Grant County Collaborative Community Senior Services Plan

Hidalgo Medical Services – Project Lead
New Ventures Consulting – Project Consulting Firm

Acknowledgments

The Grant County Collaborative Community Senior Services Plan has been researched, developed, and authored by Rev. Dr. Anne Hays Egan, Principal of New Ventures Consulting, along with Ms. Chris DeBolt, M.A., project consultant. The work and the plan were actively shaped by the project's Core Team, which includes the two consultants along with: Mr. Dan Otero, CEO of Hidalgo Medical Services (HMS); Ms. Edith Lee, LCSW, Chief Support Officer at HMS; Dr. Pedro Armendariz, Family Medical Physician/Senior Services Medical Director, and Louann Velasquez, HMS Administrative Support. Community outreach and publicity about the project survey and town hall meetings was provided by the HMS Public Relations consulting firm, Sky West Media. The final project report was reviewed and adopted by this Core Team, along with the project's Community Advisory Committee. The Advisory Committee includes over two dozen community leaders who have met multiple times to provide feedback, which has shaped our collective work. This network of people has enabled HMS (Project Sponsor and Lead) and New Ventures (Consulting Agency), the project partners, to involve the community at multiple levels to ensure that community stakeholders have worked with the Core Team to build the plan.

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Together, we present this report to the community, and thank the community members who have been involved in providing feedback and suggestions throughout the process.

Core Team Members

Dan Otero, MBA, CEO
Edith Lee, LCSW, CSO
Pedro Armendariz, MD, Family Medical Physician/Senior Services Medical Director
Louann Velasquez, BS, HMS Administrative Support
Anne Hays Egan, DMin, PhD ABD, MDiv, Lead Consultant
Chris DeBolt, MA, Consultant

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List of Advisory Committee Members

Marilyn Alcorn	Silver Adult Care Services (SACS)
Pam Archibald	HMS Board of Directors
Taffy Arias	CEO, Gila Regional Medical Center
Pedro Armendariz, MD	Family Medical Physician/Senior Services Medical Director, HMS
Megan Atwater	Community Member
Richard Bauch	Mayor, Village of Santa Clara
Helen Blackwell	CEO, Genesis Healthcare at Silver City Care Center
Tom Blanchard	Insurance Broker, Tom Blanchard Insurance
John Cheek, Rev.	Pastor, First Presbyterian Church, Silver City
Chris DeBolt	New Ventures Consulting, Community Consultant
Bob Denzler	Hachita Community Member
Bonnie Denzler	Hachita Community Member
Rebecca Dow	NM District 38 State Representative
Anne Hays Egan, Rev.	New Ventures Consulting, Lead Consultant
Gigi Ellis	Aging with Compassion
Jennifer Franz	Associate Professor, WNMU College of Nursing
Michele Giese	Health Promotion Specialist, NM Department of Health
Connie Hostetler	Silver City End of Life Options Coalition
April Hunter	Program Director, Senior Mental Health Program, HMS
Peggy Humble	Registered Nurse, Gila Regional Medical Center
Aimee Jaurequi	Registered Nurse
Edith Lee	Chief Support Officer, HMS
Priscilla Lucero	Executive Director, Southwest NM Council of Governments
Tanya Marquez	Director of Nursing, Genesis Healthcare at Silver City Care Center
Frank Merritt	Western Institute for Lifelong Learning (WILL)
Judy O'Loughlin	Grant County Extension Service
Melissa Ontiveros	Special Operations Coordinator, Community Action Agency of SNM
Dan Otero	CEO, HMS
Laura Phelps	Freeport McMoRan
Mario Quintana	Senior Olympics
James Skee, MD	Silver Health Care
Lynda Aiman Smith	Councilor, District #2, Silver City Town Council
Scott Terry	President & CEO, Grant County Chamber of Commerce
Don Trammell	Founder, Bridge Community
Marty Trammell	Founder, Bridge Community
Susie Trujillo	Board Member, Grant County Community Foundation
Julie Turner	Ambercare
Michelle Vasquez	Marketing Director, Genesis Healthcare at Silver City Care Center
Louann Velasquez	Enrollment Specialist, HMS
Charlene Webb	County Manager, Grant County
Don Wilson	Community Member
Todd Winder	Administrator, Fort Bayard Medical Center

(Our Core Team checked the listing, and has made every effort to ensure correct spellings of names and properly listed agency affiliations. Our apologies if there are errors, or if we have neglected to list any members of the Advisory Committee. We appreciate the diversity of perspectives and wide range of expertise represented in the group.)

Grant County Collaborative Community Plan for Senior Services

Table of Contents

I. Introduction

It has been a privilege to work with so many community leaders on this Collaborative Senior Services Plan. It has, indeed, been a collaborative process, with many voices shaping this plan. Working with the Core Team and Advisory Committee allowed us to ensure that the plan and its recommendations reflect a collaborative vision from multiple community leaders about what's needed for senior services in future years.

This collaborative vision was informed by many hundreds of community voices. Over 100 people were involved in key informant interviews and groups, which included a wide range of community leaders, professionals, and older adults. More than 75 people shared their opinions in town hall type community meetings that were held in five different communities throughout the region. Our survey gathered feedback in paper and online surveys from over 500 people.

We trust that this process has engaged a diverse group of community stakeholders in sharing information about:

- Programs and services that exist to meet needs;
- Gaps that should be addressed;
- Community assets;
- Priorities for future services.

Our draft report was shared with the Core Team for review and editing in mid-August. It was shared with the Advisory Committee and discussed in a meeting on August 20th. The Advisory Committee was engaged in the difficult process of prioritizing the recommendations. The recommendations, and the Advisory Committee's prioritization, are shared at the end of the document.

This plan contains the following chapters, which serve as building blocks for the recommendations:

- National Pictures of Aging
- Grant County Data Pictures
- Key Informant Interview Summary from Individual and Group Interviews
- Summary of Survey Responses
- Town Hall Community Meeting Summaries

The recommendations include a narrative section, followed by a summary of recommendations and strategies that, we hope, can be used by different community leaders, groups, and agencies to develop the needed resources and services that will position Grant County to be an Age-Friendly Community.

II. Executive Summary

Grant County has many assets, as well as challenges, as it looks at the needs of older adults now and in the future. The county has a rich and deep multi-cultural history, with different groups of people who have come to live in the region for a variety of reasons. These include settling in the area to work in the mine, with healthcare, for school systems or local government, and with other employers. Reasons have also included relocating to Grant County for the quality of living. The natural environment, with the Gila Mountains, is gorgeous. The communities have a friendliness, cost of living, and pace of life that retirees say is what draws them to the area.

Although the majority of the population lives in Silver City, there are vibrant small communities scattered throughout the county, from the Gila to Mimbres, Santa Clara, Bayard, Hurley, Arenas Valley, San Lorenzo, Hachita, Cliff, Tyrone, Buckhorn, Mule Creek, Hanover, and others. Some have lived in the region for generations; others for many years; and some are recent arrivals. All contribute to the community, and have different and sometimes competing needs.

This report provides the following snapshots of the community, its needs, assets, and recommendations for work to ensure that Grant County can remain vibrant in future years.

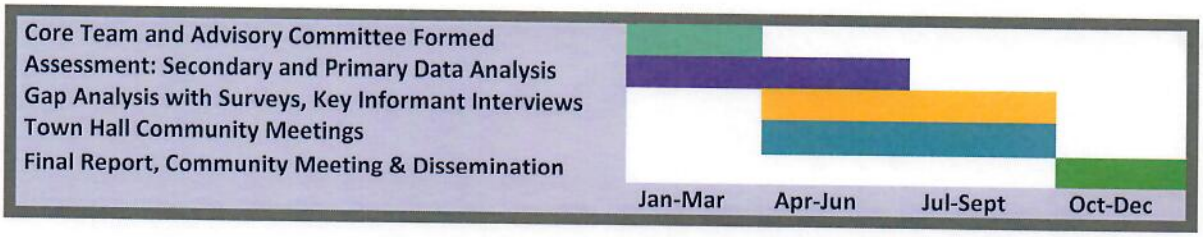
- The Age Wave in Grant County is bigger than the State of New Mexico's, which is much larger than our national aging trend. This means that the needs of seniors are very significant, and will shape much of life in the county in the next decade.
- The county has many assets, including its natural environment, pace of life, arts and culture, primary care healthcare and Senior Centers, and a large group of resilient and committed community leaders.
- The needs and service gaps include a lack of affordable home care services, housing (including independent living, assisted living and nursing home care), medical specialty care nearby, and transportation.
- Also important are maintaining and developing a vibrant quality of life for older adults, including access to resources, activities; opportunities to give back to the community; and knowledge about those resources that do exist.
- The county has lost population, jobs and capital in the past two decades, and needs to ensure that successful economic development can build more jobs for a better quality of life. Many of the fast-growing jobs are in healthcare, information technology, construction trades and green industries, which are all strong possibilities for Grant County.

The county's assets need to be deployed now, in a broad collaborative effort to address the needs and gaps, while it is still possible to use these as opportunities for economic growth in related industries. It is crucial to address these issues without delay, before the trends have a collective impact that will pull older adults with resources out of the community to other areas, and leave behind an increasing proportion of poor elderly with greater needs in the county. Grant County represents a leading model for planning for services for older adults, with a broad stakeholder group, deeply committed to developing needed resources. It is this vision and collective commitment that can accomplish a great deal in the coming years.

III. Methodology

The methodology guiding the *Grant County Collaborative Community Senior Services Plan* includes research which (1) gathered both quantitative and qualitative information about individual, family and community health (broadly defined); (2) analyzed services, gaps and future needs through research, surveys, key informant interviews and community town hall type meetings. Based upon these, the Core Team and Advisory Committee (3) developed and prioritized recommendations for the collaborative community work to address these priority needs. This process provided the Core Team and Advisory Committee the opportunity to hear about needs, services, gaps, and recommendations for the future from a wide range of community stakeholders. This approach offered a mix of data, information, feedback, opinions, community discussions and suggestions that provided core building blocks for the plan. The process used multiple methods for collecting and analyzing data, identifying key issues, trends and benchmarks. It intensively engaged community leaders, providers, older adults, and other community members in multiple ways to discuss needs, services, gaps, priorities, and recommendations. This created a community-rooted, stakeholder-driven and supported plan. We hope this will allow the many stakeholders in Grant County to collaboratively build services based upon the community's collective voices.

Description of Project Steps in a Process that Engages the Community. The project developed a small Core Team that met monthly to guide each step of the process. We also created an Advisory Committee, which included a broad mix of community leaders that met four times during the 10 months of the project's work, to provide guidance and input into the project steps and the report recommendations. This ensured stakeholder engagement. The timeline was as follows:



Approach to Assessment. The secondary data analysis came from core sources such as the NM Department of Health, federal HRSA and CDC data; *Healthy People 2020*, Robert Wood Johnson's *County Ratings and Roadmaps*, and AARP's *Livability Index.* We also consulted the Distressed Communities and Turn-Around Escape Velocity Indexes, Aging Community Impact Forecaster, United Healthcare's Senior Health ratings, *US News and World Report* ratings, Rural Economic Assessment Project (REAP) rankings, and others.

These provided a comprehensive picture of family, senior, and community health, related to the Social Determinants of Health (SDOHs) and health factors. The primary data analysis came from local data from the Grant County Community Health Council's 2013 and 2018 Community Needs Assessments; HMS FQHC and HRSA service utilization data; Senior Services Program data; and other provider data shared through reports, surveys, and a provider focus group.

We analyzed the current mix of services to older adults based upon community needs and projected future needs, models, benchmarks and evidence-based practices in relevant fields. Our work has been informed by an asset-based rather than deficit-based model of working with older adults. Our focus is driven by a commitment to build an Age-Friendly Community where older adults can access needed resources, opportunities and services and are supported in multiple ways to remain independent, highly engaged, giving back to the community.

The Gap Analysis was built upon a tiered analysis of data about needs, services, and gaps in order to build a plan for coordinated services. These included: (a) Services (from community outreach and education to prevention, senior services, health care, benefits enrollment, housing, transportation, and other services as needed); (b) Benefits (including a wide array of benefits that are part of the National Council of Aging's Benefits Check-Up, to which many older adults are entitled, but may not receive); (c) Opportunities (for older adults to be engaged in ways that work for them, including Senior Centers, employment, voluntarism, and involvement in community civic and faith organizations); and (d) Community Vitality (such as the natural and built environments; and age-friendly, economic, county, fiscal, social, and quality of life benchmarks).

Many service and program benchmarks are set by the federal Agency on Aging and NM AAA's Aging and Long-Term Services Department (ALTSD) for Senior Services; by HRSA and the Centers for Medicare and Medicaid (CMS) for primary care, behavioral health care and dental care; by CMS and the National Council on Aging (NCOA) for benefits enrollment; by NM Department of Health and the federal *Healthy People 2020* for individual and community health outcomes. Social Determinant related benchmarks include housing, transportation, education, income and poverty, food and other basic needs. AARP's Livability Index, the Aging Community Impact Forecaster, the Build Healthy Communities national center, the Villages model, and others provide a wide range of age-friendly asset-based community benchmarks to use in building the plan for comprehensive services.

Gap Analysis. Assessment provides the first step for any gap analysis. The gap analysis then builds upon the assessment, to offer a picture of the county and its communities. Our gap analysis was (a) based upon both primary and secondary data analysis, and (b) informed by surveys, interviews, and town hall meetings. We analyzed quantitative and qualitative information to identify services, resources, gaps, trends, and priority areas for focus. Services were analyzed against benchmarks and models, with specific programs and services analyzed against multiple factors, to build a more comprehensive system.

Key questions beyond the basics that we considered included: What types of community and home-based services are missing or spread thin; and in what ways? Where are gaps impacted by mobility, transportation, poverty, geographic location, or quality of service issues? Are there instances where services aren't well known or effectively utilized? What do older adults themselves say about needs, services, gaps and top priorities? What do people suggest as strategies to address gaps and create an Age-Friendly Community? What suggestions do people have for ways to leverage already-existing community assets?

In many cases, when consultants talked with community leaders and groups, we also asked how community members want to be involved in addressing the gaps. Our Core Team and Advisory Committee considered and discussed models other rural communities have used to address gaps, and how elements of these models can be replicated in Grant County.

Priorities for the gap analysis are to not only identify the gaps, but to indicate the nature and scope of gaps, how they relate to other rural community gaps, and the challenges and opportunities that exist for addressing the gaps. Much of the primary and secondary data provided important quantitative information for analysis. Feedback from providers, community leaders and community members through surveys, key informant interviews, and town hall meetings offered primarily qualitative, critically important information about where services may be limited, stretched thin, less than effective, or otherwise inadequate to meet needs. Gathering this information through stakeholder involvement offered deeper insights into gaps in ways that build broad community engagement and commitment. Gaps have been addressed in the recommendations, which focus upon programs and services needed, and strategies to move things forward; policies needed at local and state levels; and funding options.

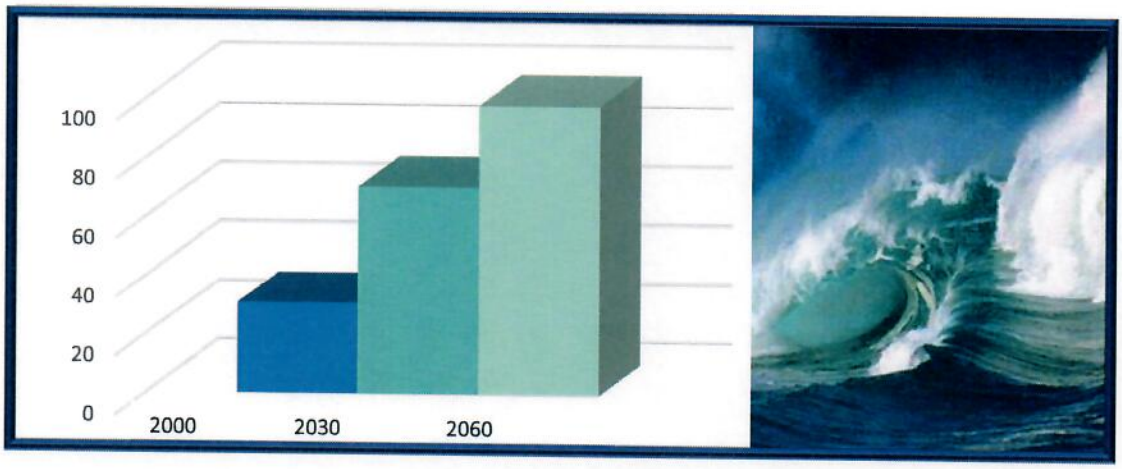
The project has involved providers, local government officials and other leaders, older adults and their families, and community members. The Core Team has worked with the consultants to shape the work, and the Advisory Committee has provided important feedback and suggestions. This work has been shaped by the community, and the recommendations represent the collective voice of the community, responding to the research findings with their suggestions for priorities for Grant County's future work.

IV. National and State Aging: Summary of Data and Trends

It is important to understand Grant County's aging trends within the context of both the state and national trends. Those instances where the county's trend is more pronounced than state and national trends indicate areas that will have a significant impact on the county. Understanding those trends will enable the county to analyze and project where resources will be needed, and proactively plan for how to make the local case for expanded funding to cover a wide array of services and resources for older adults and their families.

