



SAN FRANCISCO HUMAN SERVICES AGENCY
**Department of Disability
and Aging Services**

Dignity Fund Community Needs Assessment

FY 2025-26

March 2026 [DRAFT]



Letter from the Executive Director

Just a few months from now, the Department of Disability and Aging Services (DAS), community-based service providers, and many other stakeholders will observe the 10-year anniversary of the Dignity Fund's passage. Over the last decade — despite the unexpected challenges posed by a global pandemic, economic uncertainty, and a volatile political climate — we have repeatedly seen the essential role the Dignity Fund plays in supporting older and disabled adults to live safely and engage in their communities.

As we reflect on all that we have accomplished together over the last 10 years, we also pave the way for our future through this Dignity Fund Community Needs Assessment FY 2025-26, which marks the beginning of the third Dignity Fund planning and funding cycle. During this needs assessment process, DAS gathered input from diverse older adults, adults with disabilities, caregivers, veterans, service providers, and other stakeholders to learn about our community's needs, service system strengths and gaps, and equity issues.

The findings from this needs assessment reaffirmed much of what we already know about community needs, and the importance of the DAS service network in addressing them. For example, we must maintain accessible and inclusive community spaces like Community Service Centers, which are more important than ever as hubs for social engagement and service connection. The needs assessment also highlighted areas for continued improvement in our service system, including the reach and cultural resonance of our services, particularly for adults with disabilities of all types, people who speak a primary language other than English, and LGBTQ+ individuals.

In the coming months, we will use the findings and recommendations summarized in this report to develop a Services and Allocation Plan. This plan will outline key priorities and funding to address the community's needs over the next four years.

I am so grateful to everyone who participated in this needs assessment or helped someone else to participate. Your input helps ensure that we implement the Dignity Fund in a way that best meets community needs. With your voices guiding us, we will continue advocating for essential services. And as always, we will work closely with our staff, service providers, City partners, and other community stakeholders to ensure San Francisco is a place where older adults, adults with disabilities, caregivers, and veterans can thrive.



A handwritten signature in blue ink, which appears to read "Kelly Dearman". The signature is fluid and cursive, with a long horizontal line extending to the right.

Kelly Dearman
Executive Director
San Francisco Department of Disability and Aging Services

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This report was prepared by SFHSA Planning on behalf of the Department of Disability and Aging Services. Please contact Adithi Vellore (vellore.adithi@sfgov.org) with any questions.

Acknowledgements

The Department of Disability and Aging Services (DAS) wishes to thank everyone who contributed to this project from planning to publication, including but not limited to: the Dignity Fund Oversight and Advisory Committee, the Dignity Fund Service Provider Working Group, the San Francisco Office of the Mayor, the San Francisco Board of Supervisors, the Disability and Aging Services Commission and its Advisory Council, the Dignity Fund Coalition, and the Coalition of Agencies Serving the Elderly. We also wish to extend our gratitude to DAS and San Francisco Human Services Agency staff, and to our community-based service providers. Their support was essential in the design and implementation of outreach to our diverse community members, and in the successful execution of our many community forums and focus groups.

Many thanks to Clarity Social Research Group for leading our community research and analysis with great care and sensitivity to the needs of our consumer populations. Thanks also to the Metta Fund for their generous financial support, which enabled us to more easily administer participant incentives for select community research activities.

Finally, our greatest thanks of all to the San Francisco older adults, adults with disabilities, caregivers, and veterans who added their voices to this important research effort by attending a community forum or focus group, and by completing our survey. We also wish to express our appreciation to the service providers, community advocates, caregivers, and other stakeholders who encouraged their clients and loved ones to participate in this process. Your support has been invaluable in the development and implementation of the Dignity Fund Community Needs Assessment FY 2025-26.

Executive Summary

Introduction & Background

The Dignity Fund is a local funding set aside to serve older adults and adults with disabilities. It is administered by the San Francisco Department of Disability and Aging Services (DAS).

This **Dignity Fund Community Needs Assessment FY 2025-26** marks the beginning of a new Dignity Fund planning and funding cycle. Our findings from this needs assessment will inform how DAS will allocate funds to address community needs over the four-year funding period from FY 2027-28 to FY 2030-31.

DAS and the Dignity Fund

DAS is located within the San Francisco Human Services Agency (SFHSA), which delivers safety net services and public benefits to promote wellbeing and independence. DAS is the lead agency focused on older adults and adults with disabilities. Each year, DAS serves more than 70,000 unduplicated clients through our department programs and community partnerships.

The Dignity Fund was established via a charter amendment passed by San Francisco voters as Proposition I in 2016. The Dignity Fund creates a special fund for existing and emerging programs that serve the needs of our service populations, establishes a four-year planning and funding process, and institutes the Oversight and Advisory Committee to ensure the Fund is administered in a manner accountable to the community.

Methodology

DAS carried out a variety of community engagement, research, and analysis activities to answer the following high-level research questions that guide the DFCNA:

1. What are the needs of older adults and adults with disabilities in San Francisco?
2. What are the system-level strengths and gaps?
3. What population subgroups may be underserved?

We use **mixed community research methods** to gather robust input about community needs directly from San Francisco stakeholders. Our population survey, 12 community forums, 14 focus groups, and listening session with the Dignity Fund Service Provider Working Group elicited important insights from older adults, adults with disabilities, veterans, caregivers, and service providers working with these populations, across the city.

We also prepared a **quantitative equity analysis** to help us evaluate how well the Department is serving the city's diverse populations and to identify possible disparities in service provision and participation. The analysis uses population data and program

administrative data to develop a set of standardized metrics that help to answer the following questions:

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

In particular, the equity analysis examines service participation rates and resource allocation across the city for the DAS client population overall, and for select subpopulations that face barriers in access to resources and opportunity: communities of color, the LGBTQ+ community, those with limited-English proficiency, people who live alone, and adults with low-to-moderate income.

Population & Client Profiles

San Francisco is home to an estimated 192,300 older adults (ages 60+) and 36,800 adults with a disability (ages 18-59). Together, these groups account for more than a quarter (27%) of the city's residents. These populations are racially and ethnically diverse: a majority of both seniors and disabled adults identify as Black, Indigenous, or People of Color (BIPOC) — approximately 63% and 64%, respectively.

LGBTQ+ individuals make up an estimated 15% of seniors, while about a quarter of seniors have limited English proficiency (25%), live alone (27%), or have low-to-moderate income (27%). By contrast, adults with disabilities are nearly twice as likely as older adults to identify as LGBTQ+ (29%), but are far less likely to have limited English proficiency (9%). About a quarter of disabled adults live alone (24%). Approximately a third (32%) have low-to-moderate income.

In FY 2024-25, DAS served approximately 66,800 unduplicated clients across Dignity Fund-eligible services administered via community-based partnerships and overseen by the DAS Office of Community Partnerships. Older adults make up the vast majority (83%) of these individuals. Adults with disabilities account for another 9% of clients. Others — including caregivers to an older adult or an adult with a disability, or people for whom age data was missing — make up the remaining 9% of all clients. DAS clients served by the Dignity Fund are diverse and reflect the Department's efforts to service San Franciscans with greatest need, including populations with an equity factor. For example, more than 80% of older and disabled DAS clients have low-to-moderate income. Most also identify as BIPOC.

Findings and Recommendations

Based on community research, **DAS services align with the needs of seniors and adults with disabilities**. Furthermore, our equity analysis indicates **we are generally effective at reaching those who need support**. Nearly a third (29%) of San Francisco seniors and one in six (16%) of adults with disabilities are enrolled in one or more Dignity Fund programs. These trends provide important baseline context for the detailed findings and recommendations that follow, many of which explore the factors influencing participation among populations with equity considerations.

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

- A. Needs among San Francisco older adults vary: while the average senior has relatively low levels of need, more service-connected older adults have higher levels of need.
- B. More service-connected older adults are likelier to experience difficulties accessing services than the average older adult.
- C. Older adult populations with the presence of an equity factor tend to have significantly higher levels of need — especially unmet needs — than their peers.
- D. Even seniors whose needs are currently met express serious concerns about their ability to continue meeting their needs over time.

RECOMMENDATIONS

1. Where possible, maintain or expand service levels for Dignity Fund-eligible services to keep pace with current and anticipated growth in senior demand for services.
2. Bolster senior legal assistance programs to address unmet legal needs related to matters such as housing, finances and public benefits, immigration issues, and life planning.
3. Explore strategies to boost awareness of DAS among adults ages 50-65, who may not have immediate need for aging services but may benefit from knowing where to seek help to address emergent needs as they age.
4. Continue cultivating partnerships with community-based organizations that have the cultural and linguistic capacity to serve seniors with an equity factor, particularly subgroups that have unmet needs but are not as well represented in our services.

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

- A. Adults with disabilities tend to have high levels of need, especially unmet need.
- B. Adults with disabilities face significant barriers to participation in services.
- C. Despite their high levels of unmet need, adults with disabilities participate in Dignity Fund-eligible services at lower rates than older adults.
- D. Disabled adults with the presence of select equity factors tend to have higher levels of need and experience more barriers to access than their peers.
- E. Adults of all ages with disabilities are not a monolith, and people with different types of disabilities may require different strategies to better engage them in services.

RECOMMENDATIONS

1. Develop more tailored outreach strategies for engaging adults with disabilities under the age of 60 in services.
2. Conduct additional analysis of DFCNA survey data to examine more fine-grained trends in service needs and barriers to participation experienced by consumers with different types of disabilities.
3. Partner with the San Francisco Office on Disability and Accessibility (within DAS), the San Francisco Disability Cultural Center, and other local agencies to better understand and address the needs of adults with disabilities of all types.
4. Explore strategies to tailor existing DAS programs to better meet the needs of adults with disabilities, with a focus on young and middle-aged adults under the age of 50 who may not as readily identify with senior-centric programming.
5. Build capacity across the DAS provider network, including among Department staff, to better serve people with disabilities of all ages by providing training on disability issues.

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

- A. Older adults and adults with disabilities in San Francisco are disproportionately affected by affordability challenges.
- B. Social safety net programs provide essential (but often insufficient) support to older and disabled adults who struggle to afford their basic needs.
- C. Consumers need help to access and maintain safe, affordable, and accessible housing.
- D. Adults with disabilities and seniors have significant needs with respect to affordable medical care, mental health care, and long-term care supports.
- E. Having enough healthy, nutritious, and culturally appropriate food is a major concern for many seniors and people with disabilities.

RECOMMENDATIONS

1. In alignment with the Mayor's affordability priorities, continue to offer and strengthen essential services for older people, people with disabilities, caregivers, and veterans to remain well-supported despite Citywide budgetary challenges.
2. Coordinate with the Department of Benefits and Family Support and the DAS Department Programs division to develop public communications and mitigation strategies related to H.R. 1.
3. Partner with lead City agencies on housing to better address affordability and accessibility concerns for older adults and people with disabilities.
4. Continue drawing down state CalAIM revenue to strengthen local long-term care system capacity, freeing up local dollars to better serve disabled people ineligible for Medi-Cal.
5. Strengthen support for senior and disability serving food programs so that service providers are better able to keep pace with consumer demand despite rising food and other operational costs.

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

- A. Needs related to socializing and participating in community life are among the top areas of need for people with disabilities and seniors.
- B. Dedicated spaces for in-person gatherings, like DAS-funded Community Service Centers, public libraries, recreation centers, and parks, serve as important community hubs for social connection.
- C. Technology supports are also critical tools for increasing social inclusion and connection among seniors and people with disabilities.

RECOMMENDATIONS

1. Continue to invest in Community Service Centers as essential neighborhood-based hubs for social engagement and strategic co-location of services that are in high demand, such as information, referral, and assistance; communal dining; and technology labs.
2. Expand capacity across Dignity Fund programs that support technology access, digital literacy, and technology-supported social connection.
3. Ensure ongoing support for in-person service delivery models and onsite staffing so that clients who do not wish to or cannot access services virtually are able to participate.
4. Promote access to arts and cultural programming for older adults and adults with disabilities, through DAS services as well as initiatives like San Francisco Museums for All.

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

- A. Older and disabled adults have difficulty accessing services and mobility aids that help maintain or improve their mobility as they age.
- B. Accessible, affordable, and safe transportation is a central need for people with disabilities and seniors.
- C. Consumers express serious concerns about their safety on the street and in other public spaces.
- D. The geographic concentration of services in the city's central neighborhoods presents a greater barrier for people with mobility, transportation, and safety concerns.

RECOMMENDATIONS

1. Maintain support for DAS-funded transportation programs including group van services, taxi vouchers, and transportation access supports that help people sign up for subsidized transportation programs.
2. Collaborate with the Age- and Disability-Friendly San Francisco (ADFSF) Work Group and the San Francisco Municipal Transportation Agency to implement ADFSf action items pertaining to transportation and mobility.
3. Share detailed findings related to senior and disability transportation needs with the San Francisco Municipal Transportation Agency.
4. Design a campaign to educate San Franciscans about etiquette and cultural norms that promote safer, more inclusive public spaces for people with disabilities and seniors.
5. Improve inclusivity of DAS physical activity and exercise programs for participants with mobility barriers.
6. Explore ways to improve consumer access to mobility aids, in partnership with the San Francisco Health Plan and DAS programs like HICAP, Case Management, and CLF.

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

- A. Seniors and adults with disabilities often lack awareness of available resources.
- B. Service providers also want to learn more about available services and referral processes, even if they have knowledge of particular programs.
- C. Many consumers struggle with navigating complex systems and want support from professionals and peers to access services.
- D. Affordability concerns, eligibility requirements, and long waitlists make service connection difficult regardless of awareness.

RECOMMENDATIONS

1. Complete implementation of the dynamic and searchable Online Resource Directory for disability and aging services in San Francisco.
2. Provide general outreach to consumers about available disability and aging services, in partnership with the DAS Benefits and Resource Hub and SFHSA Communications.
3. Strengthen DAS service provider training and capacity to support community members with resource navigation.
4. Promote awareness of the DAS Benefits and Resource Hub among City agencies and their community-based providers, through provider training and outreach materials.
5. Continue providing human touchpoints for people seeking assistance across the DAS service network.
6. Maintain current policy of serving clients regardless of their income level across most Dignity Fund-eligible services.

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

- A. People with limited English proficiency use DAS services at double the rate of the overall population; BIPOC individuals participate at a similar rate to the overall population.
- B. Despite high rates of participation, these populations — especially those with limited English proficiency — have higher rates of unmet need, often due to higher barriers to participation.
- C. Communities of color and those with limited English want greater acknowledgement of their cultural history and more tailored services.

RECOMMENDATIONS

1. Sustain investments in culturally tailored programming and support local service provider capacity to deliver racially, linguistically, and culturally relevant services.
2. Explore opportunities to further enhance language access within the DAS service network, by exploring novel outreach opportunities that match clients with in-language options and partnering with providers to engage their clients on what types of services they'd like to see in-language.
3. Study programs with higher participation rates among BIPOC and limited English proficiency to understand program efficacy in reaching these groups and translate learnings to programs with lower enrollment rates among these groups.
4. Share findings about access barriers and the need for culturally relevant, in-language services with other City agencies, so they can make parallel improvements in their programs serving older and disabled adults.
5. Integrate feedback from those with limited English and communities of color to inform future service procurements to ensure program delivery continues to align with community needs and preferences.

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

- A. Individuals identifying as LGBTQ+ participate in DAS programs at lower rates than seniors and adults with disabilities overall.
- B. LGBTQ+ consumers have some unique needs and barriers but generally report similar levels of need as their peers.
- C. LGBTQ+ individuals emphasize the importance of tailored services provided by LGBTQ+ staff who tend to understand their lived experience.
- D. Transgender and gender-nonconforming (TGNC) individuals face disproportionate rates of homelessness, poverty, violence, and discrimination, leading to particularly high need; they also lack trust in public systems that could help meet their needs.
- E. HIV+ individuals express frustration with case managers' limited understanding of the community's needs as well as the often "invisible" nature of their illness, which can lead to de-prioritization, but also appreciate certain providers who understand their community well.

RECOMMENDATIONS

1. Sustain investment in services tailored to LGBTQ+ community members, including TGNC services, across the DAS portfolio.
2. Work with existing providers of services to LGBTQ+ individuals to cultivate welcoming, safe, and uplifting community spaces.
3. Review sites with high levels of missing sexual orientation and gender identity data to assess opportunities for improving data collection.
4. Refine sexual orientation and gender identity data collection standards as needed to align with evolving best practices and feedback from people with lived experience.
5. Partner with organizations serving the HIV+ community to strengthen capacity across DAS network to more effectively serve adults aging with HIV, through training or other development opportunities.

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

- A. Caregivers — particularly those who provide care daily — experience 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.

RECOMMENDATIONS

1. Maintain investments in caregiver support services, particularly those that provide respite for family and friend caregivers.
2. Explore strategies to expand flexibility in respite care options, potentially including new service models like subsidies for private-pay respite care.
3. Strengthen service navigation supports for caregivers seeking resources to improve their ability to provide quality care to their care recipients and to promote caregiver wellbeing.

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.

