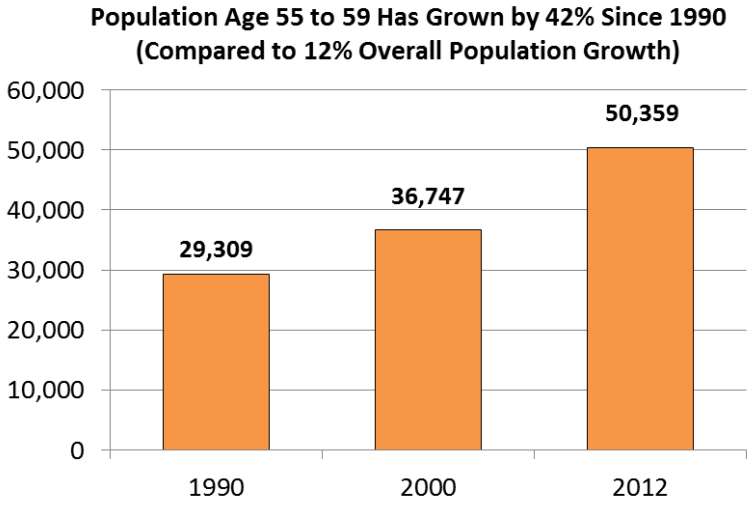


Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

The oldest old group of individuals – age 85 or older – has also grown, increasing by more than 5,500 individuals between 1990 and 2012. Though the size of this group is small in comparison to the younger seniors, the change is significant; this older population tends to be more vulnerable and frail and typically has significantly higher care needs.

Seniors: Anticipated Population Growth

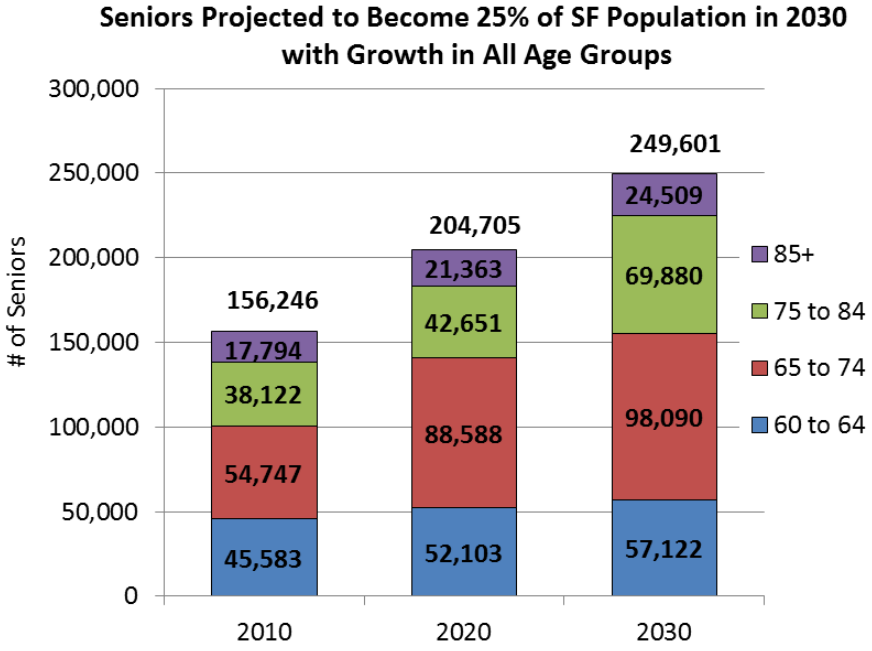
The senior population in San Francisco is expected to continue increasing. As shown to the right, the population of adults age 55 to 59 is growing. In the next five years, 50,359 adults in San Francisco will reach age 60.



Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

Some of these individuals may leave the city, fleeing the high cost of living. However, nearby counties have also experienced increases in cost of living, making it challenging for older persons on fixed incomes – particularly those in rent-controlled apartments – to find similar accommodation for less or even similar cost in surrounding counties. The Controller's Office biennial city survey suggests that most adults age 55 to 64 intend to stay in San Francisco. Most respondents in this age range indicated they are "not at all" likely to move out of San Francisco in the next three years. Respondents age 65 and older said the same; in fact, the percentage indicating they do not intend to leave the city has increased from 57% of senior respondents in 2005 to 73% in 2015.

As shown below, the senior population age 60 and older is expected to grow by almost 100,000 individuals between 2010 and 2030 (California Department of Finance, 2014). This growth is anticipated to occur across age groups within the senior population. Seniors age 60 and older comprise 20% of San Franciscans today but are projected to be 26% by 2030.



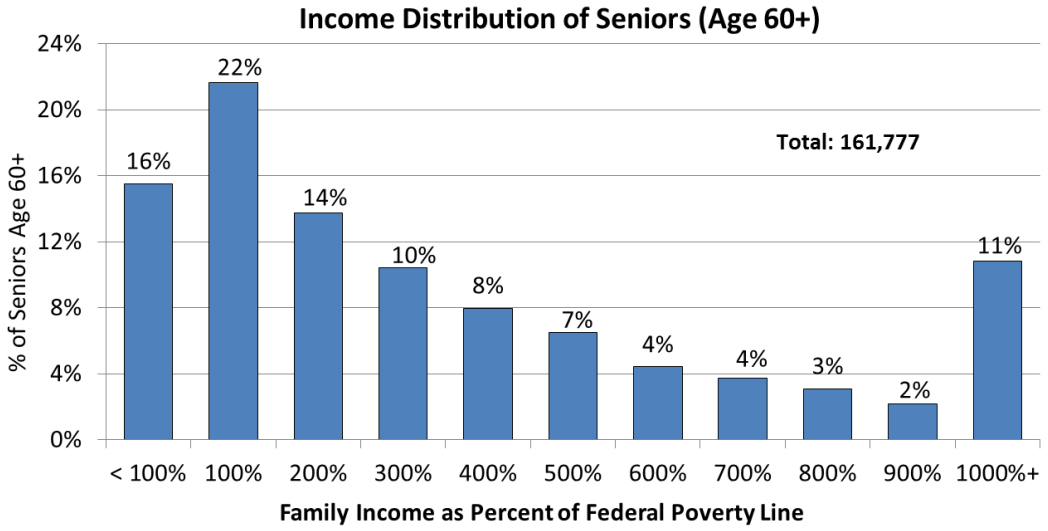
Source: State of California, Department of Finance, P-2 State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060.

San Francisco needs to plan for this growing population. The Public Policy Institute of California suggests that the state's senior population in the coming decades is less likely to have family for informal support and thus will be more reliant on formal supportive services (Beck & Johnson, 2015).

Seniors: Income & Poverty

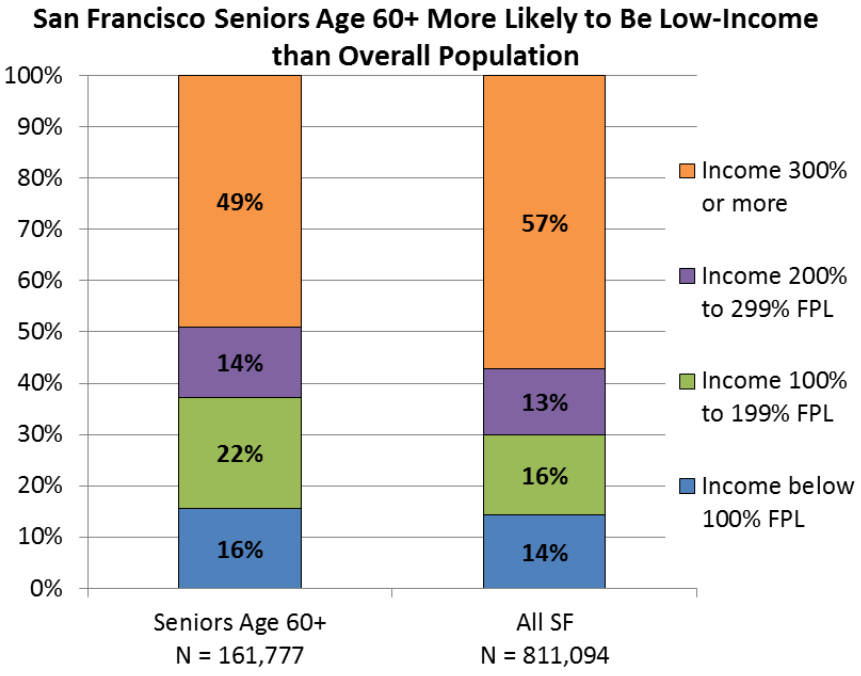
Please refer to "Definitions of Poverty and Low-Income Status" in the Methodology section of this report for more information about the low-income thresholds used in this analysis.

Older adults in San Francisco tend to be low income. As shown below chart, 16% of seniors – 25,103 individuals – have family income below the poverty line.



Source: IPUMS ACS 2012 3-Year Samples

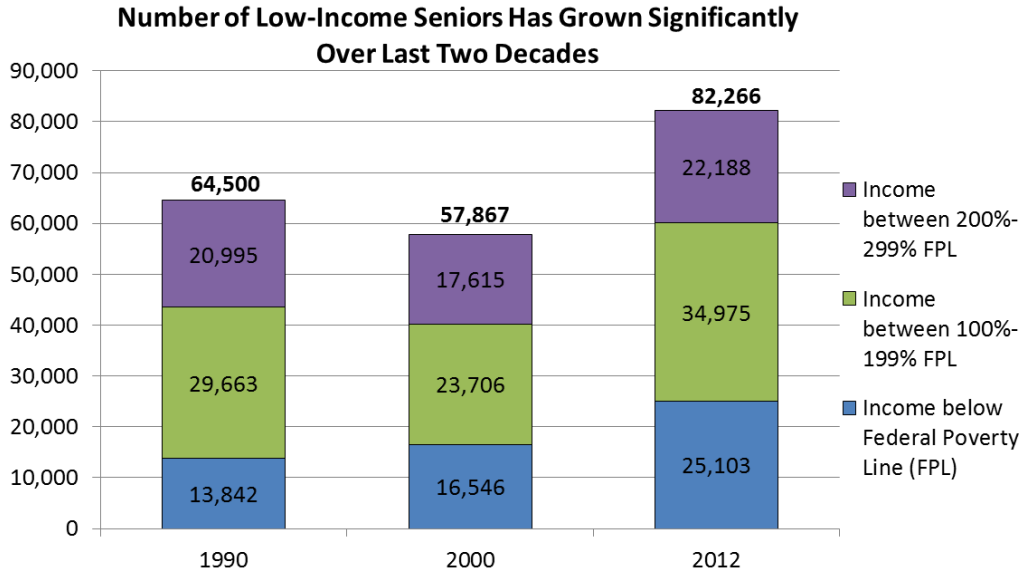
Many more San Francisco seniors have inadequate income to meet their needs. Approximately 22% or 34,975 seniors have income between 100% FPL and 199% FPL; at this income level, these seniors are likely ineligible for public benefits like Medi-Cal but may struggle to meet needs. An additional 14% – 22,188 seniors – fall into the "upper poor" group (those with income between 200% FPL and 299% FPL). In total, half of San Francisco seniors live on less than 300% of the poverty threshold ($2,943 monthly income for a single person).



Source: IPUMS 2012 3-Year Samples

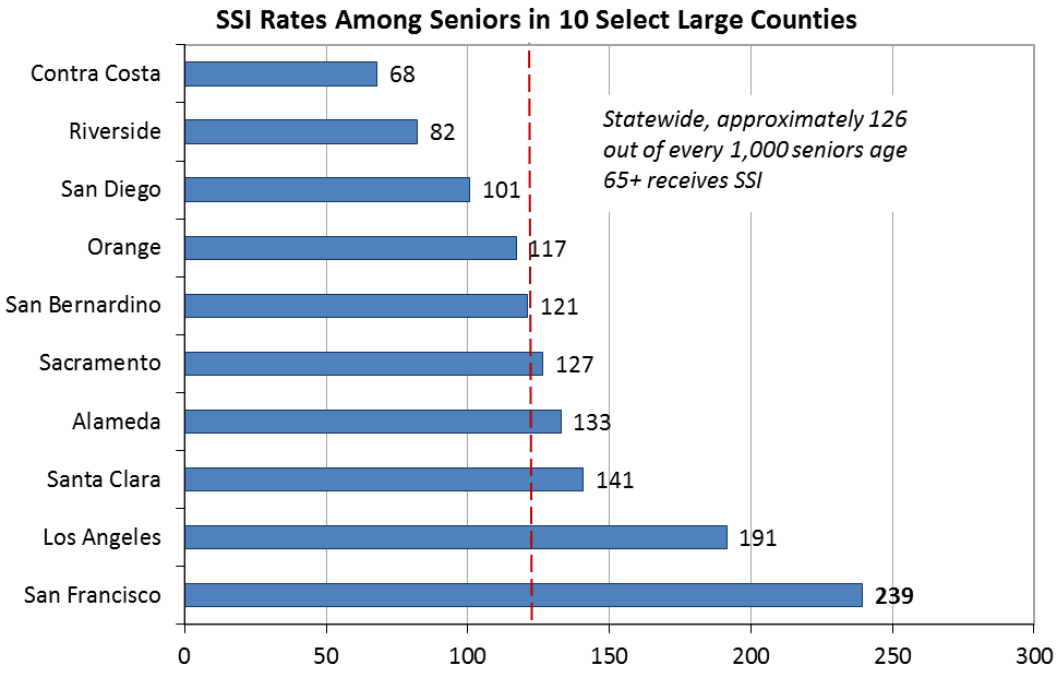
Elderly persons in San Francisco are more likely than the overall population to be poor. A slightly higher percentage lives below poverty than the general population. Twenty-two percent of San Francisco's seniors live just above the federal poverty level, just above destitution. Citywide, the rate is 16%.

Overall, poverty rates within the senior population have remained relatively steady over the last two decades – about 50% of seniors have consistently had income below 300% FPL. However, given the growth of the senior population, the *number* of seniors living on sparse income has significantly increased. As shown in the chart below, most of this growth has occurred in the lowest income group – those living below the federal poverty line. In 1990, approximately 11% of seniors had income below 100% FPL. Today, 25,103 seniors have income below 100% FPL ($981 monthly income for a single person).



Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

Seniors in San Francisco are more likely to be low-income than seniors in other major counties. As shown below, the Supplemental Security Income (SSI) rate is significantly higher among San Francisco seniors age 65 and older than other parts of the state. Approximately 239 out of every 1,000 San Francisco seniors receive at least a partial SSI benefit. By comparison, the statewide rate is 126.

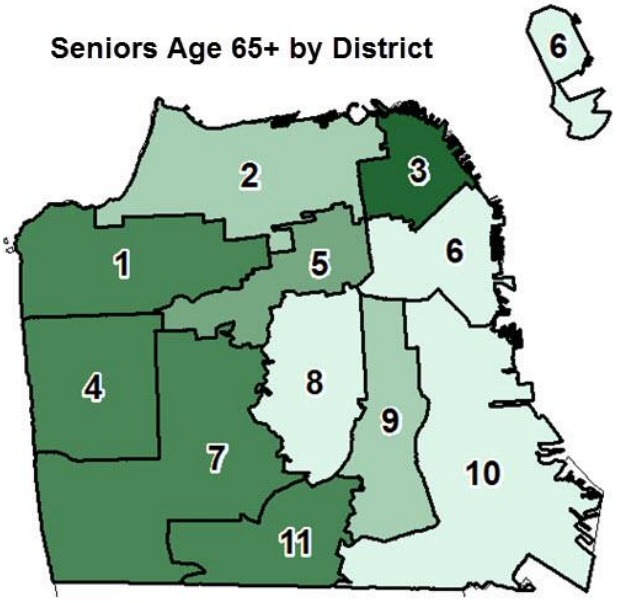


Source: Social Security Administration, 2013; ACS 2013 5-Year Estimates, Table S0103

Seniors: Location

As described in the methodology section of this report, census data on income by location is only available using age 65 as the senior threshold. For consistency of comparison, this analysis describes general population trends using this threshold. The distribution of the general senior population age 60 and older shows similar trends. Please see Appendix B for a map of supervisorial districts and neighborhoods and Appendix C for complete senior data by district.

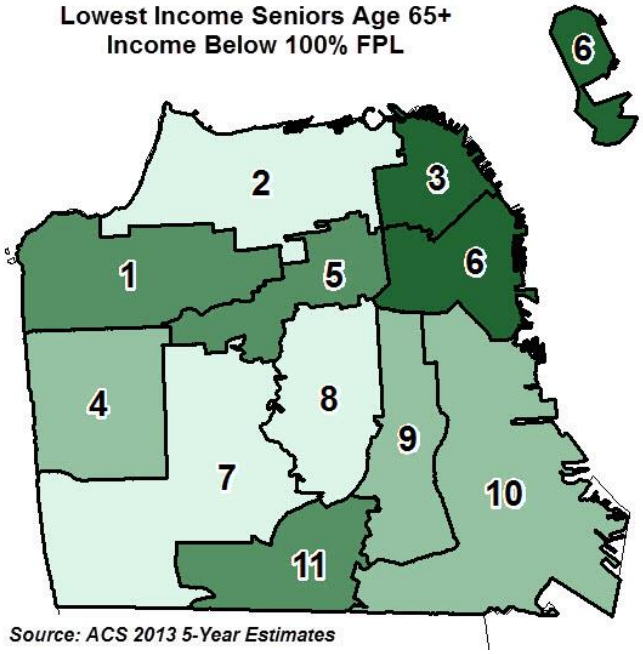
San Francisco seniors live in every San Francisco neighborhood. The map to the right depicts total senior population age 65 and older by supervisorial district. District 3 (Chinatown, Nob Hill, North Beach) is home to the largest senior population: 13,736 or 12% of the city's seniors live in this area. This district tends to be older than other areas of the city –18% residents of District 3 are over age 65 compared to 14% citywide. Other areas of the city with larger senior populations include District 11 (in particular, the Excelsior and OMI neighborhoods), District 4 (Outer Sunset), District 7 (Twin Peaks and Inner Sunset), and District 1 (Richmond). Each contains over 10% of the city's senior population.



Source: ACS 2013 5-Year Estimates

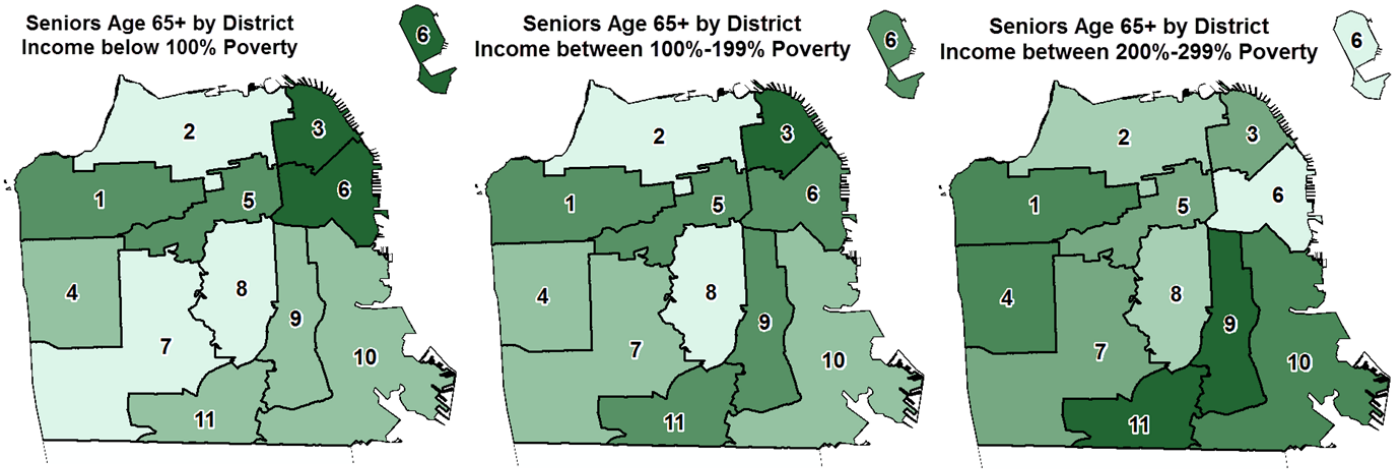
However, as shown below, low-income seniors tend to be concentrated in certain areas of the city. The size of the total senior population size within a district does not necessarily correspond with the size of the low-income senior population.

The lowest-income seniors – age 65 and older with income below the poverty threshold – are most likely to reside in District 3 or District 6 (SOMA, Tenderloin). Approximately 3,365 or 21% of the city's lowest-income seniors live in District 3. Were the population evenly distributed, nine percent would live in each district. District 6 has the smallest senior population but the second largest population of the seniors living in poverty: 16% or 2,642 older persons. District 5 is also home to a disproportionate share of the city's low-income seniors: 12% or 1,932 very low-income older persons. The trend in District 5 appears to be driven by residents of the Western Addition and Haight Ashbury neighborhoods.