A. National Demographic Data on "The Age Wave"

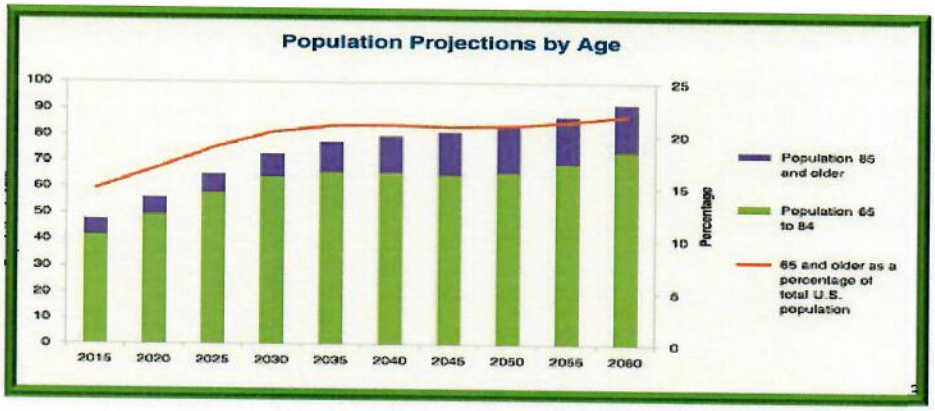
The federal Centers for Disease Control finds that nationwide, the proportion of people aged 65 years and older is expected to increase from 30.8 million in 2000 (12.4% of the population) to 70.3 million in 2030 (19.6%). By 2060, the Center for Population Research states the number of Americans aged 65 and older will more than double, from 46 million to over 98 million, and become increasingly diverse. People will be living longer and working longer. In many rural parts of the country, the proportion of young and middle aged adults is becoming proportionately smaller, as they move elsewhere to find work. Those aged 80 and older will be growing even more rapidly. This will have a serious impact on the built environment, healthcare, social services, transportation, assisted living and nursing home care, hospital care, shopping, parking places, and everything about community life.



The gender disparities in the older adult population are expected to change slightly, from 59% of the population as female in 2000 down to 56% projected in 2030, changing the female to male ratio. We anticipate larger changes in the racial/ethnic composition of the elderly, growing in diversity. The proportion of older adults considered to be members of racial minority groups (i.e. Black, Native, Asian/Pacific Islander, Multi-Racial), is expected to increase from 11.3% (2000) to 16.5% (2030). [1]

[1] "Public Health and Aging: Trends in Aging," *Morbidity and Mortality Weekly Report,* Centers for Disease Control, Feb., 2003; and data from American Planning Association's *Aging and Livable Communities.*

The divorce rates among elderly have increased; 3% of elderly women were divorced in 1980, with 13% divorced in 2015. Education levels are increasing, overall. Poverty rates for many older adult groups are dropping sharply. However, the economic disparities are widening, with higher levels of poverty for older women and minorities. More elderly are living alone today than in previous years. [2]



There is also a decline in the US birth rate as well as a flattening of the numbers of workers in their middle years. If these trends continue, it will mean a larger than anticipated projected decrease in proportion of working people in their earning years, able to support the elderly. [4]

B. Key Demographic Trends

Pew Research, one of the leading national think tanks, explains that there are key demographic trends that are shaping our country, which affect national, state and local planning and policy. Pew has found that our country is becoming more racially and ethnically diverse, and is rapidly aging. These trends are shifting our civic engagement, policies and political process. Millennials, born between 1981 and 1996, are a larger group than the Baby Boomers, and will shape changes in the coming decades. The American family is changing as is the woman's role in the family and the workforce. The middle class is shrinking. The percentage of people who do not identify with any organized religion is growing. [5] These trends shape the way that older adults age, the lives of their grown children, community resources and services, quality of life in communities, policies, funding, and the structures and systems that provide support to the aging population.

There are increasing numbers of older women and frail elderly women living alone: 27% of all women aged 65 to 74 live alone; and 42% of women aged 75 to 84 are alone. That ratio is expected to increase. The aging of baby boomers could result in a 75% increase in the number of people aged 65 and older requiring nursing home care in 2030 (up from 1.3 million in 2010 to 2.3 million in 2030). Demand for home and community-based elder care will increase as the number of people with Alzheimer's disease is expected to triple by 2050 (from 5 million in 2013 to 14

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[2] "Public Health and Aging: Trends in Aging," *Morbidity and Mortality Weekly Report,* Centers for Disease Control, Feb., 2003

[3] "Aging in Place," US Housing and Urban Development.

[4] US Census data and data from the Centers for Disease Control (op.cit.)

[5] "10 Demographic Trends that are Shaping the US and the World," by O'Vera Cohn and Andrea Caumont, *FactTank*, Pew Research Center, March 31,2016.

million). Social Security currently represents 8% of the budget, and is expected to increase by 50% by 2050.[6]

The National Center for Biotechnology Research studies from 2002 reported:

> *The real challenges of caring for the elderly in 2030 will involve: (1) making sure society develops payment and insurance systems for long-term care that work better than existing ones, (2) taking advantage of advances in medicine and behavioral health to keep the elderly as healthy and active as possible, (3) changing the way society organizes community services so that care is more accessible, and (4) altering the cultural view of aging to ensure all ages are integrated into the fabric of community life.* [7]

Baby Boomers are now retiring in record numbers (from 10% in 2010 up to 17% in 2015). Retirements will continue to grow for a decade or more. This trend in retirements for this large population cohort of Baby Boomers has immense economic and workforce implications. [8]

The field of aging services is also changing rapidly, as we move from the WWII generation being served by Senior Centers to a more diverse older adult population with different values, cultural norms and needs. Changes in demographics, consumer preferences, technology, community capacity, funding, and public policy will significantly impact aging services for the next 10 - 20 years. It is critical that communities address these trends and emerging models in their planning. [9]

Fiscal forecasts from the US General Accounting Office indicate a growing debt, which will affect funding for needed state and community services. A recent report from State Finance and Budget Officers indicates a mixed picture for state and local government budgets in 2018 and beyond. State budgets are weakening, which adds even more pressure on local county and municipal budgets. However, there is a growing dialogue among local government officials to find ways to creatively tackle challenges, with increasing concerns about addressing services, housing and other growing needs. Local and state leaders are also tackling tax reform and policy issues.[10]

Another, well-respected research institution, the Milken Institute's Center for the Study of Future Aging, has completed an intensive research project identifying the healthiest 20 large and small cities in the US for retirees. They use many indicators that are comparable to those used by AARP's Livability Index, the Distressed Communities Index, Robert Wood Johnson's *County Health Rankings and Roadmaps*, and the Rural Economic Analysis Project. Milken uses 83 benchmarks in 9 key categories, similar to, but different from AARP's Livability Index. They have found that longevity is linked to location, and that the needs of today's baby boomers who are tomorrow's elders are vastly different from those of the WWII generation. Their studies show that the older models for Senior Center based services and activities need to be transformed to meet the emerging needs of a more mobile and less delivery-system based generation, while at the same time maintaining the strengths of the current community-based senior programs.

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[6] "US Aging Trends are More Alarming than we Thought," *The Hill*, by John Rowe, Professor of Aging Health Policy, Columbia University of Public Health, 20in the United States," 11/29/2018.
[7] "The 2030 Problem: Caring for Aging Baby Boomers," by James R. Knickman and Emily K. Snell, *Health Services Research*, 2002.
[8] "What Baby Boomers' Retirement Means for the US Economy," by Ben Casselman, Five Thirty Eight, May, 2014.
[9] "Trends in Aging Services," LeadingAge Massachusetts,
[10] US Government Accountability Office, *2018 Report*; and "Three Issues that Worry State and Local Leaders," Elizabeth Kellar, *Governing Magazine*, August 2, 2017.

Milken reports that we need to address the changing faces of the aging population in their diversity, which includes the "new old."

The study finds that today's elderly, and tomorrow's seniors want to age in place. In fact, 90% of people surveyed by AARP say they prefer not to pack up and move to independent living, assisted living, or nursing home facilities. They want to remain in their homes, in their communities. This has a huge impact on the design and development of community-based services for the future.

C. Benchmarks for Age-Friendly Communities

Milken's benchmarks for healthy, age-friendly communities include the following key areas:

- Safety, living and affordability with multiple options for living arrangements;
- Healthcare (high quality health care and specialty services);
- Wellness (recreation, parks, wellness);
- Work and entrepreneurship opportunities (small business growth, employment opportunities for elders);
- Financial security (low tax burden, low cost of living, region's financial strength);
- Mobility, transport, access, convenience – commute times, fares, public transit, grocery store density, internet;
- Education (college and other educational institutions and opportunities);
- Community engagement – physical, intellectual and cultural enrichment;
- Overall community quality of life.

Milken further reports that we are living in a time when our lives are extending into eight, nine, and even 10 decades. Our ways of aging are changing along with our shifting lifespans and the impact of the baby boomers as they age. Their report states:

> *While the health and economic challenges of aging remain significant concerns, an increasing number of today's older adults are redefining the experience. They are launching companies and nonprofits, climbing mountains, creating apps, and mentoring youth. They increasingly seek lifelong engagement and purpose. They expect their communities to support their changing needs, recognize their abilities, and enable their contributions to the greater good. With the gift of longevity, new opportunities have emerged for older adults to pursue work and education, social and civic involvement, and rich interaction with younger people—and one another. At the same time, this fast-growing cohort wants better health care and increased financial security. They seek access to amenities that ease the challenges of aging and enhance quality of life for themselves and their loved ones. In our efforts to achieve these goals, where we live has never been more important.*[11]

[11] *Best Cities for Successful Aging*, by Sindhu Kubendran and Liana Soll with Paul Irving, 2017, Milken Institute for Successful Future of Aging.

D. New Mexico State Trends

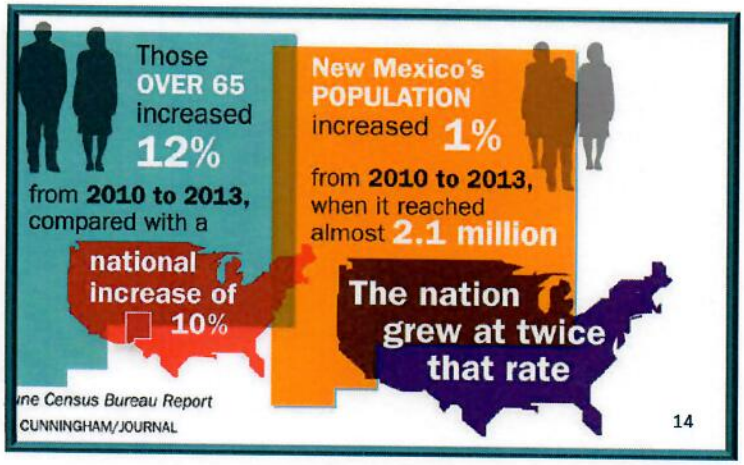
The Mercatus Center at George Mason University conducts annual fiscal rankings of states, comparing them on policy, budget and other fiscal criteria. New Mexico ranks 45th out of 50.

> *On the basis of its solvency in five separate categories, New Mexico ranks 45th among the US states for fiscal health. New Mexico has between 2.01 and 2.60 times the cash needed to cover short-term obligations. Revenues only cover 96 percent of expenses, with a worsening net position of –$490 per capita. In the long run, New Mexico has a net asset ratio of 0.5. Long-term liabilities are lower than the national average, at 23 percent of total assets, or $3,977 per capita. Total unfunded pension liabilities that are guaranteed to be paid are $64.64 billion, or 80 percent of state personal income. OPEB are $3.81 billion, or 5 percent of state personal income.* [12]

The US Census Bureau captured the state as follows:

> *New Mexico is known as the "Land of Enchantment" and those living in New Mexico have a sense of the distinctive socioeconomic characteristics that define it. In New Mexico, we recognize that culture and natural landscapes are very attractive assets. However, New Mexicans are also faced with income disparities, economic development difficulties, and slow community development.*[13]

New Mexicans age 65 and older are the fastest-growing segment of the state's population this decade, and that trend is expected to continue in the coming decades, according to University of New Mexico demographer Jack Baker. The state's birthrate has been fairly constant, with a growing older population, which means a significant level of growing need for communities.



New Mexico's aging trend is larger and deeper than the national trend, which is highly significant for all community planning initiatives. New Mexico will move from 39th in the nation in proportion of people age 65 and older, in 2010, to being 4th by 2030. To raise awareness and begin to address this issue the Con Alma Health Foundation led the EngAGE New Mexico initiative, along with its grant making in aging-related policy.[15]

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[12] "Ranking the States by Fiscal Condition, 2018, The Mercatus Center, George Mason University.
[13] US Census Bureau's *State Profiles*, 2018.
[14] "New Mexico's Population Getting Older," by Barry Massey, Albuquerque Journal, July 16, 2014.
[15] Con Alma Health Foundation's EngAGE New Mexico initiative.

There are other trends that impact local community capacity to address service needs, and those include pictures of state and local trends with population, jobs and capital. New Mexico has struggled with flat population growth, and is projected to lose population in future years, and continue with its poor economic performance. According to demographic researcher Brian Sanderhoff, the state lost 17,300 nonfarm payroll jobs in the past 10 years. A total of 14 counties lost population between 2000 and 2010, and 21 of the 33 counties lost population between 2010 and 2014, a seriously disturbing trend. For many years, a large proportion of the state's economy depended upon federal spending, oil, copper, and cattle. Many of these industries are changing. The question today is: How will these traditional fields, new industries and technologies, small businesses, and retirement incomes shape the economy of Grant County in the coming decade?

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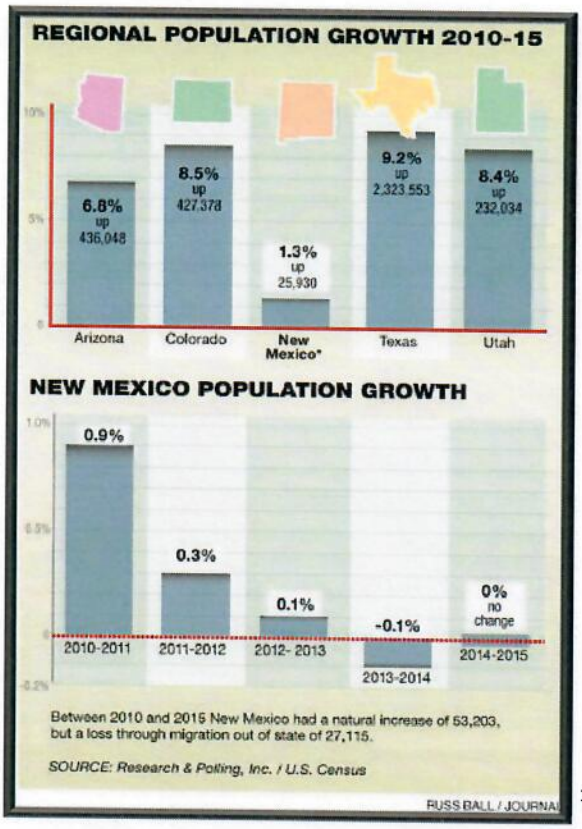

[16]

The New Mexico Aging and Long Term Services Department's *Strategic Plan* indicates that there is a statewide increase in requests for services. This has been caused by the growing number of elderly combined with the economic crisis. Their plan indicates that one in six elderly report a concern with having enough money for food. This has resulted in an expansion of need for congregate and home delivered meals, basic needs and other services.[17]

The United Healthcare Foundation's *2018 Senior Report* rates New Mexico as 35th out of 50 the states in terms of its healthcare, resources and services, policies and funding. It ranks 20th out of

[16] "New Mexico's Population Struggle," by Winthrop Quigley, *Albuquerque Journal*, January 28, 2016.
[17] NM ALTSD *2013 Strategic Plan*, *2014-2016 Strategic Plan*, and *2017-2021 Strategic Plan*.

50 in terms of its per capita spending on the elderly, at $575 per person, just over the national average of $565 per person. The five highest expenditure states average between $1500 and $3600 per person; lowest expenditure states average $207 to $255. New Mexico ranks 38th in terms of food insecurity, with 18% of elderly reporting food insecurity. The state ranked very high, as 14th in terms of proportion of people receiving home delivered meals, which does help to address some food insecurity issues faced by the frail elderly. The state ranked very poorly (46th out of 50) in terms of the percentage of nursing homes with high quality rankings.[18]

The Social Determinants of Health (SDOHs) and behavioral risk factors are very much at work in a fast changing economy and social fabric that is experiencing:[19]

(1) Increasing loss of population, jobs and capital, especially in rural and poor communities;
(2) Rise in the proportion of low wage service-sector jobs;
(3) Increase in workforce challenges related to a lack of alignment between jobs available, well qualified pool of workers, job training, and adequate community resources, especially in rural areas;
(4) Greater substance abuse and opioid-related workforce challenges, which are part of a growing trend;
(5) Changing composition of families, with more single and divorced parents, multi-generational families, and other configurations, a reflection of many economic challenges.
(6) Loss of the ratio of the middle class to the population at large, rising poverty rates, and increasing income disparities;
(7) Moving of Millennials and other younger generations away from rural areas and into larger communities, increasing challenges for rural counties;
(8) High rates of incarceration, especially among racial and ethnic minorities, causing challenges for individuals, families, and county budgets;
(9) Municipal funding challenges.

This combination of factors has led to a range of health, behavioral health, health risk, workforce and economic challenges across the US, which is much more acute in New Mexico than the nation at large, and most acute in our state's rural counties.

Many researchers have identified the structural issues that must be addressed in aging. They have indicated for about two decades that there are major policy, funding, structural and systemic, service, resource and built environment issues that must be tacked at state and community levels. These issues have not been adequately addressed at national/federal, state or local levels in most parts of the nation. This leaves older adults extremely vulnerable.

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[18] *2018 Senior Report*, America's Health Rankings, United Healthcare Foundation, 2018.

