SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

Clarity
SOCIAL RESEARCH GROUP

# 2025-26 Dignity Fund Community Needs Assessment: Preliminary Findings

Presentation to the Dignity Fund Oversight and Advisory Committee

**Paulo Salta** | Manager, DAS Office of Community Partnerships
**Adithi Vellore** | Analyst, SFHSA Planning
**Fiona McBride** | Analyst, SFHSA Planning
**Penny Huang** | Founder & CEO, Clarity Social Research Group
**Lynne Mobilio** | Assistant Director, Clarity Social Research Group

December 15, 2025

# Agenda

- DFCNA Project Overview
- 2025-26 DFCNA Preliminary Findings
    - Summary of Community Research Activities
    - Equity Analysis Overview
    - DAS Population & Client Profiles
    - Equity Analysis Findings
    - Community Forums & Focus Groups
    - Population & Provider Surveys
- Project Timeline & Next Steps
- Discussion

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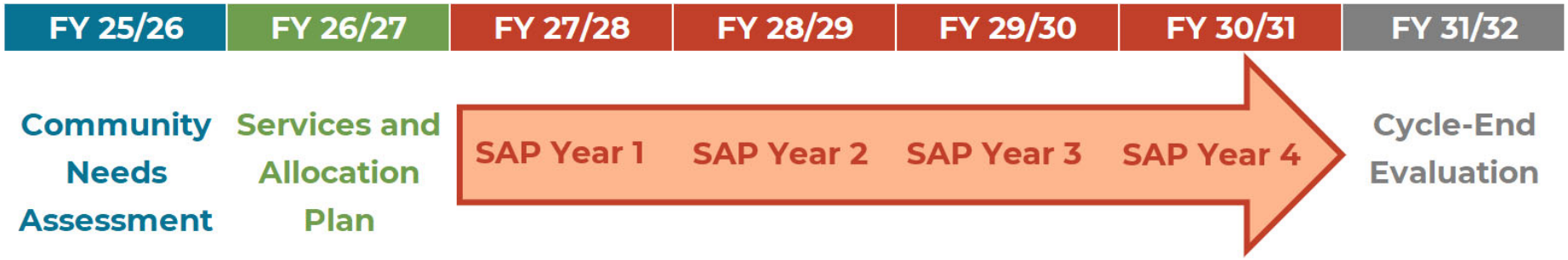
# DFCNA Project Overview

# Purpose

- Gather community input on the needs of diverse older adults, adults with disabilities, veterans, and caregivers
- Develop a better understanding of community needs, service system strengths and gaps, and equity issues
- Use findings to inform Dignity Fund spending to address community needs

**Overview of the Dignity Fund Cycle for FY 2027-28 to FY 2030-31**



# Research Questions

- What are the needs of older adults and adults with disabilities?
- What are system-level strengths and gaps?
- What population subgroups may be underserved?

# Key Components

| Key Component and Description | Lead |
|---|---|
| **Community Research:** Gather input about community needs directly from diverse stakeholders using qualitative and quantitative research methods<br>• Population survey<br>• Community forums<br>• Focus groups<br>+ DF Service Provider Work Group listening session (SFHSA Planning lead) | Clarity |
| **Equity Analysis:** Evaluate how well DAS is serving the city's diverse populations, using population and program administrative data<br>• Includes population and client profiles | SFHSA Planning |
| **Gaps Analysis & Recommendations:** Synthesize findings from community research and equity analysis to answer DFCNA research questions and develop recommendations to address areas of need | SFHSA Planning |

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# 2025-26 DFCNA Preliminary Findings

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# Summary of Community Research Activities

# Community Forums

DAS hosted **12 town hall-style events** in which Clarity **facilitated small group discussions** on topics like community needs and priorities for ensuring quality of life as people age in place. We made **language interpretation services available in multiple languages** at all the forums (plus closed captions for the virtual forum).

- **11 in-person forums** – one in each of the city's 11 supervisorial districts
- **1 virtual forum** – citywide

**Overall forum attendance:**

- **Target:** 385 attendees (~35 average per forum)
- **Actual:** 470 attendees – may include duplicates

# Community Forum Schedule & Participation

469 total

| District | Location | Date | Attendance |
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| 1 | Richmond Recreation Center | 8/26 | 39 |
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| Virtual | Virtual | 9/18 | 20 |

# Focus Groups

DAS and Clarity facilitated **14 focus groups** to supplement community forums and dive more deeply into specific issues with select subpopulations, including the following:

- **Adults and transitional age youth with disabilities**
  - General, no disability specified
  - Blind or low vision
  - D/deaf or hard of hearing
  - Unable to leave home w/o support
- **BIPOC older and disabled adults**
  - Samoan, Fijian, Tongan, etc.
  - Native Americans
- **Monolingual older and disabled adults**
  - Japanese
  - Korean
- **LGBTQ+ older and disabled adults**
  - Sexual minorities (LGBQ+)
  - Trans and gender nonconforming
- **Other populations**
  - Veterans
  - Family caregivers of older and disabled adults
  - Older and disabled adults experiencing homelessness
  - People aging with HIV

**Overall focus group attendance:**

- **Target:** 115 attendees (~8 average per focus group)
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# Focus Group Schedule & Participation

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# Population Survey

DAS and Clarity designed and implemented a survey — available in **10 languages** across **accessible online and paper formats** — using the following methods:

- **Randomized sampling:** to obtain a representative sample, using a randomized "address-based sampling" survey mailing to 25,000 households
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- **Convenience sampling:** to maximize opportunity for community input, leveraging widespread outreach via DAS and community partner networks
  - **Target returns:** 2,250 unduplicated survey responses
  - **Actual returns:** 4,070 responses

\+ **Provider survey returns:** 290 responses

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# Equity Analysis Overview

# Equity Analysis

**Evaluate how well DAS is serving the city's diverse populations, using population and program administrative data**

## Equity Factors

| Low-to-Moderate Income | BIPOC | Limited English Proficiency | LGBTQ+ | Living Alone |
|---|---|---|---|---|

## Equity Analysis questions:

1. Are populations with the presence of an equity factor utilizing services at the same rate as the population citywide?
2. How do service utilization rates among low-to-moderate-income populations compare across districts in the city?
3. How are funds spent across city districts?

