



# Listening Sessions with Communities of Color

A Summary of Findings and Recommendations

October 18, 2021



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



## Letter from the Executive Director

Shaped by the coronavirus pandemic, the last two years have undoubtedly been a time of uncertainty and fear for many of us. However, this time has also demonstrated the resilience, adaptability, and cooperative spirit of San Franciscans from all walks of life — particularly our city's older people and adults with disabilities, and the dedicated people who serve them.

Nowhere have these themes been more evident than in the listening sessions DAS conducted this summer with over 160 older and disabled consumers, caregivers, service professionals, and community leaders from various Black, Indigenous, and People of Color (BIPOC) communities. Building on the Department's previous needs assessment work and our ongoing efforts to ensure racial equity in our services, these sessions have deepened our understanding of the needs of older and disabled San Franciscans of color, and their experiences accessing our resources.

Our conversations with the community reinforced some of what we already know — for instance, that we must make it easier for people to learn about and navigate services, and that we must do more to ensure inclusion of diverse people with disabilities throughout the city. Fortunately, DAS has several projects underway to address these and other issues, including: creation of a community outreach plan with strategies for BIPOC consumer engagement, supported by a Civic Bridge partnership; development of a dynamic online resource directory for aging and disability resources; and establishment of a first-of-its-kind Disability Cultural Community Center.

In other areas, we have more learning and growing to do, and DAS is committed to continuing on our path toward greater equity in partnership with the community. Our findings from these listening sessions represent a significant contribution to this year's FY 2021-22 Dignity Fund Community Needs Assessment, and will ultimately inform Department funding priorities to be outlined in the subsequent Services and Allocation Plan next year.

I am deeply appreciative to everyone who contributed to this project and therefore strengthened our ability to serve San Franciscans from all cultural backgrounds — the community members who shared their voices and experiences with us, the service providers and community leaders who helped us coordinate with participants, and especially the hardworking DAS staff who led this important work with curiosity and enthusiasm. I am so glad to be working alongside you all as we continue to build a more equitable and inclusive San Francisco.



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

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DAS could not have completed an expansive community research project like this one — during a global pandemic, no less — without the enthusiastic support of our staff, community partners, and other stakeholders who share our commitment to ensuring that older people and adults with disabilities from all backgrounds have adequate support to meet their needs and achieve their full potential through all stages of life. In particular, we must recognize the contributions of the following:

**Listening session participants**, who shared their voices and experiences with us, thereby strengthening our understanding of their communities' needs and our ability to improve DAS services to those communities. While we cannot name individual focus group and interview participants out of respect for their privacy, we do wish to acknowledge the organizations (including many community-based providers of DAS services) who shared professional perspectives that gave us incredible insight into the needs, barriers, and opportunities in their communities:

- Asian Law Caucus
- Asian Pacific Islander Legal Outreach
- Bay Area Legal Aid
- Bayanihan Equity Center
- Bayview Senior Services
- Buddhist Church of San Francisco
- California Pacific Medical Center
- California State Council on Developmental Disabilities
- Catholic Charities
- Chinatown Community Development Center
- Chinese Community Health Resource Center
- Community Living Campaign
- Community Youth Center of San Francisco
- Curry Senior Center
- Felton Institute
- Golden Gate Regional Center
- Golden Gate Senior Services
- Health Insurance Counseling and Advocacy Program of San Francisco
- Homebridge
- Independent Living Resource Center of San Francisco
- Institute on Aging
- Kimochi, Inc.
- La Raza Centro Legal
- LightHouse for the Blind and Visually Impaired
- Mabuhay Health Center
- Maxine Hall Health Center
- Mission Neighborhood Centers
- North East Medical Services
- Openhouse
- Pilipino Senior Resource Center
- Samoan Community Development Center
- San Francisco African American Faith-Based Coalition
- San Francisco Disability and Aging Services
- San Francisco Mayor's Office on Disability
- San Francisco Office of Transgender Initiatives
- Senior and Disability Action
- Self-Help for the Elderly
- Shanti Project
- South of Market Mental Health Services
- Southwest Community Corporation
- Swords to Plowshares
- Tenderloin Neighborhood Development Corporation
- Toolworks

**Project team members** drawn from across various DAS programs, roles, and personal backgrounds, who guided this important work from start to finish. Juggling the ongoing challenges of the pandemic, their usual workplace responsibilities, and the new demands of this community project, our team worked diligently to conduct outreach to potential listening session participants and coordinate session logistics; prepare focus group and interview protocols tailored to different cultural communities; and ultimately facilitate these often sensitive discussions. This project's success is due to the hard work and dedication of:

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# Executive Summary

Engaging with community members and service providers to assess community trends, shape our services, and develop strategies to address unmet needs is an established priority for the San Francisco Department of Disability and Aging Services (DAS). In January 2021, we embarked on an ambitious project to connect with Black, Indigenous, and People of Color (BIPOC) communities in a new way.

Based on the findings of recent needs assessment projects, ongoing feedback from BIPOC community members, and broader efforts to prioritize racial equity Citywide, DAS identified a need to better understand the landscape of need and consumer experience among older and disabled BIPOC San Franciscans. The racially inequitable outcomes of COVID-19 — whose health and other effects have fallen most disproportionately on Latinx/Hispanic, Black/African American, Indigenous, and Pacific Islander populations — further reaffirmed the ongoing importance of prioritizing racial equity in the development, delivery, and evaluation of high-quality DAS services for older adults and people with disabilities.

Between January and August 2021, we undertook a community research project shaped by Department staff with lived and professional experience in San Francisco's BIPOC communities. We established five project teams, bringing together administrative staff, direct service social workers, and managers. Each team had a specific population focus: Asian, Black/African American, Filipino and Pacific Islander, Latinx/Hispanic, and LGBTQ communities of color. Through a series of structured conversations with community members, service providers, and other stakeholders, we sought to better understand the landscape of need and consumer experience in accessing our resources among older and disabled BIPOC San Franciscans.

Over the course of this project, we have reached 70 consumers and 96 professionals. Due to pandemic restrictions, these conversations were primarily virtual or via phone; we conducted 26 focus groups and 41 individual interviews.

Based on our findings from this research, we have identified recommendations regarding resource allocation, collaboration, outreach, and other actions that reinforce equity. These are categorized into our three main areas of research.

## **CONSUMER SERVICE NEEDS**

- Explore Ways to Reduce Social Isolation and Improve Mental Health Access
- Expand Access to Digital Resources and Ongoing Technology Training
- Support Access to Reliable and Flexible Transportation
- Expand Support for Caregivers

## **BARRIERS TO ACCESSING SERVICES**

- Improve Awareness of Services for Consumers and Providers
- Strengthen Resources for Service Navigation
- Ensure Robust Language Support in All Services and Communications
- Minimize Bureaucracy for Consumers and Providers

## **SYSTEM GAPS**

- Reinforce Existing Services and Develop New Community Partnerships
- Build Staff Capacity for Delivering Culturally-Appropriate Services
- Enhance System Coordination, Interagency Collaboration, and Community Feedback
- Promote Inclusion of People with Disabilities of All Types

## Introduction and Background

In January 2021, the San Francisco Department of Disability & Aging Services (DAS) embarked on an ambitious project to **connect with Black, Indigenous, and People of Color (BIPOC) communities**. Through a series of **structured conversations** with community members, service providers, and other stakeholders, we sought to **better understand consumer needs and experiences** in accessing our resources among older and disabled BIPOC residents.

**This project builds on past DAS research to understand community needs and service barriers.** In 2018, DAS completed a Dignity Fund Community Needs Assessment to understand community needs, identify gaps in aging and disability services, and help the Department develop policy and funding strategies to address unmet needs through our administration of a special local fund.<sup>1</sup> As part of this work, we conducted an **equity analysis to assess how well the Department was reaching communities that face systematic barriers**, inhibiting their opportunities and limiting service utilization. We then conducted deeper, focused analyses of BIPOC and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities.<sup>2</sup>

Overall, **these studies found that the Department was serving BIPOC communities at higher rates** than the general citywide population. In FY 2017-18, through our community-based services, DAS served about 24% of the City's older adults generally, and 31% of older adults of color. **However, when we examined trends more specifically, there were noticeable variations by different racial/ethnic groups.** For example, we found that Latinx/Hispanic seniors and adults with disabilities participate at lower rates: about 22% were accessing our services. Looking at our clients who identify as LGBTQ+, we observed that the majority are white. For example, while about 19% of senior clients are white, 58% of LGBTQ+ senior clients are white.

**These apparent discrepancies raised important questions about the landscape of need and consumer experience accessing our services.** To truly understand the stories underlying these numbers, we needed to center the voices and experiences of older and disabled BIPOC community members, caregivers, service providers, and community leaders. Our staff were also important stakeholders, and we wanted to provide enhanced opportunities for their input and insight in this project.

Though our plans for this project were put on hold during our city's urgent pivot to the immediate COVID-19 pandemic response, the pandemic's impact only underscored the importance of this work. The **racially inequitable outcomes of COVID-19**, whose health and other effects have fallen most disproportionately on Latinx/Hispanic, Black/African American, Indigenous, and Pacific Islander populations, underscores the ongoing importance of prioritizing racial equity in the development, delivery, and evaluation of high-quality DAS services for older adults and adults with disabilities.

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<sup>1</sup> In 2016, San Francisco voters passed legislation to establish the Dignity Fund, creating a protected funding stream for social services that support seniors, adults with disabilities, and their caregivers. As part of the Dignity Fund charter amendment, a planning and funding cycle was instituted that begins with a community needs assessment to support a subsequent four-year funding plan. View the text at: <https://www.sfhsa.org/file/4021/download?token=4fIPOMje>.

<sup>2</sup> This acronym is used in this report to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their assigned sex at birth. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.

# Methodology

This project was driven by **five key research questions:**

- What are the needs of BIPOC older adults and adults with disabilities?
- What are the barriers to BIPOC participation in existing DAS services that may meet the population's needs?
- How are existing DAS services effective in meeting the needs of BIPOC consumers?
- How can existing DAS services be improved to better meet BIPOC consumer needs?
- How could DAS partner more effectively with BIPOC-led and/or primarily BIPOC-serving providers?

## PROJECT STRUCTURE & RESEARCH APPROACH

In this project, we developed and employed a new approach for gathering and analyzing qualitative research. We established five vertical teams, each composed of three to five DAS staff from roles in administrative support to frontline direct service to management. These staff primarily identified as people of color, and many — but not all — shared ethnic and/or queer identities with their project team's population of focus. As project team members, they drew on invaluable professional and personal lived experience to shape our research questions, facilitate conversations with authenticity and community expertise, and identify key themes and findings from this research effort.

To better understand BIPOC community needs and barriers in accessing services, we organized **five project teams, each focused on a specific population** to allow for deeper conversations and engagement with community members, service providers, and other stakeholders representing these populations.<sup>3</sup>

- Asian
- Black/African American
- Filipino and Pacific Islander
- Latinx/Hispanic
- LGBTQ+ People of Color

Each team had a designated DAS staff facilitator to lead meetings and participate in cross-team meetings to share lessons learned at various phases of the project. All team members conducted outreach, coordinated and facilitated listening sessions, and helped to interpret information and identify key findings from each listening session. Each team included an analyst from HSA Planning to coordinate project planning, provide training in interview facilitation, document decisions and findings, and draft this report.

The exact questions asked in our listening sessions varied. Each project team developed its own group facilitation protocol to be used during these sessions, shaped by their knowledge of the population and sense of question framing that would most resonate with participants.

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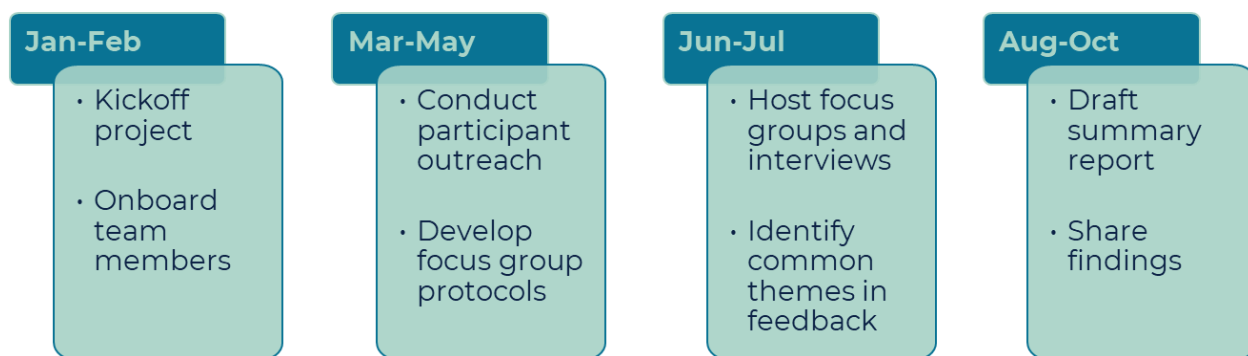
<sup>3</sup> DAS typically employs research and reporting methodologies that group Asian and Pacific Islander (API) communities together, a practice consistent with that of other City agencies, as well as comparable social services agencies in neighboring counties. For this analysis, we created two distinct teams: one focused on Asians and another on Filipino and Pacific Islander communities. This approach allowed us to capture a greater variety of Asian and Pacific Islander perspectives that better represents the diversity of ethnic and national origins, languages, experiences, and life outcomes, within the large API umbrella.



Project teams recruited diverse focus group and interview participants, leveraging relationships with DAS-funded service providers and other community touchpoints corresponding to their specific population focus. We offered \$40 incentives to consumer and caregiver participants in the project. For those uncomfortable or not able to participate in virtual focus groups, we conducted individual interviews; this enabled us to connect with consumers with limited technology access or capabilities and those with specific language needs. One community center hosted in-person focus groups for Samoan seniors.

## TIMELINE

Our project began in late 2020 with scoping and conceptual development, launched in January 2021, and concluded in October 2021. Our main research occurred over the summer.



## PARTICIPANT SUMMARY

The project teams heard from a total of 166 listening session participants, including 70 consumers and 96 professionals. A more detailed participant profile is below.

### Consumer Participants

A total of **70 consumers** participated in focus groups and individual interviews. They varied across racial/ethnic identity, sexual orientation, and gender identity:

- 22 Filipino and Pacific Islander
- 15 Asian
- 15 LGBTQ+ people of color
- 11 Black/African American
- 7 Latinx/Hispanic

Many (43%) of consumers spoke a language other than English including: 10 Cantonese, 10 Samoan, 8 Spanish, and 2 Japanese speakers.

Most consumers were over age 60 (54 participants). About 1 in 4 indicated having a disability.

### Professional Participants

We spoke with **96 professionals and community leaders**, representing a variety of organizations:

- 44 professionals from DAS-funded agencies
- 24 people from organizations outside the DAS service network
- 14 DAS staff from a mix of programs and roles

These participants represented a variety of service areas and interests:

- Caregiving
- Community centers and social engagement programs
- Disability services and advocacy
- Healthcare
- Housing
- Faith community

## Focus Group & Interview Findings

Collectively, DAS conducted a total of 26 focus groups and 41 interviews with consumers, disability and aging service network providers, and other stakeholders, representing varied experiences among San Francisco's communities of color, including queer and transgender communities. A number of common themes emerged in the feedback from these groups, alongside issues that were more specific to the experiences of individual sub-populations.

Findings from our conversations with the community are summarized below, and touch upon three broad areas of interest: (1) consumer service needs, (2) barriers to accessing services, and (3) service system infrastructure and community partnerships.

### Consumer Service Needs

Focus group and interview participants across all racial and ethnic distinctions broadly expressed **satisfaction with and appreciation for the support they receive from DAS** and other agencies. However, they also described a series of gaps or emergent needs — often exacerbated by the COVID-19 pandemic — that must be addressed. Participants identified several areas of concern, such as their access to culturally appropriate mental health services, persistent need for affordable housing, and public safety.

