



Using Tech to
Reduce Isolation &
Loneliness Among
Diverse Populations
of Older Adults

WHITE PAPER

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Introduction

Social isolation and loneliness are a global public health challenge. San Francisco is no exception.

Without reliable internet access, working devices, and basic digital literacy, older adults and adults with disabilities cannot participate equitably in many online activities such as meeting with care providers, managing public benefits, banking, ordering groceries, or connecting with family and friends.

The COVID-19 pandemic has exposed the extent to which the digital divide impacts and has exacerbated the risk for social isolation and loneliness that vulnerable populations experience.

SF Tech Council looked for solutions.

The San Francisco Tech Council, along with its member and partner organizations and with funding from **Metta Fund**, launched five tech-related pilots through a small grant program designed to reduce social isolation and loneliness and improve wellness outcomes among older adults and people with disabilities in San Francisco.

In addition, SF Tech Council partnered with **Community Living Campaign** with funding from the San Francisco Department of Disability and Aging Services to pilot GrandPad tablets at three community-based adult day health programs so participants could remotely join programs, connect with friends and family, and access providers via video calls.

This White Paper.

In this White Paper we provide background to the pilots, our findings in terms of outcomes and lessons learned along the way, and recommendations for designing and implementing future projects.

Andrew Broderick & Karla Suomala
Project Co-directors
SF Tech Council
August 2022



SF Tech Council

San Francisco Tech Council is a mission-driven, multi-sector collaborative that advances digital inclusion for older adults and people with disabilities so all can participate in the City's connected community.

Today, SFTC serves as the community table around which leaders from the City's technology and business sectors, government agencies, community-based organizations, philanthropy, and academia come together to discuss critical issues, contribute ideas and solve problems collaboratively.

In 2015, SFTC was founded on the shared concern that the Broadband Technology Opportunities Program being introduced at that time risked leaving older adults and adults with disabilities behind unless there were intentional efforts to connect as well as provide training and support in areas of digital technology use.

SFTC is unique in the digital inclusion field for adopting an organizational framework to work across sectors to prioritize the needs of older and disabled adults in tackling digital inequities so all the City's residents can benefit.

Closing the digital divide by increasing older and disabled adults' digital access will improve their ability to connect with family and friends, participate in civic activities, and access essential support from human services providers.

Our core belief is that the most effective way to address the complexities of connecting all San Francisco residents, as well to harness opportunities for innovation, is through collaboration across sectors.



A Snapshot of San Francisco

100,000 SAN FRANCISCANS LACK MEANINGFUL WI-FI ACCESS.

Socioeconomic status, the lack of digital literacy, and geographic location place many City residents on the wrong side of the digital divide, and at risk for experiencing disproportionate harm.

DIGITAL REDLINING COMPOUNDS INEQUITIES.

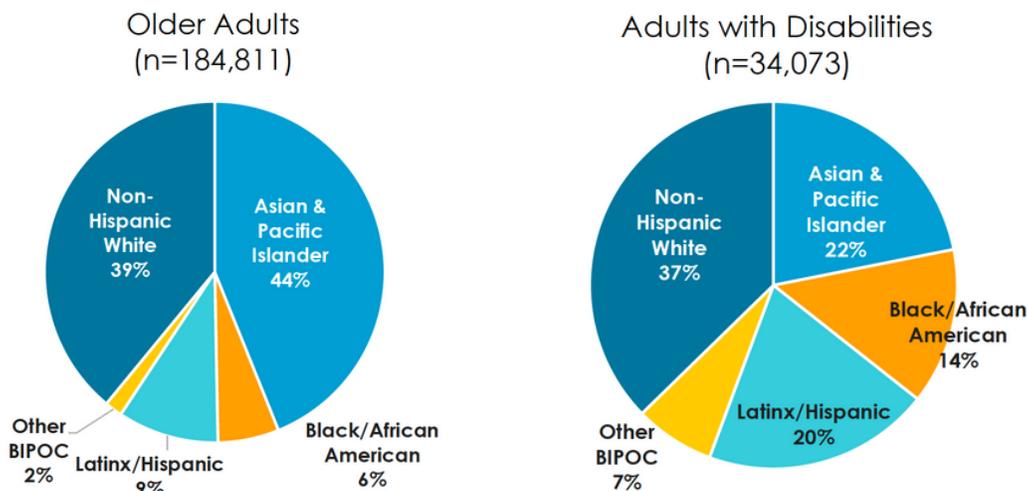
Mapping of data on internet speed, adoption rates and access costs shows that communities that experienced redlining by financial institutions in the past are now subject to digital redlining. San Francisco neighborhoods where fewer than 60 percent of households have broadband access are low-income communities of color with significant populations of older and disabled adults. Digital redlining places these communities at increased risk for experiencing social and economic inequities that can exacerbate health disparities for residents.