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

RECOMMENDATIONS

1. Collaborate with the San Francisco VA Medical Center, Mayor's Office of Housing and Community Development, Veterans Affairs Commission, and other agencies serving significant veteran populations to identify outreach opportunities and other ways to promote veteran engagement in DAS services that support social connection.
2. Explore opportunities to co-locate care navigation supports (such as case managers, peer navigators, etc.) with the San Francisco County Veterans Service Office.
3. Maintain — and, as budget conditions permit, expand — funding for flexible transportation options, such as taxi vouchers, that help veterans get to and from CVSO, VA, and other veterans service appointments.
4. Improve data collection on client veteran status across Dignity Fund-eligible services to support more data informed strategies that boost veteran engagement.

Introduction

With the November 2016 passage of Proposition I, San Francisco voters established the **Dignity Fund**, creating protected funding for social services that support older adults, adults with disabilities, veterans, and caregivers to safely live and engage in the community. The Dignity Fund is administered by the **San Francisco Department of Disability and Aging Services (DAS)**, the City's lead agency focused on older adults and adults with disabilities.

The Dignity Fund legislation guided DAS to **institute a rigorous four-year planning, funding, and evaluation process** to ensure that funds are distributed responsibly and transparently to best address community needs. The cycle begins with a **Community Needs Assessment** in the first year to identify equity issues and unmet needs that need to be addressed. This information supports the development of a **Services and Allocation Plan** in the second year of the cycle. This plan outlines how Dignity Fund money will be used to address community needs for a four-year period that begins in the subsequent year. The cycle ends with a **Cycle-End Evaluation**, to assess the impact of the Dignity Fund over the past four years of funding. This planning, funding allocation, and evaluation process is repeated every four years.

DAS has prepared this **Dignity Fund Community Needs Assessment FY 2025-26**, to mark the beginning of the third Dignity Fund cycle. The purpose of the needs assessment is to gather community input on the needs of diverse San Francisco older adults, adults with disabilities, veterans, and caregivers. The needs assessment also evaluates how well the Department is serving the city's diverse populations and identifies possible disparities in service provision and participation.

This important document **summarizes the Department's findings on our community's needs**, service system strengths and gaps, and equity issues, **and our recommendations for how to address these needs** during the upcoming funding cycle.

DAS and the Dignity Fund

This section provides a brief overview of DAS and the Dignity Fund, essential context for understanding the scope of our services and the context in which we provide them.

DAS Overview

Within the City and County of San Francisco, the **Department of Disability and Aging Services (DAS)** is the government agency charged with **coordinating services for older adults, veterans, people with disabilities, and their families to maximize safety, health, and independence.** As the state-designated Area Agency on Aging for San Francisco, DAS is responsible under the federal Older Americans Act to serve as the focal point for local aging concerns.

DAS is located within the San Francisco Human Services Agency (SFHSA), which delivers a safety net of services and public benefits to promote well-being and independence. Each year, **DAS serves more than 70,000 unduplicated clients through our department programs and community partnerships.** With an FY 2025-26 budget of \$548 million, DAS is supported by a staff of 450 employees and contracts with over 65 community organizations to deliver services.

Table 1. DAS Vision, Mission, and Values

San Francisco Department of Disability and Aging Services	
VISION	San Francisco is a city where people with disabilities and older adults are valued, engaged, and living with dignity.
MISSION	The Department of Disability and Aging Services supports the well-being, safety and independence of adults with disabilities, older people, and veterans.
VALUES	<ul style="list-style-type: none"> • Compassion • Innovation • Equity • Inclusion • Accountability

DAS provides programs both directly and through partnerships with community-based organizations, addressing a wide range of needs. This service spectrum spans from engagement and wellness services that promote a healthy aging experience for active and independent community members, to services that support stability in the community and prevent unnecessary institutional care, to crisis intervention services for individuals requiring immediate assistance to mitigate exposure to risks, and reaches the level of guardianship services for those requiring comprehensive decision-making support due to mental illness and cognitive challenges.

Dignity Fund Overview

The **Dignity Fund** was established via a charter amendment passed by San Francisco voters as Proposition I in 2016. The Dignity Fund has three key components:

- Creates special fund:** Stabilizes funding for current services and support for older adults, veterans, adults with disabilities, and caregivers and provides additional set-aside dollars each year to address the unmet and emerging needs of these communities. The initial baseline funding level of \$38 million in FY 2016-17 has grown to \$59 million in FY 2025-26.
- Establishes a planning and funding process:** Requires DAS to follow a planning and funding cycle, beginning every four years with a **Community Needs Assessment** and followed in the next year by a **Services and Allocation Plan (SAP)**, to ensure Dignity Fund money is appropriately and purposefully spent to address community needs.
- Institutes an oversight body:** Creates an oversight body to ensure the Fund is administered in a manner accountable for the community. The **Oversight and Advisory Committee** is made up of representatives from several key advisory bodies on aging and disability, as well as members appointed by the Mayor. The Oversight and Advisory Committee is also advised by a **Service Provider Working Group**.

The Dignity Fund can be used to fund a variety of services that support San Francisco’s seniors and adults with disabilities to age with dignity in their communities, with particular attention to improving equity among historically disadvantaged groups and underserved neighborhoods. Services eligible to receive Dignity Fund money¹ include but are not limited to the following: home and community-based long-term care services, food programs, education and empowerment programs, community service centers, tailored services meant to reach specific populations like veterans or LGBTQ+ individuals, and administrative services to support DAS in administering the Fund.

KICKING OFF THE DIGNITY FUND CYCLE FOR FY 2027-28 TO FY 2030-31

Completed in FY 2025-26, this needs assessment marks the beginning of a new Dignity Fund cycle. Our findings will inform how DAS will allocate funds to address community needs in the four-year funding period from FY 2027-28 to FY 2030-31, as depicted in Figure 1 below.

Figure 1. Overview of the Dignity Fund Cycle for FY 2027-28 to FY 2030-31



¹ The charter amendment prohibits use of Dignity Fund money for certain types of expenditures, such as the purchase of property and housing construction costs, as well as most medical services and services provided by hospitals.

Methodology

DAS carried out a variety of **community engagement, research, and analysis activities to answer the following high-level research questions that guide the DFCNA:**

1. What are the needs of older adults and adults with disabilities in San Francisco?
2. What are the system-level strengths and gaps?
3. What population subgroups may be underserved?

This section provides a methodological overview of these activities, listed in Table 2 below.

Table 2. Summary of DFCNA Research Activities and Participation Levels

DFCNA Research Activity and Participation Levels	
Community Research: Gather input about community needs directly from diverse stakeholders using a mix of qualitative and quantitative research methods. DAS procured a consultant, Clarity Social Research Group , to help plan and carry out our community research.	
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
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
Equity Analysis: Evaluate how well DAS is serving the city’s diverse populations, using population and program administrative data.	

See the *Dignity Fund Community Needs Assessment FY 2025-26 Appendices* report for additional methodological information, detailed findings, and data tables by research activity.

Community Research

Community research is a core part of the DFCNA. We use mixed methods to **gather robust input about community needs directly from diverse San Francisco stakeholders**, including actual and potential consumers of disability and aging services, community-based service providers, and other community professionals, leaders, and advocates. Each of our community research activities — a population survey, community forums, focus groups, and a listening session with the Dignity Fund Service Provider Working group — is described in greater detail below.

DAS conducted **generalized community outreach and engagement to encourage high levels of participation by diverse community members** across all research activities. Our outreach strategies were directly informed by input from the Dignity Fund Oversight and Advisory Committee and Service Provider Working Group, as well as our past experience completing the DFCNA and other needs assessments. These strategies included:

- **Centralizing information in a single page on the DAS website** about the DFCNA process and ways to participate, the schedule of community forum events, and links to the online consumer and provider surveys in all languages.
- **Circulating a flyer** in print and digital formats summarizing survey and forum details among DAS community partners and other key stakeholders.
- **Conducting a social media campaign** via popular platforms such as Facebook and Instagram, as well as informal social networks like WeChat.
- **Preparing short blurbs for publication in newsletters** issued by community-based service providers, the Board of Supervisors, neighborhood networks, etc.
- **Inviting local news outlets (including multicultural media)** to provide print, online, radio, and/or TV coverage of the needs assessment.
- **Providing participant incentives** for all forms of participation, including multiple \$50 gift cards awarded by raffle to attendees at each community forum and to all consumer survey respondents who entered the survey raffle, and a \$50 check issued to all focus group participants.

The strategies, supplemented by direct participant recruitment for focus groups and tailored approaches for boosting survey participation, helped us to successfully engage more community members this year than in past needs assessments. These efforts ensured that we gathered input from a large and representative cross-section of our community.

Population Survey

DAS conducted a **consumer survey** to gather information from approximately 6,150 older adults, adults with disabilities, veterans, and caregivers **about community needs, experience accessing and participating in services, and other topics relevant for this assessment**. We offered the survey in a total of 10 languages across accessible online and paper formats. The languages we offered were: English, Arabic, Cantonese, Japanese, Korean, Russian, Samoan, Spanish, Tagalog, and Vietnamese.

DAS administered the survey using the following sampling methods:

- **Convenience sampling**, to maximize opportunity for community input, leveraging widespread outreach via DAS and community partner networks.
- **Randomized sampling**, to obtain a representative sample, using an “address-based sampling” survey mailing to 25,000 households. Using this probability sampling method, we identified a random and representative sample of the older adult population from a comprehensive list of residential addresses available through the United States Postal Service. The survey mailing included options to complete the survey online or to return a paper survey by mail or at one of our service sites.

In addition to the consumer survey, DAS also administered a **provider survey** to about 290 San Francisco service providers working closely with older adults, adults with disabilities, veterans, and caregivers. We offered the provider survey online in English.

Community Forums

DAS hosted a total of 12 town hall-style events to capture input from more than 460 community members **on areas of need, barriers to participation in services, and broader service system issues**. These events included one 90-minute in-person forum in each of the city's 11 supervisorial districts and one 60-minute virtual citywide forum. We partnered with our Community Service Center providers to host most of the in-person forums and hosted the rest at popular neighborhood hubs like libraries. We partnered with the San Francisco Disability Cultural Center to host the virtual forum.

At each community forum, facilitators guided participants through structured, small group discussions designed to foster open dialogue, explore complex issues, and generate insights. Participants had the option to share their feedback in multiple formats, including verbally and via anonymous written comments. DAS offered language interpretation services at all the forums, and used closed captioning at the virtual forum, to maximize language and disability access across these events. Table 3 below provides a summary of participation by community forum event.

Table 3. Summary of DFCNA Community Forums

District	Location + Language Interpretation	Participants
1	Richmond Recreation Center Cantonese, Spanish	39
2	Aquatic Park Senior Center Cantonese, Russian	28
3	North Beach Library Cantonese	5
4	Stonestown YMCA Annex Cantonese	58
5	Booker T. Washington Community Service Center Cantonese, Japanese, Korean, Russian	33
6	Bayanihan Equity Center ASL, Cantonese, Tagalog, Vietnamese	27
7	West Portal Clubhouse Cantonese	50
8	30th St. Senior Center / On Lok Cantonese, Spanish	49
9	Mission Neighborhood Center Cantonese, Spanish	54
10	Dr. George W. Davis Senior Center Cantonese, Spanish	22
11	IT Bookman / Southwest Community Corporation Cantonese, Spanish	79
Citywide	Virtual forum on Zoom ASL, Cantonese, Russian, Spanish, Tagalog, Vietnamese	20

Focus Groups

DAS hosted **14 focus groups** in a mix of in person and virtual formats to supplement our community forums. About 130 individuals participated in these more narrowly focused discussions, allowing for a **deeper dive into specific issues and with distinct stakeholder populations**. Table 4 below provides a summary of participation by focus group event.

Table 4. Summary of DFCNA Focus Groups

#	Focus Group Population + Format	Participants
1	Adults and transitional age youth with disabilities Virtual	8
2	Blind or low vision adults Virtual	10
3	D/deaf or hard of hearing adults In person	3
4	Adults who are unable to leave home without support Virtual	7
5	Pacific Islander older and disabled adults In person	17
6	Native American older and disabled adults In person	7
7	Monolingual Japanese older and disabled adults In person	7
8	Monolingual Korean older and disabled adults In person	10
9	Sexual minority (LGBTQ+) older and disabled adults In person	8
10	Transgender and gender non-conforming older and disabled adults In person	8
11	Veterans In person	9
12	Family caregivers of older and disabled adults Virtual	10
13	Older and disabled adults experiencing homelessness In person	9
14	Adults aging with HIV In person	15

Dignity Fund Service Provider Working Group Listening Session

To **inform community outreach strategy and other research design considerations**, DAS facilitated a focused discussion with DAS service providers during the project planning phase of the DFCNA, prior to carrying out any of the above community research activities. During this session, we **gathered input on community needs and service system issues** from the service provider perspective. Approximately 65 service providers attended this hybrid in-person/virtual event hosted in partnership with the Metta Fund.

Equity Analysis

The other major component of the DFCNA is a **quantitative equity analysis to help us evaluate how well the Department is serving the city’s diverse populations** and to identify possible disparities in service provision and participation. The analysis uses **population data** and **program administrative data** to develop a set of standardized metrics that help to answer the following questions:

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

In particular, the equity analysis examines service participation rates and resource allocation across the city for the DAS client population overall, and for **select subpopulations with the presence of an “equity factor”²**— communities that face barriers in access to resources and opportunity. These subpopulations are described in Table 5 below.

Table 5. DFCNA Equity Factors and their Definitions

Equity Factor	Definition
BIPOC	Individuals who identify with a race/ethnicity other than non-Hispanic white
LGBTQ+	Individuals who identify with a sexual orientation other than heterosexual or a gender identity other than cisgender male or female
Limited English Proficiency	Individuals who speak a primary language other than English, or who have limited or no fluency in English
Lives alone	Individuals living alone, who experience greater risk of social isolation than their peers who live with others
Low-to-moderate income	Individuals with income at or below 200% of the Federal Poverty Level

We used several data sources to prepare the equity analysis:

- **Population data:** to estimate the size of potentially eligible populations overall and with the presence of an equity factor, both citywide and in each supervisorial district — informing analysis of service participation rates to answer the first two equity analysis questions. Sources:
 - 2023 American Community Survey 5-Year Estimates
 - 2023 SF City Survey

² DAS identified these equity factors in the first DFCNA in FY 2017-18, based on a review of existing data sources, published literature, previous needs assessments, and interviews with key stakeholders and subject matter experts.

- **Program administrative data — client enrollments:** to determine the number of enrolled clients overall and with the presence of an equity factor, both citywide and in each supervisorial district — informing analysis of service participation rates to answer all three equity analysis questions. Sources:
 - SF DAS GetCare, FY 2024-25
 - Select other SFHSA and DAS client enrollment data (e.g., CalSAWS, CMIPS II, etc.) merged into DAS GetCare data to ensure more complete demographic information about consumers participating in Dignity Fund services

- **Program administrative data — program budgets:** to develop analysis of resource allocation across Dignity Fund-eligible services to answer the third equity analysis question. Source:
 - F\$P, FY 2024-25

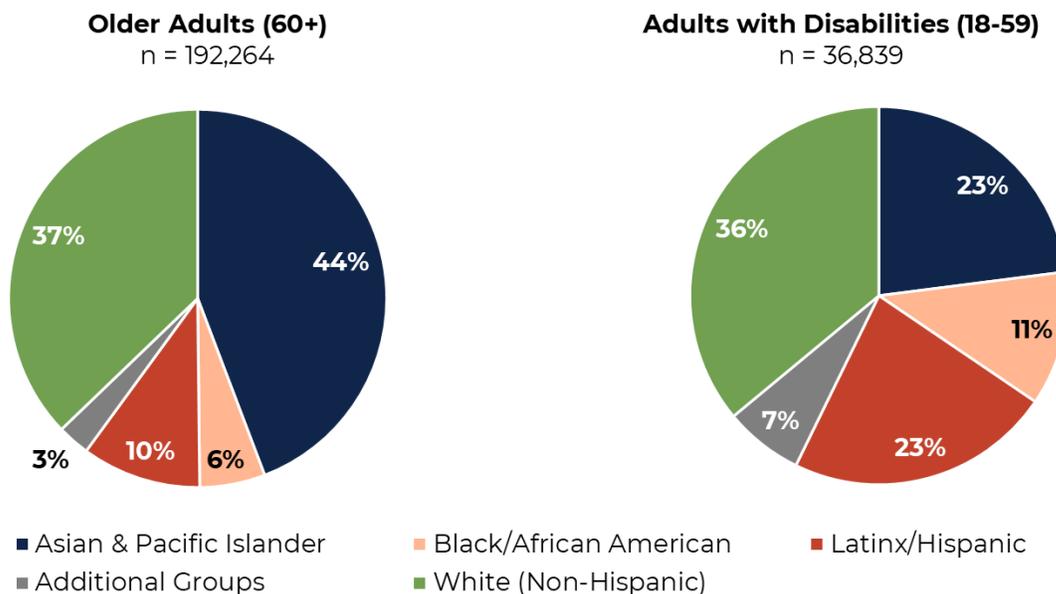
Population Profile

San Francisco is home to an **estimated 192,300 older adults (ages 60 and older) and 36,800 adults with a disability (ages 18-59)**. Together, these groups account for more than a quarter (27%) of the city's residents.³

These populations are racially and ethnically diverse: a **majority of both seniors and disabled adults identify as Black, Indigenous, or People of Color (BIPOC)** — approximately 63% and 64%, respectively. Older adults primarily identify as Asian or Pacific Islander (44%) or white (37%). A smaller proportion of the senior population identifies as Latinx or Hispanic (10%) or Black or African American (6%).

