

# 2025-26 Dignity Fund Community Needs Assessment

Presentation to the DAS Commission, Dignity Fund Oversight and Advisory Committee, and Mayor's Disability Council

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# Agenda

- DFCNA Project Overview
- Selected 2025-26 DFCNA Findings
  - DAS Population & Client Profiles
  - Findings and Recommendations
- Project Timeline & Next Steps
- Discussion

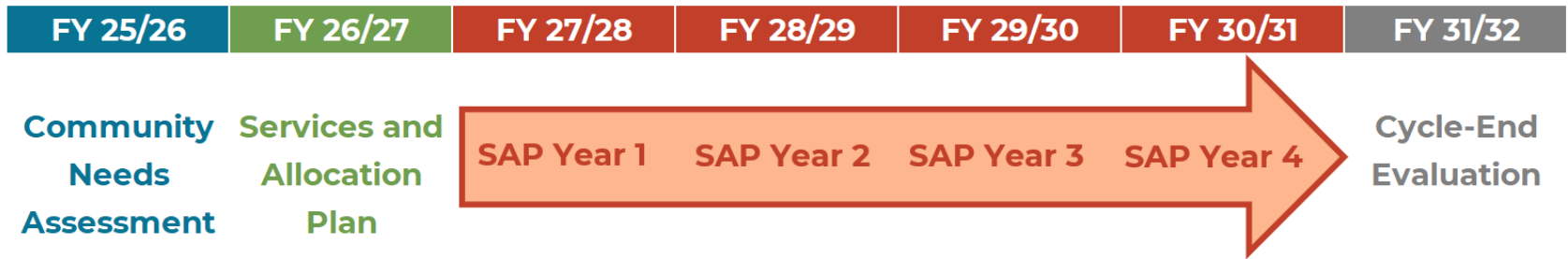
# DFCNA Project Overview

# 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

# Purpose, contd.

## 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?

# Methodology

- **Community Research:** Gather input about community needs directly from diverse stakeholders using qualitative and quantitative research methods
  - **Population Survey:**  
6,440 participants (6,150 consumers and 290 service providers)
  - **Community Forums:**  
460 participants across 11 in-person events and 1 virtual event

# Methodology, contd.

- **Community Research:** Gather input about community needs directly from diverse stakeholders using qualitative and quantitative research methods
  - **Focus Groups:**  
130 participants across 10 in-person events and 4 virtual events
  - **Service Provider Working Group Listening Session:**  
65 participants at a hybrid in-person/virtual event

# Methodology, contd.

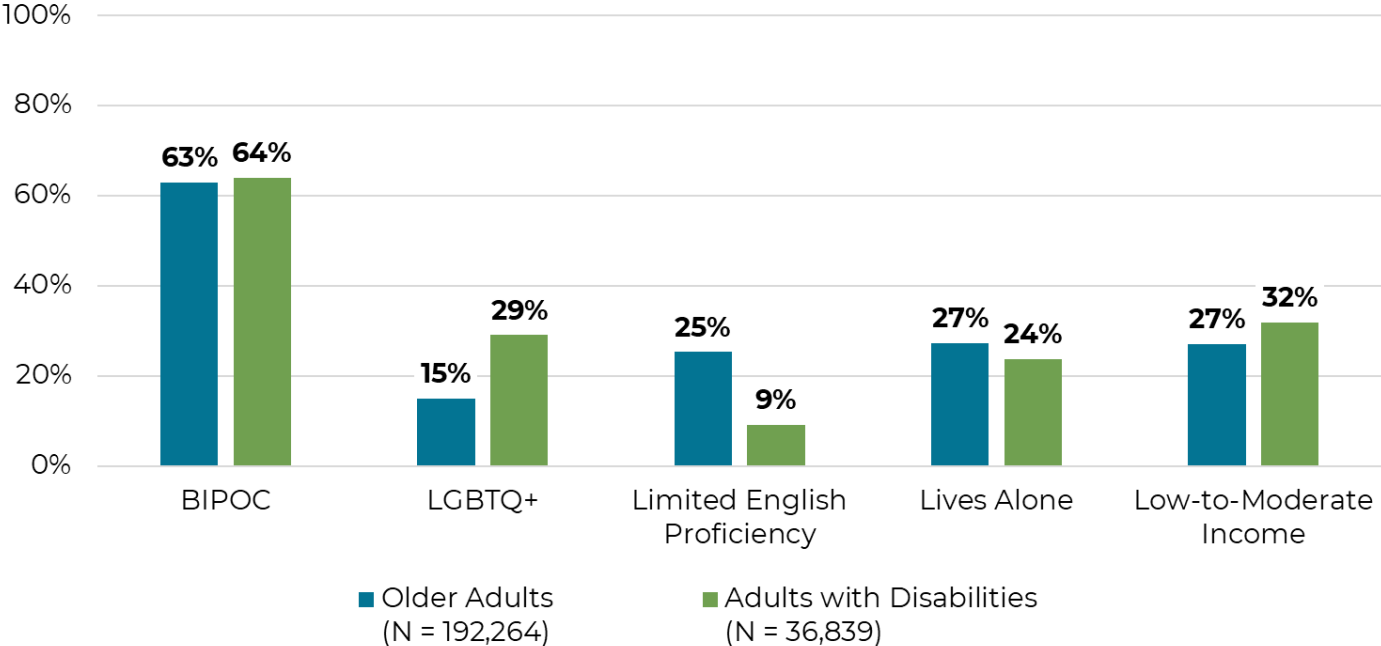
- **Equity Analysis:** Evaluate how well DAS is serving the city's diverse populations, using population and program administrative data
  - Census data
  - DAS enrollment data
  - DAS budget data