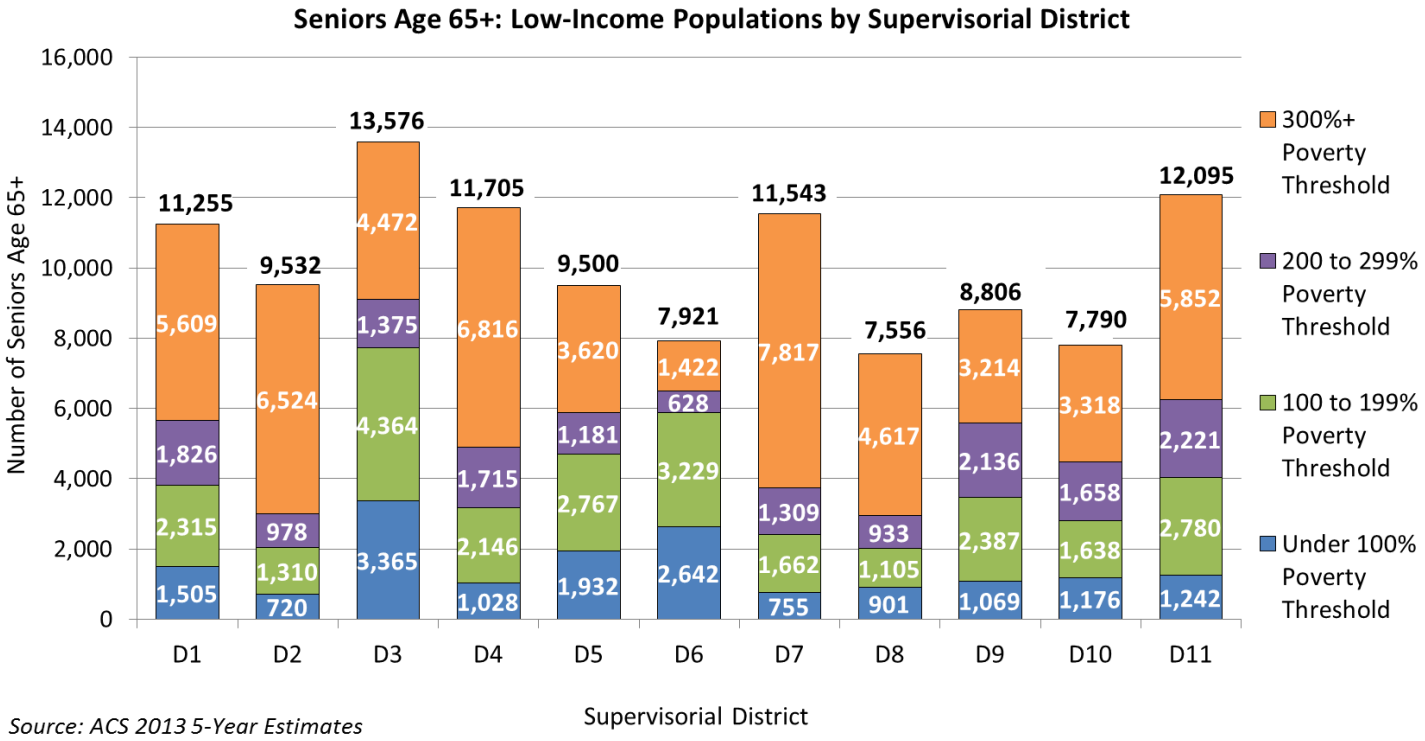
Source: ACS 2013 5-Year Estimates

Taking a wider view of low-income status highlights important nuances in the low-income population throughout the city. As shown below, the geographic distribution of seniors with slightly higher income – between 100% and 199% FPL – is similar to the lowest income group. However, different trends emerge in the seniors with income between 200% and 299% FPL. Approximately 14% of this "upper poor" population lives in District 11, which includes the Excelsior, Ingleside, and OMI neighborhoods, and 13% live in District 9, which includes the Mission and Bernal Heights.



Source: ACS 2013 5-Year Estimates

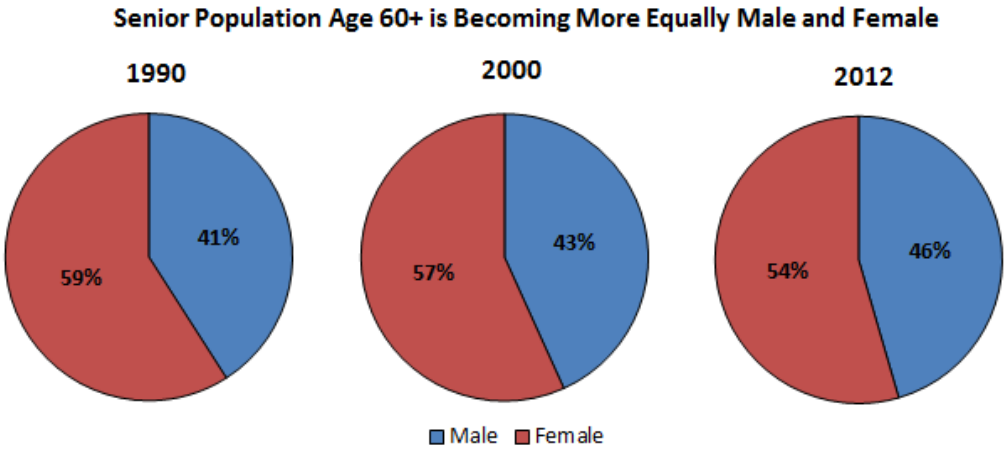
It can also be useful to consider poverty rates within each district. The chart below depicts the total senior population age 65 and older by income level within each supervisorial district, further illustrating that poverty rates vary significantly around the city. For example, 82% of District 6 seniors – 6,499 older persons – have income below 300% FPL. Services placed in this district have a strong likelihood of reaching those with significant financial need. *Please see Appendix C for data in table format with calculated poverty percentages.*



Source: ACS 2013 5-Year Estimates

Seniors: Gender

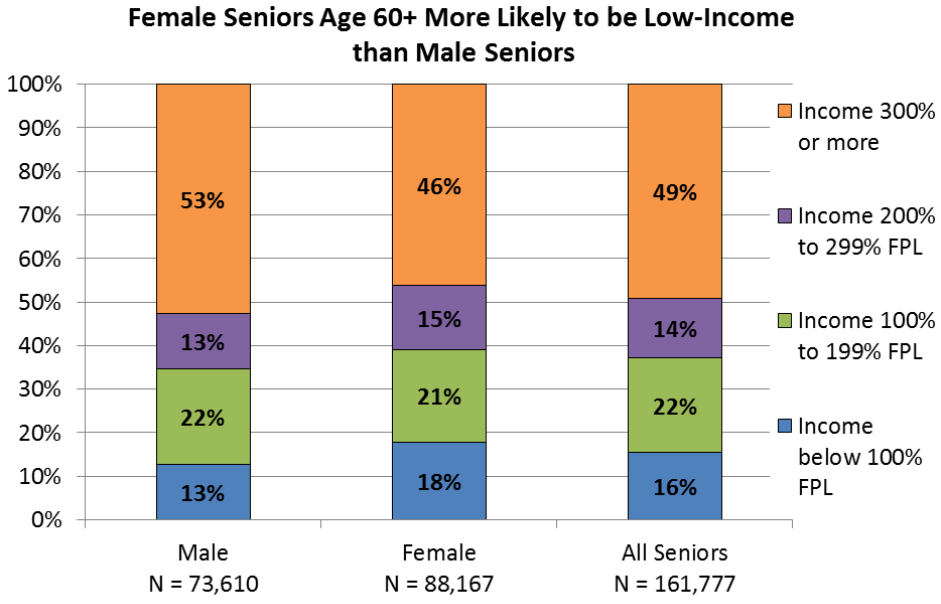
Because women tend to live longer than men, senior populations have historically been predominantly female. While this trend persists in San Francisco, it appears to be shifting. In 1990, almost 60% of seniors age 60 and older were female. By 2012, the percentage decreased to 54%. This change is consistent with state and national trends. Review of gender by ethnic group suggests that this local change is driven by the white and African-American senior populations shifting from 60% female in 1990 down to 51%. The Asian-Pacific Islander (API) and Latino senior populations remain consistently and predominantly female (57% and 58%, respectively).



Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

Older women are more likely to be living in deep poverty than men. Approximately 63% of seniors with income below the federal poverty line are women. As shown in the chart below, 18% of women age 60 and older have income below 100% FPL compared to 13% of men.

This trend is likely due in large part to two key factors. Women are likely to have lower retirement income and savings due to interrupted work history related to childrearing and lower wage rates. Also, this analysis is based on family income levels and, as discussed in more depth later in this analysis, women tend to live longer than men and are more likely to live alone late in life than men.



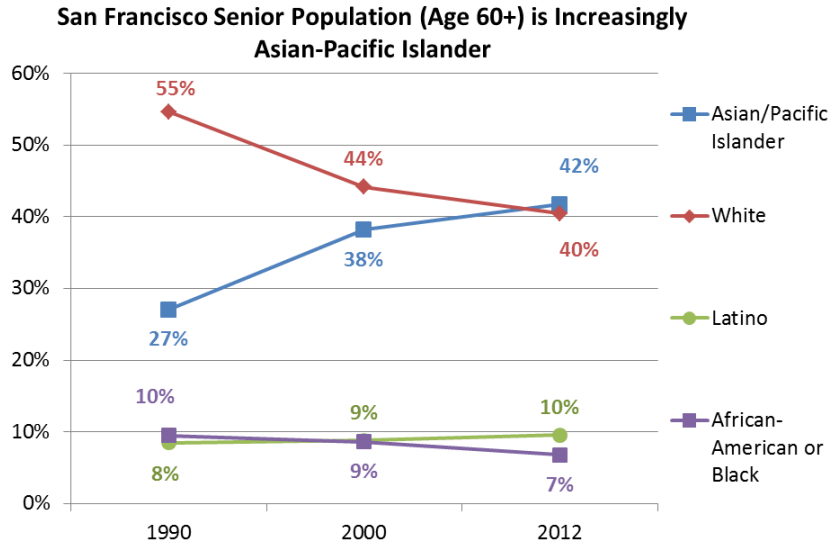
Source: IPUMS 2012 3-Year Samples

While this variation is important to recognize and understand, it should not obfuscate the fact that 47% of male seniors are also low-income.

Seniors: Race/Ethnicity

San Francisco seniors are primarily API (42% of the senior population) and white (40%). The majority of the 67,452 API seniors are Chinese (49,000) and Filipino (9,250). Latinos and African-Americans represent ten and seven percent of the senior population.

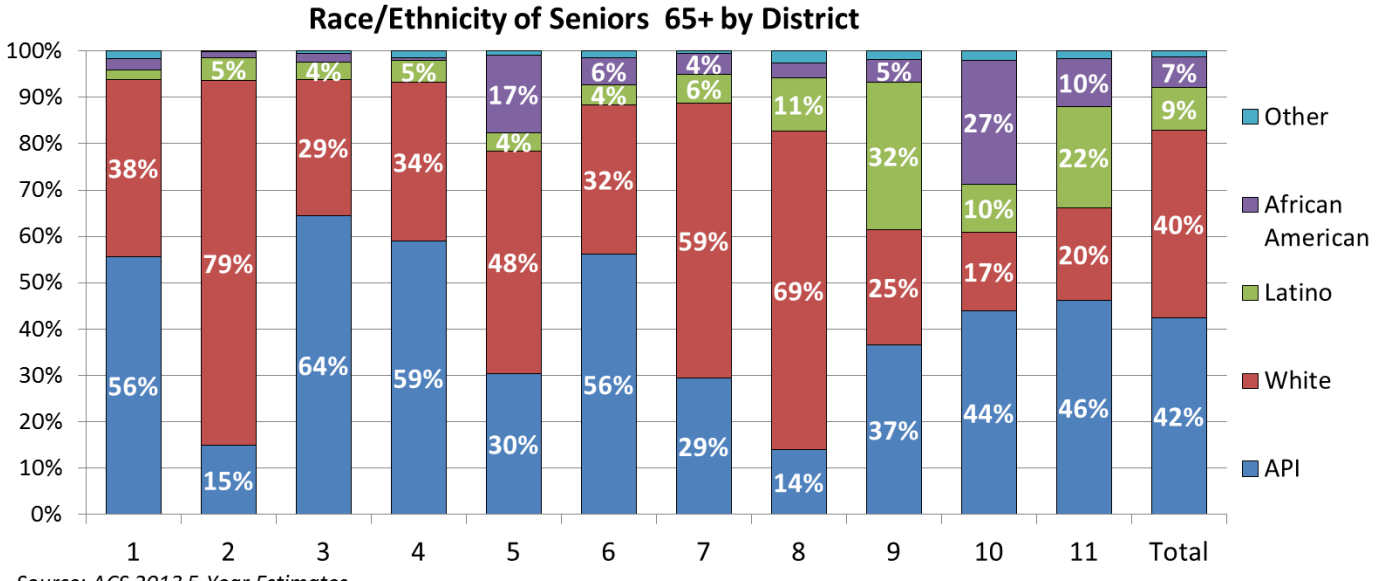
As shown to the right, the senior population has changed significantly since 1990, when the majority (55%) was white. During this time, the local African-American population has declined, while Latinos have increased slightly, mirroring general citywide trends related to gentrification and immigration.



Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

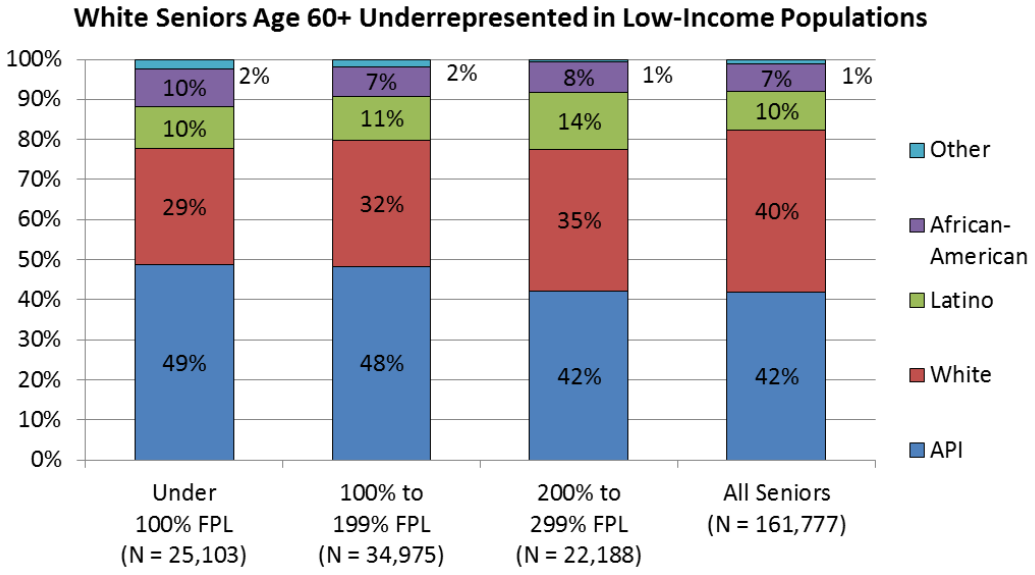
A review of senior populations by supervisorial district indicates significant variation and unique populations by district, suggesting potential targeting strategies by race and ethnicity:

- API seniors are the majority of older persons in District 1 (Richmond), District 3 (Chinatown, Nob Hill), District 4 (Outer Sunset, Parkside), and District 6 (SOMA, Civic Center).
- Latino seniors are a significant proportion of older persons in District 8 (Castro, Mission), District 9 (Mission, Bernal Heights), District 10 (Visitation Valley, Bayview), and District 11 (Excelsior, Outer Mission).
- African-American seniors represent larger portions of the population in District 5 (Western Addition) and District 10 (particularly in the Bayview area).



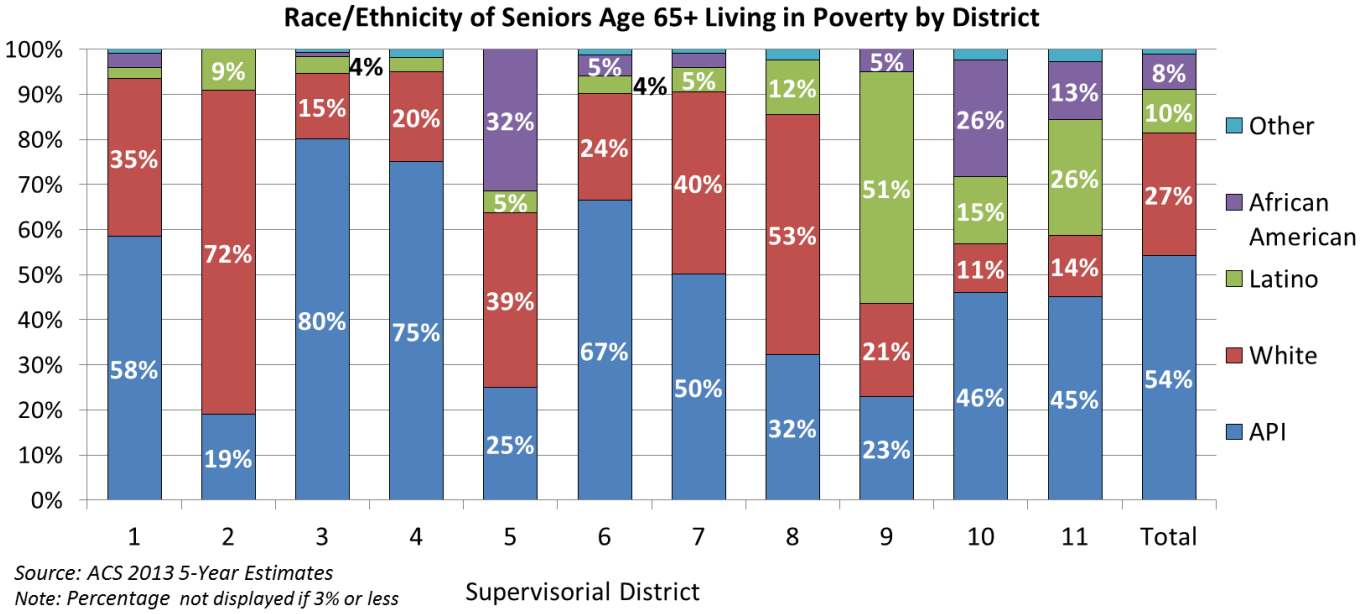
Source: ACS 2013 5-Year Estimates
Note: Percentage not displayed if 3% or less

Ethnicity trends among low-income seniors generally tend to mirror the general senior population but with an important distinction: minorities are overrepresented among low-income seniors. As shown below, whites represent 40% of the overall senior population but smaller portions of the low income groups. Although whites represent 40% of seniors, they are only 29% of the lowest-income seniors. API seniors are overrepresented in this income group: 49% compared to 42% of the general senior population. Similarly, African-American seniors are overrepresented in the lowest income group: ten percent compared to seven percent of the overall senior population. Latinos are slightly overrepresented among seniors with family income between 200% to 299% FPL.



Source: IPUMS 2012 3-Year Samples

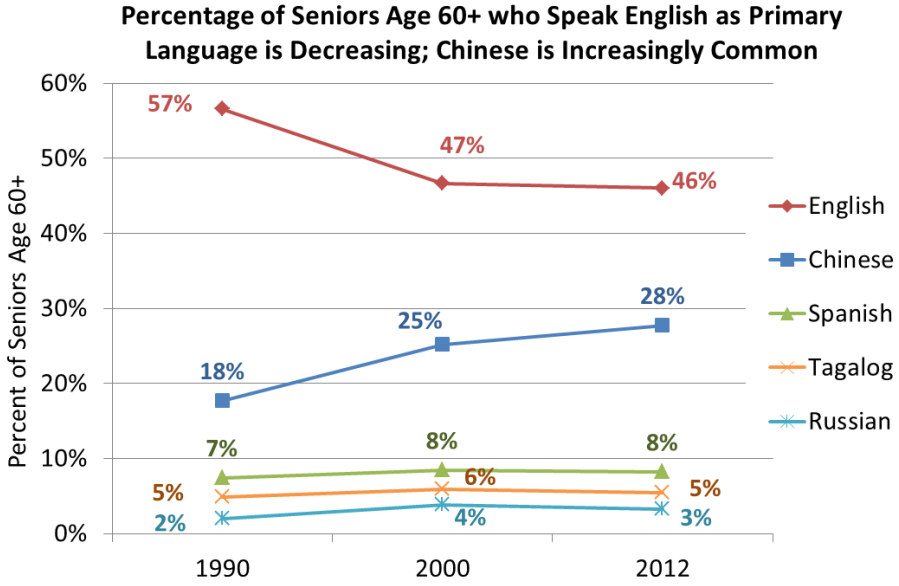
The chart below shows the ethnic profile of seniors with income below 100% FPL by district. In reviewing this data, it is useful to keep in mind that the size of the low-income senior population varies by district. *Please see Appendix C for population data by district.*



Source: ACS 2013 5-Year Estimates
Note: Percentage not displayed if 3% or less

Seniors: Language & English Fluency

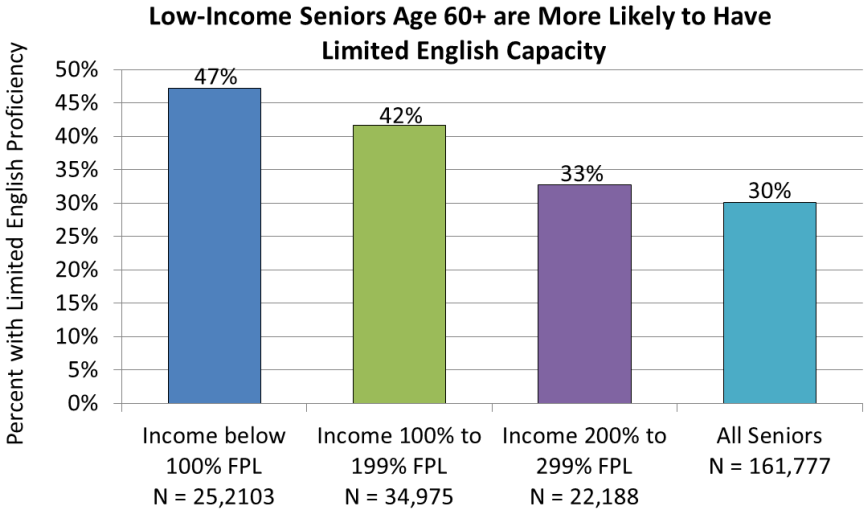
Fifty-four percent of San Franciscans over the age of 60 speak a primary language other than English, up from the 1990 rate of 43%. In particular, as the API population has increased over the last two decades, so has the percentage of Chinese-speaking seniors. Russian-speaking seniors have also increased. This group may have preferences and needs that differ from the white seniors who were born U.S. citizens.



Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample

Approximately 30% of San Francisco seniors speak English "not well" or "not at all." By comparison, only eight percent of the non-senior population in San Francisco has limited English proficiency. San Francisco is different than the rest of the state – statewide, only 15% of seniors have limited English proficiency. Of the 48,699 San Francisco seniors with limited English proficiency, the most common primary languages are Chinese (66%), Spanish (11%), Russian (7%), Tagalog (5%), and Vietnamese (3%).

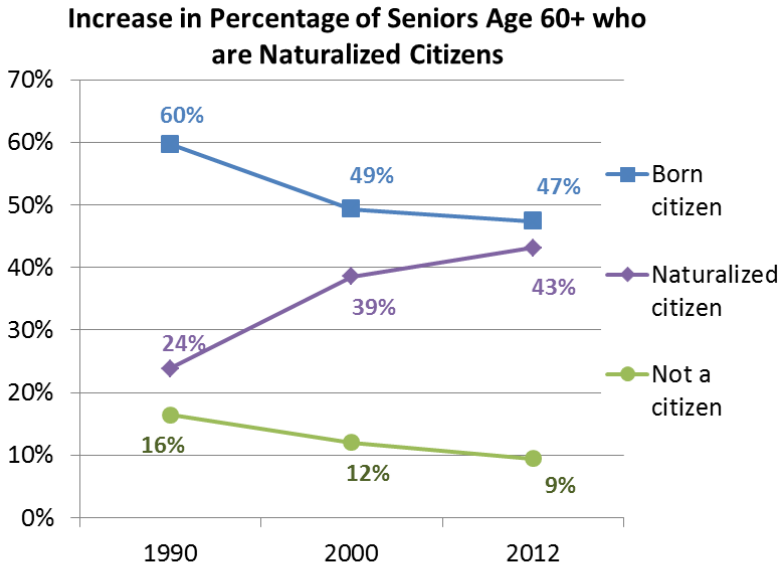
As shown below, low-income seniors are more likely to have limited English proficiency than the general senior population. The most common languages spoken by low-income seniors are Chinese, Spanish, and Russian – similar to the trends of the general senior population.