A similar proportion of adults with disabilities identify as white (36%). Asian or Pacific Islander and Latinx or Hispanic adults each make up another 23% of the population. **Black or African American individuals are disproportionately represented among adults with disabilities**, accounting for 11% of this population (compared to 5% of all San Francisco adults).⁴ These trends are illustrated in Figure 2 below.

Figure 2. San Francisco Older Adults and Adults with Disabilities by Race/Ethnicity



Data Source: 2023 American Community Survey, 5-Year Estimates

³ The population estimates in this section are based on the 2023 American Community Survey, 5-Year Estimates except where otherwise indicated.

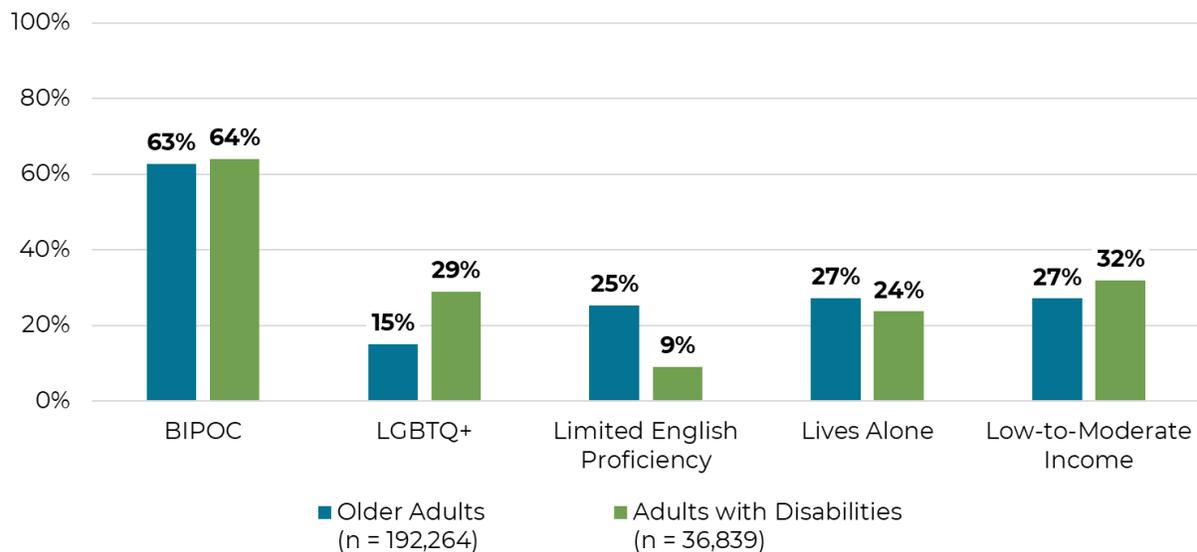
⁴ A small portion of older adults (3%) and adults with disabilities (7%) identify as another race/ethnicity, including American Indian/Alaska Native or multiracial.

Figure 3 below shows the estimated percentage of older and disabled San Franciscans with the presence of an equity factor, for each of the subpopulations we will later examine in the equity analysis.

LGBTQ+ individuals make up an estimated 15% of seniors, while about a quarter of seniors have limited English proficiency (25%), live alone (27%), or have low-to-moderate income (27%).

By contrast, **adults with disabilities are nearly twice as likely as older adults to identify as LGBTQ+ (29%)** but are far less likely to have limited English proficiency (9%). About a quarter of disabled adults live alone (24%). They are slightly more likely to have low-to-moderate income: about a third (32%) of adults with disabilities have income at or below 200% of the federal poverty level.

Figure 3. San Francisco Older Adults and Adults with Disabilities with an Equity Factor, by Population



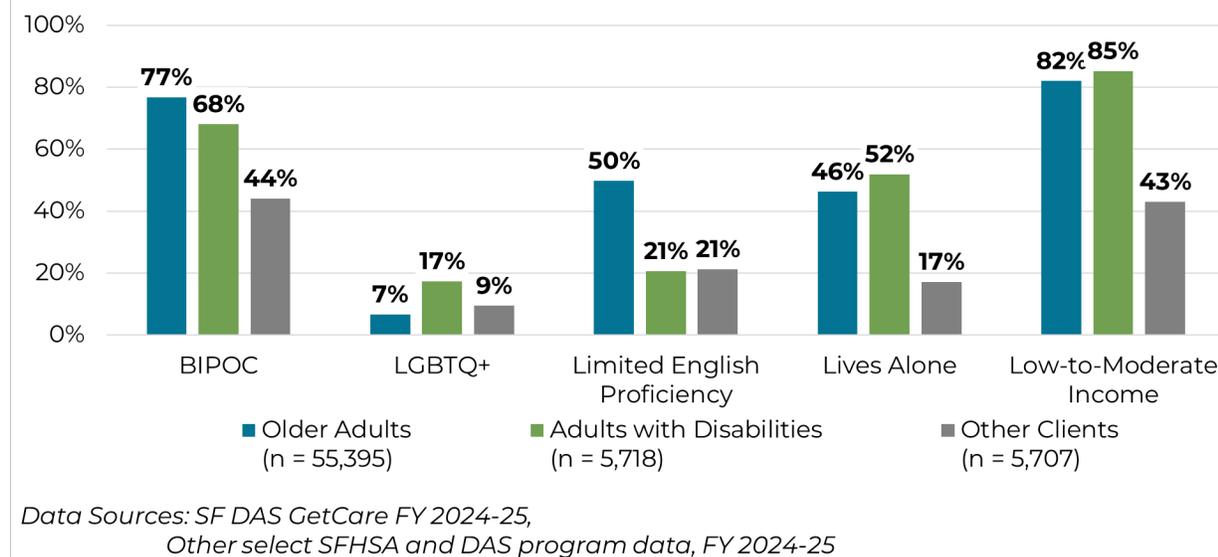
Data Sources: 2023 American Community Survey, 5-Year Estimates, 2023 San Francisco City Survey

Client Profile

In FY 2024-25, **DAS served approximately 66,800 unduplicated clients across Dignity Fund-eligible services** administered via community-based partnerships and overseen by the DAS Office of Community Partnerships.⁵ Older adults (ages 60 and older) make up the vast majority (83%) of these individuals. Adults with disabilities (ages 18-59) account for another 9% of clients. Others — including caregivers to an older adult or an adult with a disability, or people for whom age data was missing — make up the remaining 9% of all clients.

DAS clients served by the Dignity Fund are diverse. This varied demographic profile reflects the Department’s longstanding commitment to serve San Franciscans with the greatest need. As illustrated in Figure 4 below, this commitment includes significant engagement of subpopulations with the presence of an equity factor.

Figure 4. DAS Clients with an Equity Factor, by Age Group and Population



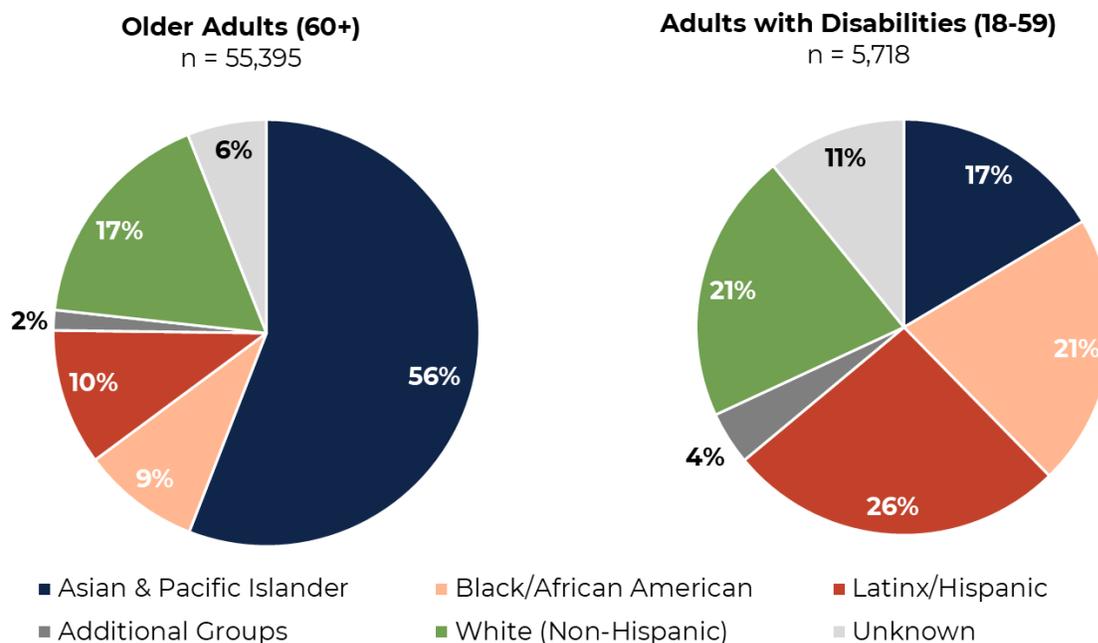
For example, **more than 80% of older and disabled DAS clients have low-to-moderate income** — a staggeringly high rate of representation compared to about 30% of the broader older and disabled adult population in San Francisco.

Most DAS clients identify as BIPOC, with 77% of older adults and 68% of adults with disabilities belonging to communities of color. Asians or Pacific Islanders account for the majority (56%) of older clients, with white, Latinx or Hispanic, and Black or African American individuals represented at lower rates (17%, 10%, and 9%, respectively). Among adults with

⁵ This demographic profile reflects client enrollments tracked in the centralized SF DAS GetCare database, which is used by service providers of most Dignity Fund-eligible services to manage enrollments and collect client demographic information. For a small number of programs, client-level demographic data is not available in SF DAS GetCare and is therefore not included in this profile or the broader equity analysis.

disabilities, Latinx or Hispanic individuals account for the largest share of clients (26%) for a single racial/ethnic group. Black or African American and white individuals each account for 21% of this client population. Asian or Pacific Islanders make up another 17%. Notably, **DAS serves a disproportionately high number of Black or African American adults with disabilities**, who are represented among our clients at nearly twice the rate they are represented among adults with disabilities in the general population (21% compared to 11%).

Figure 5. DAS Clients by Age Group and Race/Ethnicity



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

People with limited English proficiency are also well-represented among DAS clients, making up approximately half (50%) of older adults and a much smaller proportion (21%) of adults with disabilities. Individuals who live alone are represented at similar levels across both senior and disabled adult populations (46% and 52%, respectively).

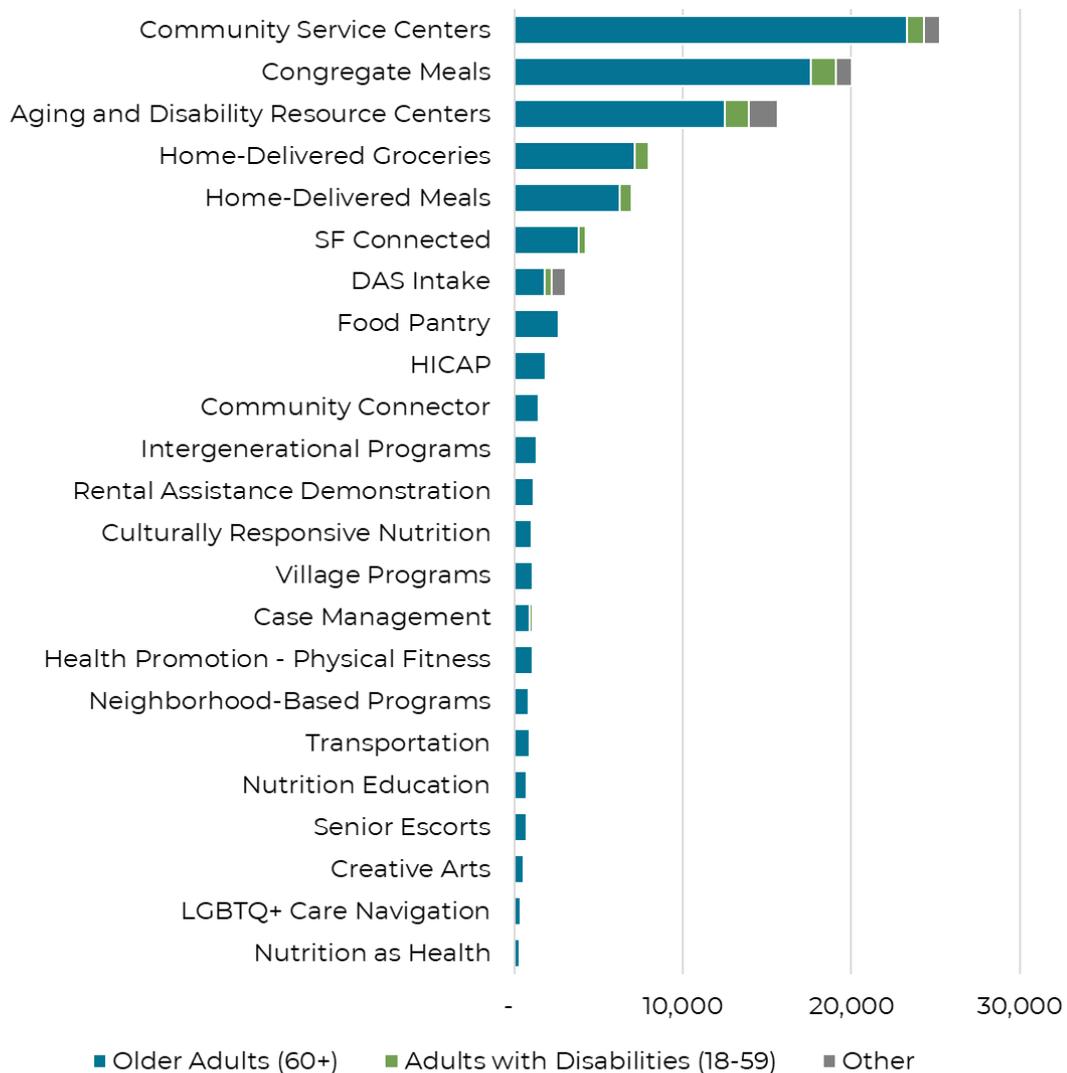
LGBTQ+ identifying people make up a smaller portion of our client populations: only about 7% of older adults and 17% of adults with disabilities are LGBTQ+.

Enrollments in Dignity Fund-Eligible Services

DAS administers more than 60 Dignity Fund-eligible services, the vast majority of which track client-level enrollment and demographic data in the centralized SF DAS GetCare database. **We facilitated approximately 137,300 enrollments in these services**, a selection of which is summarized by client age group in Figure 6 below.

The top 10 programs by total number of unduplicated clients are: **Community Service Centers** (25,240), **Congregate Meals** (20,060), **Aging and Disability Resource Centers** (15,600), **Home-Delivered Groceries** (8,020), **Home-Delivered Meals** (7,030), **SF Connected** (4,380), **DAS Intake** (3,080), **Food Pantry** (2,670), **Health Insurance Counseling and Advocacy Program or HICAP** (2,000), and **Community Connector** (1,530).

Figure 6. Dignity Fund-Eligible Services with 500+ Unduplicated Clients, by Age Group



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

Findings and Recommendations

This section summarizes key findings on community needs, service system strengths and gaps, and equity issues identified through integrated analysis of data from the DFCNA research activities. These research activities, described earlier in this report, include our population survey, community forums and focus groups, and equity analysis. More detailed findings and data tables by research activity are available in the *Appendices*.

This section also provides recommendations corresponding to each finding.

Note on survey samples: Findings are drawn from two consumer survey samples to capture different segments of the population. The random sample — from an address-based, probability sample drawn from a United States Postal Service residential address file — provides a representative picture of older adults citywide, including those not connected to services. The convenience sample — recruited through outreach by DAS and community partners — captures more service-connected older adults and people with disabilities, who often have higher levels of need. Using both allows us to distinguish between broader population trends and the experiences of those most likely to seek support.

In alignment with this sampling methodology, our analysis of consumer survey results for older adults includes trends across both the random and convenience samples. For other populations, such as adults with disabilities, caregivers, and veterans, our analysis of survey results focuses on trends from the convenience sample only, since a comparable probability-based mailing list of households with these characteristics was not available.

Overview

To set the stage for the detailed findings and recommendations that follow, this overview presents baseline results from the equity analysis, highlighting participation patterns among older adults and adults with disabilities. These results provide a high-level view of how DAS services align with community needs and the Department's effectiveness in engaging populations with higher levels of need. Detailed findings that follow examine these trends in greater depth, including the conditions that influence participation across different subgroups with the presence of an equity factor.

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.

Based on community research, DAS services align with the needs of seniors and adults with disabilities. Furthermore, our equity analysis indicates we are generally effective in engaging the people who need our support. Nearly a third (29%) of San Francisco seniors and one in six (16%) of adults with disabilities are enrolled in one or more Dignity Fund programs.

Table 6. Service Participation Rates by Equity Factor⁶

Equity Factor	Older Adults	Adults with Disabilities
Overall	29%	16%
BIPOC	35%	17%
LGBTQ+	13%	9%
Limited English Proficiency	57%	35%
Lives alone	49%	34%
Low-to-moderate income	87%	42%

These service participation rates increase notably among select older and disabled populations with the presence of an equity factor. For example, DAS serves almost all (87%) low-to-moderate income older adults in the City, and close to half (42%) of low-to-moderate income adults with disabilities. These groups tend to participate in many programs at double or triple the rate of the overall population, such as Aging and Disability Resource Centers (ADRCs), Community Service Centers, and Congregate Meals.⁷ These trends reflect the higher levels of need among those with lower income. It is also indicative of the Department’s effectiveness in directing resources to address the needs of this group, even though the vast majority of Dignity Fund programs do not determine eligibility for services based on income.