# Selected 2025-26 DFCNA Findings

# DAS Population & Client Profiles

# Population Profile: With an Equity Factor

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



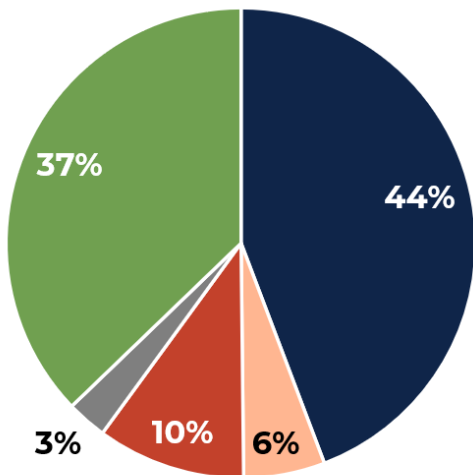
Data Sources: 2023 American Community Survey, 5-Year Estimates, 2023 San Francisco City Survey

# Population Profile: Race/Ethnicity Detail

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

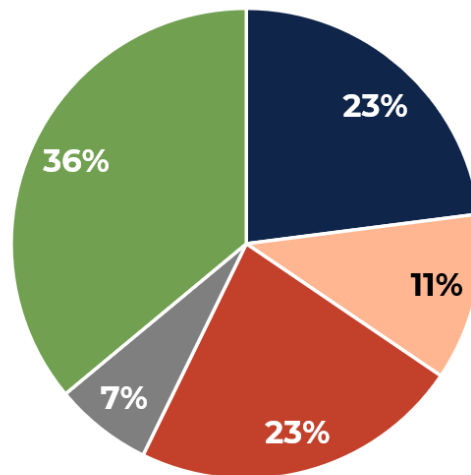
**Older Adults (60+)**

N = 192,264



**Adults with Disabilities (18-59)**

N = 36,839



■ Asian & Pacific Islander

■ Black/African American

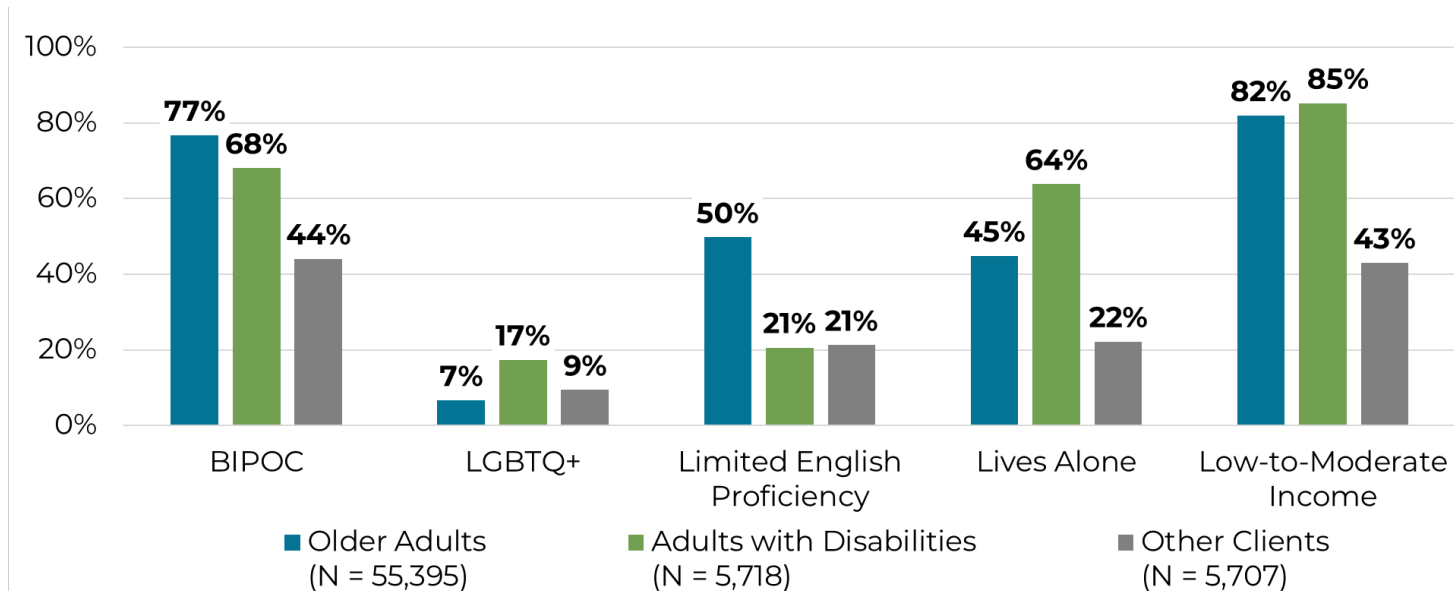
■ Latinx/Hispanic

■ Additional Groups

■ White (Non-Hispanic)

