

CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
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Policy Analysis Report

To: Supervisor Jackie Fielder
From: Budget and Legislative Analyst's Office
Re: End-of-Life Planning for Older Adults in San Francisco
Date: October 6, 2026



Summary of Requested Action

Your office requested that the Budget and Legislative Analyst conduct an analysis on end-of-life planning for older adults in San Francisco and answer specific questions related to older adult demographics and the prevalence of end-of-life planning documents.

For further information about this report, contact Fred Brousseau, Director of Policy Analysis, at the Budget and Legislative Analyst's Office: fred.brousseau@sfgov.org.

Executive Summary

- There are an estimated 194,316 older adults aged 60 years and older in San Francisco, according to the American Community Survey 2024 five-year estimates. This population is diverse: an estimated 116,590 older adults, or 60 percent, are Asian, Black or African-American, or Hispanic/Latino. An estimated 100,073 older adults, or 52 percent, speak a language other than English, and an estimated 69,565 or 36 percent speak English less than "very well."
- We estimate that 58,295 to 77,726 older adults in San Francisco do not have wills, 136,021 older adults are missing an advance health care directive in their electronic health record, and 58,295 to 97,158 older adults have not documented their end-of-life wishes in writing. Research shows that individuals who are lower-income, are non-white, and have lower education levels are less likely to have these end-of-life documents in place.
- There are an estimated 59,126 homes in San Francisco owned by a householder who is 60 years and older, according to the ACS 2024 five-year estimates. The median value of these homes is \$1.32 million.
- We estimate that between 17,728 and 23,650 of these homes are not held in living trusts.

Exhibit A below presents the estimates and information we identified in response to the specific questions posed to us related to older adult demographics and the prevalence of end-of-life planning documents.

Exhibit A: Summary of Requested Information

How many older adults reside in San Francisco?	An estimated 194,316, according to the U.S. Census Bureau's American Community Survey (ACS) 2024 five-year estimates.
How many older adults own the home they live in?	An estimated 59,126 housing units in San Francisco are owned by a householder who is 60 years and older, according to the ACS 2024 five-year estimates. The median value of these owner-occupied homes is \$1.32 million.
How many of those homes are held in a revocable living trust?	We estimate that between 35,476 to 41,388 homes owned by older adults in San Francisco are held in living trusts.
How many older adults have a fully executed will?	We estimate that between 116,590 and 136,021 older adults in San Francisco have wills.
How many testate and intestate probate administrations does the probate court do annually?	Between 2020 and 2025, the San Francisco Superior Court reported between 355 and 492 probate estate filings each year. Of these, between 169 and 240 each year were intestate (without a valid will) and between 155 and 192 each year were testate. A small additional number of filings could be either testate or intestate.
How long are the case timelines for probate court by practice area?	According to the California Courts Self-Help Guide, a formal probate case can take nine to 18 months.
How much does it cost the City to have probate court administer estates/ "go through probate"?	Total FY 2025-26 expenditures for the San Francisco Public Administrator's Office, which administers the estates of decedents who die without family members or others to manage their estate, were \$3,515,970. Of estates referred to the Office during a recent one-year period, only five percent were large enough to require formal probate, but all Public Administrator cases require staff investigation time to attempt to find individuals to represent the decedent or, when no one is found, for the Office to take on the role of representative.
How many older adults have an advanced health care directive?	We estimate that 30 percent or 58,295 older adults in San Francisco have an advance directive specifically noted in their electronic health record, and that between 50 to 70 percent (97,158 to 136,021 older adults) have documented their end-of-life wishes in writing in some way.
How much do San Francisco hospitals spend a year in unwanted end of life care because of the absence of an advanced health care directive?	We estimate that having an advance directive in place for all decedents would have saved between \$11.3 million and \$23 million in unwanted end-of-life care payer (provider and patient) costs in 2024. We were not able to estimate hospital costs due to data availability limitations.
How many older adults are missing a will, power of attorney, or advance health care directive?	We estimate that 58,295 to 77,726 older adults in San Francisco do not have wills, 136,021 older adults are missing an advance directive in their electronic health record, and 58,295 to 97,158 older adults have not documented their end-of-life wishes in writing. Statistics isolating power of attorney specifically were not available.

Sources: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102 (population totals). BLA research and analysis.

- The City currently provides legal assistance for older adults through the San Francisco Human Services Agency Department of Disability and Aging Services (DAS). DAS partners with and provides funding to multiple legal services providers in San Francisco who assist older adults with the drafting of legal documents and the preparation of end-of-life materials, and all San Francisco residents aged 60 and older are eligible for these services.
- However, as described above, we estimate that there are tens of thousands of older adults in San Francisco who do not have these end-of-life documents in place, particularly in lower-income communities and communities of color. Given the projected growth in San Francisco's older adult population over the next several decades, and the estimated tens of thousands of older adults in San Francisco who currently do not have end-of-life planning documents, the City could consider increasing its support for legal services for older adults, particularly in lower-income communities and communities of color. This support would likely include substantial community outreach targeted to specific underserved demographics and the diverse communities in the City.
- Increasing the number of older adults in San Francisco who complete their end-of-life planning materials would result in savings to the City, by reducing some Public Administrator's Office costs and public hospital costs; to the San Francisco Superior Court, by reducing the number of probate cases; and to San Francisco hospitals, both public and private, and older adult hospital patients and payers by reducing unwanted end-of-life inpatient care. Having end-of-life documents prepared in advance can save time and expense for the decedent's family members and beneficiaries by minimizing or avoiding Probate Court processes.

Policy Options

The Board of Supervisors could:

1. Consider increasing the City's support for legal services for older adults, particularly those in communities that are less likely to have end-of-life planning documentation in place, to support universal end-of-life planning in San Francisco.