DAS also engages seniors and disabled adults with limited English proficiency at notably higher rates than the overall population: over half (57%) of seniors and a third (35%) of adults with disabilities with this equity factor participate in our services. ADRCs and Community Service Centers are particularly effective at serving this subpopulation. Older and disabled adults with limited English proficiency participate at anywhere between two to four times the rate of the overall population in these programs, indicating high engagement with centers that provide services in their primary language.

DAS’s diverse service provider network plays a critical role in achieving high levels of service penetration in the older and disabled population overall, and especially among those with an equity factor. Community forum and focus group participants emphasize the importance of community-based providers in meeting their varied needs. For example, they consistently highlight Community Service Centers as vital access points for social services including food support, mental and physical health, social connection, information about and referral to other disability and aging resources, system navigation, and help enrolling for benefits.

“Places that offer food make a real difference to the community... It makes a difference and would be really beneficial to continue funding.”

— Community forum participant (District 1)

⁶ See Table E4 in *Appendix E* for more detailed information about the number of clients and eligible population by age group and equity factor.

⁷ See Tables E5-E14 in *Appendix E* for more detailed information about the number of clients and eligible population by age group, equity factor, and program.

"[Our organization has been supported by DAS] for about 16 years or so... We offer services and support to the northern neighborhoods in the City...We couldn't do this without the support of DAS. We make a great team. My most important thing to improve is to pray that DAS continues funding; a little less than two-thirds of our funding comes from the City."

— Community forum participant (District 3)

"I'm involved with a senior service center, so I get lists of resources... The Fire Department comes in, and other services come by, too, for workshops and presentations."

— Community forum participant (District 5)

High rates of consumer participation and appreciation for our community-based service provider network indicate that DAS has built an effective wide-ranging service portfolio that broadly aligns to the varied needs in our community. These trends highlight the importance of sustaining a robust service network as a foundation for improving access to and delivery of services for San Francisco older adults, adults with disabilities, caregivers, and veterans. We address these areas for improvement in more detail in the findings and recommendations that follow.

Preview of Findings

We identified 10 key findings that help to answer the high-level research questions guiding the DFCNA. They reflect common themes and patterns that emerged across our many data sources, which we highlight throughout the section to illustrate what we have learned about our community's needs.

1. Older adults have varied needs and worry about how they will meet their needs as they age.
2. Adults with disabilities face significant barriers to participation in services, which contribute to high levels of unmet need.
3. Affordability is a top concern for consumers, who struggle to meet basic needs like housing, care, and food without adequate support.
4. Social connection is essential for consumers and can be enhanced by community spaces and technology supports.
5. Consumers have unmet needs related to mobility, transportation, and safety, which limit their full participation in public life.
6. Consumers and service providers alike often lack awareness of available resources, or face challenges navigating services to get the help they need.
7. Despite high rates of participation in services, unmet needs remain high among adults with limited English proficiency and people of color.

8. While the LGBTQ+ community reports relatively well-met needs, targeted improvements could increase program participation.
9. While many caregivers know of and access available resources, a significant portion still need more help to meet their needs.
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.

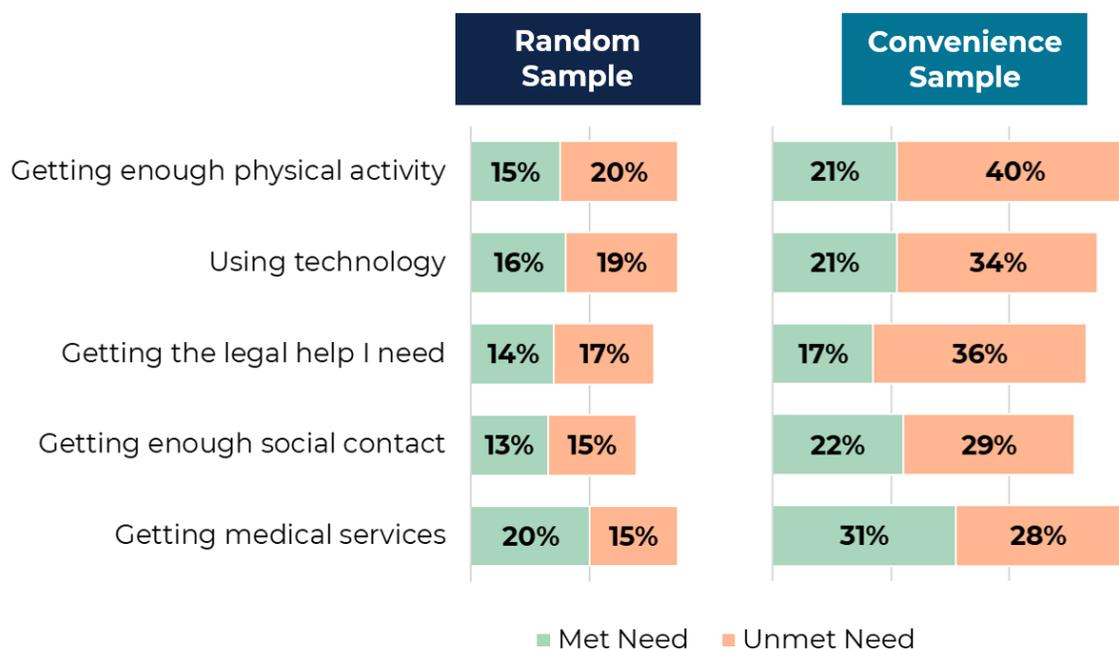
1. Older adults have varied needs and worry about how they will meet their needs as they age.

A. Needs among San Francisco older adults vary: while the average senior has relatively low levels of need, more service-connected older adults have higher levels of need.

This pattern is best illustrated by differences in the levels of need expressed by senior respondents across the random and convenience samples of our consumer survey. The random sample reflects a representative cross-section of the city’s older residents, including those not connected to services. The random sample allows us to generalize the needs of the average San Francisco senior. The convenience sample, by contrast, reflects the perspectives of older adults who are much more likely to be service-connected — particularly to DAS services. We can use this sample to generalize about the needs of our clients, people who are likelier to seek out and participate in services because they need more help to meet their daily needs. Taken together, these survey samples allow us to understand trends in need among our older clients and among San Francisco seniors more generally.

As Figure 7 below illustrates, “service-connected” seniors in the convenience sample have notably higher levels of need than the “average” older adults in the random sample, both in terms of met needs (in green) and unmet needs (in orange).

Figure 7. Top Five Areas of Need for Older Adults, by Survey Sample⁸



⁸ The top five areas of need are based on levels of unmet need among older adults in the random sample. The number of respondents (N) varies both by the survey sample and the area of need, because some respondents did not answer all questions on the survey. See Tables C3-C17 in *Appendix C* for more detailed information.

This pattern holds true not just across the top five needs depicted above, but in all 15 common areas of need we asked about in our survey. On average, only about a quarter (24%) of seniors in the random sample expressed any level of need — met or unmet — in a given area, whereas nearly half (46%) of seniors in the convenience sample did. Similarly, while a smaller portion of seniors in the random sample reported unmet needs (12% on average), seniors in the convenience sample were more than twice as likely to report unmet needs (26% on average).

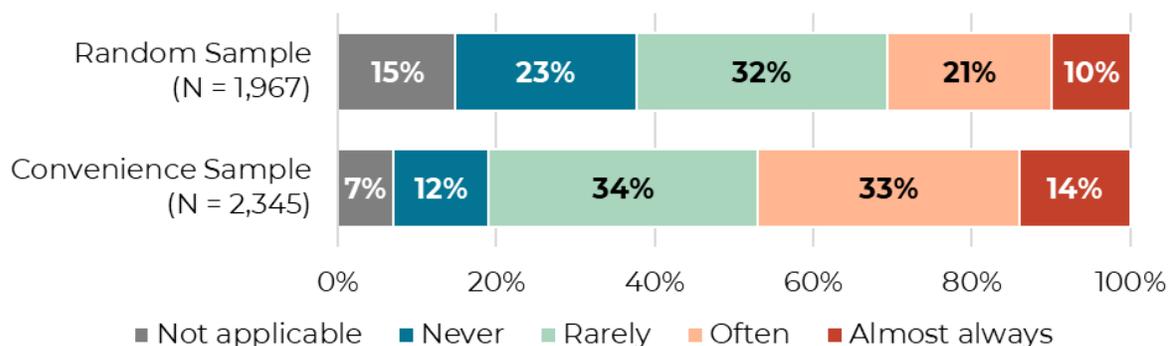
These trends suggest that the depth of need among more service-connected older adults is vast. Even with the support they may be receiving from DAS, other City agencies and community organizations, and informal family and friend networks to meet a portion of their needs, they still have needs that aren't being sufficiently met.

B. More service-connected older adults are likelier to experience difficulties accessing services than the average older adult.

In our consumer survey, we asked about how frequently respondents experience each of 14 common barriers to client engagement in services, such as “getting to and from services” or “finding services in my language.” On average, about a fifth (22%) of seniors in the random sample reported experiencing a given barrier “often” or “almost always.” By contrast, seniors in the convenience sample were much more likely to do so — about 37% of them, on average, reported facing one of these challenges.

More service-connected older adults also tend to experience these barriers more often than the typical older adult. Figure 8 below depicts this trend, using the most commonly reported barrier for seniors across both survey samples as an example. A far greater share of service-connected seniors experiences barrier often or almost always (47%) compared to a typical senior (31%).

Figure 8. How Frequently Older Adults Experience Barriers Finding Services They Are Eligible For, by Survey Sample



These patterns reflect the reality that populations with greater and more acute service needs also tend to experience greater and more frequent barriers to participation in supportive services that might address those needs. These trends likely contribute to high levels of unmet need even among individuals who are connected to services.

C. Older adult populations with the presence of an equity factor tend to have significantly higher levels of need — especially unmet needs — than their peers.

This disproportionality is evident across both the random and convenience survey samples, most notably among seniors with low-to-moderate income and seniors who speak a primary language other than English (a proxy for limited English proficiency). Table 7 below illustrates this pattern along the dimension of income. While on average 15% of older adults in the random sample with higher incomes reported having some level of need in a given area, more than twice that proportion of older adults with low-to-moderate incomes did (39%). There was a similar disproportionality in the level of need between higher income and low-to-moderate income seniors in the convenience sample (on average, 35% vs 52% of each group respectively reported having need in a given area).

Table 7. Average Percentage of Older Adults with Needs by Survey Sample and Income

	Random Sample		Convenience Sample	
	Higher Income N = 897	Low-to-Moderate Income N = 604	Higher Income N = 601	Low-to-Moderate Income N = 1,403
% with Met Needs	8%	17%	16%	21%
% with Unmet Needs	7%	22%	19%	31%
Total % with Any Needs	15%	39%	35%	52%

Perhaps unsurprisingly, older adult populations with the presence of an equity factor are also more likely than their peers to experience barriers to participation in services, which can in turn contribute to higher unmet needs. Furthermore, they experience these challenges more frequently than their peers. As with equity trends in reported needs, these disparities are most significant among seniors with low-to-moderate income and seniors who speak a primary language other than English. For instance, more than half (53%) of older adults in the random sample who speak a primary language other than English report that feeling [un]safe in public is “often” or “almost always” a barrier to participation in services. By contrast, 26% of their primarily English-speaking peers do. Feedback from community forums and focus groups echoes these themes.

“Provide more and better immigration support. There’s a lot of fear out there about this issue, especially given what’s in the media and given the policies of the current administration.”

— Community forum participant (District 9)

D. Even seniors whose needs are currently met express serious concerns about their ability to continue meeting their needs over time.

As described above, on average, about 12% of older adults in our random survey sample reported having an unmet need in a given area. While it is perhaps gratifying to learn that the typical San Francisco senior may not have significant levels of unmet need at present,

we know that people's needs change (and often grow) as they age. The responses we received to the survey question "What is the MOST important thing you need right now to improve your quality of life?" reveal that seniors are also aware of this fact. Many of them used this opportunity to share their concerns about future, and a desire for information about how to get help should they develop new needs.

"[I'm] okay at this time. But I'm at the age where that could change in a flash. I'm concerned that I climb stairs to my apartment now and may soon find that difficult."

"[I] don't need anything now — but that could change at any time, and I would not know where to look for help."

— Consumer survey respondents (Random sample)

It also bears noting that older adults are the fastest growing age group in San Francisco — they make up about 25% of the city's residents today and are projected to make up more than 40% of the population by 2050.⁹ As more people age into the 60+ population, and as people live and age for longer in our community, demand for senior-serving social programs will only increase. As many senior participants in our community forums and focus groups revealed, they are also aware of these population trends, and they urge the City and DAS to plan and fund services accordingly.

"[The City should] put themselves in our shoes. Recognize we're the biggest and growing group. They're going to be needing what help we need, even if they don't know it [yet]."

— Community forum participant (District 3)

Recommendations

1. Where possible, maintain or expand service levels for Dignity Fund-eligible services to keep pace with current and anticipated growth in senior demand for services.
2. Bolster senior legal assistance programs to address unmet legal needs related to matters such as housing, finances and public benefits, immigration issues, and life planning.
3. Explore strategies to boost awareness of DAS among adults ages 50-65, who may not have immediate need for aging services but may benefit from knowing where to seek help to address emergent needs as they age.
4. Continue cultivating partnerships with community-based organizations that have the cultural and linguistic capacity to serve seniors with an equity factor, particularly subgroups that have unmet needs but are not as well represented in our services.

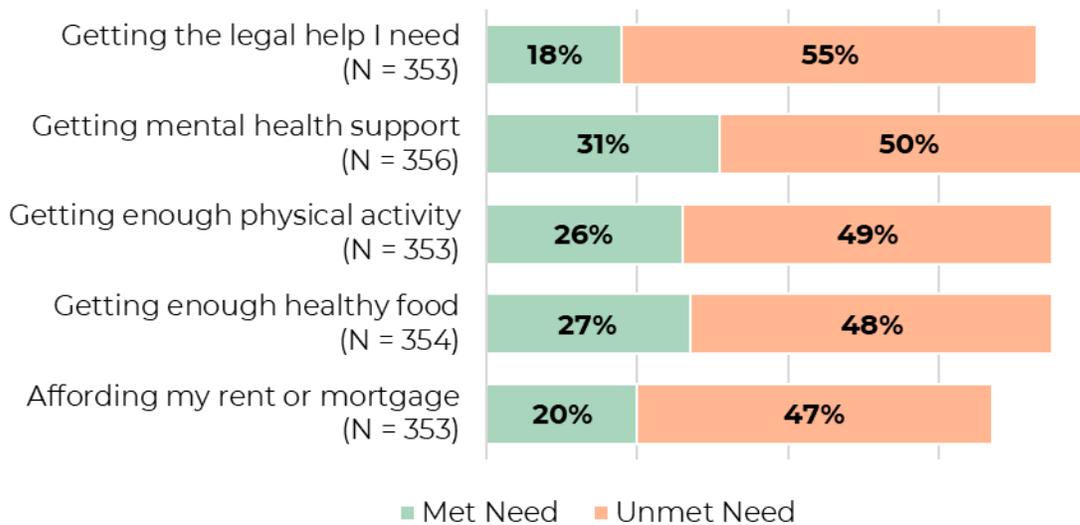
⁹ California Department of Finance. County Population Projections by Age (2020-2070). <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>.

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

A. Adults with disabilities tend to have high levels of need, especially unmet need.

We surveyed 360 adults with disabilities between the ages of 18 and 59 (about 9% of all respondents) in the convenience sample of our consumer survey. On average, almost two-thirds (63%) of adults with disabilities report any level of need — met or unmet — in a given area. Approximately 39% of adults with disabilities report unmet needs in a given area, on average. Figure 9 below shows the top five areas of need for adults with disabilities.

Figure 9. Top Five Areas of Need for Adults with Disabilities in the Convenience Survey Sample

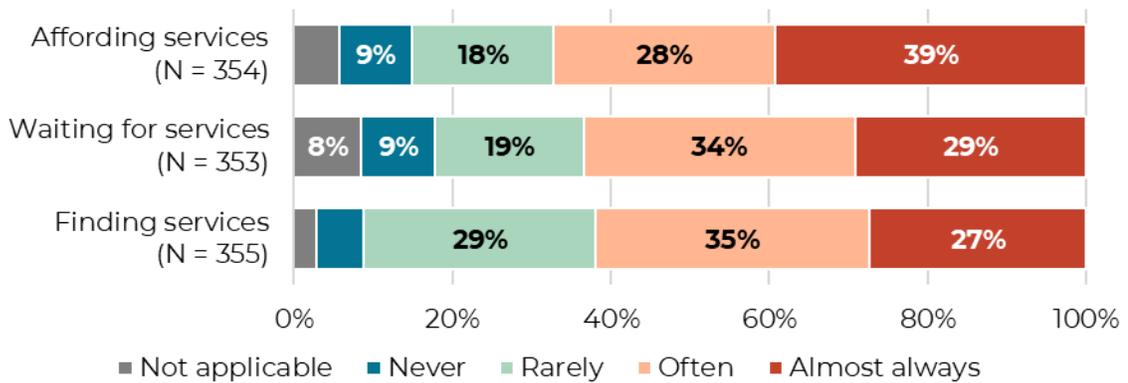


It bears noting that adults with disabilities tend to have higher levels of need than older adults. In all but one of the 15 areas of need we asked about in our survey, a greater share of disabled adults report unmet needs than seniors (39% compared to 26%, on average, based on the convenience sample). The one area in which adults with disabilities were less likely to report unmet needs was using technology, like a smartphone or the internet.