[19] Systemic issues listed have been reported by *Forbes* in October 19, 2016; *MIT Technology Review*, November 2016; *Worker's Compensation Watch*, November 13, 2014; "Low Wage Recovery and Growing Inequality," *National Employment Law Project*, August 2012; "The American Middle Class is Losing Ground," *Pew Research Center*, December 9, 2015; *More Grandparents Raising Grandkids: New Census Data Shows Increase in Children Being Raised by Extended Family*, by Amy Goyer, AARP, 2010; "Disparities: Health Risks Seen for Single Mothers," Rabin; *New York Times*, June 13, 2011. "Incarceration and Social Inequality," Western & Petit, *American Academy of Arts & Sciences*, Summer, 2010; "The Ten Most Startling Facts About People of Color and the Criminal Justice System in the United States," Kerby, *Center for American Progress*, March 13, 2012. Behavioral health data from NM IBIS, BRFSS, "Community Snapshots," and Generations United *2016 Annual Report*.

V. Grant County Data

A. Overview

This section provides a summary of population, health, social, community, educational and economic data by reviewing a wide range of data sources. The material includes both primary and secondary data analysis. We start with the secondary data, and then move to a description and analysis of primary data gathered from providers and community members from reports, surveys and key informant interviews. This offers a multi-layered platform for understanding the community and its strengths and weaknesses, especially related to older adults.

A county's health is determined by much more than the overall health of its citizens, health outcomes, and the healthcare delivery system. These factors are critically important to a county's health, and they represent just part of the picture of community health. Community health and vibrancy is also determined by social, educational, cultural and economic factors that shape the fabric of life. Those communities that are most vibrant, and the best places for people of all ages have a good mix of races and cultures, providing human diversity that mimics the biodiversity we need in our environments for healthy life. Healthy communities have mixed economies, with jobs in multiple sectors, opportunities for growth, and an expanding base of business development. There is less proportionate poverty than on average, and more opportunity. Healthier communities have higher average educational levels, greater civic engagement, and healthy built and natural environments.

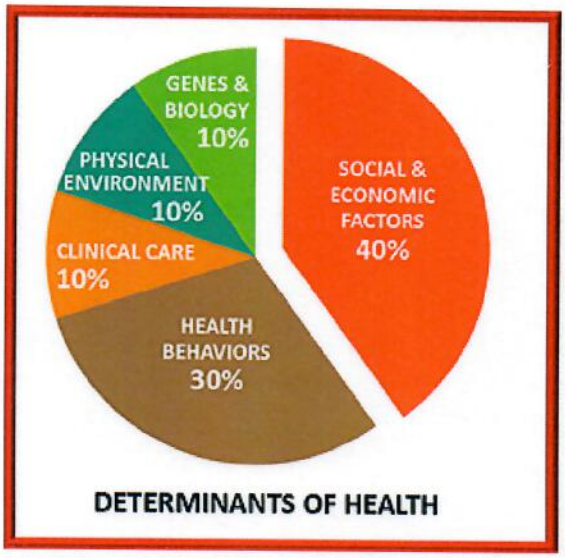
An increasing number of research institutes agree that healthy communities need this rich mix of factors to create what people experience as a good quality of life for everyone, with resources to help those in need. Individual and family health is shaped by the communities in which we live. Our community health is shaped by all of us, as well as by the collective impact of social, economic, cultural, environmental, and health trends.[20]

[20] An important note about statistics: there will be some minor discrepancies between different data sources with respect to the total population count, race and ethnicity, and some other factors. This is primarily due to the differences between years used, when data was actually downloaded from US Census databases (which are estimates for years after 2010, and are continually updated.) Data also varies slightly based upon the types of screens used for analysis. All of the data differences are minor, and fall within the normal reported margins of error, unless otherwise noted.

B. Secondary Data Analysis from Research Findings

1. The Importance of Social Determinants of Health (SDOHs)

The US Department of Health and Human Services, Center for Disease Control (CDC), Kaiser Family Foundation, Robert Wood Johnson Foundation and others have carefully researched the mix of factors that impact health.[21] The greatest determiners of health are social and economic factors, called social determinants (SDOHs). The second largest factor is health behaviors.



The social and economic factors include: income and assets, race and ethnicity, level of education, and social supports. Health behaviors include the cluster of physical and behavioral health promotion activities or health risk behaviors that impact our lives (including healthy and unhealthy eating, exercise, substance abuse, anger and violence, and others).[22]

The purpose of this pie chart, utilized by health professionals, is to demonstrate the overwhelming impact of social characteristics and health behaviors (or behavioral risks) on overall health. Taken together, they represent the vast majority of factors that impact population health outcomes. The combined impact of social determinants and health behaviors are much stronger in shaping family, community, and population health than genetic factors, physical environment or clinical care.

In other words, our communities greatly shape our health and wellbeing. This is extremely important in Grant County because, as the data in this section will show, the impact of social determinants and health behaviors is extremely significant here. The decades-long loss of

[21] Center for Disease Control, *Determinants of Population Health.*

[22] Determinants of Population Health, developed and utilized in this and other revised forms by the CDC, Kaiser Family Foundation, Robert Wood Johnson Foundation and others to demonstrate the significance of the Social Determinants and behavioral risk factors on overall health.

population, jobs and capital creates significant economic and community stress. These SDOH issues and behavioral health risk factors impact the county health in profound ways.

The key areas of social determinants that are most critical for county health are: (1) poverty and income inequality for the population; (2) the overall economic picture; (3) educational levels and trends; and (3) racial and ethnic makeup of the region; (4) aging demographic trends; and (5) links among these multiple factors.

2. National Rating Agencies and their Rankings of Grant County Health

The Robert Wood Johnson Foundation measures community health across a number of factors, including population health, the environment, and other factors. Grant County's ratings are very high (4 out of 32) for length of life and quality of life. The lower the numbers, the higher the county is ranked against all other NM Counties. Ratings are strong for health factors and behaviors. They are better than average for health care services. Social and economic factors and the built environment are all rated significantly less than average.[23]

RWJ Ratings for Grant County Overall Health	
Length of Life	4
Quality of Life	4
Health Factors	5
Health Behaviors	8
Health Care Services	15
Social & Economic Factors	18
Physical Built Environment	20

N=32. Source RWJ County Rankings. Lower numbers are better.

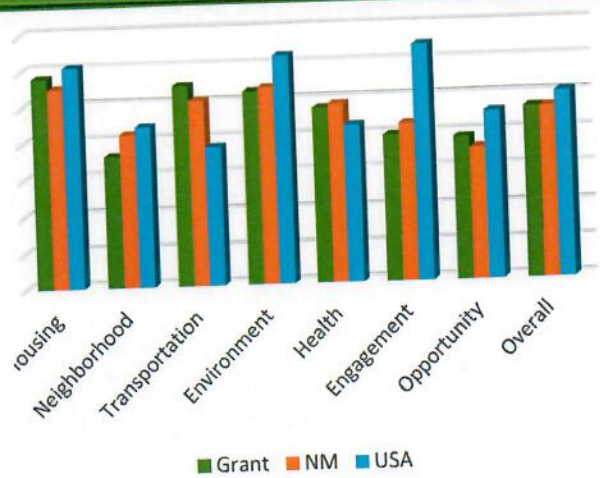
Using the metrics of the AARP Livability Index, which is becoming a national standard for creating age-friendly communities, Grant County has its best scores in housing, transportation and the natural environment. AARP's ratings are on a 1-100 scale; higher numbers mean stronger ratings. The County's greatest strengths include housing, transportation, and opportunity. It is comparable to the state in its overall rating, which is lower than the national rating. The county ranks slightly below state averages in health and community engagement. It is below state averages in the rating of its neighborhoods.

[23] *2018 County Health Rankings and Roadmaps* by Robert Wood Johnson, 2017 US Census, CDC and other data.

AARP Livability Index

	Grant	NM	USA
Housing	58	55	61
Neighborhood	36	42	44
Transportation	55	51	38
Environment	53	54	63
Health	48	49	43
Engagement	40	43	65
Opportunity	39	36	46
Overall	47	47	51

Data from 11/26/2018. AARP's Livability Index, AARP Public Policy Institute.



The Livability Index pulls its data directly from the US Census databanks, and analyzes the data with automated algorithms. Some of the data in US Census fields has higher margins of error for specific types of data, especially with one-year increments, for rural communities. Thus, the background data needs to be analyzed for its applicability for Grant County across all of the parameters. A copy of the AARP Livability Index report is available in the Appendices.

In 2017, the *Silver City Sun News* printed an article summarizing the research from Smart Assets that listed Silvery City as one of the three best places to retire in New Mexico. Their ratings were primarily shaped by choosing states and cities with low tax burdens, excellent weather, vibrant retirement communities, and good healthcare resources. These are an excellent fit for people with moderate to substantial means, with sufficient retirement income. It appears that the Smart Assets calculation does not include many of the important social determinants that are used by other ratings agencies.

a. County Poverty Rates

Grant County has an extreme poverty level of 10.3% and an overall poverty level of 21.5%, which is higher than the state's average. Poverty levels for Hispanics are almost twice that of Whites who are not Hispanic. Poverty rates for females are above those of males. Poverty rates are extremely elevated for children - 30.1%, and for adults - 23.9%, and are moderate for those 65+ - 8.6%. These rates increase by an average of 5% at 125% of the poverty level.[24]

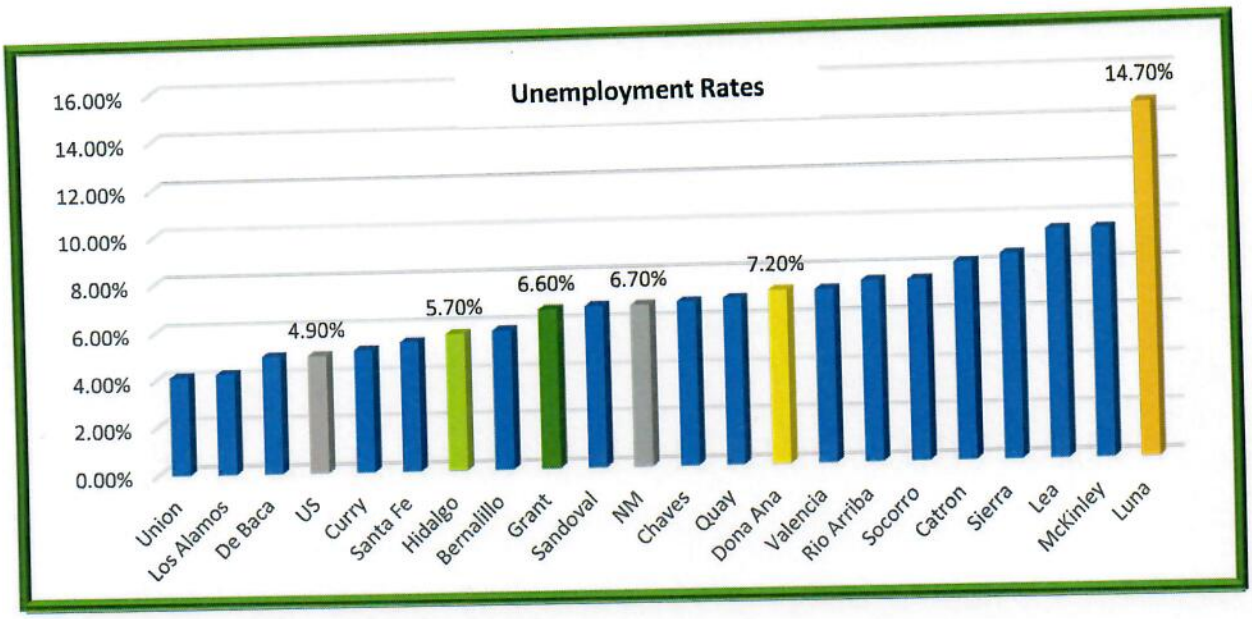
[24] US Census Data, 2012-2016 5 year estimates from NHGIS database.

	Grant County, New Mexico			
	Total	Less than 50 percent of the poverty level	Less than 100 percent of the poverty level	Less than 125 percent of the poverty level
	Estimate	Estimate	Estimate	Estimate
Population	28,270	10.3%	21.5%	26.7%
Male	13,936	9.3%	19.3%	24.6%
Female	14,334	11.2%	23.7%	28.8%
Under 18 years	6,042	15.1%	30.1%	35.7%
18 to 64 years	15,457	11.8%	23.9%	29.3%
65 years and over	6,771	2.3%	8.6%	12.9%
Hispanic	14,077	11.3%	27.9%	34.4%
White, not Hispanic	13,297	8.5%	14.1%	18.0%

The NM DOH IBIS database places the Grant County poverty rate at 21.8% for 2016 alone, which is higher than the state's average of 19.8%. The trend may be toward a higher poverty rate. What is important to note are the differences in poverty rates between children, adults and older adults. The population, as a whole, is much poorer than older adults, which is important to note in planning services and the allocation of resources. The discrepancy is probably more than outweighed by the impact of the Age Wave. The larger group of elderly in the county means that, although they are proportionately less poor than the population at large, the sheer size of the elderly age cohort means that, for those living at or near poverty, the issue is a serious concern.

b. The Economic Picture

A snapshot of unemployment in 2016 shows that both Grant and Hidalgo County unemployment rates (6.6% and 5.7%) are below the state average of 6.7%. Dona Ana's rate is a bit worse than the state average and Luna County has more than double the state's unemployment rate. All of these counties in the region have unemployment rates higher than the US average of 4.9%. It is important to see the economic picture for both the county and access to resources are shaped by these larger regional economic trends.



Some different pictures emerge about community economic health, as related to the social determinants. Both the Economic Innovation Group (EIG) and NM Rural Economic Analysis Project show that there are areas of strength as well as economic trends that should be of concern to those developing plans for the fast-growing older adult population. These two groups are major national economic policy institutes that conduct state and county analysis, which is focused primarily on economic indicators of community health. They include social determinants in the mix of factors for economic health, much as RWJ does with SDOH factors when considering community health.

EIG has created a Distressed Communities Index (DCI) which includes seven different metrics to analyze the economic vitality or distress of communities, counties, zip code areas and census tracts. They compare the metrics for two time periods, 2007-2011 to 2012-2016 to analyze trends. The following represents the picture of Grant County, and the areas where the county is considered to be distressed, by the EIG's calculations.

Although Grant County's economic picture is not as dire as that of Hidalgo or Luna Counties, there are serious concerns, which impact the county's health and wellbeing. Even though the county has made improvements in its unemployment rate since 2011, its overall economic picture has worsened, and it has become an increasingly distressed area. This impacts overall economic wellbeing for families, reduces services and resources available locally, and impacts the quality of aging in place in the community.

EIG's Distressed Communities Index for Grant County

	2007-2011	2012-2016	Trend
Population	29,680	28,880	
Minority Share	51.20%	53.00%	
% in Distressed Zip Codes	20.50%	88.00%	
% in Prosperous Zip Codes	2.30%	0.00%	
DCI Score	78	83.6	
Change in DCI Score		5.6	
% Adults without High School Diploma	14.80%	14.00%	
Poverty Rate	16.60%	21.50%	
% of Adults not Working	34.30%	37.90%	
Housing Vacancy Rate	10.30%	12.80%	
Median Income Ratio	82.70%	85.10%	
% Change in Employment	-14.00%	0.70%	
% Change in Establishments	-11.70%	-7.20%	
Distress Rank within US	688	514	
Distress Rank within State	15	15	
Total Number of Counties in State	33	33	

There is a net outmigration of population and jobs, which is also seen in the NM Rural Economic Assessment Project (REAP) statistical analysis. This poses one of the biggest challenges for Grant County and its future capacity to develop adequate services to support older adults. The majority of the county zip codes have slipped into a distressed economic category since 2011, and the county is considered by DCI metrics to be a distressed county. However, Grant County is slightly above average when compared to all other counties in New Mexico (15/33).

EIG's Distressed Communities Index sorts places into quintiles based on their performance on the index: prosperous, comfortable, mid-tier, at risk, and distressed. What EIG has found in their research is what they call the "Great Reshuffling." It is a re-sorting of population, social capital, jobs, and businesses away from rural distressed areas, and into urban centers, small vibrant cities, and rural "destination areas.". Many rural counties throughout New Mexico and the nation are facing negative impacts of this reshuffling.

> *In the years following the recession, top-tier places have thrived, seeing meteoric growth in jobs, businesses, and population. Meanwhile, America's most distressed zip codes are becoming more rural. Gaps being between prosperous areas and the*

rest have grown wider. What was once a country of disparate places that converged towards prosperity is now a country of places drifting further apart.[25]

EIG has found that the following economic trends that are creating a significant reshaping of our communities nationwide. These are in strong alignment with the social determinants. Grant County is facing a trend toward increasingly distressed communities. This means that the county is facing the following future trends, if the situation isn't shifted through diverse economic development.