<i>Project Staff: Fred Brousseau, Linden Bairey.</i>
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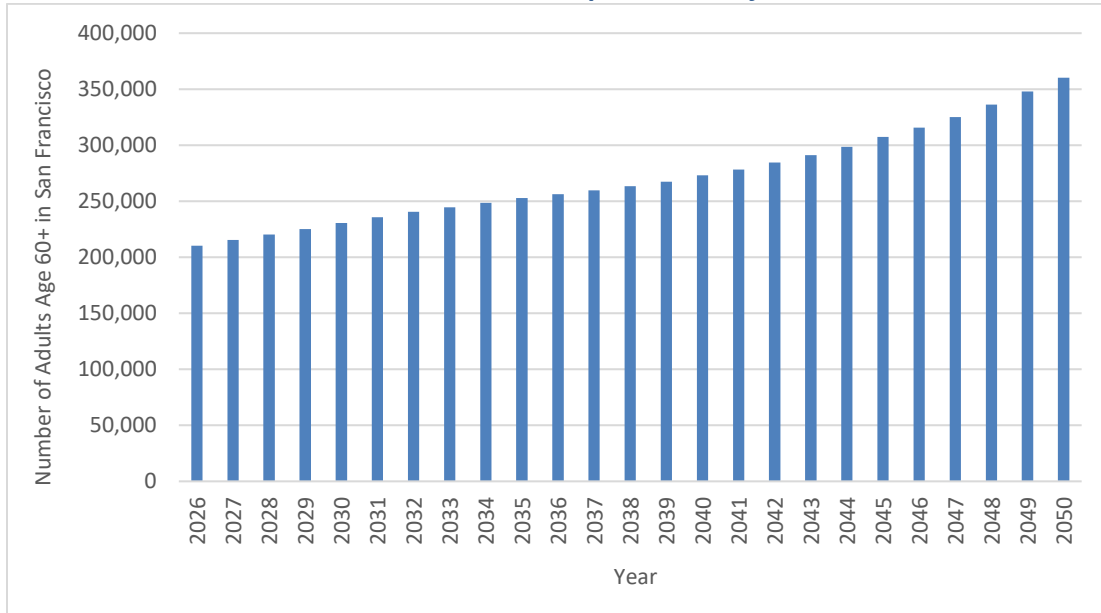
Table of Contents

Summary of Requested Action	1
Executive Summary	1
Policy Options	3
Table of Contents	4
Demographics of Older Adults in San Francisco	5
End-of-Life Estate and Medical Care Planning for Older Adults	7
How Many Older San Franciscans Have Wills, Trusts, or Estate Planning Documents?	8
Costs and Timelines of Formal Probate	9
How Many Older San Franciscans Have Advance Health Care Directives?	13
Health Care Costs Resulting from Lack of Advance Health Care Directives	15
Policy Options	16
Appendix: Older Adult Demographics by Neighborhood	18

Demographics of Older Adults in San Francisco

There were an estimated 194,316 older adults, defined throughout this report as adults 60 years and older, living in San Francisco in 2024, according to the U.S. Census Bureau's American Community Survey 2024 five-year estimates.¹ San Francisco's older adult population is projected to increase over the next several decades: as shown in Exhibit 1 below, the California Department of Finance projects that there were approximately 210,000 older adults in San Francisco in 2026, by 2030 there will be approximately 230,600, and by 2050 there will be approximately 360,200.²

Exhibit 1: San Francisco Older Adult Population Projections, 2026 to 2050



Source: California Department of Finance Demographic Research Unit, Report P-22C (Baseline 2024 Population Projections; Vintage 2026 Release).

Exhibit 2 on the following page presents estimates of San Francisco's older adult population demographics using American Community Survey (ACS) 2024 five-year estimates, which are the most recent available. These estimates show that of San Francisco's older adult population:

- An estimated **116,590 older adults, or 60 percent, are Asian, Black or African-American, or Hispanic/Latino.**
- An estimated **100,073 older adults, or 52 percent, speak a language other than English,** and an estimated **69,565 or 36 percent speak English less than "very well."**

¹ U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102.

² California Department of Finance. Demographic Research Unit. Report P-2C: Total Population by 5-year Age Group and Sex, California Counties, 2020-2070 (Baseline 2024 Population Projections; Vintage 2026 Release). Sacramento: California. March 2026.

- An estimated **47,366 older adults, or 25 percent, were below 150 percent of the federal poverty level.** An estimated **19,746 households with a householder 60 years or older were receiving food stamp/SNAP benefits.**

The American Community Survey 2024 five-year estimates also report that there are approximately **59,126 housing units in San Francisco owned by a householder who is 60 years and older.** The median value of these owner-occupied homes is \$1.32 million.

Exhibit 2: Demographics of Older Adults (60+) in San Francisco, 2024

	2024 Estimates (Pct)	2024 Estimates (Count)
Total Population 60+		194,316
Male	48%	92,494
Female	52%	101,822
Asian	44%	85,693
Black or African-American	5%	10,493
Hispanic or Latino	11%	20,403
White (non-Hispanic)	37%	71,897
Speaks a language other than English	52%	100,073
Speaks English less than "very well"	36%	69,565
Married	50%	96,964
Widowed	16%	31,285
Divorced	14%	27,982
Separated	2%	3,692
Never married	18%	34,394
Less than high school	22%	41,778
High school or GED	16%	30,702
Some college or associate's degree	22%	42,944
Bachelor's degree or higher	41%	79,087
In labor force	31%	60,044
Not in labor force	69%	134,272
Below 100% of the poverty level (n=191,766)	16%	30,299
100% to 149% of the poverty level (n=191,766)	9%	17,067
At or above 150% of the poverty level (n=191,766)	75%	144,400
Total Households (Householder 60+)		112,835
Owner-occupied	52%	59,126
Median value		\$1,321,300
Renter-occupied	48%	53,709
Householder living alone	47%	53,032
With earnings	50%	56,418
With Social Security	66%	74,697
With Supplemental Security Income	14%	15,797
With cash public assistance	3%	3,836
With retirement income	42%	47,052
With food stamp/SNAP benefits	18%	19,746

Source: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102. Blue text indicates BLA calculations.