**SOCIAL ISOLATION AND LONELINESS:** Many older adults and people with disabilities are at **increased risk of isolation and loneliness**. Our focus group and interview participants were no exception. Transcending ethnic distinctions, they offered a common picture of how aging has shaped their experience of isolation. They highlighted **changes in health and mobility** that make it harder to get out of the house, economic pressures that have driven their **adult children to leave San Francisco** for more affordable areas, and the **passing of friends and family**, as factors that contribute to their feelings of loneliness. Notably, Black/African American seniors described how their sense of isolation has been further compounded by the **widespread displacement of historically Black communities** and other demographic shifts that have led to a **significant decline in this population** over the past several decades.

The **COVID-19 pandemic has only made social isolation and feelings of loneliness more acute** among older and disabled adults. Participants described challenges in staying connected to services due to persistent **technological or transportation barriers**, or expressed **frustrations with the limitations of virtual service delivery**. Asian and Pacific Islander consumers also expressed serious concerns about the **rise of anti-API hate violence, particularly against seniors**, noting that fear for their personal safety kept them from leaving their homes even after receiving the coronavirus vaccine and the city has begun to resume business as usual.

**CULTURALLY-APPROPRIATE MENTAL HEALTH SERVICES:** In conversations with community members from across our various focus populations, participants highlighted a **need for robust mental health services tailored to diverse older and disabled adults**. They emphasized that these **needs preexisted the pandemic**, but that the **isolation, anxiety, and grief** communities have experienced over the past 18 months have thrown mental health service gaps into greater relief. As a Black/African American service provider explained, *“We need to look at grief connected with social isolation. Where normally when people pass*

away, you're able to go love on the family and receive love, hugs, condolences, everything has been through technology or the phone, with no intimacy."

Participants also noted how crucial it is that **services be offered in culturally resonant ways** — for instance, in languages and cultural contexts other than English; through proactive service connection that encourages participation even in communities where seeking support for mental health is stigmatized; and cultivating welcoming environments where LGBTQ+ identities are affirmed and accepted.

*"People will be more likely to seek mental health support if they are offered it by someone who understands their culture and that allows them to communicate their needs in the language they are most comfortable with."*

– Pacific Islander senior

**AFFORDABLE HOUSING AND NAVIGATION SUPPORT:** As for San Franciscans of nearly all stripes, the **access to safe and affordable housing** — and **help navigating the array of available housing supports** — is a persistent and pressing need for older and disabled populations. Focus group and interview participants stressed that, **for seniors and people with disabilities belonging to communities of color and/or LGBTQ+ communities, these needs are often even more complex** and multifaceted. It can be challenging enough for people to find housing that meets just one dimension of their need, such as accessibility. But

*"Even if the government does give me money to help subsidize the rent, then there's difficulty actually finding a place to rent to me, especially after they learn of my son's condition. Currently, I'm [subletting] a friend's basement, with three people to one room."*

– Chinese senior and caregiver to an intellectually disabled adult child

for those who are also seeking housing where LGBTQ+ individuals feel safe from the threat of harassment or violence, housing that can accommodate multi-generational households, or housing that meets other specific cultural needs, **these challenges can feel virtually insurmountable**. So, beyond access to suitable housing stock itself, participants also expressed a desire for more support navigating housing resources, including **help searching for housing, help filling out housing applications, and housing-related legal services**.

**AFFORDABLE AND AFFIRMING LONG-TERM CARE:** People with disabilities and older adults **rely on long-term care services like home care and assisted living** to age safely in the community. While consumers and service providers across our focus populations praised our existing programs like In-Home Supportive Services, the Community Living Fund, and Support @ Home, they noted that **consumer demand for affordable home care often outstrips our supply**. For lower-middle income, immigrant, and/or other Medi-Cal ineligible consumers unable to cover the high cost of private care on their limited income, access to more flexible local programs is often inadequate: **new clients are placed on long waiting lists** until additional resources become available.

In addition to pointing out gaps with respect to the affordability of long-term care supports, LGBTQ+ consumers also highlighted **the need for identity-affirming care**. They explained that because queer and transgender seniors often lack access to common sources of informal care available to other older people (for example, adult children), they are more reliant on care from strangers. As such, **culturally appropriate and identity-affirming care support** is essential so that LGBTQ+ care recipients **feel safe and accepted**.

**PERSONAL AND COMMUNITY SAFETY:** Safety is a common preoccupation for communities that have been systemically marginalized and excluded, including BIPOC older and disabled adults. Many focus group and interview participants — especially those living and/or working in the Downtown area, including the Tenderloin and Chinatown neighborhoods — expressed that **conditions in these neighborhoods made them fearful to leave their homes or go out alone**. They described the **risks posed to pedestrians** by poorly maintained sidewalks and reckless drivers, **concerns about open-air drug use and lack of sanitation**, and challenges navigating safely around **large tent encampments of unhoused individuals**.

Others highlighted more population-specific issues of personal and community safety, like those affecting Asian and Pacific Islander communities in the wake of several **high-profile incidents of anti-API hate violence, particularly those involving seniors**. And while the City and its community partners have jumped into action to offer safety and escort services to API consumers, some professionals have noted that the “services available are tailored for Chinese seniors, and Pacific Islander seniors may not feel comfortable accessing their services” — suggesting a **need for a more varied and inclusive response to these emergent needs**.

*“I hear a lot from our clients who live in the Tenderloin — a feeling of not feeling safe, of being really scared to go out because there’s more drug use in the streets, more perceived crime, a lot more people in tents.... They even use terms like PTSD (Post-Traumatic Stress Disorder). Twenty four hours a day there are people yelling and screaming. Walking outside their apartments, [there’s] a feeling that it’s not a safe situation.”*

– DAS service provider

**IMMIGRATION SUPPORT AND LEGAL SERVICES:** Many of San Francisco’s older and disabled communities are made up of **significant immigrant populations, with varied immigration statuses, levels of documentation, and legal permissions** to participate fully in society. As such, participants across a number of populations expressed a **need for culturally tailored immigration and legal assistance** to help them navigate issues related to their immigration status, access to public services, and pathways to citizenship. Participants from many different BIPOC communities acknowledged that while there are a number of immigration and legal service providers in the city, they still have a need for **greater access to services in their preferred language** and **providers with an understanding of their cultural values** — needs most vigorously expressed by Latinx/Hispanic participants. In addition, Filipino and Samoan consumers noted a specific need for **providers with knowledge of immigration laws pertaining to their country of origin**. Finally, Chinese and other primarily Asian-serving providers observed that consumer demand is not just for culturally appropriate immigration and naturalization services. Consumers — and often their families — also **need help understanding benefits eligibility** and the **impact of accessing public assistance** on their immigration status and pathway to citizenship, as well as on their immigration sponsor or others in their household.

**FOOD SUPPORT:** Having enough healthy and nutritious food to eat is a significant concern for many seniors and people with disabilities — especially for those earning a limited income, living with impairments that make it challenging to buy groceries or prepare meals, and/or managing medically- or culturally-specific dietary needs. In conversations with consumers and service providers across populations, participants generally shared a **high degree of**

*“At the beginning of the pandemic we found the meal programs very helpful, some seniors were getting meals through Self-Help for the Elderly, the Food Bank Started working with DAS providing Pantry at Home, it was a really critical time, and it was really great.”*

– Latinx/Hispanic service coordinator

**engagement and satisfaction with food services** like communal dining programs, home-delivered meals or groceries, and neighborhood food pantries. However, they also pointed out a **need for continuing and increased access to culturally-appropriate foods**. A number of participants remarked on the new and expanded food services available during the COVID-19 pandemic — notably the supplemental cultural grocery bags and the Great Plates Delivered restaurant meal delivery program — explaining how these **culturally inclusive service models** offered them a greater degree of **dignity, variety, and choice**. They expressed a **desire for these services to continue**.

**INTERGENERATIONAL PROGRAMMING:** While **taking care of one another and advocacy on behalf of the community** were common themes that emerged in focus group conversations across populations, they took on a unique and urgent focus on **intergenerational connection** for Black/African American seniors. For these seniors, intergenerational programming is **a way to help their communities thrive** and **counteract the cultural loss and impacts on the community** shaped by widespread Black/African American displacement and outmigration from San Francisco. As one older Black/African American senior shared, *“I’m concerned about younger people growing up who are trying to do the right things... There’s still possibilities for the older generation to try to motivate people.”*

## Barriers to Accessing Services

While they described **many positive experiences engaging with DAS** and other supportive services throughout the city, focus group and interview participants identified a **number of barriers** seniors and disabled adults of color face when attempting to access services. These barriers included issues common to consumers from many backgrounds, like a **lack of awareness of services** or the challenges of **navigating complex bureaucratic processes**, as well as more unique experiences shaped by a **mistrust of government** or issues of **intersectional identity**.

**AWARENESS OF RESOURCES:** Participants across the diverse racial and ethnic populations we spoke with consistently highlighted that a **lack of awareness of available resources and how to access them** was one of the most significant barriers to service connection that they experienced. For many communities of color, the consequences of these information gaps go beyond the **lack of needed service connections**. As one Black/African American faith leader explained, these information gaps may contribute to **a community’s feeling that they don’t belong** or that **their needs don’t matter** as much as those of other communities: *“Among African Americans, they don’t know that resources are there. So they see other people getting resources or gaining access and then they feel left out because they don’t know what’s there. A challenge is what’s available or where to go. I don’t think [the information] has*

*“People don’t know what they don’t know, so they never know to look for what they need, even if it’s out there.”*

– DAS staff member

*really echoed enough for them to hear about it and know what's there. So they often feel like they're in it on their own."*

Participants shared that when they are aware of services, they **typically learned about them by word of mouth** from family, friends, neighbors, and other trusted voices in the community, like local service providers, faith leaders, and cultural media sources (e.g., Chinese-language TV, radio, newspapers, etc.).

**NAVIGATING COMPLEX SERVICES AND BUREAUCRACY:** Nearly all participants noted the **challenges of navigating a complex and often bureaucratic network of services**, closely related to concerns about their awareness of the resources themselves. Many consumers expressed a **desire for a single, centralized touchpoint where they could access information and connect to services**, available in in-person, phone, and online formats. Notably, **most were not aware that these touchpoints do exist** — in the form of the DAS Benefits and Resource Hub and the City's 13 neighborhood-based Aging and Disability

*"There are a ton of resources and it can be difficult to navigate the field of what all is there. It's easier when you know an organization to make a warm referral."*

– DAS service provider

Resource Centers (ADRC). While DAS staff and community professionals were generally aware of these resources, many emphasized a need for **more streamlined information about the service network** for their own reference and to share with clients, **clearer pathways for making referrals** to key services, and **better interagency coordination** to ensure successful service connection.

Participants from varied backgrounds also expressed **frustration with the cumbersome bureaucratic processes** they often encountered when trying to access public assistance or other resources. They described how **complicated eligibility criteria, lengthy benefits applications, and unpredictable wait times** could be extremely discouraging to their engagement, and **required significant persistence to overcome**. Participants also noted how these **challenges are often amplified for clients speaking a primary language other than English or those without US citizenship**. As one Latinx/Hispanic client explained, the Medicare application process cost her a lot in time and effort — in her own words, *"me costo."*

**LANGUAGE SUPPORT AND CULTURAL RESONANCE:** In a community as diverse as San Francisco, it is essential that services for older people and adults with disabilities are provided in a **linguistically- and culturally-appropriate** manner so that **clients from all walks of life feel accepted and welcomed**. Professional staff and community stakeholders representing varied ethnic perspectives explained that **many clients are more comfortable accessing resources from staff that share their culture and background** — and may even be unlikely to seek services from agencies where they don't see themselves reflected.

Consumers — including not only those who speak a primary language other than English, but also multilingual clients and proficient English speakers — shared a desire for **more consistent and reliably available language support** when accessing services, including translation support and application assistance. While they generally **prioritized the need for in-person support**, they also touched upon the **need to improve multilingual services and collateral materials available via phone, web, and in print**.

In this vein, Filipino and Latinx/Hispanic communities expressed particular concerns that **DAS services in Tagalog and Spanish were not adequate to meet the true consumer demand** for services in these languages, noting that even clients with some English proficiency may nevertheless prefer (or require) support in another language. A DAS staff member described how this need is often reflected among Filipino consumers: *“[A lot of agencies] think everything [should be] in Tagalog, and that’s where the line stops with access... **Many clients are ashamed to admit they can’t speak English, and are afraid that won’t allow them to get access.** Then they’ll get an English-speaking worker, and we’re using a lot of jargon, and even if someone can conversationally get through English, it’s a disconnect.”*

*“It is challenging for Spanish speakers that also speak some English. It’s hard for them to communicate effectively with staff who speak only English. The client will try to communicate in English because they are proud, but communicating their needs becomes that much harder. This language barrier can result in miscommunication and an adversarial relationship between client and staff.”*

– Latinx/Hispanic service provider

**TECHNOLOGY AND THE DIGITAL DIVIDE:** Participants from all backgrounds cited **technology both as a resource in itself to stay connected with their communities**, and as **a common barrier to accessing services**. Consumers and service providers described technology issues ranging from: **lack of access to digital hardware**, like a cell phone or tablet; challenges with connectivity, including poor Internet or mobile network coverage; or **need for ongoing training and support** to feel confident using devices, navigating online resource, and generally keeping pace with the constantly changing look and feel of many technological resources. As one Chinese senior wryly observed, *“we have to know how to use [our computers and telephones], otherwise it’s useless.”*

Many noted that pandemic-related shifts to virtual service delivery allowed for **more inclusive and flexible programming for many consumers**. However, they also expressed concerns that the increasing reliance of service systems on digital tools and formats **might leave some members of their community behind**. A Latinx/Hispanic senior explained how this shift affected her community during the pandemic: *“With COVID-19, a lot of services have moved online. Many seniors are without access to Wi-Fi and don’t know how to use technology, so they go without accessing the services they need.”* Professionals in particular emphasized the **urgent need to remove technological barriers**, as technology continues to become even more central to service engagement and social connection, even outside of the pandemic context. They also noted that **some people will always prefer connection to a live person** rather than a phone tree or online information.

*“We need transportation that allows us to be taken safely to other places, so we don’t feel stuck in our homes.”*

– Pacific Islander senior

**TRANSPORTATION:** As with technology, participants characterized **transportation as a needed resource** for remaining an active member of the community and as **a significant barrier to accessing services**. Many older and disabled consumers **rely on public transit services** like MUNI and Paratransit to leave the house and get out into the community — to **complete day-to-day tasks** like attending medical appointments or picking up groceries, and to **maintain their social ties** by visiting their neighborhood

community center or meeting up with friends at a local park or museum. Participants acknowledged how essential these services are, especially for those living in less centrally situated neighborhoods far from where services tend to be located. Some shared their frustration that these **services can be unreliable or difficult to use**, making it challenging to get where they want to go, especially during the COVID-19 pandemic. One South Asian senior described the challenges of coordinating rides in advance and enduring long waits for pick-up when using Paratransit: *“If you have an appointment, it’s easy [to schedule the initial drop-off], but it’s hard to know when to say you’ll be done”* for advance scheduling of a timely pick-up to return home.

Across all ethnic groups, participants expressed a need for **more flexible, reliable, accessible, and affordable transportation options**. Providers observed that while **taxi and rideshare services are alternatives to public transit** that can offer the flexibility, reliability, and accessibility they desire, they also noted that **these services are often costly** to pay for regularly out of pocket. Asian and Pacific Islander participants (consumers and professional staff alike) also shared **fears of anti-API violence while waiting for or using public transit**. They expressed a desire for prompt and reliable transportation options that enable them to get to and from their destinations safely.