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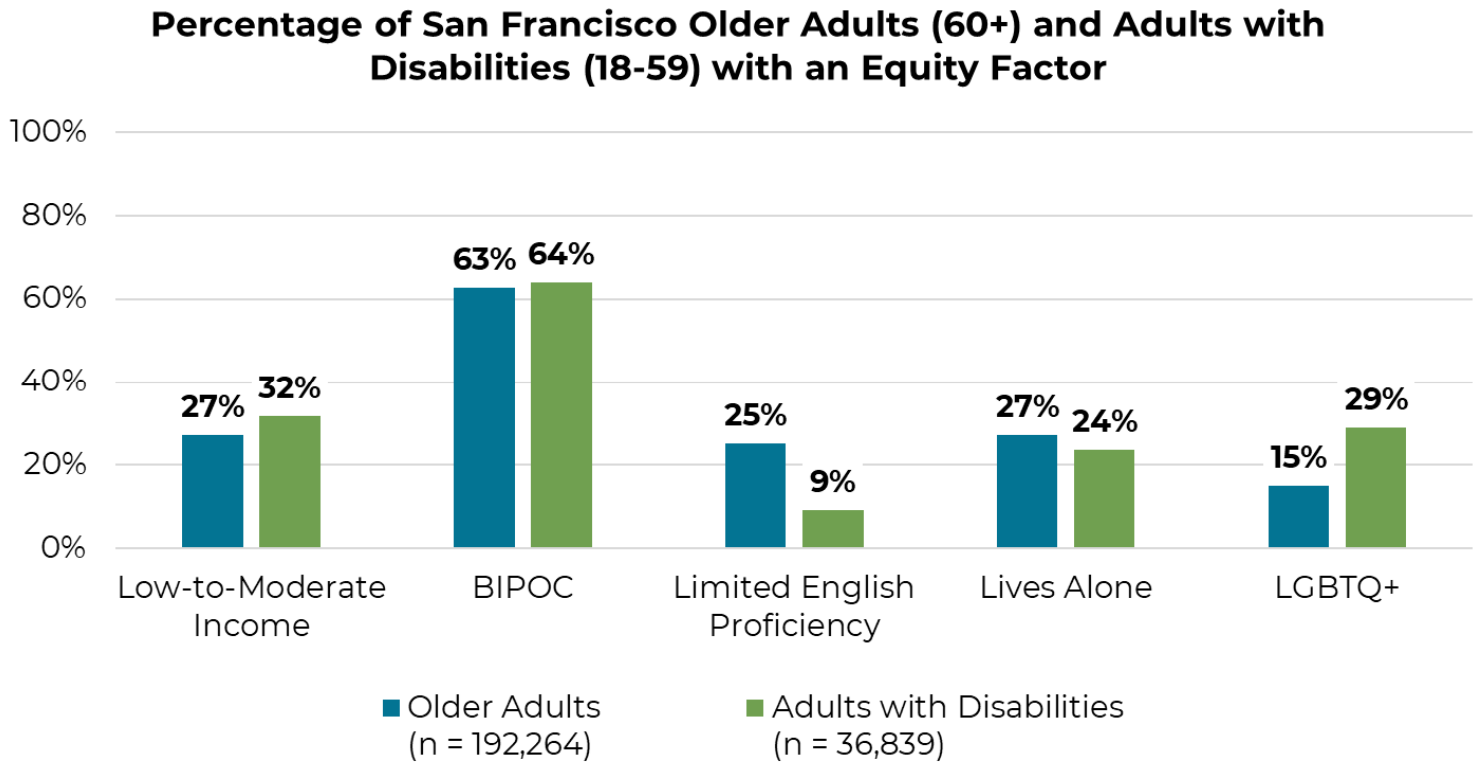
# DAS Population & Client Profiles

# Population Profile: With an Equity Factor

## San Francisco Older Adults (60+) and Adults with Disabilities (18-59)




*Data Source: 2023 American Community Survey, 5-Year Estimates & 2023 SF City Survey*

# Population Profile: Race/Ethnicity Detail

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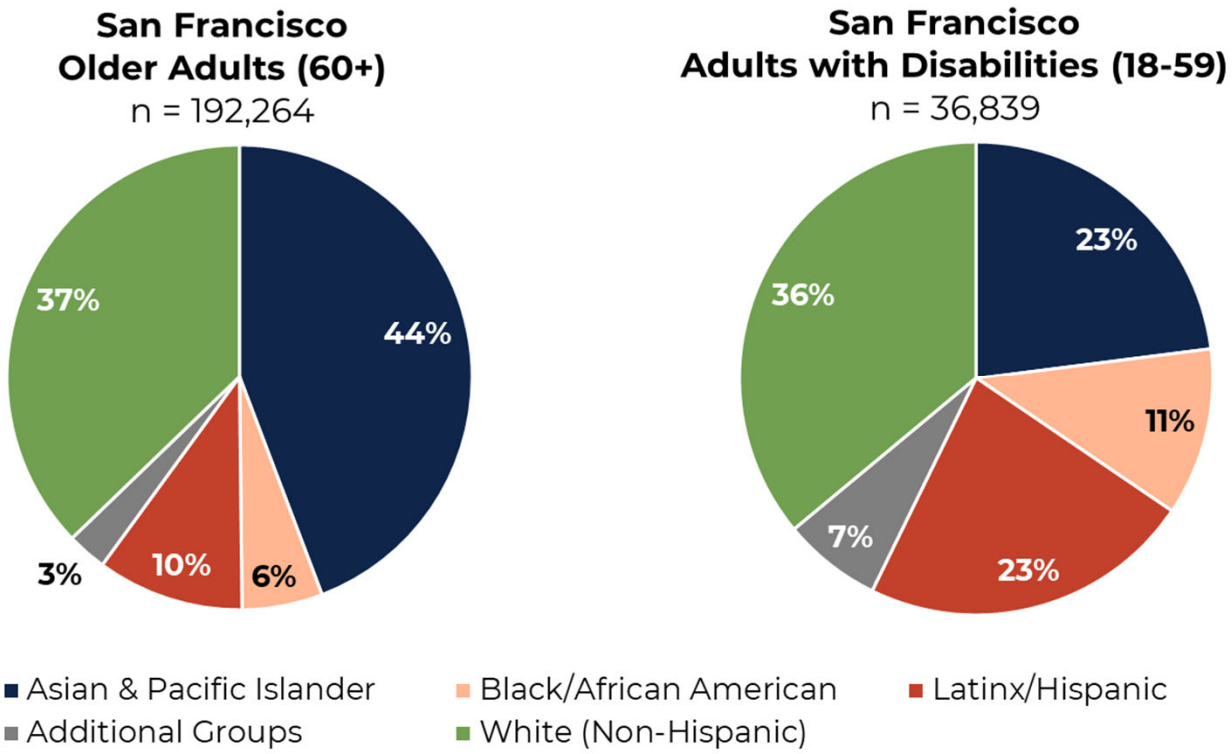


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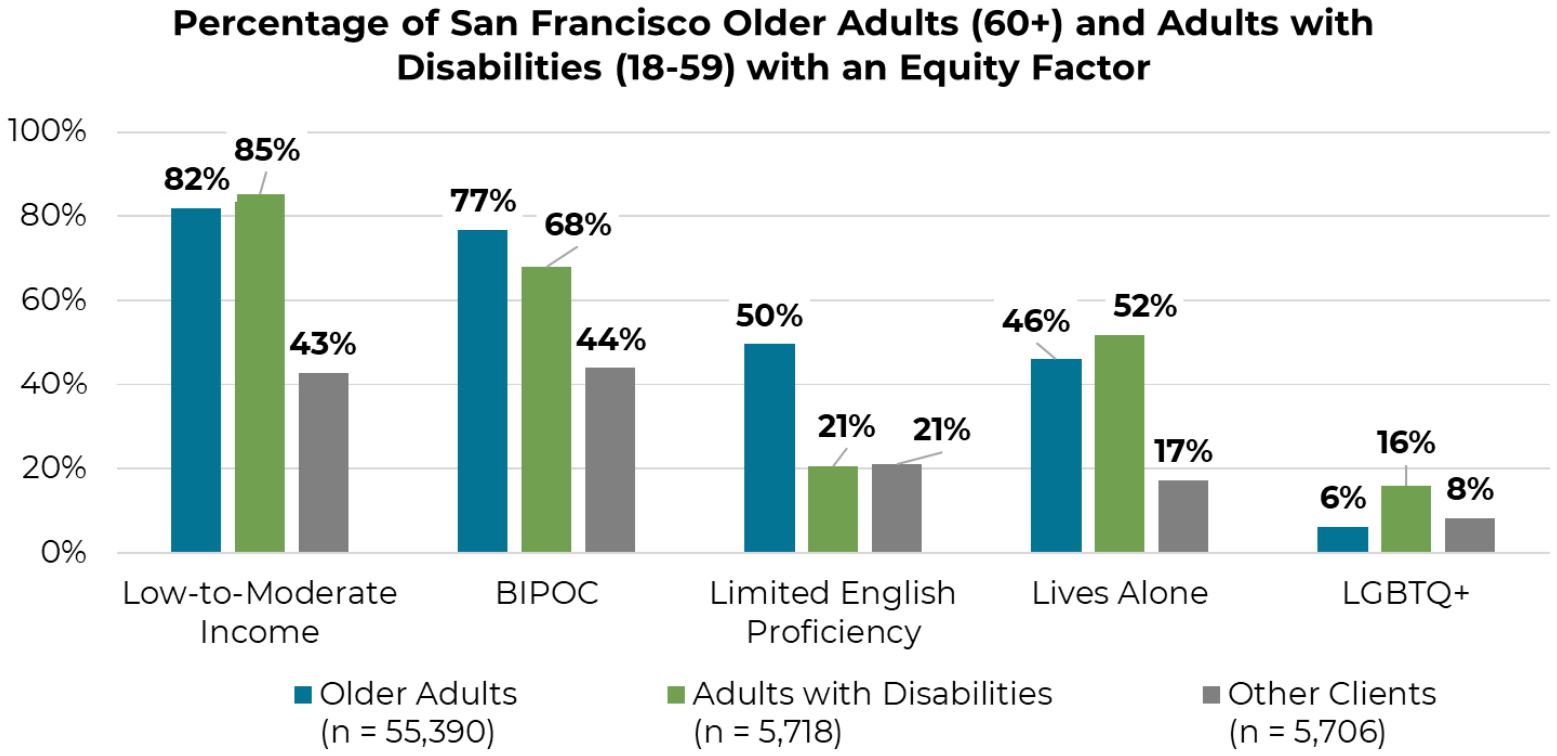
# DAS Client Profile: With an Equity Factor