In the table above, numbers appearing in blue text (population counts of various demographic characteristics) are our own calculations. The ACS reports total population estimates (194,316 older adults and 112,835 households where the householder is an older adult) and percentages estimating the distribution of certain population characteristics, along with the margins of error for those percentages.³ The ACS does not include estimates of the counts of older adults with these characteristics. We applied the estimated percentages to the underlying population estimates to arrive at the estimated counts of individuals across various demographic characteristics, but these counts are not official ACS estimates. Appendix A to this report presents this demographic information by San Francisco neighborhood.

The American Community Survey does not provide population estimates for LGBTQ+ identification, so it is not included in Exhibit 2 above. However, as reported in the San Francisco Human Services Agency Department of Disability and Aging Services *Dignity Fund Community Needs Assessment FY 2025-26*, LGBTQ+ individuals make up an estimated 15 percent of seniors, according to the 2023 San Francisco City Survey. Accordingly, we estimate that there are **approximately 29,147 LGBTQ+ older adults in San Francisco** using the ACS 2024 total population estimate shown in Exhibit 2.

End-of-Life Estate and Medical Care Planning for Older Adults

The following sections of this report discuss end-of-life estate and advance health care planning. Depending on the circumstances of the individual, end-of-life planning typically includes a combination of the following types of documents, powers, and/or activities:

- **Will:** A will is a legal document that specifies how an individual wants their assets, such as money, accounts, and real property, to be distributed after their death. A will names an executor responsible for making sure the provisions of the will are carried out. If the total value of the deceased's assets is more than a certain amount,⁴ the executor is required to open a formal probate case in probate court before they can distribute the assets to beneficiaries unless a trust, payable-on-death account, and/or a transfer on death deed has been established.
- **Living trust:** A living trust is a legal document that designates a successor trustee who is responsible for managing the assets in the trust when the trustee dies or becomes incompetent. A living trust allows the successor trustee to avoid probate and its associated costs: upon death of the trustee, the successor trustee can manage and distribute all assets and property in the trust to the beneficiaries without having to go to probate court. If the trustee becomes incompetent, the successor trustee can manage the assets in the living trust without requiring a conservatorship.

³ American Community Survey 2024 Five-Year Estimates. Table S0102.

⁴ As of April 2025, the threshold is \$208,850.

- **Payable-on-death account:** A payable-on-death account allows an individual to designate a beneficiary on a bank account so that the assets in the account may be transferred to the beneficiary upon the death of the account owner without going to probate court.
- **Transfer on death deed:** A transfer on death deed allows the current owner of a home or other real property to name intended beneficiaries to whom the property will be transferred upon their death. If a transfer on death deed is in place, the beneficiary or beneficiaries will not have to go to probate court to receive the real property.
- **Power of attorney for finances and property:** Under the Uniform Statutory Form Power of Attorney Act (California Probate Code sections 4400-4409), an individual can designate someone else to handle their financial, real estate, business, tax, and/or other matters for a specified period of time, before or after death, or under specific circumstances, such as incapacity of the individual.
- **Advance health care directive:** An advance health care directive allows an individual to: (a) select an agent or person to make health care decisions on their behalf if they are unable to do so, and (b) document their preferences for medical treatments. These preferences could include an individual's wishes about life support, comfort care (relief of symptoms rather than cure), organ donation, and other end-of-life decisions.

How Many Older San Franciscans Have Wills, Trusts, or Estate Planning Documents?

Estate planning documents are generally not public records (although wills become public after death), and official counts of the numbers of older adults with or without wills and/or trusts in San Francisco are not collected and made available by any public agency. However, the results from several reports and surveys allow us to estimate these figures:

- A 2025 survey conducted by Pew Research Center of 8,750 randomly-selected adults, including 2,582 adults aged 65 and older, found that **46 percent of adults in their 60s** had created a will, **66 percent of adults in their 70s** had created a will, and **81 percent of adults 80 years and older** had created a will. Adults with higher incomes were more likely to have a will.⁵
- In 2024, AARP found that based on a survey of 1,869 adults aged 50 and older:
 - In total, 51 percent of adults aged 50 and older had wills: **38 percent of adults between 50 and 64 had wills**, and **66 percent of adults aged 65 and older had wills**.
 - Of adults aged 50 and older who had a financial account such as a checking account, savings account, or retirement account, **65 percent had designated beneficiaries for all their accounts**.⁶

⁵ Pew Research Center, November 2025, "How Americans Are Thinking About Aging".
<https://www.pewresearch.org/social-trends/2025/11/06/how-americans-are-thinking-about-aging>

⁶ In many cases, financial institutions request account holders to designate beneficiaries on their accounts.

- Lower-income and Black and Hispanic adults were less likely to have wills.⁷
- In 2021, Gallup reported that approximately **76 percent of Americans aged 65 and older** had a will, and that individuals who were white, college graduates, and higher-income were more likely to report having a will.⁸

Based on these results we estimate that of the older adult population in San Francisco, **between 60 to 70 percent (116,590 to 136,021 older adults) have wills**, and **between 30 to 40 percent (58,295 to 77,726 older adults) do not have wills**. We estimate that of homes owned by older adults in San Francisco, **between 60 to 70 percent (35,476 to 41,388 homes owned by older adults) are held in living trusts**, and **an estimated 30 to 40 percent (17,738 to 23,650 homes owned by older adults) are not held in living trusts**. Because the age ranges reported in these surveys do not map exactly to the age group of older adults 60 years and older, and the surveys do not specifically report whether respondents had living trusts in addition to or instead of wills, the actual number of unique individuals with wills and whose homes are in living trusts may be higher or lower than our estimates.

Costs and Timelines of Formal Probate

One of the most significant benefits to end-of-life estate planning is the ability to avoid the formal probate process and probate court. As discussed above, if an individual has established a living trust, payable-on-death account, and/or transfer on death deed (as appropriate, depending on the type and value of assets they own), their executors, beneficiaries, and/or successive trustees may be able to avoid probate court entirely. Without adequate estate planning, in many cases a decedent's executors, beneficiaries, and/or family members will have to file a formal probate case.