**MISTRUST OF GOVERNMENT: BIPOC communities have been systemically marginalized and excluded by the government** — barred from opportunities to achieve their full social, economic, and political potential by deliberately discriminatory historical policies, and even nominally race-neutral but still inequitable policies and practices today. As participants explained, **many people of color carry traumas associated with these experiences** that span generations. Their **mistrust is deeply rooted**, and continues to shape their relationship with government agencies and programs. **BIPOC clients are often hesitant to seek help, especially directly from government agencies like DAS.**

These patterns of mistrust and low willingness to engage in services can be **compounded by other factors like immigration status, limited English proficiency, LGBTQ+ identification, and disability status**, each of which carry their own stigmas and legacies of marginalization by government. For example, consumers from the Latinx/Hispanic, Asian, and Filipino and Pacific Islander communities expressed **fears that enrolling in services would negatively affect their immigration status or that of a family member** (including immigrant sponsors), making them less likely to access needed services. Providers serving these communities pointed out that these **fears were exacerbated by the virulent anti-immigrant rhetoric** of the Trump administration and **policies like the 2019 Public Charge Rule**, which penalized immigrants for enrolling in public benefits. Although this rule is no longer in effect, they noted, the damage was done: its existence, even for a short time, has **created lasting fear and confusion among immigrant populations** about the risks of applying for public assistance.

*“Some of the seniors I have spoken with are afraid that if they seek out services or public benefits they or members of their family will not be able to obtain citizenship.”*

– Latinx/Hispanic service provider

Professional staff and consumers across ethnic groups repeatedly emphasized the **need for DAS to continue building trust with communities of color** and **prioritize developing rapport with individual clients** in order to encourage greater service engagement among



these populations. One DAS service provider explained their approach to conducting effective COVID-19 vaccination outreach to Latinx/Hispanic adults with disabilities: “We were cold-calling [them], and they didn’t engage with us always. **For people in that position, it makes sense not to trust, especially because they don’t know me** and we’re feeling the loss of in-person outreach. It’s important to get in the trenches with people who are out in the community. **If you’re already mistrustful, you’re more likely to trust someone from the neighborhood, someone from whom you’re already receiving services.**”

**INTERSECTIONALITY AND INCLUSION: Our consumers are multi-dimensional.** They live at the **intersection of many identities:** age, disability status and type, race, gender, sexual orientation, language, immigration status, and more. However, as participants from varied backgrounds shared with us, many consumers of color (and often other salient marginalized identities) **sometimes feel excluded or unable to be fully themselves when seeking support, which poses a significant barrier to accessing services.** An LGBTQ+ identifying senior poignantly described his challenges accessing adequate, inclusive services at the intersection of queerness and aging: “Senior services seem to be very conservative and structured. We need to open up these barriers. We don’t want to go back to the closet once again... We want to be accepted and there is stigma... HIV organizations haven’t adapted to the demographic shifts, people with HIV over 50... We need to adapt more. **If our own LGBTQ+ agencies are not there for our elders, then we still don’t know how we fit into regular senior services.** How do we even grow older with these organizations with dignity?”

Participants belonging to **less numerically populous groups**, like people with disabilities and some ethnic subgroups, **echoed these feelings of exclusion.** A DAS service provider working closely with disabled adult populations described how **adults with disabilities across the spectrum of disability, especially people of color, may struggle to meet their needs** in a service network primarily equipped to meet the needs of the larger senior community. Similarly, participants representing a diverse range of API backgrounds including Filipino, Indian, Japanese, Korean, Samoan, and Vietnamese, expressed that **they do not always feel seen or adequately included in services** — particularly services broadly framed as API-serving but primarily catering to the comparatively much larger Chinese population.

“Disabled people of color in San Francisco **feel like they have to fit in a box, and [have] nowhere to go where you get to bring all of you.** [It’s like], ‘when I go to this Black or Chinese organization, they don’t understand disability, I’m not part of the group.’ Then you go to a disability org, and they feel too white or don’t speak the language... [We need] spaces where folks feel comfortable and can bring up their needs.”

– DAS service provider

**Issues of inclusion also extend to treating people as individuals — not monoliths** reducible to one identity or another. This concern was raised in particular by Black/African American participants who felt that they are sometimes treated as having a single universal experience, which can be off-putting when trying to access services. A DAS staff member explained: “African-Americans tend to get lumped into one category, but we need to look at and respect everyone on an individual level. **The key to building trust is to see me, get to know me as me.**”

## Service System Infrastructure and Partnerships

In addition to sharing their insights on the service needs and barriers experienced by clients, service providers and other professionals in the community weighed in on **system-level issues that also shape the engagement of communities of color** in DAS services — such as **funding considerations, resources for improving cultural competencies** among professional staff, and the **inclusion of younger people with disabilities** in services.

**SUPPORT FOR EXISTING SERVICE INFRASTRUCTURE AND NEW PARTNERSHIPS:** Service providers partnering with DAS acknowledged the value of piloting new services to reach new populations, but pointed out that **existing programs can also benefit from enhanced funding** to ensure it remains sustainable for them to provide services, even at present levels. Specifically, many providers described long-standing challenges recruiting and retaining staff, particularly those with essential language skills or cultural competencies. They emphasized that **enhanced funding would allow them to offer more competitive salaries** to current and prospective employees, as well as to keep pace with other rising operating costs over time. They shared a desire for funding to expand and **strengthen successful bedrock services without necessarily having to build something new.**

*“Funding is usually about innovation — and we need that — but we have the same people and staff trying to expand what we’re doing [with our current resources], and that can be tough.”*

– DAS service provider

DAS service providers and other professionals in the community also raised concerns about **potential inequities in City vendor procurement** and ongoing contract partnerships. In particular, they explained that **it can be challenging for smaller organizations to compete for contracts** against larger organizations with more experience and capital. These agencies — often BIPOC-led or primarily BIPOC-serving — may **need help to get their foot in the door** of City contracting and **start building experience** to qualify for bigger grants. They also pointed out that the City’s **cost reimbursement model can be a barrier** for small organizations that do not have ready funds to front costs while waiting for City payment, or the **administrative staffing capacity** to manage billing and reporting.

**KNOWLEDGE OF SERVICES AND REFERRAL PATHWAYS:** People rely on DAS, our service providers, and other touchpoints outside of the disability and aging service network (e.g., hospitals and health clinics, houses of worship, libraries, etc.) to learn more about services and get connected. Across ethnic groups, **professionals in these trusted roles shared a need to better understand the complex landscape of services** available to adults with disabilities and seniors so they can **better disseminate this information widely** among

*“Fill me with as much information as is available, so I can be a carrier of information... We have to be empowered and equipped to have as much that we can pass on and share.”*

– Black/African American faith leader

community members in need. In particular, they expressed an **interest in receiving training on the DAS service network**, as well as resources to help provide tailored support to consumers in navigating services, like a **centralized resource directory** and **simple collateral materials** they could reference or share with clients (e.g., like flyers or one-page documents that explain how to enroll in a bedrock program). They also

reiterated a **need for direct outreach to consumers** to improve their general awareness of services and where to go for help.

**ADEQUATE AND CONSISTENT LANGUAGE RESOURCES:** DAS service providers and other community professionals reflected at length on the systemic challenges of removing the linguistic barriers that many older and disabled consumers face. Chief among the issues they raised was the **need to ensure adequate and well-supported bilingual staffing across the DAS network**, both in the Department’s direct services as well as its community-based programs. For instance, providers serving Filipino, Latinx/Hispanic, and Pacific Islander populations suggested that DAS **reexamine (and potentially recalibrate) bilingual staffing priorities** in our direct services based not only on population data regarding language need among these groups, but also incorporating their observational feedback. Further, they urged the Department to use strategies ensuring **staff are able to navigate the cultural factors and stigma** that consumers with language needs may bring with them when seeking services. In the community agency context, professionals shared **concerns about their ability to attract and retain bilingual staff**, noting that enhanced funding would help them to offer more competitive salaries and keep pace with rising costs in the Bay Area.

While their focus was primarily on the need for adequate staffing to ensure high-quality language support for clients seeking services in person, professionals also called for **more consistency in the Department’s provision of linguistically-inclusive services and communications** across all other formats, like phone, web, and print. They observed that translated materials are not always available in languages other than Chinese and Spanish, making it **challenging to direct consumers speaking other languages to resources that reliably meet their needs**. Additionally, some providers asked that smaller populations with **less common language needs — like Samoan — be included more consistently** so they see themselves reflected in our service network and are not discouraged from seeking help.

**STAFFING AND TRAINING FOR CULTURAL COMPETENCY:** Related to their feedback about linguistic inclusion, community professionals also shared a need for systems-level solutions for culturally-appropriate service provision, namely to **explore new staffing strategies and implement network-wide training for cultural competency**. Recognizing that clients are more comfortable accessing resources from staff that share their culture and background, DAS staff and community agencies suggested we **investigate ways to incorporate client preference for who serves them**, similar to existing practices for assigning cases to bilingual workers based on a client’s stated language needs. They also observed that **time pressures tied to caseloads and performance standards can sometimes impede their ability to build necessary rapport with clients**. Some encouraged DAS to **consider models for staffing and workload distribution that better support relationship-building** and getting to know clients as individuals, so that they feel seen, heard, and accepted for who they are.

*“Of course, the focus is the community, but we have to make sure the people serving the community have the resources and tools we all need... empowering the community organizations around the table here to do what they’re good at.”*

– Chinese community health services provider

All professionals acknowledged a **need for more cultural competency trainings** on topics such as racial awareness, LGBTQ+ inclusion, and creating accessible and welcoming spaces

for people with disabilities. As one disability services provider said, “[We need] sensible and culturally relevant framing [for services]... Making sure staff have Accessibility 101 training so we don’t unintentionally prepare materials that aren’t accessible or turn people off.” Providers also encouraged the Department to **facilitate cross-training between agencies** with different areas of cultural expertise and to **sustain community feedback loops** so our **training curricula are adaptable and responsive** to emergent needs.

### SYSTEM COORDINATION, INTERAGENCY COLLABORATION, AND COMMUNITY FEEDBACK:

San Francisco is fortunate to have a robust network of supportive services for older people and adults with disabilities, both within and outside the DAS context. However, as many professionals pointed out, **services across this system are not always seamless and well-integrated**, which can make it challenging for providers to help connect their clients with all services they may need. They noted the Department’s **important role in enhancing coordination with system partners**, and highlighted opportunities to strengthen ties with City agencies like the Department of Public Health and the Department of Homelessness and Supportive Housing, as well as with community partners in faith, immigration, and other areas. They conveyed a hope that this coordination would help **improve service linkages** and **ensure consumers don’t fall through the cracks**.

*“Given the opportunity to be part of the conversation, people will come to the table. It’s making the invite... When people do show up, make it a safe environment for people to really share what they have to say. Avoid lip service. [You] lose credibility if you say you will do something and don’t, or if there’s no action behind it... Even if it’s a process and will take time, acknowledge that.”*

– Black/African American service provider

Additionally, providers showed an interest in **opportunities for networking, facilitated community conversations, and offering feedback to the Department**. They voiced great appreciation for these focus groups, which gave them chance to **discuss shared challenges and exchange information**, and encouraged the Department to create similar opportunities for **substantive community representation and input** in the future. They also stressed the importance of DAS **closing feedback loops** and **communicating a clear and meaningful response** to feedback, to **avoid the sense that we are paying lip service to collaboration and feedback** rather than taking action.

### INCLUSION OF PEOPLE WITH DISABILITIES ACROSS THE SPECTRUM OF DISABILITY:

Service providers and professionals, especially those belonging to or primarily serving the disability community, emphasized the **need for greater system-wide inclusion of younger adults with disabilities** under age 60, who **do not see themselves reflected in services generally designed and presented as senior services**. One disability services provider observed that our service network must be *“more intentionally inclusive across the disability spectrum and really meet people literally where they are,”* and noted that this approach is especially essential for the inclusion of **people of color with disabilities, who often experience compounded barriers to access**.

Providers also described a **feeling of disjointedness across disability services**. One advocate noted that in San Francisco, *“you don’t have communities of support that refer to one another. For example, the intellectually and developmentally disabled community doesn’t know what DAS can do for them... [So] let me call the Regional Center [serving*

people with developmental disabilities instead]... **More cross-disability collaboration... would be helpful.**" They encouraged DAS to consider ways to **improve coordination with disability services providers to ensure more seamless service delivery** across the disability spectrum; specifically, they suggested focusing on **bridging potential system and service gaps for transitional age youth (ages 18-24)** who are making the shift from services for disabled children and their families to those for disabled adults.

**SUPPORT FOR CAREGIVERS:** Many **adults with disabilities and aging seniors are supported by caregivers** to meet their essential needs on a daily basis. Our service systems also rely on the care provided by family, friends, and professional homecare providers to help people safely live in the community. But to do this incredibly important and often challenging work, caregivers need support. As our focus group participants shared, informal family and friend caregivers **need more access to respite care, caregiver support groups, and other resources that help them manage the physical and mental toll of this role.** They raised concerns about caregiver experiences with healthcare systems, particularly for caregivers with limited English proficiency. They reported **unsafe hospital discharges** since short-staffed hospital teams do not have language capacity or time to adequately communicate how to care for a loved one at home. Providers shared how these caregivers feel unprepared and also treated *"like second class citizens,"* but typically do not want to follow up for clarification or file complaints due to intimidation and fear of reprisal. These experiences **add to their stress and to safety risks for their care recipients.**

DAS providers and other professional staff working closely with caregivers pointed out that **issues affecting informal caregivers often extend to In-Home Supportive Services Independent Providers (IHSS IPs),** who are predominantly people of color. While paid for their services, IHSS IPs lack the same degree of institutional support for employees typically available to paid caregivers working for private agencies. For example, while private home care agencies in San Francisco might have opportunities for job advancement, paid professional development, or peer and supervisory structures to help caregivers navigate challenging issues at work, **IHSS IPs don't have access to similar supports,** or the time and financial resources to seek help on their own. If such supports are offered, these resources are often available on unpaid time — presenting a challenge for low-wage workers who are often unable to spare the time. These concerns coincide more generally with **longstanding community advocacy to raise wages for caregivers,** who perform a very stressful, challenging, and essential job.

*"There is desire to get support, but the problem is, time is money. Any time that you spend on time for yourself is viewed as time away from work. Unfortunately when you have a low wage you don't have time for yourself."*

– Caregiver services provider

## Recommendations

Through our conversations with BIPOC communities, **DAS gathered input from nearly 170 stakeholders** from many different walks of life. We heard feedback on consumer experiences of our services and system that range from the incredibly positive to the extremely challenging or painful. **This feedback informs recommendations** for the Department to address areas of unmet need, improve access to our programs, and ensure greater equity and inclusion of older and disabled adults of color.

These recommendations are structured into our three main areas of inquiry: consumer needs, barriers to accessing services, and service system improvements. Collectively, they will **support more equitable services** across the entire disability and aging services network and offer DAS the opportunity to **demonstrate our ongoing commitment and accountability to the BIPOC individuals and communities we serve**.

### Consumer Service Needs

#### **EXPLORE WAYS TO REDUCE SOCIAL ISOLATION AND IMPROVE MENTAL HEALTH ACCESS:**

Access to culturally-appropriate mental health services emerged as an area of unmet need across all the populations we spoke with, often in the context of issues of **social isolation and loneliness**. Although mental health programs, like other clinical services, fall within the domain of San Francisco's Department of Public Health and the broader health system, DAS may play a role in facilitating access to these services. We should **support system-level advocacy and coordination** with our partners in health to ensure tailored mental health services are available to diverse older and disabled adults. At a more individual level, we should **ensure resource guides and other service navigation tools are translated and incorporate up-to-date information** to assist clients seeking mental health services. DAS may also wish to **consider ways to strengthen our existing social services that touch on mental health**, such as programs that help fight social isolation like: the Friendship Line and Peer Visitor; peer support groups like those for caregivers and individuals with hoarding and cluttering behaviors; and the City's new mental health telecare services pilot launched to assist LGBTQ+ older adults struggling with mental health issues due to COVID-19.

