



Center for Aging in
Diverse Communities



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The Impact of COVID-19: Multiethnic Older Adults and the Community-Based Organizations Serving Them

POLICY IMPLICATIONS

MARCH 2021



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The Impact of COVID-19:

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POLICY IMPLICATIONS

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UCSF Center for Aging in Diverse Communities

The Center for Aging in Diverse Communities (CADC) at the University of California San Francisco is dedicated to understanding and reducing health disparities among older racial/ethnic and sexual & gender minority (SGM) populations. We train and mentor talented, underrepresented junior investigators to develop independent research careers focused on health disparities and aging issues. CADC is unique. We combine the broad diversity of the San Francisco Bay Area; top-notch underrepresented investigators

who represent that diversity and are building research careers in aging health disparities; a multidisciplinary environment with clinical, community, socio-behavioral, epidemiological, qualitative and quantitative scientists providing mentoring and training; and our community partners through our community advisory board. CADC is a Resource Center on Minority Aging Research, supported by the National Institute of Aging of the National Institutes of Health under award number P30AG015272.

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EXECUTIVE SUMMARY

Motivation for This Report

The COVID-19 pandemic has affected disproportionately the health and well-being of older adults, particularly minorities and those who are economically disadvantaged. Community-Based Organizations (CBOs) are trusted sources for older adults in the community seeking basic resources, information and social interactions.

On March 16, 2020, six San Francisco Bay Area counties, including San Francisco, issued coordinated shelter-in-place orders in response to the COVID-19 pandemic. These shelter-in-place orders sought to prevent the spread of COVID-19 by asking all people to remain indoors, and by allowing only “essential” business to continue.

CBOs responded accordingly and shifted their staff and services away from in-person towards home delivery and remote outreach in an effort to alleviate

the heavy burden of sheltering-in-place for older community members. In addition, because older adults were at the highest risk for severe illness, complications, hospitalization, and death from COVID-19, the CBOs had to expand their services to include provision of protective supplies as well as assist with increased access to remote medical care.

In the Fall of 2020, the University of California San Francisco’s (UCSF) Center for Aging in Diverse Communities (CADC) conducted qualitative interviews with CBO leaders serving diverse communities in San Francisco. The goal of these interviews was to understand further the challenges and needs that CBOs and their client populations have faced during the COVID-19 pandemic, and to identify ways to support CBOs and older, community-dwelling adults during and after the pandemic.

Stakeholders

From September to October of 2020, we conducted qualitative, semi-structured interviews with the leaders of five community-based organizations (CBOs) that serve ethnically-diverse, multilingual, and low-income older adults.



Chinese Community Health Resource Center
華人社區健康資源中心

- Chinese Community Health Resource Center
www.cchrchealth.org



I.T. BOOKMAN COMMUNITY CENTER
SOUTHWEST COMMUNITY CORPORATION

- Southwest Community Corporation @ I.T. Bookman Community Center
www.itbookmancenter.org



MISSION NEIGHBORHOOD CENTERS, INC.

- Mission Neighborhood Centers, Inc.
www.mncsf.org

HEALTHY AGING & DISABILITY SERVICES



on LOK
where seniors embrace life

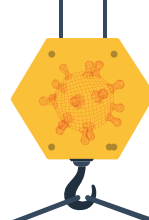
- On Lok
www.onlok.org



Self-Help for the Elderly
安老自助處

- Self-Help for the Elderly
www.selfhelpelderly.org

EXECUTIVE SUMMARY



Findings and Recommendations

The COVID-19 pandemic and need to shelter-in-place magnified existing inequities for older adults in the community. Community-based organizations have stepped up to help during this crisis, but these inequities will persist unless we actively address them together.

What can we do?

We can start with the following:

SHELTER-IN-PLACE FOOD INSECURITY LIMITED MOBILITY SOCIAL ISOLATION HEALTH CHALLENGES



OVERCOME THE DIGITAL DIVIDE

1. Provide universal internet access
2. Fund community-based technology training and ongoing support
3. Leverage public-private partnerships for device provision



INCREASE FOOD SECURITY

1. Fund food delivery in addition to congregate meals
2. Ensure equitable distribution of resources across neighborhoods
3. Provide transportation alternatives for older adults living in the community



DECREASE SOCIAL ISOLATION & ADDRESS MENTAL HEALTH NEEDS

1. Increase culturally and linguistically accessible mental health services for older adults
2. Fund CBO delivery of social work and case management services
3. Support community-based programs for older adults with cognitive decline



