



Thriving in Place Technology Community Needs Assessment Survey

Thriving in Place is conducting a citywide Community Needs Assessment survey to understand the technology barriers and needs of SF residents with disabilities and older adults (ages 60+) during COVID-19. Study results will be shared with the Department of Disability and Aging Services (DAS) and the Mayor's Office on Disability (MOD) as part of COVID-19 Response in San Francisco.

This survey gathers community input to inform the City's approach to expanding access to Internet, devices, and digital literacy support needed for residents to get information, access services, have online health visits, connect with family and friends, and to participate in online activities.

If you are a person with a disability, an older adult (60+), a transition-age youth (18-24), a veteran, a person experiencing homelessness, or a parent of a child with a disability, we want to learn from you!

If you would like assistance completing this survey, or would like to schedule a phone-based survey, please email DigitalEquity@tipsf.org or call **415-593-8129**. For more information about this Technology Needs Assessment, visit us online at www.tipsf.org/digital-equity

Please note that this survey is completely voluntary and all information you provide will remain confidential. You are free to skip any question you do not wish to answer.

Complete this survey to be entered to win a **\$50 Gift Card**.

Please return this survey to:

Thriving in Place, 832 Folsom St, 9th floor, San Francisco, CA 94107.
Or leave it in the Dropbox at your housing site.

SECTION 1: This first section asks about your access to devices (like computers, tablets or smartphones) and the Internet.

What types of devices (like computers, tablets or smartphones) do you have access to? (Check all that apply)

- I do not have access to any devices, I need a computer or smartphone
- Smartphone (like an iPhone or Android)
- Tablet (like an iPad)
- Desktop computer
- Laptop
- School-provided device
- Flip phone
- I borrow a device from a friend or family
- Home phone/landline
- I don't want a device
- Other: _____

How do you access the Internet? (Check all that apply)

- Through a public WiFi hotspot (outside a library or coffee shop)
- I receive free Internet
- I pay for discounted Internet
- I receive free Internet from my building
- I have a smartphone Internet data plan
- I use a school-provided WiFi hotspot
- I pay for broadband Internet
- I do not have any access to the Internet
- Don't know
- Other: _____

If you currently do not have Internet, would you be interested in having it?

- Yes
- No
- Doesn't apply, I already have Internet

Prior to COVID-19, did you use a public computer lab as your primary Internet source (like at a library, community center or other tech lab)?

- Yes
- No

How has your need to use technology changed since COVID-19?

- Greatly increased
- Increased
- Not changed
- Decreased
- Greatly decreased

SECTION 2: This section asks about your access to services during the COVID-19 pandemic.

What are the services that you have needed most during the COVID-19 pandemic? (Check all that apply)

- Information about local COVID-response (vaccine access, PPE, stay-at-home guidelines)
- Access to City services or public meetings
- Food access
- Housing assistance
- In-home support services
- Employment assistance
- Healthcare or medical services
- Computer/technology training
- Transportation information
- Disability-related services and programs

- Mental health services
- Legal aid
- Immigration services
- Transition-age youth services and programs
- Family services and programs
- Childcare assistance programs
- Services in my language
- Veterans' services
- Domestic violence services
- Other: _____

Was technology a barrier to accessing these services?

- Yes
- No

What services have you not been able to receive, but have wanted to access? (Check all that apply).

- Information about local COVID-response (vaccine access, PPE, stay-at-home guidelines)
- Access to City services or public meetings
- Food access
- Housing assistance
- In-home support services
- Employment assistance
- Healthcare or medical services
- Computer/technology training
- Transportation information
- Disability-related services and programs
- Mental health services
- Legal aid
- Immigration services
- Transition-age youth services and programs
- Family services and programs
- Childcare assistance programs
- Services in my language

- Veterans' services
- Domestic violence services
- Other: _____

SECTION 3: This section asks about any technology barriers or challenges that you've faced during the COVID-19 pandemic.