Probate: the legal process to validate a will, pay a decedent person's debts, and transfer their property to beneficiaries and heirs.

Probate court: the judicial venue or court division that oversees and manages the legal process when court supervision is required.

(Living trusts are not guarantees to avoid probate court: if the language of the trust is unclear or if a beneficiary believes the trustee is not acting properly, the beneficiary can file a petition asking the court to review the trust and require the trustee to account for how the assets have been handled.). Wills without a living trust do not guarantee that probate will not be necessary, though they could establish who the executor or personal representative of the decedent will be. But even with a will, the size of the estate will dictate whether probate is necessary unless the decedent had also established a living trust.

Probate Court Costs to the Individual Estate

According to the California Courts Self-Help Guide, a formal probate case can take nine to 18 months. Typical costs of a probate case include: court filing and other fees, which may exceed \$1,000 and may be much higher depending on the circumstances of the estate; fees to administer

⁷ Brown, S. Kathi. Disparities in Wealth Transfer: Experiences and Expectations of Adults Ages 50-Plus. Washington, DC: AARP Research, June 2024. <https://doi.org/10.26419/res.00821.001>

⁸ Gallup, June 2021, "How Many Americans Have a Will?" <https://news.gallup.com/poll/351500/how-many-americans-have-will.aspx>

the estate, paid from the estate to the personal representative; and attorney fees if the personal representative hires an attorney.

Fees to administer an estate and attorney fees are generally based on a percentage of the total value of the estate: Probate Code 10800 establishes the compensation for the estate's personal representative on a graduated percentage of the estate's gross value, and Probate Code section 10810 sets the attorney fees for ordinary probate services at the same rate. According to the ACS 2024 estimates, the median value of a home owned by an older adult in San Francisco is \$1,321,300. Based on the compensation rates established in the Probate Code, the personal representative compensation for an estate of this size would total **\$26,213**, and the attorney's fees (if an attorney is retained) would total an additional \$26,213, for a total of **\$52,426 in both personal representative and attorney fees**.

Typically probate fees are paid out of the estate, which reduces the overall value of the estate that is distributed to beneficiaries after the estate is closed. Avoiding formal probate by establishing a living trust would therefore save at minimum \$26,213 in personal representative compensation and at minimum an additional \$1,000 in filing fees for an estate value at the median home value of older adults in San Francisco.

Probate Court Case Volume and Case Time

Between 2020 and 2025, the San Francisco Superior Court reported to us that there were between 355 and 492 probate estate filings each year. Of these, **between 169 and 240 each year were intestate (without a valid will), and between 155 and 192 each year were testate (with a valid will)**, with the value of their estates or other circumstances triggering the probate court process in both cases. In addition to testate and intestate filings, the Court also reported a small number of estate filings that could be either testate or intestate, because the cause codes may include both types. The total number of estate filings are summarized in Exhibit 3 below.

The Court also reported to us that a time study conducted in 2024 found that non-conservatorship/guardianship probate cases, included estates, trusts, and other probate, used on average 1,587 minutes or approximately 26.5 hours of case processing time. Based on this average time, we estimate that the estate cases filed each year with probate court required between 9,408 and 13,038 total hours of case processing time annually. (These numbers represent the average number of hours required for estate cases by year of filing, not the annual number of hours worked on estate cases each year.)

Exhibit 3: Superior Court Testate and Intestate Estate Filings, 2020 to 2025

	2020	2021	2022	2023	2024	2025
Intestate (no will)	169	240	235	230	239	209
Testate (valid will in place)	155	192	187	186	177	167
Both (could include both testate and intestate)	31	60	53	34	40	60
Grand Total	355	492	475	450	456	436
Total Estate Case Processing Time (hours)*						
	9,408	13,038	12,588	11,925	12,084	11,554

Source: San Francisco Superior Court.

*These numbers represent the average number of hours required for estate cases by year of filing, not the annual number of hours worked on estate cases each year.

The Court does not have a cost estimate or hourly rate for probate cases, so we were unable to calculate the total dollar cost of probate cases. Because the San Francisco Superior Court is funded primarily by the State, probate case costs are not direct City costs, though they do represent public costs. However, the City does incur costs when the Public Administrator administers an estate, as discussed further below.

Public Administrator Case Volume and Administration Costs

The San Francisco Public Administrator provides estate administration services for decedents who die without family members or loved ones to manage their estate. These services include identifying and contacting family members, searching for wills and trusts, locating and managing assets, planning for the disposition of the decedent's remains, monitoring creditor claims, reviewing taxes, and administering asset distribution to heirs and beneficiaries.

The Public Administrator's Office reported to us that between 429 and 450 cases were referred to them annually each year from FY 2023-24 to FY 2025-26, and that during FY 2025-26 there were 930 open cases/ongoing investigations. Based on the Public Administrator's Office's FY 2025-26 total expenditures of **\$3,515,970** and **930 total open investigations**, the Office estimated its per-investigation cost to be **\$3,781**. However, the Office noted that costs per investigation can vary widely, depending on the individual circumstances of the estate: for example, large estates that are required to go through probate court require more involvement from the Office's legal team and are likely more costly to administer, while indigent cases and cases that are not required to go through formal probate are likely less costly.

The Public Administrator's Office also provided us with a snapshot of estate referrals from the one-year period from March 9, 2025 to March 8, 2026 broken out by estate characteristics and whether the case was managed by the Public Administrator or transferred to next of kin/a new administrator. This snapshot is shown in Exhibit 4 below.