Source: IPUMS 2012 3-Year Samples

Seniors: Citizenship

Over the last two decades, San Francisco seniors have become a predominantly immigrant population. In 1990, the majority of seniors were U.S. born citizens, but today over half of the local senior population (53%) are immigrants. Most commonly, they are naturalized citizens from China. Local trends contrast with the statewide pattern: 32% of California seniors are immigrants.

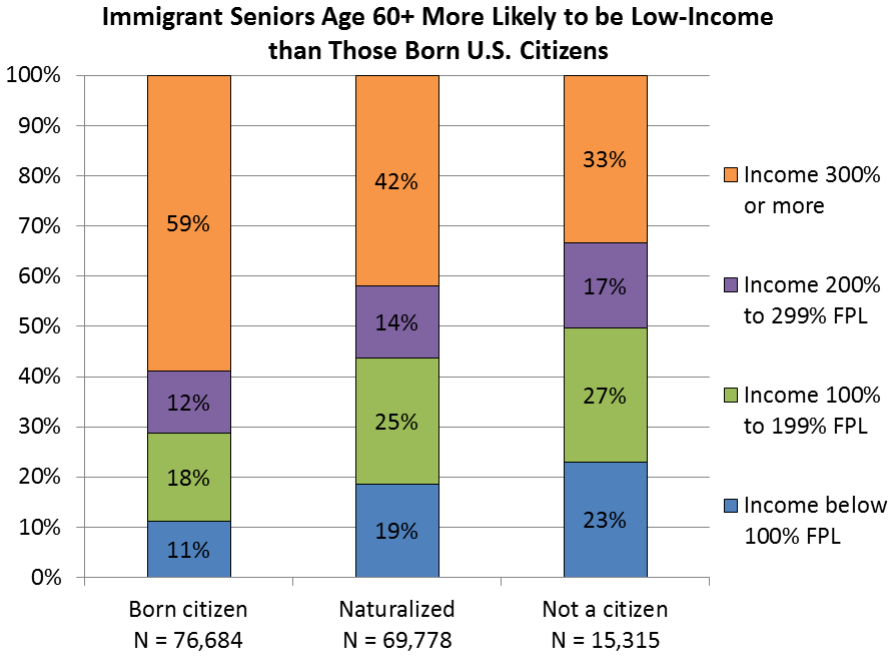


Source: IPUMS 1990 5% sample, 2000 5% sample, 2012 3-year sample
Note: Percentages may not add up to 100% due to rounding

Notably, there has been a shift within the foreign-born senior population towards naturalization. In 1990, 84% were citizens; by 2012, 91%. Since citizens are eligible for federal benefits, this trend is significant. However, there are still 15,315 immigrant seniors (9%) who are not naturalized and may be unable to access key benefits, such as SSI and Medi-Cal. Most of these seniors are API (in particular, Chinese) and Latino.

Immigrant seniors are more likely to be low-income. In particular, those who are not naturalized are most likely to have low income levels; two-thirds have family income below 300% FPL. This may be due in part to the impact that immigration can have on work ability and history. For example, immigration regulations can restrict eligibility for work and language barriers may reduce employment opportunities. Moreover, immigrants may arrive with education deficits that limit employment opportunities or may be unable to work in their career field without completing additional education or obtaining certain certifications in the United States.

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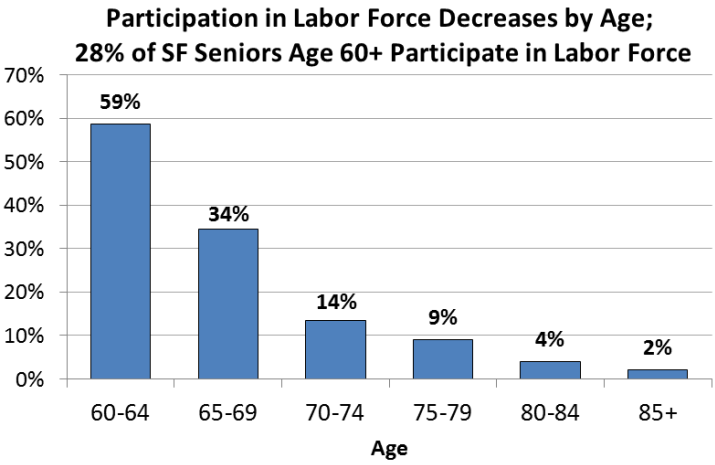


Source: IPUMS 2012 3-Year Samples

Seniors: Employment

Approximately 45,832 or 29% of San Francisco seniors age 60 and older are in the labor force. Most (41,919) are employed. They tend to be younger – most (85%) are below age 70.

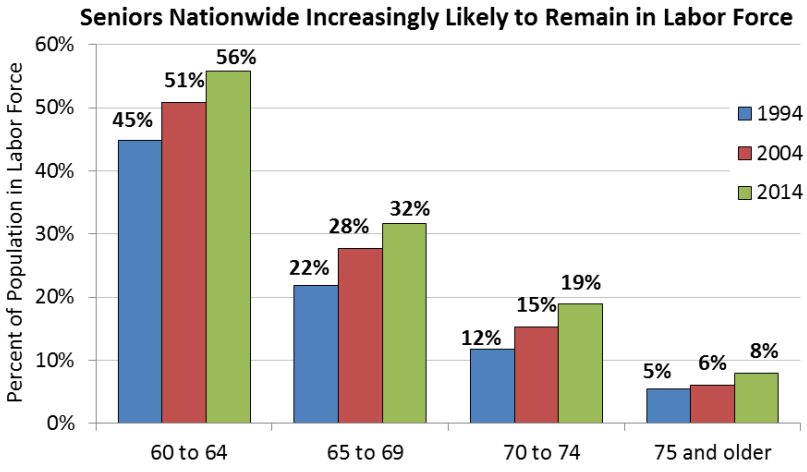
As shown to the right, labor force participation rate decreases by age. Over half of the youngest seniors age 60 to 64 are in the workforce compared to less than ten percent of adults over age 75. San Francisco seniors in the labor force tend to be white (48%) and API (37%), reflective of the senior population demographics.



Source: IPUMS 2012 3-Year Samples

Nationwide, seniors today are more likely to remain active in the labor force than prior generations: 19% of seniors age 65 and older participated in the labor force in 2014 compared to 14% in 2004.[3] As shown below, this trend is consistent across age groups.

Many factors contribute to this trend. The age threshold for Social Security retirement benefits has increased from age 65 to 66 for those born after 1943, keeping many in the workforce for an additional year. Research also suggests older adults today tend to experience fewer years of disabling conditions (Cutler et al, 2013); the higher rate of workforce participation may be due in part to better health of younger seniors today.



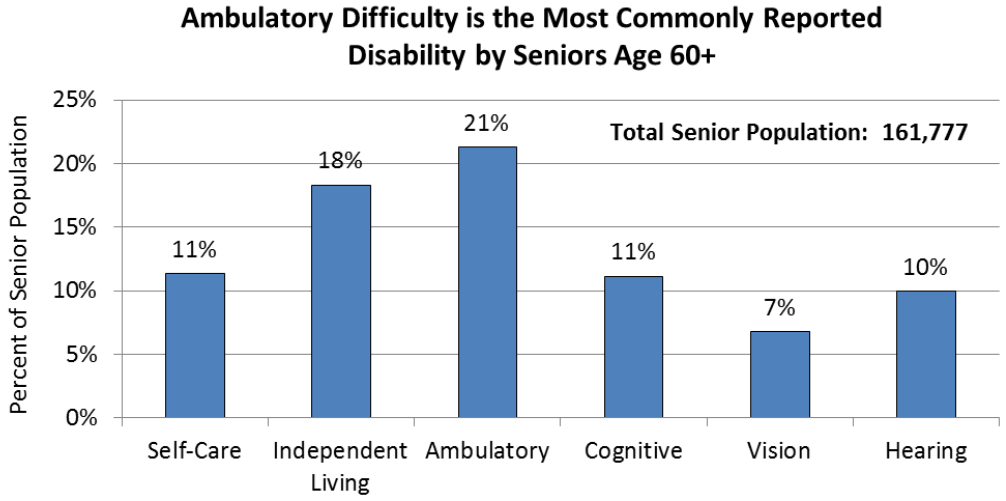
Source: Employment Projections program, U.S. Bureau of Labor Statistics, December 2015

In San Francisco, the increasingly high cost of living requires many older adults to work in order to ends meet. Remaining in the workforce can help supplement monthly income, maximize future pension benefits, or augment savings prior to retirement. Approximately 19% of seniors in the labor force have family income below 200% of the poverty threshold (as a reference, the 2014 poverty threshold for a single senior was $11,254). Notably, 31% of seniors in the labor force are API immigrants; it may be that these individuals have fewer prior years of earnings due to immigration status and must work due to low (or nonexistent) pensions.

[3] Census questions regarding employment changed in 2008 to improve consistency with other surveys, preventing analysis of local employment trends over time. Because the U.S. Census and Bureau of Labor Statistics use different methodologies, the analysis should not be directly compared but provides a broad estimate of how local and national trends compare.

Seniors: Disability

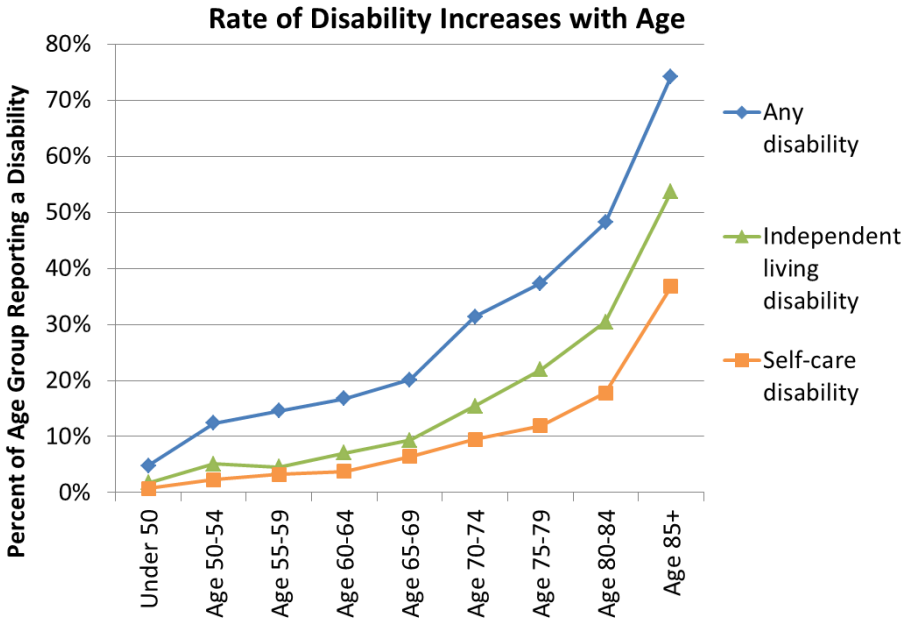
According to the census, 51,791 older persons – 32% of those age 60 and older – report at least one type of disability.[4] Ambulatory difficulty (e.g., difficulty walking or climbing stairs) is the most commonly reported. An estimated 34,445 – 21% of all seniors – report this type of disability.



Source: IPUMS 2012 3-Year Samples

Independent living disabilities, defined as difficulty doing errands alone due to a physical, mental or emotional problem, are also relatively common (18% of seniors). About 18,000 or 11% of seniors report difficulty with self-care, described as difficulty bathing or dressing in the census questionnaire. Similarly, 18,014 seniors – 11% – report a cognitive disability, broadly defined as difficulty remembering, concentrating, or making decisions.

As shown to the right, disability rates increase significantly with age. Among persons age 60 to 64, 20% report a disability; among persons age 85 and older, 74%. Rates of self-care and independent-living difficulty – intended to capture difficulty with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) – follow similar trends.

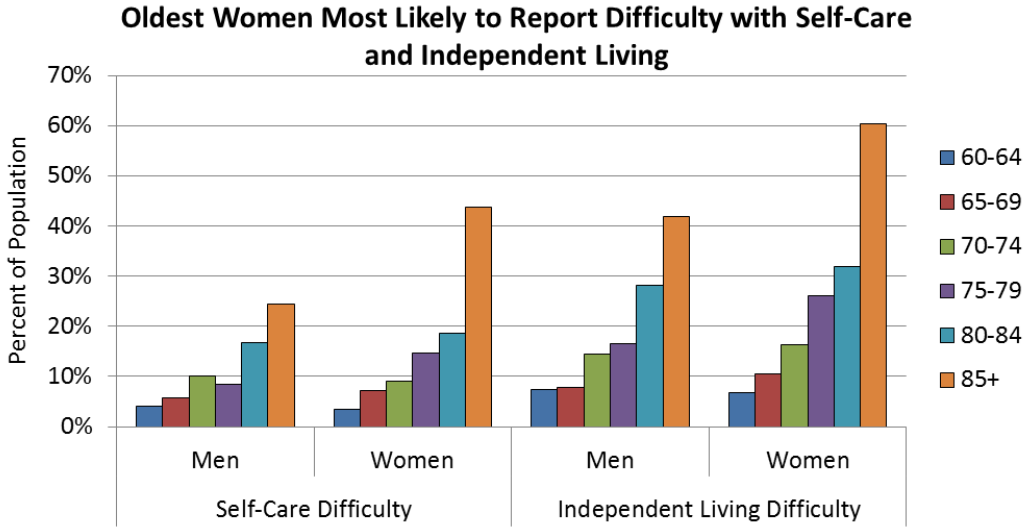


Source: IPUMS 2012 3-Year Samples

[4] This analysis includes seniors living in institutional settings (approximately 3,306 or two percent of seniors). The population trends described here are consistent when this small subgroup is removed.

Research indicates that higher prevalence of disability among certain groups of elders. A review of census data indicates that these trends are consistent in San Francisco:

- **Gender**: Although women tend to have higher life expectancy than men, they are also more likely to experience disability in their old age compared to men of the same age. Research suggests this disparity is not due to bias in reporting but instead likely the result of higher rates of comorbidity and chronic health problems (Newman & Brach, 2001) and nonfatal disabling conditions in women than men (Murtagh, & Hubert, 2014) . As shown below, this gender disparity becomes especially apparent as San Francisco seniors reach old age. For example, 60% of female seniors age 85 and older report independent living difficulty compared to 42 % of men. Making this disparity especially concerning is the fact that women are more likely to live alone in their old age, whereas older men with disabilities are more likely to be cared for by a spouse (Newman & Brach, 2001).

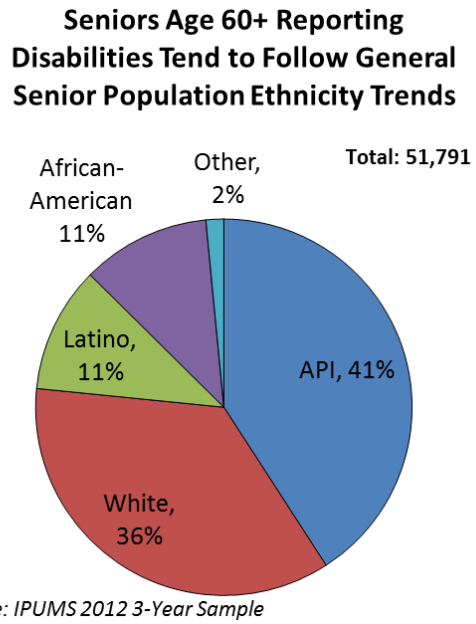


Source: IPUMS 2012 3-Year Samples

- **Ethnicity**: Racial and ethnic disparities in health status have a profound impact on health and disability in late life. While research suggests that disability rates decreased between 1982 and 2002, racial and ethnic disparities largely persist (Schoeni et al, 2005).

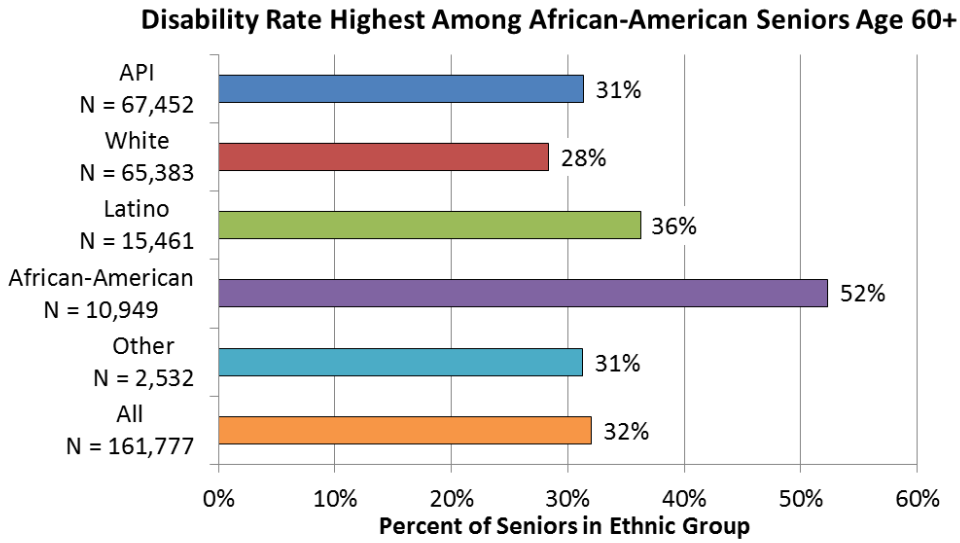
  In San Francisco, most older persons who report disabilities are API and white, mirroring the overall senior population profile. However, African-Americans are overrepresented in this group – eleven percent of seniors reporting disabilities compared to seven percent of seniors overall.

  A review of disability rates by ethnicity indicates a significantly higher prevalence of disability is



Source: IPUMS 2012 3-Year Sample

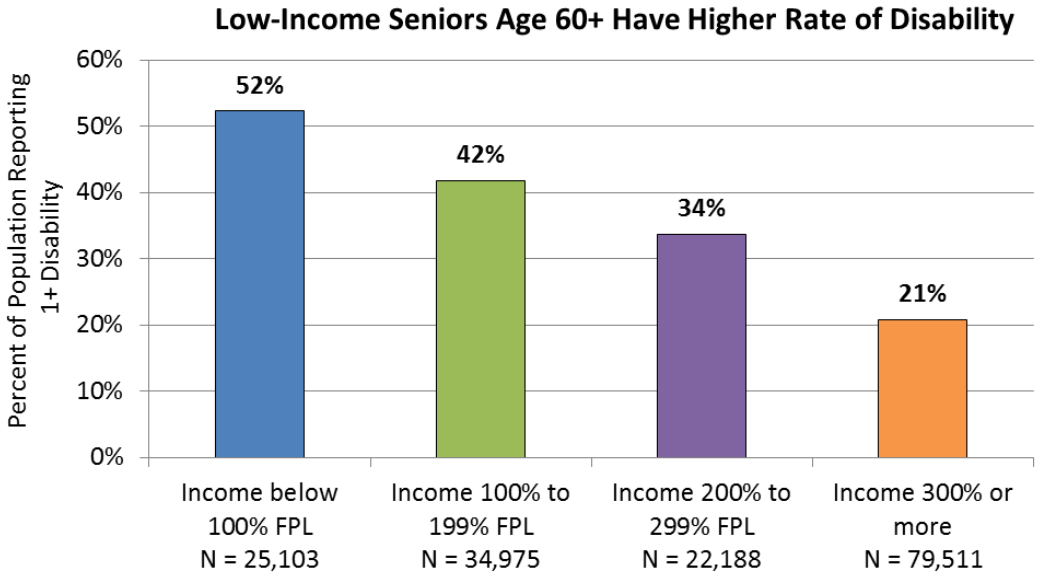
higher among African-American seniors. Over half of African-American seniors report at least one disability compared to one-third of all seniors.



Source: IPUMS 2012 3-Year Samples

Overall, these disabled seniors tend to report similar prevalence of the specific types of disabilities.

- **Income**: Disability rates are also linked closely with income. Lower income persons face environmental hazards, greater barriers to healthcare, poorer health status, and have higher rates of disability (Schoeni et al, 2005). Concomitantly, adults with disabilities are more likely to be unemployed, underemployed, or restricted to lower-wage positions, which reduces their retirement income late in life. While 51% of the general senior population in San Francisco has income below 300% FPL, the rate of the disabled senior population is 68%. The chart below further highlights the disparity in disability prevalence by income level of seniors age 60 and older in San Francisco.

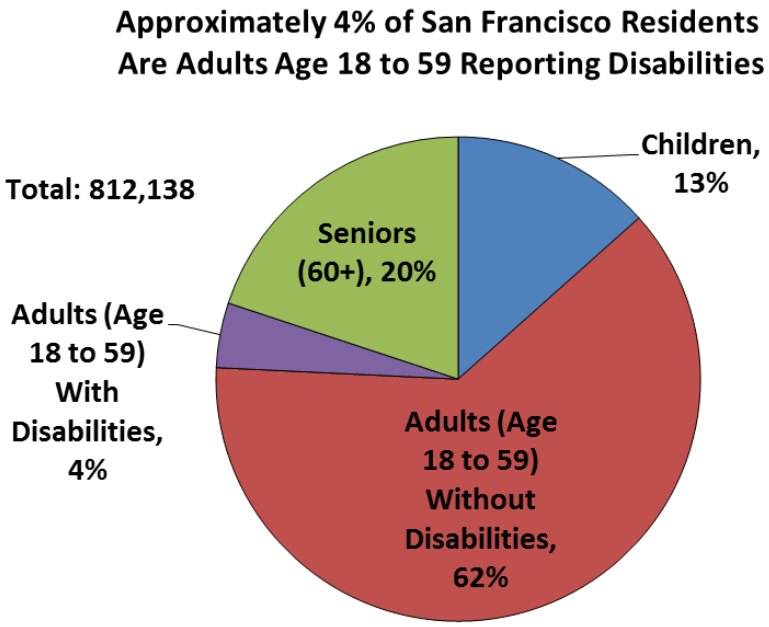


Source: IPUMS 2012 3-Year Samples

San Francisco Younger Adults with Disabilities

Adults with Disabilities: Population Size

Six percent of adults age 18 to 59 – 35,145 individuals – report at least one disability in the census. As shown below, these adults represent approximately four percent of the overall San Francisco population.