PROMOTE DISASTER PREPAREDNESS & COMMUNITY PARTNERSHIPS

1. Fund a disaster community preparedness program centered on equity
2. During a crisis, streamline CBO access to new funding to address new needs
3. Enact policies to empower governmental departments to increase response times during a crisis

EXECUTIVE SUMMARY

The Way Forward

Our minority elders are resilient. The community organizations serving them are effective and resourceful. Nonetheless, the disparities and needs remain and will persist even after the pandemic has receded. The interventions that will help to address these challenges are:

- Universal broadband and technology support
- Food delivery and alternative transportation services for those with low mobility
- Culturally, linguistically, and financially accessible mental health services specifically for older adults
- A disaster preparedness program focused on equity

It is a critical and opportune time for government agencies, the private sector, and philanthropic organizations to join together in partnership with community-based organizations to innovate and lead us forward into an equitable future in which we ensure the well-being of all older adults living in our community.

“We still need to maintain our delivery service because that was a problem pre-pandemic. It was just exposed during the pandemic, and it’s not going to go away when the pandemic ends... [They’ll still need to] get necessary items, fresh produce, dairy because we don’t have a grocery store in our community.”

— Executive Director
Southwest Community Corporation
@ I.T. Bookman Community Center



“We actually envision that we will keep these remote services available, even after the pandemic, because I think there is a segment of seniors that will be aging and becoming more frail... Getting in and out of the house might be more of a risk for them falling.”

— Director of Programs & Administration
Self-Help for the Elderly

“[We need] support services for depression, isolation...because we are getting feedback from seniors, ‘I just feel lonely.’”

— Assistant Director of Operations
On Lok 30th Street Senior Center

KEY AREA:

Digital Divide



Overview

In response to the COVID-19 pandemic and the shelter-in-place mandate, CBOs quickly modified their in-person services including classes, wellness checks, and case management to remote outreach that relied on the use of technology. CBOs used online platforms to continue to deliver a diverse number of classes, provided devices and sometimes internet to allow clients access to their online services, and also expanded their educational materials on their websites. Technologic need was the most common barrier experienced by all CBOs and affected all aspects of the delivery of services and functioning of the organizations. In addition, access to these online services was unequal, as some older adults did not have access to internet, devices, or the skills to navigate the technology. As CBOs implemented solutions to help their clients overcome their technology barriers, it became evident that additional resources and policies at the local, state, and national level are needed to address the digital divide for older adults.

“Zoom was new for us, imagine [how it is] for the seniors. Pretty much they don’t know anything about it. So we came up with the idea to just lend them tablets and also with a special budget to provide some hotspots for them, and start [giving] technical support to them.”

— Program Manager
Healthy Aging & Disability Resources Program
Mission Neighborhood Centers

“The big one is the technology and the digital divide... How do we get technology services in every home in San Francisco? ...[T]hat would be very beneficial for all of us in the community-based world...”

— Assistant Director of Operations,
On Lok 30th Street Senior Center

CBO Challenges

- Lack of devices (laptop, tablet, smartphone) and email, especially affecting minority and monolingual older adults living alone
- Inconsistent or no access to internet/broadband among low resourced older adults
- Need for ongoing technology teaching and support for older adults and for CBO ability to provide both in-person and virtual programming in a future state

CBO Innovations

- Rapid adaptation and uptake of teleconferencing tools
- Provision of IT education and support for clients: tutorials, virtual volunteers, phone support, family assistance, and in-person computer labs when permitted
- Provision of devices via loan programs, and wifi via hotspots or referrals to programs providing free devices and/or internet access

POLICY RECOMMENDATIONS

1. Provide internet/wi-fi access for older adults and low-income families
2. Partner with and fund CBOs to provide devices, instructors, and trained volunteers at a central and/or individual agency level to support culturally, linguistic, and financially-accessible training, materials, and on-going technical support for older adults in community
3. Foster public-private partnerships with tech companies and other organizations to leverage technical resources and scale up local technical infrastructure

Food Insecurity



Overview

COVID-19 exposed and exacerbated older adults' food and housing needs. CBOs are instrumental in providing meals and food to older adults in their communities. Given COVID-19 restrictions, CBOs shifted from serving congregate meals and providing on-site food banks to home meal and food delivery services. Given the shelter-in-place orders, CBOs expanded meal deliveries to include essential items such as toiletries and COVID-19 prevention supplies (e.g., hand sanitizer, masks). The shift to delivery was most challenging for CBOs with no prior meal delivery infrastructure, requiring staff to prepare the meal deliveries as well as to use their own personal vehicles to deliver the meals. In addition, CBOs saw an increased need for their meal services as many older adult clients did not have access to a grocery store due to either transportation, financial resources, or the shelter-in-place order.