**Based on clients enrolled in Dignity Fund-eligible services in FY 2024-25**

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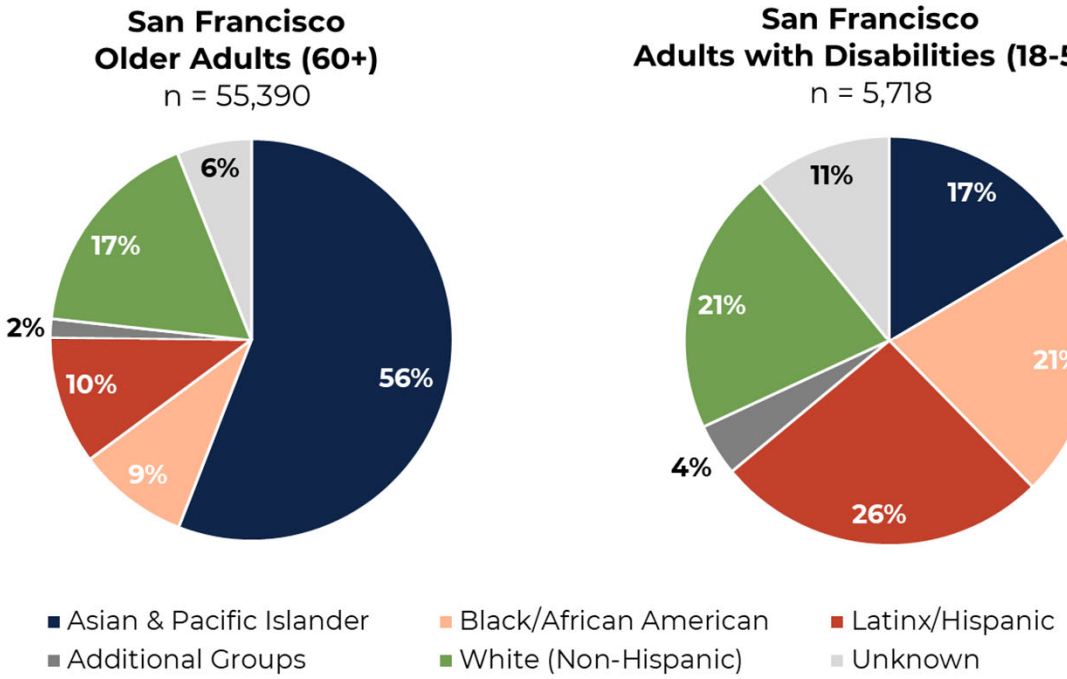


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# Equity Analysis Findings

# Equity Analysis: Question 1

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

| Equity Factor | Older adult participation rate per 1,000 | Participation rate compared to older adults overall | Adults with disabilities participation rate per 1,000 | Participation rate compared to adults with disabilities overall |
|---|---|---|---|---|
| **Low-to-Moderate Income** | 873 | 3x | 415 | 2.7x |
| **BIPOC** | 352 | 1.2x | 165 | 1.1x |
| **Limited English Proficiency** | 567 | 2x | 351 | 2.3x |
| **LGBTQ+** | 118 | 0.4x | 86 | 0.6x |
| **Living Alone** | 490 | 1.7x | 341 | 2.2x |
| **Overall participation rate per 1,000** | 288 | - | 155 | - |

# Equity Analysis: Next Steps

- Complete data cleaning and analysis to **answer Questions 2 and 3,** including tasks such as:
  - Cleaning and geocoding client and service site address data
  - Analyzing service utilization rates and funding across city districts
- Develop **program-level equity analysis** to understand demographic trends in service utilization for select programs
- Prepare a **written summary of equity analysis findings** to include in the DFCNA report

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# Community Forums & Focus Groups

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# Forum Participants

## Who attended?

| | # | % |
|---|---|---|
| **Age (N=388)** | | |
| 25-59 | 32 | 8% |
| 60-64 | 29 | 7% |
| 65-74 | 146 | 38% |
| 75-84 | 130 | 34% |
| 85+ | 49 | 13% |
| Declined to state | 2 | 1% |
| **Gender (N=374)** | | |
| Female | 304 | 81% |
| Male | 62 | 17% |
| Genderqueer/Gender nonbinary | 4 | 1% |
| Declined to state | 4 | 1% |
| **Sexual Orientation (N=349)** | | |
| Straight/Heterosexual | 284 | 81% |
| Bisexual | 20 | 6% |
| Gay/Lesbian/Same-Gender Loving | 6 | 2% |
| Not Listed/Questioning/Unsure | 7 | 2% |
| Declined to state | 32 | 9% |

# Forum Participants

## Who attended?

| | # | % |
|---|---|---|
| **Primary Language (N=369)** | | |
| English | 147 | 40% |
| Cantonese | 135 | 37% |
| Spanish | 55 | 15% |
| Mandarin | 14 | 4% |
| Tagalog | 8 | 2% |
| ASL | 3 | 1% |
| Other + Declined to state | 7 | 2% |
| **Ethnicity (N=391)** | | |
| Asian/Pacific Islander | 187 | 48% |
| Hispanic or Latinx | 72 | 18% |
| Black or African American | 59 | 15% |
| White | 39 | 10% |
| Multi-Racial (not Latinx) | 10 | 3% |
| Decline to state | 24 | 6% |

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# Notes on Analysis

- **Rolling analysis** during data collection
  - Facilitators met at the close of each forum and/or focus group to discuss their group's input
  - Key themes were identified at the close of each forum/focus group
  - Needs specific to each District were also highlighted
- **Synthesis meeting** with facilitators to re-examine themes and take-aways, to gather “vibes”

# Six Key Take-Aways

1. **Housing**

   This was a critical and recurring concern, including issues with crowded living, high rent, poor living conditions, long waitlists for senior housing, affordable assisted living, and the complexity of application processes. Many participants noted that their benefits were insufficient to cover housing costs.

2. **Transportation**

   A major concern across all districts, encompassing the need for reliable, safe, and accessible public transit (MUNI, BART, paratransit), free or subsidized transit cards (Clipper, Essential Trip Card), and improved bus driver training. Issues with bus safety, delays, and accessibility for those with mobility challenges were frequently mentioned.

# Six Key Take-Aways

## 3. Safety

Participants consistently expressed concerns about street safety (homelessness, drug use, uneven sidewalks, lack of lighting, electric scooters), personal safety (robberies, petty crime, assault), and home security. There were widespread calls for increased police presence, proactive ambassadors, and safer infrastructure.

> *Getting around safely has been hard; people try to take my wheelchair; Trader Joe's on Market Street, and that's not a safe thing - I stopped at crosswalk and someone took my bag.*
>
> *Bicycles, scooters – they're an unsafe hinderance for us to get out and go for a walk*
>
> — Virtual focus group

# Six Key Take-Aways

## 4. Food/Meals/Nutrition

The importance of food banks, nutritious and convenient food options, customized food delivery, and increased food stamp benefits were discussed. Concerns about the quality of existing food programs and the need for more wholesome, culturally appropriate, prepared meals were common.