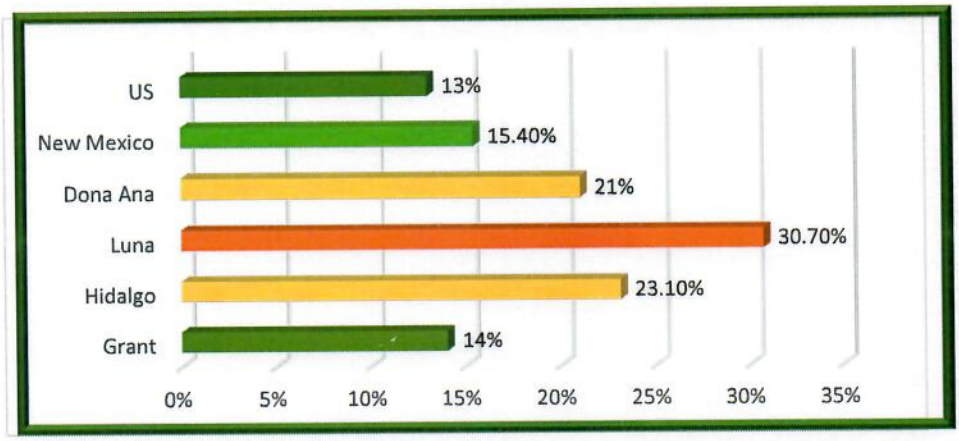
a. Population and prosperity are intertwined, and people will be increasingly moving away from the county and into more prosperous areas, especially if healthcare, senior housing, and other services are not adequate to meet needs.
b. Economic distress is continuing to expand within rural regions, with hub cities (like Las Cruces, Albuquerque, and Tucson) gaining an increasing percentage of the market share, with Grant County losing market share.
c. The small percentage of prosperous communities have a jobs surplus, and a very fast pace of job creation, adding more jobs than the bottom 80% of the rest of the zip codes combined. Grant County has lost population and jobs.
d. The housing vacancy rate is one of the best predictors of economic wellbeing, and Grant County's has increased, which serves as a concern.
e. Educational attainment represents one of the clearest fault lines between distressed and prosperous communities, and Grant County's performance on this metric is stronger than the state's.
f. Diversity, multiculturalism and multiracial communities are critically important for building community health; however, there is still much work to be done to address health, income and economic disparities that exist in majority-minority communities. Overall, Hispanic residents of communities have seen the greatest improvements in economic well-being.[26]

c. Education

Grant County's educational performance is better than state averages, and the strongest in the region when one considers the proportion of adults without a high school diploma.[27]

[25] "From Great Recession to Great Reshuffling," Economic Innovation Group, 2018. https://eig.org/dci.
[26] "From Great Recession to Great Reshuffling," Economic Innovation Group, 2018. https://eig.org/dci.
[27] NM DOH IBIS, 2012-2016 data.

Adults Without a High School Diploma



Grant County is also maintaining a better than state average for its high school graduation rate. Silver City Consolidated Schools has an 81% rate, and Cobre Schools a 92% rate, compared to the state rate of 71%. However, this rate can still improve in the Silver City School district.[28]

Another important measure of educational attainment that has an impact on economic development is the percentage of adults with a bachelor's degree or higher in the county. Grant County's rate of those with bachelor's degrees (27.4%) is higher than the state average (26.7%), and slightly lower than the national average (31.3%). Grant County ranks in the top 20% of counties for adults with bachelor's degrees, behind Los Alamos, Santa Fe, Bernalillo, Doña Ana and Lincoln Counties. This positions the county very well for future opportunities and job growth, especially related to the needs and assets of older adults.

d. Race and Ethnicity in the County

Grant County is racially and ethnically diverse, which is one of its strengths. Just over 50% of the county's population (53.1%)[29] is identified as Hispanic, Native American, or Black or other Non-White. It is important to note that the categories of race and ethnicity are overlapping. Hispanic is an ethnic, and not a racial category, and Hispanics identify as White, Non-White, Native, and multi-racial. Those important distinctions between race and ethnicity can sometimes become blurred.

One of the best and most accurate data sources for reporting race and ethnicity is New Mexico Voices for Children, which maintains state data for the Annie E. Casey Kids Count database. Their data for 2012 and 2016 shows a relatively stable demographic picture, with a small trend of growing diversity for the county's population.[30]

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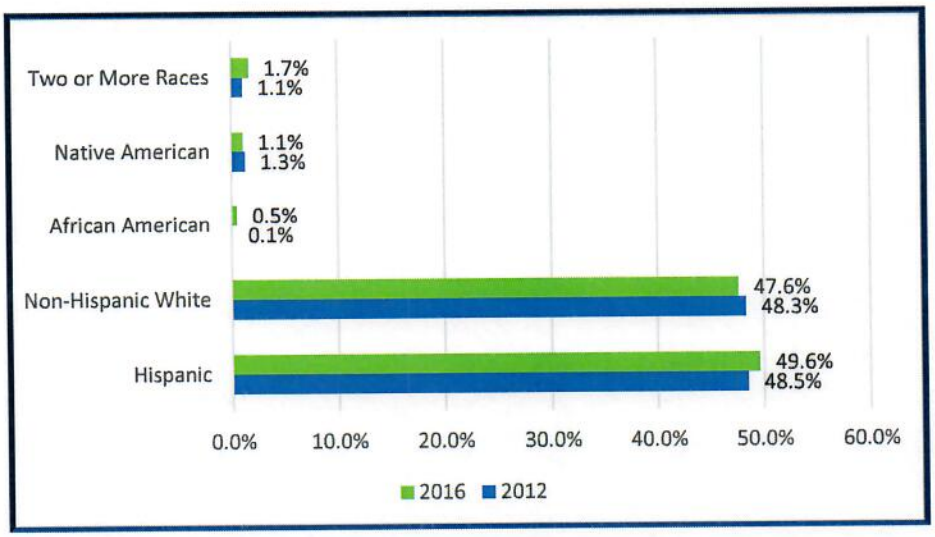
[28] NM DOH IBIS 2012-2016 data.
[29] NM DOH IBIS 2016 data.
[30] New Mexico Voices for Children, *Kids Count NM* database, 2012-2016 data. This data differs slightly from data reported by the NM Department of Health, and uses different years for that data.



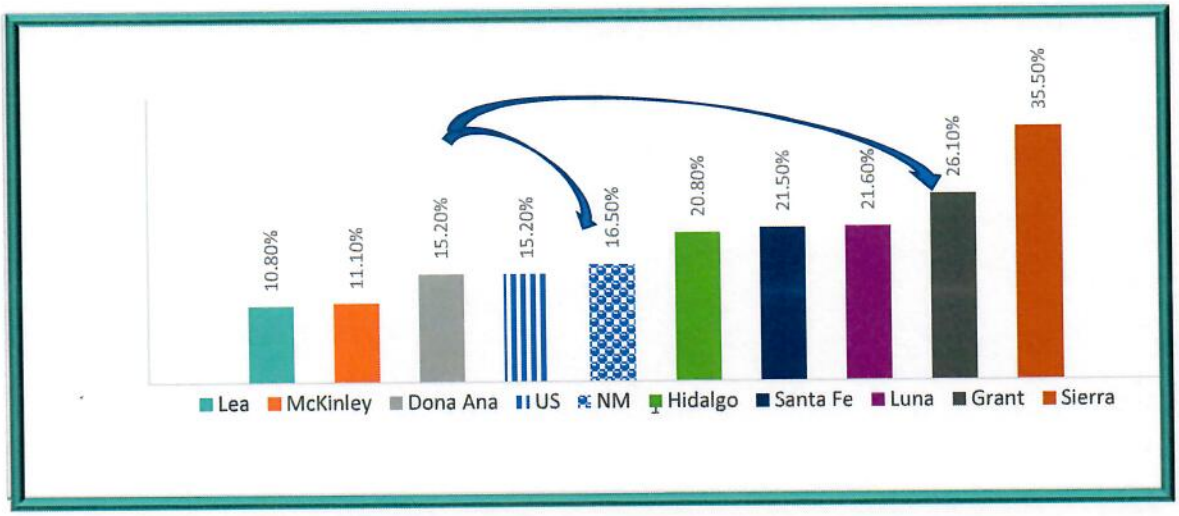
e. Aging: Regional and State Population Trends

The state of New Mexico is moving from being 39th in proportion of older adults in 2010, to being 4th, in 2030. It is part of the national Age Wave trend. New Mexico's Age Wave is more pronounced than the national trend. Grant County's trend is deeper and more pronounced than the state's trend. This means that huge demographic changes will impact every area of life in Grant County. The county has one of the highest proportions of older adults in the state now, has groups of retirees relocating into the area, and has large groups of people moving into old age in the coming decades. This Age Wave is already having an impact. In the next fifteen to twenty years, it will have a massive impact for the county – from services needed to housing, handicapped parking spaces, roadways, medical services, parks and everything. Moving forward with a community needs assessment and Senior Services Action Plan will enable Grant County to proactively plan for this Age Wave.[31]

If we compare Grant County to other counties in the state, and with the state's averages, we find that NM Kids Count 2012-2016 data shows that over 26% of people in the county are age 65 or older, compared with the state average of 16.5%, and national average of 15.2%. [32]

[31] Age Wave is a term coined by aging expert, Ken Dychtwald.

[32] Data from the US Census, 2016.



When we look at the percentages of people who will be elderly in the next five to fifteen years, we see a growing Age Wave, greater than the percentages in the chart above. This trend will continue to grow for a good part of the next two decades. This is especially true for the "Bootheel" region of New Mexico, in Grant, Luna and Hidalgo Counties; as well as for Sierra County; and Santa Fe County. Both counties show significantly more elderly people than state and national averages - with very high proportions of near-retireds (55-64) and the young old (65-74). There are also large cohorts of the middle old (75-84), and very old (85+).

It is important to note that both Grant and Hidalgo counties have populations of those age 75 and older approximately 50% greater than state and national averages. Grant County has a very high proportion of young olds - roughly 75% greater than the national average. Part of the cause for this large percentage of young olds may be related to the fact that there is a growing cadre of people who move to Grant County for their early retirement years; however, many do not stay into frail old age, as they need the resources of specialty healthcare, senior housing, and family supports which they do not find in Grant County.[33]

People involved in county planning, economic development, healthcare, social services and the built environment should understand that the region's Age Wave is much deeper than the state's. The impact on all of the county's resources and services will be dramatic, both in terms of the assets that older volunteers bring, as well as their needs for healthcare, social services, assistive devices, parking, walkways, and a more old-friendly built environment.

The chart below compares age cohorts across the counties in the bootheel, along with the Las Cruces metro area, the state and country. What we find in the bootheel counties is a smaller proportion of young and middle-aged working adults, and a larger proportion of elderly.

[33] Some of this information was gathered through a key informant group interview with members of the Western Institute for Lifelong Learning (WILL).

This is a trend that signals a growing level of distress in communities, with significant social, economic and health impacts. It means that the community system has:

- Fewer people contributing to the tax base, and fewer workers available to handle growing workforce demands in healthcare and other fields;
- A loss in specialty care, assisted living and nursing home care, which becomes increasingly concentrated in nearby urban hubs;
- Gaps and lack of access to a mix of housing options needed in old age; and
- More people who are elderly and in need of expanded services and resources.

Aging Trends in Grant County and the NM Bootheel Region[34]

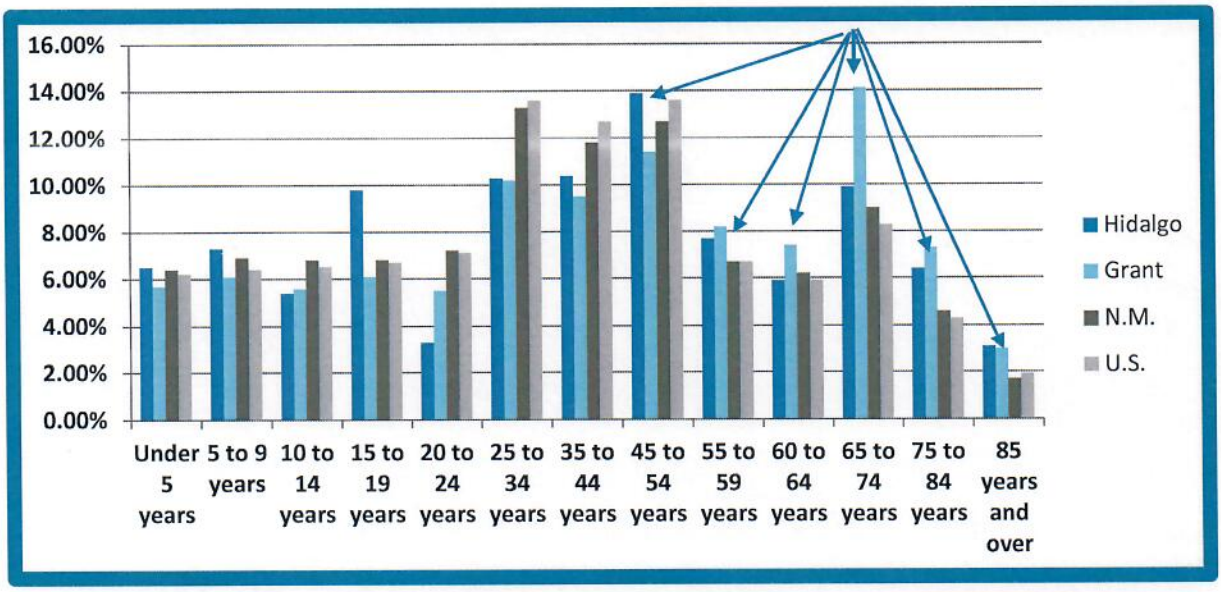
	Hidalgo	Grant	Luna	Dona Ana	New Mexico	US
Total Population	4,531	**28,879**	24,627	213,825	2,082,669	318,558,162
Under 5 years	6.50%	**5.70%**	7.30%	7.10%	6.40%	6.20%
5 to 9 years	7.30%	**6.10%**	7.60%	6.90%	6.90%	6.40%
10 to 14 years	5.40%	**5.60%**	7.60%	7.40%	6.80%	6.50%
15 to 19 years	9.80%	**6.10%**	6.90%	8.20%	6.80%	6.70%
20 to 24 years	3.30%	**5.50%**	6.60%	10.70%	7.20%	7.10%
25 to 34 years	10.30%	**10.20%**	10.80%	12.70%	13.30%	13.60%
35 to 44 years	10.40%	**9.50%**	10.10%	10.80%	11.80%	12.70%
45 to 54 years	13.90%	**11.40%**	11.10%	11.20%	12.70%	13.60%
55 to 59 years	7.70%	**8.20%**	5.20%	5.90%	6.70%	6.70%
60 to 64 years	5.90%	**7.40%**	6.30%	5.10%	6.20%	5.90%
65 to 74 years	9.90%	**14.10%**	11.10%	8.00%	9.00%	8.30%
75 to 84 years	6.40%	**7.30%**	6.90%	4.50%	4.60%	4.30%
85 years and over	3.10%	**3.00%**	2.40%	1.50%	1.70%	1.90%

Grant County already has a significantly higher proportion of people than the state or nation aged 60 and older. It also has a higher proportion of people who will become 65 in the next 10 years. A total of 27% of the current population is now aged 45 to 65, representing the young-old to old-old in the next decades. It is estimated that, by 2026, or ten years after this data snapshot, a total of approximately 40.9% of the population in Grant County could be age 55 or older.[35] This has serious consequences for every aspect of life in Grant County for all people, families, neighborhoods, and the county as a whole.

[34] Demographic data with age ranges, by county, is from US Census 2016 data.

[35] This represents a simple projection, removing the last two categories, and bringing the 45-54 and 55-64 age groups forward into the total; it does not represent a complex actuarial analysis that includes projections based upon average lifespans, and should not be construed as such.

When considering age cohorts in a column graph, it is easy to see how people are moving into and through old age. The Age Wave in Grant County is clearly visible in the large light blue columns below.



Even though there is a smaller proportionate Age Wave for people in middle years (45-54), they still represent another 11% of people who will turn 55 very soon, and will be 65 in 15 to 20 years.

What is equally important is that Grant County has fewer children under the age of 20 than state or national averages while Hidalgo County has slightly more. But for both counties, the core working age population (20-54) represents a significantly smaller proportion than we find in New Mexico or the US

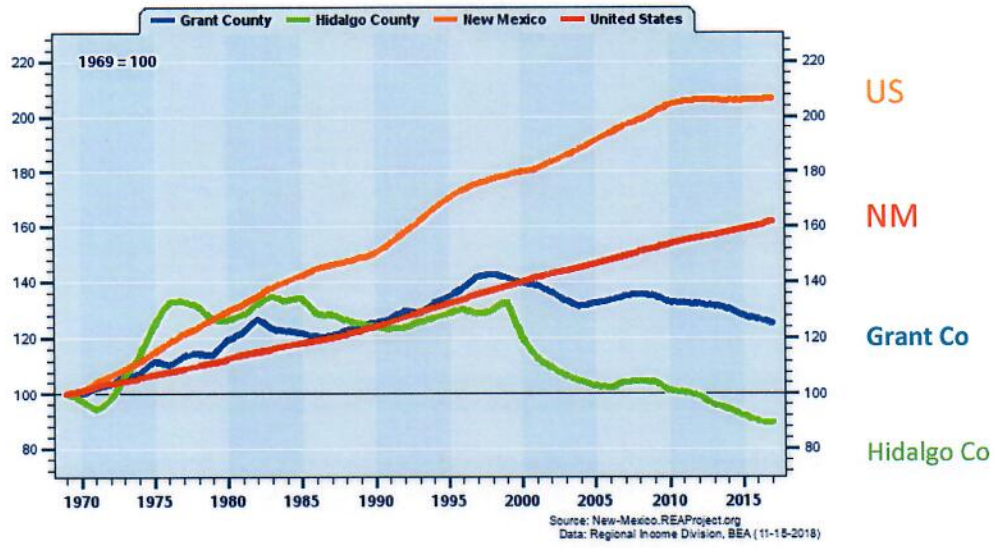
Luna and Dona Ana Counties have been included for comparison purposes. Dona Ana County most closely parallels state and national demographics and is the region's largest urban area, which is becoming a hub for many services. People from Grant County increasingly travel to Las Cruces and other metro area for healthcare, specialty care, services, and resources, which represents an economic gain for Las Cruces, and an economic drain for Grant County.

f. Population Trends for the Region

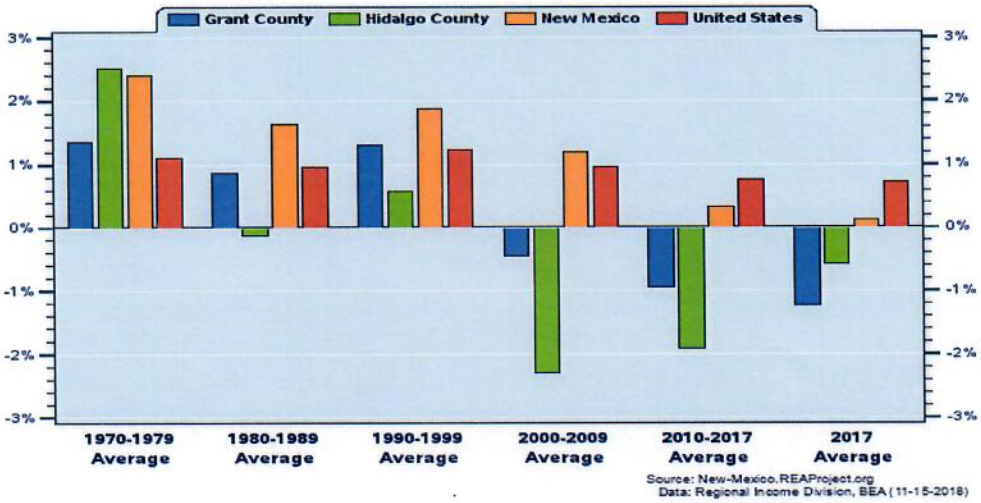
To be considered economically vibrant, regions need to add population and jobs at roughly the same rate as the state, or better. When populations diminish and jobs leave, that represents the loss of population, jobs and capital, which can be a marker of either stagnation or decline. In any case, the population shifts and trends need to be fully understood and addressed, as they have a major impact on how the communities in Grant County can address the needs of older adults in future years.

