



Dignity Fund Community Needs Assessment: SPWG Meeting Notes 9/12/2017

What suggestions do you have for ways to recruit participants to community forums?

- Bilingual promotional print around the community would be important, posted in high traffic areas such as food centers/distribution sites. Bilingual staff should be present at all events to respond to questions in real time.
- What is the hook for people to come to community forums? Incentives? Why will they come?
 - RDA: This is an opportunity to inform the design of the system, share their perspective, share their voice in a community setting. We might have more tangible incentives (gift cards?) for the focus groups attendees down the line.
- But what about non-consumers such as providers? How do these forums link to and differ from focus groups?
 - RDA: All stakeholders are welcome and important to the process. The community forums will be open and will provide an opportunity to help us refine the planning process and gather information on community needs. The focus groups are a more targeted opportunity for stakeholders to share their opinions away from service providers in a “safe” space where they may be more comfortable giving feedback.

How can we get a good turnout of diverse participants?

- If you provide us, those on the ground, with very specific needs about who you want in that room, e.g., number of participants and of what ethnicity, we can deliver.
 - RDA: We’re not necessarily going to be targeting specific participant numbers in community forums, but will be very specific when doing focus groups. The community forums will also be where we can request contact information from specific participants in order to target specific consumer/stakeholders for focus groups or the survey.
- Consumers from immigrant populations may be very hesitant to provide that personal information for follow up because of what they have gone through and fear of repercussions for their family members. We need to be understanding and be willing to not follow up if they don’t want us to call or prefer a different mode of communication.



But this is a population segment that needs to receive education about what services are available. Many don't know there is something beyond just help with transportation.

- I'm guessing the goal is to reach those that are not receiving any services from us? Do you want us there as providers alongside consumers?
 - RDA: Both; community forums are open and we want to reach out to a wide array of people.
- One thing to expand reach is to be sure that we are not just focusing on seniors and remember that there are adults with disabilities across the age spectrum. I'm hoping that we present it not just about what services people can receive because a lot of people work and feel pride about their independence. So how do we include language/strategy to draw them in?
- People will question attending if they are age 65 and don't need services. If we can tap into the universality of the importance in having a voice and shaping their community vs. simply receiving services we can draw more people.

What ways can your agencies help to get the word out on community forums? Would you want materials to post? In what languages?

- Radio and print press would be important. A lot of this population reads the newspaper
- What is the title? What would go on the flier?
 - RDA: We want to hear from you about what language you think would be best to attract people.
- I would pay attention to phrasing, just a suggestion. I would not use "Dignity Fund," because consumers won't know what that means. Also, it is important to be specific about who you need there. I think you need to have "aging" in the title. But is it elderly with HIV or veterans, or those with disabilities? Be clear and specific about who you want to attend.
 - OAC: We would like "dignity fund" in the language to help imprint this into people's minds so they are aware of the connection between this process (and those in the future) and what was passed by their vote.
- Does RDA have a budget for marketing? We don't know who we are not serving. So maybe bus ads or messaging through religious groups could be important. We ourselves may not be catching these people.
 - RDA: That is something I will communicate back to the RDA PM about.
- How far in advance are you posting ads before forums?
 - RDA: We aim for at least 21 days, but again something in discussion as we plan.
- The closer you get to the client, whether meal drivers, social service caregivers, etc, the better as they are full of feedback about issues within these services and certain challenges/barriers.



- RDA: What do think would be best way to engage staff on the ground?
 - For us to communicate with them directly that we really want the input of social workers, drivers, and staff.
- RDA: How much time do you think you need?
 - Maybe a month
- We have a captive audience in senior living centers
- Are you going to do any street surveys? That could be useful because a lot people who are not receiving services may not be receiving surveys.
 - DAAS: We are not. Phone surveys and online surveys will be utilized.
- Is there going to be an option of paper surveys that I can hand out in my classes? This is much more effective than providing them with an internet link. They can do it while they are there.
 - RDA: I agree, that can help to a degree. However we often do paper surveys and don't get as many back as we think. But if we do decide to paper surveys it wouldn't be the primary dissemination for a survey.
- Are you going to over-survey across some demographics for better data balance? For instance we have to do that when we do needs assessment amongst elderly in the LGBT community because of the overrepresentation of White, gay men.
 - DAAS: There will be demographic questions on the survey which will allow us to account for that.
- Most elders don't have internet connection or get to library so you will have to reach them by phone.