*I don't eat the food they give us because to me, I don't like it … I don't know what's going on. We need our healthy food. Taro, banana, corned beef are cultural staples.*

— Pacific Islander focus group

*Many shelters can't accommodate a vegan diet. I went around the city to where I knew could get vegan food, but the sugar was so high, I got sick really badly.*

*For older women, sodium in food is relevant. A lot of people have high blood pressure.*

— Focus group with unhoused San Franciscans

# Six Key Take-Aways

## 5. Awareness of Services and Programs

A pervasive challenge was the lack of awareness about available services and the difficulty in navigating bureaucratic processes. Suggestions included better outreach through various mediums (physical bulletins, neighborhood newspapers, email lists), a "one-stop call and website for services," and a "welcome packet to your golden years."

> *Trying to find the infrastructure of who do you call, how much does it cost...Family Care Alliance has given me a list of different agencies/people, but it's really hard to filter the ones that you need; have worked with care managers just to see what's out there.....it's really overwhelming.*
>
> — Caregiver focus group

# Six Key Take-Aways

## 6. Healthcare/Medical

Access to affordable and comprehensive healthcare, support for family caregivers, and the need for vetted, affordable in-home support were significant concerns. Issues with insurance coverage, high medical expenses, and the desire for personalized care were also prominent.

> *It took me over a month to even get in and see a doctor, I couldn't get connected with mental health care. The referral system in SF is basically a brick wall.*
>
> — TGNC focus group

# Additional Needs

- Social  Connection Activities
- Financial Assistance/Benefits
- Technology/Digital Literacy
- Language/Cultural Fit

*I would like if the activities were offered to Korean members in Korean language.*

— Korean focus group

*We have to pay $1 per trip for the shuttle bus, $2 per trip. To go to the shopping center, it costs $5. We only have Social Security income, this is a significant financial burden.*

— Japanese focus group

*If you can't use a computer, then you don't have access to opportunities.*

— Adults and TAY with disabilities focus group

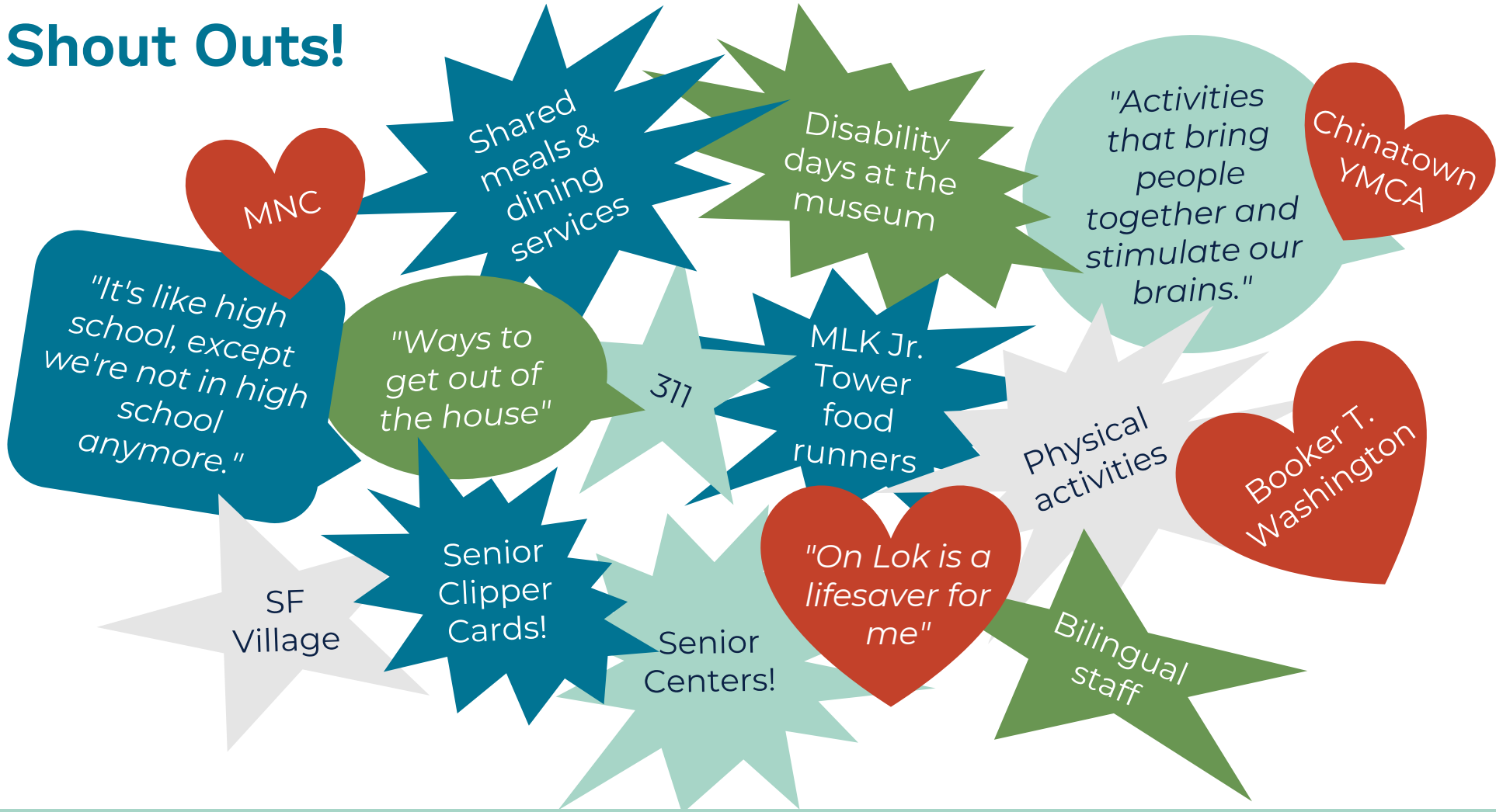
*That's why our senior center was so important. Bring people together to get support from advocates who really truly understand our needs.*

— Native American focus group

*Opportunities like volunteering as a way to stay socially connected, interact with and authentically connect with others.*

— TGNC focus group

# Shout Outs!


MNC
Shared meals & dining services
Disability days at the museum
"Activities that bring people together and stimulate our brains."
Chinatown YMCA
"It's like high school, except we're not in high school anymore."
"Ways to get out of the house"
311
MLK Jr. Tower food runners
Physical activities
Booker T. Washington
SF Village
Senior Clipper Cards!
Senior Centers!
"On Lok is a lifesaver for me"
Bilingual staff

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# Population & Provider Surveys

# Population Survey

DAS and Clarity designed and implemented a survey — available in **10 languages** across **accessible online and paper formats** — using the following methods:

- **Randomized sampling:** to obtain a representative sample, using a randomized "address-based sampling" survey mailing to 25,000 households
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\+ **Provider survey returns:** 290 responses