Exhibit 4: Estates with Public Administrator Referrals, March 9, 2025 to March 8, 2026

Estate Type/Size	Next of Kin or New Adminstr. Identified	Estates Managed by PA	Total Cases
Pending (not determined)	43	5	48
Indigent (under probate threshold)	56	89	145
Under \$50,000 (under probate threshold)	14	163	177
Between \$50,000 and \$208,850 (under probate threshold)	2	4	6
\$208,850 and over (over probate threshold)	5	14	19
Trust	1	0	1
Total Referrals 3/9/25—3/8/26	121	275	396

Source: Public Administrator's Office.

Note: Because the Public Administrator may discover next of kin or new administrator at different points during the estate management process, some of the estates managed by the Public Administrator reported in this table may be transferred to next of kin or a new administrator in the future.

As shown in Exhibit 4 above, of the 396 cases referred to the Public Administrator's Office during this one-year period, 121 or approximately 31 percent were disposed of after the Public Administrator identified next of kin or a new administrator to take over the estate. The remaining 275 cases or 69 percent remain managed by the Public Administrator's Office. Of the total 396 case referrals, only 19 (five percent) were required to go through probate court because the values of the estate were over the threshold triggering a full probate court process. (The Public Administrator is also required to go to probate court to be appointed trustee for trust cases, but most often trust cases move forward without court supervision). Estates between \$50,000 and \$208,850 require the Public Administrator to receive permission to act by the court, but do not go through the same formal probate process and the Public Administrator does not need to be appointed by the court.)

Probate Court Timelines

According to the California Courts Self-Help Guide, a formal probate case can take nine to 18 months. The San Francisco Superior Court reported to us that between 2020 and 2025, the time between filing and disposition for probate estate cases was between 1.6 to 1.9 months for intestate estate cases; between 3.8 and 5.7 months for testate estate cases; and, for a small number of estate cases that could be both testate and intestate, between 6.8 and 22.6 months.⁹ These reported timelines are shorter than the nine-to-18-month period cited in the Self-Help Guide because the Court considers only the time between filing and the qualifying disposition event: once the qualifying disposition event occurs, the matter is handed over to the estate's executor or administrator, who have additional responsibilities to complete that take additional time after the Court's disposition. The Court becomes involved again only when the

⁹ According to the Court, the longer disposition times may be related to the types of petitions included in the category "Both". Testate and intestate petitions generally have a 45-day hearing timeframe, whereas some petitions included in the category "Both" have a 180-day hearing timeframe. As a result, the latter petitions may be scheduled further out, potentially contributing to the longer median time to disposition.

executor/administrator completes their responsibilities or if issues arise during the estate administration process.

How Many Older San Franciscans Have Advance Health Care Directives?

Like estate planning, advance health care directives and advance care planning documents are not public record, and official counts of the numbers of older adults with or without advance health care planning in San Francisco are not available from any known public agency. However, the results from several surveys, reports, and studies allow us to estimate these figures. These resources vary in geographic location, age ranges for “older adults,” and how “advance care planning” is defined and categorized. While the various studies measure different aspects of end-of-life planning and present the results for slightly different age cohorts, they show that overall, 50 to 70 percent of adults aged 65 and older have some form of end-of-life planning documents in place, including living wills or advance directives. However, the studies consistently show that individuals with these end-of-life planning documents tend to be more affluent, white, and more highly educated. Accordingly, of the one-half to one-third of the older adult population without advance care planning, lower income, nonwhite, and less educated seniors are over-represented.

- A 2025 survey conducted by Pew Research Center of 8,750 adults, including 2,582 adults aged 65 and older, found that:
 - Regarding medical decisions, **44 percent of adults in their 60s** had documented their end-of-life medical wishes, **64 percent of adults in their 70s** had documented end-of-life medical wishes, and **80 percent of adults 80 years and older** had documented end-of-life medical wishes. Adults with higher incomes were more likely to have this documentation in place.
 - Of parents age 65 and older, **66 percent** had discussed their wishes for medical care with their adult children.¹⁰
- A 2020 cross-sectional study of 13,104 older adults in the San Francisco Bay Area aged 65 and older found that **29 percent had advance care planning noted in their electronic health record**. Lower socio-economic status was associated with lower rates of advanced care planning, after adjusting for health care use.¹¹
- A 2016 analysis of 2,105 Medicare beneficiaries aged 65 and older who responded to a 2012 National Health and Aging Trends Study module on advanced care planning found that 60 percent of respondents had discussed with any individual the medical treatment desired if seriously ill in the future; **50 percent had legal arrangements for a proxy to make decisions about medical care**; and **52 percent had a written advance directive**. Respondents with lower education levels and respondents who were low-income, Latino,

¹⁰ Pew Research Center, November 2025, “How Americans Are Thinking About Aging”.

¹¹ Nouri S, Lyles CR, Rubinsky AD, et al. Evaluation of Neighborhood Socioeconomic Characteristics and Advance Care Planning Among Older Adults. JAMA Network Open. 2020;3(12):e2029063. doi:10.1001/jamanetworkopen.2020.29063

and African American were less likely to have engaged in advance care planning (the study did not report results for Asian respondents).¹²

- A 2019 study by the California Health Care Foundation found that **61 percent of survey respondents aged 65 and older had documented their end-of-life medical treatment wishes in writing**. White respondents were more likely to have their wishes in writing.¹³
- A 2014 report analyzing data from adults who participated in either the 2009 or 2010 HealthStyles Survey found that **68 percent of respondents aged 55 and older had an advance directive**, and that advance directives were more frequent among women, white respondents, respondents with a college degree or post-college education, married respondents, and respondents with a chronic disease and regular source of care.¹⁴
- A 2011 study that analyzed survey and Medicare claims data for participants in the Health and Retirement Study who died between 1998 and 2007 found that **39 percent of decedents had completed a written, treatment-limiting advance directive and 61 percent of decedents had either a living will or written durable power of attorney**. Individuals with advance directives were more likely to be white, affluent, and highly educated.¹⁵
- A 2023 report from the San Francisco Palliative Care Work Group found that, based on surveys of adults in the Black, Chinese, and Latino/a/x communities in San Francisco:
 - 60 percent of adults in the Black community (66 total respondents) had heard of advance care planning and 33 percent had an advance care plan (these results are for all adults, not only older adults).
 - 50 percent of older adults in the Chinese community (229 total respondents) had heard of advance care planning, and 32 percent had a designated surrogate decision-maker.
 - 31 percent of adults in the Latino/a/x community (13 respondents) had heard of advance care planning.¹⁶