**EXPAND ACCESS TO DIGITAL RESOURCES AND ONGOING TECHNOLOGY TRAINING:** The **widespread social isolation brought on by the COVID-19 pandemic** underscored the urgency with which **we must work to expand access to technology** and **bridge the digital divide**. DAS has made important inroads in this area through our **strategic partnership with the San Francisco Tech Council** and our **SF Connected program** network of computer labs and technology classes citywide. Still, **technology needs remains a major community priority**. The Department should explore opportunities to **support free or subsidized access to personal technology devices** like laptops, tablets, and cell phones, so that older people and adults with disabilities can stay connected to loved ones and participate fully in society. We should also **enhance services that provide ongoing technology training and user support** to help clients keep pace with the constantly evolving technological landscape.

**SUPPORT ACCESS TO RELIABLE AND FLEXIBLE TRANSPORTATION:** As with technology, **transportation is a key area of ongoing community need that has been exacerbated and made more urgent by the pandemic**. While San Francisco is home to a robust public

transportation grid coordinated by San Francisco's Municipal Transportation Agency, our focus groups and stakeholder interviews revealed that **many older and disabled consumers still experience significant challenges using these systems**. Barriers often pertain to the limited availability, accessibility, flexibility, and reliability of these resources. DAS can help to disrupt these barriers by **enhancing support for existing transportation services like group vans and taxi vouchers to ensure clients can remain engaged in their communities and access essential services** like health clinics, community centers, grocery stores, and more. The Department should also consider ways to **support transportation that enhances the social inclusion of seniors**, like transportation-inclusive field trips from community centers to public parks, museums, and other cultural sites.

**EXPAND SUPPORT FOR CAREGIVERS:** Caregivers are a tremendous asset in our network of disability and aging services, and **they need more support to continue providing essential care to individuals** who would otherwise be unable to live safely in the community. While DAS should **continue our longstanding systems-level advocacy to improve caregiver wages** and related **strategies to boost the number and quality of caregivers** in the local workforce, we can also take actions with more immediate impact. In particular, the Department should **reinforce access to respite care, peer support groups, and other resources that help informal caregivers** from diverse backgrounds to manage their caregiving-related stress. We should also **consider providing — and incentivizing participation in — these resources for** In-Home Supportive Services Independent Providers (IHSS IPs) who may be ineligible for programs meant to serve informal caregivers, but also lack the institutional support of a private caregiving agency employer. For example, we should **better publicize our stipend program for IHSS IPs to participate in training** that equips them to provide better care, **and expand these stipends to services that help ease their caregiver burden** like peer support groups or mindfulness workshops.

## Barriers to Accessing Services

**IMPROVE AWARENESS OF SERVICES FOR CONSUMERS AND PROVIDERS:** Our community conversations underscored the **significance of gaps in the public's knowledge of DAS services and other supportive resources** available to older adults and people with disabilities. DAS is currently building an outreach plan with strategies to **close these information gaps**. This effort should consider a variety of strategies, such as:

- **Conducting direct outreach to the community, building on existing practices for meeting consumers where they are**, such as public communications, tabling events, neighborhood outstations, and more.
- **Improving the consistency of outreach in multiple languages, and considering ways to tailor our outreach** to leverage strategies that are most effective in reaching specific subpopulations (e.g., cultural media outlets like TV, radio, and newspapers; social media channels; etc.).
- **Completing our ongoing work to develop and launch a centralized, online resource directory** to provide consumers and community professionals a **dynamic tool to search for tailored resources** based on factors like geography and language.

Additionally, DAS should build on work by the DAS Benefits and Resource Hub to **create materials for consistent messaging about our services** and **provide professionals both**

**within and outside the DAS network education on our services.** While Department staff often provide trainings to community professionals and other stakeholders upon request, we should **take a more systematic and proactive approach** to provide regular and ongoing professional staff training on our services.

**STRENGTHEN RESOURCES FOR SERVICE NAVIGATION:** People need help accessing and navigating resources, and often benefit from having a single point of contact for getting assistance. The **centralized DAS Benefits and Resource Hub**, as well as our **extended network of 13 neighborhood-based Aging & Disability Resource Centers (ADRC)** throughout the city, are each intended to operate as a **single access point** from which anyone can get information about services and assistance navigating the complex array of available resources, whether in-person, by phone, or online. Even with these resources, however, **participants from varied backgrounds expressed a need for better or more support navigating our services.**

This feedback suggests that DAS should **adopt strategies to strengthen the DAS Hub and ADRC network.** For example, the Department should **promote awareness of these resources** among all DAS providers and community partners. We should also **ensure that all DAS Hub and ADRC staff use consistent and best practices to support service navigation.** These practices might include: the **use of options counseling** and person-centered care frameworks; **providing service connections across the network** and not simply their own agency's roster of services; and **following up** where appropriate to ensure service connections are feasible.

The Department should also **consider incorporating other models that support service navigation**, such as peer ambassadors or short term case management. These **approaches should acknowledge that many consumers learn about services by word of mouth** and may be **most comfortable getting information from members of their own community** rather than from the government.

**ENSURE ROBUST LANGUAGE SUPPORT IN ALL SERVICES AND COMMUNICATIONS:** DAS **currently provides services and offers resources in many languages** other than English, including Cantonese, Spanish, Tagalog, Vietnamese, Korean, and Japanese. However, based on community feedback and concerns about persistent language barriers, the Department should **pursue strategies to improve the consistency and reliability of linguistically-appropriate services.** Given that many consumers — especially those with language needs — prefer to access in-person services, we should **identify opportunities to bolster bilingual staffing** across our service network. Specifically, the Department may wish to **reexamine data on language need and staff capacity** to address the community's concern that Spanish and Tagalog capacity in our direct services may be insufficient.

DAS should also **explore strategies to be more inclusive of diverse language and communication needs.** The Department can develop **print and digital materials in a more systematic fashion** to ensure our public communications, printed collateral, and web content are more **consistently available in alignment with community language needs.** These needs include those of **disabled adults with visual or hearing impairments**, as well as those of **smaller ethnic populations** whose language needs do not typically meet Citywide language thresholds (like Samoan).



**MINIMIZE BUREAUCRACY FOR CONSUMERS AND PROVIDERS:** Complex bureaucratic processes are the bane of consumers and providers throughout the DAS service network, and can be deeply discouraging to BIPOC engagement in services. While federal, state, and local **regulations governing services and related funding requirements often necessitate certain protocol**, DAS should pursue opportunities to remove these barriers. Where possible, the Department should **streamline application and enrollment processes**. We need to **use simple language** to describe the key stages of these processes and train staff assisting clients to **set realistic expectations** about the timeframe and possible outcomes of these processes. DAS should also explore ways to **improve centralized data collection** and **reduce duplicative data collection and reporting burdens** on service providers and clients.

## Service System Infrastructure and Partnerships

**REINFORCE EXISTING SERVICES AND DEVELOP NEW COMMUNITY PARTNERSHIPS:** DAS serves an estimated 60,000 older people and adults with disabilities via our direct services and over 60 community-based programs every year — a robust portfolio of essential services that support our clients to live safely and independently in the community. The Department’s **success in meeting the needs of our diverse clientele is dependent on our partnerships with community organizations**, which bring a greater diversity of cultural expertise, technical skill, and trusted touchpoints into our service network. As such, we must **strengthen our service network by reinforcing existing collaborations with community-based organizations and developing new partnerships**.

Consistent with prior efforts to strengthen bedrock services, DAS should **identify and allocate funds that help partner agencies keep pace with rising operating costs**. In particular, the Department should consider opportunities to **boost staff salaries to improve recruitment and retention** of high-quality employees across our provider network. Additionally, we should **remove barriers to partnership with BIPOC organizations** to improve our ability to reach and serve diverse communities effectively. To this end, DAS **should leverage existing City resources for small community organizations**, which are often led by or primarily serve BIPOC communities. These include **technical assistance for grant writing** and **funding advances** that lessen the burden for agencies to front costs and await reimbursement from the City.

**BUILD STAFF CAPACITY FOR DELIVERING CULTURALLY-APPROPRIATE SERVICES:** Our effectiveness as a disability and aging services network is dependent on **ensuring our professional staff are well-equipped to provide culturally-resonant services**. We know BIPOC older and disabled adults — particularly those living at the intersection of multiple marginalized identities — are **more likely to become and stay engaged when they feel welcomed and acknowledged as individuals**, no matter their cultural background. To support network-wide capacity in this area, DAS should **ensure that existing cultural competency training materials are available to all staff** within the Department and partner agencies. Where needed, we should **expand training to include a focus on effective strategies** for engaging people with disabilities, racial equity, LGBTQ+ inclusion, and intersectional identities. We should also **facilitate cross-training opportunities between agencies**, leveraging the varied cultural expertise of our partners.

In addition, DAS should **explore staffing strategies that improve cultural resonance**. Although we have historically based cultural staffing considerations primarily on community language needs, listening session feedback has underscored how cultural connection with clients is dependent on more than language alone. In particular, we should **consider ways to incorporate factors such as cultural expertise and lived experience** when assessing and calibrating staffing levels, especially within the Department. We should also **examine alternative staffing models that emphasize consumer preference** when selecting staff to assist clients. Further, we should **explore ways to support staff to build rapport with clients as individuals**, including evaluating staff-to-client ratios to ensure staff have adequate time to deliver comprehensive and tailored services to meet client needs.

**ENHANCE SYSTEM COORDINATION, INTERAGENCY COLLABORATION, AND COMMUNITY FEEDBACK:** As the state-designated Area Agency on Aging, **DAS has an important role in facilitating collaborations** across City agencies, community organizations, and other key stakeholders in the universe of disability and aging. In our listening sessions, service providers and other stakeholders emphasized the importance of this role. As such, we should continue to **provide community agencies and professional staff opportunities to discuss shared challenges, exchange information, and share feedback with the Department** — like these focus groups, population-focused Community Partnership meetings, convenings of interfaith leaders, and many other venues for facilitated discussion. DAS should continue to **prepare meaningful responses to community feedback, and communicate clearly about the substantive actions the Department will take** to improve community outcomes.

Additionally, DAS should **identify opportunities to improve service linkages and ensure consumers don't fall through the cracks** between system partners, particularly those in housing and health. We need to continue to **work closely with the Mayor's Office on Disability, the Department of Public Health, and the Department of Homelessness and Supportive Housing**, and other strategic City and community partners to make sure **older people and adults with disabilities are prioritized** for needed services and have a **more seamless experience** when accessing services across agencies.

**PROMOTE INCLUSION OF PEOPLE WITH DISABILITIES OF ALL TYPES:** Feedback from our conversations with the community highlighted a need for the Department to **ensure greater system-wide inclusion of younger people with disabilities**. Our services are often shaped foremost by the needs of a very large senior population; younger people with disabilities **sometimes feel like an afterthought**, with identities and needs that are not reliably reflected by these services. Our work to **establish a Disability Community Cultural Center** in close partnership with the Mayor's Office on Disability and other City and community stakeholders is a groundbreaking step for local governments nationwide. And we know further action is needed — throughout our service network, DAS must **substantially advance our ongoing efforts to promote the inclusion of adults with disabilities, with all types of disabilities**. For instance, we must **ensure that all professional staff are well-trained to serve people with disabilities and have the necessary resources to create accessible physical and digital environments** — particularly at key access points like the DAS Benefits and Resource Hub and the neighborhood Aging and Disability Resource Centers.

The Department should also **identify opportunities to develop new partnerships with disability services providers outside the DAS network and bridge systems gaps** that people with disabilities face. For example, we should **consider how to provide support to transitional age youth with disabilities** who are making the shift from services for disabled children and their families to those for disabled adults.

## Conclusion

These community listening sessions have been an **important, exciting, and necessary undertaking** for DAS. Engagement with community to understand unmet needs and collaboratively identify strategies to better serve populations has long been a priority for our Department. Our **current context has underscored the importance and lent urgency** to approaching this work with a **racial equity lens**. Our findings have highlighted the pandemic's impact on older people and adults with disabilities, reaffirming the importance of prioritizing racial equity in the development, delivery, and evaluation of our services.

Through this project, **we explored a new approach** and developed a new framework for qualitative community research. In addition to our learnings about the population we serve, this project has provided an opportunity to **engage with our staff** and offer them spaces to **leverage their lived and professional experience** to help us craft systems-level strategy. Community members generously shared feedback with us shaped by their **experiences aging and living with disability** in San Francisco. Service providers and other key stakeholders have offered their **insights and ideas built from years of deep and meaningful work in communities of color**. Providing opportunities for their continued involvement in our research, planning, and implementation efforts will be essential for our future success.

## Appendix. Population Summaries

In addition to the focus group and interview findings that appear in the main body of this report, we also prepared **five population summaries that reflect greater detail** from our conversations with each of the following groups: Asian, Black/African American, Filipino and Pacific Islander, Latinx/Hispanic, and LGBTQ+ people of color.

## Summary of Findings: Asian Population

The approximately 79,800 **Asians living in San Francisco account for a significant portion of the city's older adults and people with disabilities — about 35%**.<sup>4</sup> This population is extremely ethnically diverse: while **the vast majority of older and disabled Asians identify as Chinese**, other prominent ethnicities include Japanese, Korean, and Vietnamese. Asian seniors and people with disabilities are also highly linguistically diverse: **most (62,300 or 78%) speak a primary language other than English**. They live in many different parts of the city, with large communities in Chinatown, western neighborhoods like the Outer Richmond and Sunset, as well as OMI. **About a third (34%) of older and disabled Asians are low income**, with household income below 200% of the federal poverty threshold (annual income of about \$25,000 for a single senior), consistent with trends for all seniors and disabled adults.

### DAS SERVICES

**DAS serves about one-fifth (21%) of the city's Asian older and disabled adults through its partnerships with community-based organizations.** Of these 16,600 clients, the vast majority participated in food programs, while many others accessed community centers, computer labs, and resources for caregivers. **DAS also facilitates home care services for approximately 26,100 Asian individuals** through the In-Home Supportive Services program for Medi-Cal clients.

### DAS Services Most Frequently Accessed by Asian Clients

Service	# Clients
Community Partnerships	16,646
Food Supports	13,150
Community Centers	5,870
SF Connected tech labs	681
Family Caregiver Support	359
In-Home Supportive Services	26,099

### PROJECT PARTICIPANTS

Varied stakeholder perspectives about the needs and experiences of San Francisco's Asian communities inform the findings in this report. DAS captured their feedback across five virtual focus groups and 15 individual stakeholder interviews.

#### Consumer Participants

We spoke with **15 Asian consumers**, the **vast majority (12) of whom were older adults**. Thirteen participants identified as **Chinese**, and most (11) spoke a **primary language other than English**, typically Cantonese. Four consumers identified as **caregivers**. Three identified as **having a disability**. Most participants (9) lived in **Chinatown and North Beach**, with others living in the **western and southeastern parts of the city**, including the Richmond District, Japantown, Bayview/Hunters Point, and Visitacion Valley neighborhoods.

#### Providers & Other Professionals

We spoke with **25 service providers and other community stakeholders** in agencies and roles primarily focused on Asian and Asian American communities:

- **Twenty participants** from across the **disability and aging service network; partners in housing, health, and immigrant services; and faith community leaders**
- **Five DAS staff** from varied roles in our direct service programs

Most identified as Asian and/or Pacific Islander themselves.