Other suggestions about community forums?

- Diversity of locations where forum are held is key. If we are looking at those with disabilities, it will include the entire spectrum of adult ages. People in their 30's and 40's are only going to access spaces where they feel comfortable.
- Timing is also important; many in the aging community won't go out at night.
- There needs to be multiple times, and multiple options for location. It is not as simple as having one in every supervisory district at 3pm. Need to vary it because younger disabled adults are working during the day.

What organizations should we work with?

- I suggest looking district by district to figure out which community group/providers get the most traction, to figure out who most likely will show for this type of community meetings.



- Can events be virtual? The Senior Center could host these in different languages virtually.
 - RDA: Are virtual events typical?
- Yes, they are. We can offer technical support if RDA needs it.
- Reach out to Golden Gate Regional Center to connect with disabled (particularly including developmentally disabled) communities. They will be very interested in supporting outreach and input. They have a client advisory committee.
- Also the organization, Support for Families of Children with Disabilities, will be an asset.
- Older Adults with HIV can be reached through ACRIA.

What ways can your agencies help?

- Is RDA diverse staff? Do they speak different languages? Our staff cannot necessarily translate or be available because of their work. If you rely on us for translation skills, that has to be planned way ahead of time because it can put great burden on our staff.
 - RDA: We do have a diverse staff who speak different languages and plan to contract out for needed translation services if required.
 - DAAS: We are not looking to burden providers with this responsibility.
- A lot of us want to help, the more we know about the plan and timeline the more we can help. Dates?
 - RDA: Absolutely that is something I understand. This is something we will communicate to with RDA PM about. Thank you.

What special populations should we make sure to include? What languages should we make sure to include

- RDA: What are these discreet populations? Who do you see as those populations?
 - Deaf/blind (My HOUSE- any sensory disability)
 - Frail elderly people and Alzheimer's/Dementia clients whom may need caregivers to speak for them.
 - Ex-offenders, (Senior Services)
 - Aging transgender community
 - TAY clients, aging out of foster care system with disabilities
 - Adults with disabilities working and supporting families
 - Meal service congregants who think they don't need services now
- RDA: Effective strategies for engaging with them?
 - Going through caregivers, advocates, staff of previously listed organizations, social workers.
 - DAAS: This is also something that we have discussed with the RDA PM.



What incentives should we use?

- Refreshments, food can be effective.
- The ARC has a number of white zones- knowing that there is accessibility will encourage attendance. If there is no parking or it is crowded, people will be dissuaded from attending.
- Tapping into their ability to shape their community and use their voice.

Needs Assessment Discussion

What do you see as the main supports available to San Francisco's older adult and adults with disabilities population?

- (Participants start listing services): Meals, HIV/AIDS management, in-home support services, case management-for direct services, referral services, medical services through hospital, transitional services, different forms of case management which is population and time specific, e.g. short term, long term- all layers.
- Community Services: food distribution, wellness activities, day programs, transportation, legal services.
- RDA: Would you say there are a lot of services available?
 - Group: Yes

What are strengths of the current system?

- We advocate a lot. We are really good connectors, referrers. If we don't provide a service we know where a client can get them and will make a call for them there. We are very collaborative- information and referral services back and forth between providers.
- RDA: Are these informal linkages/pathways?
 - Both, formal and informal through stakeholders and funders, cross-trainings, networking. Many partnerships through grants. This includes collaborations with government as well.
 - Robust network, strong bevy of services providers that work well together. None are unsubscribed.

What are some of the gaps in services in the current systems?

- We tend to get people in crisis. We are dealing with people that don't have a lot of family or external resources. We're getting people later in the track instead of serving them more holistically. Gaps are a result of upstream investments which means more triage situations.