# DAS Client Profile: With an Equity Factor

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



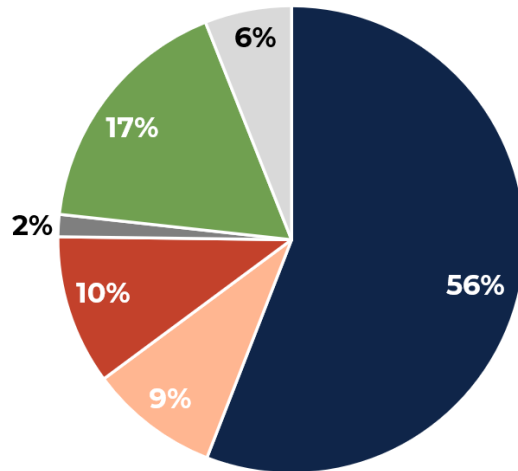
Data Sources: SF DAS GetCare FY 2024-25,  
Other select SFHSA and DAS program data, FY 2024-25

# DAS Client Profile: Race/Ethnicity Detail

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

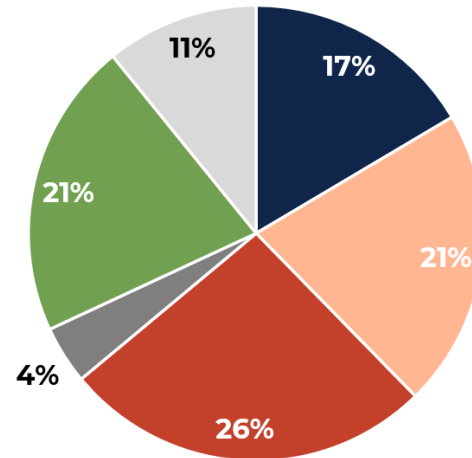
**Older Adults (60+)**

N = 55,395



**Adults with Disabilities (18-59)**

N = 5,718



■ Asian & Pacific Islander  
■ Additional Groups

■ Black/African American  
■ White (Non-Hispanic)

■ Latinx/Hispanic  
■ Unknown

*Data Sources: SF DAS GetCare FY 2024-25,  
Other select SFHSA and DAS program data, FY 2024-25*

# Findings and Recommendations

# Overview

Overall, DAS is effective in reaching older adults and adults with disabilities in need, and our robust community-based provider network helps drive high participation.

## Service Participation Rates by Equity Factor

Equity Factor	Older Adults	Adults with Disabilities
Overall	29%	16%
BIPOC	35%	17%
LGBTQ+	13%	9%
Limited English Proficiency	57%	35%
Lives alone	48%	42%
Low-to-moderate income	87%	42%

# **1. Older adults have varied needs and worry about how they will meet their needs as they age.**

## **Findings**

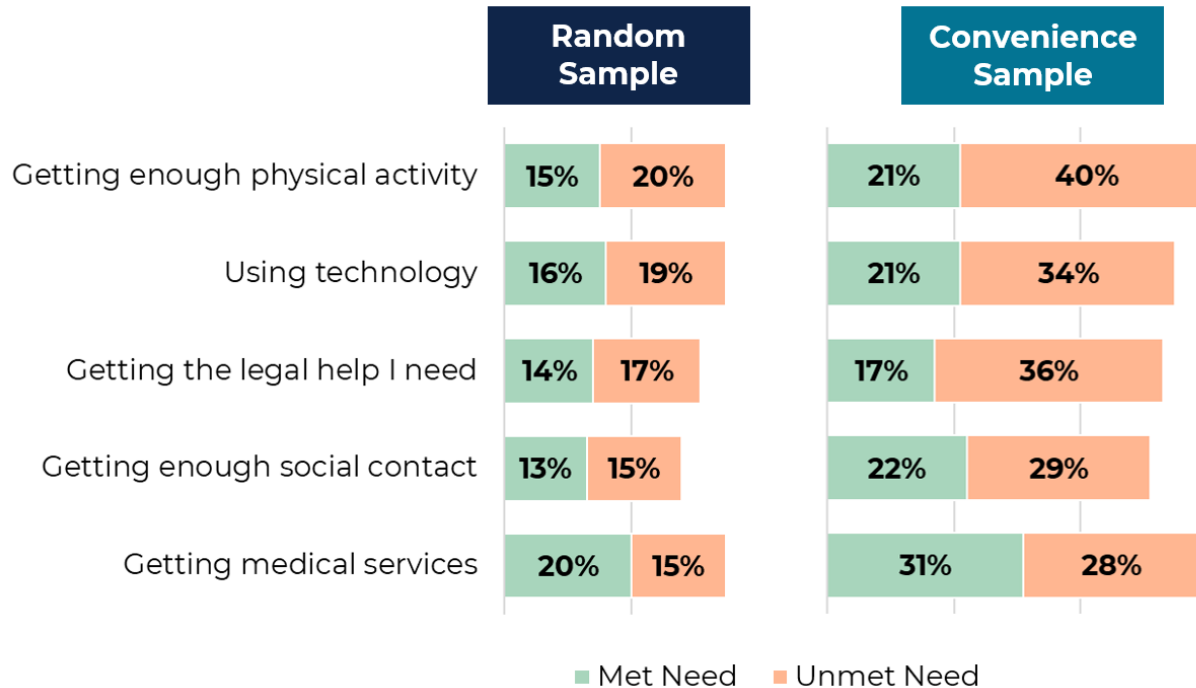
- A. More service-connected seniors tend to have higher needs than the average senior**
- B. More service-connected seniors face more barriers to service access than the average senior
- C. Older adults with an equity factor tend to have higher needs than their peers
- D. Even seniors whose needs are met now worry about future needs