<sup>4</sup> This population data does not include Asians who identify as Filipino. DAS grouped Filipinos with Pacific Islanders during our community listening sessions to ensure that we captured a greater variety of Asian and Pacific Islander perspectives. Filipino population characteristics are represented in a separate population summary focused on Filipinos and Pacific Islanders.

## Consumer Service Needs

Focus group and interview participants shared a great deal about the needs of older and disabled Asians in San Francisco. They described the **importance of home care supports, and food programs in meeting their needs**, highlighting both positive experiences with these programs as well as areas of growth. They also emphasized **gaps in services where DAS can do better to meet needs related to issues of mental health, safety, and housing**.

**AFFORDABLE HOME AND PERSONAL CARE:** Home and personal care services offer essential support for disabled and older people to live safely and independently in the community, and Asian consumers are no exception. Participants shared many examples of their **positive experiences with the In-Home Supportive Services program**, citing in particular the **crucial role of culturally-responsive social workers** in helping them to enroll and continue meeting their needs as long-time care recipients. However, both consumers and professionals identified key gaps in this service area — chiefly the **need for more affordable home care alternatives** for lower-middle income, immigrant, and/or other MediCal ineligible consumers unable to cover the high cost of private in-home care on their limited income.

**CULTURALLY-SPECIFIC FOOD SUPPORT:** Food and nutrition services are essential for many older and disabled people, who tend to experience higher rates of food insecurity than the general population. **Asian communities have a high degree of engagement with food programs**, including communal dining, home-delivered meals or groceries, and neighborhood food pantries, and shared a lot of feedback about these services. Consumers highlighted the socialization as a key factor in their participation in communal dining programs, and expressed a **desire for a return to in-person dining at community service centers** as soon as pandemic conditions permit. Participants also shared their appreciation for expanded culturally-specific food services during the pandemic, and emphasized **need for continuing and increased access to culturally-appropriate foods**, as well as dietary variety and choice, even as some programs are discontinued.

*“Socializing and having lunch together, it was a lot of fun [before COVID-19]... You can go to different [senior centers]. I go to many different ones and have my lunch there, and some also serve dinner... My senior centers are in my neighborhood, so I can walk there. I have different friends at different senior centers.”*

– Chinese Senior

**SOCIAL ISOLATION, LONELINESS, AND MENTAL HEALTH:** Perhaps unsurprisingly after a harrowing 15+ months of pandemic-related sheltering in place, **nearly all participants touched upon issues of social isolation and loneliness** in our conversations. Many consumers expressed sadness about the suspension of in-person services, and many described experiencing **technological and transportation barriers** that make it difficult to stay meaningfully connected to the community. Even relatively independent consumers with reliable access to technology shared frustrations about the **inadequacy of relying on solely virtual environments for social connection**: *“In person, you get to chat and socialize more with your friends. On Zoom, you can’t chat... you have to focus on class.”* Community providers also raised grave concerns about the ways in which the **pandemic has exacerbated existing risk for social isolation and need for culturally-appropriate mental health services** among older and disabled Asians, citing the community’s anxieties about the health effects of the coronavirus, uncertainty about the city’s return to life as usual, grief related to loss of life during the pandemic, and widespread fear of anti-Asian hate violence.

**COMMUNITY SAFETY:** Most focus group and interview participants shared **serious concerns about personal and community safety** with us, both in the context of pre- and post-pandemic life. Many participants (especially those living and/or working in Chinatown or the

*“The AAPI (Asian American and Pacific Islander) violence happening recently makes [the community] even more isolated and afraid. There are less people at houses of worship because it feels like when they walk outside they will be targeted. They need help with transportation and safety escorts... COVID-19 isolation is aggravated by the violence. We want to feel safe to be able to go out again.”*

– DAS staff member

broader Downtown area) described longstanding worries about the **poor condition of their streets and sidewalks, pedestrian safety from reckless drivers, open-air drug use and lack of sanitation,** and the **presence of large tent encampments and unhoused populations** which may be challenging to safely navigate around. Others highlighted more recent fears deeply affecting Asian communities, especially among older adults, following several **high-profile incidents of anti-Asian hate violence both nationally and locally.** Professionals described the impact of these incidents on their clients and even their staff, observing that fears about safety prevent many community members from leaving their homes, **exacerbating their social isolation** even as in-person services and events resume.

**AFFORDABLE AND ACCESSIBLE HOUSING:** The **need for more affordable and accessible housing** is one of most pressing and evergreen needs for most San Franciscans, including Asian seniors and people with disabilities. Focus group and interview participants identified a need for **more senior-friendly and culturally inclusive housing options** that address consumers’ concerns about personal safety, support independent living through robust on-site supportive services, and better accommodate Asian households, many of which are multi-generational. Consumers described their **difficulties navigating bureaucracy** and even **discrimination in the process of seeking affordable housing.** One participant, a senior caring for his intellectually disabled adult child, shared: *“Even if the government does give me money to help subsidize the rent, then there’s difficulty actually finding a place to rent to me, especially after they learn of my son’s condition. Currently, I’m [subletting] a friend’s basement, with three people to one room.”* This and other examples underscore the **need for more housing navigation assistance** and **increased access to housing-related legal help.**

## Barriers to Accessing Services

Our conversations with the community also touched on common barriers Asian consumers experience when trying to access services, and often discourage their engagement. Participants highlighted issues such as: **a lack of awareness of services, need for more culturally- and linguistically-appropriate programs,** and **feelings of exclusion** among some ethnic groups and other Asian subpopulations.

**AWARENESS OF SERVICES AND HOW TO ACCESS THEM:** Consumers and community professionals, even those currently accessing DAS-funded services or representing agencies within the DAS provider network, **demonstrated varying degrees of familiarity with the Department and knowledge of the aging and disability services** in San Francisco. Consumers generally had not heard of DAS, and were unaware of our centralized resources for in-person, phone, and/or online support to get information and connect to services (like the DAS Benefits and Resource Hub and our 13 neighborhood-based Aging and Disability

Resource Centers) — although **nearly all of them expressed a desire for a single point of contact to help them navigate resources**. While most service providers and other community stakeholders were aware of these resources, they shared a wish that the Department offer **more streamlined information about our service network** for their own reference and to share with clients, **clearer pathways for making referrals** to key services, and **better interagency coordination** to ensure successful service connections.

**LANGUAGE AND CULTURAL NEEDS:** Challenges accessing culturally- and linguistically-appropriate services were among the most common barriers participants identified. Consumers — including not only those who speak a primary language other than English, but also proficient English speakers — shared a desire for **more consistent and reliably available language support** when accessing services, including translation support and application assistance. They generally expressed a **preference for in-person support** but also touched on the **need for better multilingual services and collateral materials available via phone, web, and in print**. Service providers echoed these sentiments, and placed them in greater cultural context. For instance, one health provider noted that Asian consumers often seek help from “*someone who looks like them, who has the professional credibility*” that stems from a proven track record for **understanding their language and culture, empowering them to express their needs** (often in spite of cultural stigmas or tendencies specific to many Asian communities), and **offering culturally tailored programs**.

**TECHNOLOGY:** Technological barriers to access are common to many older and disabled populations, including Asians, who described their sadness about the prolonged suspension of in-person programs during the pandemic and the **frustrations they have experienced with technology** in the transition to virtual services. According to both consumers and service providers, these barriers can appear in diverse ways: **lack of access to hardware**, like a cell phone or tablet; **challenges with connectivity**, including poor Internet or mobile network coverage; or **need for ongoing user training**, as some consumers struggle to keep pace with the constantly changing look and feel of many technological resources. **Providers emphasized the mounting importance of removing these barriers**, especially as technology continues to become more central to service engagement and social connection, even outside of the pandemic context.

*“We have to know how to use [our computers and phones], otherwise it’s useless”*  
– Chinese senior

**TRANSPORTATION:** Many consumers and professionals described **transportation as another key barrier to service access, one that the pandemic has only exacerbated**. While these clients typically live within walking distance of essential services, not all have the physical ability or stamina to make the trip, especially if they are carrying shopping bags or navigating unsafe neighborhood conditions — in which case, they often rely on MUNI buses, light rail, and/or Paratransit. Some **consumers characterized these transportation services as unreliable or difficult to use**. For instance, one senior with mobility issues described difficulties with pandemic-related changes to her usual bus line route and schedule. Another shared her frustration with the limitations of Paratransit, describing challenges coordinating rides in advance and long waits for pick-up: “*If you have an appointment, it’s easy [to schedule the initial drop-off], but it’s hard to know when to say you’ll be done*” for advance scheduling of a pick-up to return home. And while some consumers and providers shared that **taxi and rideshare services can offer the flexibility and physical accessibility** they desire, they also noted that **these services are often costly** to pay for regularly out of pocket.



**INCLUSION OF ASIAN SUBGROUPS:** San Francisco is home to Asian older and disabled adults of many different ethnic and national origins, with distinct cultural and linguistic needs —

*"I'm going to a predominantly Chinese center. At the beginning... they'd overlook or bypass me... [The service coordinator] saw me and made sure to introduce me... [He] made an effort to include me."*

– South Asian Senior

among whom **Chinese individuals make up the single largest group**. Consistent with these demographic trends, there are robust services and many trusted community providers equipped to meet the needs of this population. However, Asian consumers from other backgrounds (e.g., Japanese, Vietnamese, Indian, etc.), as well as the providers who serve them, shared that **these consumers don't always feel as seen or included when accessing services** — particularly when they are framed as broadly Asian-serving, but primarily cater to Chinese clients. Participants acknowledged that **service providers play a key role in creating inclusive environments** for clients from all backgrounds, even in culturally-specific settings.

## Service System Infrastructure and Partnerships

Service providers and other community professionals also offered feedback during our focus groups about **system-level issues that play a role in shaping the engagement of Asian communities** in DAS services, like **staff capacity building** and **cross-agency collaboration**.

**CAPACITY DEVELOPMENT FOR EFFECTIVE SERVICE DELIVERY:** Our professional staff, both within DAS and among our community-based partners, form the essential backbone of our services. Focus group participants acknowledged the **important role these staff play as trusted touchpoints** for information and resource connection, and asked the Department to **provide regular staff training** on disability and aging services **to improve staff awareness of services** and their **ability to help clients navigate services**. They also suggested developing a **centralized resource directory** to share up-to-date information with the public about available supports. Further, participants discussed the need to build agencies' capacity to provide more linguistically- and culturally-resonant services to diverse Asian consumers. They called for: **increased financial support to recruit and retain staff** with language skills; **cultural competency training** to equip staff network-wide to address varied cultural needs; and **more consistency in the Department's provision of linguistically-inclusive services and communications**, in-person and across all mediums.

*"Of course, the focus is the community, but we have to make sure the people serving the community have the resources and tools we all need...empowering the community organizations around the table here to do what they're good at."*

– Chinese community health services provider

**INTERAGENCY COLLABORATION:** Community professionals voiced a need for stronger collaboration both within and beyond the DAS provider network. They called for **more opportunities for networking, facilitated community conversations, and sharing feedback to the Department** — very much like these focus groups, which gave them the chance to discuss shared challenges and exchange information. They also noted a need for **enhanced coordination with system partners** across housing, health, immigration, faith, and other contexts, so that we are collectively more effective in advocating for, reaching, and serving consumers.

## Summary of Findings: Black/African American Population

San Francisco is home to approximately 15,800 older people and adults with disabilities who are Black/African American. **They are about seven percent of the city's older and disabled adult population.** They live primarily in southeast neighborhoods, like Bayview/Hunters Point and OMI, and central San Francisco in the Civic Center and Fillmore areas. **Older and disabled Black/African Americans experience particularly high rates of economic hardship.** Over half (54%) are low income, with household income below 200% of the federal poverty threshold (annual income of about \$25,000 for a single senior). By comparison, this rate is closer to 32% for seniors and adults with disabilities citywide.

### DAS SERVICES

**DAS serves 1 in 4 of the city's older and disabled Black/African Americans through its partnerships with community-based organizations.** Of these 3,900 clients, most accessed programs offering food supports. About 1,500 visited communal dining sites, and 1,200 received home-delivered meals. **DAS also facilitates home care for almost 3,400 Black/African Americans** through its In-Home Supportive Services program for Medi-Cal clients.

### DAS Services Most Frequently Accessed by Black/African American Clients

Service	# Clients
Community Partnerships	3,924
<i>Food Supports</i>	3,224
<i>Community Centers</i>	876
<i>Case Management</i>	176
<i>SF Connected tech labs</i>	137
In-Home Supportive Services	3,367

### PROJECT PARTICIPANTS

Across **four focus groups and seven individual interviews**, we sought to hear directly from community members and service providers about community needs and engagement opportunities.

#### Consumer Participants

Through focus groups and individual interviews, we heard from **11 Black/African American consumers** for this project. **All were seniors**; most (6 participants) were younger seniors, under age 75. All were long-time city residents. They lived around the city but **most commonly in the southeast or downtown neighborhoods**, such as Bayview, OMI, and Civic Center. Four shared that they live in subsidized housing, including three in veterans housing. Four participants identified as having **disabilities**. Three were **veterans**.

#### Providers & Other Professionals

We spoke with **15 service providers and other community stakeholders** in agencies and roles primarily focused on Black/African American communities.

- **Nine participants** representing **disability and aging service agencies, faith institutions, health clinics, and affordable housing**
- **Six DAS staff** from direct service programs

Most identified as Black/African American themselves.

## Consumer Service Needs

Participants in our focus groups and interviews described **an aging experience with gratitude for personal growth opportunities and assistance received**. Many expressed appreciation for having **more time** to spend with family, to pursue new or revived interests, and for self-reflection or spiritual preparation in this later stage of life. Several seniors we spoke with **praised community centers** and other providers that offer recreation, peer engagement, and connection to other supportive resources. Many referenced **meal and grocery resources**, which are provided by community agencies with City funding, as **making it easier for them in their older age**. They and service providers emphasized the **need to sustain these resources**.

*“The senior center is an outlet. It gives you a place to go, with health classes, activities, scripture, singing, sewing – it is just a blessing”*

*– Black/African American Senior*

But the aging experience is also shaped by new challenges and the need for new and different types of support. Key themes from these discussions include:

**LONELINESS AND ISOLATION:** For many older adults, getting older is associated with a degree of loss and increased risk of isolation and loneliness. Participants discussed changes in health and mobility that make it harder to get out of the house, the migration of adult children to more affordable places, and passing of friends and family as factors that contribute to feelings of loneliness. Notably, across our conversations **the intersection of race, changing neighborhood demographics, and aging emerged as a distinct contributing factor in isolation and loneliness for older Black/African Americans in San Francisco**. In the words of one senior, *“Our neighborhood is in a transition...particularly for our African American men, we look around and there’s kind of no place for us to really be. I give [the senior center] credit, but the places and things we like to do are really limited.”*

**MENTAL HEALTH AND WELLBEING:** Tied to social isolation were discussions of mental health and wellbeing. Some consumers shared that their pandemic experience revived experiences of depression. Service providers and faith leaders spoke about **pandemic stress and the need for focused attention on mental health to overcome phobias and reengage in society post-pandemic**. One provider pointed out that **the pandemic disrupted experiences of loss and grief**, saying *“We need to look at grief connected with social isolation. Where normally when people pass away, you’re able to go love on the family and receive love, hugs, condolences, everything has been through technology or the phone, with no intimacy.”* They noted a tendency in the Black/African American community to hold in these emotions and **recommended that resources be proactively brought into the community** because people may not reach out for help.