- The shift away from federal funding for independent living. People are intent on transitioning out of these new assisted living programs so what is left for them in the community in terms of services as a result of altered funding priorities?
- Services for people who live alone with dementia.
- People living just above poverty eligibility markers.
- Those at the high end of Autism Spectrum, (e.g. Asperger's Syndrome).
- Service utilization by people and family members who are in denial about conditions (aging, Alzheimer's) who wait until crisis.
- People who fall through cracks. Incredibly isolated elderly, veterans, those with neglected chronic health problems, recently housed, those in residential settings, SROs.
- There might be good connections among CBO's but not necessarily between us and health systems. If people are referred earlier in diagnosis or presentation of health problems we could help on the preventative side. So perhaps referrals/pathways between hospitals doctors suggestion linkages to CBO's.
- Services for ages 50 to 74, an area where we are going to see a rapid boom.
- HIV positive clients who felt that they wouldn't live this long, isolated from other health services, without community. Also the misdiagnosing of complications related to HIV that are really just symptoms of aging. People are afraid to access services outside of LGBT specific services.
- Aging services and HIV client services are silo-ed within organizations. (Catholic Charities).
- Religious Institutions that are trying to manage support for elders within their community and may not be equipped. We need to keep them on the radar.

What challenges do you encounter when treating this population?

- Crisis response receives more attention within orgs. Groups not yet in crisis are in denial/unaware of their own need.
- Younger segment of aging population that feel stigma around accessing services with 'old' people, e.g. day programs. And then on the other end those who are unable to leave home and access services.
- Social isolation, exacerbating their own issues.
- LGBT services that actually cater to women and transgender population. There are very few services for them specifically HIV-related support so it is difficult to make referrals.
- Those who don't go to senior centers who have other places to go, non CBOs, where they are more comfortable. After a setup they are isolated and unfamiliar with pathways.
- How do we utilize higher functioning elderly as assets within community? Volunteers, etc. Sandwich population, more people in 60's are taking care of their own parents who



are 80 and 90. Don't identify as needing services. So can we help them identify not as needy but as people with much more to give?

When you think about older adults and adults with disabilities in SF, who's not getting served? Who may be falling through the cracks?

What is getting in the way of certain populations needs getting met?

- People that do not want to be found or reached. Do not want to be engaged. Hiding from landlord, avoidance of homeless, or due to immigration issues, distrust.
- "Sandwich generation" (caring for aging parents and children) don't have time to access services because of family responsibilities.
- Resistance. Don't want to be seen as burdensome.
- Language, particularly if family caretakers are needed to translate.
- Outdated mechanisms with current systems that younger elders will not reach.
- City invests more into institutional care and not community programs. Medical model receives bulk of investment which is reflected in how people use systems.

What would be helpful to address this?

- Dignity focus, paper and face to face mechanisms of engagement.
- Greater linkages between programs: extending to more privately-run programs for example.
- General awareness of referral networks, navigation for a person just starting out trying to receive services.
- Income supports. How to utilize complex systems when federal gov't seem to make it more and more complicated. So consumers not receiving full benefit of entitlements

Considering the discussion we've just had, what's the most important issue that the City and County should address to meet this group?

- Coordination between mental health and behavioral health, those with disabilities need greater access to mental health services as a result of their disability but may not have DSM diagnosis for: mild depression, anxiety.
- Housing concerns: it is so expensive and stressful. Isolations particularly among specific population such as those with HIV/AIDS who have lost social networks and don't have capacities to address them.



Closing Remarks/ Final Comments and Suggestions

- RDA: Thank you so much for your ideas and participation. We will be in touch with next steps about engagement, community forum, and focus groups.
- Interfaith Council has community event on October 16 which could provide important connections with stakeholders.
- Could RDA find examples in other projects of reaching under-represented voices?
- In terms of ensuring ethnic diversity in participation in the needs assessment, would that be your job to find that or ours?
 - DAAS: We are looking to CBO partnerships to create awareness. The population that DAAS serves is quite ethnically diverse, so I think we have helpful strategies there.
- How do we reach population who will have difficulty leaving homes?
- Are there funds available for incentives, transportation for hard to reach populations?
- Phone survey, and encourage provider network to facilitate transport, and make sure
- Please keep in mind accessibility, language, Print formats, Etc.