# **1. Older adults have varied needs and worry about how they will meet their needs as they age.**

## **Recommendations**

1. Maintain or expand DF-eligible services for seniors
2. Bolster senior legal assistance programs
3. Explore ways to boost awareness of DAS among adults ages 50-65
4. Continue cultivating partnerships with CBOs to engage equity populations

# Top Five Areas of Need for Older Adults, by Survey Sample\*



*\*Note: The number of respondents (N) varies both by the survey sample and the area of need. See the report Appendices for more information.*

## **2. Adults with disabilities face significant barriers to participation in services, which contribute to high levels of unmet need.**

### **Findings**

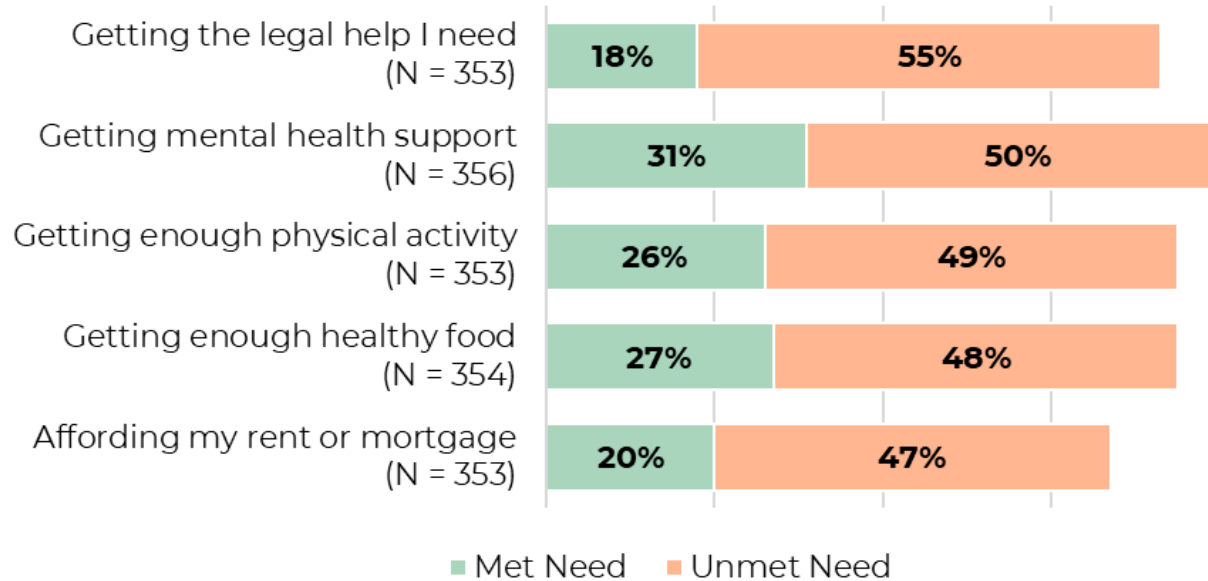
- A. Adults with disabilities tend to have high levels of need**
- B. Adults with disabilities face significant barriers to participation
- C. Despite high levels of need, disabled adults participate in services at lower rates than seniors
- D. Disabled adults with select equity factors tend to have higher needs and barriers than their peers
- E. Engaging people with different types of disabilities may require different strategies

## **2. Adults with disabilities face significant barriers to participation in services, which contribute to high levels of unmet need.**

### **Recommendations**

1. Develop more tailored outreach strategies for adults with disabilities
2. Analyze DFCNA survey data to understand trends by disability type
3. Partner with disability-serving organizations to understand variation in disability needs
4. Explore ways to tailor existing DAS services for adults with disabilities under the age of 50
5. Build DAS provider capacity to better serve people with disabilities

# Top Five Areas of Need for Adults with Disabilities in the Convenience Survey Sample



### **3. Affordability is a top concern for consumers, who struggle to meet basic needs like housing, care, and food without adequate support.**

#### **Findings**

- A. Older and disabled adults are disproportionately affected by affordability challenges
- B. Social safety net programs provide essential but often insufficient support**
- C. Consumers need help to access and maintain safe, affordable, and accessible housing
- D. Consumers have significant affordable medical, mental health, and long-term care needs
- E. Getting enough healthy food is a concern for consumers

### **3. Affordability is a top concern for consumers, who struggle to meet basic needs like housing, care, and food without adequate support.**

#### **Recommendations**

1. Continue and strengthen essential services in alignment with the Mayor's affordability priorities
2. Coordinate within SFHSA to develop H.R. 1 communications and strategy
3. Partner with City agencies to address disability and aging housing concerns
4. Assess how DAS services play a role in supporting clients' mental health
5. Continue drawing down CalAIM funds to strengthen local LTC system capacity
6. Strengthen support for senior and disabled food programs

*“I’m on GA and food stamps. I didn’t tell them I was homeless unless I had to. I used to get \$200, but now I get \$72 because I’m homeless and don’t have rent to pay.”*

— Community forum participant (District 3)

*“I can’t qualify for Medi-Cal or food stamps... my income goes just above the poverty level, and I’m not eligible. I had to request rent assistance [but couldn’t get ongoing rent assistance]. My grocery bill was cut in half, but it doesn’t meet the need. I can’t meet my needs with my income, but I don’t qualify for anything.”*

— Focus group participant (Adults and transitional age youth with disabilities)