Since 1970, the state's population growth has been proportionately greater than the nation's, fueled in large part by population growth in the primary urban areas: Albuquerque, Las Cruces, Rio Rancho, and Santa Fe. The population doubled in New Mexico in the almost 50 years since 1970. The nation's population increased by 60%. However, the population of Grant County increased

substantially less than the population growth in the state and the nation. The county had slow growth until the late 1990s, followed by a slow decline in population since that time. Hidalgo County has seen population stagnation earlier, starting in the mid-1980s, with significant population declines after 2000. This has a significant and collective impact on the tax base, workforce, services, resources, and quality of life. It is most severe in Hidalgo County, less severe, but worthy of attention in Grant County.[36]



Another way to understand the issue is to see how population gains and losses are trending for each period of time. Grant and Hidalgo Counties have lost population since 2000.



The Santa Rita Mine, which represents one of the primary employers in the county, reopened, and adding jobs in 2011. The level of operations is driven by fluctuating copper prices, and this represents the need for a diversified economy in these times. Healthcare jobs represent some of the fastest growing jobs in New Mexico and the country. Having a large older adult population

[36] Data from the New Mexico Rural Economic Analysis Project (NM-REAP).

provides some excellent opportunities for economic development, if the needed mix of healthcare, housing, and early retirement services and resources can be developed.

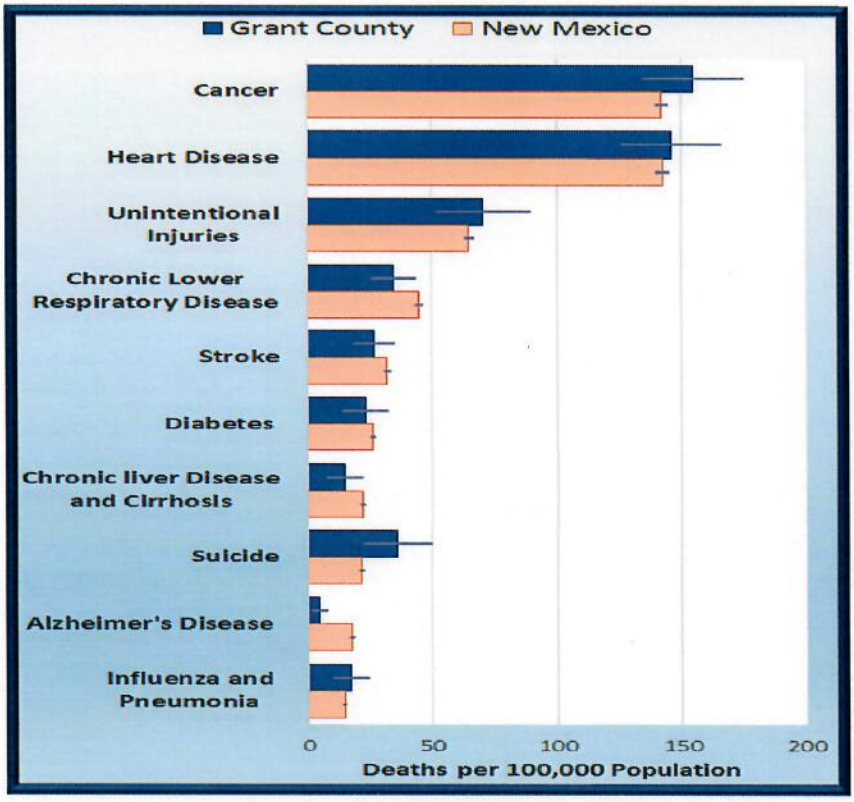
C. Health Snapshot Data

Population health indicator data is available from the New Mexico Department of Health's Indicator-Based Information System (NM DOH IBIS), which draws data from the US Census, its NM DOH epidemiological database, and other sources. This system tracks key health indicators for the population, sorted by social determinants such as poverty, race and ethnicity, gender, level of education, and by geographical region (from census tracts to counties, small areas and state level data). The most important summaries of health data are provided by the NM DOH IBIS system's "Quick Facts," "Community Snapshots" and "Community Health Highlights."

1. Health Indicator and Outcome Data

Grant County is, overall, as healthy as New Mexico with respect to many areas of health. However, it has significant health risks in the areas of: cancer, heart disease, unintentional injuries, and suicide. It has lower than state rates of Alzheimer's, stroke, lower respiratory disease, diabetes, and chronic liver disease.

Health Quick Facts[37]



[37] NM DOH IBIS, "Quick Facts."

Health Data from NM DOH Health Snapshots

The Table Includes Data from Other Counties, NM and the US for Comparison Purposes

Areas Where Grant County Excels are Shaded in Green; Health Risk Areas are Identified in Red

	Grant	Hidalgo	Luna	Dona Ana	NM	US
HEALTH OUTCOMES						
Percentage of Low Birthweight Babies, 2015-2017	10.9%	18.2%	7.4%	8.3%	9.0%	8.3%
Teen Birth Rate for Girls Age 15-19, 2014-2016 (per 1,000)	35.9	37.9	78.9	34.2	33.6	20.3
Asthma Hospital Discharges, Children (0-17), 2010-2015)	8.8	10.4	4.1	7.9	14.4	DNA
Alcohol-related Deaths, 2012-2016	51.2	61	40.6	39.7	59.7	DNA
Alcohol-related Chronic Disease Deaths, 2012-2016	22.7	27	19.9	19.8	31	DNA
Alcohol-related Injury Deaths, 2012-2016	28.6	33.9	20.7	19.9	28.7	DNA
Deaths due to Drug Overdose, 2012-2016	34.4	36.8	16.9	17.3	24.6	16.4
Heart Disease Deaths, 2015-2017	146.8	134.3	204.2	131.4	147.3	165.5
Stroke Deaths, 2015-2017	23.2	**	45.3	33.4	34	37.3
Diabetes Death Rates, 2015-2017	19.8	21.1	22.3	23.4	26	21
Hospitalizations with Diabetes, 2015-2017 (per 10,000)	15.7	7.9	18.4	12.3	13.8	DNA
Average Annual Female Breast Cancer Deaths, Females,	20.2	21.2	27.7	19.3	19.2	20.3
Average Annual Lung Cancer Deaths, 2013-2017	27.8	28.3	47.5	29.8	28.1	40.1
Influenza and Pneumonia Deaths, 2013-201	15.5	13.9	17.4	13.4	14.2	13.5
Invasive Pneumococcal Disease (65 and Older), 2012-2016	28.1	0	42.6	28.2	33.2	25
Chlamydia Cases, 2017	592.9	657.3	748.3	720.6	645.1	528.8
Pertussis Cases, 2012-2016	30.8	21.6	3.2	3.3	21.8	6.5
Unintentional Injury Deaths, 2013-2017	71.8	85.5	54.2	49.7	66.1	47.4
Motor Vehicle Traffic Crash Death Rates, 2012-2016	6.1	7.8	18.5	11.3	16.6	10.26
Fall-Related Unintentional Injury Death Rates (Adults Age	88.9	216.3	78.9	98.5	91.1	60.2
Suicide Deaths, 2013-2017	32.4	64.8	22.7	16	21.9	13.5
Child Abuse Victims, 2017 (per 1,000)	37.9	57.3	31.4	21.8	17.6	DNA
General Health Status: Self-reported Fair or Poor Health,	23.0%	**	21.7%	23..9%	20.6%	15.9%
Life Expectancy From Birth, 2015-2017 (Number of Years)	78.6	78.1	75.7	80.3	78.3	78.6
RISK AND RESILIENCY FACTORS						
Adult Recommended Physical Activity, 2011, 2013, 2015	59.2%	49.3%	44.8%	53.4%	54.0%	50.60%
Adolescent Physical Activity, 2013	38.8%	31.9%	36.0%	30.5%	31.1%	27.10%
Percentage of Adults Who Reported Consuming 5+ Fruits	19.4%	21.8%	20.2%	18.5%	16.9%	DNA
Percentage of Adolescents Who Ate Five or More Servings	22.1%	23.0%	18.5%	18.9%	22.5%	DNA
Obesity Among Adults, 2015-2017	27.2%	**	32.6%	31.7%	28.5%	31.3%
Obesity Among Adolescents, 2015	15.5%	21.9%	19.8%	15.3%	15.6%	13.9%
Food Insecurity Rate, 2016	14.8%	14.4%	19.4%	14.8%	15.8%	12.9%
Adult Mental Distress, 2017	24.2%	**	19.7%	17.8%	20.2%	DNA
Youth With Persistent Feelings of Sadness and	34.3%	28.0%	42.4%	36.1%	35.8%	31.5%
Adult Smoking Prevalence, 2015-2017	14.3%	**	23.9%	14.6%	17.2%	DNA
Youth Cigarette Smoking Prevalence, Grades 9-12, 2017	12.0%	7.6%	15.5%	11.5%	10.6%	8.8%
Youth With a Caring and Supportive Relationship in the Family, 2011	48.5%	45.3%	40.7%	41.6%	48.2%	DNA

SERVICES AND SYSTEMS						
Health Insurance Coverage, % Uninsured, 2013-2017	13.2%	18.9%	25.6%	20.3%	18.1%	12.7%
Prenatal Care in the First Trimester, 2017	82.8%	68.9%	64.5%	57.8%	63.8%	77.3%
Immunization - Influenza Vaccination, Adults Age 65+,	53.1%	**	49.6%	60.9%	56.9%	58.6%
Medicaid Enrollment, Average Monthly Medicaid Enrollment as a Percentage of the Population, 2016	40.5%	45.2%	63.8%	49.6%	40.8%	DNA
Estimated Percentage of Women Ages 50-74 With Mammogram Within the Past Two Years, 2012, 2014, 2016	61.2	**	63.4	77.1	72.2	77.6
Percentage of Persons With No Primary Medical Provider, 2012-2016	25.0%	35.3%	40.0%	29.3%	30.2%	21.6%
Percentage of Adults Who Had a Dental Visit in the Past 12 Months, 2014 & 2016 (Combined)	56.5%	**	58.9%	62.0%	61.7%	66.4%
POPULATION CHARACTERISTICS						
Children Under Age 18 Living in Poverty, 2016	32.4%	38.0%	40.8%	36.9%	27.8%	19.5%
Percentage Reporting US Census as Non-White	53.1%	59.4%	68.3%	71.2%	61.0%	37.4%
High School Graduation Rates, 2015-2016 Four Year Cohort	83.0%	74.0%	68.0%	80.0%	71.0%	83.0%
The Percentage of Adults Age 25 or Over Who Have a Bachelor's Degree or Higher, 2013-2017	27.0%	14.4%	14.1%	27.5%	26.9%	30.9%
Percentage Unemployed, 2017	6.2%	5.2%	14.1%	6.9%	6.1%	4.4%
Percentage of the Population Age 65 and Over, 2016	26.1%	20.8%	20.9%	15.2%	16.9%	15.6%

*NOTE: All numerical data reported is per 100,000 unless otherwise noted. Percentages are reported as percentages, %. The data is from the NM DOH Indicator Based Data System, IBIS, and was obtained in late December, 2018. Data is updated on the website from time to time, without dating the changes, and may be slightly different after periodic updates. DNA means that data (normally for US, is not reported. ** means the data is not available or reported for the years or county in question.*

Grant County Strengths: Health Data from NM DOH Health Snapshots

The Table Includes All Areas where Grant County's Data is Stronger than State Averages

	Grant Co	Hidalgo	Luna	Dona Ana	NM	US
HEALTH OUTCOMES						
Asthma Hospital Discharges, Children (0-17), 2010-2015)	8.8	10.4	4.1	7.9	14.4	DNA
Alcohol-related Deaths, 2012-2016	51.2	61	40.6	39.7	59.7	DNA
Alcohol-related Chronic Disease Deaths, 2012-2016	22.7	27	19.9	19.8	31	DNA
Stroke Deaths, 2015-2017	23.2	**	45.3	33.4	34	37.3
Diabetes Death Rates, 2015-2017	19.8	21.1	22.3	23.4	26	21
Invasive Pneumococcal Disease (65 and Older), 2012-2016	28.1	0	42.6	28.2	33.2	25
Motor Vehicle Traffic Crash Death Rates, 2012-2016	6.1	7.8	18.5	11.3	16.6	10.26
RISK AND RESILIENCY FACTORS						
Adolescent Physical Activity, 2013	38.8%	31.9%	36.0%	30.5%	31.1%	27.10%
Percentage of Adults Who Reported Consuming 5+ Fruits	19.4%	21.8%	20.2%	18.5%	16.9%	DNA
Adult Smoking Prevalence, 2015-2017	14.3%	**	23.9%	14.6%	17.2%	DNA
SERVICES AND SYSTEMS						
Health Insurance Coverage, % Uninsured, 2013-2017	13.2%	18.9%	25.6%	20.3%	18.1%	12.7%
Prenatal Care in the First Trimester, 2017	82.8%	68.9%	64.5%	57.8%	63.8%	77.3%
Percentage of Persons With No Primary Medical Provider, 2012-2016	25.0%	35.3%	40.0%	29.3%	30.2%	21.6%
POPULATION CHARACTERISTICS						
High School Graduation Rates, 2015-2016 Four Year Cohort	83.0%	74.0%	68.0%	80.0%	71.0%	83.0%

Grant County excels in many areas of physical and behavioral health, and in healthy eating and exercise. The county has achieved excellent outcomes with its health services and systems, including an excellent level of health insurance coverage for residents, early prenatal care, and people actively engaged with a primary medical provider. The high school graduation rate is an excellent social indicator.

Grant County Health Risk Areas: Health Data from NM DOH Health Snapshots

The Table Includes All Areas Where Grant County's Data is Weaker than State Averages

	Grant Co	Hidalgo	Luna	Dona Ana	NM	US
HEALTH OUTCOMES						
Percentage of Low Birthweight Babies, 2015-2017	10.9%	18.2%	7.4%	8.3%	9.0%	8.3%
Deaths due to Drug Overdose, 2012-2016	34.4	36.8	16.9	17.3	24.6	16.4
Hospitalizations with Diabetes, 2015-2017 (per 10,000)	15.7	7.9	18.4	12.3	13.8	DNA
Pertussis Cases, 2012-2016	30.8	21.6	3.2	3.3	21.8	6.5
Suicide Deaths, 2013-2017	32.4	64.8	22.7	16	21.9	13.5
Child Abuse Victims, 2017 (per 1,000)	37.9	57.3	31.4	21.8	17.6	DNA
General Health Status: Self-reported Fair or Poor Health,	23.0%	**	21.7%	23..9%	20.6%	15.9%
RISK AND RESILIENCY FACTORS						
Adult Mental Distress, 2017	24.2%	**	19.7%	17.8%	20.2%	DNA
Youth Cigarette Smoking Prevalence, Grades 9-12, 2017	12.0%	7.6%	15.5%	11.5%	10.6%	8.8%
- SERVICES AND SYSTEMS -						
Estimated Percentage of Women Ages 50-74 With Mammogram Within the Past Two Years, 2012, 2014, 2016	61.2	**	63.4	77.1	72.2	77.6
Percentage of Adults Who Had a Dental Visit in the Past 12 Months, 2014 & 2016 (Combined)	56.5%	**	58.9%	62.0%	61.7%	66.4%
- POPULATION CHARACTERISTICS -						
Children Under Age 18 Living in Poverty, 2016	32.4%	38.0%	40.8%	36.9%	27.8%	19.5%

There are some important health risks for the county that relate specifically to quality of life for families and the elderly. They include behavioral health risks, including drug overdose rates, suicide deaths and overall health status. In addition, the overall poverty rates, and high percentage of children living in poverty impacts families and neighborhoods.