1 IN 4 SAN FRANCISCANS ARE OLDER AND/OR DISABLED ADULTS.

With a population of 850,000, San Francisco has about 185,000 older adults who are 60 and older and 34,000 adults (ages 18-59) with disabilities. Together they represent 25% of the City's residents. Among those most at risk for being left behind are individuals who are racially and ethnically diverse, face economic insecurity, have limited English proficiency, and live alone. As the fastest growing segment of San Francisco's population, adults aged 60 and over will make up 30% of the City's population by 2030.

OLDER ADULTS AND ADULTS WITH DISABILITIES IN SAN FRANCISCO ARE DIVERSE.

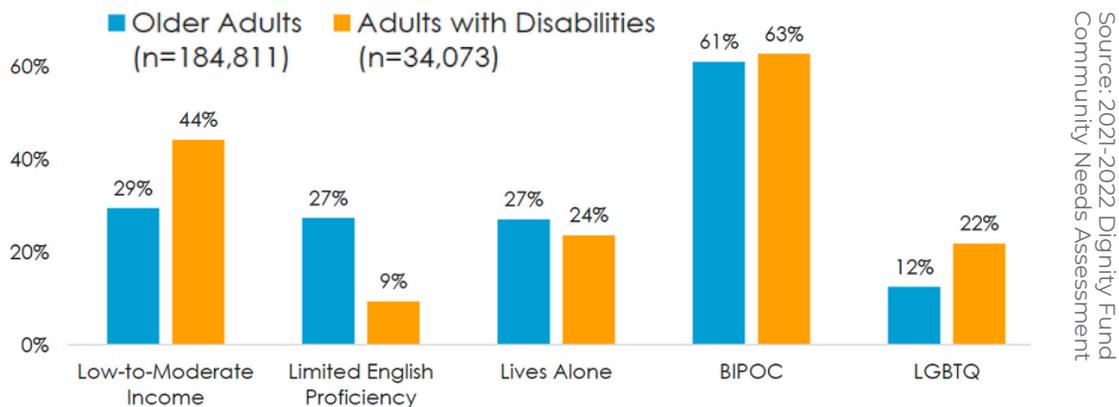
The majority of San Francisco's older adults (61%) and adults with disabilities (63%) identify as Black, Indigenous, and People of Color (BIPOC).



Source: 2021-2022 Dignity Fund Community Needs Assessment

OTHER EQUITY FACTORS THAT IMPACT OLDER ADULTS AND ADULTS WITH DISABILITIES IN SAN FRANCISCO.

Nearly a third of older City residents are low-to-moderate income (29%); many have limited English proficiency (27%), and identify as LGBTQ (12%). Many adults with disabilities are also low-to-moderate income (44%), identify as LGBTQ (22%), and have limited English proficiency (9%). A quarter of older and disabled adults live alone.



THOSE WHO LACK DIGITAL ACCESS FACE SIGNIFICANT BARRIERS.

Individuals without internet access or with limited digital skills face significant barriers when it comes to access to essential services, opportunities for social connection and engagement, and participation in community activities.

Research confirms that technology barriers and service needs remain a community priority for both populations:

- The 2021-2022 **Dignity Fund Community Needs Assessment** found that older (19%) and disabled (16%) adults reported being unable to use technology to participate in services, and, despite the availability of free computer training classes, 61% of older and 75% of disabled adults have not participated in free SF Connected classes.
- The 2021 **Listening Sessions with Communities of Color** with clients of the Department of Disability and Aging Services identified lack of access to digital hardware, challenges with connectivity, and the need for ongoing training and support as technology barriers to accessing services.
- The 2021 **Empowered San Francisco Study's** finding that technology was a barrier for two-thirds (64%) of older and disabled adults during the COVID-19 pandemic confirms the digital divide's broad impact and that the risks to personal safety and well-being are great given the need to access services, make social connections, and achieve personal goals.
- The 2021 **LGBTQ+ Older Adult Survey** found 14% of survey participants reported they were unable to access needed telehealth counseling services, and challenges with technology may have prevented 10% from getting medical care during the COVID-19 pandemic. People of color reported higher levels of unmet needs for technology than any other group.