9. What barriers or challenges have you faced in getting Internet? (Check all that apply):

- I do not have a device (computer, tablet or smartphone)
- I don't know how to use the Internet
- Cost of a device is too expensive
- I cannot afford \$10 a month home Internet service (like AT&T or Comcast)
- High-speed Internet is too expensive
- I don't have enough data on my smartphone
- Unreliable Internet connection (not fast enough)
- I don't know how to set-up a subscription for an Internet Provider
- Language barriers (not enough services in my language)
- Concerns about online safety/security
- I have a device, but it doesn't work for me
- I have a disability and the web is not accessible to me
- I don't have the Assistive or Adaptive hardware and/or software to access the Internet
- I don't know what Assistive or Adaptive technology options are available
- I do not want Internet
- I don't experience barriers
- Other: _____

SECTION 4: This section asks about your familiarity using the Internet and devices (like computers, tablets or smartphones).

10. Please tell us how you use the Internet (Check all that apply):

- I don't know how to get online using the Internet
- I have an email address
- I am comfortable reading and sending emails
- I know how to search for information online (like on Google, Bing or Safari)
- I can join a video call or event (like on Zoom or Google Chat)
- I use social media (like Facebook, What'sApp or WeChat)
- I can fill out online forms or pay bills online

11. Do you have someone who can provide help if you have a question about how to use your computer (a family member, friend or service provider)?

- Yes, I have someone available to help me
- No, I don't have anyone available to help me
- Don't Know
- Other: _____

SECTION 5: This section asks about how you've stayed connected to family, friends and online social activities and services during the COVID-19 pandemic.

12. How do you get information about the services you need during COVID-19 (like information about vaccines, housing or food access) (Check all that apply):

- Telephone calls
- Text messages
- Newspaper
- Through Friends or Family
- Through a City agency or public meeting
- Through a community organization

- Through a mutual aid network
- Radio
- Television
- Email
- Social media (like Facebook, Instagram or WeChat)
- Mail
- Other: _____

13. In the last year during COVID-19, have you participated in any online social activities (like virtual art classes, online events or group activities online)?

- Never
- Once a month
- Once a week
- More than once a week
- Other: _____

14. Have you used video conferencing platforms like Zoom or Google Meet to connect with others? (Check all that apply)

- Yes, I use it by calling-in on my telephone
- Yes, I use it with video on my computer, tablet or smartphone
- No, I have never used video conferencing platforms
- No, and I would like training on how to use
- I am not interested in video conferencing platforms
- Other: _____

SECTION 6: This next section asks about your access to health information and services during the COVID-19 pandemic.

During the COVID-19 pandemic have you missed any important medical appointments or delayed care or treatments?

- Yes

- No
- Don't Know

Have you received any healthcare or mental health services through appointments over the phone or video (telehealth) during COVID-19?

- Yes
- No
- Prefer not to say

17. What challenges do you have in accessing medical services using video or phone visits (telehealth)?

- If I had access to a device (computer or smartphone), I would use telehealth
- If I had access to assistive or adaptive software, I would use telehealth
- I need more training on using telehealth
- If telehealth were more accessible to me, I would use it
- Language barriers (not enough services in my language)
- I have no concerns with using telehealth
- Other: _____

SECTION 7: This section asks about your use of Assistive or Adaptive Technology.

Are you familiar with the term Assistive Technology? (Assistive Technology, or AT refers to the materials, equipment, tools, objects, or devices that allow individuals to live with greater independence)

- Yes
- No
- Not sure

Do you currently use any Assistive Technology (like screen-readers, ZoomText, Braille displays, or accessible apps on your phone)?

Yes

No

If you use Assistive or Adaptive Technology, are there any other services that you would like? (Check all that apply)

Information about Assistive Technology options available to me

Assistive Technology trainings

Free or low-cost Assistive Technology equipment

Free or low-cost repairs

Other: _____

SECTION 8: This section invites you to share additional perspectives or thoughts.

21. Is there anything else you would like to share about your challenges with technology during COVID-19?

Please provide any suggestions or ideas you may have for technology programs or services for older adults and adults with disabilities in San Francisco.