Source: IPUMS 2012 3-Year Samples

Almost 12% or 4,043 of adults reporting disabilities live in facilities. Of this subgroup, 30% are in institutional settings, described in the census as places that provide formally authorized, supervised care or custody, such as skilled nursing facilities, correctional facilities, and psychiatric hospitals. The 70% of this small subgroup – 2,819 individuals – are in non-institutional facilities, such as residential homes. Except where otherwise noted, this analysis is focused on all adults reporting disabilities regardless of community or group setting. Please refer to the Methodology section of this report for additional information on these distinctions.

Adults with Disabilities: Income & Poverty

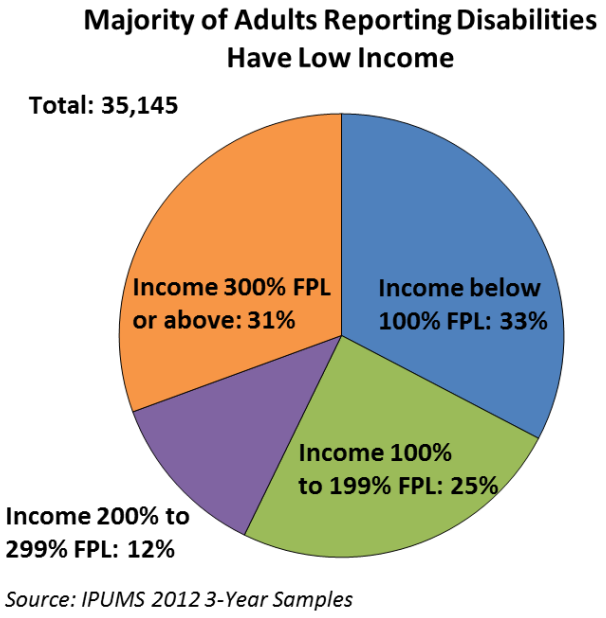
Please refer to the Methodology section of this report for more information about the low-income thresholds used in this analysis.

As shown in the chart below, adults with disabilities age 18 to 59 are very likely to have low incomes. One-third of the population or 11,482 individuals have income below the federal poverty line. As a reference, 100% FPL for a single individual was $11,770 in 2015. Sixty-nine percent of adults with disabilities – 624,393 individuals – have income below 300% FPL.

The disabled adult population in facilities is almost entirely low-income. Seventy-five percent of this group has income below 100% FPL. In fact, it may be this low-income status that makes these adults eligible for residence in these facilities (e.g., Medi-Cal funded assisted living).

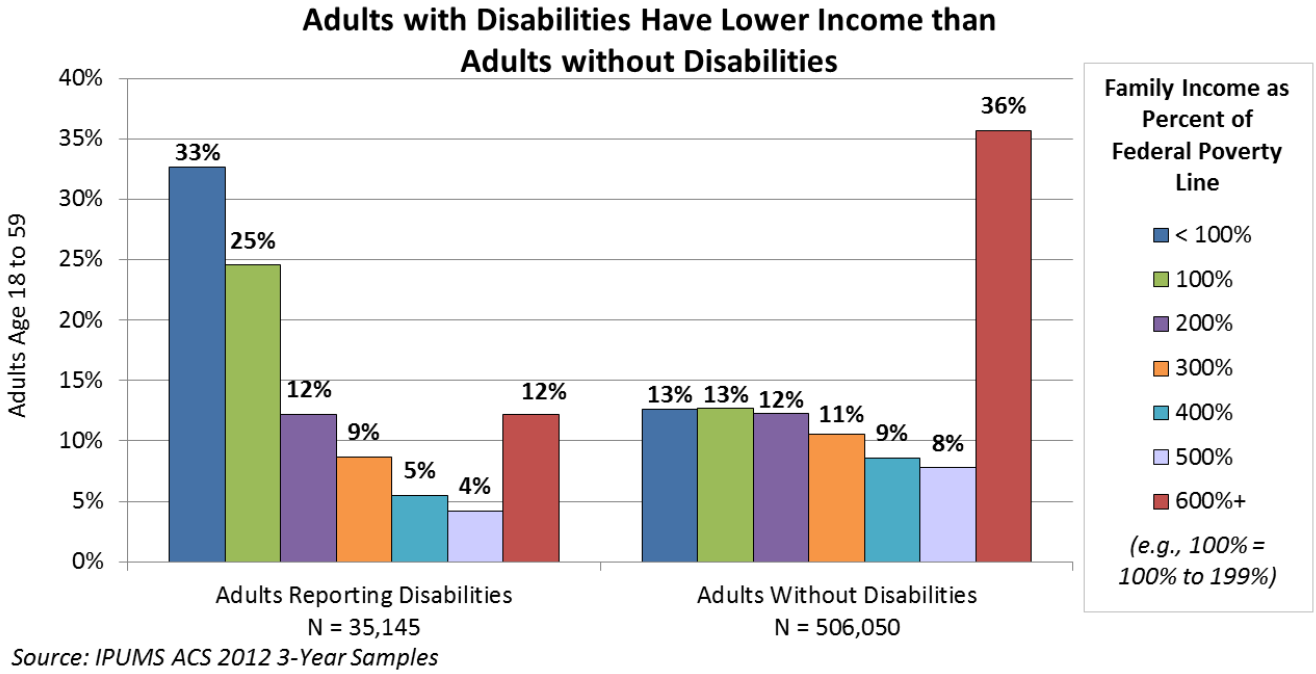
Most of the 31,102 adults with disabilities living in the community are low-income:

- 24% have income below 100% FPL;
- 22% have income between 100% and 199% FPL; and
- 12% have income between 200% and 299% FPL.



Source: IPUMS 2012 3-Year Samples

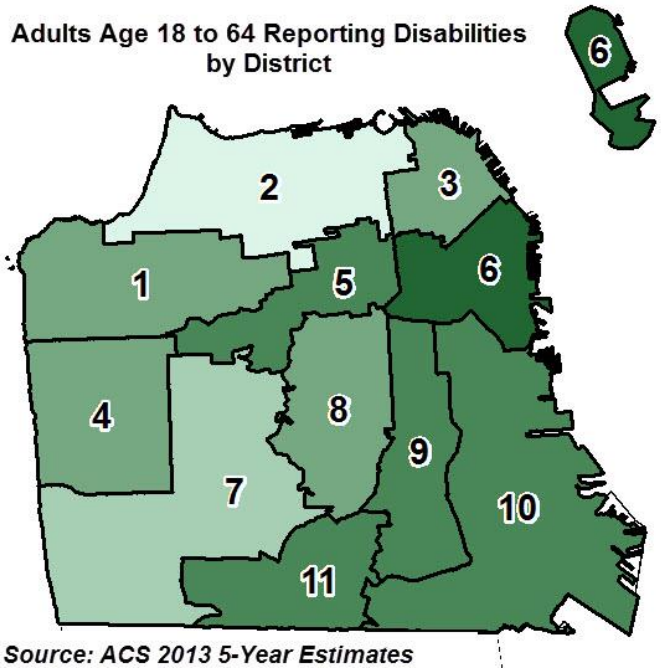
Adults reporting disabilities are more likely to be low-income than those without disabilities. Only 13% of the non-disabled population has income below 100% FPL compared to 35% of adults with disabilities. Approximately 64% of non-disabled adults have income over 300% FPL in comparison to 31% of the disabled adult population.



Source: IPUMS ACS 2012 3-Year Samples

Adults with Disabilities: Location

Location and poverty data is only available with for adults with disabilities with the age threshold 18 to 64 and at the poverty threshold level. Please see Appendix B for a map of supervisorial districts and neighborhoods and Appendix D for complete information on adults with disabilities by supervisorial district.

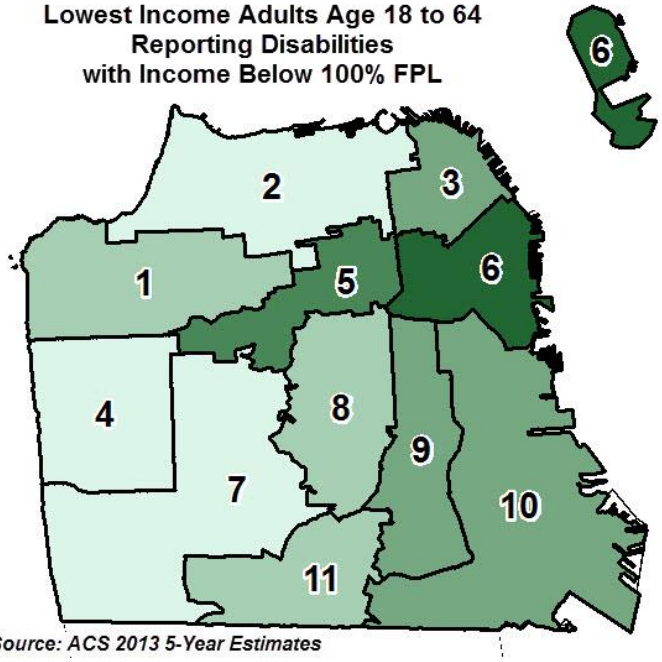


Source: ACS 2013 5-Year Estimates

Adults age 18 to 64 live throughout the city. However, adults with disabilities are concentrated in certain neighborhoods. In particular, District 6 (Tenderloin, SOMA) is home to approximately 17% of adults reporting disabilities. Other areas with large portions of this population include District 5 (Western Addition, Haight), District 10 (Bayview, Visitacion Valley), and District 11 (Excelsior, Ingelside). Each of these districts is home to 11% of the city's adults with disabilities.

These trends likely reflect larger city-wide trends related to income and affordability. These districts tend to have more low-income persons, and persons with disabilities are more likely to be low-income. By comparison, District 2, which includes the wealthier Pacific Heights and the Marina neighborhoods, has only four percent of the city's adults with disabilities.

These trends are exaggerated when focusing on the lowest-income adults reporting disabilities (those with income below 100% FPL). As shown in the map below, this population tends to live on the eastern side of the city. In particular, 29% of this group lives in District 6. This trend makes sense given the array of inexpensive housing options (including both government subsidized and historically low-cost Single Room Occupancy hotels), prevalence of social services (e.g., congregate meal sites), and proximity to public transportation options.

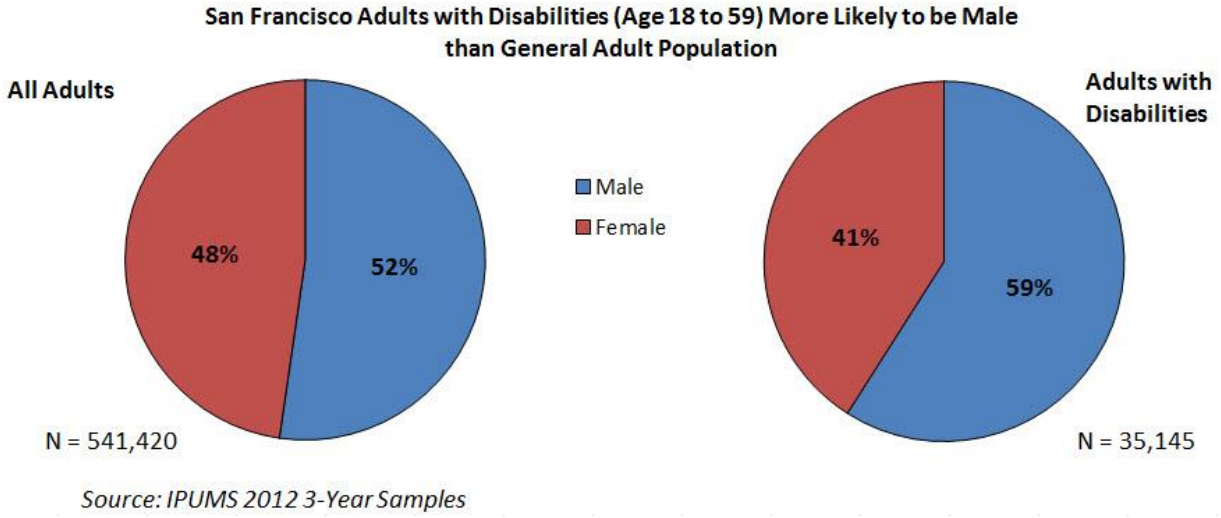


Source: ACS 2013 5-Year Estimates

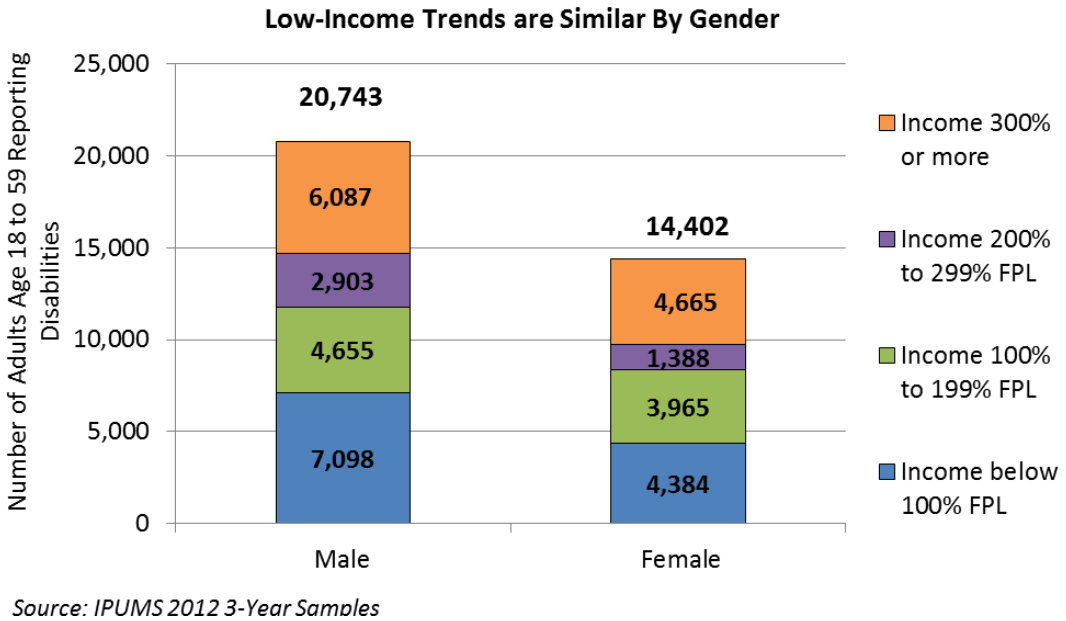
The lowest income persons with disabilities also tend to live in District 5. Fourteen percent – approximately 1,749 individuals – live in this area in the middle of the city. Most (approximately 1,000) are in the Western Addition neighborhood.

Adults with Disabilities: Gender

Adults age 18 to 59 reporting disabilities are predominantly male (59%), compared to a division of 48% female and 52% male in the overall adult population. This disproportion of males is consistent among disabled persons in the community and those in facilities. However, white and Latino adults reporting disabilities are more likely to be male: 66% and 60%. Comparatively, the genders are more equally represented among African-American and API adults reporting disabilities: 51% and 53% are male.

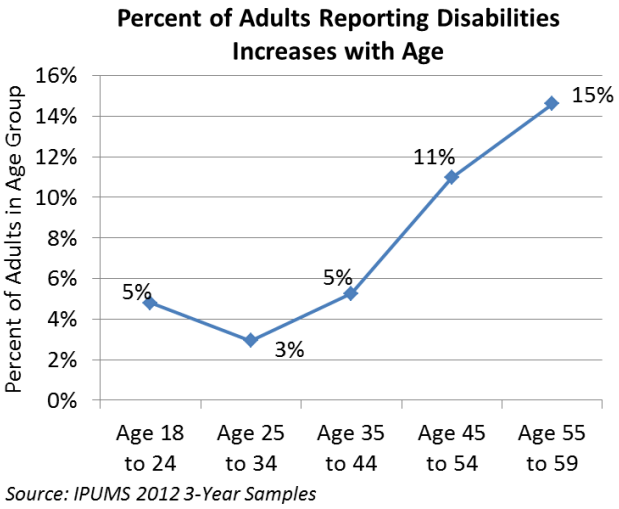


As shown below, poverty among disabled persons is high for both men and women. Thirty-four percent of men with disabilities – 7,098 individuals – live in destitution with incomes below 100% FPL. Among women, this figure is closer to 30% – 4,384 individuals.

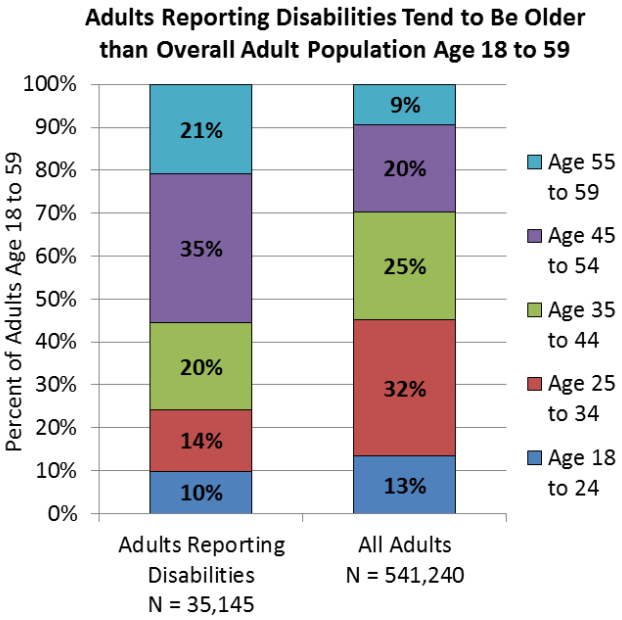


Adults with Disabilities: Age

As noted earlier regarding disability in the senior population, disability rates increase with age. This trend is evident in the chart below to the left. Approximately 15% of pre-senior adults between ages 55 to 59 report at least one disability; by comparison, disability rates among younger adults tend to be closer to five percent. This trend is independent of general adult population trends, such as an older population overall. As shown in the chart below to the right, older age groups are overrepresented among adults reporting disabilities.

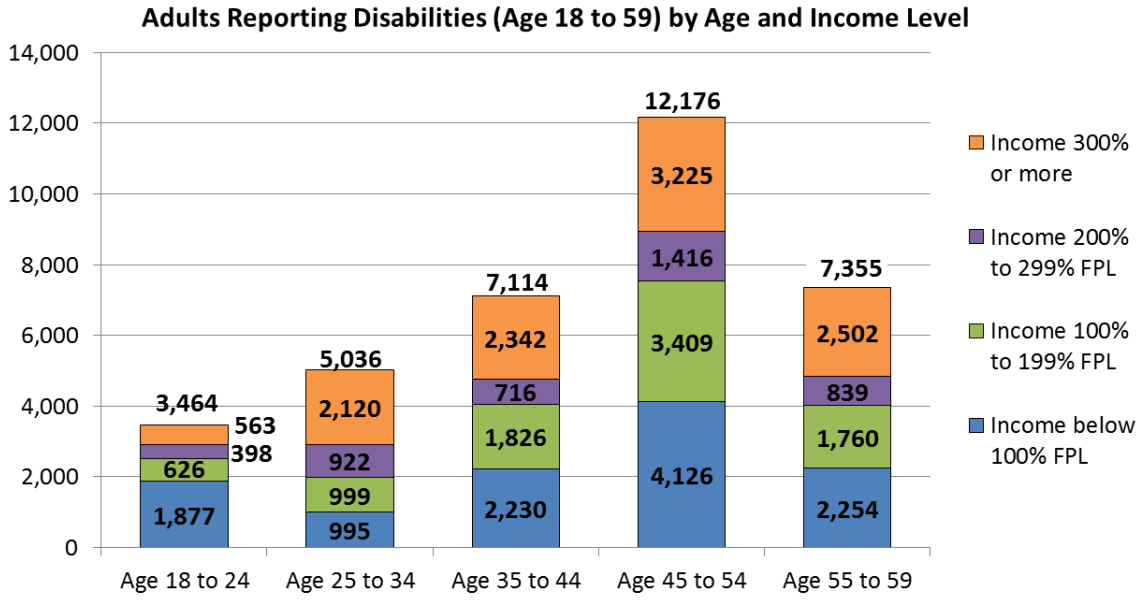


Source: IPUMS 2012 3-Year Samples



Source: IPUMS 2012 3-Year Samples

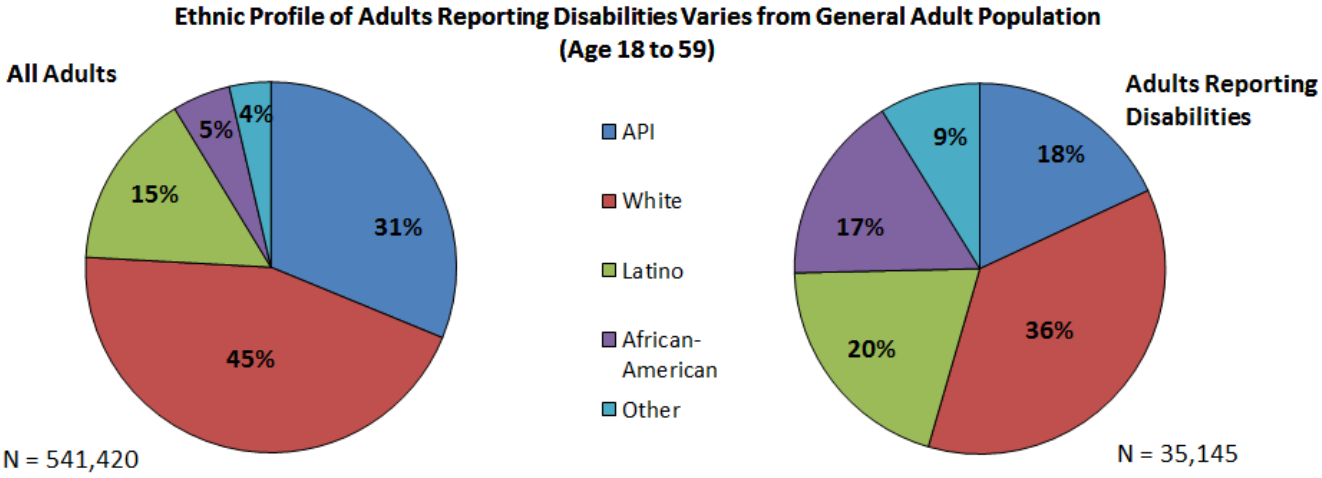
Across all age groups, the majority of the disabled adult population is low-income. Poverty rates are highest among the youngest adults reporting disabilities (those between age 18 and 24); over half of this age group has income below 100% FPL. This trend likely reflects variation in work experience; adults who develop disabilities later in life are more likely to have enough work history to qualify for employment-based disability benefits, which tend to be higher than the SSI benefits received by those without any significant income source.