The sources above vary significantly in the age ranges reported, geographies evaluated, and terminology and definitions used for the “advance care planning” that was measured. Some studies were also limited to Medicare beneficiaries, rather than all older adults (notably, in 2016

¹² Harrison KL, Adrion ER, Ritchie CS, Sudore RL, Smith AK. Low Completion and Disparities in Advance Care Planning Activities Among Older Medicare Beneficiaries. *JAMA Intern Med.* 2016;176(12):1872–1875. doi:10.1001/jamainternmed.2016.6751

¹³ California Health Care Foundation, October 2019. Help Wanted: Californians’ Views and Experiences of Serious Illness and End-of-Life Care. <https://www.chcf.org/resource/2019/10/30/help-wanted-californians-views-serious-illness/>

¹⁴ Rao JK, Anderson LA, Lin FC, Laux JP. Completion of advance directives among U.S. consumers. *Am J Prev Med.* 2014 Jan;46(1):65-70. doi: 10.1016/j.amepre.2013.09.008.

¹⁵ Nicholas LH, Langa KM, Iwashyna TJ, Weir DR. Regional Variation in the Association Between Advance Directives and End-of-Life Medicare Expenditures. *JAMA.* 2011;306(13):1447–1453. doi:10.1001/jama.2011.1410

¹⁶ San Francisco Palliative Care Work Group, October 2023, “Learning Journey 2023 Report”.

Medicare began reimbursing health care providers for advance care planning discussions with Medicare beneficiaries, which could have contributed to an increase in advance care planning discussions after 2016). One study reported percentages of adults who had advance directives specifically noted in their electronic health record, whereas most other studies reported only adults who had documented their wishes in writing and/or had created a living will/advance directive. Individuals in their 70s and 80s were more likely to report having advance health care directives than individuals in their 60s.

Based on these studies, we therefore estimate that **30 percent or 58,295 older adults in San Francisco have an advance directive specifically noted in their electronic health record**, and **70 percent or 136,021 older adults are missing an advance directive in their electronic health record**. We also estimate that **between 50 to 70 percent (97,158 to 136,021) of older adults have documented their end-of-life wishes in some way, and between 30 and 50 percent (58,295 to 97,158) have not documented their end-of-life wishes**.

Health Care Costs Resulting from Lack of Advance Health Care Directives

Estimating how much hospitals spend on unwanted end-of-life care due to the absence of an advance health care directive requires multiple assumptions, because if an individual did not have an advance directive in place before they died, it is impossible to know whether the care they received was in line with their wishes or not. However, according to an overview of research presented in a 2024 study,¹⁷ research has shown that when faced with serious chronic illness, patients do not generally prefer aggressive care or want life-sustaining treatment in the terminal phase of their illness, although research has also found contrary results that individuals completing advance directives in their last three months of life were more likely to prefer aggressive, life-sustaining care.¹⁸ Overall, however, based on the meta-analysis presented in the 2024 study, we conclude it is reasonable to assume that if more San Francisco older adults had advance health care directives in place before they became chronically ill, many if not most of these older adults would request limited or less intensive end-of-life care, and San Francisco hospitals would spend less on end-of-life care as a result.

A study from 1994 found that the average inpatient charge for patients who did not have documentation of a discussion of advance directives was more than three times the inpatient charge for patients who did have an advance directive discussion documented.¹⁹ Another study, also from 1994, found that hospital and physician charges for patients without advance directives were 1.35 to 1.36 times higher than charges for patients with advance directives.²⁰ In 2011, researchers concluded that advance directives specifying limitations in end-of-life care were associated with significantly lower levels of Medicare spending and calculated the savings to be

¹⁷ Bronner KK, Goodman DC. End-of-life cohorts from the Dartmouth Institute: risk adjustment across health care markets, the relative efficiency of chronic illness utilization, and patient experiences near the end of life. *Res Health Serv Reg.* 2024 Mar 29;3(1):4. doi: 10.1007/s43999-024-00039-9.

¹⁸ Enguidanos S, Ailshire J. Timing of Advance Directive Completion and Relationship to Care Preferences. *J Pain Symptom Manage.* 2017 Jan;53(1):49-56. doi: 10.1016/j.jpainsymman.2016.08.008. Epub 2016 Oct 5.

¹⁹ Chambers CV, Diamond JJ, Perkel RL, Lasch LA. Relationship of advance directives to hospital charges in a Medicare population. *Arch Intern Med.* 1994 Mar 14;154(5):541-7. PMID: 8122947.

²⁰ Weeks WB, Kofoed LL, Wallace AE, Welch HG. Advance directives and the cost of terminal hospitalization. *Arch Intern Med.* 1994 Sep 26;154(18):2077-83. PMID: 8092912.

\$5,585 per decedent who died between 1998 and 2007, but only in regions characterized by higher levels of end-of-life spending.²¹

Adjusting for inflation, these savings estimates amount to between approximately \$9,000 and \$11,000 in savings per decedent in 2026 dollars. As originally estimated in the 2011 report, this savings amount should be understood as Medicare savings (in other words, payer savings), not hospital savings, resulting from advance directives that limited end-of-life care. To contextualize this range, the Inpatient Hospital Costs by Region report produced by the California Department of Health Care Access and Information shows that in 2023, the median inpatient hospital cost in San Francisco for patients aged 65 and older was \$23,803 (interquartile range \$14,482 to \$40,234) and the median length of stay was four days (interquartile range two to eight days). Again, this cost represents the cost of medical care to payers and patients, not the cost of the care to hospitals and providers, which is not broken out in the same way.²²

According to data maintained by the California Department of Public Health, 4,655 adults aged 65 and older died in San Francisco in 2024.²³ (This total includes all deaths that occurred in San Francisco, regardless of the place of residence of the decedent.) Earlier in this report, we concluded that between 30 and 50 percent of older adults in San Francisco have not documented their end-of-life wishes in some way, and accordingly, we estimate that in 2024, between 1,396 and 2,327 adults aged 65 and older died in San Francisco without this documentation. If we assume that 90 percent of these adults would have limited their end-of-life care in an advance directive, we estimate that having an advance directive in place for all decedents would have saved between \$11.3 million and \$23 million in 2024 in payer medical costs.