SECTION 9: Demographic Information

In this section we are asking for you to share a few personal details so we can ensure that we learn from a broad diversity of San Francisco's disability and aging communities. Please remember that this survey is completely confidential.

Please select the statement that best describes you. (Check all that apply)

- I am an older adult (age 60 and over)
- I am an adult with a disability (age 18 and over)
- I am a transition-age youth (age 18-24)
- I am a veteran
- I am a disability or aging service professional
- I am a caregiver or home care attendant
- I am a family member or friend of a person with a disability or older adult
- I am a parent of a child / youth with a disability
- I am currently NOT disabled
- Prefer not to say
- Other, please specify _____

What best describes your race or ethnic identity?

- American Indian/Native American/Alaska Native
- Black or African-American
- Asian/East Asian/South Asian/Asian-American
- Latinx/Hispanic/Latin-American
- Native Hawaiian or Pacific Islander
- White/Caucasian/European-American
- Middle Eastern or North African
- Multi-racial or multi-ethnic
- Prefer not to say
- Other, please specify _____

What is your preferred language?

- American Sign Language
- Arabic

- Cantonese
- English
- Japanese
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Taishanese or Toishanese
- Vietnamese
- Prefer not to answer
- Other, please specify _____

Do you identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, or asexual?

- Yes
- No
- Questioning, unsure
- Prefer not to say
- Other, please specify _____

What gender do you identify with?

- Male
- Female
- Transgender
- Transgender female
- Transgender male
- Genderqueer/Gender non-conforming
- Non-binary
- Two Spirit
- Intersex
- I am not sure about my gender/gender identity
- Prefer not to say
- Other, please specify _____

Have you ever served on active duty in the United States Armed Forces, National Guard or in a military reserve unit?

- Yes
- No
- Prefer not to say

What is your Age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60+
- Prefer not to say

What is your Current Annual Household Income before taxes?

- Less than \$20,000
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$159,999
- \$160,000 or more
- Don't Know
- Prefer not to say

What type of residence do you live in?

- Single family home
- Apartment rental
- Supportive housing
- Assisted living or board and care home
- I am currently experiencing homelessness, or unhoused
- Single-Room Occupancy (SRO) hotel

- Affordable housing
- Navigation center
- Overnight shelter
- I am living with family or friends
- Prefer not to say
- Other, please specify _____

Zip Code (Enter 5-digit zip code. If experiencing homelessness, list 00000)

We want to make sure we are reaching as many people as possible within San Francisco's disability communities. Which of the following types of disability do you personally experience? (Check all that apply)

- Mobility disability
- Blind or low-vision
- Deaf or hard of hearing
- Neurodivergent (Autism, TBI, OCD, ect.)
- I have an IEP or 504 Plan
- Mental health disability (PTSD, depression, anxiety)
- Developmental or intellectual disability
- Learning disability (dyslexia, dyscalculia, ect.)
- ADHD/ADD
- Alzheimer's, dementia, memory loss
- Chronic Pain
- Chronic illness (AIDS/HIV, MS, Cancer)
- Little person/person of short stature
- Trauma survivor
- Non disabled/accomplice or ally
- Prefer not to say
- Questioning
- Other, please specify _____

What is your employment status? (Check all that apply)

- Employed full-time
- Employed part-time
- Student
- Unemployed, looking for work
- Unemployed, not looking for work
- Unemployed, unable to work
- Self-employed/contractor/consultant
- Retired
- Prefer not to answer

Thank you for completing this survey!

Thank you for responding to this survey. Your responses are valuable, and we appreciate you sharing your thoughts and experiences.

For more information about Thriving in Place and the Technology Needs Assessment contact us at DigitalEquity@tipsf.org, call 415-593-8129, or visit us online www.tipsf.org/digital-equity

If you're interested in participating in the raffle for a \$50 gift card, please provide your name, email and phone number below. We will only use this information to contact you if you win the raffle. Winners will be notified by phone or email. A total of five (5) gift cards will be awarded.

Optional Contact Information: Please tell us how we may contact you.

Name _____

Email Address _____

Phone Number _____