The Challenge

Social Isolation & Loneliness

One of the most widespread, urgent public health issues of our time is social isolation and loneliness. In 2011, one quarter of the United States population aged 65 or older were considered to be socially isolated. In 2018, 43% of adults aged 60 or older reported feeling lonely. Those most at risk for social isolation and loneliness include: immigrants; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) populations; and residents of long-term care settings such as nursing homes.

Social Isolation and loneliness places older and disabled adults at greater risk for premature mortality and underlying morbidity.

According to the US Centers for Disease Control and Prevention, people who are socially isolated are at a 50% increased risk of dementia, as well as higher rates of depression, anxiety and suicide. Loneliness is associated with a 29% increased risk of coronary heart disease, and a 32% increased risk of stroke.

Medicare alone spends an additional \$6.7 billion each year on socially isolated individuals when compared to those with social connections.

The COVID-19 pandemic underscored the need to address social isolation and loneliness. U.S. Surgeon General, Dr. Vivek Murthy, has labeled loneliness as an epidemic, and described the need for social connection as necessary for survival as are food and water. The mortality risk is comparable to smoking or being obese, and the impact on health and longevity is causal, not merely correlational.

Vivek Murthy 
@vivek_murthy · [Follow](#)

THREAD: As **#COVID19** forces us to physically distance from one another and as our contact with other people drops, society is at risk for a ***social recession***. A social recession is marked by an increase in **#loneliness** and isolation. (1/x)

1:58 PM · Mar 19, 2020 

 [Read the full conversation on Twitter](#)

 140  See the latest COVID-19 information on Twitter

[Read 4 replies](#)

The interconnected nature of the digital divide and social Isolation and loneliness are recognized as a super social determinant of health.

The greatest predictor of social isolation is the size of an individual's social network and physical isolation. Loneliness is more qualitative—one's subjective feeling—and losing a sense of connection and community can often change a person's perception of the world. Someone experiencing chronic loneliness may therefore feel threatened and mistrustful of others.

Technology in itself is not the solution to the problem, rather it is a tool to achieve targeted goals.

When other factors that may contribute to social isolation are controlled for, use of technology for communication has been shown to have a small positive relationship to loneliness by acting as an amplifier for pre-existing difficulties.

It is important in designing technology interventions to understand who is at risk for becoming isolated and why, and to adhere to the principles of using equity, community engagement, agility and inclusiveness in the design of initiatives to ensure digital solutions are need-driven, meaningful, and culturally-competent.



Mission Neighborhood Centers



Curry Senior Center



Felton Institute



Televisit.org

The Pilots

Digital inequities can significantly exacerbate an individual's existing risk of social isolation and loneliness.

Access to technology, especially for those individuals who live alone, can mitigate the risk for social isolation and loneliness by expanding opportunities to engage community networks online for social connection. Computer training and tech support can increase their capacity to access essential information and support services that can prevent or delay the decline in mental and physical health that may result from being socially isolated and lonely.

The COVID-19 pandemic also underscored the urgency with which organizations serving older and disabled adults had to pivot to virtual service models. To maintain access to services, facilitate participation in programs and provide remote support for older and disabled adult clients, organizations have had to strengthen their capacity to leverage technology and center equity in the design and deployment of virtual service models.



GOALS

- Deploy technology to foster connection to reduce social isolation and loneliness
- Strengthen capacity of organizations to effectively use technology in service models

The pilots were designed to assess impact through conducting evaluations of:

- **User experience** and perception of benefit from using technology to foster connections
- **Feasibility** and usability of technology interventions across culturally-diverse populations
- **Lessons learned** from organizational planning and implementation of technology



Watch the video at: <https://bit.ly/SFTCPilots>

Equity & Innovation Pilot Project

In 2021, SFTC awarded a total of \$50,000 in grants to five local organizations to conduct pilots. SFTC administered the grant program in partnership with Community Living Campaign. Funding for this project came from Metta Fund. The grant-funded period for interventions was approximately six months, from April until November 2021.