Policy Options

In this report, we have estimated that 58,295 to 77,726 older adults in San Francisco do not have wills, 136,021 older adults are missing an advance health care directive in their electronic health record, and 58,295 to 97,158 older adults have not documented their end-of-life wishes in writing. We also estimate that between 17,728 and 23,650 homes owned by older adults in San Francisco are not held in living trusts. Research shows that older adults who are lower-income, are non-white, and have lower education levels are less likely to have these end-of-life documents in place. Accordingly, end-of-life planning is likely to be less common among San Francisco's diverse populations, including communities of color, lower income communities, and communities speaking a language other than English.

The City currently provides legal assistance for older adults through the San Francisco Human Services Agency Department of Disability and Aging Services (DAS). DAS partners with and

²¹ Nicholas LH, Langa KM, Iwashyna TJ, Weir DR. Regional variation in the association between advance directives and end-of-life Medicare expenditures. JAMA. 2011 Oct 5;306(13):1447-53. doi: 10.1001/jama.2011.1410.

²² California Department of Health Care Access and Information. Healthcare Payments Database. Inpatient Hospital Costs by Region, 2023. <https://hcai.ca.gov/visualizations/inpatient-hospital-costs-by-region/>

²³ California Department of Public Health. 2024-2024 Final Deaths by Month by Occurrence County. <https://data.chhs.ca.gov/dataset/death-profiles-by-county>

provides funding to multiple legal services providers in San Francisco who assist older adults with the drafting of legal documents and the preparation of end-of-life materials, and all San Francisco residents age 60 and older are eligible for these services. However, given the projected growth in San Francisco's older adult population over the next several decades, and the estimated tens of thousands of older adults in San Francisco who currently do not have end-of-life planning documents, the City could consider increasing its support for legal services for older adults, particularly in lower-income communities and communities of color. This support would likely include substantial community outreach targeted to specific underserved demographics and diverse communities in the City.

Increasing the number of older adults in San Francisco who complete their end-of-life planning materials would result in savings to the City, by reducing some Public Administrator's Office costs and public hospital costs; to the San Francisco Superior Court, by reducing the number of probate cases; and to San Francisco hospitals, both public and private, and older adult hospital patients and payers by reducing unwanted end-of-life inpatient care.

The Board of Supervisors could:

1. Consider increasing the City's support for legal services for older adults, particularly those in communities that are less likely to have end-of-life planning documentation in place, to support universal end-of-life planning in San Francisco.

Appendix: Older Adult Demographics by Neighborhood

Exhibit 5 on the following pages presents demographics for San Francisco's older adult population by neighborhood, using 2024 ACS estimates.

Exhibit 5: Demographics of Older Adults (60+) in San Francisco, 2024

	Bayview CCD, 2024 Estimates		Downtown, Northeast Neighborhoods, Treasure Island CCD, 2024 Estimates	
	Pct	Count	Pct	Count
Total Population 60+		8,159		31,181
Male	42%	3,427	52%	16,339
Female	58%	4,732	48%	14,842
Asian	47%	3,843	49%	15,310
Black or African-American	29%	2,342	7%	2,120
Hispanic or Latino	12%	938	8%	2,463
White (non-Hispanic)	6%	514	33%	10,290
Speaks a language other than English	51%	4,153	53%	16,588
Speaks English less than "very well"	40%	3,296	42%	13,002
Married	47%	3,818	40%	12,504
Widowed	16%	1,338	15%	4,646
Divorced	18%	1,436	18%	5,488
Separated	3%	245	3%	780
Never married	16%	1,322	25%	7,795
Less than high school	33%	2,717	32%	10,009
High school or GED	24%	1,934	17%	5,238
Some college or associate's degree	25%	2,023	20%	6,267
Bachelor's degree or higher	18%	1,485	31%	9,666
In labor force	30%	2,431	31%	9,791
Not in labor force	70%	5,728	69%	21,390
Below 100% of the poverty level*	15%	1,208	28%	8,719
100% to 149% of the poverty level*	9%	718	19%	5,834
At or above 150% of the poverty level*	76%	6,233	53%	16,446
Total Households (Householder 60+)		4,303		20,190
Owner-occupied	58%	2,500	19%	3,776
Median value		\$1,032,600		\$1,371,800
Renter-occupied	42%	1,803	81%	16,414
Householder living alone	37%	1,605	64%	12,942
With earnings	55%	2,362	42%	8,439
With Social Security	64%	2,758	63%	12,740
With SSI	19%	805	24%	4,825
With cash public assistance	6%	254	5%	969
With retirement income	38%	1,622	25%	4,987
With food stamp/SNAP benefits	27%	1,158	35%	7,067

Source: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102. Blue text indicates BLA calculations.

*The total population for whom poverty is determined is lower than the total population estimates. Counts are calculated based on the totals of the population for whom poverty status was determined.