Source: IPUMS 2012 3-Year Samples

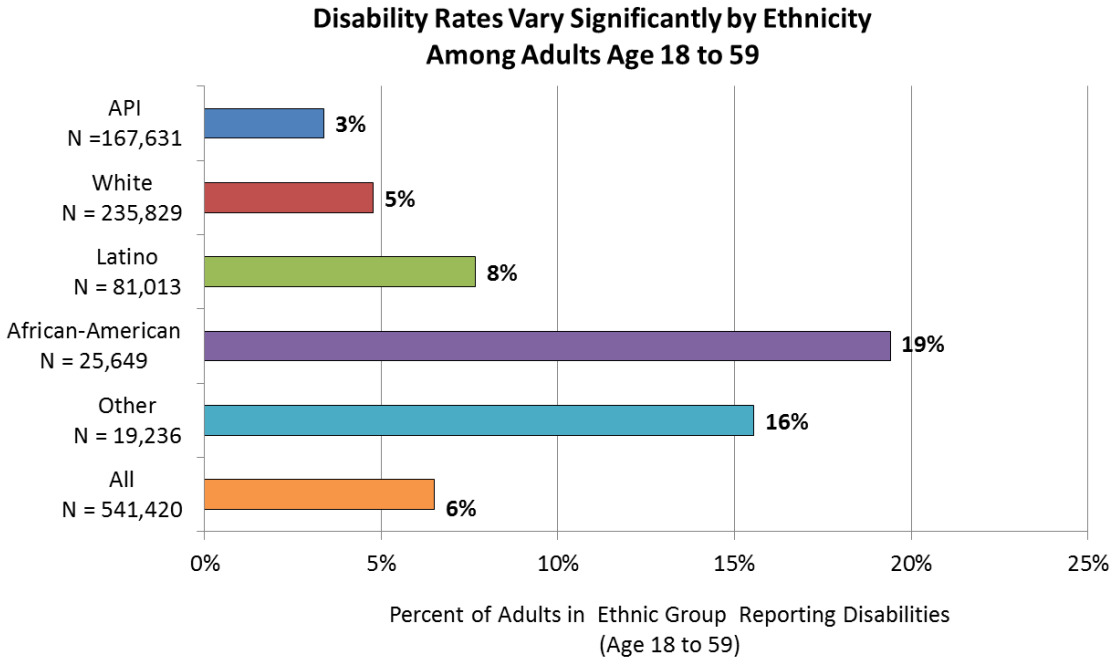
Adults with Disabilites: Race/Ethnicity

As discussed in the methodology section of this assessment, cultural factors in the API community likely limit the reporting of disabilities – and may impede service utilization. Based on the information that is available, it appears that adults reporting disabilities in the census are more likely to be Latino and African-American compared to the overall adult population. The disabled adult population is also more likely to be classified as an "other" ethnicity, defined in the census as those who identify with multiple ethnic groups or not report an ethnic identification.



Source: IPUMS 2012 3-Year Samples

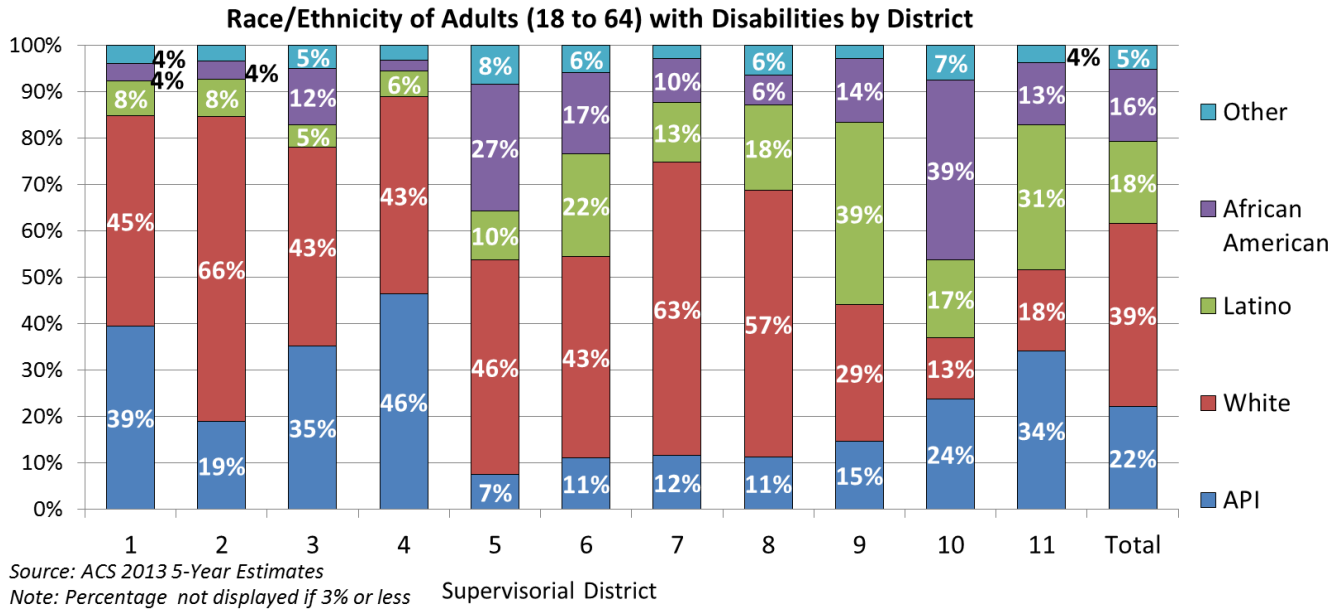
The chart below depicts the rates of disabilities by ethnicity. Similar to the senior population, the rate of disability within the African-American adult population is much higher than other major ethnic groups: 19%. By comparison, the disability rate within the full adult population is six percent.



Source: IPUMS 2012 3-Year Samples

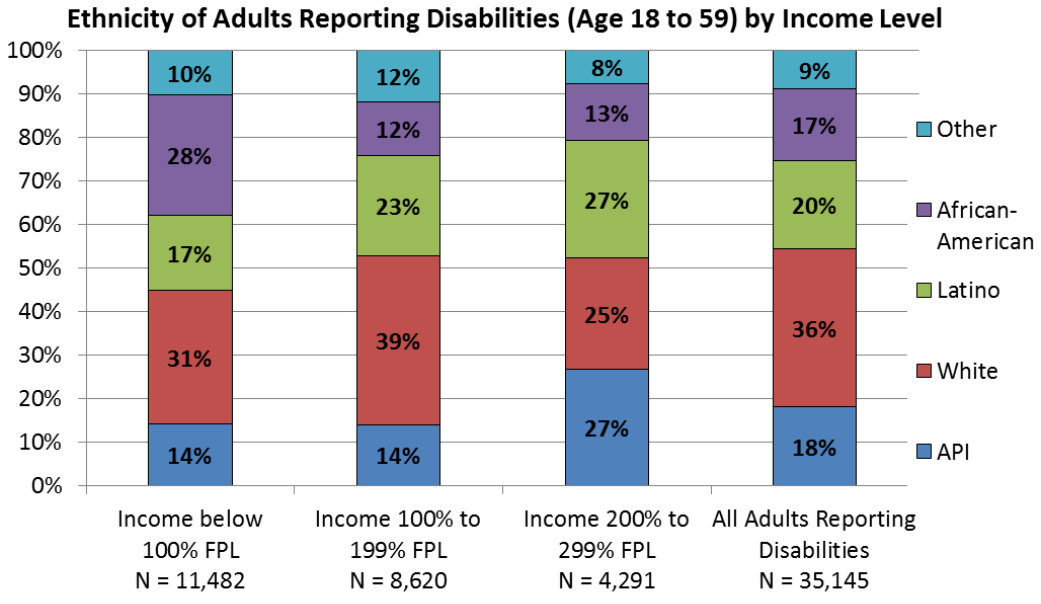
As noted earlier, location data for adults with disabilities is only available using the age range 18 to 64. While it is possible that the population distribution varies, the disabled adult population between ages 18 to 64 has a similar ethnic profile to the disabled adult population age 18 to 59.

As shown below, the ethnicity of disabled adult population varies by supervisorial district, which is important when devising outreach strategies and identifying the most culturally appropriate agencies to provide services in different parts of the city. For example, Latinos are the largest contingent of adults reporting disabilities in District 9, which includes the Mission neighborhood. District 4, which covers the Sunset/Parkside neighborhoods, is almost equally API and white. Total population size varies by district. *Please see Appendix D for complete information by district.*



Source: ACS 2013 5-Year Estimates
Note: Percentage not displayed if 3% or less

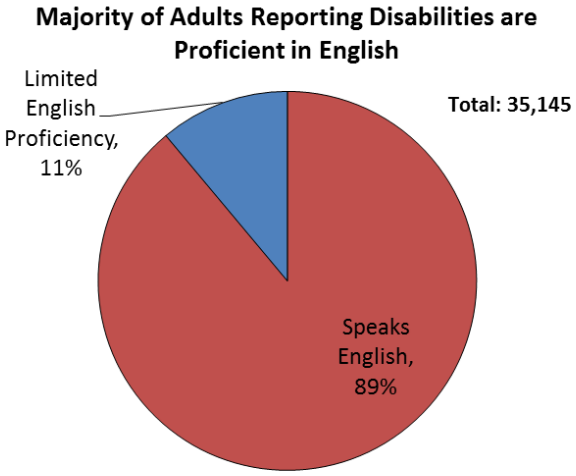
Adults with disabilities report varying levels of income. As depicted below, the lowest-income disabled adult population is almost equally likely to be white and African-American. Latinos and API adults are larger portions of those with slightly higher income.



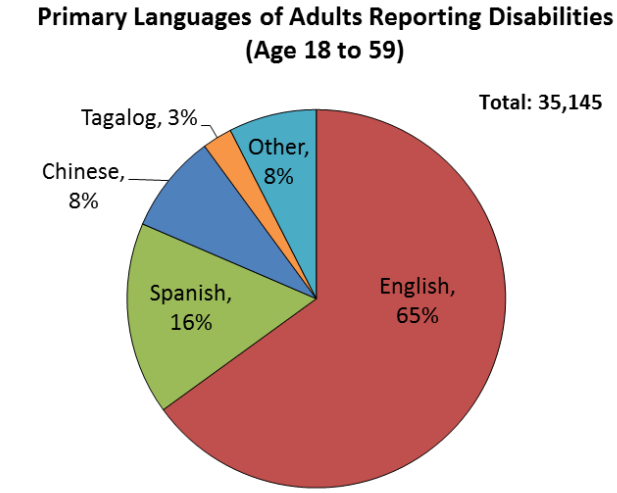
Source: IPUMS 2012 3-Year Samples

Adults with Disabilites: Language & English Fluency

Primary language and English fluency rates among adults reporting disabilities reflect the ethnic profile of the population. As shown below, the majority of adults aged 18 to 59 reporting disabilities speak English. Approximately 65% speak English as their primary language, and 89% total are English proficient. The most common other languages spoken by this population are Spanish (16%) and Chinese (8%).

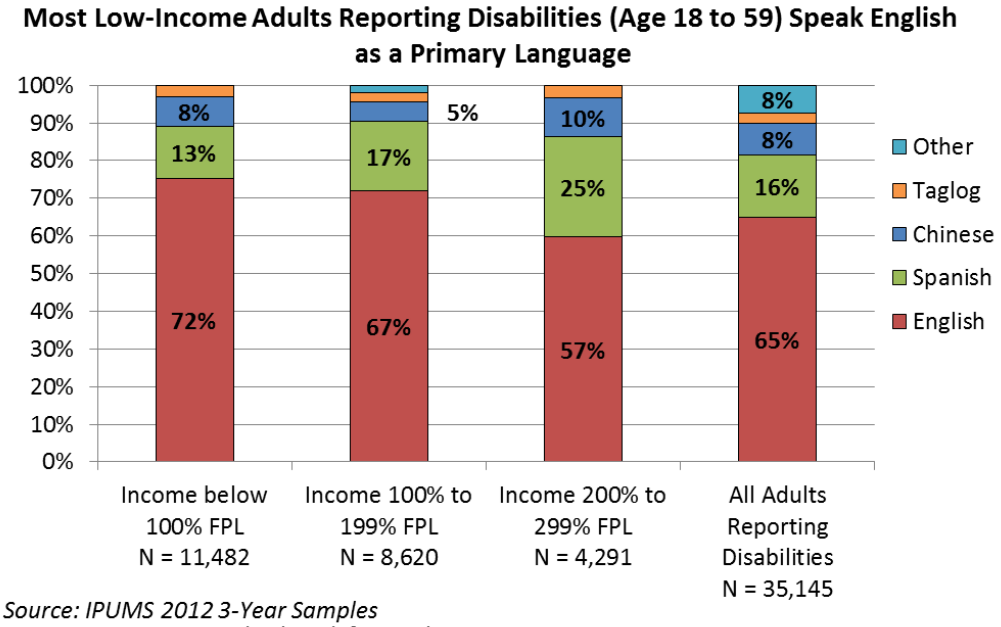


Source: IPUMS 2012 3-Year Samples



Source: IPUMS 2012 3-Year Samples

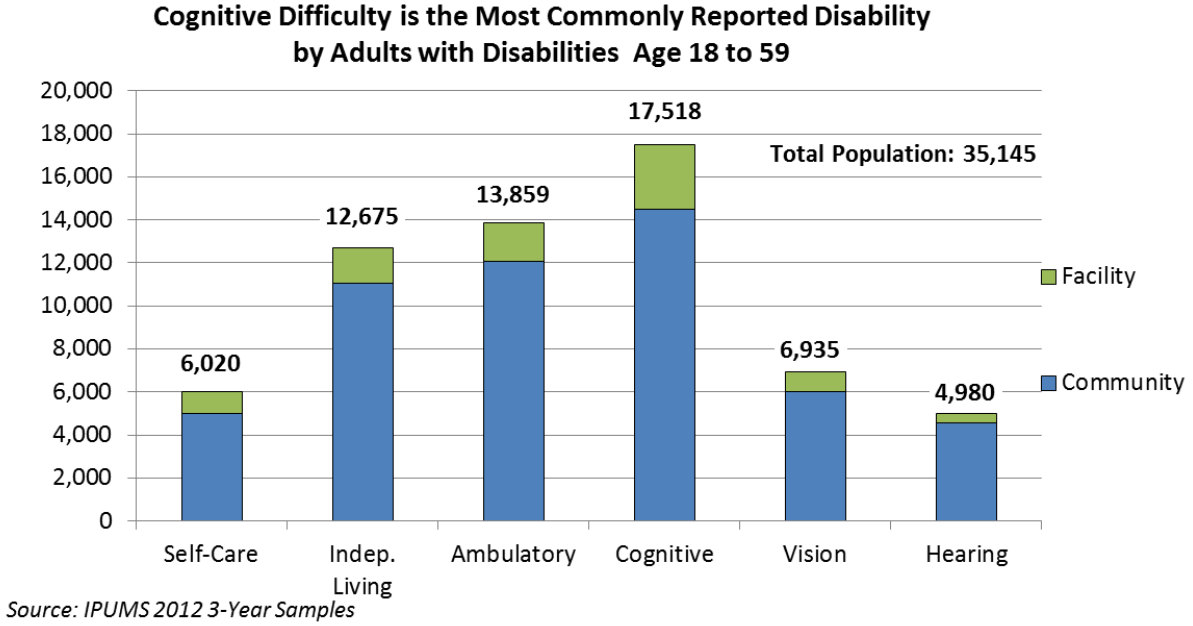
As shown below, these trends appear to be consistent among low-income adults with disabilities with English as the primary language for the majority of all low-income levels. The increase in the percentage that speaks Spanish and Chinese in the slightly higher income groups mirrors the ethnic trends discussed in the prior section. Overall, across these low-income groups, the English proficiency rate remains above 85%.



Source: IPUMS 2012 3-Year Samples
Note: Percentage not displayed if 3% or less

Adults with Disabilities: Type of Disability

As shown in the chart below, the most common type of disability reported by adults age 18 to 59 is cognitive difficulty. Approximately 17,518 or 50% of adults reporting disabilities indicate a cognitive difficulty. Described broadly in the census as "difficulty remembering, concentrating, or making decisions" due to a "physical, mental, or cognitive problem," this category may encapsulate a variety of conditions (e.g., mental health diagnosis, traumatic brain injury, etc). Ambulatory or physical difficulty – defined as serious difficulty walking or climbing stairs – is the second most common type of disability, reported by 13,859 individuals (39%).



Source: IPUMS 2012 3-Year Samples

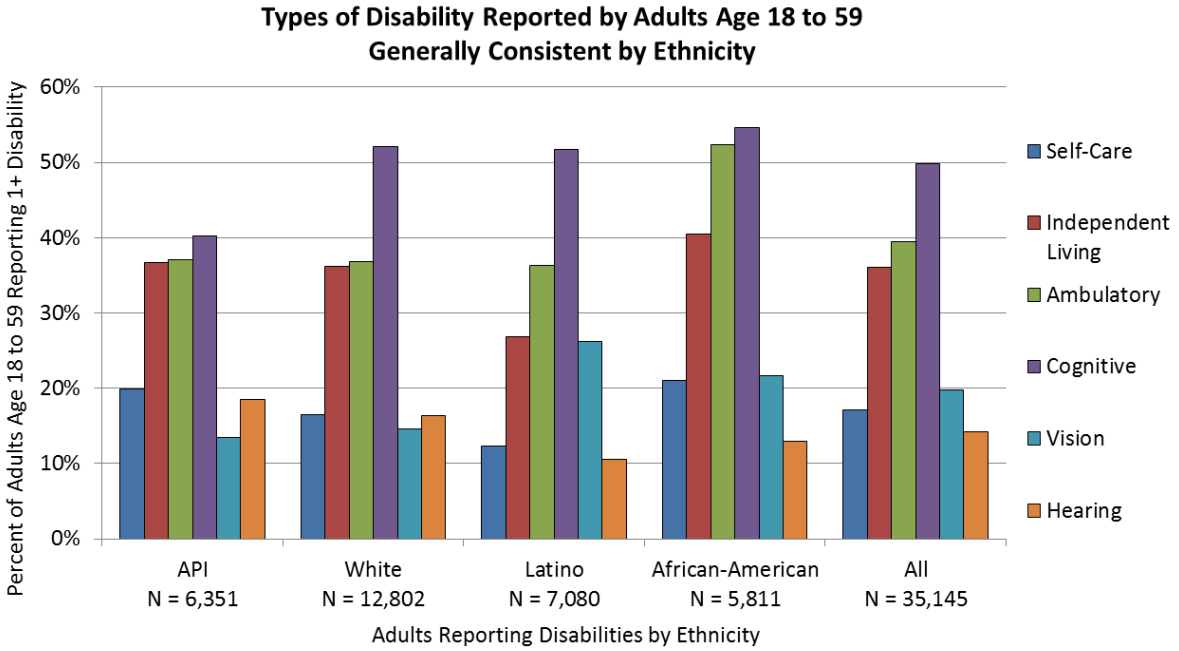
A review of the census questions intended to gauge impairment in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) indicates that adults reporting disabilities are more likely to experience difficulty with IADLs.[5] Termed "independent living" and defined as having difficulty doing errands alone due to a physical, mental, or emotional problem, 12,675 or 36% of this population report difficulty with these tasks. Self-care difficulty or ADL difficulty, described as "difficulty dressing or bathing" in the census, is reported by 6,020 or 17% of adults reporting disabilities.

As is evident in the above chart, the general frequency of disability by type is consistent for those in the community and those in facilities. Approximately 74% of the 4,043 individuals living in facilities report cognitive difficulty. Given the broad definition of this difficulty in the census questionnaire, it is difficult to understand the exact nature of these disabilities.

The overall trends in frequency of disability type are also generally consistent across gender. Women reporting disabilities are slightly more likely to report independent living difficulty: 41% compared to 32% of men. The male disabled adult population reports slightly higher rates of difficulty with hearing: 16% compared to 11% of women.

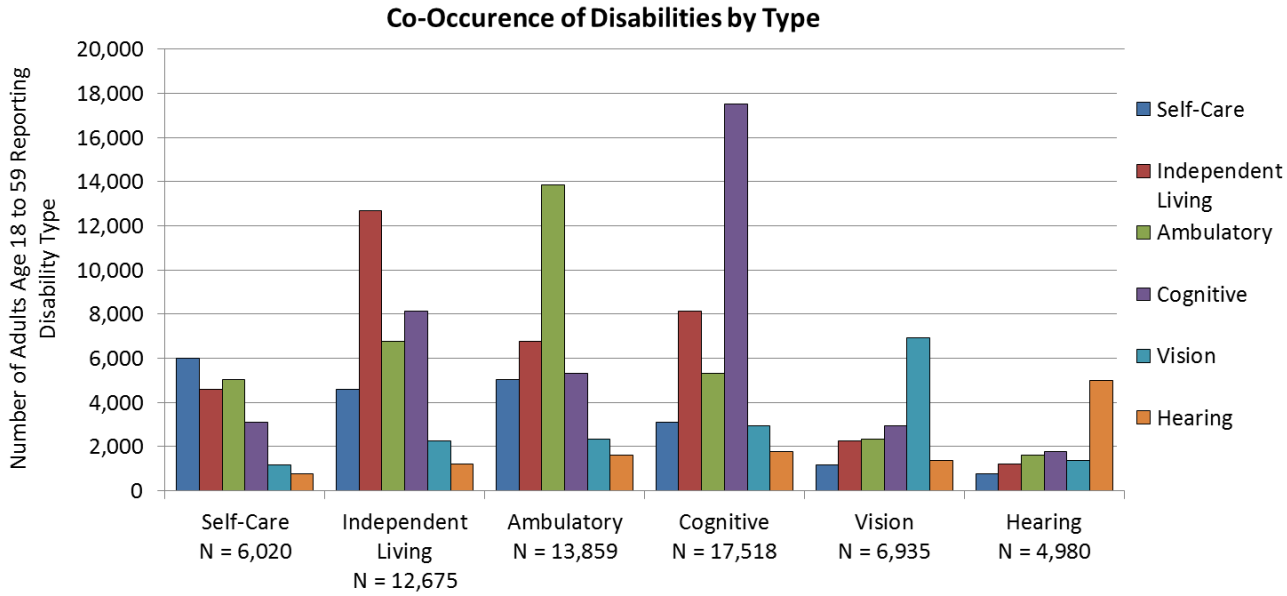
[5] Activities of Daily Living (ADLs) are basic self-care tasks, such as eating/feeding and bathing. Instrumental Activities of Daily Living (IADLs) are more complex skills needed to live independently, such as grocery shopping and managing medications.

As shown below, the general trends in disability type are similar across ethnicities. Cognitive difficulty is the most common disability type reported, followed by ambulatory and then independent living. However, there is some notable variation. For example, over half of African-American adults reporting disabilities indicate they experience ambulatory difficulty, which is a much higher rate of this particular disability than is reported by other major ethnic groups. There is a much lower rate of cognitive disability by API adults reporting disabilities: 40% compared to over 50% of other groups.