**INTERGENERATIONAL OPPORTUNITIES:** In our conversations with older adults, their **commitment to community stewardship** shone through, and they shared their desire to connect with younger generations. As one man shared, *“What’s missing is the relationship with the younger generation.”* This is **particularly urgent in the context of changing city demographics**. Another participant shared concern about **cultural loss and community impacts from the outmigration of Black/African Americans**, saying *“I’m concerned about younger people growing up who are trying to do the right things...there’s still possibilities for the older generation to try to motivate people and help with the schools.”*

**AFFORDABLE LONG-TERM CARE:** Service providers identified the need for **affordable long-term care supports for people with too much money to qualify for Medi-Cal but not enough to privately pay** for services like home care and assisted living. Some are considered **“house rich, cash poor.”** They have the asset of a home but cannot easily access the equity so they are still on a fixed income. Given historic redlining and other discriminatory policies, home ownership has extra meaning and financial importance in the Black/African American community, which may increase aversion to anything that could put their home – and family’s generational wealth — at risk. Providers praised locally-funded programs like Support @ Home, which offers sliding scale home care, but pointed out **waitlists for flexible local programs mean these resources are not readily available** for new clients.

## Barriers to Accessing Services

When we asked consumers about their experience accessing resources, their feedback was primarily positive. **They have found it relatively easy to connect with needed services, often with help** from a healthcare provider, their local senior center, or on-site resources in senior housing. However, they brainstormed with us **barriers they see impacting their peers.** Their ideas mirrored insights shared by service providers and faith leaders.

**AWARENESS OF RESOURCES:** Across all focus groups and interviews, **awareness of the available resources and how to access them was the most consistent barrier highlighted** as impacting service connection. The issue was well articulated by a DAS staff member:

*“[African Americans] don’t know that resources are there. So they see other people getting resources or gaining access and then they feel left out because they don’t know what’s there. I don’t think [the information] has really echoed enough for them to hear about it and know what’s there, so they often feel like they’re in it on their own.”*

*– Black/African American Faith Community Leader*

*“People don’t know what they don’t know, so they never know to look for what they need, even if it’s out there.”* People **primarily learn about resources through word of mouth** from family, friends, healthcare providers, and faith leaders. Few senior participants had heard of the DAS Benefits and Resource Hub, but many expressed interest in learning more and receiving materials to share with their peers. Similarly, **professional staff from community organizations and Department, as well as faith leaders, also expressed a desire to learn more about available resources** so that they could more effectively connect their clients and congregants to needed resources. A faith community leader insightfully pointed out that **an additional consequence of this information gap in the Black/African American community is a sense of being on one’s own that can enhance feelings of inequity**, especially in comparison to other communities.

**NAVIGATING COMPLEX SERVICE SYSTEMS:** While praising the city’s wealth of resources, older adult participants noted that it can be **overwhelming to figure out where to get started** or which service to use. **Complex bureaucratic processes and slow or unclear timelines can frustrate and discourage** people from accessing needed services. This was discussed generally and also specifically with regard to affordable housing and healthcare systems by seniors, who spoke of the **need for persistence to obtain resources.** While this was sometimes framed as an issue of motivation or personal incentive, there is a broader context to consider; **the legacy of institutional racism and the disenfranchisement of the**

**Black/African American community has an impact on individual trust and willingness to engage in government and healthcare systems.** Faith leaders highlighted the importance of knowing and trusting a system before making a referral. DAS staff noted that **large service systems do not always assess an individual's unique needs and can fail to get them to the right program or provide adequate information to actually use a resource.** Sometimes clients are over-connected to resources, which can be overwhelming or frustrating.

**COMFORT AND CULTURAL RESONANCE:** Services need to be provided in a culturally-resonant manner. While the senior participants reported mostly positive experiences across DAS services, some noted that **language barriers and different life experiences can inhibit communication** with program staff. Service providers and faith leaders more directly discussed that **many clients are more comfortable accessing resources from staff that share their culture and background.** DAS staff discussed challenges in achieving such alignment for Black/African American clients given that **city programs primarily assign cases by language needs.** Also, Black/African American staff and In-Home Supportive Services caregivers are sometimes on the **receiving end of discriminatory treatment from clients,** which is another important equity consideration for DAS.

*“The cultural side is very important. I find most of our seniors would first trust me or a representative who looks like them, speaks like them, comes from a similar background”*

*– Black/African American Faith Community Leader*

DAS staff also highlighted that **time pressures tied to caseloads and state performance standards impact their ability to build rapport** with clients, and this can be particularly hard in eligibility and assessment programs that require a lot of personal detail. All providers agreed in the **importance of providing a space where people feel welcomed or else they might disengage;** as summarized by a veterans housing provider, *“When folks do go places for help, especially in the Black community, it has to be a place where they feel comfortable. They have to feel acknowledged and respected.”*

**TECHNOLOGY AND THE DIGITAL DIVIDE:** While technology is itself a resource, it was most often discussed as a barrier to accessing services. Many service providers, as well as some senior participants, highlighted **technology needs ranging from internet access to devices to training, including free or low-cost options.** Though many seniors are adept with technology, others need **training to feel confident in using devices and navigating online platforms.** Providers highlighted that technology **training needs to be ongoing,** since software updates often change the look and operation of applications. Programs that providing a tablet following a series of trainings were praised. But **some people will always prefer connection to a live person** rather than a phone tree or online information.

**TRANSPORTATION:** Consumers and professionals identified **transportation limitations as a barrier in accessing resources** – an issue that has worsened with pandemic disruptions to public transit. One older woman shared, *“Everywhere I go, I have to have someone pick me up or I have to use Uber. Transportation is a problem. You may know about something in the community, but if you don't have access or a way to avail yourself, that's it.”* Some participants use subsidized taxi vouchers to travel to medical appointments, grocery stores, and other places. DAS providers shared a **desire for flexible transportation options to help their clients get around,** such as a special shuttle or funding to pay for taxis and rideshares.

## Service System Infrastructure and Partnerships

In our conversations with service providers, they highlighted **strategies for supporting BIPOC-led organizations** to partner with the city. Some of these ideas are currently in practice at some level but may need to be strengthened or more clearly communicated.

**INFRASTRUCTURE AND CAPACITY DEVELOPMENT:** It is **hard for smaller organizations to compete in procurements** against larger organizations with more experience and capital. They sometimes **need help to get their foot in the door and start building experience** to qualify for bigger grants. Additionally, the City's **cost reimbursement model can be a barrier** for organizations that have limited funding to front costs while waiting for City payment. Smaller organizations often have **limited administrative staffing capacity** to manage billing and reporting.

**ENHANCED FUNDING FOR EXISTING SERVICES:** Service providers partnering with DAS recognized the importance of exploring new service models and piloting new programs but pointed out that **existing programs can also benefit from enhanced funds**. One said, *“Funding is usually about innovation – and we need that – but we have the same people and staff trying to expand what we’re doing [with our current resources] and that can be tough.”* They shared a desire for funding to expand and **strengthen successful bedrock services without necessarily having to build something new**.

**PLATFORMS FOR DISCUSSION AND DEPARTMENT FOLLOW UP:** Providers in our focus groups enjoyed the **opportunity to talk together and brainstorm ideas** for serving the community. They suggested that **DAS could regularly facilitate this type of platform** and hoped for a **feedback loop for DAS to provide response** to their ideas and suggestions. Another provider emphasized the importance of **avoiding lip service without meaningful response and action, particularly in the Black/African American community**.

### **TRAINING, INFORMATION, AND COLLABORATION:**

Service providers and faith community leaders expressed a desire for **more training and information about services** to help them make referrals for community members. They showed interest in **collaboration across providers and sectors**. For example, DAS service providers discussed partnerships to increase access to senior centers, including working with the faith community.

*“Senior centers could learn more. If you're not connected to the others, you don't know the fullness and reach of services. What is the creative way to connect centers to all the resources?”*

*– DAS Service Provider*

## Summary of Findings: Filipino & Pacific Islander Populations

Filipino and Pacific Islander populations include diverse people with ancestry from the Philippine islands, as well as Polynesia, Micronesia, and Melanesia. Approximately 12,600 Filipino and Pacific Islander older adults and adults with disabilities live in San Francisco, accounting for **about 5% of the senior and disabled population**. Filipinos and Pacific Islanders live in many different neighborhoods throughout San Francisco, including the **South of Market area** once known as Manilatown between the 1920s and 1970s, as well as **Excelsior, Sunset, Richmond, and the Tenderloin**. Additionally, a notable Samoan population makes their home in **Visitacion Valley**. About **one in four (27%) of Filipino and Pacific Islander older and disabled adults are low income**, with household income below 200% of the federal poverty threshold, compared to 32% of older adults and adults with disabilities citywide.

### DAS SERVICES

Through our community partners, **DAS provides support to nearly 15% of Filipino and Pacific Islander older adults and adults with disabilities**. These 1,800 clients most commonly access food support programs and community service centers, as well as services like case management and technology labs. **DAS also facilitates In-Home Support Services** for approximately 1,300 Filipino and Pacific Islander older and disabled adults, supporting them to remain in their homes, living safely in the community.

### DAS Services Most Frequently Accessed by Filipino & Pacific Islander Clients

Service	# Clients
Community Partnerships	1,817
<i>Food Programs</i>	1,064
<i>Community Centers</i>	987
<i>Case Management</i>	54
<i>SF Connected tech labs</i>	35
In-Home Supportive Services	1,308

### PROJECT PARTICIPANTS

Across **five focus groups and six individual interviews**, we spoke with 31 participants with personal or professional knowledge of Filipino and Pacific Islander community needs. Their perspectives inform findings in this population summary and throughout this report.

#### Consumer Participants

We spoke with **15 consumers — five Filipino and 10 Samoan**. All of our participants were seniors; two identified as having a disability.

Filipino focus group participants met with us via Zoom, and **primarily spoke English**. Notably, we hosted **Samoan-language focus groups** with Samoan participants **in person at the Samoan Community Development Center**.

#### Professional Participants

We spoke with **16 service providers and other community members** who serve Filipino and Pacific Islander communities:

- **Seven service providers** representing health care, community centers, and legal assistance
- **Five DAS staff** from varied roles in our direct service programs
- **Four caregivers**

We conducted **interviews with caregivers in a mix of English and Tagalog**.

## Consumer Service Needs

Focus group and interview participants shared varied feedback about their needs and experiences as older adults and people with disabilities. They emphasized the importance of services like those to **combat social isolation** and **support housing access**, and highlighted service gaps like access to **culturally-resonant mental health services**. These and other needs are described in more detail below.

**CULTURALLY-COMPETENT MENTAL HEALTH SERVICES:** As for many other communities, mental health need have felt especially pressing after the challenging experiences of the COVID-19 pandemic. Professionals serving Filipino and Pacific Islander communities, as well as seniors belonging to these communities, agreed there is a **need for culturally-competent mental health services** to support their populations. Senior participants expressed a desire to see **mental health services offered in languages commonly spoken in their communities, like Tagalog and Samoan**. One senior observed that *“people will be more likely to seek mental health support if they are offered it by someone who understands their culture and that allows them to communicate their needs in the language they are most comfortable with.”* Professionals noted this is an especially important need for consumers who may speak enough English colloquially, but find it **too difficult to communicate medical and mental health needs in a language other than their primary language**.

**SERVICES TO COMBAT SOCIAL ISOLATION:** For seniors and people with disabilities, social isolation is a risk that can have effects not only on mental but also general health outcomes. Filipino and Pacific Islander caregivers and seniors indicated that issues of social isolation have been **exacerbated by the pandemic** and by **several high-profile hate crimes against Asian and Pacific Islander communities**. These conditions have pushed them indoors and contribute to their **feelings of isolation from the broader community**. To combat social isolation, seniors and caregivers highlighted the need for services that help them connect with their communities. One senior we spoke with stated, *“Socialization is in our culture, we love dancing, going to museums, just being together is what we love”*.

*“We need to increase access to socialization for older adults so they are not isolated in their homes. We need to help them go outside and not just down the stairs or another room, but really going outside.”*

– Pacific Islander senior

**SAFE TRANSPORTATION OPTIONS:** Transportation is essential to keep people connected with and active in the community. Filipino and Pacific Islander seniors we spoke with felt there is a need for **more transportation options that help them travel safely throughout the city**. These participants acknowledged that while many of them relied upon Muni for transportation, they wished there was a **safer alternative that could provide them with more direct transportation** to and from their destinations, especially in the evenings. As one consumer said, *“We need transportation that allows us to be **taken safely to other places, so we don’t feel stuck in our homes.**”* Participants emphasized the importance of having better transportation options, especially in light of recent hate violence against members of the API community, and due to anxieties about being exposed to the coronavirus on public transportation.



**AFFORDABLE AND EMERGENCY HOUSING:** Affordable housing is a pressing need for many San Franciscans, including members of the Filipino and Pacific Islander communities. Service providers and consumers both indicated that **affordable and emergency housing support** is an ongoing need for older and disabled people in their communities. Senior participants expressed a desire for *“more resources devoted to help people find affordable housing,”* including emergency or interim housing for those in need. They noted that their **housing-related needs weren’t just for shelter itself**, but also help with navigating housing resources and getting connected. They highlighted a need for supports like **housing application assistance, help searching for appropriate housing, and information on tenants’ rights**. Service providers emphasized that seniors and adults with disabilities need legal and other supports to keep their housing once they find it, so that they **won’t be evicted or otherwise pressured to leave their homes** without cause.

**CULTURALLY-SPECIFIC IMMIGRATION AND LEGAL SERVICES:** Linguistic- and cultural-specificity is an important factor in the effectiveness of many services; perhaps nowhere moreso than in the context of immigration and legal services. Our participants explained that they **need legal assistance and immigration services that better meet the particular needs** of Filipino and Pacific Islander communities. For example, Samoan seniors expressed a desire for legal services providers with **greater knowledge of immigration laws pertaining to Samoa**. Filipino participants shared similar feedback for their own context. Service

*“A lot of people just don’t know where to go to find help from a lawyer or to get any type of legal assistance.”*

– Samoan senior

providers further underscored these sentiments. While they acknowledged that many agencies do provide legal and immigration assistance to older and disabled consumers, they noted a need for **service providers who are better equipped to offer support in Filipino and Pacific Islanders’ preferred language and with knowledge of immigration laws pertaining to their countries of origin**.

## Barriers to Accessing Services

Our conversations with Filipino and Pacific Islander communities also included discussion of barriers these consumers experience when they attempt to access services. Participants raised issues such as: **a lack of awareness of services, safety concerns, a need for more culturally- and linguistically-appropriate programs**, and others detailed below.