The primary goal was to decrease the risk for social isolation and loneliness for older and disabled adults, particularly in underserved communities, by supporting interventions that increased digital access, improved digital literacy, and provided tech support. To achieve the goal, the Project focused on the following outcomes:

- **Foster innovation and capacity building** in community-based organizations that work with seniors and adults with disabilities by awarding small-scale grants.
- **Develop a regranting process** with clear objectives and outcomes; application and selection criteria; grant award and monitoring; and standardized assessment tools.
- **Disseminate lessons learned** and best practices in the design, planning, implementation and evaluation of interventions to support community-wide learning and replication.

Eligibility criteria

Small-to-medium sized organizations that could demonstrate evidence of the following were invited to apply:

- Clearly identified community challenge or need being addressed
- Direct local impact (San Francisco-based or serving residents) ;
- Diversity of population served (by race, ethnicity, language, LGBTQ status); and
- Organizational capacity to undertake technology projects.

Grant strategies

Grants were awarded to organization on their ability to address one or more of the following digital inclusion strategies:

- Minimize barriers/challenges for older adults relating to technology including access and costs, as well as digital literacy and comfort with digital devices.
- Build on existing organizational capacity in terms of strengths and programming in providing tech access, digital literacy training, and/or affordable connectivity.
- Pilot a new service or amenity that leverages digital resources to expand or broaden the impact on the target community.
- Support community-based programs that coordinate or collaborate with health care and human service agencies for collective impact.

Selection process

Projects were assessed on the following criteria:

- **Innovation:** the uniqueness of the proposed approach in addressing a defined need;
- **Impact:** the expected value and potential impact to be realized;
- **Approach:** feasibility and capability to complete the project in six (6) months;
- **Data:** willingness to collect pilot data for evaluation purposes;
- **Diversity and inclusion:** in the various aspects of pilot design and implementation;
- **Community:** evidence of community support and involvement;
- **Sustainability:** evidence of ability to sustain the intervention post-pilot;
- **Budget:** allocation of funds to maximize impact.

Evaluation process

SFTC developed an assessment and evaluation framework to be used by all grantees during the Project. This allowed us to analyze results across diverse populations and tech interventions, a unique feature of the Project.

At the outset of the grant period, each organization gathered the following demographic information about pilot participants: age, preferred language, race/ethnicity, gender identity, sexual orientation, neighborhood, type of residence, and whether or not the participant lived alone. In addition, as part of the pre-pilot survey, participants answered two series of questions, one relating to social isolation and loneliness and the other familiarity with and access to technology. These surveys were primarily conducted orally, and in the preferred language of participants.

Throughout the Project, representatives from each of the organizations met collectively three times to share updates on their pilots, exchange ideas with each other, and highlight emerging practices and resources.

At the conclusion of the pilots, organizations conducted post-pilot surveys to better understand participants' experiences with technology and to record their perceptions of how the tech intervention had impacted their sense of isolation and loneliness. In addition, each organization selected 2-3 participants to participate in qualitative interviews to learn more about how individuals used the technology and to capture more specific ways that they may have benefited from the program.

Pilot project descriptions



Curry Senior Center provided tablets, digital literacy training, and six-months of internet access to 12 low-income Vietnamese speakers in the Tenderloin and four members of the LGBTQ+ community. In addition to the 14 weekly sessions, Curry offered drop-in consultations and tech support through its Tech Navigator program.



Family Caregiver Alliance provided tablets, internet connectivity, tech support, ongoing education, and in-home support for eight monolingual (Spanish-speaking) caregivers who had been unable to access FCA's professional remote support services during the pandemic due to lack of devices and connectivity.



Felton Institute worked to improve connectivity and access to health services for 12 behavioral health clients who were older and/or disabled adults. Many of the clients lived in transitional housing.



Mission Neighborhood Centers, Inc. (MNC) provided Fitbit step trackers and Android tablets along with tech support and training to 12 monolingual Spanish-speaking seniors in the Mission District to improve their health and fitness while increasing social engagement.