# Overview of Survey Content

# Overview of Data Collection

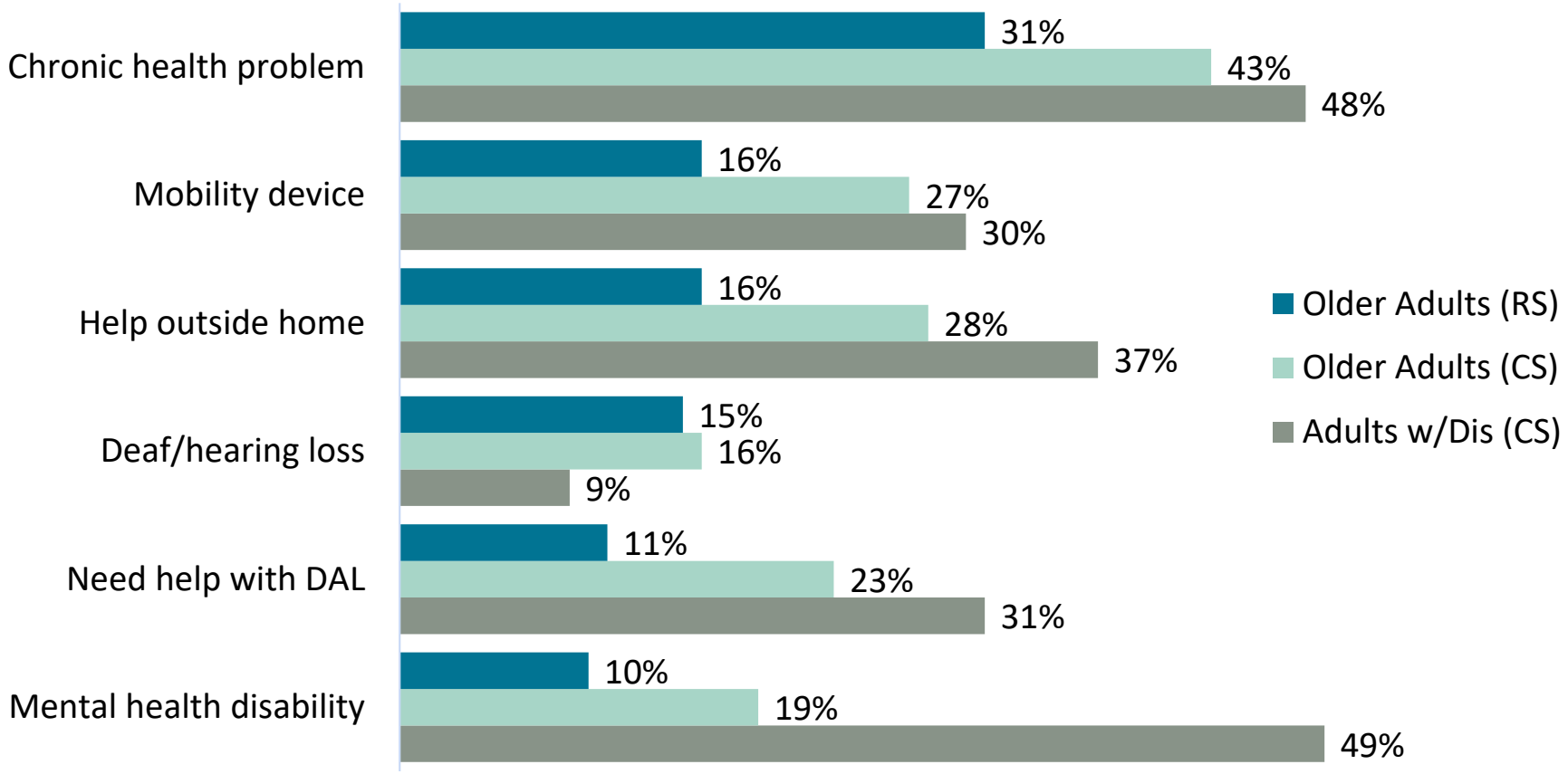
| | Random Sample (RS) | Convenience Sample (CS) | Provider Survey |
|---|---|---|---|
| **Sample Description** | Mailers sent to ~ 25,000 randomly sampled households likely to contain someone aged 60+. | Older adults, adults with disabilities, and other important groups who responded to a variety of outreach efforts. | DAS Service Providers who answered the survey in response to a DAS outreach email. |
| **Number of Respondents** | **2,081 post-cleaning** (Target was 250) | **4,071 post-cleaning** (Target was 2,250) | **293** (No target) |
| **Modes of DC** | Online (11%, *n* = 222)<br>Paper (89%, *n* = 1,859) | Online (81%, *n* = 3,283)<br>Paper (19%, *n* = 788) | Online only |
| **Languages** | 10 | 10 | English |
| **Response Rate** | ~ 9% (Target 1-3%)<br>Margin of error ~ +/- 2.2% | Not applicable | Not applicable |

# Respondent Self-Descriptions

## % who reported they had a chronic health problem or other listed disability:

*N's = 1,949 (weighted); 2,893; 489*

# Respondent Self-Descriptions



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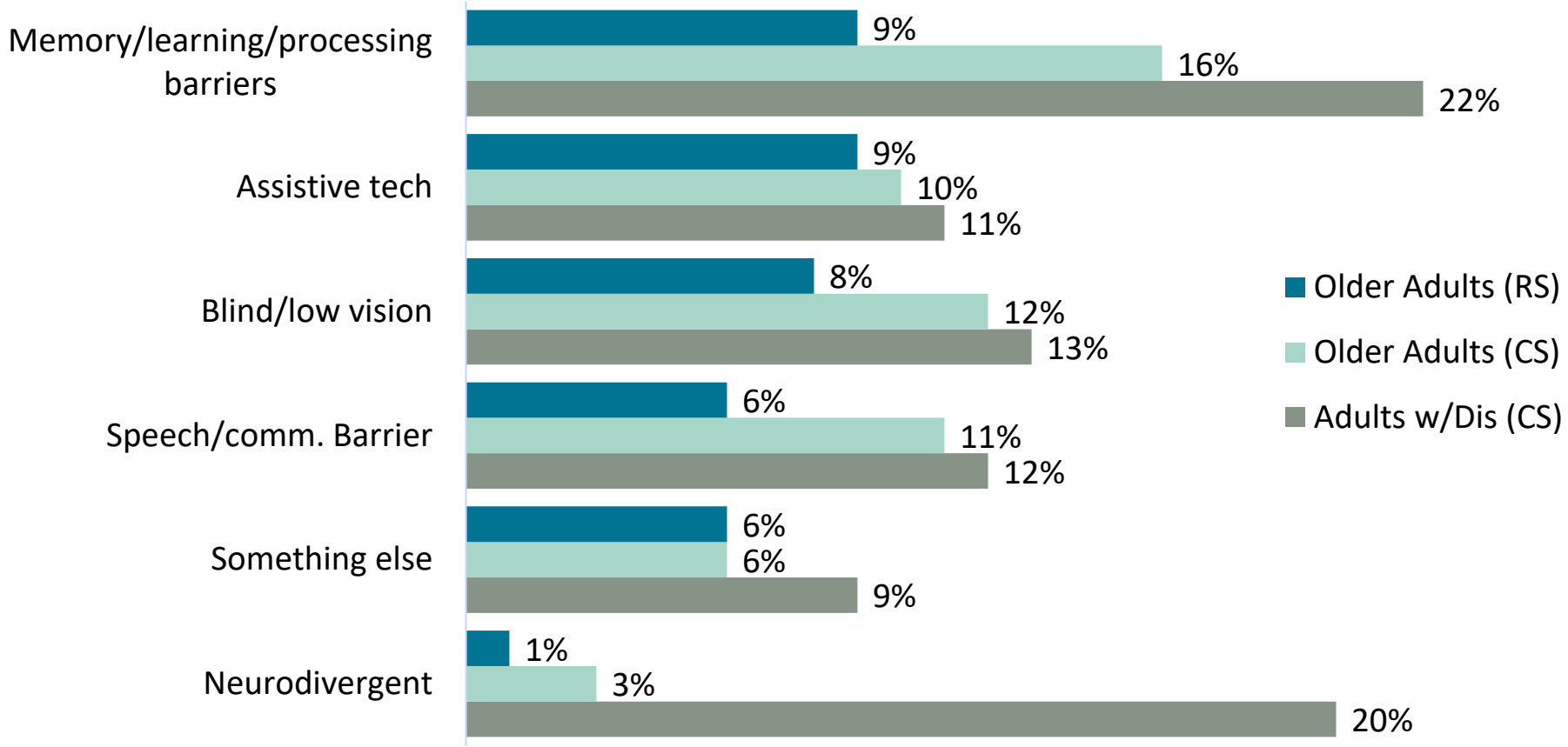