**LOCATION OF SERVICES:** Though San Francisco has a small geographic footprint, occupying only about 49 square miles, issues of geographic access to services still pose challenges for some communities. In our focus groups, service providers and other community members raised concerns about potential **misalignment between the location of disability and aging services and where many Filipinos and Pacific Islanders live**. Specifically, they

*“All of the organizations serving Filipinos are in SOMA, but many Filipinos live in neighborhoods like Parkside, Excelsior, Richmond, and Sunset. Many of them will not travel to SOMA to get services”*

– Filipino service provider

explained that while many culturally competent services for Filipinos are clustered in the South of Market (SOMA) area due to the historical presence of the Filipino community there, Filipinos are nowadays more spread out across several neighborhoods throughout the city. **The lack of geographic proximity to services for Filipino residents, especially those living in the southern and western neighborhoods of San Francisco,**

**poses a barrier to accessing services.** This barrier can be particularly discouraging for persons with **mobility challenges** or **those without adequate access to transportation.**

**AWARENESS OF SERVICES:** Our focus groups and interviews consistently touched on the lack of awareness of services among Filipino and Pacific Islander communities. Participants believed many community members do **not participate in DAS and other services because they are simply unaware of the resources available to them.** One professional stated, *“It’s hard to know what DAS is doing and not doing.”* Both Filipino and Samoan consumers expressed either **no knowledge or limited knowledge of DAS services.**

**SAFETY:** Safety has taken center stage for many Asian and Pacific Islander communities during the COVID-19 pandemic, in the wake of several incidents of hate violence against API individuals, including seniors in San Francisco. Our participants shared that **these acts of violence have contributed to fear** among Filipino and Samoan older and disabled adults **about leaving their homes and traveling to access services, especially via public transportation.**

Professionals expressed concern that *“many of the safety and escort services available are tailored for Chinese seniors, and Pacific Islander seniors do not feel comfortable accessing their services.”* They noted that this feeling of discomfort was a particular barrier for many Filipino seniors who speak Tagalog, and find that **available escort services are rarely accessible to Tagalog speakers.**

*“A lot of AAPI (Asian American and Pacific Islander) programs are not Filipino specific. Many seniors have an affinity to see services that are focused on the Filipino community”*

– Filipino service provider

**TECHNOLOGY ACCESS AND SUPPORT:** Technology is often an important resource in itself for older people and adults with disabilities; it also commonly presents a barrier to accessing services. Specifically, Samoan and Filipino consumers shared that **lack of access to Wi-Fi, mobile devices, and other technologies** makes it hard for them to participate in DAS services. Samoan participants expressed a desire both for **more access to mobile technologies with Internet connectivity** and **education on how to properly use the devices.** Professionals serving these populations **emphasized the importance of addressing technology barriers now**, as many services have transitioned to virtual platforms due to the pandemic and may not return to in-person services in the near future. They noted a need for **ongoing user training and support** to help seniors and adults with disabilities stay connected despite the constantly evolving landscape of new mobile devices, software, etc.

**LANGUAGE SUPPORT AND CULTURAL COMPETENCY:** People are more likely to access services where they feel comfortable and accepted — where they can speak their preferred language and meet their cultural needs. Some of the Filipino seniors we heard from shared their concern that **language barriers and lack of cultural competency discourages some members of their community from participating in DAS services.** One said, *“The Filipino community is more comfortable getting the information they need if they get it from someone they can relate to culturally and linguistically”.* Professionals serving this community echoed these sentiments, specifically highlighting their **concern that DAS may not have enough Tagalog-speaking staff** to provide adequate language support to Tagalog-speaking clients. Similarly, Samoan participants shared that **older Samoans with limited English proficiency are unlikely to participate in services because information about how to enroll in services and services themselves are rarely offered in Samoan.**

## Service System Infrastructure and Partnerships

Service providers and other community professionals also offered feedback during our focus groups about **system-level infrastructure and partnerships that shape Filipino and Pacific Islander engagement** in services, like **the visibility of the Department** in the community, **cultural resonance of services** across the DAS network, and **cross-agency collaboration**.

**DAS VISIBILITY AND OUTREACH:** Professionals serving Filipino and Pacific Islander communities observed that it's not just consumers who have little knowledge of DAS services, but also **service providers and other trusted community touchpoints** as well. They noted that DAS can increase its reach into Filipino and Pacific Islander communities by **better leveraging these touchpoints to disseminate information and promote resource connection**. Service providers suggested that we **coordinate outreach with leading agencies** in the community, pointing to the example of our success partnering with the Samoan Community Development Center to host and facilitate conversations with members of the Samoan community. They also recommended **collaborations outside the disability and aging services network, such as with faith community leaders** who can use their platforms and positions of trust to raise awareness of services among their congregations. Notably, participants observed that one of the simplest ways to improve engagement is to **ensure translated materials about DAS services are available to Filipinos and Pacific Islanders at neighborhood hubs and online**, so that consumers feel welcome to participate.

**STAFF CAPACITY FOR LANGUAGE SUPPORT AND CULTURAL COMPETENCY:** Participants repeatedly raised concerns about **ensuring that Filipino, Samoan, and other Pacific Islander consumers have access to linguistically-and culturally-appropriate services**.

*"There is a lot of shame in the Filipino community, rather than acknowledging systemic failures that may have led to certain outcomes. Organizations play an important role that in creating a dialogue that moves away from shame"*

– Filipino Service Provider

Specifically, service providers suggested that DAS reexamine linguistic need and staff capacity to serve Tagalog and Samoan speakers in our direct service programs. They also recommended that the Department **partner more often with community organizations who have cultural expertise** in serving Filipino and Pacific Islander populations, so that we can build more **inclusive environments across our network** where members of these communities feel welcomed and are more likely to participate in services.

**INTERAGENCY COORDINATION AND INFORMATION-SHARING:** In our conversations with service providers and other professionals, participants shared feedback that our network of services for older adults and adults with disabilities can be **strengthened through greater interagency coordination and information-sharing**. This collaborative approach would allow DAS and community partners to better **identify emerging needs as they develop**, and to **coordinate strategies to address needs** specific to Filipino and Pacific Islander communities in a timelier manner. Professionals suggested strategies like **scheduling check-ins or community meetings on a recurring basis** to serve as standing touchpoints that help **facilitate better communication and awareness** between DAS and these communities.

## Summary of Findings: Latinx/Hispanic Population

San Francisco's Latinx/Hispanic population represents just over 15% of the City's total population, and about **11% (25,600 individuals) of the city's older adults and adults with disabilities**. Most Latinx/Hispanic seniors and disabled adults **speak Spanish as their primary language—about 19,300 or 75%**. While many of these individuals live in the **Mission District**, which has historically been recognized as San Francisco's Latinx/Hispanic cultural hub, Latinx/Hispanic residents live throughout San Francisco in neighborhoods such as the **Tenderloin, Excelsior, and Bayview/Hunters Point**. Latinx/Hispanic seniors and adults with disabilities experience **slightly higher levels of poverty** when compared to the overall population: 39% have a household income below 200% of the federal poverty threshold as compared to 32% of seniors and adults with disabilities citywide.

### DAS SERVICES

In partnership with **community-based organizations**, **DAS provides services to about 2,800 (12%) of Latinx/Hispanic seniors and adults with disabilities**. The programs these individuals most commonly access include food support programs and community service centers. **DAS also facilitates In-Home Supportive Services for 2,129 Latinx/Hispanic older adults and persons with disabilities**, ensuring clients can receive the personal care support they need to remain safely at home in the community.

### DAS Services Most Frequently Accessed by Latinx/Hispanic Clients

Service	# Clients
Community Partnerships	2,847
<i>Food Programs</i>	1,969
<i>Community Centers</i>	1,383
<i>SF Connected tech labs</i>	116
<i>Intergenerational Programs</i>	96
In-Home Supportive Services	2,129

### PROJECT PARTICIPANTS

We facilitated **three focus groups and five individual interviews** with Latinx/Hispanic community members, as well as service providers and DAS staff serving this population.

#### Consumer Participants

We **spoke with 7 Latinx/Hispanic consumers**. All participants were over age 65. Two participants **identified having a mobility-related disability**.

Most commonly, they resided in the **Mission** or southeast neighborhoods.

All participants expressed a **preference to speak Spanish and all discussions were held in Spanish**. Participants **identified their distinct ethnic backgrounds** including El Salvadorian, Mexican, and Peruvian.

#### Professional Participants

Nine **professionals who serve the Latinx/Hispanic community participated** in this project.

They provide a **variety of services** including immigration and legal support, case management, (IHSS), community services, and food support.

**All participants self-identified as Latinx/Hispanic**.

These focus groups and interviews were facilitated in English.

## Consumer Service Needs

Across our conversations with the Latinx/Hispanic community, **participants shared some positive experiences with disability and aging services**, but also highlighted many persistent needs they still face. These needs — described below — included issues like **technology**, access to affordable **housing, transportation**, and **mental health** and wellbeing.

**TECHNOLOGY ACCESS AND SUPPORT:** Technology is an important resource for many older people and adults with disabilities to **stay connected with their loved ones and engaged with the community**. Latinx/Hispanic consumers and service providers alike explained that their community **needs greater access to technological tools like Wi-Fi, tablets and videoconferencing software**. Seniors shared that their technology needs existed prior to the COVID-19 pandemic, but felt that their **need has become more pressing, as many services have moved to virtual platforms**. Professionals also shared that technology training and ongoing support is often as important as access to devices: *“Seniors not only need access to these technologies, but also **need training and ongoing support** on how to use them to access services.”*

*“With COVID-19, a lot of services have moved online, and many seniors are without access to Wi-Fi and don’t know how to use technology, so they go without accessing the services they need”*

– Latinx/Hispanic service provider

**AFFORDABLE AND ACCESSIBLE HOUSING:** As for many older people and adults with disabilities, access to **affordable and accessible housing is a critical need** among the Latinx/Hispanic community. One service provider stated, *“Many Latinx residents cannot afford the \$1,500 rent, which is really the minimum apartments require, and the [number of] 30% of AMI (Area Median Income) homes listed in the San Francisco Housing Portal are not nearly enough to meet demand.”* Although many communities throughout the city are affected by the lack of affordable housing, the Latinx/Hispanic community members we spoke with felt that **their community is hit especially hard by this limited housing stock because they tend to work in more low-wage jobs** in the hospitality and service sectors. Additionally, participants pointed out the need to **expand housing resources for consumers who are not homeless**. They explained that many Latinx/Hispanic individuals and families are ‘underhoused,’ living in cramped or unsafe conditions, but **rarely qualify for emergency housing support or other resources** because they technically have a roof over their heads.

**ACCESS TO TRANSPORTATION:** Access to safe, affordable, and reliable transportation is crucial for seniors and disabled adults to remain active and connected with their

*“Transportation has been especially bad during the pandemic. It has been hard because if I can’t get to my Dr. Appointments, I can’t get any of the support I need.”*

– Latinx/Hispanic senior

communities. The Latinx/Hispanic seniors we interviewed called for **more transportation options that are safe and affordable**. They viewed **access to transportation as essential** to their daily lives, allowing them to meet basic needs such as attending medical appointments, picking up prescriptions, and grocery shopping. Participants explained that the need for safe and reliable transportation has increased over the past several months **due to disruptions in Muni and other transit services during the pandemic**.

**SOCIAL ISOLATION AND MENTAL HEALTH:** A long-standing area of concern for many older adults and people with disabilities, social isolation, loneliness, and mental health and wellbeing have become even more prominent issues for the Latinx/Hispanic community during the pandemic. Focus group and interview participants shared their worries that the **pandemic has worsened social isolation and depression among seniors** in their communities. Service providers emphasized, however, that there was a **preexisting need for culturally-competent mental health services**, which has only deepened during the pandemic and **increased the sense of urgency** related to meeting mental health needs. One stated, *“Since the pandemic, I think our seniors are getting depressed, and we need to speed up our services for them. I feel like with mental health, we need to wake up, because I feel like we are going backwards.”*

Participants also acknowledged the **importance of having spaces, like community centers**, where Latinx/Hispanic seniors and disabled adults **can socialize and be active**. But they felt that, **to really combat social isolation, we need to support people to get out into the community**, where they can have meaningful social experiences at our city’s many public parks and cultural venues. As one senior shared, *“I wish there were more opportunities to engage in activities to combat social isolation, such as getting out with peers to go on excursions to city parks or beaches.”*

## Barriers to Accessing Services

Our conversations with the Latinx/Hispanic community also touched on common barriers consumers experience when trying to access services, and can sometimes discourage participation. Community members raised issues such as: **a lack of adequate Spanish-language support, mistrust of government**, and **challenges navigating bureaucratic processes**, among other issues described in more detail below.

**LIMITED SPANISH-LANGUAGE SUPPORT:** The majority of older and disabled Latinx/Hispanic San Franciscans primarily speak Spanish; services for these groups are often most effective, then, when they are available in Spanish. However, our focus group and interview participants shared that they often encounter **poor-quality Spanish translations and limited bilingual staffing** when trying to access services. They observed that insufficient language support creates confusion for Spanish speakers about program application requirements or eligibility, even for consumers who speak some English. A professional explained, *“It’s challenging for Spanish speakers that speak some English. They will try to speak English because they are proud, but communicating their needs becomes that much harder. **The language barrier can result in miscommunication and an adversarial relationship** between client and staff.”* While service providers acknowledged that resources like the Language Line and translated materials are helpful in some instances, they noted that **these supports are not a substitute for maintaining adequate in-person and phone staffing** to meet the cultural and linguistic needs of the Latinx/Hispanic community.

**MISTRUST OF GOVERNMENT:** Throughout our conversations, participants expressed that **mistrust of government is pervasive** among Latinx/Hispanic seniors and adults with disabilities. In particular, they highlighted **widespread fears in the community that enrolling in services will negatively impact their immigration status**, or that of a family member, making people less likely to participate in DAS services. Service providers and other community stakeholders pointed out that although the **2019 Public Charge Rule**, which

penalized certain immigrants for enrolling in public benefits, is no longer in effect, its existence **created lasting fear and confusion among the Latinx/Hispanic immigrant community** about the risks of applying for government assistance. As a result, a lot of **work remains to be done to re-establish trust with the Latinx/Hispanic community** and help them accurately understand any implications associated with applying for public assistance or other forms of support.

*“Some of the seniors I have spoken with are afraid that if they seek out services they will not be able to obtain citizenship.”*

– Professional serving the Latinx/Hispanic community

**AWARENESS OF SERVICES:** Across all focus groups and interviews, **awareness of the available resources and how to access them was the most consistent barrier highlighted** as impacting service connection. The Latinx/Hispanic consumers we spoke with had **little knowledge of DAS services, or even the Department itself**. In fact, after the discussion facilitator explained our services to participants, one senior asked, *“Is DAS something new, or has it existed for a while? I have never heard of it.”* Service providers echoed the sentiments shared by these community members, observing that *“the challenge is, how do we educate seniors to really understand what is available to them in the community”*. Participants offered many suggestions about how DAS could improve its visibility in the Latinx/Hispanic community, including **boosting the Department’s presence at community centers** primarily serving this population, **connecting with faith based organizations**, and **leveraging Spanish-language media outlets** to get the word out.

**NEGATIVE INTERACTIONS WITH SERVICE PROVIDER STAFF:** In addition to the more specific barriers they described, focus group and interview participants also shared experiences that reflect their **concerns about the general quality of the consumer-staff interactions in**

*“An example would be emulate the type of customer service that 4 star hotels offer. Ideally it would be like that, so clients feel comfortable and welcome to ask for help”*

– Latinx/Hispanic senior

**disability and aging services** for Latinx/Hispanic consumers, noting that **negative experiences can have an outsized adverse impact on their continued engagement**. While some consumers recounted **positive experiences with Department staff and community-based services providers**, others shared examples of experiences where poor interactions with staff made them less likely to seek services in the future. One client stated, *“Staff need to be mindful of their tone and how approachable they are when people are asking for help.”*

**COMPLICATED OR CONFUSING SERVICE ENROLLMENT PROCESSES:** Government bureaucracy is difficult to navigate for many consumers, and can make it hard to connect with needed resources. As Latinx/Hispanic community members shared, **application processes to receive public benefits are too complex, and often have too many steps**. These processes can be even **more cumbersome for clients whose primary language is not English**, and therefore need translated information and/or materials. One Spanish-speaking client described the application process for Medicare as costing her in time and effort — in her own words, *“me costo.”* Another participant described her difficulty applying for CalFresh: *“The verifications required were excessive, and the process was long and challenging.”* Consumers wanted DAS to understand that although though many clients may need public assistance, **our first step should be to ensure they have adequate support to complete program applications**, so they can actually get connected to these needed supports.

## Service System Infrastructure and Partnerships

Service providers and other community professionals also offered feedback during our focus groups about **system-level issues affecting DAS service engagement among Latinx/Hispanic communities**, like **citywide access to DAS services**, the **visibility of the Department** in the community, and the **cultural resonance of services** network-wide.