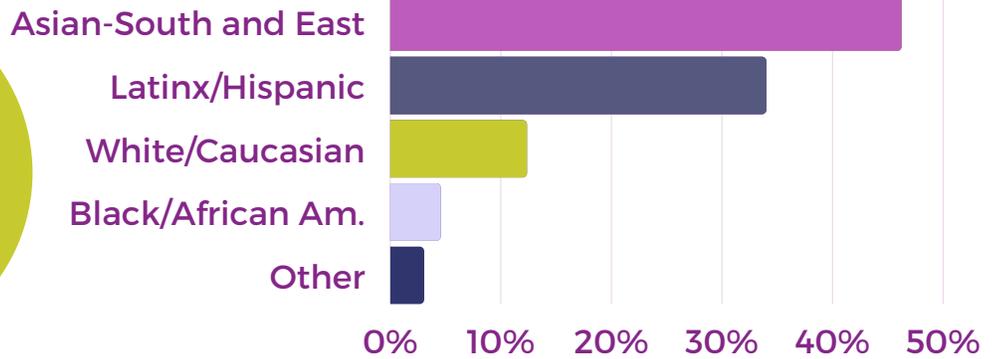
Televisit.org provided tablets and programming for 18 isolated Chinese-speaking seniors to engage them in social and educational activities and to help them create connections with friends and family. Televisit also developed materials to engage these seniors in conversations about anti-Asian discrimination and violence, providing resources to help seniors identify and report hate crimes against Asians.

Pilot served diverse populations from underserved communities experiencing social isolation and loneliness.

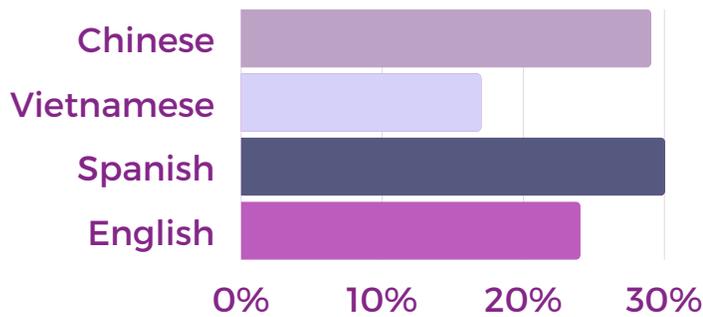
Collectively, the five pilots directly impacted the lives of 66 seniors and adults with disabilities. The majority of the participants were from underserved communities (by age, race/ethnicity, language, and LGBTQ status).

Pilot Demographics

In all, there were 66 participants across five pilots; 64 completed pre-pilot surveys and 50 completed post-pilot surveys.



74% Female



76%
Non-English Speakers

10%
identified
as LGBTQ

65%
Live
Alone*



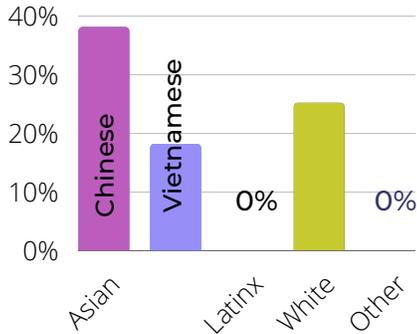
*This excludes eight caregivers.

Pre-Pilot Survey

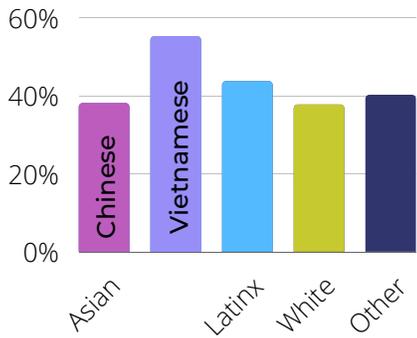
Social Isolation & Loneliness profile of participants

How often do you participate in social, community, or family activities?

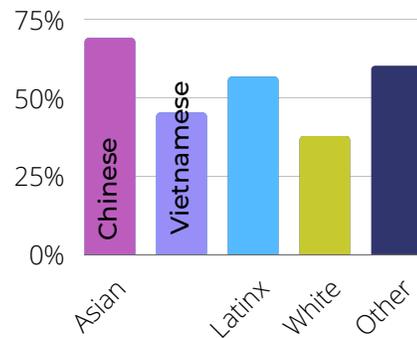
Often: 16%



Sometimes: 42%

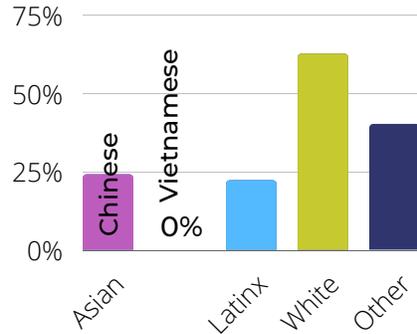


Rarely or Never: 42%

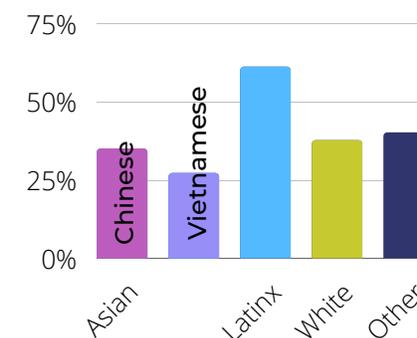


How often do you feel isolated from others?