2. Health Issues Specific to Grant County

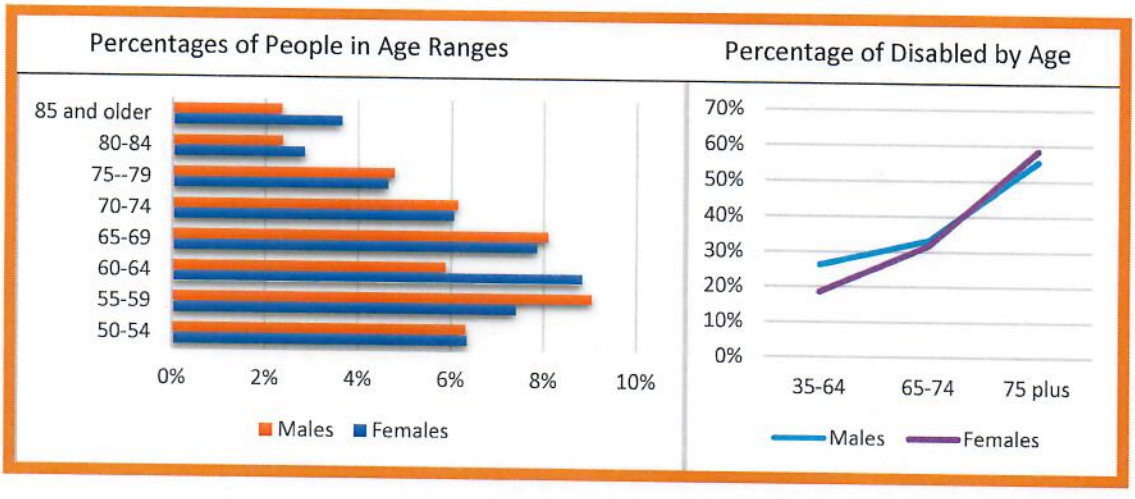
There are a number of health issues specific to Grant County that will impact the development of resources and services to older adults in the coming years, and which should shape this plan. These issues are impacted both by this data, as well as by reports from providers and older adults themselves, described in later sections of the report. From the data, we know that the following issues will impact the quality of life in the community, and potential availability of services:

- Long-term loss of population, jobs and capital;
- Economic challenges for Grant County as an increasingly distressed area;
- Larger than average Age Wave, with an even larger Age Wave to impact life in the county in the coming decade;
- Influx of young newly retired people into Grant County, who may or may not continue to reside in the county;
- Limited housing, independent living, assisted living, and nursing home options for residents, especially affordable or subsidized housing options;
- Extremely limited access to medical specialists, causing people to commute to Las Cruces, Albuquerque and Tucson for care;
- Potential growth in industries and jobs related go aging, healthcare, and housing in place.

3. Specific Issues of Concern Regarding Older Adults

a. Disabilities

It is important to note that the percentages of elderly with disabilities increases dramatically after age 75.[38] Since Grant County will have a large age cohort of those over 75 in the coming decades, the issues of mobility and disability should inform the planning of healthcare, social services, housing and transportation for the county.



[38] Data from the US Census, 2012-2016 time period; percentages are the percentage of the total male and total female population, for each age cohort.

b. Grandparents Raising Grandchildren

New Mexico has a larger proportion of grandparents raising grandchildren than we find nationally. This is a family and community asset, for those families that represent extended family structures, where the parents are present. However, when parents are not present, often related to substance use disorder and behavioral risk factors, it poses a challenge and financial burden for grandparents. A recent study about grandparents raising grandchildren rated each county on a range of social-determinant related factors with respect to grandparents raising grandchildren. Grant County rated very highly, significantly above the averages, in this analysis. This means that Grant County has managed this area extremely well, and better than most other counties in the state.[39]

Grandparents Raising Grandchildren in New Mexico

	County	<>	All Rank Averages			County	<>	All Rank Averages	
1	McKinley	47.5	4.75		18	Otero	179.5	17.95	
2	Cibola	86	8.60		19	Sandoval	182	18.20	
3	Socorro	88	8.80		20	Catron	192	19.20	
4	Torrance	90	9.00		21	Roosevelt	197.5	19.75	
5	Luna	98	9.80		22	Colfax	199.5	19.95	
6	Guadalupe	104.5	10.45		23	Grant	200.5	20.05	
7	Rio Arriba	104.5	10.45		24	Lincoln	204	20.40	
8	San Miguel	119	11.90		25	Lea	211	21.10	
9	Mora	125.5	12.55		26	San Juan	218	21.80	
10	Hidalgo	140	14.00		27	Union	220	22.00	
11	Sierra	145.5	14.55		28	Curry	223	22.30	
12	Taos	145.5	14.55		29	Harding	231.5	23.15	
13	Valencia	150	15.00		30	Santa Fe	234.5	23.45	
14	Doña Ana	151.5	15.15		31	Bernalillo	243	24.30	
15	Quay	162.5	16.25		32	Eddy	259.5	25.95	
16	De Baca	169	16.90		33	Los Alamos	318	31.80	
17	Chaves	169.5	16.95						

[39] *Grandparents Raising Grandchildren: Understanding the Trend & Stemming the Tide* by Anne Hays Egan; Con Alma Health Foundation; 2017.

c. Elders as Community Assets and Resources

Older adults are so much more than people in our communities who need health and social services. They represent our community elders, our assets, and our collective wisdom. They pass down cultural values, traditions, and important aspects of our heritage. Many older adults are actively engaged in Grant County, especially those elderly who are considered to be young-old or in their middle elder years.

Older adults are engaged in many ways, including: (1) continuing to work fulltime, especially during young old age; (2) working part time or contractually; (3) serving as volunteers in community nonprofits; (4) acting as leaders and volunteers in churches and other faith communities; (5) guiding and participating in community initiatives; (6) serving in elected office; (7) participating on boards; (8) being part of local Senior Centers and their activities; (9) engaging in the social and cultural life of communities; (10) helping out family members with tasks, activities and family members; (11) participating in political party activities; and (12) engaging in civic discourse, planning and advocacy work.

The Western Institute for Lifelong Learning represents a cadre of approximately 300 older adults involved in a wide variety of courses, activities and types of community service. Many of the county's elected officials and agency volunteers are older adults, with deep experience, and extensive community networks. These elders represent a significant amount of collective wisdom that enriches the community, and should be maintained in Grant County if at all possible.

D. Data and Information from Providers

The primary data analysis includes data from a number of different primary sources: nonprofit agencies, networks and associations, healthcare providers and the Grant County Senior Center network. Gathering and analyzing this data directly from providers offers us a more in-depth look at the county's needs, services and gaps.

1. Health Care Services: From Community Services to Assisted Living

Hidalgo Medical Services (HMS) is the largest provider of ambulatory health care services in the region. HMS provides primary care, dental, vision and a range of navigation and support services to people in Grant and Hidalgo Counties, especially those who are poor and on limited incomes, are provided through HMS. Gila Regional Medical Center serves as the Acute Care Hospital, providing services to Grant County and the region. Hidalgo Medical Services is a Federally Qualified Health Center providing a wide range of primary care services to the region. It is also the Core Service Agency for mental health and substance abuse services for Grant County and the region, including a new Tu Casa treatment center. Silver Health Care is a multi-specialty system providing care throughout the county and the region. There are also services through the county Public Health Department (PHD), the Children's Medical Services (CMS) subsidized care and support program, and the Women Infants and Children (WIC) program to assist low income

pregnant women and mothers with young children. There is also a VA Outpatient facility, and the Ft. Bayard Medical Center.

There are assisted living, hospice and home care services provided by Millie's Assisted Living, Ambercare Homecare and Hospice, Horizon Homecare and Hospice. There are additional services through Women's Wellness, Zia Access Healthcare and private practitioners. Other services include the Filmore Eye Clinic, Southwest Bone & Joint Institute, a number of local dentists, Phase Zero Therapy, and other fitness and physical therapy businesses.

There are a number of resources for the elderly and disabled that are currently stretched to provide services to meet the level of need, ranging from community based services and independent living to in-home care to nursing home care.

- Senior Centers, run by HMS, include four in Grant County, which provide congregate and home-delivered meals, activities and support services in Gila, Mimbres, Santa Clara and Silver City. Home delivered meals are provided to people in other communities like Hurley, from the hub senior center sites.

- Hidalgo Medical Services. HMS is the Federally Qualified Health Center (FQHC) serving the region, and has centers in Grant and Hidalgo Counties. It provides primary care, including a specialized suite of services for older adults; behavioral health services; dental care; pharmacy; residency training program for doctors; and a range of other social support services.

- The Family Support Center, a part of HMS, provides case management, navigation and support services to individuals and families of all ages who need assistance navigating the health and social service systems of care in Grant County. Services are primarily targeted to those with low and moderate incomes, who need help accessing a range of services and benefits. The case managers assist people with locating medical care, enrollment with benefits, access to social services, help with basic needs, and other services. The HMS staff refers people to any provider in the community and the region.

- Bridges to Wellness and Care link Care Coordination through HMS provide intensive case management, navigation and advocacy services to those with a mental health or substance use disorder diagnosis who may have health risks that need careful management. Staff focus on helping people to stabilize, set and achieve goals, and manage behavioral health and primary health conditions.

- Silver Health Care Pc is the oldest continuously operating practice in the region. It represents a large and diversified Medical Group with three medical offices. In Silver City, 25 staff and 19 health care providers serve a wide range of patients from two primary locations. Staff include physicians, physician specialists, psychiatrist, nurse practitioners,

advanced practice nursing providers, surgeons, physician assistants, social workers, and medical students. Silver Health Care provides family medicine, internal medicine, pediatric care and emergency services, and urgent care. It offers behavioral health services for clients with a mix of provider types. Silver Health Care has laboratory services on site, x-rays and CT scans. It includes training programs for students.

- Bridge Communities is a local nonprofit working to help develop low cost, accessible scattered-site housing for older adults, in partnership with local government, area nonprofits, and community volunteers.

- Independent Living Communities include: Cantanda Creek and Piñon Park.

- Home Care Agencies are represented by those that provide non-medical home care as well as those that provide more intensive medical and social home care: Addus, Amber Care, Angel Wings, and others. Some home care services are provided by Medicaid approved Personal Care Service agencies, which provide both non-medical and medical home care services to those that have Medicaid coverage, billed through Medicaid.

- Low Income Housing includes subsidized and affordable housing options for low and moderate income elderly, including: Bayard Housing Authority, Casa Linda Apartments, Central Apartments, La Cienega Apartments, Lintera, Santa Clara Housing Authority, Western Regional Housing Authority, and Valley View Apartments.

- Assisted Living Facilities in Grant County include: Millie's Assisted Living, Santa Clara Assisted Living, Silver City Care Center, and Sunset Vista Adult Residential Center.

- Nursing Homes include: Silver City Care Center, Sunset Vista, and the Ft. Bayard Home.

There are many additional agencies, service providers, physicians, nurse practitioners, physician assistants, therapists and other healthcare professionals in private practice and serve those in need of medical care. There are also many people working as independent caregivers and home care workers. A comprehensive listing of providers should be available when the Grant County Directory is updated, hopefully in 2020.

Hidalgo Medical Services Data from the federal Health Resources and Services Administration

Groups Served, as a Percentage of all HMS Patients	2015	2016	2017
Older Adults 65 Plus	18.8%	19.3%	19.8%
Medicare	19.6%	20.7%	21.6%
Dual Eligibles: Medicare/Medicaid	3.9%	4.3%	4.4%
Best Served Another Language	4.0%	3.3%	3.3%
At or Below 200% of the Poverty Line	75.0%	61.0%	64.0%
At or Below 100% of the Poverty Line	49.3%	37.3%	40.5%
Services (% of patients)	**2015**	**2016**	**2017**
Medical	85.15%	84.36%	84.25%
Dental	28.38%	27.82%	27.22%
Mental Health	8.90%	10.36%	11.13%
Substance Abuse	1.03%	1.99%	1.92%
Vision	0.00%	0.00%	0.00%
Enabling	33.76%	15.41%	0.00%

2. County Senior Centers

Senior and Community Centers, located in Grant County, are managed by HMS, through a contract with state agencies to provide congregate and home delivered meals, as well as transportation through four core sites located in Gila, Mimbres, Santa Clara, and Silver City. The communities of Bayard and Hurley receive home delivered meals through the next of four hub Senior Centers. In 2017, HMS was asked by Grant County to take over the administration of the Senior Centers, as that work is in close alignment with HMS health care, social and support services. The following data was collected for NM Aging and Long Term Services Department and the Agency on Aging.

Service Area	
Congregate Meals Served	27,927
Home Delivered Meals Served	55,139
Transportation Trips Provided	13,110
Senior Center Congregate Meal Attendance	24% Increase
Number of Assessments Completed	702
Increase in HMS Older Adult Patients	5.4%

Over 80% of clients reported they were very satisfied with services received at Senior Centers; over 15% reported they were somewhat satisfied; and a very small percentage reported being not too satisfied.

3. Grant County Providers

Social workers, case managers, navigators and others providing social services and supports to older adults and their families were involved in two different group discussions and some individual meetings. Discussions focused on client needs, their work, services and resources, and gaps. This represented approximately 30 different providers from multiple settings.

Providers expressed concern about the following client needs and service gaps:

a. Basic needs services, food, help with utilities, housing, rent, are needed for increasing numbers of older adults.
b. Home care and home-based supportive services are critically needed by many, including those who don't qualify for Medicaid, but who have limited budgets and can't pay for these services out of pocket.
c. Transportation, both local and out of the county, especially for those who are older and more frail, for whom bus or van transit is increasingly difficult.
d. Affordable and safe housing for older adults.
e. More lighting and other safety precautions in some neighborhoods.
f. Continuum of care for health and human services, for those with different levels of health and mobility concerns, as well as levels of poverty and need.
g. Adult Day Care
h. Assisted Living Facilities, with a range of living options, and payment levels and subsidies.
i. Supports and home visiting for frail elderly who are increasingly isolated.

Providers indicated that there are also systemic needs to:

a. Increase the mix of local practitioners that have expertise in working with older adults.
b. Expand the pool of case management and social service resources to meet the growing need and demand.
c. Provide greater local access to medical specialists, through telemedicine/telehealth, specialists that offer local office hours, and medical resident specialists.
d. Update and disseminate Senior Resource Guide.

Providers offered the following suggestions for priorities for services for older adults and their families in future years:

a. Address the housing needs with a range of types of age-friendly housing, including continuum of care living communities.
b. Create more resources for affordable and consistent small-scale transportation, including medical transport vans.

c. Expand home-based, specialty medical care, and community support services to enable more older adults to remain in their homes and in the community.

Providers also mentioned addressing future needs through education, policy change and funding.

d. Educate multiple stakeholder groups and generations about the Age Wave, pressing needs, as well as what resources do exist (Senior Resources Directory).
e. Share information about what older adults contribute to the community, in the way of continuity, wisdom, maintaining neighborhood integrity, and direct and indirect spending to fund services.
f. Educate older adults in varied ways about resources and benefits to which they are or may be entitled.
g. Mobilize the community to address senior-friendly legislative priorities to create more age-friendly policies, investments, and long-term programmatic and capital funding for counties (especially rural counties).
h. Create certificates for frontline workers to provide an enhanced base of expertise, more career pathways and better salaries for those caring for the elderly. More certifications for caregivers for seniors looking at Scope of Practice.
i. Work with state leadership to address program, service and provider gaps in rural areas, through policy, funding, and incentives for practitioners.
j. Create more age-friendly built and park environments, with more ramps, railings or bannisters; better lighting; and other assistive devices that make these areas more accessible to those with impaired mobility, eyesight and hearing.

Summary

This section provides a cursory description of some of the key resources that have been identified, which shapes the gap analysis. It is hoped that a complete directory of resources can be developed by the Grant County Community Health Council, perhaps in partnership with SHARE NM. This would allow the directory to be available in online and in paper formats, and easy to update using the database system. This information can then be shared in multiple formats with a wide range of older adults and their families, service providers, and community groups. It will enable older adults to more fully access those resources that do exist, to reduce the level of perceived gaps to be more in line with the actual services and gaps.

E. Data Summary from County Plans and Reports

1. Grant County Health Council (GCCHC) 2018 Survey

The GCCHC 2018 survey asked a number of questions that are similar to the Grant County Collaborative Senior Services Plan Survey we administered in the summer of 2019. Their data is parallel to data that we collected, which is an important thing to note.

A few of the main themes of the GCCHC survey findings include the fact that 17% of the people surveyed indicated that they felt their homes were in need of major repairs. This indicates a relatively high level of deferred maintenance, which has also been mentioned in some of the key informant interviews and community town hall discussions.

Environmental concerns included:

- Road conditions 52.23%
- Water quality 49.46%
- Wildland fire danger 44.09%
- Gila river management 39.02%
- Polluted land (including illegal dumping and littering) 34.25%
- Outdoor walking, hiking and biking spaces free of hazards 31.49%

Economic health concerns were primarily issues related to:

- Homelessness 60.4%
- Affordable housing 48.53%
- Job skill training 47.3%
- Vocational training 46.84%
- Accessible and affordable childcare 41.29%

Healthcare priorities included:

- Family member needed to seek medical care out of county 68.92%
- Hospital care (including quality, access, and services) 54.46%
- Access to specialty care providers 50.08%
- Healthcare insurance 36.46%
- Access to primary care providers 33.33%
- Adequate, responsive emergency services 33.23%

There were over 650 people who completed the GCCHC survey. The age distribution was slightly younger than the GC Collaborative Senior Services Survey, with 25% of respondents under age 45. The GCCHC Survey had a similar response to the question about quality of life in the county, as the survey for this plan.

2. 2018 HMS Senior Services Report

HMS took over the Agency on Aging funded Senior Centers in 2017, and conducted an extensive survey with participants regarding how well services met needs. The four Senior Centers in Grant County serve over 600 people, with congregate and home delivered meals, as well as programs and activities. The HMS Senior Services Program partners with the WNMU School of Nursing, for students to come to Senior Centers to provide different types of medical screenings. A copy of the full report is available as one of the attachments.

3. 2013 Grant County Community Health Profile

The GCCHC Health Profile, completed in 2013, was shaped by an extensive community survey process which collected 5,000 responses from county residents in 2012. The survey shaped the development of four priorities. These included: behavioral health, disabilities resources, community safety, and early childhood education.

The top priorities listed by people in the 2012 survey included the following:

• Affordable housing	45.6%
• Substance abuse services	38.4%
• DWI programs	32.5%
• Domestic of sexual violence prevention programs	30.4%
• Services for older adults	24%
• Supports for caregivers	24%

4. Grant County Economic Development Plan, 2012

Angelou Economics conducted an assessment and created an Economic Development Plan which indicated that Grant County has a number of the building blocks needed for effective economic development, however, the interconnected and integrated approach needed for long-term sustainable economic development needs to be built.