## **4. Social connection is essential for consumers and can be enhanced by community spaces and technology supports.**

### **Findings**

- A. Needs related to social connection are among the top needs for consumers
- B. Dedicated in-person gathering spaces like Community Service Centers are important hubs for social connection**
- C. Technology supports are also essential to increase social inclusion and connection for consumers

## **4. Social connection is essential for consumers and can be enhanced by community spaces and technology supports.**

### **Recommendations**

1. Continue investing in Community Service Centers as essential hubs for social engagement and service connection
2. Expand capacity across technology access and digital literacy programs
3. Ensure ongoing support for in-person service delivery models
4. Promote senior and disability access to arts and cultural programming

*“Keep the funding for social hour here... [and at other] community centers to support community for older people, for fellowship, to keep our minds healthy, to feed us.”*

— Community forum participant (District 5)

*“The American Indian Arts Workshop used to have archery, arts programs, Wednesday night dinners, dances... It was a wonderful place. People remember going there as kids and growing up in this safe space. It closed sometime in the 1980s. There’s a whole generation that’s grown up without any place in San Francisco... There’s a need for investment and infrastructure for our community.”*

— Focus group participant (Native American older and disabled adults)

## **5. Consumers have unmet needs related to mobility, transportation, and safety, which limit their full participation in public life.**

### **Findings**

- A. Older and disabled adults have difficulty accessing services and mobility aids that help maintain or improve mobility as they age
- B. Accessible, affordable, and safe transportation is a central need
- C. Consumers have serious concerns about their safety in public settings
- D. **Geographic concentration of services in the city's central neighborhoods is a higher barrier for people with mobility, transportation, and safety concerns**

## **5. Consumers have unmet needs related to mobility, transportation, and safety, which limit their full participation in public life.**

### **Recommendations**

1. Maintain support for DAS-funded transportation programs
2. Collaborate to implement ADFS action items about transportation
3. Share findings about transportation needs with SFMTA
4. Design a campaign to promote more inclusive public spaces
5. Improve inclusivity of DAS fitness programs for people with mobility issues
6. Explore ways to improve access to mobility aids with SFHP and others

## Financial Allocation by District

District	Total Enrollments	Total Cost	Average per-enrollment cost
1	8,730	\$5,350,203	\$613
2	7,578	\$6,060,234	\$796
3	16,921	<b>\$8,929,031</b>	\$528
4	8,992	\$5,037,148	\$560
5	27,565	<b>\$18,835,115</b>	\$683
6	13,597	<b>\$13,981,108</b>	\$1,028
7	7,446	\$4,653,952	\$625
8	10,709	\$5,869,197	\$548
9	11,862	<b>\$8,144,434</b>	\$687
10	11,164	\$6,354,543	\$569
11	9,524	\$5,306,593	\$557
Unknown	2,341	\$3,301,566	\$1,410
<b>Total</b>	136,429	\$91,793,125	\$673

## **6. Consumers and service providers alike often lack awareness of available resources, or face challenges navigating services to get the help they need.**

### **Findings**

- A. Seniors and adults with disabilities often lack awareness of available resources
- B. Service providers want more info on resources and referral processes, even if they know about some programs
- C. Consumers struggle to navigate complex systems and want support**
- D. Affordability, eligibility, and waitlist issues make service connection difficult regardless of awareness

## **6. Consumers and service providers alike often lack awareness of available resources, or face challenges navigating services to get the help they need.**

### **Recommendations**

1. Complete implementation of the DAS Online Resource Directory
2. Provide general outreach to consumers
3. Strengthen provider capacity to support resource navigation
4. Promote awareness of the DAS Hub across City agencies and providers
5. Continue providing human touchpoints for people seeking help
6. Keep serving clients at all income levels across most programs

*"An abundance of redundant assessments and paperwork to go through due to so many different organizations having different funders that require different demographics/specific forms. This presents a burden to a lot of people due to wading through bureaucracy."*

— Service provider survey respondent

## **7. Despite high rates of participation in services, unmet needs remain high among adults with limited English proficiency and people of color.**

### **Findings**

- A. People with limited English use DF services at 2x the overall population; BIPOC individuals participate at similar rates
- B. Despite high rates of participation, these groups have higher needs and barriers**
- C. These groups want greater acknowledgement of their cultural history and more tailored services

## **7. Despite high rates of participation in services, unmet needs remain high among adults with limited English proficiency and people of color.**

### **Recommendations**

1. Sustain investments in culturally and linguistically tailored DF services
2. Explore opportunities to enhance language access across services
3. Study programs with higher participation to inform potential improvements in other programs
4. Share findings about cultural and linguistic access barriers with City agencies
5. Use feedback from these groups to inform future procurement for DF services in alignment with needs

## Service Participation Rates for BIPOC Individuals and People with Limited English Proficiency

Equity Factor	Older Adults		Adults with Disabilities	
	Participation rate per 1,000	Comparison to overall rate	Participation rate per 1,000	Comparison to overall rate
<b>BIPOC</b>	352	1.2	165	1.1
<b>Limited English Proficiency</b>	568	2.0	351	2.3
<b>Overall</b>	288	-	155	-

## **8. While the LGBTQ+ community reports relatively well-met needs, targeted improvements could increase program participation.**

### **Findings**

- A. LGBTQ+ people participate at lower rates than the overall population**
- B. LGBTQ+ consumers have some unique needs and barriers, but report similar levels of need as their peers**
- C. LGBTQ+ consumers emphasize the need for tailored services and providers
- D. TGNC consumers face disproportionate barriers and needs, but lack trust in public systems that can help
- E. People with HIV can feel invisible and de-prioritized, but appreciate providers who understand and serve them well