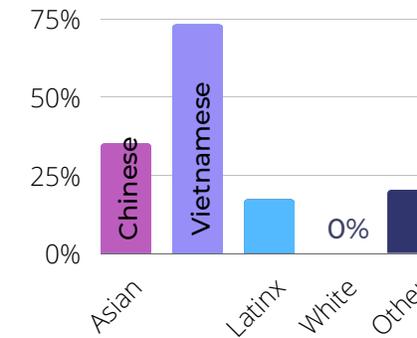
Often: 24%



Sometimes: 45%



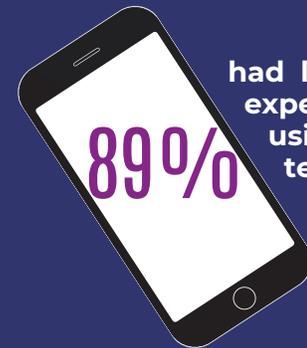
Rarely or Never: 31%



Technology use & familiarity profile of participants

67%

didn't know how to get online using the Internet



had little or no experience using technology

73%

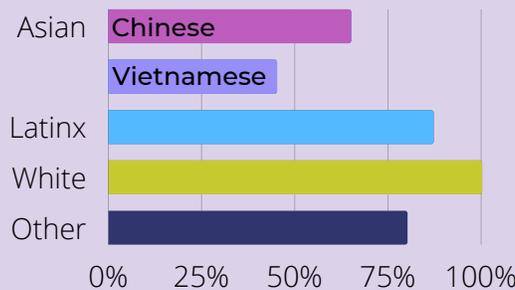
said that the lack of technology was a barrier to receiving services



Believed that they would feel less lonely and isolated by improving their use of technology

Do you feel more isolated because of the COVID-19 pandemic?

76% said YES, sometimes or often



Post-Pilot Survey Results

Social isolation & loneliness



said that using technology during the pilot period allowed them to feel less lonely and isolated.

Tech use and familiarity



reported feeling more confident using technology to access the internet

"Using technology opens and stimulates my thinking."

Chinese client

"The tablet helps because it lets me contact other people and...talk to them one on one...without having to go out during the pandemic. It's been really invaluable. I made some good friends."

LGBTQ client

The tech program helped me go through the mourning of my husband and sister. It kept me connected through classes. It help me heal."

Latinx client

"I think technology helps and supports people a lot in everyday lives, it saves people's time in searching information, applying benefits online, sending and receiving email, technology makes things so much easier for us."

Vietnamese client

"It helped me to know more people and it made the days go by easier and faster."

Chinese client

[I enjoy] "using tech for communication and entertainment. I can meet with my doctors and counselor. I watch movies and the news."

Behavioral health client

"I feel less lonely mentally."

Chinese client

"I enjoy using zoom to play bingo online and chat with other seniors. What I like most is to search online for whatever I need to know.

Vietnamese client

"I like being able to communicate [with tech] with my community at MNC. It helped me think about the virus and how I feel about this situation."

Latinx client

What we learned along the way...

Pilot successes

The pilots demonstrated the impact that technology can then have on improving the lives of older adults disproportionately impacted by the digital divide. Factors that contributed to pilot success include:

Equity AND innovation.

This dual focus allowed us to target vulnerable populations being left behind in their capacity to use technology and at risk for social isolation and loneliness.

Experimentation.

Although organizations started with a shared problem, they developed new and distinct interventions to meet the needs of the populations they served.

Community partnerships.

The strength and breadth of grantees' community partnerships contributed to collaborative approaches across all phases of the pilots.

Fun.

Making technology fun and participants feel supported contributed to high levels of engagement and retention.

Confidence building.

Interventions that boosted participant confidence in using technology ultimately led to a growing willingness to explore and do more with technology.

Standardized evaluation.