B. Adults with disabilities face significant barriers to participation in services.

The disabled adults we surveyed face many challenges accessing needed services — undoubtedly a contributing factor to the high levels of unmet need among this population. On average, about half (51%) of adults with disabilities in the convenience sample report experiencing a given barrier “often” or “almost always.” The top barriers adults with disabilities identify include difficulty affording services (71% of respondents), waiting for services (69%), and learning about resources (65%). Additional detail on the frequency with which adults with disabilities experience these barriers is shown in Figure 10 on the following page.

Figure 10. Top Three Barriers to Participation for Adults with Disabilities in the Convenience Survey Sample



Similar to trends in need, adults with disabilities tend to face higher barriers to participation than older adults. Across all 14 of the barriers we asked about in our survey, a greater share of disabled adults report significant barriers compared to seniors (51% compared to 37%, on average, based on the convenience sample).

Feedback from disabled adult participants in our community forums and focus groups echo our survey findings about common barriers this population experiences. For example, several participants highlight their difficulty affording services like private pay home care because they do not have low enough income to qualify for means tested programs like In-Home Supportive Services, but they also do not have high enough income to pay for care out of pocket. As a participant in our focus group with adults who are Blind or have low vision explained, “For those of us who are in [a] low- or middle-income place, who earn too much money to get IHSS but cannot afford private helpers, that’s a hole that needs to be filled.”

C. Despite their high levels of unmet need, adults with disabilities participate in Dignity Fund-eligible services at lower rates than older adults.

Our equity analysis estimates that approximately 16% of adults with disabilities in San Francisco participate in Dignity Fund-eligible services — about half the senior rate (29%). This pattern holds true for every subpopulation with the presence of an equity factor, although not always to the same degree of disparity. These trends suggest that DAS has significant opportunities to improve service engagement with disabled adults from a variety of backgrounds and to better address unmet needs among this population.

D. Disabled adults with the presence of select equity factors tend to have higher levels of need and experience more barriers to access than their peers.

These disparities are most pronounced among LGBTQ+ identifying adults with disabilities and adults with disabilities with low-to-moderate income in the convenience survey sample. On average, about half (49%) of LGBTQ+ disabled adults have unmet need in a given area, while a third (33%) of their straight and cisgender peers do. There is a similar level of disproportionality in the level of unmet need between higher income and low-to-

moderate income adults with disabilities (on average, 44% vs 29% of each group respectively reported having an unmet need in a given area). Table 8 below illustrates these trends for both of these equity populations.

Table 8. Average Percentage of Adults with Disabilities with Needs in the Convenience Survey Sample, by LGBTQ+ Identification and Income Level

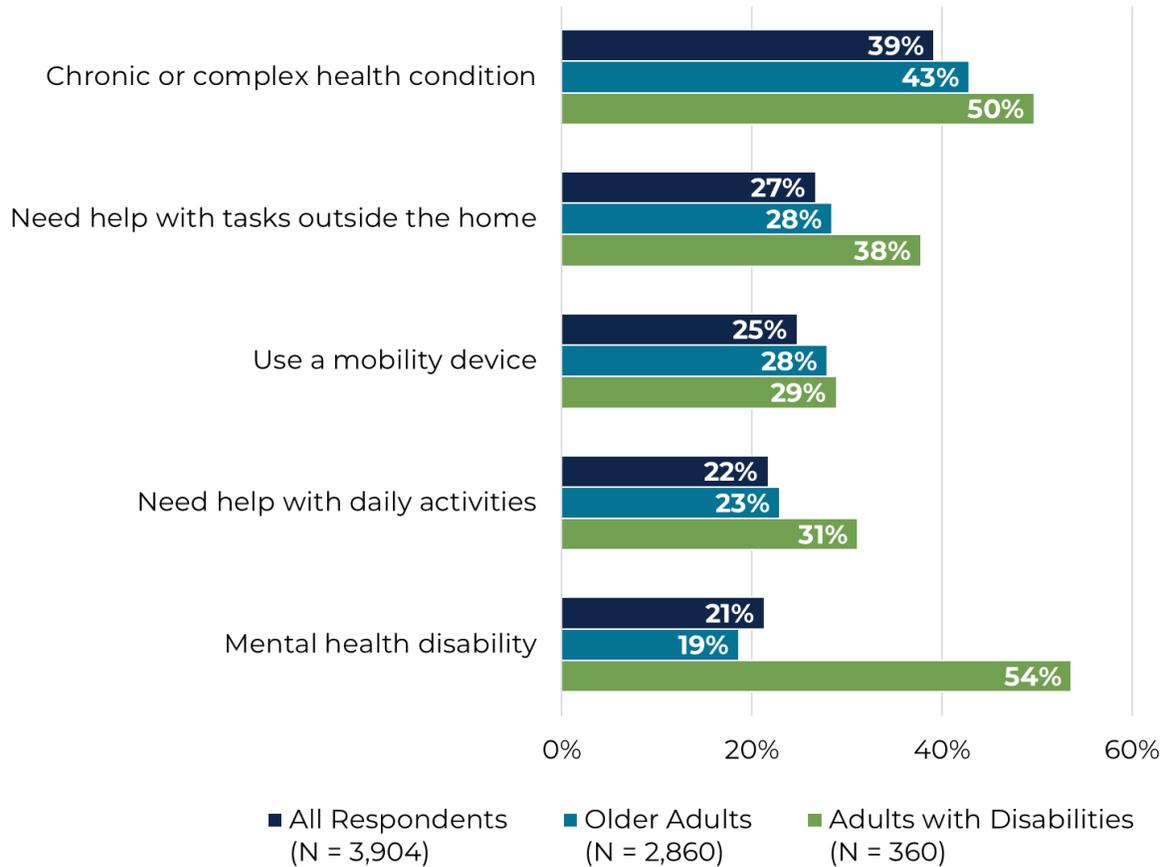
	LGBTQ+ Identification		Income Level	
	Not LGBTQ+ N = 230	LGBTQ+ N = 90	Higher Income N = 80	Low-to-Moderate Income N = 230
% with Met Needs	27%	20%	32%	21%
% with Unmet Needs	33%	49%	29%	44%
Total % with Any Needs	60%	69%	61%	65%

Disabled adult populations with the presence of an equity factor who tend to have higher levels of need than their counterparts are also more likely than their peers to experience barriers to participation in services. These barriers can in turn contribute to their higher unmet needs. For example, approximately 81% of LGBTQ+ identifying adults with disabilities report that waiting for services that are already full or have a long waitlist is “often” or “almost always” a barrier. By contrast, about 63% of their non-LGBTQ+ peers do.

E. Adults of all ages with disabilities are not a monolith, and people with different types of disabilities may require different strategies to better engage them in services.

It is important for us to recognize that disability takes many different forms and can shape people’s needs and experiences in very different ways. This diversity in the disability community is evident across our research activities. For example, Figure 11 on the following page illustrates the spectrum of disability represented across adults of all ages who participated in the convenience sample of our survey. Note that respondents may have more than one type of disability, so percentages may sum to more than 100%.

Figure 11. Top Five Types of Disability among Respondents in the Convenience Survey Sample, by Respondent Type¹⁰



As this figure shows, there is considerable variation in the types of disability experienced within and across the senior and younger disabled adult populations we surveyed. Older adults ages 60+ are most likely to have chronic or complex health conditions (43%), to need help with tasks outside the house (28%), or to have mobility issues and use a mobility assistive device (28%). Among younger adults with disabilities ages 18-59, however, mental health disabilities are the most frequently reported type of disability (54%), followed closely by chronic or complex health conditions (50%), and needing help with tasks outside the house (38%). Younger adults with disabilities in the convenience sample are also much more likely than their older peers to identify as neurodivergent (25% of adults under the age of 60 compared to just 5% of seniors 60+).

¹⁰ We asked survey respondents to tell us if they identify as living with any of 13 broad types of disability and/or chronic health conditions, including any disabilities not listed. This chart shows the top five types of disability selected by respondents in the convenience sample. Additional information on the frequency of other disability types our respondents report is available in Table C2 of *Appendix C*.

These variations likely contribute to differences in needs and barriers reported by older adults and adults with disabilities and suggest that DAS must use different strategies to better address the full spectrum of needs across our disability community.

Recommendations

1. Develop more tailored outreach strategies for engaging adults with disabilities under the age of 60 in services.
2. Conduct additional analysis of DFCNA survey data to examine more fine-grained trends in service needs and barriers to participation experienced by consumers with different types of disabilities.
3. Partner with the San Francisco Office on Disability and Accessibility (within DAS), the San Francisco Disability Cultural Center, and other local agencies to better understand and address the needs of adults with disabilities of all types.
4. Explore strategies to tailor existing DAS programs to better meet the needs of adults with disabilities, with a focus on young and middle-aged adults under the age of 50 who may not as readily identify with senior-centric programming.
5. Build capacity across the DAS provider network, including among Department staff, to better serve people with disabilities of all ages by providing training on disability issues.

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

A. Older adults and adults with disabilities in San Francisco are disproportionately affected by affordability challenges.

These groups are more likely than the overall population to live in poverty: compared to 9% of city residents overall, 13% of older adults and 19% of adults with disabilities live at or below 100% of the Federal Poverty Level. Even adults with disabilities who are employed are about twice as likely to live in poverty as the overall employed population.¹¹ While these data points are certainly instructive, it is also important to note that the federal poverty threshold does not account for the local cost of living.

Given that costs in San Francisco far exceed these federal guidelines and the government benefits that are administered under these standards, many more older and disabled San Franciscans have income insufficient to meet their needs. According to the Elder Index estimate, a single older person in good health and living in rental housing would need a monthly income of \$4,290 to meet their basic needs in San Francisco.¹² By contrast, the federal poverty threshold for a similar individual is set at a monthly income of \$1,330.¹³

This mismatch between the cost of living and income (even supplemented by public assistance) is bad enough for working adults. But it can be catastrophic for older adults in retirement, who often live on lower fixed incomes, and adults with disabilities who may find it challenging to maintain employment. For instance, the national average monthly Social Security retirement benefit is \$2,070.¹⁴ Though well above the federal poverty threshold, that amount falls far short of covering these costs of living. As such, a retiree in San Francisco may not qualify for low-income assistance, even if they cannot make ends meet on their retirement income alone.

“Right now, I work full time at age 62. Right now, I don’t qualify for any senior housing because of my income. When I stop working, my standard of living will be reduced to the point where I won’t afford any housing. 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.”

— Consumer survey respondent (Random sample)

¹¹ 2023 American Community Survey, 5-Year Estimates.

¹² University of Massachusetts, Boston. Elder Index. <https://elderindex.org>.

¹³ 2026 federal poverty guidelines. <https://aspe.hhs.gov/poverty-guidelines>.

¹⁴ Social Security Administration, Monthly Statistical Snapshot, January 2026. <https://www.ssa.gov/faqs/en/questions/KA-01903.html>.

Affordability concerns are even more acute for some subgroups, including Black or African American and Latinx or Hispanic older adults and adults with disabilities, who are overrepresented among those living in poverty.

B. Social safety net programs provide essential (but often insufficient) support to older and disabled adults who struggle to afford their basic needs.

Across multiple community forum and focus group events, participants describe the importance of retirement benefits and public assistance programs like Medi-Cal, CalFresh, and General Assistance in helping them to make ends meet. However, they also share that benefit amounts are not always enough to meet all their basic needs, including housing, food, and health care. They express frustration about low benefits amounts and complex eligibility rules that sometimes force them to make difficult decisions about how to optimize resources. One forum participant experiencing homelessness shared her story to illustrate these challenges: *“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.”*

Other participants also note how difficult it is to survive in San Francisco if you have too much income to qualify for these benefits, but insufficient income to meet your needs.

“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)

Beyond this community feedback, we must also acknowledge the current federal policy landscape shaping Medi-Cal and CalFresh in particular. These programs have recently been undermined by the passage of the federal bill H.R. 1, also known as the “One Big Beautiful Bill Act” in July 2025. H.R. 1 adds new eligibility requirements that create additional access barriers for some seniors and people with disabilities. These harmful policy changes make it harder for people who need help to get and stay enrolled in these programs.¹⁵ Our community research activities for this needs assessment were carried out shortly following the passage of this law, when detailed information about its implementation and impacts were not yet fully known. Against this backdrop, community members express heightened concerns about their benefit amounts and eligibility, their ongoing access to benefits, and anxieties about how they would make ends meet without them.

¹⁵ [Key Impacts of H.R. 1 on Medi-Cal and CalFresh](#). California Legislative Analyst’s Office.

C. Consumers need help to access and maintain safe, affordable, and accessible housing.

Like many San Franciscans, older adults and adults with disabilities face difficulties affording housing, though their needs are often more acute and shaped by the specific challenges of aging safely in place. Many forum and focus group participants describe having difficulty affording high rent and utility costs; those individuals receiving public benefits note that they were often insufficient to cover these costs. Others highlight poor living conditions, including safety concerns about housing that does not meet their evolving mobility and other access needs as they age.

“I have a 3-story home and it’s getting harder going up and down the stairs. I’m thinking about trying to move, and that’s challenging. [I’m] concerned about time limits to get into new housing and to carry over financial assistance there. Who can find housing in the 6-month deadline?”

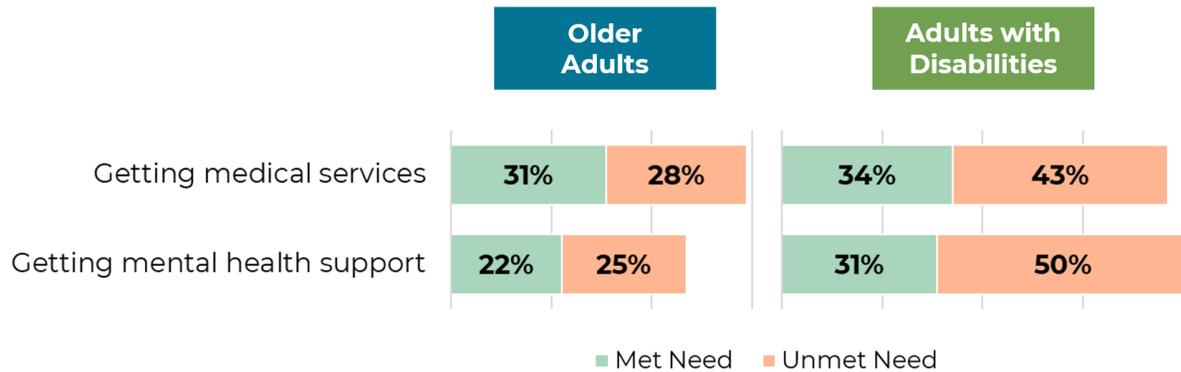
— Focus group participant (Adults aging with HIV)

Community members also express a desire for more support navigating housing resources, including help searching for housing, filling out housing applications, and getting housing-related legal advocacy services. They also share frustrations with housing lottery systems and long waiting lists. As one older adult with disabilities pithily put it in her response to our consumer survey: *“I’m low income, disabled, legally blind, and mobility impaired... I can’t walk, I have no elevator in my building, and my rent is too high... I need safe, affordable, and accessible housing. People like me have to have priority. Lotteries can be for fun, but not [for] housing.”*

D. Adults with disabilities and seniors have significant needs with respect to affordable medical care, mental health care, and long-term care supports.

Participants across our population survey, focus groups, and community forums explained how they rely on these services to age safely in the community, but sometimes struggle to get sufficient and reliable care to meet their needs. For example, as Figure 12 on the following page shows, more than a quarter (28%) of seniors in the convenience sample of our consumer survey report having unmet need for medical services to maintain their physical health. A similar share of older adults (25%) reported having unmet mental health needs. Adults with disabilities have even greater needs in these areas: about 43% have unmet need for medical care, and half (50%) have unmet mental health needs.

Figure 12. Medical and Mental Health Needs for Older Adults and Adults with Disabilities in the Convenience Survey Sample¹⁶



Community members also express challenges accessing and affording long-term care services like home care and assisted living. Several participants identify DAS programs like In-Home Supportive Services, the Community Living Fund (CLF), and Support at Home as important sources of support that promote their ability to live independently in the community and avoid institutionalization. However, they also often observe that these services are insufficient to meet current and growing consumer demand. In particular, they highlight the affordability challenges faced by lower-middle income, immigrant, and/or other Medi-Cal ineligible consumers who cannot afford to pay for private care services out of pocket.

We are fortunate to have some locally funded programs in San Francisco that are not subject to federal income, citizenship, or other eligibility requirements. However, access to these more flexible local programs is often inadequate, with clients placed on long waiting lists until additional resources become available. These conditions may worsen slightly in the wake of H.R. 1’s passage: demand for local supports may increase, for example, among a small number of undocumented IHSS recipients who are no longer eligible for full-scope Medi-Cal.