**CITYWIDE ACCESS TO SERVICES:** Service providers and other community stakeholders underscored several areas in which **Latinx/Hispanic residents need more support to increase their access to and engagement with existing services**. They suggested the Department develop systems-level strategies for **bolstering transportation and technology access to facilitate increased service linkages** in the Latinx/Hispanic community. They also emphasized the need to **streamline application materials** and **provide consumers with more support to enroll in public benefits programs and other resources**.

**DAS VISIBILITY AND OUTREACH:** Across our focus groups, participants observed that **there is little knowledge of DAS or the services** available to Latinx/Hispanic older people and adults with disabilities. Professionals suggested that DAS can **increase the Department's visibility** in the Latinx/Hispanic community and **boost service participation** by **conducting targeted outreach to these consumers via Spanish-language media**, such as television and radio. They also recommended that DAS **share program updates more regularly** and **coordinate outreach activities with trusted organizations** already connected closely with the Latinx/Hispanic community. They offered these strategies as ways to **leverage trusted community touchpoints** and **build greater trust and rapport** with Latinx/Hispanic consumers, and thereby **increase service awareness and connection**.

**STAFF CAPACITY FOR CULTURAL COMPTENCY:** Service providers shared considerable feedback about ways to build staff capacity for delivering culturally-competent services to Latinx/Hispanic adults with disabilities and seniors throughout our service network. Specifically, they noted the **need to train professional staff to better recognize language need among clients with limited English proficiency**. They also recommended that the Department **review Spanish-speaking staff capacity** in our direct and community-based services **to ensure that we have enough capacity to meet language needs**. Community professionals also highlighted the **need for greater engagement with Latinx/Hispanic community stakeholders** to ensure adequate feedback loops that help to **build staff understanding and empathy about the specific cultural needs of this population**. They emphasized the need for providers throughout the disability and aging services network to understand that many Latinx/Hispanic seniors and people with disabilities are often afraid to seek help, and that **even a single negative interaction with staff can make them feel unwelcome and unlikely to seek needed support in the future**.



# Summary of Findings: LGBTQ+ People of Color

**Summarizing population-level trends among older adults and adults with disabilities who identify as LGBTQ+ can be challenging** because Citywide population data capturing sexual orientation and gender identity information remains limited. This data is not collected in the US Census or other reliable population data sources. Although we should rely on this source with considerable caution due to its small sample size and representative skew, the San Francisco biennial City Survey may lend some insight into this population. The survey estimates that **approximately 17,400 individuals or 11% of the City’s senior population identifies as LGBTQ+**. According to survey findings, these individuals tend to live in the Castro, Noe Valley, and Twin Peaks neighborhoods, as well as the greater Downtown area, including the Civic Center and Tenderloin.

## DAS SERVICES

**DAS serves about one in ten of the city’s LGBTQ+ older and disabled adults through its partnerships with community-based organizations.** Of these 1,950 clients, most participated in food programs. About 740 visited community centers, and 170 accessed specialized LGBTQ+ care navigation services. **DAS also facilitates home care services for approximately 725 LGBTQ+ individuals** through its In-Home Supportive Services program for Medi-Cal clients.

### DAS Services Most Frequently Accessed by LGBTQ+ Clients

Service	# All Clients	# BIPOC Clients
Community Partnerships	1,949	614
<i>Food Supports</i>	1,103	407
<i>Community Centers</i>	737	207
<i>LGBT Care Navigation</i>	173	45
<i>Housing Subsidy</i>	97	28
In-Home Supportive Services	725	289

## PROJECT PARTICIPANTS

Varied stakeholder perspectives about the needs and experiences of San Francisco’s LGBTQ+ communities of color inform the findings in this report. DAS captured their feedback across four virtual focus groups and seven individual stakeholder interviews.

### Consumer Participants

We spoke with **14 LGBTQ+ consumers**. **Most (12) were older adults**, and **over half (8) identified as having a disability**. Participants represented a **variety of ethnic backgrounds**: Latinx/Hispanic (6), Asian/Pacific Islander (4), Black/African American (3), and Indigenous (1). Two participants **spoke a language other than English**. Three were **transgender**. Most participants (9) lived in the **Downtown area**, including the **Civic Center, Tenderloin** and **South of Market** neighborhoods. Others were located throughout the city.

### Providers & Other Professionals

We spoke with **6 service providers and other community stakeholders** in agencies and roles primarily focused on LGBTQ+ communities:

- **Four participants** from across the **disability and aging service network**
- **Two City staff** who work closely with **transgender and gender non-conforming** populations

Most professional participants identified as queer and/or transgender, as people of color, or both.

## Consumer Service Needs

Focus group and interview participants shared feedback capturing a range of experiences with DAS services. Consumers highlighted **positive experiences accessing services like community centers and housing subsidies**, which they described as essential in meeting the daily needs of LGBTQ+ older and disabled adults of color. Participants also shared how their **resilient queer and transgender communities** address unmet needs through a spirit of self-advocacy and care for one another, **calling upon the Department to help fill gaps in access to housing, identity-affirming long-term care, mental health, and social inclusion**. These service needs are described in more detail below.

**SAFE AND AFFORDABLE HOUSING:** As for many San Franciscans, **the need for safe and affordable housing is a central area of concern** for LGBTQ+ identifying seniors and people with disabilities of color. Moreover, **housing need among these populations is often compounded by their existence at the intersection of multiple dimensions of marginality** — age, disability, race, gender identity, sexual orientation, and so on. Queer- and transgender-identifying people of color are more likely to be **economically precarious** and **experience homelessness or housing insecurity** than their older and disabled peers. They are also more likely to **seeking housing to escape violence**, including gender-based violence. Further, these individuals may face **unique barriers to housing access and participation in services**, including identification requirements that would out them as transgender or gender non-conforming; microaggressions by housing providers who do not use identity-affirming practices; or fear that they may not be safe living among other residents who do not share their identities. Focus group and interview participants expressed a need for **more culturally appropriate housing services**, with a focus on **housing settings and service delivery models that prioritize LGBTQ+ safety**.

*“My trans sisters and brothers are in desperate need for housing... Trans people come [to San Francisco] from all over the country for many reasons, including fleeing from abuse.”*

– Transgender Senior

**IDENTITY-AFFIRMING LONG-TERM CARE:** In-home support and other **long-term care services are essential to many LGBTQ+ seniors and people with disabilities**. As one lesbian-identifying senior consumer explained, **older queer and transgender consumers often lack the informal supports for aging in place** that are typically available to their peers. Some no longer have ties to their families of origin, having faced discrimination upon coming out. Many are childless, whether by choice or due to systematic exclusion from adoption, surrogacy, IVF, or other alternatives to conventional childbearing. Others have lost members of their chosen family as a result of the AIDS epidemic or the vagaries of aging. So, instead of relying on trusted members of their social network, these **individuals must often accept assistance from caregivers who are unknown to them** to address deeply personal care needs and to help them when they are at their most vulnerable. Participants emphasized that, under these circumstances, LGBTQ+ older and disabled adults need **culturally appropriate** and **identity-affirming care support** so that they can **feel safe and accepted** when receiving this kind of intimate care, often in their own homes.

**INCLUSIVE MENTAL HEALTH SERVICES:** Participants repeatedly expressed a **need for greater access to robust, inclusive mental health services** for LGBTQ+ older people and people with disabilities, stressing that **mental health needs tend to be disproportionately**

*“About 60% [of LGBTQ+ needs assessment survey respondents] had ‘very increased’ or ‘extremely increased’ mental health challenges during COVID-19.”*

– Transgender advocate

**high among transgender and queer people of color**, and that needs felt even more urgent due to the **compounded stresses of the COVID-19 pandemic**. Consumers shared that services must be **tailored to their unique and intersectional identities**, noting that they experience conditions like depression, anxiety, and trauma filtered through the prism of their lived experience at the intersection of identities like age, disability, sexual orientation, gender identity, race, and more. One provider praised the **City’s new COVID-19**

**mental health telecare pilot for LGBTQ+ older adults and HIV survivors aged 50 and older** as an example of inclusive programming, and welcomed greater investment in this area.

**SOCIAL ENGAGEMENT AND INCLUSION:** When asked to consider the unmet needs of older and disabled LGBTQ+ communities of color, focus group and interview participants naturally focused on issues related to survival, like food, shelter, and safety. But they also emphasized **needs related to social engagement and inclusion**. One transgender advocate explained how important services that promote social connection can be to the community, commenting that **not everything about services has to be “clinical and institutional.”** She and other participants called for **“more social and fun opportunities” to bring queer and transgender people together**. They shared examples of services like pop-up clothing boutiques, intergenerational meal programming associated with queer cultural events like San Francisco Pride, and LGBTQ+ movie nights, to show how we can **build social connection** among queer and transgender seniors and people with disabilities, and even **offer a less intimidating entrypoint for broader service navigation and engagement**. LGBTQ+ consumers echoed this desire for engaging social programming; many **recommended we resume regular field trips** to art museums, public parks, and cultural sites (suspended temporarily during the pandemic) to **help them get out of their homes and neighborhoods** and **feel more like a part of the broader San Francisco community**.

*“[Clients] love activities: trips to Muir Woods, trips to Alcatraz... [They] get so excited, you can see their anticipation to get out of the neighborhood. It’s good for everybody, especially for folks who don’t have the means, like transportation or money for tickets, to get out.”*

– DAS service provider

## Barriers to Accessing Services

While they **described many positive experiences engaging with DAS** and other supportive services throughout the city, participants also detailed the **barriers to access that LGBTQ+ seniors and disabled adults of color often face**. These barriers — described below — included issues common to many populations, like a **lack of awareness of services**, as well concerns that are more specific to queer and transgender communities of color, such as **culturally appropriate services for intersectional identities** and **mistrust of government**.

**AWARENESS OF SERVICES AND HOW TO ACCESS THEM:** Throughout our conversations, LGBTQ+ consumers of color expressed a **desire to better understand the array of services available to them**, and shared the **frustrations they’ve often experienced trying to navigate services and get help**. One senior identifying as gay said, *“I didn’t know how to find DAS. Especially if people come from overseas, people don’t know where or what to access,”*

noting his particular challenges getting connected as a recent immigrant. Another gay senior shared, *“I’m not one to be asking. I get desperate, I get frustrated and mad,”* describing how tough it was for him to make himself vulnerable enough to ask for help, and how it felt to be unsuccessful in getting the help he sought. Professional staff, including DAS providers, also expressed **concern about their lack of awareness of services, emphasizing their important role as trusted points of access** to broader service connections.

**INTERSECTIONAL AND CULTURALLY APPROPRIATE SERVICES:** Our **clients are complex and varied individuals, living at the intersection of many identities**, including age, race, gender identity, and more. Consumers described that they **sometimes feel excluded or unable to be fully themselves when seeking support, which can be extremely discouraging**. A senior identifying as gay and as an HIV long-term survivor shared a poignant

*“The stress of being in the closet will kill you. Your closet is for clothes and shoes.”*

– Transgender senior

example of this barrier from his experience trying to access inclusive services at the intersection of queerness and aging: *“Senior services seem to be very conservative and structured. We need to open up these barriers. **We don’t want to go back to the closet once again…** We want to be accepted and there is stigma… HIV organizations haven’t adapted to the demographic shifts, people with HIV over 50… We need to adapt more, **if our own LGBTQ+ agencies are not there for***

***our elders, then we still don’t know how we fit into regular senior services.** How do we even grow older with these organizations with dignity?”*

In addition, focus group and interview participants shared a **concern about the inclusion of transgender, gender nonbinary, lesbian, and femme individuals**, explaining that most services for LGBTQ+ seniors and people with disabilities felt geared towards — and consequently accessed — by cisgender gay men. The called for more **tailored programs for transgender consumers**, and services that were **more inclusive of all LGBTQ+ identities**. Participants also shared more general concerns, common to many communities of color, about the need for services that **are culturally resonant for racially and linguistically diverse clients**.

*“Sometimes women do not participate [in our LGBTQ+ discussion group] because there are more men in these groups… It feels uncomfortable when men are overpowering the group.”*

– Transgender senior

**TECHNOLOGY:** Access to technological tools has never been more important. As the COVID-19 pandemic has underscored, older and disabled adults, low-income people, communities of color, and queer and transgender communities **need these tools to participate fully in their communities and to get and stay connected to services**, which have begun to rely increasingly on virtual formats even prior to the coronavirus outbreak. One gay senior summarized his experience of this digital divide: *“A computer is too expensive. Paying the WiFi with my income is too low. And learning is difficult,”* highlighting common factors shaping technological barriers to access for many older and disabled adults: a **lack of access to hardware** like a computer, **challenges with Internet connectivity**, and the **difficulty of learning how to use digital tools**, which are constantly changing.

**MISTRUST OF GOVERNMENT:** **Queer and transgender communities, particularly those of color, have been systematically marginalized and excluded by the government.** Impeded by discriminatory policies and inequitable practices even through the present day, these communities are often prevented from achieving their full social, economic, and political

*"[Think about] historic government and systems, and who they've been built to serve — cisgender and white folks. The more trans and gender non-conforming folks are, the more Black they are, the less they work. And the trust isn't there.... We need to take a hard look at the system and who it's working for."*

– DAS service provider

potential. As our participants shared with us, **many LGBTQ+ older people from varied backgrounds — the current generation being the first to age out of the closet — carry traumas associated with these experiences** of exclusion. Their **mistrust runs deep and is often difficult to unlearn**. It continues to shape their engagement with public services: these consumers are often **hesitant to seek help, especially directly from government agencies** like DAS, and can **be easily discouraged when they encounter roadblocks** that reinforce their feelings of exclusion. One transgender advocate shared, *"So many trans folks of color feel turned away. [If a] service is at capacity, I'm not going to keep trying or reaching out if I keep getting denied."* Some consumers also pointed

out how **government bureaucracy compounded their mistrust**, citing complicated application processes, repetitive data collection, unpredictable wait times, and other burdens that **undermined their confidence that the system would serve them well**.

## System Infrastructure and Partnerships

Service providers also shared insights about **system-level issues that shape engagement of queer and transgender communities of color** in DAS services. These issues include **support for LGBTQ+ cultural competency** and **awareness of services among LGBTQ+ providers**.

**INFRASTRUCTURE SUPPORT FOR LGBTQ+ CULTURAL COMPETENCY:** DAS service providers and other community professionals had extensive discussion about ways to **ensure they are able to serve diverse LGBTQ+ seniors and people with disabilities effectively**. They shared examples of services they regarded as highly successful — such as our transgender and gender non-conforming services pilot programs — and suggested that we **reinforce or expand successful service models** with additional grant funds. They also encouraged the Department to **promote interagency collaboration** and **cross-training between organizations with varied cultural expertise** to ensure that agencies focused primarily on disability and aging are adequately equipped to serve LGBTQ+ clients, and vice versa. Finally, participants highlighted **persistent infrastructural challenges facing LGBTQ+ serving organizations** (especially those focused on communities of color), like competing for City grants or recruiting and retaining staff. They called for more City funding and other forms of support to **ensure providers with lived experience and cultural values resonant to LGBTQ+ clients are well-represented** in the disability and aging service network.

**AWARENESS OF SERVICES AMONG LGBTQ+ PROVIDERS:** Community professionals and DAS service providers acknowledged the important role they play as **trusted access points in the community for LGBTQ+ older and disabled adults to learn about services and get connected to them**. They noted a need for ongoing training on our resource network, particularly in light of issues like staff turnover, the constantly evolving landscape of available services, and the need to tailor service navigation support to a client's unique needs. One DAS service provider said, *"I'm still learning all its resources. I find myself not knowing where to refer people, especially people of color. I don't [yet] have a preferred set of reliable resources."* Professionals also suggested the Department maintain an up-to-date **centralized resource guide** to support public awareness of services and providers' ability to assist clients.