Source: IPUMS 2012 3-Year Samples

Another interesting way to consider types of disability is in the context of other reported disabilities. The chart below highlights the frequency with which disabilities are concurrently reported. For example, 12,675 adults report independent living and slightly more than 8,000 of this group also reports cognitive disability. While this data is self-reported and medical field could provide more clinical data, this type of analysis may be useful when considering the types of services and potential service linkages that may be useful for adults with disabilities.

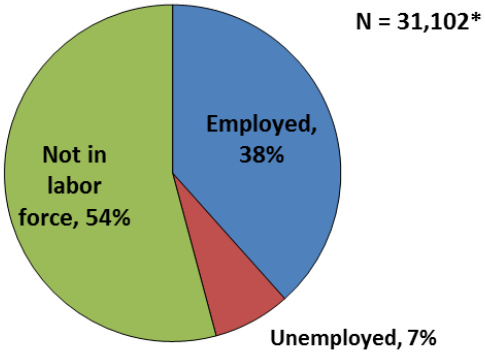


Source: IPUMS 2012 3-Year Samples

Adults with Disabilities: Employment

While many persons have disabilities that prevent them from working, systemic barriers can further impede employment and discourage potential workers from seeking employment. This population tends to face difficulties looking for work, finding positions that provide necessary accommodations, and obtaining accessible and consistent transportation (U.S. Department of Labor, 2001). When considering the employment rates of this population, it is important to remember that some of those out of the labor force are likely discouraged workers who would be interested and able to work with appropriate support.

Less than Half of Adults Reporting Disabilties Age 18 to 59 are in the Labor Force

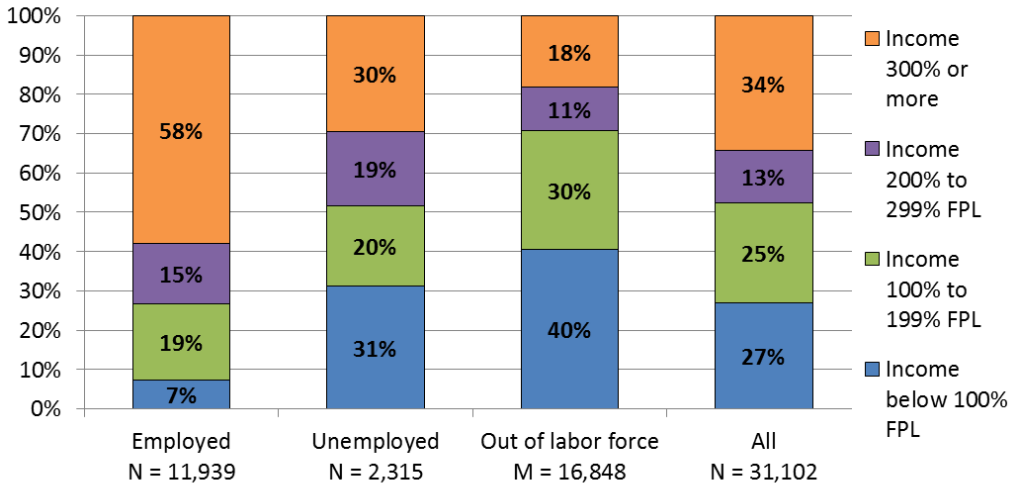


**Data pertains to those living in the community*
Source: IPUMS 2012 3-Year Samples

Most adults who report disabilities in the census are out of the labor force (not employed and not seeking employment): 59% of all adults with disabilities and 54% of those living in the community. The chart above is focused on those in the community, showing that approximately 45% of this population is in the labor force. By comparison, 86% of adults in this age range without disabilities are in the workforce.

Approximately seven percent of the population is unemployed. This equates to 2,315 individuals, suggesting that the unemployment rate for the disabled adult population in the labor force is approximately 16% (2,315 of the 14,254 persons with disabilities in the labor force). The unemployment rate for non-disabled persons is closer to eight percent.[6]

Income Level of Adults Reporting Disabilities by Employment Status



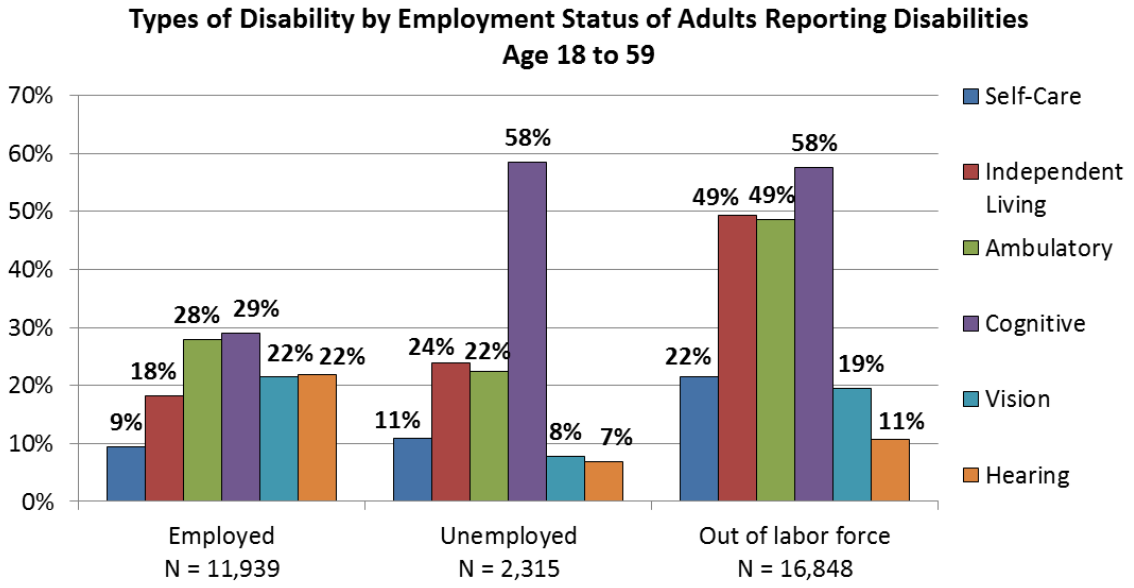
Source: IPUMS 2012 3-Year Samples

As might be expected, those who are employed tend to have higher income than those who are unemployed or out of the workforce. However, over 40% of adults with disabilities who are working can still be classified as low-income. These individuals

[6] Census data provides a sense of trends by specific population but is a less precise methodology than official labor statistics maintained by employment and labor agencies. The California Employment Development Division estimates that the current unemployment rate for the entire San Francisco population in January 2016 is approximately 3.3%.

may be underemployed or working low-wage positions that do not provide enough income to meet a basic standard of living. Those who are unemployed but in the workforce are likely to have higher income than those who are completely out of the workforce; this may be due to sporadic employment throughout the year.

The chart below depicts the frequency of disability types reported by employment status. Those who identify as out of the workforce tend to report multiple types of disabilities. They also are much more likely to report types of disability that potentially can have a significant impact on ability to work (e.g., independent living difficulty). Over half of unemployed adults with disabilities report cognitive disabilities. This group may have difficulty finding appropriate positions that accommodate their needs and support their capabilities.



Source: IPUMS 2012 3-Year Samples

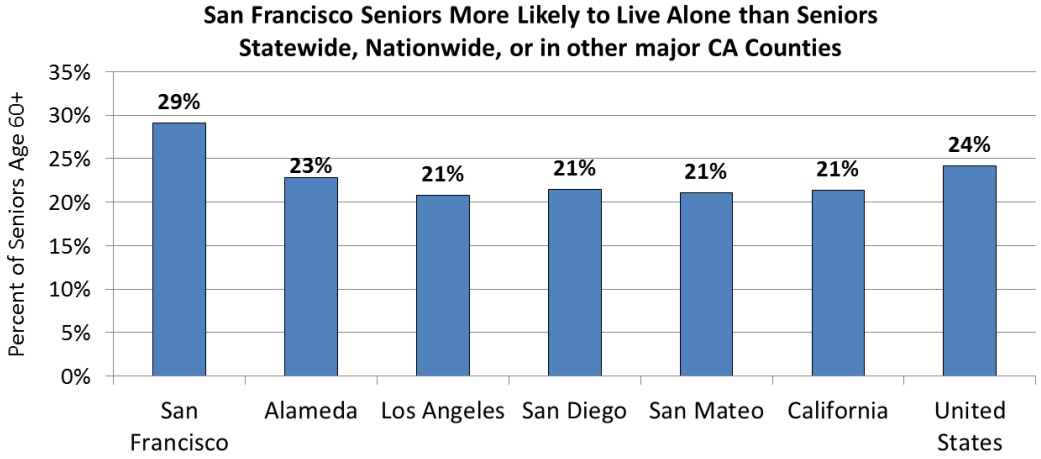
Distinct Populations

Isolated & Homebound Seniors & Adults with Disabilities

Isolation is connected to poor health, cognitive functioning, and emotional wellbeing (Charles & Carstensen, 2010). Those who live alone and those who are homebound individuals may be at heightened risk for isolation. While there is no single metric to identify this population, there are a number of proxies that can at least provide some direction in estimating the size of this population.

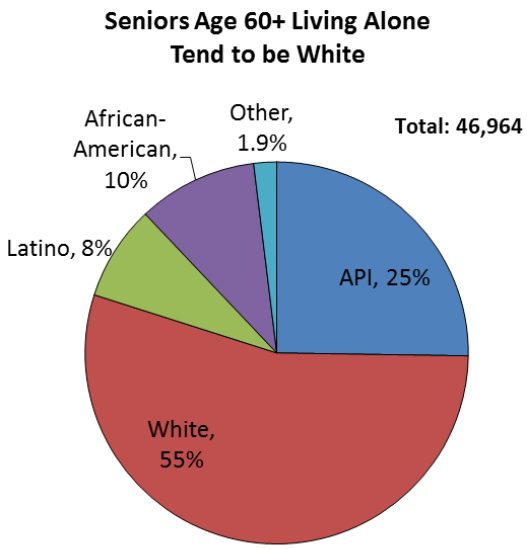
Living Alone

San Francisco seniors age 60 and up are more likely to live alone than seniors statewide or in other major California counties. Approximately 46,964 individuals or 29% of San Francisco seniors are living alone. In other major California counties, the rate is closer to 21%.

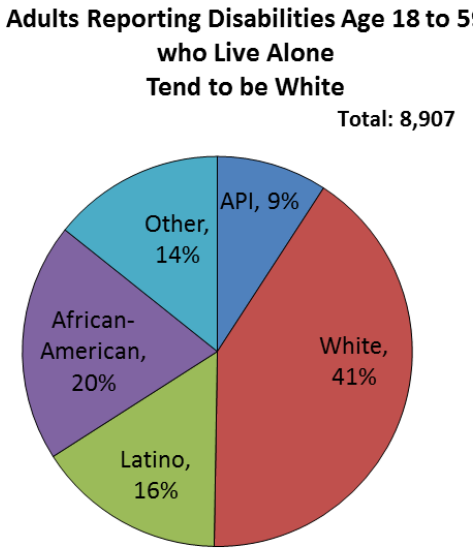


Source: ACS 2013 5-Year Estimates

As shown below, San Francisco seniors and adults with disabilities who live alone are most likely to be white and African-American. Compared to the ethnic profiles of these populations discussed earlier in this assessment, these groups are overrepresented among those living alone. These trends are generally consistent among the low-income populations but with two notable shifts – focusing in on all with income below 300% FPL, API make up a larger portion of seniors living alone (32%) and African-Americans constitute a larger percentage of the disabled adult population living alone (25%).

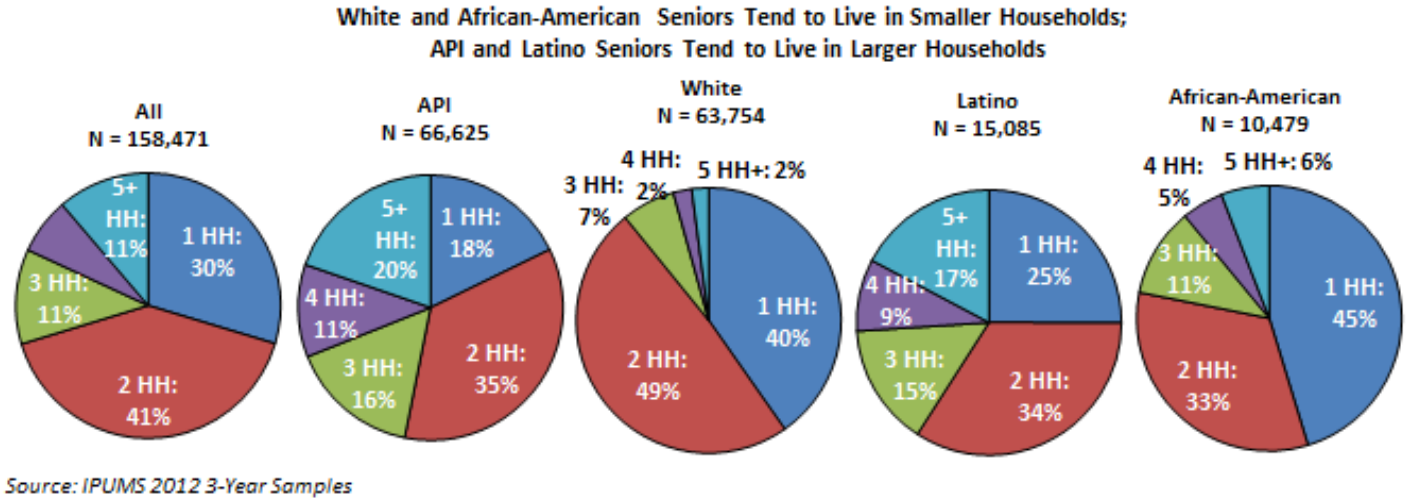


Source: IPUMS 2012 3-Year Sample



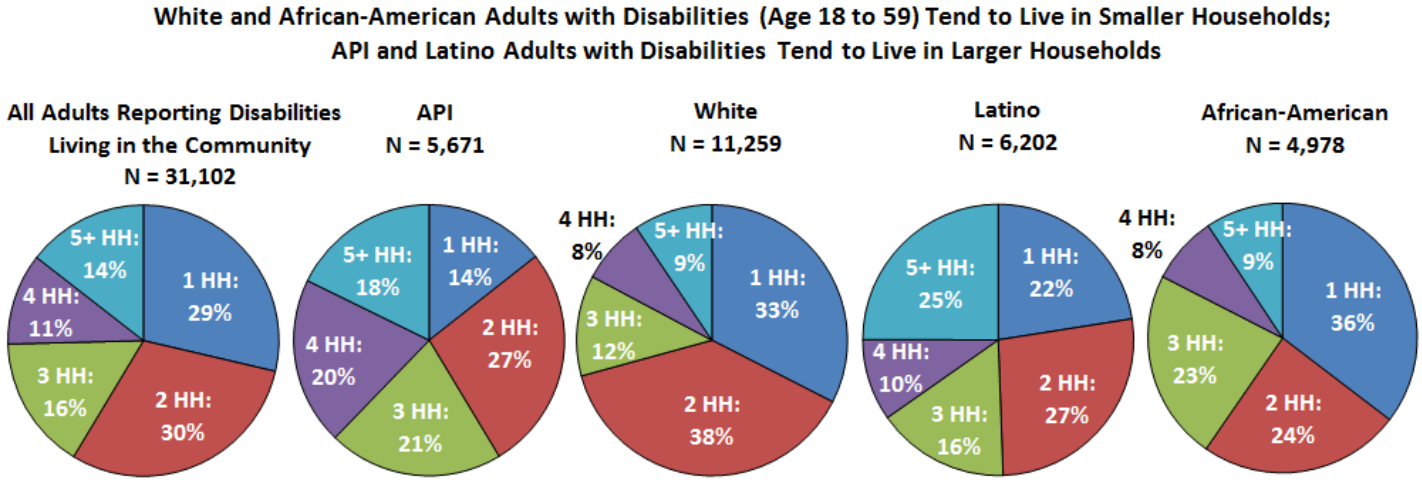
Source: IPUMS 2012 3-Year Sample

Focusing on trends within the major ethnic groups represented in San Francisco reveals additional nuance in household size. Among seniors, African-Americans and whites are much more likely to live in small households of one to two individuals. As shown below, 45% of African-American seniors and 40% of white seniors live alone. By comparison, only 25% of Latino seniors and 18% of API seniors are living on their own; these seniors tend to live in larger households with family members. API seniors are more likely to live in a household of five or more than live alone.



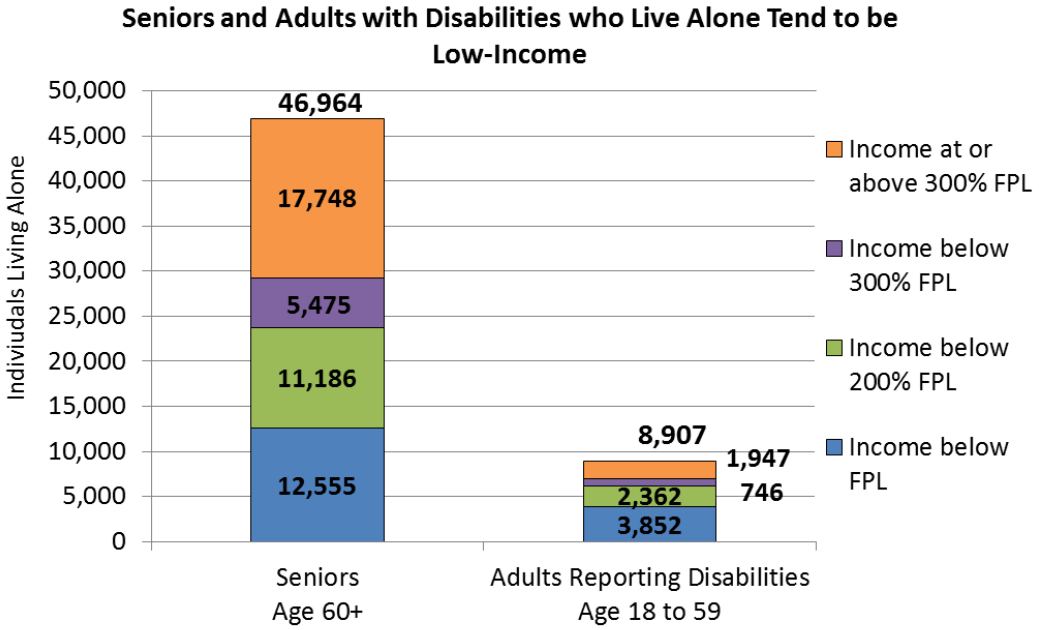
Source: IPUMS 2012 3-Year Samples

Similar trends are visible in the disabled adult population. As shown below, 29% of adults age 18 to 59 who report disabilities live in single person households. Rates of living alone are highest among the African-American and white adults with disabilities. Notably, this population overall is more likely to live in a larger household of three or more; this appears to be driven in part by the tendency of younger adults reporting disabilities to live with their parents.



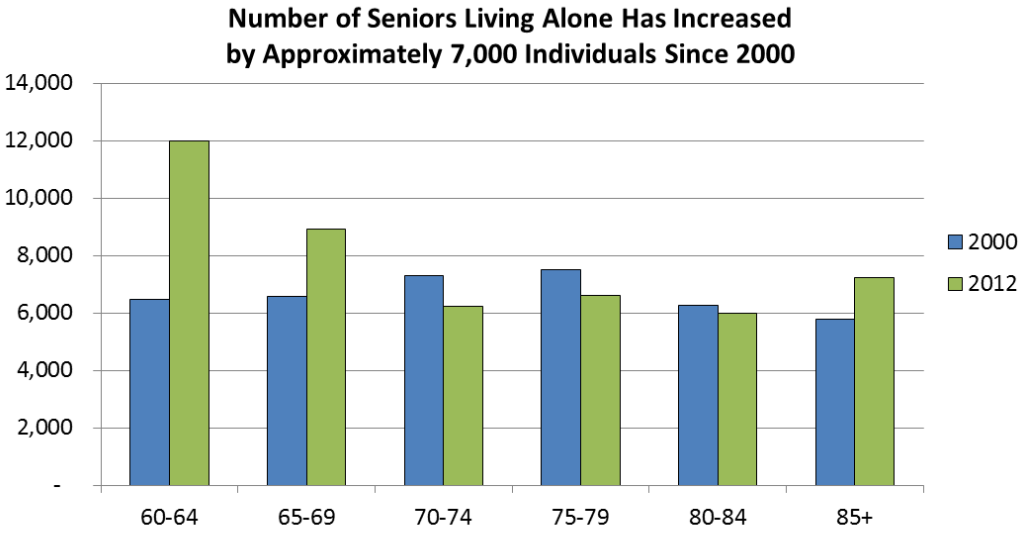
Source: IPUMS 2012 3-Year Samples

Overall, 46,964 seniors and 8,907 adults reporting disabilities who reside in the community live alone (a total of 55,871 individuals). As shown below, most of these individuals are low-income. Approximately 29,216 or 27% seniors living alone have income below 100% FPL. This prevalence is even higher among adults with disabilities: 43% of those living alone have income below the federal poverty line.



Source: IPUMS 2012 3-Year Samples

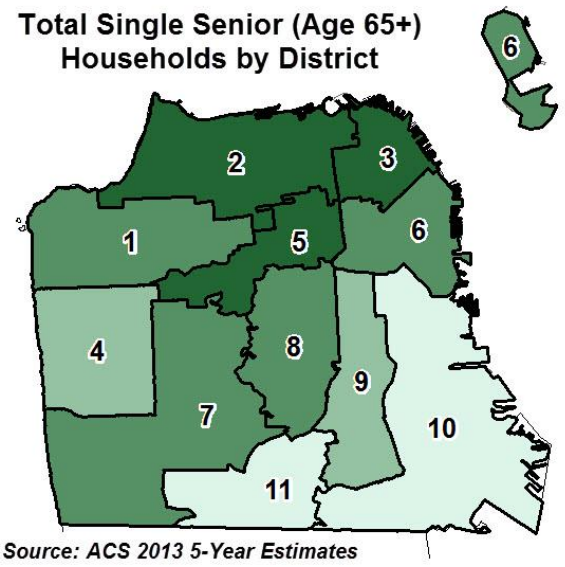
The census provides an additional level of detail regarding the senior population that lives alone. A review of historic data indicates that the number of seniors living alone increased over the last decade. As shown in the chart below, the increase mirrors trends in the overall population trends with the growth driven by the youngest and oldest senior populations. Given the correlation of disability and age, the growth in the population of seniors age 85 and up who live alone should be noted; this population has increased by 1,500 individuals over the last decade.