## **8. While the LGBTQ+ community reports relatively well-met needs, targeted improvements could increase program participation.**

### **Recommendations**

1. Sustain investment in LGBTQ+ and TGNC focused DF services
2. Work with existing DAS providers to ensure safe and welcoming spaces
3. Assess opportunities to improve SOGI data collection by site
4. Refine SOGI data collection standards to align with evolving best practice and community feedback
5. Partner with organizations serving HIV+ individuals to build capacity across the DAS network to better serve this population

## Average Percentage of Older Adults and Adults with Disabilities with Needs, by Survey Sample and LGBTQ+ Identification

	Random Sample		Convenience Sample			
	Older Adults		Older Adults		Adults with Disabilities	
	Not LGBTQ+ N = 1,505	LGBTQ+ N = 283	Not LGBTQ+ N = 1,631	LGBTQ+ N = 376	Not LGBTQ+ N = 230	LGBTQ+ N = 90
<b>% with Met Needs</b>	12%	10%	20%	18%	27%	20%
<b>% with Unmet Needs</b>	11%	11%	26%	27%	33%	49%
<b>Total % with Any Needs</b>	<b>23%</b>	<b>21%</b>	<b>46%</b>	<b>45%</b>	<b>67%</b>	<b>81%</b>

**9. While many caregivers know of and access available resources, a significant portion still need more help to meet their needs.**

**Findings**

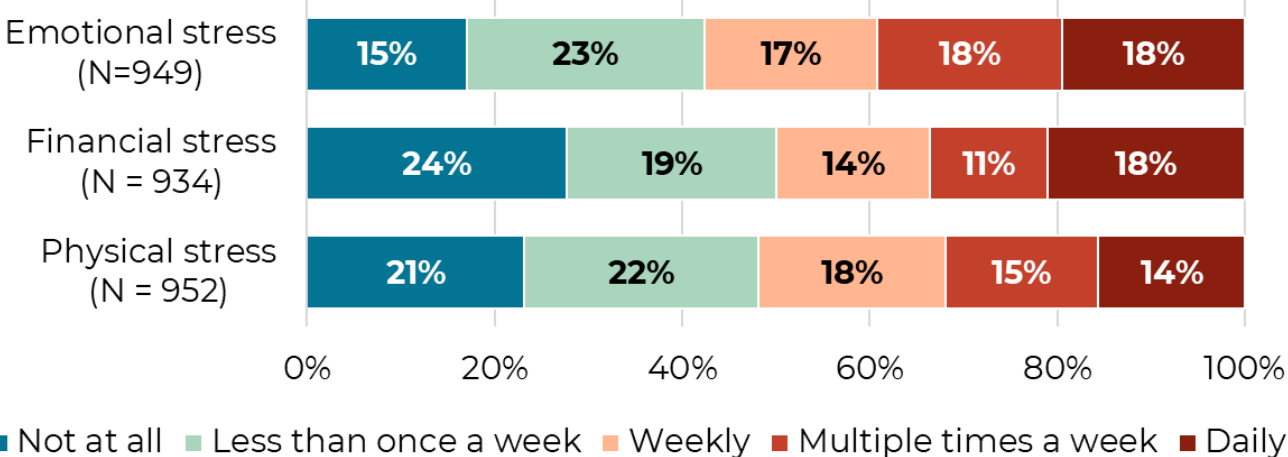
- A. Caregivers — especially those who provide care daily — have high levels of physical and emotional stress**
- B. Caregivers need help to provide quality care to their care recipients and address their own needs as caregivers

## **9. While many caregivers know of and access available resources, a significant portion still need more help to meet their needs.**

### **Recommendations**

1. Maintain investments in caregiver support services, especially respite
2. Explore ways to expand flexibility in respite care options
3. Strengthen service navigation supports for caregivers
4. Collaborate with SFDPH to promote interagency service referral and navigation for caregivers of people with complex health issues like dementia, through initiatives like the GUIDE program

# Stress Levels for Caregivers in the Convenience Survey Sample



# **10. Veterans have significant unmet needs for social connection and need help to navigate services both within and beyond the scope of their VA benefits.**

## **Findings**

- A. While veterans report relatively low levels of need in general, they have significant need for social connection
- B. Veterans face barriers to participation, especially related to service awareness and navigation**

## **10. Veterans have significant unmet needs for social connection and need help to navigate services both within and beyond the scope of their VA benefits.**

### **Recommendations**

1. Collaborate with veteran-serving agencies to promote engagement in DAS services that support social connection
2. Explore opportunities to co-locate care navigation help at the CVSO
3. Maintain and expand funding for flexible transportation options for veterans accessing services
4. Improve data collection on veteran status across DF services

*“Providers are faced with a lot of resistance and lack of trust among [veteran] clients while working with them to connect to services. City, state and federal red tape makes it all the more difficult to build trust when you have to ask your clients to jump through hoops, sit through exhaustive intakes, etc.”*

— Service provider survey respondent

# Next Steps

# 2025-26 DFCNA: Next Steps

- **Present DFCNA highlights to the Board of Supervisors** at the Budget and Finance Committee meeting as part of DAS budget presentation
  - June TBD

# Dignity Fund: Next Steps

- **Prepare DF Services and Allocation Plan** for FY 2027-28 to FY 2030-31
- **Conduct focused analyses** to better understand key populations and programs, identified in partnership with the DF OAC

# Discussion

# Appendix

# Summary of Community Research Activities

# 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
  - **Target returns:** 250 unduplicated survey responses
  - **Actual returns:** 2,080 responses

# Population Survey, contd.

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

- **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

# 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

# Community Forums, contd.

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).