“For my patient population, the biggest challenge is lack of affordable caregiving resources, including in-home care and day programs for non-Medi-Cal eligible patients. I’m only aware of Support at Home as a form of subsidized care for low income, non-Medi-Cal patients”

— Service provider survey respondent

¹⁶ The number of respondents (N) varies both by the respondent type and the area of need, because some respondents did not answer all questions on the survey. See Tables C11 and C12 in *Appendix C* for more detailed information.

E. Having enough healthy, nutritious, and culturally appropriate food is a major concern for many seniors and people with disabilities.

These needs are especially pronounced for people with lower incomes, disabilities that make it challenging to buy groceries or prepare meals, and/or with medically- or culturally- specific dietary needs. DAS food programs are among our most popular services: Congregate Meals, Home-Delivered Groceries, and Home-Delivered Meals all rank in our top five services by enrollment, and we serve more than 34,000 unduplicated clients collectively across all our food programs, including Food Pantry, Culturally Responsive Nutrition Services, and Nutrition as Health.

Even so, participants across community research activities raise concerns about their current and future food security, particularly in the face of rising food costs. Some point to the insufficiency of their CalFresh benefits and uncertainty about the impacts of H.R. 1 on their benefits eligibility — suggesting a need for clear communication to clients about how their benefits eligibility will be affected by these policy changes, if at all, and what new steps they must take to maintain their eligibility. Others highlight recent cuts to nutrition services, such as reduced dining hours and weekend meal availability at some communal dining sites or decreases in the number of weekly meal deliveries to their homes. Some participants also emphasize the need for more culturally relevant foods. For example, seniors in our focus group with Pacific Islanders express a preference for cultural staples like taro, banana and corned beef in food programs.

Recommendations

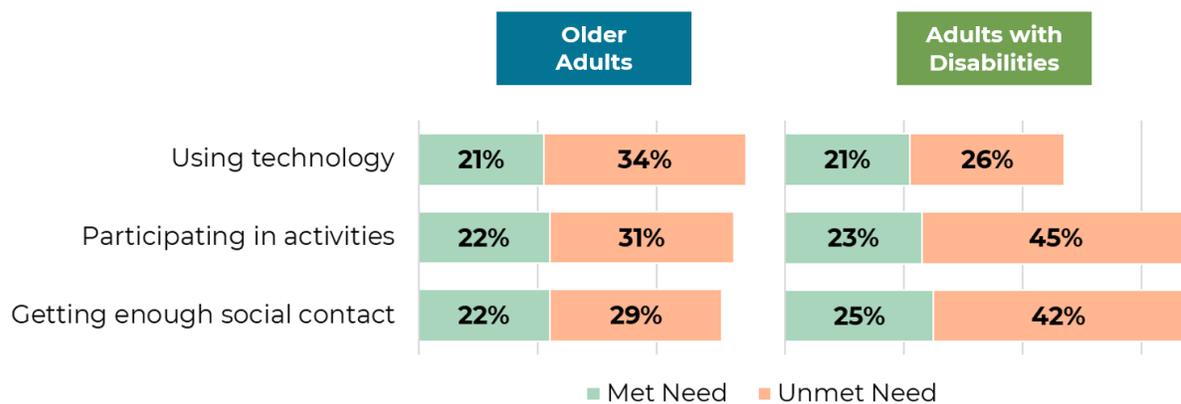
1. In alignment with the Mayor's affordability priorities, continue to offer and strengthen essential services for older people, people with disabilities, caregivers, and veterans to remain well-supported despite Citywide budgetary challenges.
2. Coordinate with the Department of Benefits and Family Support and the DAS Department Programs division to develop public communications and mitigation strategies related to H.R. 1.
3. Partner with lead City agencies on housing to better address affordability and accessibility concerns for older adults and people with disabilities.
4. Continue drawing down state CalAIM revenue to strengthen local long-term care system capacity, freeing up local dollars to better serve disabled people ineligible for Medi-Cal.
5. Strengthen support for senior and disability serving food programs so that service providers are better able to keep pace with consumer demand despite rising food and other operational costs.

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

A. Needs related to socializing and participating in community life are among the top areas of need for people with disabilities and seniors.

Older adults and adults with disabilities are at heightened risk of social isolation, which can contribute to adverse outcomes like poor health, decreased cognitive function, and decreased emotional wellbeing.¹⁷ For diverse participants across our community research, needs for social connection ranked among their top concerns alongside more material needs like those for housing, care, and food. As Figure 13 below shows, many older and disabled adults have substantial unmet needs related to socializing and participating in community life. About a third (34%) of seniors and nearly half (45%) of adults with disabilities report unmet needs in one or of these areas.

Figure 13. Select Needs Related to Socializing and Participating in Community Life for Older Adults and Adults with Disabilities in the Convenience Survey Sample¹⁸



Even among participants with relatively low unmet needs, such as older adults in the random survey sample, social connection and community remain important. More than one in 10 respondents to the question, “What do you need MOST right now to improve your quality of life?” named these areas as their most important area of need.

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

“Any opportunities to remain socialized (exercise activities, learning activities, small trips to cultural events in the SF Bay Area or museums).”

— Consumer survey respondents (Random sample)

¹⁷ Charles, S., & Carstensen, L. L. (2010). Social and Emotional Aging. Annual Review of Psychology, 61, 383–409. <http://doi.org/10.1146/annurev.psych.093008.100448>

¹⁸ The number of respondents (N) varies both by the survey sample and the area of need, because some respondents did not answer all questions on the survey. See Tables C6 and C7 in Appendix C for more detailed information.

B. Dedicated spaces for in-person gatherings, like DAS-funded Community Service Centers, public libraries, recreation centers, and parks, serve as important community hubs for social connection.

Community forum and focus group participants repeatedly emphasize the important role Community Service Centers and other dedicated spaces where community members can freely gather play in their lives. As one senior forum participant remarks, community centers are “lifesaving” hubs for social engagement. They provide a safe and centralized place for people with disabilities and older adults to socialize with their peers, participate in arts programs and cultural celebrations, take exercise classes, learn about other available disability and aging resources, and get help navigating resources from trusted community service providers.

“I like senior centers, especially this one... They have lots of activities. I would highly recommend.”

— Community forum participant (District 1)

“The City gives funding to [this Community Service Center] to host workshops like this, and also [to] provide exercise classes for seniors like ping pong, yoga, and outdoor activities. They also organize field trips. It helps to have socialization. I feel healthier and happier because of these activities... We are retired, so if we can participate in this activity, we can feel like life is more fulfilling; we’re less likely to experience mental illness like depression.”

— Community forum participant (District 4)

“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)

Community members also explain the importance of these social hubs as identity-affirming spaces where they can share in their cultural, linguistic, or other backgrounds with others, and feel like they belong. For instance, some participants point out how the launch of the nation’s first municipally funded Disability Cultural Center in San Francisco last year has created new, inclusive in-person and virtual spaces where disability community members of all kinds, and their allies, can come together. LGBTQ+ identifying participants and participants belonging to smaller racial/ethnic populations like Japanese, Korean, Pacific Islander, and Native American communities, also speak to the power of these social spaces designed by and for them.

Native American focus group participants in particular share their stories about how the absence of a reliable, dedicated space for their community in San Francisco has impacted

them — the most recent iteration of an in-person American Indian Cultural Center in San Francisco closed its doors in 1995.¹⁹

“We lost our American Indian Center. As American Indians, we need a place... That’s a sadness to me”

“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 participants (Native American older and disabled adults)

C. Technology supports are also critical tools for increasing social inclusion and connection among seniors and people with disabilities.

For all the challenges it presented, the COVID-19 pandemic did offer unexpected benefits: the widespread adoption of fully virtual and hybrid in-person/virtual programming across the DAS service network enhanced access to social services for many consumers. Community members generally regard these changes as a good thing, observing that virtual service options offer them more flexibility and opportunities to participate in services. Virtual access to services can be especially empowering for people who are homebound, have mobility issues, or otherwise struggle to get to and from in-person service sites.

Participants in community forums and focus groups also express appreciation for DAS services that promote technology access and digital literacy, such as SF Connected and Technology at Home. They explain that accessible computer labs — plus onsite technology assistance to learn how to use digital devices like phones and tablets, navigate the Internet, and use social media to connect with friends and family — help them to use technology tools to stay informed and connected with their communities.

However, many participants across our community research also shared their frustrations about the challenges of using technology to access services. As noted earlier in this section, seniors in particular report high levels of unmet need with respect to technology: about a third (34%) of older adults in the convenience survey sample have unmet needs in this area. They express a desire not only for more help using technology, but also the need for City and community service providers to maintain robust in-person services and real-time, human points of contact for consumers (such as phone helplines staffed by people rather than lengthy pre-recorded phone trees and AI chatbots).

¹⁹ <https://www.sfheritage.org/community/the-american-indian-center-in-san-francisco/>

“One of the most important things [we need] is technology assistance, since smartphones are becoming essential... Even with a technology background, it can be hard to use newer tech.”

— Community forum participant (District 7)

Recommendations

1. Continue to invest in Community Service Centers as essential neighborhood-based hubs for social engagement and strategic co-location of services that are in high demand, such as information, referral, and assistance; communal dining; and technology labs.
2. Expand capacity across Dignity Fund programs that support technology access, digital literacy, and technology-supported social connection.
3. Ensure ongoing support for in-person service delivery models and onsite staffing so that clients who do not wish to or cannot access services virtually are able to participate.
5. Promote access to arts and cultural programming for older adults and adults with disabilities, through DAS services as well as initiatives like San Francisco Museums for All.

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

A. Older and disabled adults have difficulty accessing services and mobility aids that help maintain or improve their mobility as they age.

For many, the ability to move freely — including simply walking outside — is a key aspect of independence, which can easily be lost for older adults and adults with disabilities. Focus group participants note just how common it is for these populations to become homebound due to lack of mobility support. Twenty percent of older adult random sample respondents and 40% of older adult convenience sample respondents to our consumer survey indicate unmet needs related to physical activity. Forty-nine percent of adults with disabilities in the convenience sample also express unmet needs in this area.

Figure 14. Need for Physical Activity among Older Adults, by Survey Sample

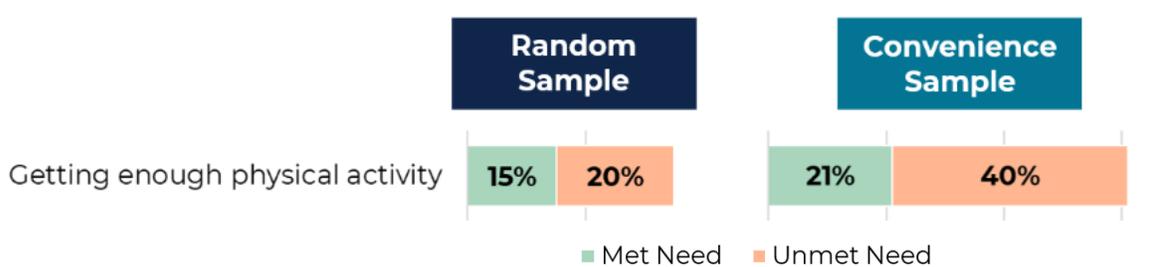
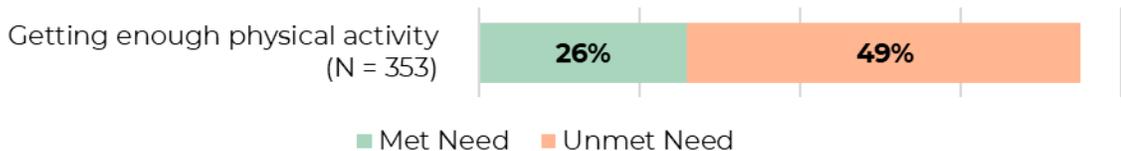


Figure 15. Need for Physical Activity among Adults with Disabilities in the Convenience Survey Sample



Older adults and adults with disabilities express their desire for activities like physical therapy and exercise classes that take their mobility challenges into account. In forums and focus group feedback, seniors and adults with disabilities share that they want more physical activity but need spaces inclusive of their physical abilities and mobility needs to do so. This need also extends beyond exercise spaces to mobility concerns in other service settings. The survey further affirms this perspective. In the random sample, 36% of older adults and 57% of adults with disabilities indicate that finding services to accommodate their disabilities is often or almost always a barrier to accessing service. A provider responding to the survey notes that services sometimes lack intersectional considerations, pointing out, for example, that mental health treatment centers don't always have accommodations for mobility disabilities.

“Being able to walk again.”

“Activities geared to increasing mobility for seniors with arthritis in multiple joints. I already had 3 joint replacements.”

“Maintain my mobility so I can continue to live an independent life.”

— Consumer survey respondents (Random sample), in response the question, “What is the MOST important thing you need right now to improve your quality of life?”

Among key issues reported in the survey, use of mobility devices is high among seniors, though higher for senior respondents in the convenience sample (28%) than in the random sample (17%). Twenty-nine percent of adults with disabilities in the convenience sample report use of a mobility device. These datapoints show that both older and disabled adults have significant need for exercise spaces that accommodate their mobility disabilities. Other consumers need a mobility aid but have trouble getting one for logistical or financial reasons.

“I am unable to walk and desperately need an electric wheelchair so that I can have some independence at home and when I go out. No one at home can help me by pushing the wheelchair.”

— Consumer survey respondent (Convenience sample)

B. Accessible, affordable, and safe transportation is a central need for people with disabilities and seniors.

Transportation is the second most prevalent issue raised by community forum participants after housing. Survey respondents also indicate transportation as a key need — 13% and 31% of older adults in the random and convenience samples respectively, and 44% of adults with disabilities in the convenience sample. Thirty-six percent of all respondents in the convenience sample say getting to and from services is a barrier to their participation.

Older adults and adults with disabilities feel that public transit in San Francisco could be both more flexible and reliable. Participants in focus groups and forums express appreciation for existing programs that make transportation more affordable — chiefly the discounted Clipper card and Essential Trip Card — but would benefit from additional subsidies. While many clients praise the Paratransit program, others have complaints about the timeliness and flexibility of the service. These individuals note that a voucher for a taxi or Uber would better meet their needs, especially for more unstructured activities like grocery shopping, running errands, and going to medical appointments, where it can be difficult to predict the end/pickup time in advance. People also indicate their concern about Muni cuts that have already occurred and fear more are on their way.

“Being sure I have the necessary transportation to do things — especially at night.”

— Consumer survey respondent (Random sample), in response to the question, “What is the MOST important thing you need right now to improve your quality of life?”

Concerns about safety on transit and at stops are common, especially for people with mobility challenges and those using mobility assistive devices. Forum participants cite poor bus driver etiquette, noting that under the pressure of keeping to posted schedules, bus drivers often start driving before customers find a safe place to sit or stand, or pass by people waiting at a stop. These observations about etiquette and cultural norms extend to other riders, who sometimes fail to cede their seat when an older adult or adult with a disability gets on the bus. Together, these considerations make many older and disabled consumers feel their transportation options aren’t reliable and safe enough.

C. Consumers express serious concerns about their safety on the street and in other public spaces.

Participants across the forums, focus groups, and survey frequently share their frustrations about insufficient infrastructure, such as poor lighting and fractured pavement, and related impacts on their sense of safety in public spaces. In fact, safety is the third most discussed issue in the forums after housing and transportation. In addition to lapses in infrastructure maintenance, both disabled adults and seniors cite feelings of fear around homeless encampments and open drug use. People with physical disabilities or mobility impairments feel especially vulnerable, with some expressing that they are more likely to be the target of crime due to their visible disabilities. Concerns about safety are most acutely expressed regarding Districts 6, 7, and 9.

At the conjunction of these two areas is difficulty with navigating public spaces due to a lack of cultural norms or awareness about disability access. Tents on sidewalks, discarded scooters, and individuals riding scooters, bikes, or skateboards on streets present a danger to those with mobility challenges trying to safely make their way down the sidewalk or through a park. For individuals who have low vision or are blind, or those who use a walker or wheelchair, obstacles in the street are a particular concern. The pervasive sentiment among consumers is that both the built environment and cultural norms in the city were not developed with older adults and adults with disabilities in mind.

“The streets around here are very dangerous, I want to know: Where will I be okay, where will I be safe? I don’t have any idea where in this city I could be safe... I walk with fear everywhere. That’s how it is.”