5. Gila Medical Center Medical Advisory Panel Suggestions of Senior Needs

This summary listed the following as priorities:

- Expand and coordinate the development of different tiers of older adult services and programs, creating greater linkages and coordination;
- Address transportation needs;
- Involve older adult volunteers in a range of community programs.

VI. What Leaders Tell Us: Key Informant Interviews

The consulting team conducted a wide range of key informant interviews with over 100 people, in individual meetings and small group sessions. This section provides a description and analysis of these discussions, and the main themes that emerged from these very rich discussions. The key informant interviews followed a similar pattern, which began by (1) asking people about community needs; (2) discussing services and gaps, (3) listening to their suggestions about services and resources to address needs, and (4) obtaining their recommendations for strategies to address these priorities.

1. Community Needs

Many people expressed concerns about the size and scope of the large Age Wave already reshaping life in Grant County; its current impact; and much greater impact it will have in the coming years. The most frequently mentioned community needs included the following:

a. Care that is integrated across service types, acuity levels, providers, and locations.
b. Home-based care and services to help people remain in their homes.
c. Affordable housing for independent living.
d. Affordable, quality assisted living and nursing home care.
e. Accessible specialty care closer to home.
f. More social services, case management and support for the frail and poor.
g. Transportation.
h. Basic needs resources for the poor and those with limited incomes (food, utilities, etc.).
i. More resources in Senior Centers and provided by Senior Centers.
j. Yard services and home repairs.
k. Resources and services geared toward elderly of different ages.

a. Care that is integrated across services types, acuity levels, providers, and locations. For over 15 years, this has been a topic of conversation in Grant County, especially among providers. There is a greater level of interagency coordination among providers, and there are more case managers/navigators working with those who are most in need, to help them access and manager their care. However, there continue to be silos, lack of coordination, and the lack of a community-based integrated system of care that is similar to a model developed decades ago, which was a cutting-edge effective service delivery system for decades. That model is called Program for All-Inclusive Care for the Elderly (PACE). It is based upon the concept that is both more clinically effective and more cost effective to provide services to elderly in their homes and neighborhoods. Home and community-based care is a critical element of the care system. The PACE model is an excellent model with decades of excellent outcomes, but is challenging to develop now that it has a capitated payment model, which means that the providers assume significant levels of financial risk.

b. Home-based care and services to help people remain in their homes. Many people described the challenges that they, friends, and family members are facing as they begin to have physical challenges, and need support at home. People on Medicaid often can qualify for Personal Care Services (PCS) at home; however, those who do not have Medicaid coverage have no funding for home care, and must cover costs out of pocket. People who have extended families have strong support networks; however, a number of people mentioned that their adult children have needed to relocate from the county in order to find good-paying jobs. A number of elderly mentioned they are concerned that, as they become more frail, they may need to relocate closer to their adult children, but don't want to relocate as they are deeply rooted in their communities.

c. Affordable housing for independent living. As people discussed challenges, many mentioned that they might need to downsize as they become older and frailer. However, they are concerned that there are limited options available for affordable independent living. Quite a few people interviewed mentioned that those with limited incomes, and tight budgets, will find many independent living options to be unaffordable. Those who are poor have very few, if any, independent living options, other than to remain in their own homes, or to move in with younger friends or family members as they become frailer.

d. Affordable, quality assisted living and nursing home care. People in individual and group key informant interviews expressed deep concern, and even fear, about facing the possibility of moving into assisted living and/or nursing home care. Some people mentioned that they had friends in one of the facilities in the county, who were receiving substandard care. Quite a few people worry about the level of care they might receive, especially in nursing homes. Even more people expressed concerns about the rising costs of assisted living and nursing home care that may be greater than what they will be able to afford. Others discussed concerns about the limited space available for people currently, which will become even tighter in the coming years, unless there is extensive expansion of both assisted living and nursing home care.

e. Accessible specialty care closer to home. Quite a few individual interviewees mentioned that they and their families have needed to travel extensive distances to see specialists. This becomes increasingly difficult as people age, and have trouble driving. A number of individuals and groups mentioned that they know of quite a few people who have left the area to live in assisted living or nursing homes in Las Cruces, Albuquerque, Tucson, or elsewhere. Specialty care is a critically important issue.

f. More social services, case management and support for the frail and poor. Having case management or navigation services to help people to access the care they need in an increasingly challenging environment was seen as very important, especially for those who have few financial or family resources available.

g. Transportation. Although people mentioned the benefits provided by Corre Caminos, and a few mentioned transport offered through Senior Centers and the Managed Care Organization health insurers, people frequently discussed the need to have more accessible and subsidized transportation for non-medical essential activities, such as grocery shopping.

h. Basic needs resources for the poor and those with limited incomes (food, utilities, etc.). A number of the individual interviewees mentioned the fact that poverty and food insecurity are a huge concern in Grant County. Much of the poverty is not easily seen, as people are scattered throughout the rural county. However, there are many hundreds served by the commodities program and other support services. The different programs, though critically needed, are fragmented, and do not address the root causes of food and housing insecurity. An interfaith group is working to address poverty issues, with a broad spectrum of community members.

i. More resources in Senior Centers and provided by Senior Centers. Although the Senior Centers have expanded services as well as significantly increased the numbers of people served, a number of people in the Senior Centers made suggestions for additional programs, if funding allows. These included walking trails, exercise classes, and special trips to places of interest. A number of interviewees also indicated that the services that older seniors prefer are different from the priorities of the younger retirees, and WILL seems to fit the needs of young retirees. One opportunity for Senior Centers is to respond to these different age groups and their needs. National research indicates that the current Baby Boomer Generation wants a different type of programming than the traditional programming that was part of Senior Centers for decades, that fits the WWII Generation and the Silent Generation very well. A few mentioned the need to try to accommodate those elderly who are raising grandchildren, and who have grandchildren with them in the summer, who need to accompany them. Senior Centers can also be hubs for a wide range of services, related to classes, benefits, health screenings, medication management, and more.

j. Yard services and home repairs. A number of people mentioned the need to have more affordable resources for both home repairs and yard care.

k. Resources and services geared toward elderly of different ages. Some of the key informant groups mentioned that the newly retired often are looking for deeper levels of community engagement, outdoor activities, and volunteering. Middle aged elderly are shifting their priorities, looking at modifying lifestyles, and beginning to address health challenges. The old-old are often managing multiple chronic health conditions, are more isolated, and in need of supportive home care, assisted living, or nursing home care. The services that each group needs vary greatly, related to age, health conditions, and income.

2. Services and Gaps

People had the opportunity to share their feedback in a confidential setting, and were frank about their concerns. Many people expressed a very deep concern about the ability of Grant County, the municipalities and the service providers to collectively address the huge needs of the fast-growing older adult population. A number of those with a significant level of expertise in the field indicated that the combination of the economic picture, lack of medical specialty services, limited housing options, and increasing poverty rates represented almost insurmountable challenges. One highly qualified interviewee called the Grant County Age Wave a "time bomb."

Although there are some excellent medical and social services, there are significant gaps caused primarily by (a) lack of access (b) to the right mix of services, housing and care, (c) in the community, (d) for a price that is affordable. The lack of specialists in Grant County creates the sort of stress that is causing people to spend many hours a week travelling out of county for specialty care, with many eventually moving out of the area, creating a loss of resources and social capital. The county is losing a significant amount of direct and indirect revenue and taxes because people are travelling elsewhere for medical services and other care.

The services that people indicated are critically needed include: a mix of types of care that are well integrated, including health care, social services, and housing. Home care services are considered to be a top priority, and are currently available in limited supply, for private pay clients. Many reported deep concerns about the quality of assisted living and nursing home care, and are fearful about that eventuality.

A few people discussed the significant opportunities that potentially exist if the leadership can create the right intersection between (a) expanding, scaling and funding the mix of healthcare services needed, including specialty care, in such a way that (b) create a large number of new healthcare jobs, (c) build the economy, and (d) retain more people in the community, spending a larger percentage of their income in the community.

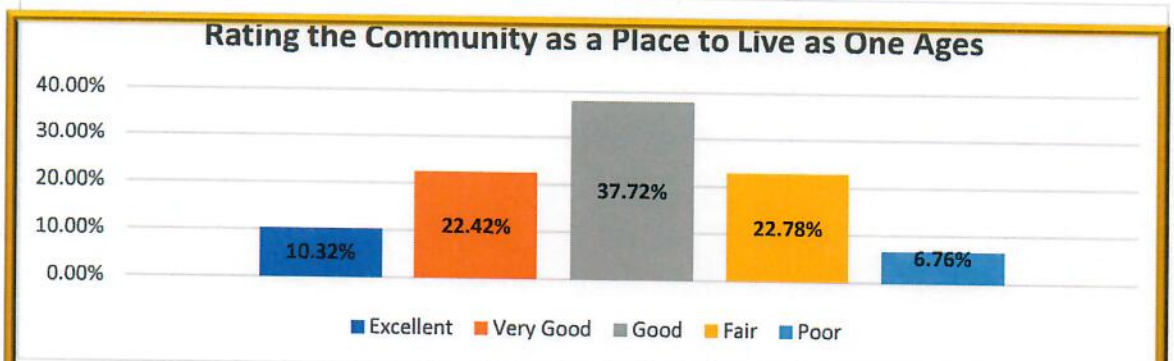
VII. Community and Provider Feedback from Surveys

Community surveys were used by this research project to gather feedback about needs and services from a wide group of people, especially those most heavily impacted by the need for more services as we age: the poor and elderly. A total of 523 people answered the community survey. Of that total:

- 242 people filled out paper surveys provided when commodities were distributed and as part of the Senior Center home delivered meal program. This was a small survey and contained a small group of core questions about needs and services that were incorporated into the online Survey Monkey survey. The target audience for the paper surveys was primarily poor and frail elderly.
- 281 people answered the online Survey Monkey Survey, which included the core questions used in the paper survey, as well as a group of broader, supplemental questions. The target audience for the online survey included the broader community, with a wide range of demographic groups.

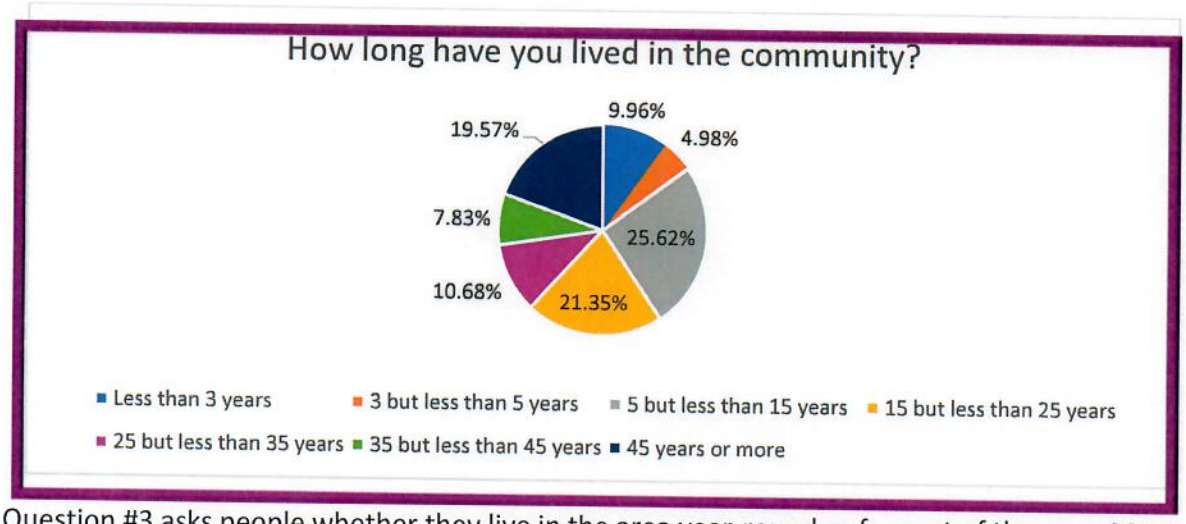
This section will summarize and analyze the survey responses. We will identify the issues that represent the greatest need for people, and the priorities that community members identify for services and resources.

Question #1. When asked "how would you rate your own community as a place to live for people as they age," the largest number indicated that their community is a "good" place to age. Just under a third reported their communities as either "very good," or "fair." People with low and moderate incomes rated their communities slightly better than did groups with higher incomes.



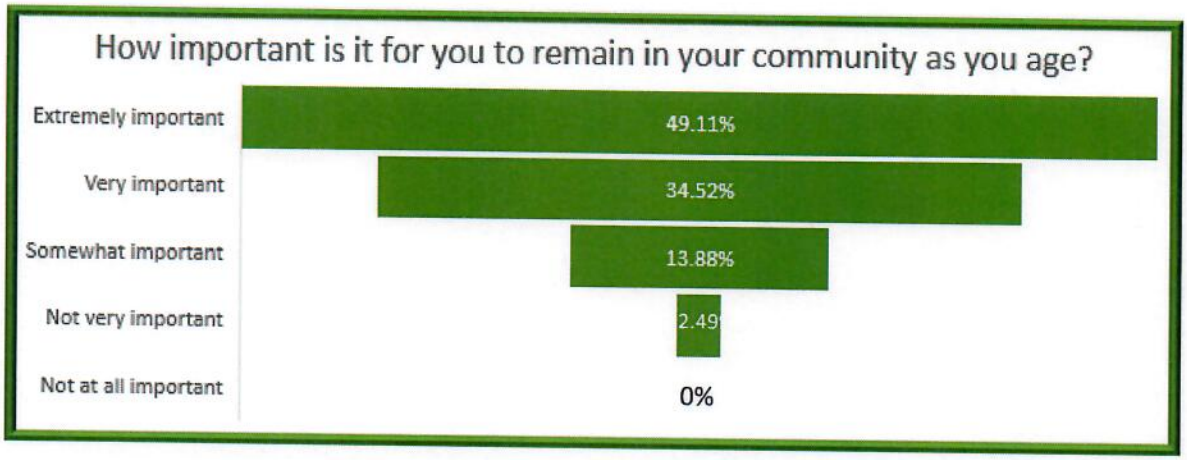
Summary of Ratings by Income Level	To $25k	$25k-$44k	$45k-$64k	$65k-$99k	$100k Up
Excellent	3.28%	10%	12.77%	20%	10.53%
Very Good	31.15%	21.43%	17.02%	25%	5.26%
Good	37.70%	34.29%	42.55%	32.50%	47.37%
Fair	21.31%	25.71%	25.53%	12.50%	31.58%
Poor	6.56%	8.57%	2.13%	10%	5.26%

People in Grant County have lived in their communities for varying time periods, from just a few years, to over 45 years. Fewer than 10% of people have lived in their community for less than three years; almost 20% of people have lived in their community for 45 years or more. The vast majority of people have lived in their community for between 5 years and 25 years. The following graph portrays how 281 people answered Question #2: "How long have you lived in the community?"



Question #3 asks people whether they live in the area year-round or for part of the year. Many communities are changing, and having more part-year residents. Over 90% of Grant County residents live in the area year-round.

The research conducted for the data section of this plan, and research conducted nationally indicates that the vast majority of people prefer to remain in their homes and in their communities for as long as possible as they age. The same is true for the people who responded to the survey. Question #4 asked people "how important is it for you to remain in your community as you age?" Here is how people responded.



Since people overwhelmingly want to remain in their homes as they age, many need to make modifications to their homes and lifestyles to accommodate changes that come with aging. The fifth question asked if people thought they would need to make modifications. The following issues were cited by people most frequently as areas where they expected they would need to make changes.

- Taking more safety modifications 55.56%
- Driving less frequently in high traffic situations and at night 51.8%
- Bathroom modifications 39.21%
- Transportation services 39.13%

People were asked to discuss what they consider to be their greatest needs, and their priorities for services and resources. The next few lists provide insights into how people throughout Grant County see needs and service priorities.

The following were considered to be extremely important by 281 people who answered the online question. The following lists the percentages of people who indicated items as "extremely important," in order of importance.

1. Well-maintained hospitals and healthcare facilities 88.9%
2. A variety of types of healthcare professionals, including specialists 81.79%
3. Respectful and helpful healthcare and social service staff 74.38%
4. Affordable home healthcare providers 74.19%
5. Well-trained and certified home care providers 68.68%
6. Conveniently located health and social services 65.71%
7. Resources to help seniors find and access healthcare and social services 63.21%
8. Home care services including personal care, housekeeping, etc. 61.57%
9. Easy-to-understand hospital, clinic and other provider answering services 58.36%
10. More funding for older adult services 57.5%
11. Well-lit, safe areas 53.07%
12. Easy-to-find information on local resources 50.71%
13. Fitness activities geared to older adults 49.11%
14. Walking trails and outdoor recreation options 47.14%
15. More housing options 46.95%
16. Health and wellness programs 42.86%
17. Healthcare professionals with fluency in Spanish as well as English 41.07%
18. More resources to connect volunteers with opportunities 28.42%
19. More job opportunities for seniors 23.93%
20. Health fairs and events with health resources 20.5%

People were asked another question about rating their priorities, which provided an important list of priorities that could be useful in shaping the work needed for the county's residents moving forward. People indicated how important they considered each category, and answers were rated and rank ordered. The items at the top of the list were considered most important (weighted averages with 1 reflecting the highest need, 2 reflecting a lower priority).