The use of a standardized evaluation framework allowed us to conduct analysis of outcomes across interventions using very different technologies.

Pilot challenges

From an organizational capacity perspective, many grantees underestimated the level of resource inputs, especially for grantee personnel and time required to implement pilots. In particular, organizations used more resources than anticipated to:

- Identify and enroll participants,
- Conduct technology needs assessments at intake,
- Configure devices, and
- Provide ongoing training and support to pilot participants.

In the behavioral health pilot that focused on using technology to connect participants directly with care providers, some unique challenges involved:

- Establishing initial trust between participants and tech trainers,
- Scheduling virtual meetings between participants, trainers and clinicians, and
- Developing protocols for secure data exchange between different parties (i.e., providers, administrators and trainers).

Using Isolation & Loneliness measures in diverse populations

Assessing the level of isolation and loneliness experienced by individuals from different cultures and for whom English is not their primary language demonstrated the limitations of using current validated measures. For example, some Chinese-speakers chose not to answer the question or indicated that they rarely/never felt isolated or lonely. Caregivers in many cases indicated the opposite, noting that the participant often experienced loneliness. Possible explanations for this include conceptual, linguistic, and cultural differences such as the stigma that participants may feel because of embarrassment or not wanting to reflect badly on family members.

Key takeaways

Perhaps the most fundamental issue that technology raises for older adults is whether and how the device, internet access, and virtual programming will improve their lives. For all the benefits that technology can provide, addressing the digital divide for older people still requires an understanding of whether older people in fact want the problem addressed, or even identify it as a “problem” to begin with.

When it comes to using technology, older adults have two primary concerns that must be addressed by every tech-related intervention:

- 1. RELEVANCE: Will this technology improve my quality of life?**
- 2. CONFIDENCE: Will I be able to learn how to use the technology?**

Both of these barriers can be overcome with patience and practice through peer-led and social learning approaches.

Summary

The pilots not only achieved high levels of user engagement and participation but also advanced digital inclusion to benefit the quality of lives of vulnerable, monolingual participants. Collectively, the five pilots directly impacted the lives of 66 seniors and adults with disabilities.

Quantitative results indicate the overwhelming success of the pilots in meeting the primary goal of the Project. In pre-pilot surveys 89% of participants reported that they had either no or limited experience using technology; 73% indicated that lack of technology had been a barrier to receiving services; and 76% of participants reported feeling more isolated due to COVID-19.

In post-pilot surveys, 91% reported feeling more confident using technology to access the internet. Most importantly, 94% of the participants reported feeling less lonely or isolated through their use of technology.

GrandPad Adult Day Services Digital Connections Pilot: IN PROGRESS through June 2023

The San Francisco Department of Disability and Aging Services directed \$200,000 over two years to pilot the GrandPad tablet device with 60 clients at three Adult Day Health Programs:

- Stepping Stone Presentation (Tenderloin)
- Stepping Stone Mission Creek (South Beach / Mission Bay)
- Self-Help for the Elderly Jackie Chan (Richmond)

Adult day services centers

Compared with other home- and community-based long-term services and supports, adult day services centers tend to serve individuals with a variety of health conditions (including intellectual or developmental disabilities) who tend to be more vulnerable, more racially and ethnically diverse, older, frailer than most older adults. The impact of the shelter-in-place ordinance has also adversely impacted this population's health and well-being even more than before the COVID-19 pandemic (e.g., de-conditioning).

GrandPad devices

The GrandPad device was selected for the Adult Day Services Digital Connections pilot due mainly to its ergonomic design, simplified user interface, linguistic accessibility, availability of an administrative portal, built in cellular data connection, and 24/7 "white glove" customer support. GrandPad had also been deployed by programs like PACE and local health systems with individuals who need access but may not be successful using standard devices.



Pilot goal

The goal of the GrandPad pilot was to decrease isolation and loneliness by:

- Keeping users connected to staff and active with Center programming
- Facilitating communication between participants and with family and friends

The pilot goal required strengthening the organizational capacity to effectively leverage technology in service models and integrate into each Center's programming and workflow, and to offer virtual programs to keep clients remotely connected to and active participants in programming to reduce the risk for social isolation and loneliness.