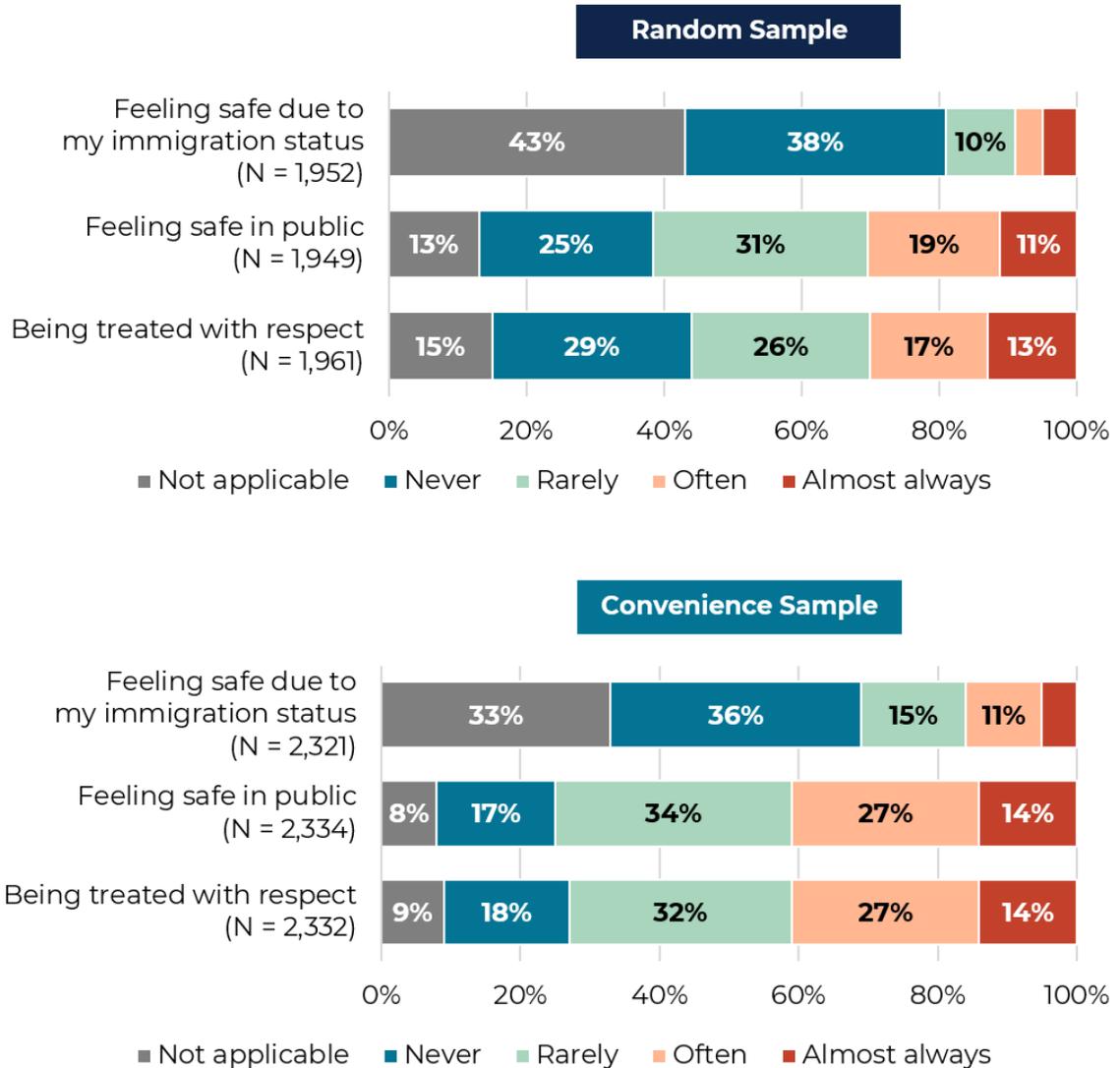
— Community forum participant (District 9)

These unmet needs also present as barriers to service participation. In the consumer survey, 30% and 42% of respondents in the random and convenience sample respectively report that fear of not being treated with respect “often” or “almost always” acts as a barrier to accessing needed services. Concerns about public safety are a barrier for 30% and 44% of all adults across the two samples. Nine percent and 19% of all respondents in

the random and convenience samples report that feeling unsafe due to immigration status is “often” or “almost always” a barrier to getting services. These trends are depicted in more detail in Figure 16 below.

The disproportionate nature of these safety-level barriers for BIPOC individuals and people with limited English proficiency are discussed in *Finding 7*.

Figure 16. How Frequently All Survey Respondents Experience Barriers Related to Safety, by Survey Sample



D. The geographic concentration of services in the city's central neighborhoods presents a greater barrier for people with mobility, transportation, and safety concerns.

The equity analysis indicates that participation rates were highest in Districts 3, 5, 6, and 8 — more centrally located districts in the city. DAS spending on Dignity Fund-eligible services follows a similar pattern, with the greatest outlays — total dollars spent — in Districts 3, 5, 6, and 9 due to concentration of services in these neighborhoods. These trends in service engagement generally reflect the concentration of higher need populations in the city center (and the more commercial nature of central districts compared the residential perimeter neighborhoods). Fifty-seven percent of low-income disabled adults and 54% of low-income adults with disabilities live in these neighborhoods. It is perhaps unsurprising, then, that approximately 56% of spending on Dignity Fund-eligible services occurs in these neighborhoods.

The robustness of service engagement in the city's central districts also suggests that some groups are commuting from outer districts to access desired services, including those provided by organizations with specific cultural and/or linguistic capacity. For consumers living in the city's outer districts, traveling to more central districts to access services can be a barrier. These barriers are compounded for people, like those with mobility challenges, who express difficulty using public transportation or navigating the city's streets. Fortunately, diverse service delivery models developed during the pandemic offer virtual and hybrid programming that can help mitigate these concerns, though remote service offerings are not the right fit for all groups.

Recommendations

1. Maintain support for DAS-funded transportation programs including group van services, taxi vouchers, and transportation access supports that help people sign up for subsidized transportation programs.
2. Collaborate with the Age- and Disability-Friendly San Francisco (ADFSF) Work Group and the San Francisco Municipal Transportation Agency to implement ADFSF action items pertaining to transportation and mobility.
3. Share detailed findings related to senior and disability transportation needs with the San Francisco Municipal Transportation Agency.
4. Design a campaign to educate San Franciscans about etiquette and cultural norms that promote safer, more inclusive public spaces for people with disabilities and seniors.
5. Improve inclusivity of DAS physical activity and exercise programs for participants with mobility barriers.
6. Explore ways to improve consumer access to mobility aids, in partnership with the San Francisco Health Plan and DAS programs like HICAP, Case Management, and CLF.

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

A. Seniors and adults with disabilities often lack awareness of available resources.

Twenty-six percent of random sample respondents and 46% of convenience sample respondents to the consumer survey reflect that they “often” or “almost always” find it challenging to learn about resources to help meet their needs. Forum and focus group participants wish that case managers and peers could educate them on local services.

“Sometimes if you don’t have the right questions, you can’t get the services needed. You don’t know what you don’t know.”

— Focus group participant (Adults aging with HIV)

“I need help to understand about Medicare and what I should do.”

— Consumer survey respondent (Convenience sample), in response to the question, “What is the MOST important thing you need right now to improve your quality of life?”

B. Service providers also want to learn more about available services and referral processes, even if they have knowledge of particular programs.

Recognizing their essential role as trusted touchpoints for clients, service providers share that they could benefit from additional training on the DAS service network. Thirty percent of respondents to the provider survey report being unable to refer clients to services because they lack information about available services and how to access them. They could better identify tailored resources for clients with more knowledge. Service providers need more information about long-term care supports, community-based programs that foster social connection, and life skills programming — including services like empowerment classes, money management, employment support, and technology access programs. Referral processes are also a critical part of the equation. Even providers aware of services may lack understanding of the referral process for a given program, which limits their ability to support clients in successfully connecting those services.

“It really depends on the subgroup, but for most of our clients, they need someone to name as a financial agent, help with money management...”

“Not every agency gets proper training or updates on system changes or policies changes, and this is a barrier for the older adults we serve to get the proper resources and services they need.”

— Service provider survey respondents

C. Many consumers struggle with navigating complex systems and want support from professionals and peers to access services.

Almost half (49%) of older adult respondents and 64% of respondents with disabilities in the convenience survey sample find it challenging to navigate service systems that provide social, health, housing, or other services. They emphasize the value of human interactions, either in person or over the phone, reflecting that pre-recorded messages, AI chatbots, and other technologies do not suffice in supporting system navigation. Focus group participants lament the decrease in in-person services, some of which were discontinued during the pandemic and never reintroduced. For example, Native American participants miss the at-home visits they customarily received from home health aides prior to the pandemic, and the Japanese community share that there are fewer in-person touch points for service navigation at their local senior center than before. The trend towards more remote service offerings and digital communication can mean information diffuses more slowly for individuals who lack digital literacy, especially older adults. It also means that clients may lack informal chances to get assistance with a range of services during an in-person interaction.

“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 they require. This presents a burden to a lot of people due to wading through bureaucracy.”

— Service provider survey respondent

D. Affordability concerns, eligibility requirements, and long waitlists make service connection difficult regardless of awareness.

Older adults and adults with disabilities describe the difficulty of living in a high-cost city like San Francisco. Covering one’s basic needs, especially while aging in place or managing a disability, can be challenging or unrealistic. This is especially true for adults with disabilities, 71% of whom find service cost a barrier in the consumer survey.

Most DAS services are not means tested — in other words, income is not a factor in determining eligibility — and can help lighten the load. However, many individuals are not eligible for major public benefit programs like Medi-Cal (and by extension, IHSS), CalFresh, or General Assistance, which are designed to serve people with low income and evaluate eligibility accordingly. A significant portion of survey respondents, 31% in the random sample and 49% in the convenience sample, say it is often or almost always challenging to find services for which they are eligible. These eligibility barriers can leave people with unmet needs if they are unable to find alternate forms of support.

“Due to the high cost of living, there can be a gap between being able to afford services you need and qualifying for services.”

— Community forum participant (District 2)

Other eligibility requirements beyond income also contribute to confusion or exclusion. Unhoused individuals describe challenges enrolling in IHSS while living at a shelter and reductions in the cash aid they receive if they disclose their homeless status (since they no longer pay rent). Real or perceived eligibility limitations mean that sometimes clients screen themselves out of services or providers do. In the provider survey, 18% of respondents say they do not refer a client to a service if they observe the client has no need for the service, which could unintentionally exclude clients from needed resources.

Long waitlists and time spent waiting for services to start is also a concern among nearly 50% of convenience sample survey respondents, as well as forum and focus group participants. Table 9 below shows the frequency of barriers reported by all convenience sample respondents in areas like eligibility, application processes, system navigation, and affordability. These barriers are also ranked highly by professionals in the provider survey.

"[I] applied for IHSS for myself and husband. It took 6-7 weeks for home visits and assessment. It took 3-4 weeks for [hours] determination. A friend has been helping me. Onboarding the IHSS Independent Provider took a very long time."

— Focus group participant (D/deaf or hard of hearing adults)

"[I'm a] 90-year-old woman — I've been applying for 20 years and cannot get into housing. I have no help, no family, I still work. I am not happy with the lottery system because I think it should have an older adult, over 90 years old preference."

— Consumer survey respondent (convenience sample), in response to the question, "What is the MOST important thing you need right now to improve your quality of life?"

Table 9. How Frequently All Survey Respondents in the Convenience Sample Experience Barriers Related to Service Awareness and Navigation

Need	Number of Respondents	Responses				
		Not applicable	Never	Rarely	Often	Almost always
Finding services I'm eligible for	3,153	8%	12%	32%	33%	16%
Affording services that cost money	3,112	11%	17%	26%	26%	20%
Waiting for services with a long waitlist	3,133	14%	16%	24%	27%	19%
Learning about resources	3,199	8%	12%	33%	32%	14%
Navigating service systems	3,126	11%	16%	27%	29%	16%
Signing up for services	3,124	9%	17%	31%	29%	14%

Recommendations

1. Complete implementation of the dynamic and searchable Online Resource Directory for disability and aging services in San Francisco.
2. Provide general outreach to consumers about available disability and aging services, in partnership with the DAS Benefits and Resource Hub and SFHSA Communications.
3. Strengthen DAS service provider training and capacity to support community members with resource navigation.
4. Promote awareness of the DAS Benefits and Resource Hub among City agencies and their community-based providers, through provider training and outreach materials.
5. Continue providing human touchpoints for people seeking assistance across the DAS service network.
6. Maintain current policy of serving clients regardless of their income level across most Dignity Fund-eligible services.

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

A. People with limited English proficiency use DAS services at double the rate of the overall population; BIPOC individuals participate at a similar rate to the overall population.

As shown in the *Client Profile*, people with limited English proficiency and BIPOC individuals make up a large portion of clients enrolled in Dignity Fund-eligible services. Approximately 50% of the older clients and 21% of clients with disabilities have limited English proficiency. BIPOC individuals make up 77% of older adult clients and 68% of clients with disabilities. Our equity analysis offers another way to understand high levels of participation by these populations, who engage in services at or above the rate of seniors and adults with disabilities overall, as illustrated in Table 10 below.

Table 10. 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
BIPOC	352	1.2	165	1.1
Limited English Proficiency	568	2.0	351	2.3
Overall	288	-	155	-

ADRCs and Community Service Centers — services with strong in-language offerings — are particularly effective at serving adults with limited English proficiency. These populations participate at two to four times the rate of the overall population in these programs.

DAS's diverse service provider network is in large part to thank for the Department's efficacy in reaching people of color and those with limited English. Participants in the forums and focus groups describe how local providers are trusted, one-stop shops where they can receive services relevant to their language and culture, as well as a range of other resources.

"If I need to read a letter or bill that's in English, and I don't understand it, like the PG&E bill, I can bring them... and they will help us to read the letter and translate it. They also provide food. They also offer computer classes."

— Community forum participant (District 4)

B. Despite high rates of participation, these populations — especially those with limited English proficiency — have higher rates of unmet need, often due to higher barriers to participation.

In other words, people who are BIPOC and whose first language is not English are significantly more likely to need help in all areas than their counterparts. Across both groups, support with technology (like a smartphone or the internet) and need for more physical activity are the top two unmet needs reported in the random sample survey. However, need is pervasive across many categories, creating a holistic picture of individuals struggling with a complex and interwoven set of challenges, even when they may be engaged with City services.

Higher levels of need are connected to higher barriers to service access. BIPOC individuals and those whose primary language is not English experience significantly greater challenges trying to access services than do their counterparts. In the consumer survey, these groups rate all 14 barriers we assessed more highly than their peers. BIPOC individuals rate finding in-language and culturally relevant services, transportation, signing up for services, and technology as significantly more challenging than their counterparts. A startling 61% of individuals with limited English proficiency in the convenience sample share that they often or almost always face challenges being treated with respect in public.

Providers also share consumers' concerns, with 15% in the provider survey reporting that cultural inclusion can be a barrier to service access, and 14% reporting language as a barrier. Language barriers are cited more among providers who serve Chinese clients. Even if these populations participate in DAS programming at high rates, their vast needs may nevertheless exceed the support they receive.

“Where’s our reparations? We are all deserving of reparations. First of all, we have trauma in every aspect of our lives, and we need help dealing with that. We have been living in substandard housing for years. We have miseducation for years. We have been discriminated [against] for years. We have been redlined and Prop 13 took our property away from us and would not give us money to build up our housing... Other groups have been compensated, why not us?”

— Community forum participant (District 5)

C. Communities of color and those with limited English want greater acknowledgement of their cultural history and more tailored services.

We see high participation in Dignity Fund-eligible services, especially among clients with limited English proficiency. However, there is still room for improvement in particular programs. For example, this group engages with DAS Intake at the same rate as older and disabled adults overall, an indication that there may be opportunities to improve in-language outreach about the DAS Benefits and Resource Hub, so clients know they can get information, service referrals, and help applying for services via this essential resource. There may be similar opportunities in the Home-Delivered Meals program, in which

people with limited English proficiency participate at rates slightly lower than the overall population.

Meanwhile, ADRCs and the Community Connector program see higher levels of participation from BIPOC individuals (at about 1.4 times the rate of the overall population), compared to lower rates in other programs. DAS could learn more about the reasons for the higher participation rates in these programs to inform potential improvements in other services where engagement among people of color is lower.

In the consumer survey, 15% of random sample respondents identify finding in-language services and services that respect and support their identity and culture as barriers to participation. These barriers are even higher among convenience sample respondents, at 28% and 29% respectively. Survey, forum, and focus group participants from a variety of backgrounds express common themes like lacking dedicated community spaces, historic or present disinvestment, and misunderstanding or erasure of culture. Some sub-populations also report distinct experiences of note:

- Residents of District 5 point to the recent Safeway closure as an example of disinvestment in communities of color.
- Native American focus group participants discuss the profound loss of the former Native American Senior Center in the 1990s and the resulting lack of a dedicated community space. They hope for access to culturally knowledgeable and familiar practitioners in medicine, social services, and mental health. Pacific Islanders also express interest in a dedicated senior center.
- Participants in the Japanese and Korean community explain the alienation that can arise from lacking in-language news services and public announcements, and that community organizations could help fill the gap.

“What is a need for now and the future is that we need someone we can talk to. Another Native person that has the ability within our own way of medicine.”

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

Recommendations

1. Sustain investments in culturally tailored programming and support local service provider capacity to deliver racially, linguistically, and culturally relevant services.
2. Explore opportunities to further enhance language access within the DAS service network, by exploring novel outreach opportunities that match clients with in-language options and partnering with providers to engage their clients on what types of services they'd like to see in-language.

3. Study programs with higher participation rates among BIPOC and limited English proficiency to understand program efficacy in reaching these groups and translate learnings to programs with lower enrollment rates among these groups.
4. Share findings about access barriers and the need for culturally relevant, in-language services with other City agencies, so they can make parallel improvements in their programs serving older and disabled adults.
5. Integrate feedback from those with limited English and communities of color to inform future service procurements to ensure program delivery continues to align with community needs and preferences.

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

A. Individuals identifying as LGBTQ+ participate in DAS programs at lower rates than seniors and adults with disabilities overall.