## **Overall forum attendance:**

- **Target:** 385 attendees (~35 average per forum)
- **Actual:** 460 attendees – may include duplicates

# Community Forum Schedule & Participation

District	Location	Date	Attendance
1	Richmond Recreation Center	8/26	39
2	Aquatic Park Senior Center	8/20	28
3	North Beach Library	8/18	3
4	Stonestown YMCA	9/5	58
5	Booker T. Washington Community Service Center	9/9	33
6	Bayanihan Equity Center	8/28	27
7	West Portal Clubhouse	9/10	50
8	30th St. Senior Center/On Lok	8/29	49
9	Mission Neighborhood Center	9/6	54
10	George W. Davis Senior Center	8/15	22
11	IT Bookman/Southwest Community Corporation	8/22	79
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

# Focus Groups, contd.

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

- **Monolingual older and disabled adults**
  - Japanese
  - Korean
- **LGBTQ+ older and disabled adults**
  - Sexual minorities (LGBQ+)
  - Trans and gender nonconforming

# Focus Groups, contd.

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

- **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 groups)
- **Actual:** 130 attendees

# Focus Group Schedule & Participation

FG	Population	Lead	Date	Format	Attendance
1	Samoaan, Fijian, Tongan, etc.	SFHSA Planning	9/12	In person	17
2	Trans and gender non-conforming	Clarity	9/17	In person	8
3	Japanese	SFHSA Planning	9/19	In person	7
4	Sexual minorities (LGBQ+)	Clarity	9/19	In person	8
5	Korean	SFHSA Planning	9/23	In person	10
6	Veterans	Clarity	9/24	In person	9
7	Family caregivers of adults 18+	Clarity	9/25	Virtual	10
8	Native Americans	SFHSA Planning	9/25	In person	7
9	People aging with HIV	Clarity	9/29	In person	15
10	Homebound	Clarity	10/1	Virtual	7
11	General, no disability specified	Clarity	10/2	Virtual	8
12	Blind or low vision	Clarity	10/3	Virtual	10
13	Deaf and Hard of Hearing adults	SFHSA Planning	10/7	In person	3
14	People experiencing homelessness	Clarity	10/7	In person	9

# Community Research: DF SPWG Listening Session

- **Hybrid session in June 2025** hosted at Metta Fund and on Zoom
- **Coordinated by DAS + DF Service Provider Work Group** leadership
- **Facilitated by SFHSA Planning + DAS Office of Community Partnerships**
  - Overview presentation of Dignity Fund and 2026 DFCNA
  - Large group discussion of community outreach and engagement
  - Breakout group discussions of community needs
- **Attended by 65 service providers** in person and online

# Summary of Equity Analysis

# Equity Analysis

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

## Equity Factors

<b>BIPOC</b>	<b>LGBTQ+</b>	<b>Limited English Proficiency</b>	<b>Lives Alone</b>	<b>Low-to- Moderate Income</b>
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### 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?

# Equity Analysis: Findings

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

**Populations with the presence of an equity factor generally used DAS services at a higher rate than the overall population**

## Service Participation Rates by Equity Factor

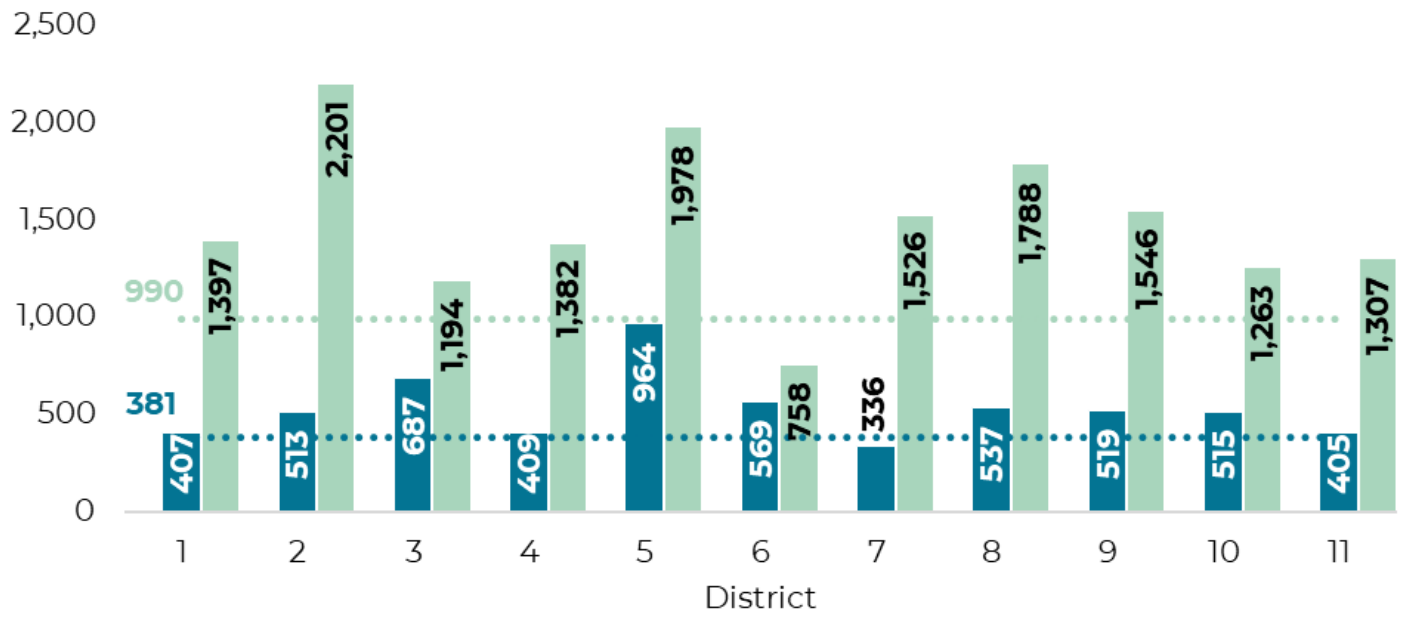
Equity Factor	Older adult participation rate per 1,000	Participation rate compared to older adults overall	Adults with disabilities participation rate per 1,000	Participation rate compared to adults with disabilities overall
<b>BIPOC</b>	352	1.2x	165	1.1x
<b>LGBTQ+</b>	128	0.4x	93	0.6x
<b>Limited English Proficiency</b>	568	2.0x	351	2.3x
<b>Lives Alone</b>	475	1.6x	418	2.7x
<b>Low-to-Moderate Income</b>	871	3.0x	415	2.7x
<b>Overall participation rate per 1,000</b>	<b>288</b>	—	<b>155</b>	—