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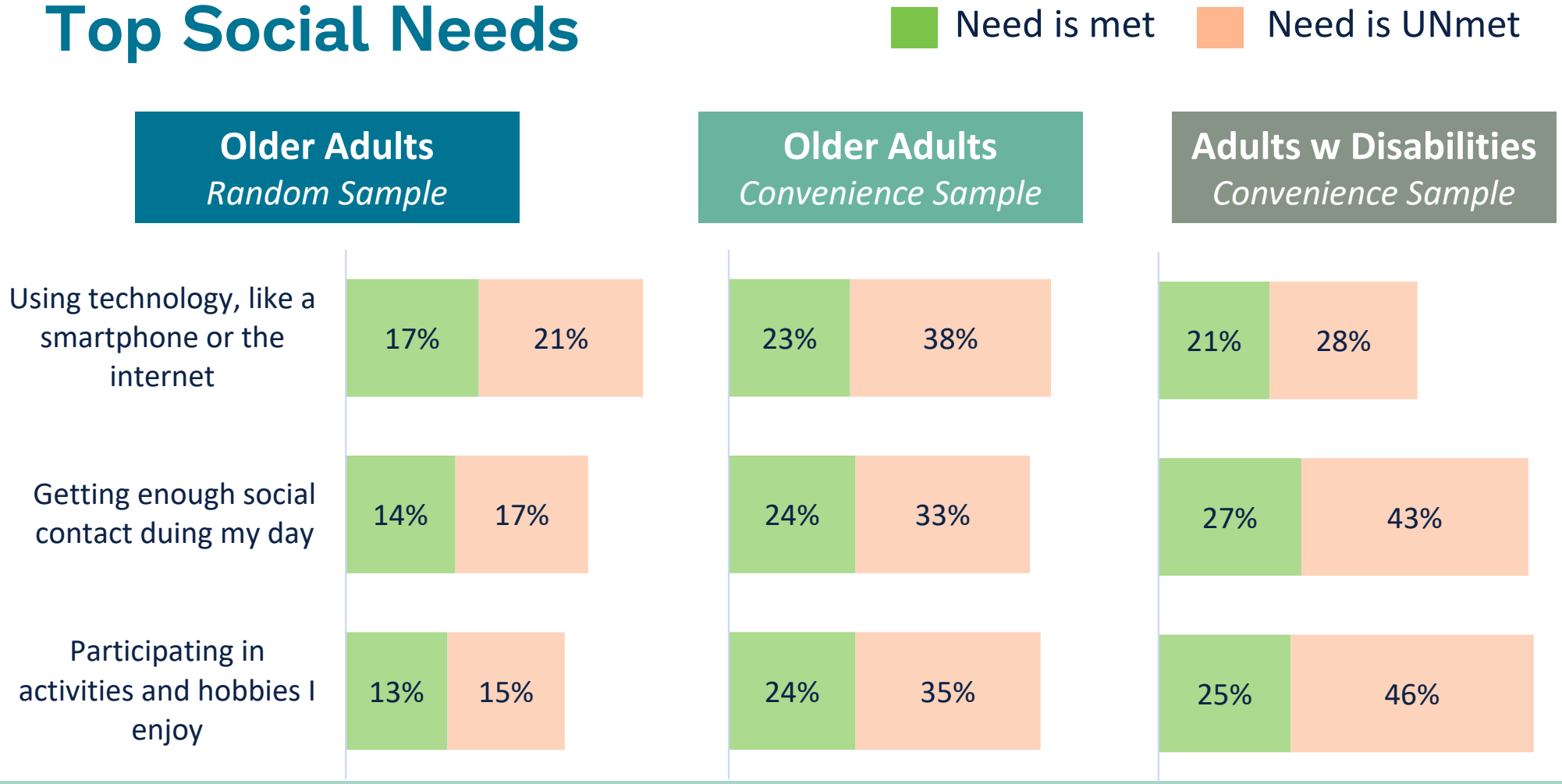
# Comparing Needs Across Groups

- Profiles of the two older adult samples are quite different.
  - The **random sample** reflects population %s.
  - The **convenience sample** contains more service-connected people.
- Unmet needs for Older Adults in the convenience sample are much higher, but met needs are higher, too
- How can we understand this? We're connecting with the right people … but they still need a lot of help
- Needs for Adults with Disabilities (18-59) are even higher

# Top Social Needs



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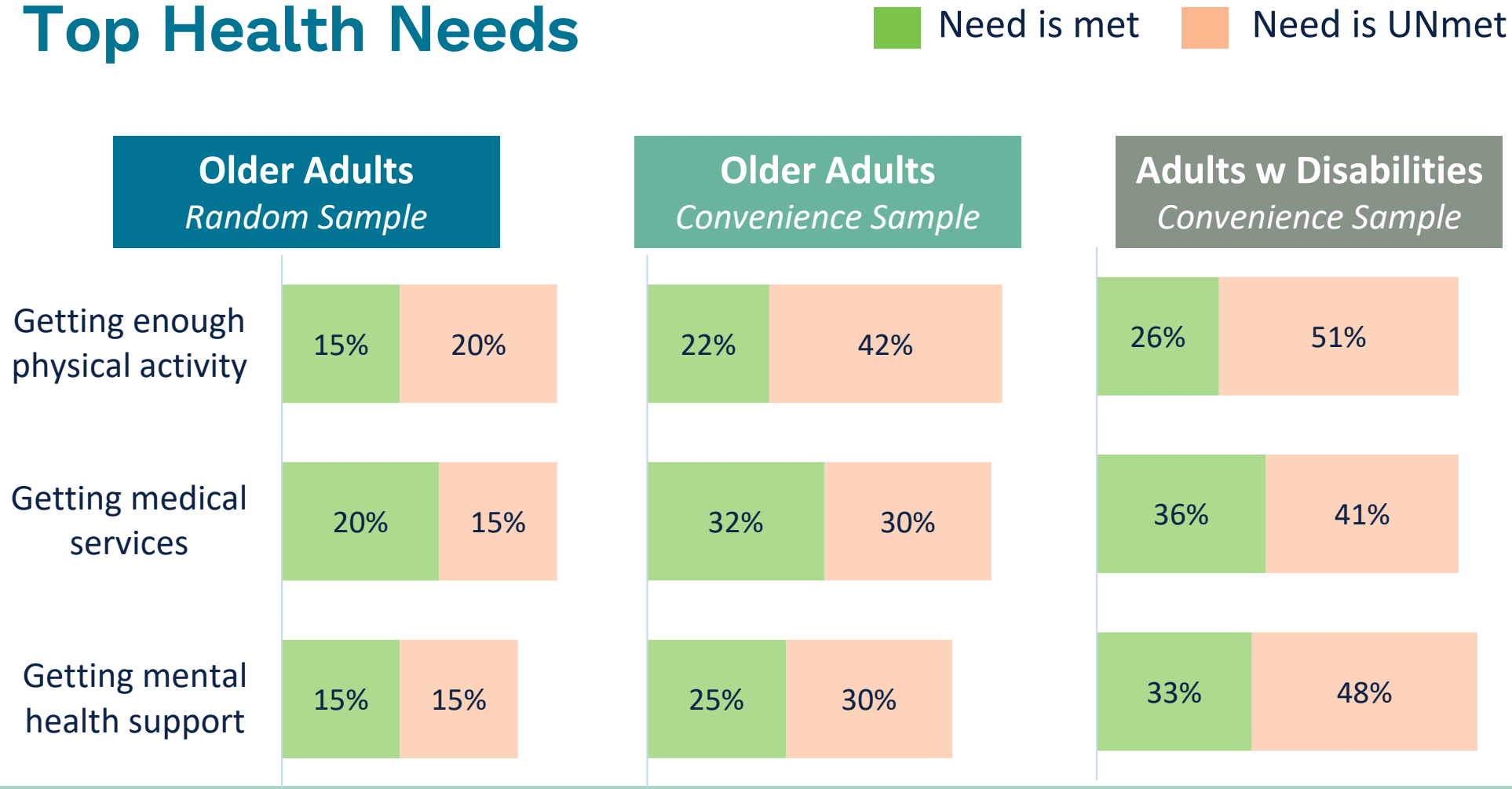
# Top Health Needs