“In nutrition services...making sure that people in this city have access to food in some way, whether it's home-delivered meals, or food pantry, or different programs.”

— Assistant Director of Operations
On Lok 30th Street Senior Center

“[We] established a partnership with [rideshare company] to have some of those drivers that were not working to be able to help us deliver meals.”

— Director of Programs & Administration
Self-Help for the Elderly

“So, when the city gives the order to shelter in place, we bring the idea: ‘Okay, if the seniors cannot come to us, this is a time they need us more.’ We started planning to provide services at their home. Giving the meals, that's the main important thing. Giving meals.”

— Program Manager
Healthy Aging & Disability Resources Program
Mission Neighborhood Centers

CBO Challenges

- Changes in personnel including changing roles (e.g., packaging and delivering meals) and loss of volunteers
- Lack of existing food delivery infrastructure
- Lack of resources to fulfill client needs (e.g., funding, drivers, space for food programs) forcing some to prioritize only the most vulnerable and isolated older adults

CBO Innovations

- Providing a full week of frozen meals with each delivery to increase reach and adding food bank deliveries
- Combining meal delivery with other types of outreach such as wellness checks
- Shifting existing staffing to deliver meals; partnerships with private industry (e.g., car services) for meal delivery

POLICY RECOMMENDATIONS

1. Financial resources to support staffing and delivery infrastructure for meal and food delivery services for home-bound older adults in addition to traditional congregate meal provision
2. Review the local distribution of resources (e.g., food, transportation) by neighborhood to ensure equity across all older adult centers and communities
3. Provide transportation alternatives (e.g., free community shuttle) for older adults with limited mobility living in neighborhoods with fewer grocery stores and public transportation options

KEY AREA:

Social Isolation and Mental Health



Overview

The COVID-19 pandemic has had a profound effect on older adults. Those living alone have been particularly affected. For some, the public health measures instituted to limit the spread of COVID-19 resulted in cognitive and mental health deterioration due to isolation and loss of their community networks. Older adults also are more likely to have health needs that may require medication, physical assistance and regular physicians' visits which also have been impacted by the pandemic. CBOs have served as an effective social safety net, reducing isolation and promoting wellbeing.

"We have the opportunity to sign our seniors up for [food] delivery, and then we realized early on it was greater than just delivering them food, that when we were delivering them, we were able to ring the doorbell, they come to the door or the window, and we can put our eyes on our seniors."

— Executive Director
Southwest Community Corporation
@ I.T. Bookman Community Center

"Seniors...are a vulnerable population and must shelter in place and isolate. At the same time, the more we isolate this population, the worse it may be for other health issues. That's the challenge."

— Director of Programs & Administration
Self-Help for the Elderly

"And we are very well-aware of social isolation, depression that links to many, many poorly managed chronic diseases. So, as a resolution, we try to place calls to every patient in our system ... even if it's just to say hello ... the purpose is really to be there for the community because we are viewed as a trusted entity. We feel the responsibility to do that for our clients. These are our neighbors; these are our family."

— Executive Director
Chinese Community Health Resource Center

CBO Challenges

- CBOs lost in-person observations and conversations to assess for client health and mental health needs
- Older adults with cognitive decline who had thrived with in-person activity saw deterioration in cognitive function
- Older adults faced difficulties obtaining medications and with virtual visits with their medical services

CBO Innovations

- Shift to individual telephone phone check-ins for those without online capability to join CBO activities
- Paired wellness checks with meal delivery services as this was an opportunity to "have eyes on our older adults" and to extend the reach of their services to other older adults in need living nearby
- Provided technical assistance by arranging for pharmacy home delivery and connecting older adults with their health care systems

POLICY RECOMMENDATIONS

1. Increase culturally-, linguistically-, and financially-accessible mental health services for older adults who are at higher risk of depression and suicide due to social isolation
2. Provide resources for ancillary services such as social work and case management services delivered by CBOs who are already working with diverse older adults and trusted by their communities
3. Support community-based programs engaging diverse older adults with cognitive decline to maintain social connection and function

Disaster Preparedness & Community Partnerships

Overview

Unfortunately, the COVID-19 pandemic was not the only disaster of 2020; CBOs and their local communities across the San Francisco Bay Area also faced the largest wildfire season recorded in the state's history that led to a month of unhealthy air quality, power outages, as well as a record-breaking heat wave. These series of disasters left CBOs and the older adults they serve with increased needs. CBOs built on previous loose networks and partnerships to work with other community groups that could provide needed expertise (e.g., technology, rental assistance). As CBOs partnered to implement disaster preparedness solutions to help their clients, it became evident that disaster preparedness programs and policies at the local, state, and national level are essential in order to respond quickly and effectively to the next disaster.