Source: IPUMS 2012 3-Year Samples

As shown to the right, seniors living alone are most likely to live in the northern and middle part of the city. Most of the city's single senior households are found in District 3 (Chinatown, North Beach, and Nob Hill). There are 5,673 single senior households in this area, comprising 16% of the city's seniors who live alone.

Other areas with significant single senior populations are District 5 (Western Addition, the Haight, and Inner Sunset) with 4,595 or 13% of this population and District 2 (Marina, Pacific Heights, and part of Russian Hill) with 4,226 or 12% of this population.



Difficulty with ADLs

Persons who have difficulty with activities of daily living, such as bathing and dressing, are more likely to be homebound. Based on the census indicator for self-care difficulty, there are approximately 15,986 seniors age 60 and older and 5,006 adults with disabilities at heightened risk of being homebound. Of this population, approximately 38% also live alone. Approximately 7,166 (89%) of those with self-care disabilities who live alone have income below 300% FPL.

Self-Care Difficulty and Living Alone			
	Seniors Age 60+	**Adults Age 18 to 59**	**Total**
Difficulty with Self-Care – All	15,986	5,006	20,992
Difficulty with Self-Care – Living Alone	6,570	1,454	8,024
% Live Alone	41%	29%	38%

Source: IPUMS 2012 3-Year Samples

Using broader parameters for the potentially homebound population (independent living and/or ambulatory difficulty) results in a significantly larger population estimate: 56,731 who are potentially homebound, and almost 20,000 (35%) of that group live alone. An estimated 16,782 or 84% of this population has income below 300% FPL.

Self-Care, Independent Living, and/or Ambulatory Difficulty and Living Alone			
	Seniors Age 60+	**Adults Age 18 to 59**	**Total**
Difficulty with Self-Care, Independent Living, and/or Ambulation	38,975	17,756	56,731
Live Alone	14,775	4,999	19,774
% Live Alone	38%	28%	35%

Source: IPUMS 2012 3-Year Samples

Receives In-Home Supportive Services

The In-Home Supportive Services (IHSS) program serves Medi-Cal clients who need assistance with ADLs and IADLs. This program data provides valuable insight into the location of low-income persons with disabilities who are at high risk of being homebound. As of June 2015, there are 18,063 seniors age 60 and 4,089 adults age 18 to 59 enrolled in IHSS.[7] Approximately 40% of these clients live alone.

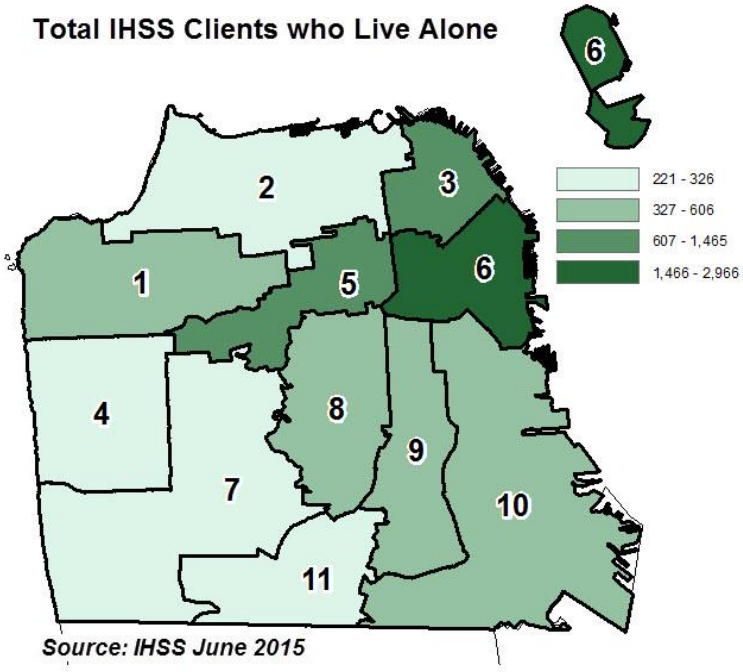
In-Home Support Services Clients			
	Seniors Age 60+	**Adults Age 18 to 59**	**Total**
Total Clients	18,063	4,089	22,152
Living Alone	7,315	1,600	8,915
% Living Alone	40%	39%	40%

Source: IHSS June 2015

IHSS clients who live alone tend to reside in the eastern supervisorial districts. District 6 is home to 21% of all IHSS clients and 33% of those living alone. District 3 is home to 15% of IHSS clients and 16% of IHSS clients who live alone. District 5 houses 11% of IHSS clients and 14% of those that live alone.

These district-level trends are centered on certain neighborhoods. The two neighborhoods with the largest population of senior IHSS clients living alone are in District 6: the Tenderloin with 17% of senior IHSS clients living alone (1,220 clients) and SOMA with 12% (895 clients). Chinatown in District 3 also has many people in this population (776 individuals), as does the Western Addition (700 clients).

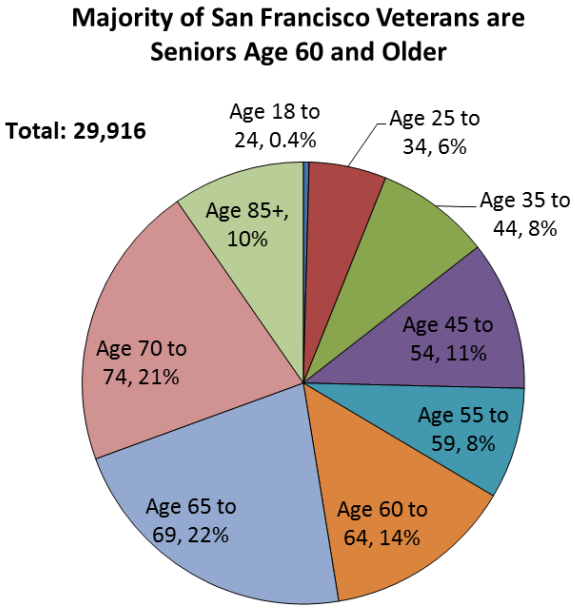
The younger IHSS client population between age 18 and 59 shows similar tendencies. Twenty-nine percent of younger adult IHSS clients living alone – 462 clients – are in the Tenderloin (462 clients). Fourteen percent – 226 clients – are in SOMA. However, this population does not tend to live in Chinatown (only 29 clients). They are more likely to live in Bayview-Hunters Point (121 individuals or 8% of adult IHSS clients living alone).



[7] As a Medi-Cal benefit, the IHSS program uses age 65 as the threshold for seniors. In keeping with the Older Americans Act definitions, the analysis here uses age 60 to delineate seniors from younger adults with disabilities.

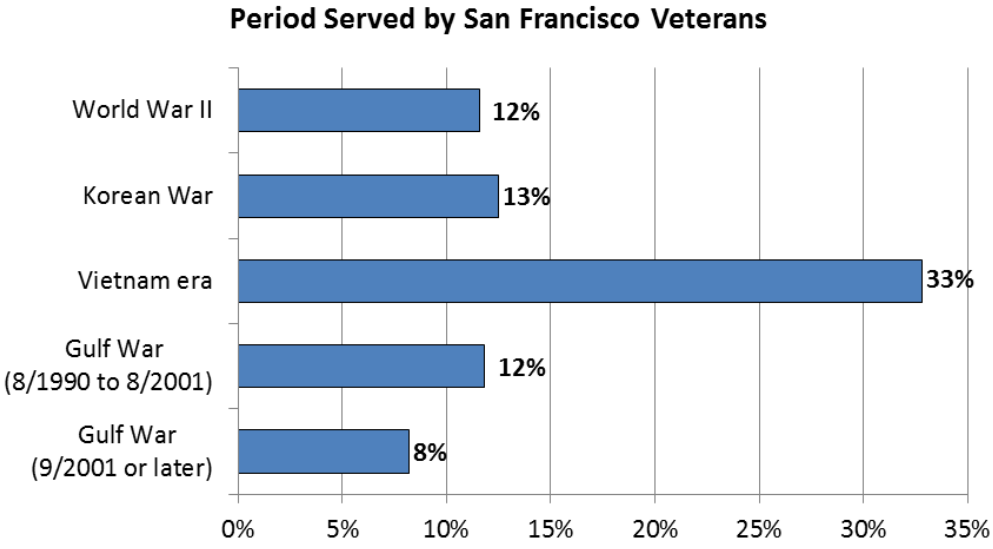
Veterans

The number of San Franciscans who are veterans of military service is 29,916. They comprise four percent of the city's adult population, a little lower than the statewide veterans rate of seven percent and the nationwide rate of nine percent, but they tend to be older persons. The chart to the right illustrates that two-thirds of the city's veterans are over the age of 60, and 10% (2,899) being over the age of 85.



Source: IPUMS 2012 3-Year Samples

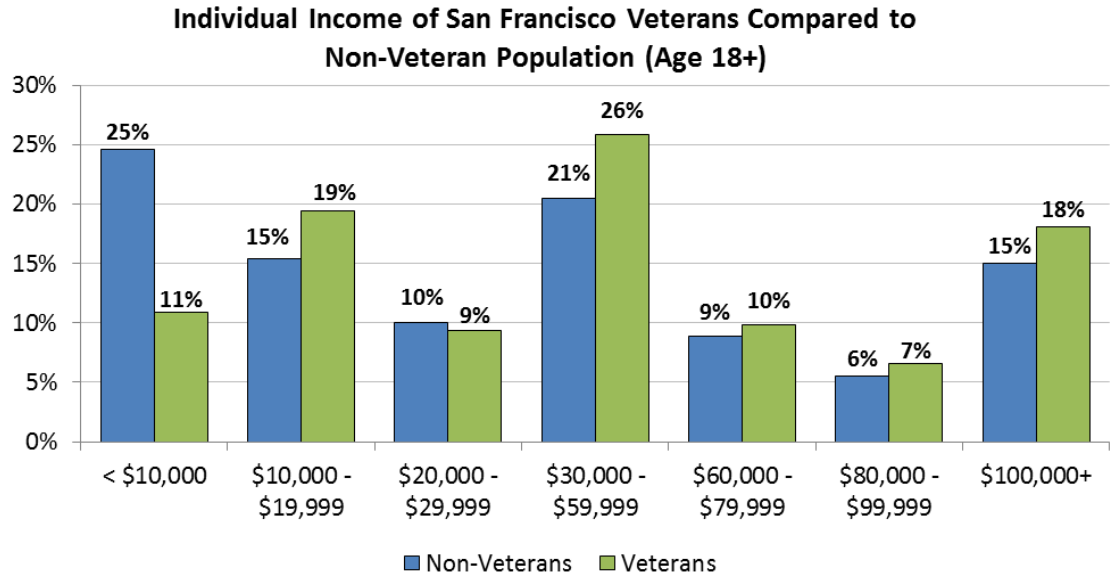
Research on the effects of military service has tended to dwell on its short-term impact. An emerging body of research, however, is examining the lifespan impact, discovering that military service may be a hidden variable in both positive and negative outcomes later in life. Some variants of post-traumatic stress may remain buried until late in life, surfacing as older persons face new stressors like retirement, the loss of a loved one, or physical decline. Latent trauma from earlier stages of life may surface and exacerbate the physical and psychological challenges of aging. For older veterans, the legacy of their wartime service is often tied to the popularity of the war they served in and the unique nature of combat in each war. The chart below illustrates the periods served by San Francisco veterans.



Source: ACS 2013 5-Year Estimates

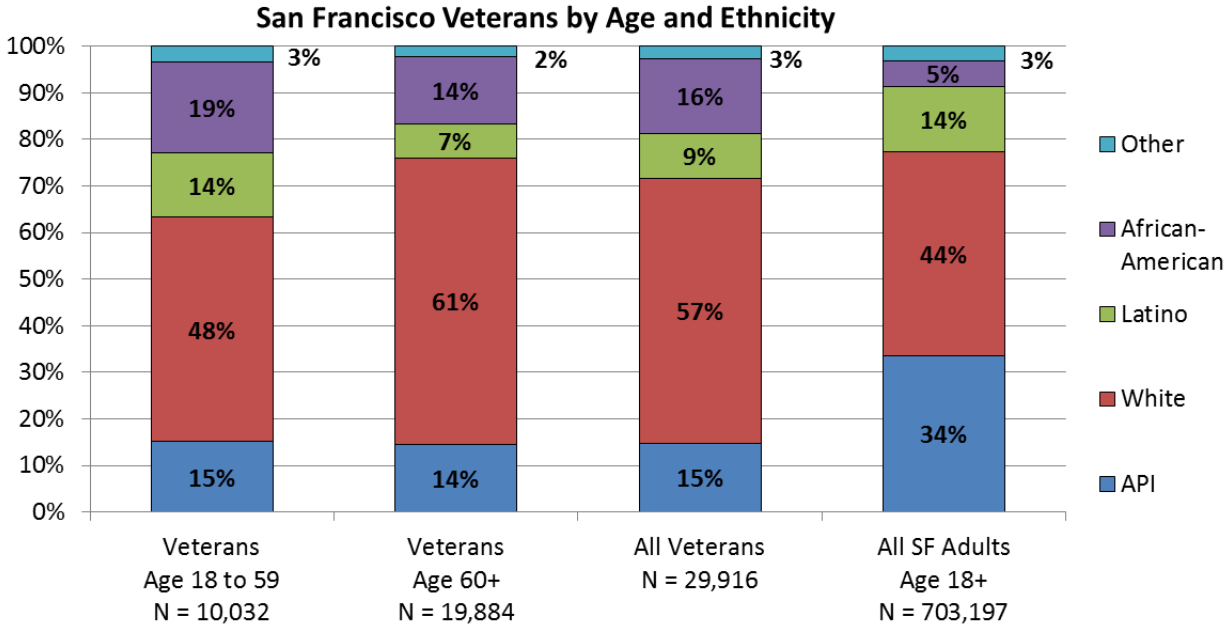
Too often the human services discussion of military service dwells on negative outcomes like post-traumatic stress and addiction, mental illness and homelessness. However, lifespan research reveals the positive values that veterans often draw from military service (Chatterjee et al, 2009). Older persons who served in the military often emerge from the experience with greater

resilience and wisdom. They describe the value of discipline and enduring friendships, of a broader perspective and a sense of gratitude and satisfaction with life. The chart below suggests the prevalence of positive adjustment among the city's veterans, illustrating that they tend to have higher incomes than non-veterans.



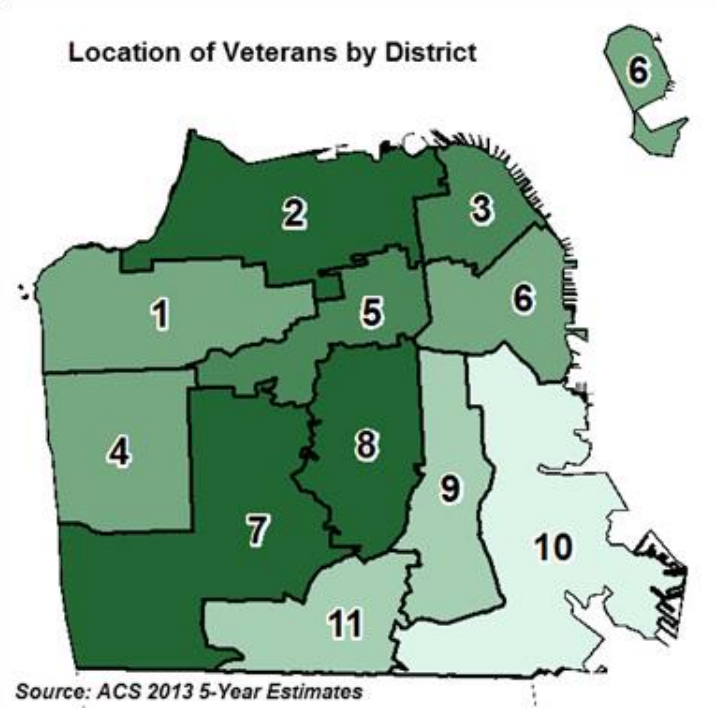
Source: IPUMS 2012 3-Year Samples

The demographics of veterans in the city lean toward older white males. The chart below shows their ethnicity and age. Ninety one percent of San Francisco's veterans are male, and 57% are white. Veterans under age 60 are more likely to be Latino and African-American than older veterans.



Source: IPUMS 2012 3-Year Samples

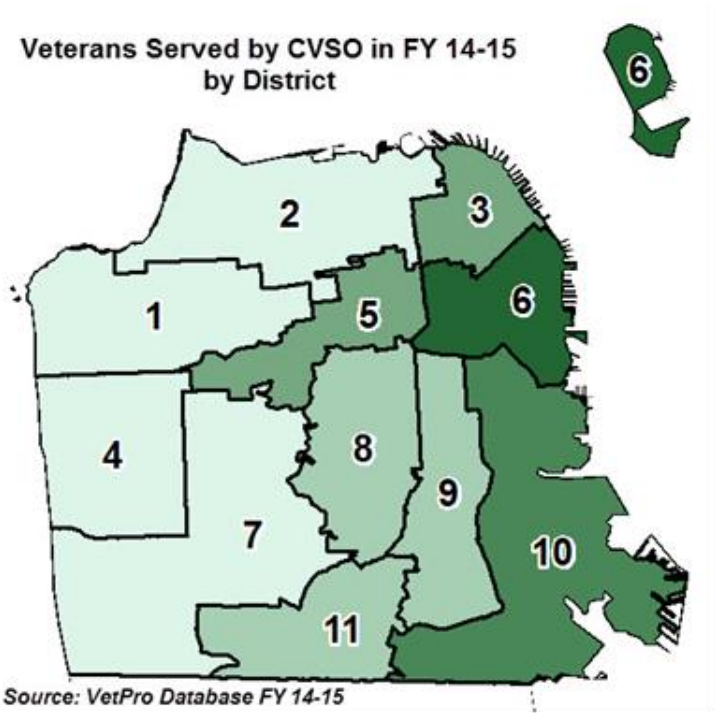
The largest groups of veterans live in District 7 (Western Twin Peaks and Lake Merced), District 8 (Diamond Heights, Upper Market/Eureka, and Noe Valley), and District 2 (Presidio, Marina, Seacliff, and Pacific Heights). *Please see Appendix E for population information by district.*



In the last fiscal year, over six percent of San Francisco's veterans (1,727 total) utilized the services of the Office on Aging. Most often they used the agency's congregate and home-delivered meal programs, as well as its community services programs that offer opportunities for socialization and assistance from social services specialists.

The DAAS County Veterans Services Office (CVSO) helped 2,265 veterans in FY 14-15. Most lived in San Francisco, although this office also serves those from the surrounding region. The office is a direct client service program, targeting homeless and disabled veterans, their dependents and survivors, and helping them apply for benefits like service-connected disability compensation and pension, vocational rehabilitation, GI Bill, death pension for surviving spouses, college benefits for surviving dependents, and assistance for the homebound.

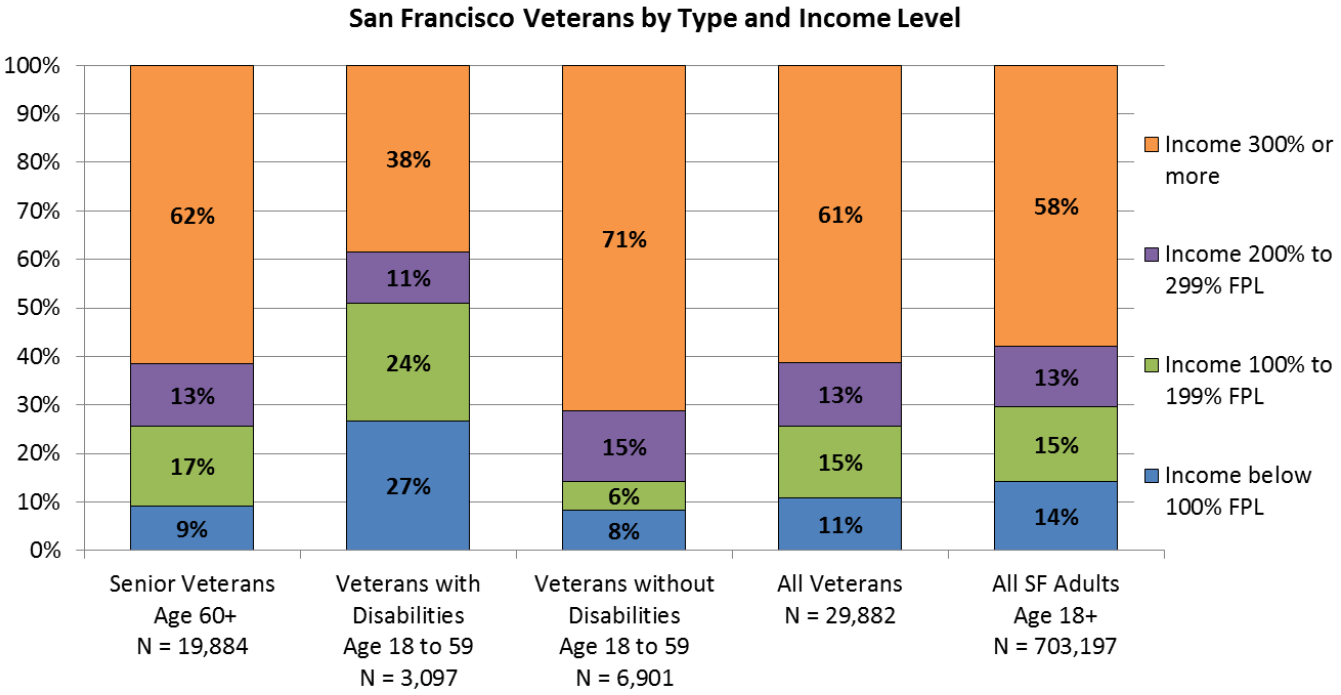
While the largest concentrations of veterans are in the city's western districts, those using CVSO services tend to live on the eastern side of the city. This trend may be due to the downtown location of the CVSO office. With increased staffing in FY 15-16, the CVSO has expanded its outreach efforts, including satellite hours at the VA Medical Center in the Outer Richmond neighborhood (District 1).



One-third of San Francisco veterans – 10,032 individuals – are younger adults below age 60. Within this group, 31% (3,097) report disabilities. Disability rates vary by ethnicity with the highest frequency among African American (58%), Latino (32%), and white (26%) veterans, with just 10% of API veterans reporting a disability.

While the prevalence of difficulties amongst veterans is often overstated, a substantial number of younger veterans are living with disabilities. The nature of combat has changed, and many veterans are returning home from recent wars with injuries that would have proven fatal in previous wars. The proportion of soldiers discharged after the Afghan and Iraq conflicts with mental health diagnoses was as high as 20% (Frain et al, 2010).