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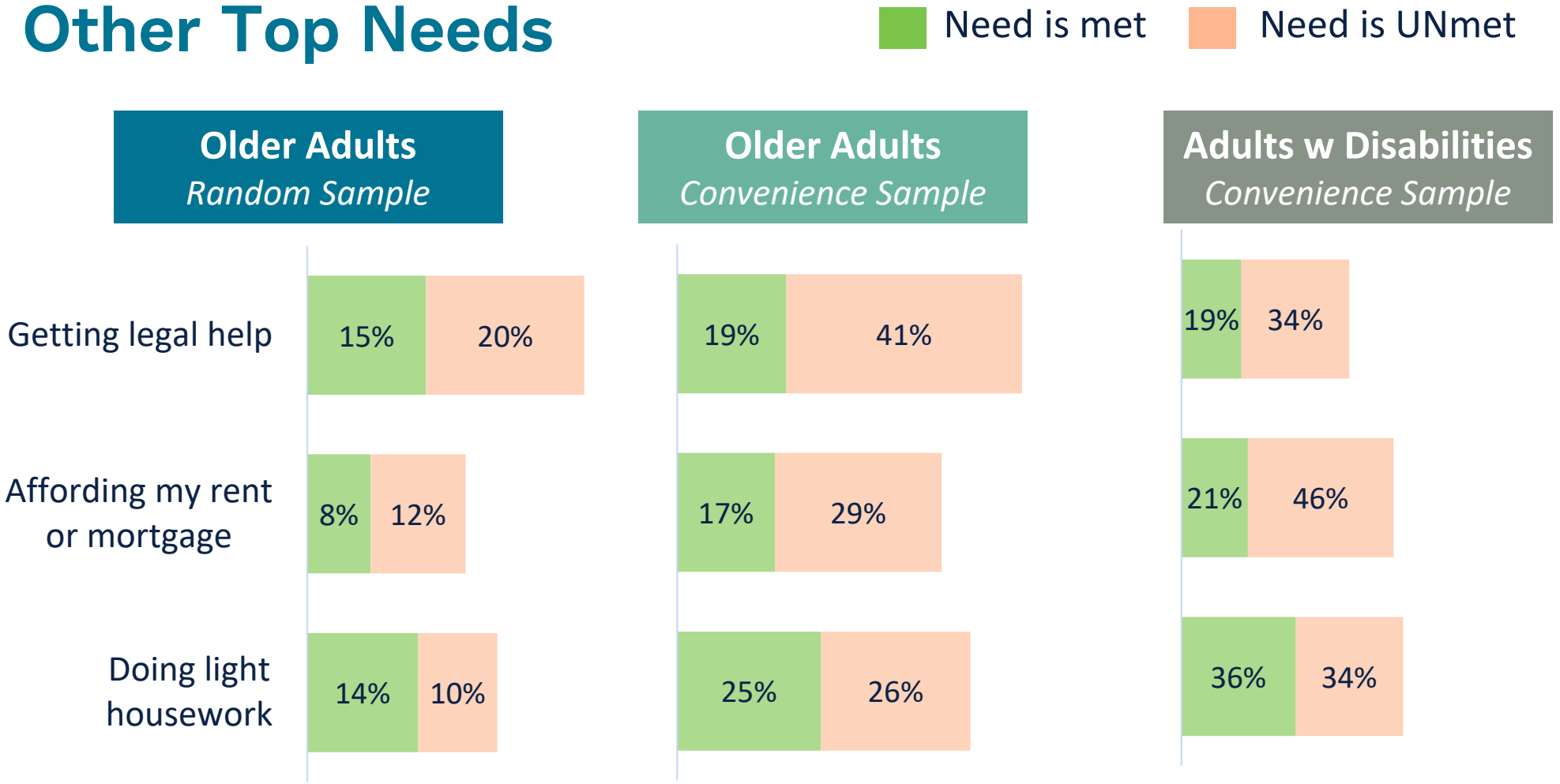
# Other Top Needs



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# What is the MOST important thing you need right now to improve your quality of life?

### 1. Social Connection (13%)

*"I need social connections. My friends have died or moved away, and I have not been able to make new connections."*

### 2. Satisfied – But Anxious (11%)

*"Don't need anything now– but that could change at any time, and I would not know where to look for help."*

### 3. Health and Well-being (10%)

*"To be able to manage my chronic pain for quality of life."*

*"Continued good health of myself and my spouse."*

# What is the MOST important thing you need right now to improve your quality of life?

### 4. Housing Access and Affordability (8%)

*"Right now, I work full time at age 62. Right now, I don't qualify for any senior housing because of my income. … I'm just worried that when I retire, I won't be able to qualify income wise for any apartments because my social security isn't enough. I'm worried I'll be homeless."*

### 5. Food Security (8%)

*"Help with healthy food […] food prices are very high. I started skipping lunch this week."*

# How Are Caregivers Faring?

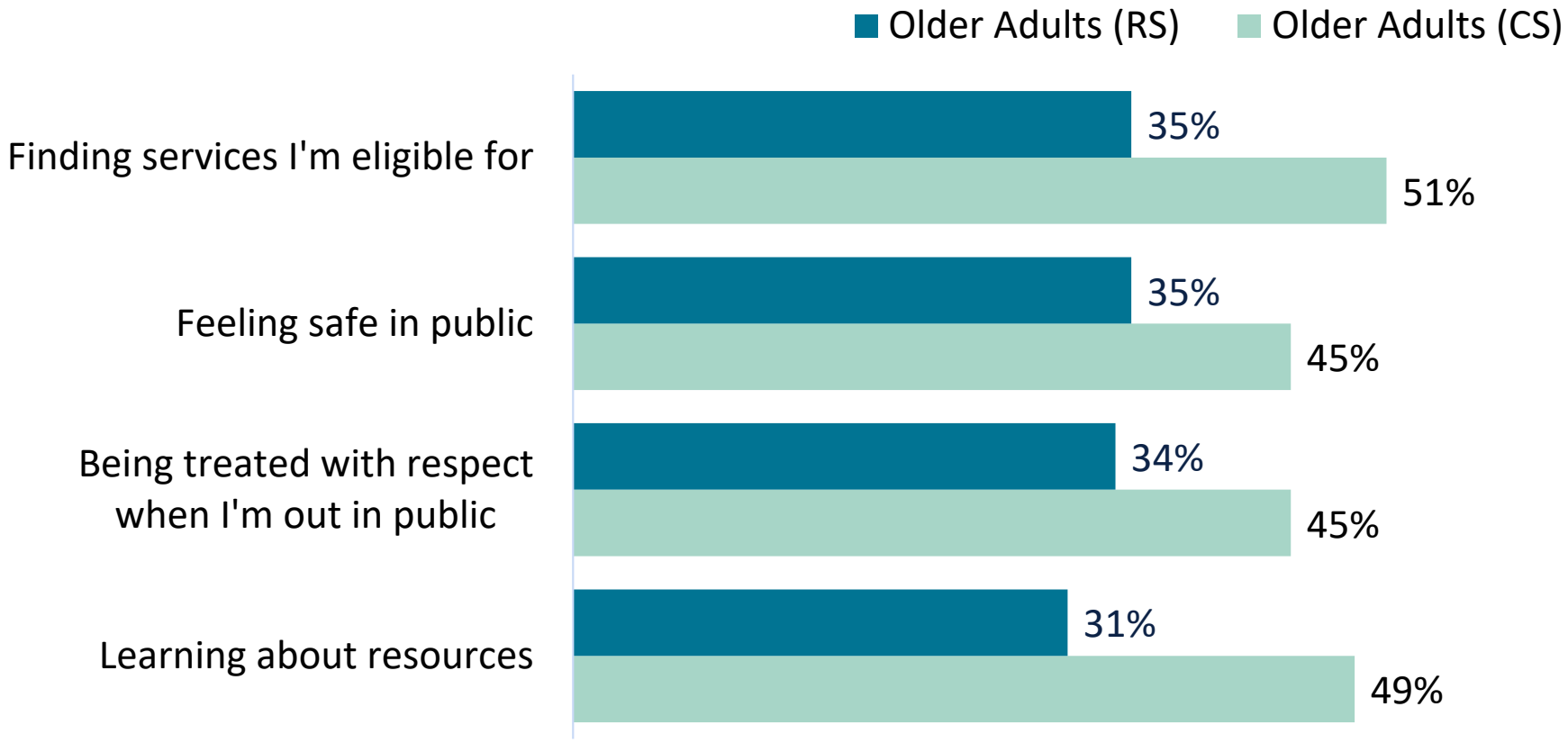
- **34% of Convenience Sample are providing care for family members or friends.**
  - Most provide care on a daily basis
  - Most are the only source of help for their person
  - Caring for people with physical disabilities and memory/cognitive disabilities was most common
- **Stress levels of caregivers are very high** – at least multiple times a week …
  - 3/4 feel emotional stress
  - 2/3 feel physical stress
  - 2/3 experience financial stress
- **Over 1/3 of caregivers have unmet needs across all areas.**
- **Over 1/3 don't know where to go for support.**