"...we have really pooled together and created our community collaborative... and so now they come and they help volunteer, and I go there, and if I pick up PPE, I get it for everybody in the community, not just my agency... we're now partnering together on grants versus competing with one another."

— Executive Director
Southwest Community Corporation
@ I.T. Bookman Community Center

"... the conversation is new, the partnership is not. So we're finding ourselves reconnecting. 'Hey, we had this really good campaign or partnership way a couple years back, and what do you guys think about doing this now?' ...I think it's exciting to see how different institutions are supporting each other."

— Executive Director
Chinese Community Health Resource Center

CBO Challenges

- Multiple disasters in addition to the pandemic disproportionately impacted communities of color and compounded many older adults' precarious food, housing, health and mental health situations
- Limited time, staffing, and budget resources to plan, prepare, and respond to multiple disasters created urgent and growing needs in CBOs' client communities well beyond their usual provided services
- New or extended funding that was made available to address COVID-19 involved paperwork- and approval-heavy grant processes that CBOs, with small and already over-extended staff, could not surmount

CBO Innovations

- Collaboration with community partners that have needed expertise (e.g., technology, rental assistance, other CBOs serving different age groups in the same community)
- Partnerships with organizations and workers that have been negatively affected by the pandemic (e.g., ride-share company/drivers for food service delivery)
- Combining information delivery about their services with COVID-19 pop-up testing to extend reach to new populations

POLICY RECOMMENDATIONS

1. Fund a new disaster community preparedness program such that networks and programs that foster collaboration and build local and individual social cohesion are in place for all communities prior to a future disaster
2. In the midst of a disaster, allow CBOs with government funding both the necessary flexibility to reallocate existing funds, as well as streamlined consideration of new expenses, to meet urgent service needs and unanticipated new client populations
3. Enact policies to empower governmental departments to reduce approval processes to improve response times during a disaster or crisis

APPENDIX: CADC Community Advisory Board Members

■ **The Chinese Community Health Resource Center (CCHRC)** was established in 1989 as a private, non-profit community center. The Center's mission is to build a healthy community through culturally and linguistically competent preventive health, disease education and management, and research programs and advocacy.

Located in the Chinese Hospital and in the heart of San Francisco's Chinatown, CCHRC provides an array of services, including:

- Health forums to educate the Chinese community of disease trends and changes in health guidelines
- Community-specific health education classes on multiple health topics
- Cancer-related information and support
- Bilingual wellness library
- Patient navigation program

Most services are free of charge and open to the general public. CCHRC also reaches out to the community by conducting Chinese-language media campaigns, conducting health fairs, initiating and serving on coalitions to address important community health needs, and pioneering community-based research to study these problems and test solutions. CCHRC provides approximately 15,000 services annually, with about 90% of the recipients being monolingual; over 65% female; 30% Medicaid (known as Medi-Cal in California) recipients, and approximately 15% with no insurance coverage.

As a response to the pandemic, the Center transitioned to online bilingual health education seminars (English and Chinese), over the phone community/patient navigation, and has revamped its online resources on its website.

■ **Southwest Community Corporation @ I.T. Bookman Community Center** was founded in 1985 by I.T. Bookman as a non-profit resource HUB for community-driven programming in the Lakeview, Oceanview, Merced Heights, and Ingleside communities in San Francisco. The agency prides itself on striving to recognize and address the needs of community members through the development of sustainable quality service enriched programs and services. Built on the foundation of a communal need for multipurpose space, it's known today for its partnerships with the Department of Adult Service, Department of Public Health and the Stonestown Family YMCA. The staff at Southwest Community

Corporation @ I.T. Bookman Community Center continues to develop and manage quality activities and programs dealing with all the mitigating factors that plague communities (i.e., COVID-19, air quality, wildfires and community stress). We provide services to scores of older adults and adults living with access and functional needs, 95% of whom are Black/African American.

Programs and activities include:

- Daily nutritious lunch and dinner (M-F)
- Weekly distribution of fresh produce, dairy and breads/cereal
- Access to hard-to-get items (PPE, toiletries, hygiene, cleaning solutions)
- Activities/learning workshops such as zooming with seniors, book club, soulphony and older adult choir
- Social services program providing information and referrals to other CBO's; and assessments
- Addressing isolation via technology (computer lab, coordinate device give-away, introductory training)
- Senior health and safety classes

As a response to the pandemic, we now offer wellness check-ins via in-person and phone, home delivered meals and other provisions as they become available.