As discussed earlier in this report, adults with disabilities tend to have low income, and this experience is no different for younger veterans with disabilities. More than one in four of this group lives in extreme poverty with income below the federal poverty line (monthly income of $981 for a single individual). However, older veterans and those without disabilities tend to have higher income levels than the general San Francisco adult population.

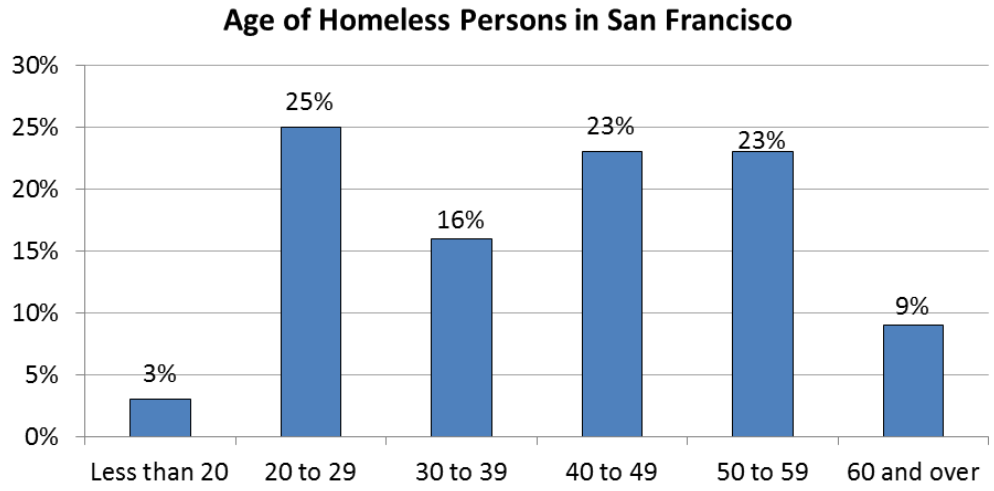


Source: IPUMS 2012 3-Year Samples

The single most visible social issue in San Francisco is homelessness, and according to the city's most recent homeless count, the number of homeless veterans is 598 (Applied Survey Research, 2015). More than half are unsheltered, living on the street. These individuals often seek support from DAAS programs: the number of younger veterans with disabilities using the Office on the Aging's services in the last fiscal year was 126. Over 90% of the younger veterans with disabilities who sought OOA services were homeless, and they were most often drawn to its meal programs, community services, and case management. The CVSO served 978 homeless veterans – of any age – and they most frequently helped them submit claims for monetary benefits.

Homeless Seniors

A decade ago researchers began noting that older persons were an increasing proportion of the homeless population in San Francisco, creating new challenges for service providers, particularly within the city's health system (Hahn et. al, 2006). Studying cohorts of homeless persons, Kushel (2016) observed that during the 1990s a little more than 10% of the homeless population was over the age of 50. San Francisco's 2015 Homeless Count found that about 30% of homeless persons were 50 or over. Nine percent were 60 or over, a proportion that has more than doubled since the 2009 homeless count (Applied Survey Research, 2015; Applied Survey Research, 2009) The Homeless Research Institute estimates that elderly homelessness will increase by a third nationwide by the year 2020 (Sermons, 2010).



Source: Applied Survey Research, San Francisco Homeless Survey, 2015.

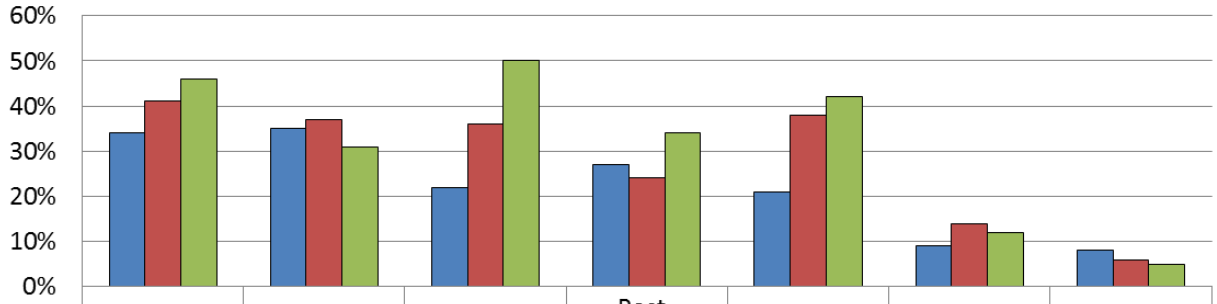
Homelessness hastens aging. The trauma of life on the street can make a homeless person biologically old well beyond his or her years (Cohen, 1992, Gonyea et al, 2010, Hibbs et al, 1994, Morrison, 2009, Ploeg et al, 2008). "Many homeless people in their 50s," says researcher Margot Kushel, "have physical and cognitive disabilities more commonly seen in people in their 70s and 80s" (University of California San Francisco, 2016; National Health Care for the Homeless, 2013). And there are more homeless persons in their 50s. In 2009 the median age for persons using homeless shelters in San Francisco was 45; in 2016, it was 49. Twenty percent of shelter occupants were age 60 or older.

San Francisco Homeless Shelter Clients Age 50+ by Year										
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Average Monthly Shelter Users	2,200	2,312	1,924	1,962	1,955	1,941	1,903	1,888	1,926	1,878
# 50+	917	914	794	806	798	866	891	899	948	985
% 50+	42%	40%	41%	41%	41%	45%	47%	48%	49%	52%
# 60+	270	215	200	210	207	263	267	296	367	377
% 60+	12%	9%	10%	11%	11%	14%	14%	16%	19%	20%
Source: CHANGES database										

The nature of homelessness blurs many of the normal distinctions between age groups, between young and old, between mid-life and later life. Many homeless persons are disabled. Some arrive on the streets because of health conditions, and some develop health conditions because life on the streets is so harsh.

San Francisco's 2015 Homeless Count survey collected data on rates of disability amongst homeless persons. For the purpose of this study, that information was cross-tabulated by age, revealing higher rates of physical disabilities and chronic health conditions amongst older homeless persons, while seniors were slightly less likely to have psychiatric disabilities. Older persons were also more likely to have issues with addiction, although this needs to be understood within the context of aging, as described subsequently within this report. The chart below highlights the general prevalence of disabilities.

Disabling Conditions Among Homeless Persons by Age



	Drug or Alcohol Abuse	Psychiatric or Emotional Conditions	Physical Disability	Post-Traumatic Stress Disorder (PTSD)	Chronic Health Problems	Traumatic Brain Injury	AIDS/HIV Related
Less than 50	34%	35%	22%	27%	21%	9%	8%
50 to 59	41%	37%	36%	24%	38%	14%	6%
60 and over	46%	31%	50%	34%	42%	12%	5%

Source: Applied Survey Research, San Francisco Homeless Survey, 2015.

The reasons for premature aging are multiple, but it is useful to distinguish between people who have been homeless for many years and persons who become homeless later in life. The former may have lifelong patterns of neglecting their health, while the latter may become homeless because of health conditions.

A longitudinal study now underway in Oakland has found that 43% of homeless seniors did not lose housing until their 50s. "These are people who worked their whole lives doing physical labor," said the lead researcher, Margot Kushel in a recently published interview. "Many of these people are the people who have been the janitors, who have been stocking the shelves" (McCamy, 2015). For a laborer, a back injury can ruin his or her later years, especially when living in an expensive city. A New York City study found that over half of older homeless persons led "conventional lives" prior to becoming homeless (Shinn et. al, 2007). Research suggests two pathways for persons who become homeless late in life: gradual decline and/or trigger events. Factors that are manageable in early life – uncertain employment, poor health,

shaky social connections, drug use or depression – may gradually erode resilience, leading to an eventual loss of housing. Trigger events like the death of a loved one who provided help, domestic violence, or family breakdown can aggravate underlying vulnerabilities and lead to a sudden loss of stability (Crane & Arnes, 2005; Gonyea et al, 2010, Grenier, 2013, McDonald et al, 2004, Morris et al, 2005).

The other half of homeless older persons tend to live rough lives, cycling through jail, prisons, and hospitals, struggling with mental illness and addiction. A lifetime of alcohol and drug abuse, combined with smoking, poor access to health care, poor nutrition, violence, and high stress takes its toll on this group's health (Kushel 2013).

Regardless of pathway, the experience of homelessness is different for older persons. They are more likely to have cognitive impairments, including problems with memory, information processing, and following directions (Garibaldi et al, 2005; Kim et al. 2010; Grenier, 2013). In a focus group conducted for this assessment, homeless seniors expressed confusion at the complicated system for gaining access to shelter. Older homeless persons are also more likely to have functional impairments, including difficulty with daily tasks such as dressing, bathing and toileting, as well as deteriorating hearing and vision. Because of mobility impairments, they often have greater barriers to seeking treatment and services, having to walk long distances to reach service providers (Kushel, 2016). Focus group participants stressed how difficult it was to carry their belongings as they moved about from day to day, their loads made heavier by injuries and illness.

The burden of possessions adds to the stigma that many older homeless persons experience. "One of the main problems in being homeless is our stuff," said one focus group participant. "I can't take it into a restaurant or business. I immediately get stereotyped as homeless, as a bum – a dirty, filthy old man."

Older homeless persons often experience stigma when they seek treatment or services, confronting the assumption that they must have done something to bring their situation upon themselves. Kushel and Miaskowski (2006) found that older homeless persons were sometimes denied end-of-life treatment unless they complied with admonitions to maintain sobriety. Older homeless persons frequently require specialized treatment services that shelters and clinics for homeless people are not prepared to provide. Yet general health clinics focused on serving seniors may not be sensitive to the unique needs of older homeless persons.

Violence stalks homeless seniors. One study found that 32% of older homeless women and 27% of men had been assaulted in the previous year. They are seen as easy targets for robbery and financial exploitation (Grenier, 2013). "As an older man," one focus group participant said, "you are vulnerable. People know you have an SSI check." He explained that younger homeless persons sometimes lurk a few feet away when they see an older person go to an ATM machine. "If you ask them to go away, that's grounds for them to start something." Another focus group participant was a woman who had been assaulted on the street – "in the wrong place at the wrong time" – injuring her shoulder and making it more difficult for her to "schlep" her stuff around. Focus group participants agreed that the level of violence varied by neighborhood. The Tenderloin was seen as too risky, and some even avoided housing opportunities there, and "the Haight is not safe anymore," a development the seniors tied to a rough crowd of younger

homeless adults. To protect themselves, the participants relied on a network of street allies. They viewed the shelters as relatively safe.

A structural barrier for older seniors is the lack of access to the labor market. Older persons who lose housing because of unemployment often have difficulties competing with younger workers. They may be discriminated against because of age, or they may not be able to compete because of physical limitations. Because they are less likely to reintegrate into the workforce, the duration of homeless episodes tends to be longer for older persons (Caton et al, 2005; Grenier, 2013). In a focus group, several older homeless persons expressed pride in their earlier work histories and found themselves facing unexpected considerations in returning to work. "If I could find someone who understands that I have low immunity and understands the circumstances of my life, I would work," said one participant. Other participants cited the potential impact of work earnings on their Social Security and health care benefits; they were volunteering or finding small entrepreneurial opportunities like babysitting and selling handicrafts.

The experience of homelessness among older persons varies by gender. Men are four times more likely than women to be homeless (Cohen et al, 1992), but older women face different challenges. While men's homelessness is often connected to the loss of employment or longstanding behavioral health issues, women are more likely to become homeless due to a change in family circumstances such as becoming a widow or getting divorced. Spousal abuse, family violence, and disputes with family and friends are common pathways into homelessness for older women. Women's disproportionate involvement in the work of unpaid care, or part-time work, or work for lesser wages makes them more susceptible to life-changing trigger events (Hecht & Coyle, 2001, Kosor et al, 2002). Once homeless, women are more vulnerable to violence. About a third report having been physically assaulted in the previous year; nine percent report having been raped (Crowe & Hardill, 1993; Kushel et al, 2003). Women's health complaints are also different: older homeless women are more likely to report difficulties with arthritis and bladder control while men are more likely to suffer from skin and back problems (McDonald et al, 2004; Grenier, 2013).

San Francisco's homeless system faces unique challenges serving older clients. The system was developed during an era when the population was largely younger, but an older homeless population requires housing providers to assist with more medical concerns. One key informant for this assessment noted that existing supportive housing options tend to provide generic case management services, lacking the clinical pathways needed by older homeless persons. As a result, seniors in supportive housing often find their way to health treatment by way of behavioral health interventions, being "5150'd" for psychiatric events only to end up in a skilled nursing facility.

While a general assumption in the field is that older homeless persons may choose life on the streets rather than exchanging their SSI assistance for housing, it may be that they do not ask for housing assistance while in shelter and require targeted outreach. As of the fall of 2015, 1,168 persons age 60 or older lived in permanent supportive housing developed by the San Francisco Human Services Agency, yet last year about 1,000 seniors spent at least one night in shelter.

The aging of the homeless population has even greater significance for the city's health system. Homeless persons over the age of 50 are 3.6 times more likely than younger homeless adults to

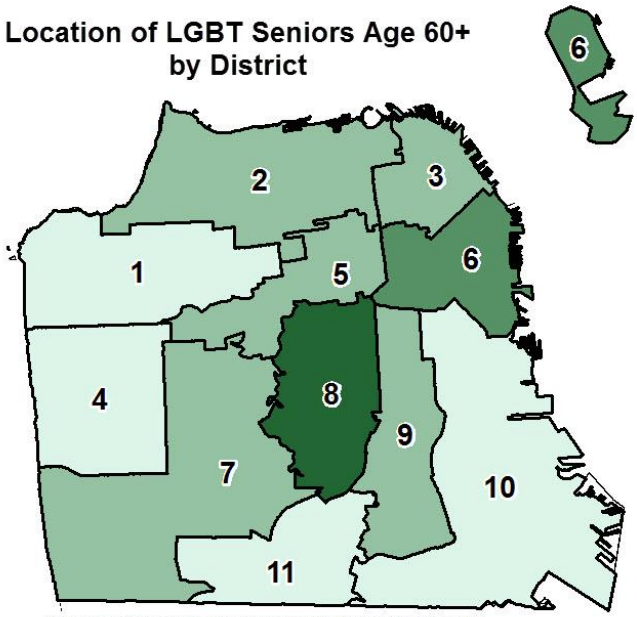
suffer from a chronic health problem, and one study found that the likelihood of having a mental health problem doubled for homeless persons over the age of 42 (Kim et al, 2010; Grenier, 2013). According to research, health care providers for homeless persons tend to focus on younger adults, emphasizing substance abuse treatment, traumatic injuries and infections, treating them with short-term care. But an older population needs help to manage chronic diseases like diabetes and heart and lung disease (Crane & Warnes, 2001, Gonyea et al, 2010; Grenier et al, 2013; McDonald et al, 2004). Older homeless persons die at a rate four to five times higher than the general population of older persons, passing away 20-30 years earlier, but the cause of death is often for conventional causes like heart disease and cancer. Even if a person becomes homeless late in life, his or her health is likely to decline precipitously (Kushel, 2016).

Research also indicates that older homeless persons with terminal illnesses are likely to receive end-of-life care in expensive hospital settings, the disorder of their lives making it difficult to provide outpatient palliative care (Kushel & Miaskowski, 2006). In key informant interviews, hospice providers cited the general lack of end-of-life care services for homeless persons. Many of the hospice facilities that serve homeless persons were created at the outset of the AIDS epidemic, and their services tend to be limited to men. Women with terminal illnesses may be more likely to be discharged from hospitals to the street. Informants also decried the lack of service options for homeless persons who are very ill, but do not qualify for hospice services and cannot afford housing, much less in-home care, and are left to fend for themselves on the street while coping with serious illnesses.

LGBT Seniors

In state and local surveys, as much as 12.4% of San Francisco's seniors age 60 and older identify as LGBT (Jensen, 2012). This amounts to approximately 20,060 LGBT seniors. However, even in a city known as a hub for lesbian, gay, bisexual, and transgender populations, LGBT seniors report a level of stigma that can impact willingness and comfort to disclose their sexual orientation. The city likely has more LGBT seniors who are closeted or hesitate to disclose their sexual orientation or gender when accessing services or responding to surveys.

The map to the right depicts the location of LGBT seniors by supervisorial district based on responses in the biennial city survey. About 24% of seniors identifying as LGBT live in District 8, which includes the Castro neighborhood. District 6, which includes most of the Tenderloin, SOMA, and Mission Bay, is also home to a significant percentage of the city's LGBT seniors: 16%. Other areas that tend to have slightly higher-than-average portions of this population include District 3 (10%) and District 5 (9%). *Please see Appendix C for complete information by district.*



Recent groundbreaking work in San Francisco has helped to develop information about the local LGBT seniors and shed light on critical challenges faced by this population (Jensen., 2012; Fredriksen-Goldsen et al, 2013). Findings from these efforts include:

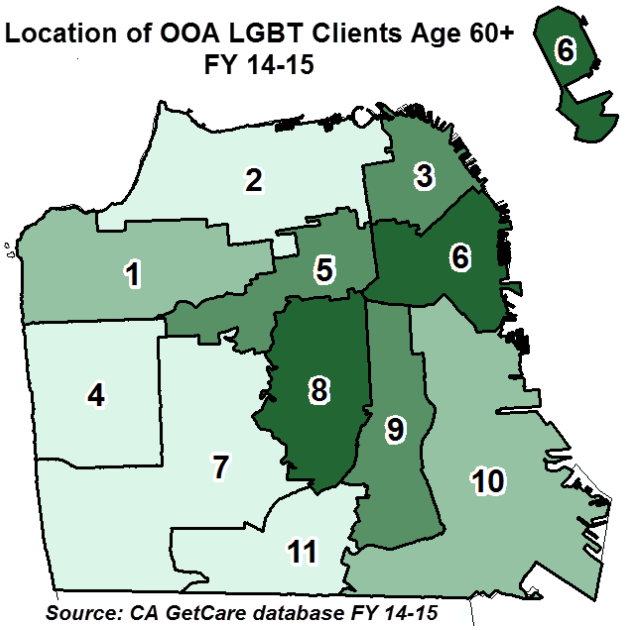
- San Francisco's LGBT senior population tends to be on the younger side. Most LGBT seniors in available datasets were under age 70, which may be due in part to increased closeting as LGBT seniors age.
- This population is more white and more likely to be fluent in English than the general senior population. These trends may be biased by uneven rates of closeting.
- They are more likely to be HIV-positive than heterosexual seniors. Approximately 72% of seniors receiving HIV Health Services are LGBT (note that this group only makes up three percent of the projected LGBT senior population).
- The most frequently needed programs and services by this population are health services, health promotion, mental health services, housing assistance, case management/assistance from a social worker, telephone/online referrals, and meal site/free groceries. The population reports a high rate of unmet need for: health promotion, door-to-door transportation, caregiver support, day programs, housing assistance, in-home care, and telephone/online referrals.

LGBT seniors are at higher risk of isolation than heterosexual seniors. They are less likely to be married or to have children to rely on in their older age. Many are alienated from their biological family. LGBT seniors are twice as likely to live alone than the general senior population – compared to 29% of the general senior population, 60% of this population lives alone

(Fredriksen-Goldsen et al, 2013). While most LGBT seniors living in San Francisco cannot imagine leaving the city, they also sometimes feel left out of LGBT culture (San Francisco Human Rights Commission, 2003). The younger LGBT community sometimes feels unwelcoming. LGBT focus group participants described a sense of becoming invisible as they have aged. While efforts have been made to bring younger and older LGBT people together, this has not always been successful.

LGBT seniors also face unique challenges as survivors of the AIDS epidemic. While advances in medicine have transformed HIV/AIDS from what was once a fatal diagnosis into a more manageable chronic disease for many patients, living through the AIDS epidemic had a lasting impact on this population. Many LGBT seniors did not expect to live into old age. They may be struggling with survivor's guilt or behavioral health conditions that resulted from the trauma of losing loved ones (Cox, n.d.). Many did not make long-term plans for later in life. This population tends to be low income, due partly to periods of unemployment earlier in life while they were ill, caring for others, or grieving loss. A comment from an LGBT service provider at a meeting of agencies serving the elderly underscores these issues. He said, "We are new to the table [of agencies serving the elderly]. We never expected to be here."

In FY 14-15, the Office on Aging (OOA) served 1,025 seniors age 60 and older who identified as LGBT. They were four percent of all OOA senior clients.[8] These clients most frequently live in Districts 8 and 6 – 20% resided in each of these areas. About 12% percent lived in District 5, while Districts 3 and 9 were each home to close to 10% of this group.



The most common OOA service used by this group was community services, which provides opportunities for socialization and assistance from social work staff. Seventy percent of LGBT clients – 715 individuals – visited community service sites in FY 14-15. Most were enrolled at Open House. Another popular service was the congregate meal program, accessed by 338 clients (33%). The home-delivered meal program served 171 LGBT seniors.

Notably, LGBT seniors from all over the city traveled to service sites in the Castro neighborhood in District 8, highlighting the connection they feel to this neighborhood. Also, LGBT seniors living in District 6 were more likely than others to enroll in the home-delivered meal program, suggesting that those living in this area may be more likely to be homebound and/or isolated.

[8] While progress has been made with data collection efforts on sexual orientation and identity, there is still room for improvement. The LGBT data fields were blank for approximately 40% of OOA senior client records. Focusing on clients with a response in these data fields, approximately 7% identify as LGBT.

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Appendix A. Focus Groups.

Over the last year, a series of focus groups were held with seniors and adults with disabilities living in communities throughout the city.

Location	Date	# of Participants	Target Population
1650 Mission St	2/4/2015	9	Adult Protective Service social workers
South Sunset Senior Center	4/30/2015	11	Seniors living in the southwest part of the city
1650 Mission St (DAAS)*	5/7/2015	11	General (seniors age 60)
1099 Sunnydale*	8/6/2015	9	African-American seniors
Independent Living Resource Center*	8/19/2015	12	Adults with disabilities
Mission Neighborhood Center	9/2/2015	10	Latino seniors
North Beach/NEXT Village*	9/3/2015	11	Seniors living in the north part of the city
International Hotel (Chinatown Community Development Center)	11/17/2015	9	Cantonese-speaking seniors living in Chinatown
Bayview Hunters Point ADHC	12/14/2015	5	Caregivers
Canon Kip Senior Center	12/29/2015	9	Homeless seniors
Jackie Chan Senior Center^	1/21/2016	18	Seniors in the Richmond District
***Conducted in collaboration with the Age- and Disability-Friendly SF baseline assessment efforts ^Part of a Controller's Office study on long-term care needs**			

Appendix B. Map of San Francisco Supervisorial Districts.

Accessible online at
http://sfgov.org/elections/sites/default/files/SF_Neighborhoods_June_2014.pdf