*%s based on caregivers in the Convenience Sample, n's vary, unweighted.*

# Top Barriers to Service for Older Adults

## Often + Almost Always

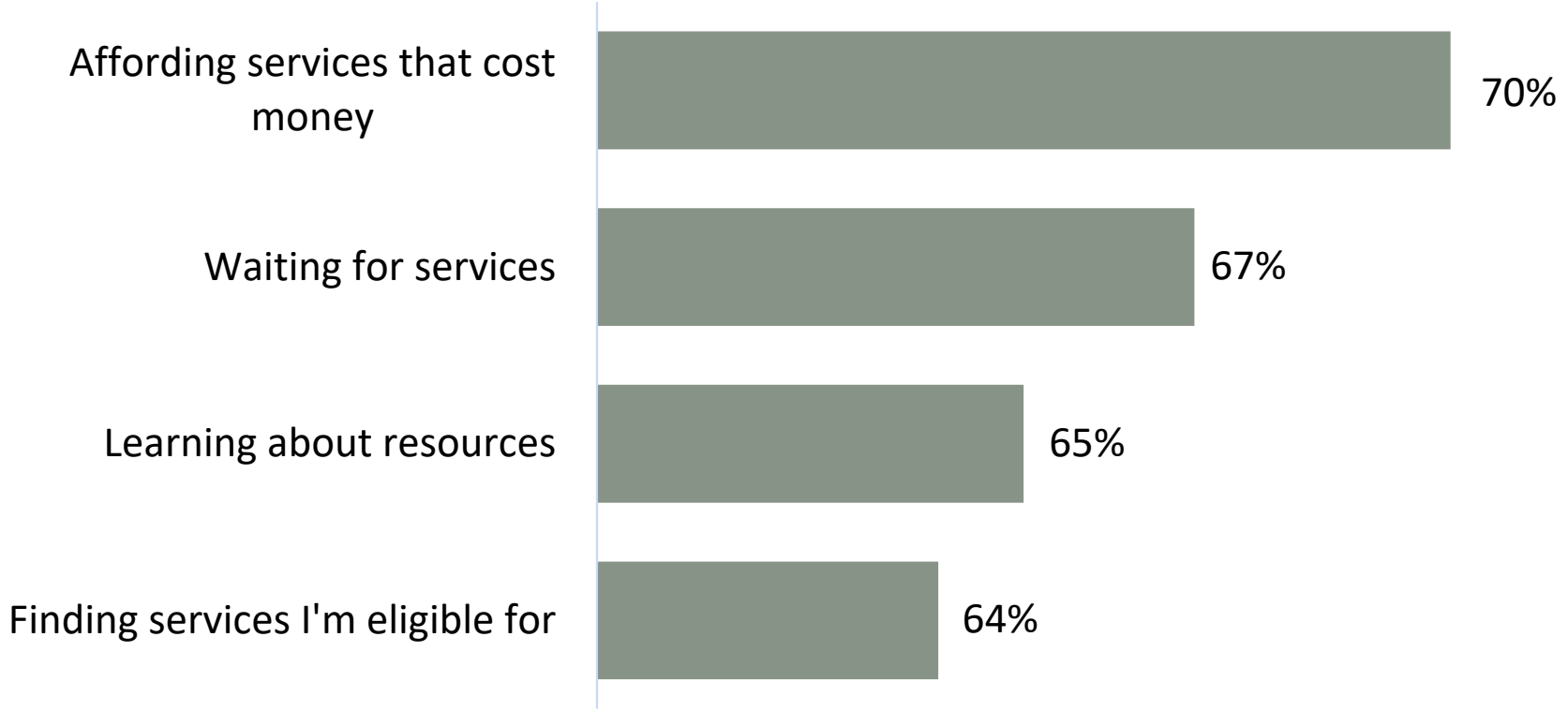





*N's vary. Overall N's are: 1,949 (weighted); 2,893.*

# Top Barriers to Service for Adults with Disabilities

## Often + Almost Always






*N's vary. Overall N = 489.*

# Provider Survey Tidbits – Barriers to Service

| "Major" Challenges Include: | |
|---|---|
| **Waiting** for services that are already full or have a long waitlist | 54% |
| **Affording** services that cost money | 51% |
| **Navigating** service systems to get available social, health, housing, or other services | 46% |
| Using **technology** to participate in services | 40% |



*N = 293*

# This was just a taste! Our next steps …

- **Content analysis** of all open-ends, including translations
- **Deeper** analysis by key groups of interest (caregivers, veterans, by language, ethnicity, other demographics)
- **Identification of key themes** across all work, and meshing learnings

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# Project Timeline & Next Steps

# Project Timeline

| Activity | 2025 | | | | | | | | | | | | 2026 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Procure consultant | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | |
| Develop project plan, including community research methodology | | | | | | ■ | ■ | | | | | | | | | | | |
| Share project plan with OAC, DAS Commission, and stakeholders (by Sept 1, 2025) | | | | | | | ■ | | | | | | | | | | | |
| Conduct needs assessment research activities<br>• Develop survey instrument and forums/focus group protocols (Jul-Aug 2025)<br>• Gather survey, forum, and focus group data (Aug-Sept 2025)<br>• Prepare equity analysis (Aug-Sept 2025)<br>• Analyze all data and develop findings (Oct-Dec 2025) | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | |
| Draft report | | | | | | | | | | ■ | ■ | ■ | ■ | ■ | | | | |
| Share draft report (by March 1, 2026) | | | | | | | | | | | | | | | ■ | | | |
| Share final report (by April 1, 2026) | | | | | | | | | | | | | | | | ■ | | |
| Hold joint public hearing of the OAC and DAS Commission | | | | | | | | | | | | | | | | ■ | | |
| DAS Commission approval vote (by May 1, 2026) | | | | | | | | | | | | | | | | | ■ | |
| BOS approval vote (by June 1, 2026) | | | | | | | | | | | | | | | | | | ■ |

# Key Dates for DF OAC

DAS and Clarity will present at the following OAC meetings throughout the 2026 DFCNA process:

- **DAS + Clarity presentations**
  - **July 2025:** Project plan (completed)
  - **December 2025:** Preliminary research findings (this meeting)
- **DAS presentations**
  - **March 2026:** Draft report
  - **April 2026:** Final report (joint hearing with DAS Commission)

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# Discussion

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# Thank You

**Paulo Salta & Adithi Vellore**
dfcna@sfgov.org

www.sfhsa.org