# Equity Analysis: Findings

2. **How do service utilization rates among low-to-moderate-income populations compare across districts in the city?**

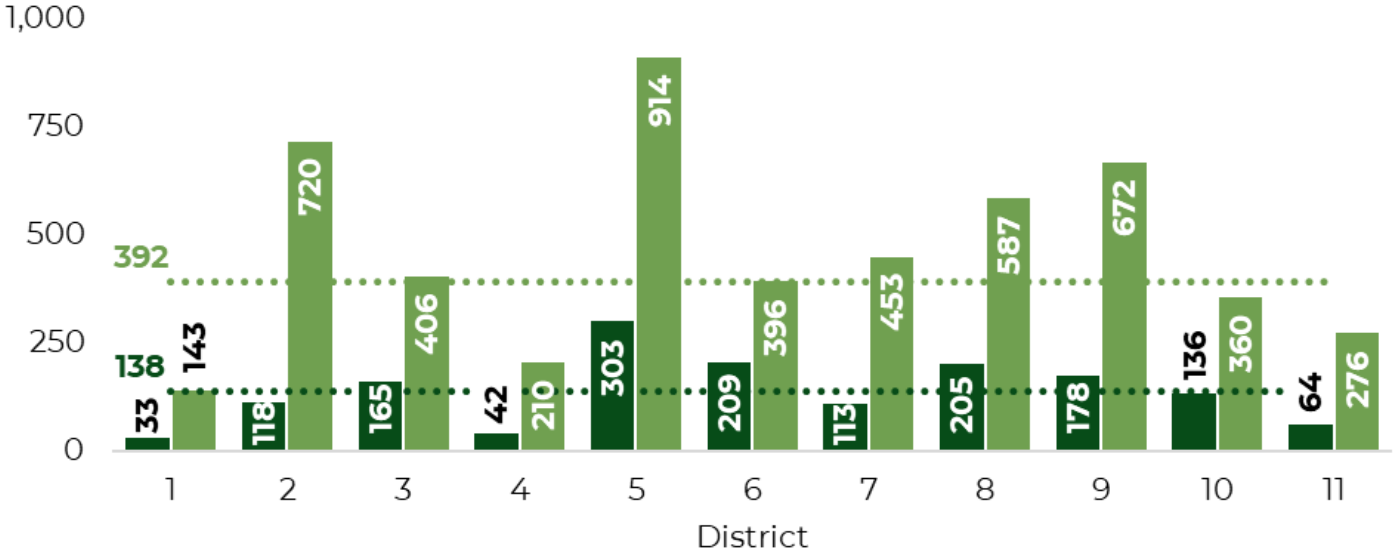
Generally, **the city's more geographically central districts — in particular, Districts 3, 5 and 6 — had the highest average rates of participation**, which reflects the high number of site-based services provided in these districts

# Participation Rate by 1,000 Eligible among Older Adults



- Older Adults (N = 55,398)
- Low-to-Moderate Income Older Adults (N = 45,410)
- Citywide rate among older adults (381)
- Citywide rate among low-to-moderate income older adults (990)

# Participation Rate by 1,000 Eligible among Adults with Disabilities



- Adults with Disabilities (N = 5,718)
- Low-to-Moderate Income Adults with Disabilities (N = 4,874)
- ..... Citywide rate among adults with disabilities (138)
- ..... Citywide rate among low-to-moderate income adults with disabilities (392)

# Equity Analysis: Findings

## 3. How are funds spend across city districts?

- **Spending was highest in District 5** (\$18.8M or 2%1 of funds) and **lowest in District 7** (\$4.7M or 5% of funds)
- **DAS spent an average of \$637 per enrollment per district.**  
Per-enrollment spending was:
  - Highest in District 6 (\$1,028)
  - Lowest in District 3 (\$528)

# Average Cost per Enrollment, by District