The LGBTQ+ population is the only subgroup with an equity factor whose participation rate is less than that of the overall eligible population, at about half the overall rate. There may be multiple explanations for this trend. It is possible that because their needs are met by other means, LGBTQ+ identifying seniors and people with disabilities do not seek out Dignity Fund-eligible services at similarly high rates to other groups with an equity factor. Alternately, LGBTQ+ individuals may feel uncomfortable accessing these services due to feeling unwelcome in some service settings or unsure about the best fit for their needs at the intersection of their multiple identities (for instance, as an aging adult and as an LGBTQ+ identifying person). Yet another possible explanation is that LGBTQ+ individuals participate in services at a higher rate than our equity analysis demonstrates, but do not self-identify as LGBTQ+ due to discomfort or fear; higher rates of missing sexual orientation data may contribute to lower estimated participation rates. Likely all three of these explanations inform this finding.

In this context, there are opportunities across the DAS service network to better engage LGBTQ+ community members. We can also strive to make these individuals feel more comfortable sharing their demographic information with us, so we can develop a more accurate understanding of LGBTQ+ service engagement and use this information for the continuous improvement of services for this population.

B. LGBTQ+ consumers have some unique needs and barriers but generally report similar levels of need as their peers.

According to the results of the convenience consumer survey sample, the LGBTQ+ population tends to experience one particular barrier — affordability — at a higher rate than the overall population. This group reports experiencing other barriers to participation in services at similar levels to their peers, which may be surprising given their lower rates of service participation, and could indicate that concerns about affordability have an outsize impact on participation compared to other barriers. Average rate of need among LGBTQ+ individuals tracks with similar levels to those who do not identify as LGBTQ+ across older adults in both the convenience and random samples. However, LGBTQ+ adults with disabilities face higher average need overall than their non-LGBTQ+ counterparts, and especially higher unmet need, as illustrated in Table 11 on the following page.

Table 11. 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
% with Met Needs	12%	10%	20%	18%	27%	20%
% with Unmet Needs	11%	11%	26%	27%	33%	49%
Total % with Any Needs	23%	21%	46%	45%	67%	81%

Across the random and convenience surveys, the unmet needs that rank highest for LGBTQ+ individuals are legal help, social contact, and participation in activities like exercise and enjoyable hobbies. The challenge of affordability and unmet social, activity, and legal needs could be a result of lower enrollment in DAS programming, as well as the possibility that this community has less family and community support than other groups. The need was particularly great for LGBTQ+ adults with disabilities, 53% of whom report sufficient social contact as an unmet need, perhaps because of less successful inclusion of individuals with this intersectional identity in programming. The finding about social needs is also reflected in focus groups with sexual minorities, transgender and gender-nonconforming individuals, and those aging with HIV. LGBTQ+ individuals face higher levels of social or familial isolation, potentially due to their minority sexual or gender status and thus need more support in the realm of daily activities and financial support, contexts in which other groups might rely on family or friends.

“I need more access to mental health services; people are really stressed right now... In general for the community, we definitely need more mental health services.”

“I spend too much time taking care of my house. I was working before, [but lost my] job two years ago. Since then, social activity is lacking. I just learned about activities here. Maybe [I’ll] join a group [to] practice Spanish.”

— Focus group participants (Sexual minority [LGBQ+] older and disabled adults), in response to “How do you stay connected to family, friends, and others in your community?”

In addition, LGBTQ+ individuals rank access and safety concerns as their highest barriers to access, indicating there are service access challenges even if LGBTQ+ populations face lower hurdles than other equity populations like BIPOC and low-income individuals.

C. LGBTQ+ individuals emphasize the importance of tailored services provided by LGBTQ+ staff who tend to understand their lived experience.

LGBTQ+ people with disabilities and older adults want community organizations to offer more personalized, human-to-human case management and other services. In addition to receiving more tailored services, they would like to feel uplifted and celebrated within the community; they share that they are sometimes made to feel like a burden.

“They haven’t gone through what we’ve been through. Hire people who know what we’re going through.”

— Focus group participant (Sexual minority [LGBQ+] older and disabled adults)

“We need to have our own space where we feel safe.”

— Focus group participant (Transgender and gender non-conforming older and disabled adults)

D. Transgender and gender-nonconforming (TGNC) individuals face disproportionate rates of homelessness, poverty, violence, and discrimination, leading to particularly high need; they also lack trust in public systems that could help meet their needs.

TGNC people have been historically marginalized and excluded by public institutions and in the broader culture, and still to this day face many systemic barriers to access and opportunity. Under these conditions, many TGNC seniors and adults with disabilities understandably lack trust in City agencies and other public systems. This erosion of trust has only intensified under the current federal administration. Even within the broader LGBTQ+ community, some TGNC individuals report feeling alienated, excluded, or underrepresented, due to the differences in their lived experience from those of cisgender lesbian, gay, bisexual, and/or queer individuals and their different needs.

Housing, safety, and service access are all major concerns among TGNC older and disabled adults. A few community-based organizations and health clinic resources are highlighted by focus group participants as pinnacles of good care. In particular, they cite these organizations’ strengths in community building and client advocacy through regular trans resilience gatherings, cultural outings, and tailored intensive case management services. TGNC individuals see community building as a core device to build greater connectedness and internal strength among themselves, and for cultivating greater understanding of and compassion with those outside the community.

“The majority of our community end up in tents/encampments — and we are seeing so many camps being dismantled [by the city]. People are losing everything.”

“The current administration is attacking funding and grants specific to our community, which already doesn’t have a lot of spaces/supports to begin with. It’s scary.”

— Focus group participants (Transgender and gender non-conforming older and disabled adults)

E. HIV+ individuals express frustration with case managers’ limited understanding of the community’s needs as well as the often “invisible” nature of their illness, which can lead to de-prioritization, but also appreciate certain providers who understand their community well.

In focus group discussion, HIV long-term survivors cite needs and health concerns unique to their HIV status that can be overlooked by case management staff who lack sufficient training. These issues include medical considerations like the intersection of medication adherence and housing status and the reliance on affordable transportation to get to medical appointments. In addition, service access and employment present significant hurdles specific to this population. Service providers sometimes fail to recognize HIV as a qualifying disability for DAS services. Individuals with HIV+ also face the challenge of maintaining employment while living with HIV. They do celebrate the larger culture of San Francisco and small HIV and LGBTQ+ focused providers who make them feel at home and supported. However, it can remain challenging to find providers who address their intersectional needs as individuals with HIV+ as well as aging or disabled adults.

DAS recognizes that not all individuals with HIV identify as LGBTQ+, and that while many shared needs exist at the intersection of these groups, program design should reflect the nuances in the experiences of HIV long-term survivors.

“I want to put together a program to train new and younger caseworkers, helping them understand gay history; they don’t understand.”

“If [you’re] homeless, you don’t have a safe place to keep your meds. Or if there is a sweep, they can take your meds. Housing is health care!”

— Focus group participants (Adults aging with HIV)

Recommendations

1. Sustain investment in services tailored to LGBTQ+ community members, including TGNC services, across the DAS portfolio.
2. Work with existing providers of services to LGBTQ+ individuals to cultivate welcoming, safe, and uplifting community spaces.

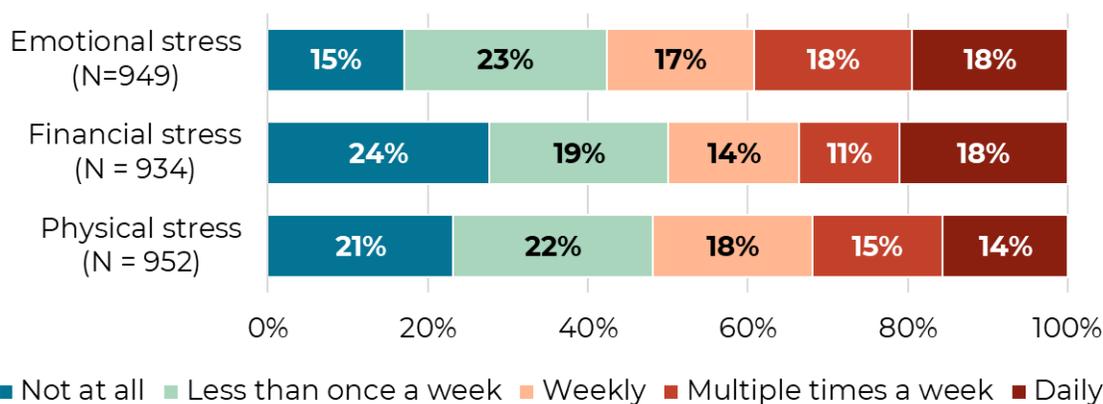
3. Review sites with high levels of missing sexual orientation and gender identity data to assess opportunities for improving data collection.
4. Refine sexual orientation and gender identity data collection standards as needed to align with evolving best practices and feedback from people with lived experience.
5. Partner with organizations serving the HIV+ community to strengthen capacity across DAS network to more effectively serve adults aging with HIV, through training or other development opportunities.

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

A. Caregivers — particularly those who provide care daily — experience high levels of physical and emotional stress.

We surveyed approximately 1,070 caregivers, more than 60% of whom provide daily care. Nearly half (48%) provide the only source of care for their care recipient(s). Caregivers report high levels of stress, as illustrated in Figure 17 below: about 36% of caregivers experience emotional stress multiple times a week or daily, while about 29% experience financial stress and/or physical stress on a similarly frequent basis.

Figure 17. Stress Levels for Caregivers in the Convenience Survey Sample



Perhaps unsurprisingly, caregivers who provide care on a daily basis experience higher levels of stress than caregivers who provide care less frequently. Stress levels also vary depending on the needs of care recipients. Caregivers who provide care to recipients with memory issues and other forms of cognitive impairment, serious or chronic illness, and/or mental health concerns tend to experience higher levels of stress than their peers who provide care for recipients with other needs, like those with physical disabilities or substance use issues.

Also of note, caregivers are very often older adults themselves: over half (57%) of the caregivers we surveyed identify as a senior age 60 or older. These individuals often face challenges managing the needs of their care recipients while also addressing their own needs as they age, which can contribute to their feelings of stress.

“I put all my time into caring for my mother right now. Trying to figure out time for myself and self-care is challenging. Also, time to do all the paperwork required to get all the resources... trying to balance that all out is challenging for me.”

— Focus group participant (Family caregivers of older and disabled adults)

B. Caregivers need help to provide quality care to their care recipients and address their own needs as caregivers.

Family caregivers are deeply committed to providing quality care to their loved ones. Nearly 40% of caregivers we surveyed report needing more help to provide quality care to their recipients. In a similar vein, 36% of caregivers express a desire for support to develop or maintain their caregiving skills. Caregivers also have unmet needs of their own. About a third (34%) of those surveyed need more help getting respite care or accessing resources, like support groups, that help them manage caregiving stress.

These consumer survey findings were echoed in other areas of our community research. Caregiver focus group participants and service providers alike highlight, for example, the need for more robust and flexible respite care options.

“Add back more and better-funded options for private-hire respite care. [For instance], more ways to hire an individual whose schedule can be molded to meet the needs of the caregiver and care recipient, rather than the caregiver having to shift their world to meet the availability of an organization's service.”

— Service provider survey respondent

Caregiver participants in our forums and focus groups also note how difficult and overwhelming it can be to navigate caregiving resources on their own and express a desire for a “mentor or guide” to help walk them through the caregiving process. As one focus group participant explained, even *“given a list of different agencies/people [with resources for caregivers], it's really hard to filter the ones you need... I have worked with care managers just to see what's out there... It's really overwhelming.”*

Recommendations

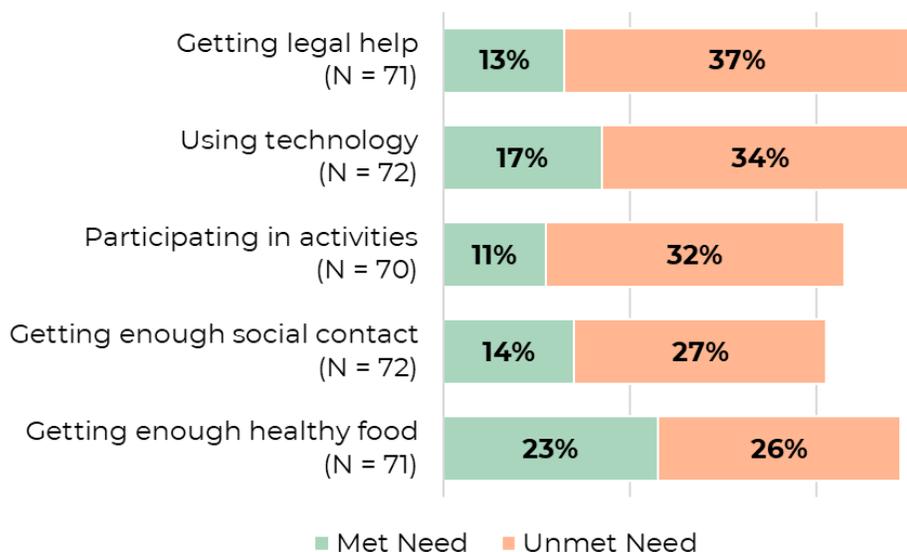
1. Maintain investments in caregiver support services, particularly those that provide respite for family and friend caregivers.
2. Explore strategies to expand flexibility in respite care options, potentially including new service models like subsidies for private-pay respite care.
3. Strengthen service navigation supports for caregivers seeking resources to improve their ability to provide quality care to their care recipients and to promote caregiver wellbeing.

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.

A. While veterans report relatively low levels of need in general, they have significant unmet needs related to social connection.

Veterans are generally entitled to health and other benefits from the federal Department of Veterans Affairs (VA) and are often assisted by the San Francisco County Veterans Service Office within DAS to obtain these benefits. However, it is clear from our community research that notable levels of unmet need persist among this community. For example, on average, about a fifth (22%) of the approximately 80 veterans we surveyed report having an unmet need in a given area. As Figure 18 below shows, several areas of need related to socializing and participation in community life rank among the top unmet needs for this population — chiefly, using technology, participating in activities, and getting enough social contact.

Figure 18. Top Five Areas of Need for Veterans in the Convenience Survey Sample



Service providers also note that, contrary to popular belief, veterans often have needs that cannot or are not being met by the VA, whether due to eligibility or other issues. They emphasize the need for a more expansive view of veterans' services not limited by the scope of VA services and funding. One provider suggested that DAS and other service providers could improve tracking of veteran status as part of their client demographic data collection. This data could then help us better understand the true scope of service engagement by veterans and identify opportunities to address gaps in services.

"It is important that people know that not all veterans get Veterans Health Administration care. Some veterans choose not to use the VA, and others are not able to for a variety of reasons."

— Service provider survey respondent

B. Veterans experience significant barriers to participation in services, especially related to service awareness and navigation.

The veterans we surveyed report that they often or almost always face difficulties finding services (53% of respondents), learning about resources (45%), or signing up for services (42%). These responses suggest that veterans often do not know what services are available to help meet their needs, and that, even when they do, they are not often successful in connecting to those resources.

Service providers who work closely with veterans also identify service navigation challenges as a major barrier, highlighting how cumbersome data collection requirements and other bureaucratic processes impede service connection. They also raise concerns about how these kinds of bureaucratic issues can diminish veterans' trust in the service providers who must adhere to the arcane program administrative requirements that typically accompany government funding, and in the service system more generally.

“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

Recommendations

1. Collaborate with the San Francisco VA Medical Center, Mayor's Office of Housing and Community Development, Veterans Affairs Commission, and other agencies serving significant veteran populations to identify outreach opportunities and other ways to promote veteran engagement in DAS services that support social connection.
2. Explore opportunities to co-locate care navigation supports (such as case managers, peer navigators, etc.) with the San Francisco County Veterans Service Office.
3. Maintain — and, as budget conditions permit, expand — funding for flexible transportation options, such as taxi vouchers, that help veterans get to and from CVSO, VA, and other veterans service appointments.
4. Improve data collection on client veteran status across Dignity Fund-eligible services to support more data informed strategies that boost veteran engagement.

Conclusion

Amidst a rapidly shifting economic and political climate — at the local, state, and federal levels — **the Dignity Fund remains a reliable and critical resource for older adults and adults with disabilities in San Francisco.** As this needs assessment shows, Dignity Fund programs have an especially significant impact for those San Franciscans who most need support, such as those with low-to-moderate income, people with limited English proficiency, those living alone and at heightened risk of social isolation, BIPOC individuals, and people in the LGBTQ+ community. Within this challenging moment, we recognize **our important role in continuing to advocate for seniors and people with disabilities, and to support effective services** that help these populations age safely in our community.

The report also highlights key opportunities for improvement and growth. DAS can extend its reach among populations who face particularly high barriers to participation in services and strengthen culturally and linguistically inclusive programming. There are also opportunities to refine data collection and analysis practices to better understand impact. And perhaps most important of all, **DAS can prioritize safeguarding our essential programs, which are — as shown through three consecutive needs assessments — indispensable to the wellbeing of our community.**

Challenging tradeoffs await us in planning how best to effectively, efficiently, and equitably address community needs that exceed available resources to address them. Fortunately, **this needs assessment offers robust insights to inform program and funding priorities for the next Dignity Fund funding cycle,** to be outlined in the forthcoming Dignity Fund Services and Allocation Plan that will cover FY 2027-28 to FY 2030-31.

Despite the challenges ahead, **DAS can take meaningful steps to strengthen our service network and improve available services to enhance access and impact.** Together DAS staff, service providers, City partners, and other community stakeholders can further the shared goal of ensuring San Francisco is a place where older adults, adults with disabilities, caregivers, and veterans can thrive.