■ **Mission Neighborhood Centers, Inc. (MNC)**'s legacy dates back over 100 years as a multi-service, multi-generational organization rooted in settlement house principles. Started in 1897 as the San Francisco Girls Club, MNC has evolved into a multi-cultural, multi-generational anchor in the Mission district. For the past 60 years, MNC has consistently grown to meet the pressing needs of our working poor community. We provide a continuum-of-care approach designed to address the multi-generational needs of our community. MNC's mission is to provide culturally sensitive, multi-generational services focused on promoting leadership skills that empower families to build strong, healthy, and vibrant neighborhoods. MNC clients are predominantly low-income Latinx, African American and Pacific Islander families living in San Francisco's Mission, Excelsior, Mission Bay, and Bayview Hunters Point.

Annually, MNC influences the lives of over 3,015 low-income children, youth, young adults, seniors, and families through our wide variety of programs: Healthy Aging & Disability Program, Early Care and Education Program, Youth Program & Workforce Development Program.

Our Healthy Aging & Disability Program supports and improves the health and well-being of a multicultural base of 1,200 older adults and adults with disabilities, primarily Latinx and Asian. We deliver culturally appropriate, wellness services designed to enhance the well-being and independent living of disenfranchised participants, including the following:

- Daily Congregate Meals Program and weekly Food Bank distribution
- Health screenings
- Technology literacy and computer Lab
- Educational workshops and presentations
- Fitness, dance and music classes
- Intergenerational programming
- Counseling and social services
- Recreational activities as field trips, social outings, and shopping trips

As a response to the pandemic, the organization now offers a virtual curriculum of activities, daily hot meals delivery, weekly grocery bag delivery, monthly essential item bags, wellness calls and social services, in-person health screenings, housing subsidies and Covid-19 vaccination assistance and free transportation to vaccination sites.

- **On Lok** is a nonprofit organization that empowers older adults to age with dignity and independence. With 50 years of experience, On Lok is a trusted resource in San Francisco, Santa Clara County, and the Tri-City area of Alameda County. On Lok founded and still operates the Program of All-Inclusive Care for the Elderly (PACE), which allows eligible seniors to live at home for as long as possible by providing comprehensive medical care and social services. On Lok 30th Street Senior Center, the largest multipurpose senior center in San Francisco, provides a second home, health programs, activities, and case management services to active seniors. The On Lok Mission Nutrition Program provides more than 200,000 meals annually to seniors through its dining locations and meal delivery program.

Programs and activities include:

- Community and home-delivered meals
- Senior fitness
- Case management
- Aging and disability resources
- Connected Care (coach care specialist at no charge to support wellness and independence)

As a response to the pandemic, it has launched virtual programming and online activities, telehealth, and increased home-based care and has

shifted outreach methods to include email, newsletters and phone calls. Their nutrition meal program also began serving takeout and home-delivered meals, quickly reaching over 22,000 meals served per month.

- **Self-Help for the Elderly** was founded in 1966 and has provided assistance and support to seniors since, in five Bay Area counties: San Francisco, San Mateo, Santa Clara, Alameda, and Contra Costa. They provide trustworthy and devoted care for older adults to promote their independence, dignity and self-worth. The organization's programs and services help guide seniors to wellness and happiness. It serves approximately 40,000 older adults age 60-plus, of whom 80% speak Cantonese.

Programs and activities include:

- Alzheimer's care home
- Home care and hospice
- Digital and technology help and support
- Nutrition services (congregate and home delivered meals) and activity centers
- Social services
- Employment services
- Business services (commercial cleaning, housekeeping, and gardening)
- Adult day services
- Affordable housing
- Health insurance counseling and advocacy

As a response to the pandemic, they offer emergency in-home support services, home care and hospice programs, housing subsidies, nutritious meals for pick up and home delivery, senior housing, social services, wellness checks, employment services, Medicare counseling, and virtual classes, activities, and services.

- **The San Francisco Department of Disability and Aging Services (DAS)** coordinates services to older adults, adults with disabilities, veterans, and their families to maximize health, safety, and independence so that they can remain active in their community for as long as possible and maintain the highest quality of life. CAB board member, Shireen McSpadden is Executive Director of DAS. She has more than 25 years of experience developing policies and services to help ensure San Franciscans thrive as they age. She is a board member of the California Association of Area Agencies on Aging and is an alternate board member, representing California, for the National Association of Area Agencies on Aging.

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