GrandPad Pilot Demographics

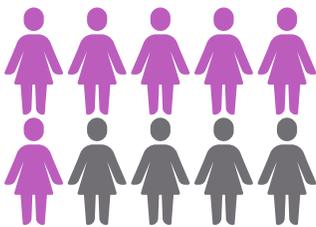
In all, there have been 63 participants in three different Adult Day Services Centers.

76.5

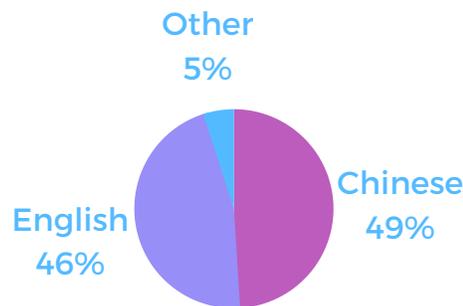
Average age of participants

Oldest participant is 100

60% Female



Primary Languages



46% Live Alone



Evaluation Methods

SFTC evaluation methods include use of both pre- and post- client surveys, and utilization data from the device. The surveys were designed to collect descriptive information about participants to provide context to understand the utilization data that staff can get directly from the device.

Surveys collect self-reported data which includes:

- Pre-pilot technology preferences and behaviors
- Pre- and post-assessment of loneliness and social connection
- Post-pilot user experience

Use cases

Desired use-cases to optimize impact for use of the GrandPad included:

1. Integration into Center workflow for case management support (e.g., video check-in)
2. Connection with friends and family (e.g., through the use of video chat or other interactive communication features)
3. Active engagement in Adult Day Health Programs' virtual group activity programs
4. Active engagement with and utilization of GP features and apps (e.g., games, videos, music, etc)

Preliminary lessons learned during the pilot's first year of implementation

- Develop project workplan establishing clear protocols and guidelines for all stakeholders
- Assess each Center's organizational readiness to implement and support the GrandPad
- Identify a Champion at each Center to own the project and internally promote to clients and staff
- Establish priority criteria for assessing participants who could benefit from being assigned a device
- Configure devices to users preferences and integrate with Center workflow, programming and systems
- Establish Center best practices (e.g., inventory management, targeted goals, data review, programming)

Next Steps

The data point to the effectiveness of individual pilots, and success of the projects overall, and the need for greater investment in digital inclusion efforts for older and disabled adults as a tool to decrease isolation and loneliness, increase social engagement, improve health and well-being, and facilitate more equitable participation in today's digital world.

To advance digital inclusion and reduce social isolation and loneliness for older and disabled residents, SFTC recommends the following actions to realize maximum community impact:

Coordinate community-centered proposals...

to leverage federal, state and local funding to advance digital equity for older and disabled adults among San Francisco's residents.

Serve as community partner...

that can provide strategic guidance and technical assistance to local and regional organizations and other stakeholders seeking to deploy technology in service models.

Provide a community testbed...

for industry and philanthropy to work collaboratively with SFTC and member organizations on user-centered design and rapid iterative testing of solutions.

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Community Living Campaign

PARTICIPATING ORGANIZATIONS:

- **Equity & Innovation Pilot:** Curry Senior Center, Family Caregiver Alliance, Felton Institute, Mission Neighborhood Centers, Inc., Televisit.org
- **GrandPad Adult Day Services Digital Connections Pilot:** Stepping Stone Mission Creek Day Health, Stepping Stone Day Presentation Day Health, Self-Help for the Elderly Jackie Chan Center

PILOT FUNDING FROM:

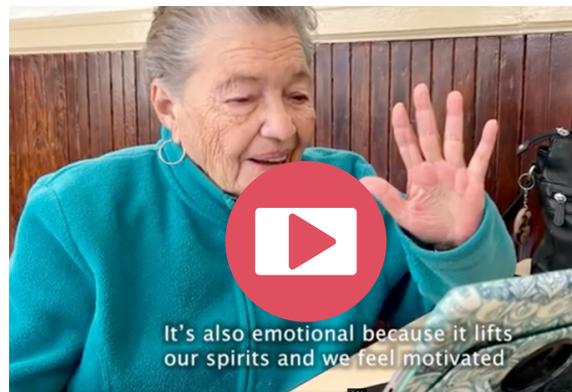
- San Francisco Department of Disability and Aging Services
- Metta Fund

We thank you for your support in our efforts to advance digital inclusion and reduce social isolation & loneliness among older adults and adults with disabilities in San Francisco.

Contact

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Watch the video at: <https://bit.ly/SFTCPilots>