Exhibit 5: Demographics of Older Adults (60+) in San Francisco, 2024

	Merced-McLaren CCD, 2024 Estimates		Mission-Bernal CCD, 2024 Estimates	
	Pct	Count	Pct	Count
Total Population 60+		39,969		14,302
Male	45%	17,786	50%	7,094
Female	56%	22,183	50%	7,208
Asian	58%	23,062	17%	2,446
Black or African-American	5%	1,919	6%	801
Hispanic or Latino	13%	5,276	31%	4,477
White (non-Hispanic)	22%	8,633	43%	6,164
Speaks a language other than English	66%	26,459	43%	6,164
Speaks English less than "very well"	48%	19,025	30%	4,219
Married	56%	22,223	46%	6,522
Widowed	18%	7,354	16%	2,346
Divorced	13%	5,316	13%	1,802
Separated	2%	600	3%	372
Never married	11%	4,477	23%	3,247
Less than high school	27%	10,832	23%	3,232
High school or GED	20%	7,994	16%	2,288
Some college or associate's degree	24%	9,553	22%	3,075
Bachelor's degree or higher	29%	11,591	40%	5,706
In labor force	30%	11,831	32%	4,548
Not in labor force	70%	28,138	68%	9,754
Below 100% of the poverty level*	11%	4,267	19%	2,627
100% to 149% of the poverty level*	6%	2,370	7%	997
At or above 150% of the poverty level*	83%	32,868	74%	10,424
Total Households (Householder 60+)		19,122		7,619
Owner-occupied	73%	13,883	55%	4,183
Median value		\$1,152,500		\$1,242,500
Renter-occupied	27%	5,239	45%	3,436
Householder living alone	32%	6,176	43%	3,299
With earnings	58%	11,110	54%	4,091
With Social Security	69%	13,213	65%	4,914
With SSI	13%	2,467	11%	869
With cash public assistance	4%	822	4%	297
With retirement income	48%	9,236	40%	3,032
With food stamp/SNAP benefits	13%	2,543	17%	1,326

Source: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102. Blue text indicates BLA calculations.

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Exhibit 5: Demographics of Older Adults (60+) in San Francisco, 2024

	Richmond-Presidio-Marina CCD, 2024 Estimates		SoMa-Potrero-Mission Bay CCD, 2024 Estimates	
	Pct	Count	Pct	Count
Total Population 60+		28,195		10,183
Male	44%	12,462	52%	5,244
Female	56%	15,733	49%	4,939
Asian	41%	11,588	42%	4,236
Black or African-American	1%	338	7%	692
Hispanic or Latino	5%	1,325	11%	1,100
White (non-Hispanic)	50%	14,210	39%	3,951
Speaks a language other than English	43%	12,237	50%	5,102
Speaks English less than "very well"	26%	7,443	38%	3,910
Married	51%	14,408	49%	5,010
Widowed	16%	4,455	15%	1,477
Divorced	15%	4,088	16%	1,629
Separated	2%	508	2%	214
Never married	17%	4,709	18%	1,843
Less than high school	13%	3,553	23%	2,322
High school or GED	8%	2,368	14%	1,436
Some college or associate's degree	23%	6,598	21%	2,098
Bachelor's degree or higher	56%	15,676	42%	4,318
In labor force	33%	9,361	29%	2,994
Not in labor force	67%	18,834	66%	6,762
Below 100% of the poverty level*	10%	2,683	23%	2,326
100% to 149% of the poverty level*	6%	1,565	12%	1,239
At or above 150% of the poverty level*	85%	23,703	65%	6,592
Total Households (Householder 60+)		18,342		6,092
Owner-occupied	57%	10,382	36%	2,181
Median value		\$1,699,300		\$1,266,300
Renter-occupied	43%	7,960	64%	3,911
Householder living alone	50%	9,171	54%	3,277
With earnings	50%	9,171	47%	2,839
With Social Security	65%	11,849	65%	3,935
With SSI	6%	1,156	23%	1,371
With cash public assistance	3%	550	4%	244
With retirement income	47%	8,584	32%	1,956
With food stamp/SNAP benefits	8%	1,467	31%	1,870

Source: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102. Blue text indicates BLA calculations.

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Exhibit 5: Demographics of Older Adults (60+) in San Francisco, 2024

	Sunset CCD, 2024 Estimates		Western Addition-Buena Vista-Eureka Valley CCD, 2024 Estimates	
	Pct	Count	Pct	Count
Total Population 60+		33,193		29,134
Male	47%	15,435	51%	14,713
Female	54%	17,758	50%	14,421
Asian	56%	18,522	23%	6,643
Black or African-American	2%	597	6%	1,748
Hispanic or Latino	6%	2,124	9%	2,709
White (non-Hispanic)	33%	11,020	58%	17,014
Speaks a language other than English	59%	19,584	34%	9,789
Speaks English less than "very well"	39%	12,978	20%	5,710
Married	62%	20,580	41%	11,858
Widowed	16%	5,145	15%	4,458
Divorced	9%	3,021	18%	5,098
Separated	1%	332	3%	728
Never married	12%	4,083	24%	6,992
Less than high school	19%	6,406	9%	2,651
High school or GED	17%	5,477	13%	3,904
Some college or associate's degree	21%	7,004	22%	6,264
Bachelor's degree or higher	43%	14,339	56%	16,315
In labor force	29%	9,593	31%	8,973
Not in labor force	71%	23,600	69%	20,161
Below 100% of the poverty level*	11%	3,387	18%	5,014
100% to 149% of the poverty level*	6%	1,774	9%	2,521
At or above 150% of the poverty level*	84%	27,067	74%	21,117
Total Households (Householder 60+)		18,052		19,115
Owner-occupied	77%	13,846	44%	8,372
Median value		\$1,455,300		\$1,535,200
Renter-occupied	23%	4,206	56%	10,743
Householder living alone	31%	5,632	57%	10,934
With earnings	54%	9,712	45%	8,678
With Social Security	73%	13,250	63%	12,042
With SSI	8%	1,408	15%	2,867
With cash public assistance	2%	379	2%	363
With retirement income	51%	9,243	44%	8,391
With food stamp/SNAP benefits	8%	1,516	15%	2,810

Source: U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 2024 5-Year Estimates Subject Tables, Table S0102. Blue text indicates BLA calculations.

*The total population for whom poverty is determined is lower than the total population estimates. Counts are calculated based on the totals of the population for whom poverty status was determined.