1.	Prefer to remain in their own homes	1.32
2.	Need help at home and concerned about costs	1.34
3.	Need help with assisted living/nursing home, concerned about quality of care	1.39
4.	High costs of older adult housing options	1.35
5.	Affordable help at home, making it easier to remain at home	1.36
6.	Caring for our elders should be one of our community's top priorities	1.46
7.	We need to find ways to fund more services and resources for older adults	1.51
8.	Physical and personal safety	1.54
9.	We're concerned about how to most effectively help a relative or friend	1.66
10.	Help caring for our elderly parents/relatives	1.68
11.	Need assisted living or nursing home care in later years	1.73
12.	Looking at a number of options before making a decision	1.76
13.	May move to other housing to better accommodate their needs as they age	1.84
14.	Relocate to live closer to children who live outside the region	1.94
15.	This is a difficult topic to think about and talk about	2.53

People are again showing that remaining in their own homes is a top priority, followed by needing affordable, quality home care and other living options. The top five issues are critically important to the county's planning for older adults. Caring for our elders was also considered to be important by most people, along with funding services and resources. The other issues that are considered important are listed next, and range from safety to caring for elderly relatives, to dealing with issues about relocating. The issue that had the least support was the statement that "this is something that's difficult to think about and talk about," which indicates that most people believe that aging and addressing one's needs as one ages, is not something difficult to think or talk about.

When both the poor and frail elderly, and people of all ages in the general population were asked to comment on what they think is most important to older adults in the community, the list of priorities was similar, but somewhat different.

	Very Important	Important
1. Nursing home care one can afford	66.67%	21.79%
2. Free or low cost health care	60.49%	28.4%
3. Transportation	59.74%	28.57%
4. Help with housing costs & utilities	53.16%	30.38%
5. Basic needs (food, clothing, household supplies)	50.63%	31.65%
6. Help around the house and home-based services	49.35%	35.06%
7. Getting benefits that help increase family income	40.26%	35.06%
8. Senior Center meals and activities	40%	38.75%
9. Help with taxes	30.77%	29.49%
10. More social activities	27.27%	35.06%
11. Volunteer opportunities	19.48%	46.75%
12. Work opportunities	17.11%	28.95%

What is important to note is that the issues of older adult housing and health care, and help in the home are considered to be extremely important to the vast majority of people responding to both the online and paper surveys. Where we find some differences is that those who are poorer and more frail find that Senior Center meals and activities, benefits, and basic needs services are much more important. For all income levels, social activities, volunteer opportunities, and work opportunities are much less important, especially as resources and services created to help older adults.

People were asked to provide comments about the resources that they currently utilize the most. This provides a general baseline for building out services. Comments from 69 people are summarized in the table below, categorized by the 1st, 2nd, 3rd, 4th and 5th items listed.

	Service or Resource	Comments
1st	Family doctor, medical provider, specialist	Over 80% listed this as the first resource.
1st	Dentists and home care	Next frequently mentioned resources.
1st	Meditation, exercise, Western Institute for Lifelong Learning (WILL), Senior Center, and basic needs	The third most frequently mentioned services mentioned
2nd	Doctor, pharmacy, dentist, Senior Center, outdoor exercise, meals, WILL, and a wide range of items mentioned	Dentist, Senior Center, meals and WILL were most frequently mentioned as the second area of interest.
3rd	Wide range: outdoors, exercise, meditation, church	Emphasis on exercise and spirituality.
4th	Broad mix, including friends, activities	Emphasis on friends and activities
5th	Emphasis on activities and going out	Emphasis on activities

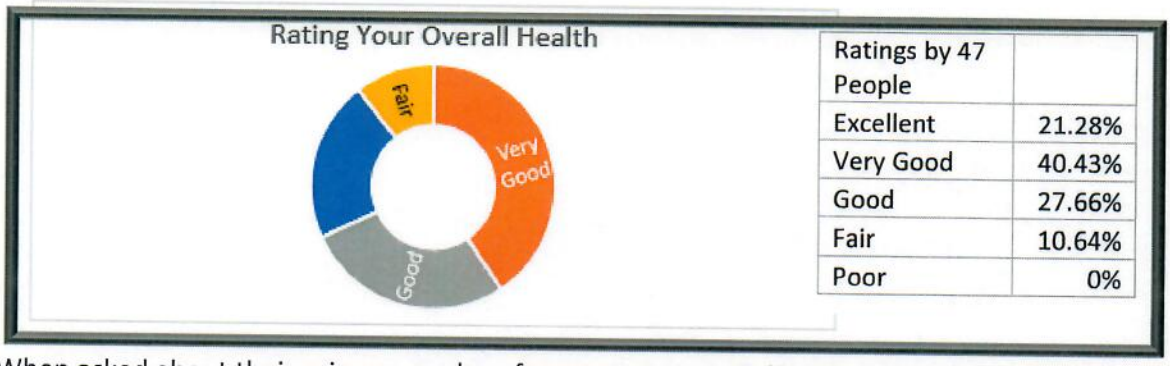
Respondents were also asked to list those services most needed in the community. A total of 57 people provided answers to this question. Recommendations varied, and covered a range of topics. However, those services that were most frequently mentioned included:

- More accessible, affordable healthcare, with specialty care provided closer to home;
- Greater mix of affordable housing options, assisted living, and nursing home care;
- Supports for in-home care;
- Expanded transportation resources;
- Safety and security.

A question was added to the survey related to overall satisfaction with the quality of life, developed based upon national research for the Life Satisfaction Survey. There were a number of statements which included the following, answered by a total of 47 of the respondents who replied to the online survey.

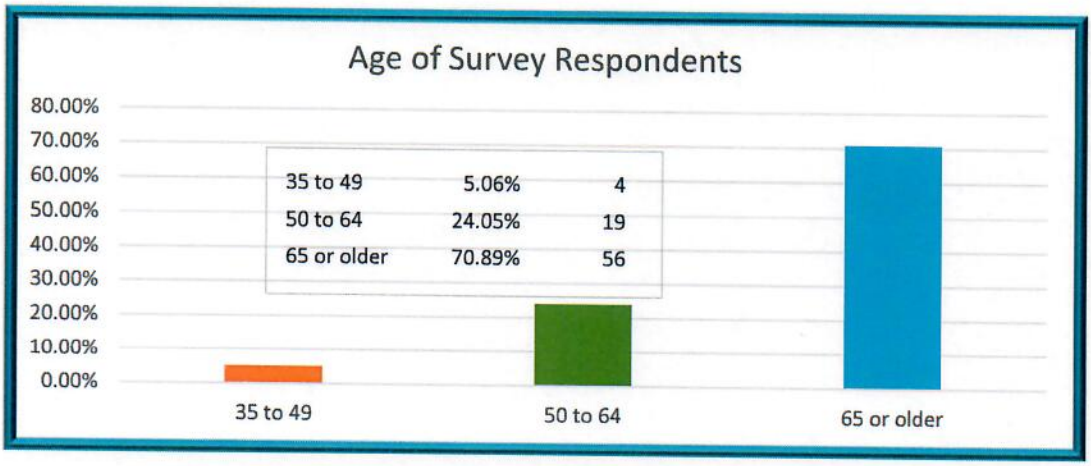
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
As I grow older, things seem better than I thought they would be.	6.38% 3	36.17% 17	31.91% 15	21.28% 10	4.26% 2
If I could live my life over again, I would change a number of things.	14.89% 7	48.94% 23	12.77% 6	21.28% 10	2.13% 1
My situation is similar to a lot of friends and family members my age.	10.64% 5	61.70% 29	19.15% 9	8.51% 4	0.00% 0
I am grateful for the family and friends in my life.	70.21% 33	25.53% 12	2.13% 1	2.13% 1	0.00% 0
So far I have gotten the important things I want in life.	31.91% 15	59.57% 28	4.26% 2	4.26% 2	0.00% 0
In most ways my life is close to my ideal.	17.02% 8	46.81% 22	27.66% 13	6.38% 3	2.13% 1
We get better and wiser with age.	19.15% 9	46.81% 22	23.40% 11	8.51% 4	2.13% 1
I feel gratitude for the opportunities I've had in my life.	57.45% 27	38.30% 18	2.13% 1	2.13% 1	0.00% 0

People responding to the survey, in general, reflect moderate to high levels of satisfaction with their lives, especially with respect to being grateful for family, friends and opportunities in life; and feeling like they have received the important things they wanted in life.



When asked about their primary modes of transportation, 43 (91.49%) they drive themselves; 3 (6.38%) reported having others drive them; and 1 (2.13%) indicated they walk.

The demographic make-up of those responding to the online survey is an important element in this and any other survey. The project Core Team has been deeply committed to gaining the maximum possible response rate from a broad mix of people, in terms of their ages, income levels, and racial and ethnic mix. The following provides a profile of the demographic make-up of those who chose to answer that online question. Demographic information was not captured for all people completing the paper surveys.[40]



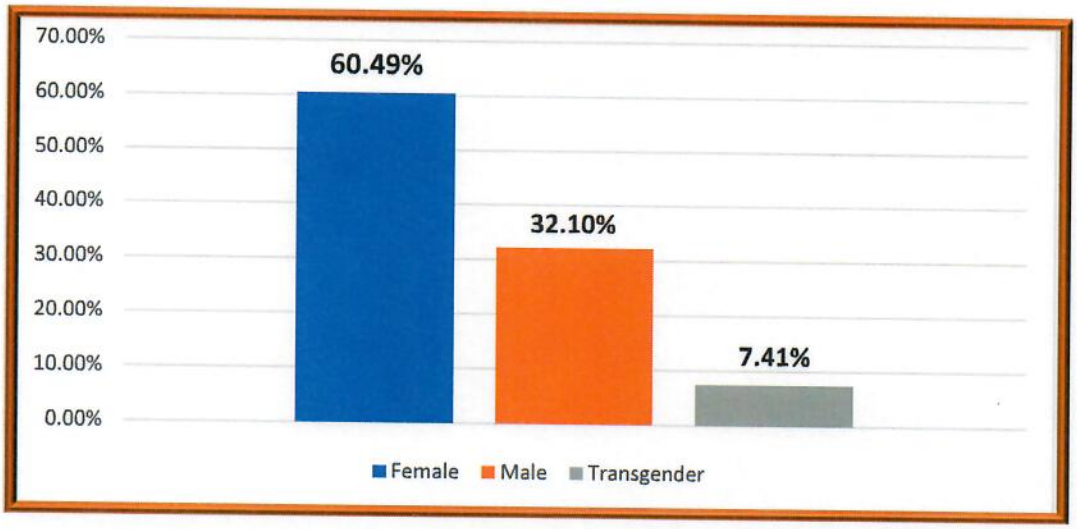
The age range of respondents completing paper surveys was similar to those 79 people answering the age question in the online survey; the majority was age 65 and older, with about 25% of them aged 50 to 65.

The income levels reported in both the paper surveys and the online survey ranged from (a) very poor (below $25,000) to (b) poor ($25,000 to $44,000) to moderate income ($45,000 to $64,000), with approximately one third of the respondents in each of those categories.

[40] The paper surveys were distributed and collected for those living near or below the poverty level and/or frail elderly in their homes, and handled by staff working on deadlines. Therefore there were two primary questions for those respondents, focused upon the services they utilize and those services they consider most important. There was not adequate time available to ask additional questions.

The racial and ethnic breakdown of 77 people answering this question in the online survey is as follows: Anglo/White – 64.94%; Hispanic – 16.88%; Native American – 11.69%; and Other – 6.49%.

The gender breakdown for those 81 responding to that question in the online survey is as follows:



The people responding to the paper survey had a similar demographic mix. Overall, the group completing the paper survey, representing a priority target audience, included a higher proportion of Hispanics, and was older, more frail, and poorer than the group answering the online survey.

The most important summary findings are these:

- People overwhelmingly want to remain in their homes as they age, no matter their race or ethnicity, income level, or current age.
- Community members are concerned about the lack of housing options that exist for them as they become older and frailer, and would like to have more opportunity for in-home care; as well as affordable assisted living and nursing home resources with a good quality of care.
- Residents report needing to have more medical specialists closer to home.
- The poorest of the respondents have a high level of need for a greater mix of basic needs and supportive services that are increasingly critical for them as they age.

Community surveys were used to gather feedback about needs and services from a wide group of people, especially those most heavily impacted by the need for more services: the poor and elderly. A total of 523 people answered the survey. Of that total, 242 people filled out shorter paper surveys provided with commodity distributions, and Senior Center home delivered meals. The target audience for the paper surveys was primarily poor and frail elderly. Another 281 people answered the online Survey Monkey Survey, which included the core questions used in the paper survey, as well as a group of broader, supplemental questions. The target audience for the online survey included the broader community, with a wide range of demographic groups.

VIII. What the Community is Saying: Town Hall Meetings

There were community town hall discussions to serve the following communities:

	Meeting Location	To Serve the Following Communities
1	Hachita	Hachita
2	Santa Clara Senior Center	Bayard, Hurley and Santa Clara
3	Mimbres Senior Center	Mimbres, San Lorenzo
4	Gila Senior Center	Gila Region
5	Silver City Senior Center	Silver City Area

More than 75 people collectively participated in these meetings, which included those served by the Senior Centers, community members, representatives of local governments, and members of this project's Advisory Committee. The following provides a short narrative summary of the meeting discussion, by each location. The cross-cutting main themes discussed in each meeting are summarized at the end of this narrative, in a table format.

1. Hachita.

The meeting in Hachita was a small gathering of people during time that commodities were distributed. There was not a lot of conversation, however, people discussed the importance of having basic needs services, housing, affordable medical care, as well as affordable housing and nursing home care.

2. Bayard, Hurley and Santa Clara.

People from these three communities were served by the meeting scheduled at the Senior Center in Santa Clara. Mayor Richard Bauch and HMS board member Pam Archibald welcomed the approximately 20 people. The discussion revolved around needs, services, and recommendations for future priorities.

People expressed concern about the fact that they see with themselves, friends and relatives in need of home care services. A number of people in the group have had their adult children relocate in order to find good jobs. They are concerned that it will become more difficult to meet their needs for home care as they become frailer. People discussed the need to have more

services to help themselves stay in their homes for as long as possible, as well as help if they need to go into nursing home.

Group members discussed the importance of having a wide range of services both in the Senior Centers as well as in the community. People talked about the walking trails that are being developed near the Senior Center that will provide important opportunities to walk and exercise outside. A few mentioned having the opportunity to go to events together, if van transport were to be available.

Services that people consider most important to continue to develop include: home care and support services in home and community; more services in Senior Centers; and transportation assistance.

3. Mimbres and San Lorenzo.

The group of about 15 people discussed the primary needs, which include: help around the house; in-home care; health and safety checks; and home visiting. Some group members wondered if emergency medical personnel could provide non-emergency home visiting services.

A number of members discussed the need for more accessible healthcare; and more specialty care within the county (rather than at a long distance). The group discussed the need for not only van transport, but also having transport to specialty care, and transport for people who have significant mobility issues and who need special handling. People expressed the need to have police and emergency responders closer in to the Mimbres community, as dispatching EMS often takes 40 minutes, which can exacerbate a crisis or be life threatening.

Some group members wondered if it would be possible to develop an Adult Day Program. A few discussed the opportunities that might exist for some non-medical and non-emergent needs be covered or supported by volunteers.

The group also discussed the Senior Center itself and made a number of recommendations about the food, adding labels, so that people know what is being served; ensuring that food is diabetic-friendly; and providing more variety with fewer frequently repeated menus. The group was told that the Agency on Aging approves menus.

A few issues that will require creative solutions include the need for: (a) week-end meals for some, perhaps frozen meals; and (b) emergency responder or volunteer strategies to help those on oxygen manage their situations during power outages; and (c) volunteer help for people who need property clean-up help (perhaps through schools, faith communities or civic organization volunteer groups.

4. Gila Region.

The group expressed a serious need for transportation from Gila into Silver City, on a regular basis, perhaps departing from the Senior Center. Corre Caminos had transportation on Wednesdays, but that has ceased. People would also like to see more transportation to specialists out of town. Some of the members also suggested that it would be helpful to have special trips by van to events and activities. There was a suggestion that people age 60 and older be provided discounts for their electric bills.

There were a number of suggestions for activities at the Senior Center. These included adding movement classes and exercise programs, with equipment for workouts as well as some therapeutic equipment (probably monitored by properly credentialed staff). Members suggested adding nutrition labels for food; uses for the Senior Center van; and developing telehealth access to medical personnel from the Senior Center. They also suggested that legal personnel provide legal services at the Senior Center, perhaps as part of the NM Bar Association's volunteer program The group also suggested developing the Senior Center Advisory Board; engaging in stronger outreach, marketing and PR; and involving Senior Centers and members in supporting legislation and funding for older adults.

5. Silver City Region.

The last of the five meetings included about a dozen diverse people at the Silver City Senior Center on August 6th. The group discussed the following issues:

Home Care:

- Older adults want to stay in the home; however, home care is expensive for those who don't qualify for Medicaid who need to pay for their care. It is also hard to find qualified caregivers, as many businesses charge a large per-hour fee, but pay caregivers very low wages. How do adult children help their parents stay independent?
- There is a need for independent living, using a village or greenhouse model, with a live-in care giver 24/7, who may serve one or more people.
- People have to go to other cities to get the care they need causing "leakage" within the community, as the county loses funding to other counties.
- The home care that is local is not 24/7 or live-in care. There is also an issue with the cost of home health that is offered, making it unaffordable for many families.
- There is no residential hospice program, and one is needed.

Safety Issues for Those Living Alone:

- There are men being attacked and women raped.
- Social Isolation leads to other public health issues: safety issues, dying alone, physical health problems, food insecurity.
- Food insecurity adds significant stress and impacts overall health, creating many health problems in early and midlife, which are often unaddressed until one's later years.

Lack of Specialists in Grant County, the Region and New Mexico:

- There are few specialists in Grant County.
- Specialists are leaving New Mexico because they receive much better compensation in the neighboring states.
- Telehealth is an option to support care, however, it needs to be integrated into primary care, and supported by specialists. Telehealth is a supplement and not meant to replace face-to-face treatment

Housing:

- Poverty for seniors in Grant County keeps them in their home. Sometimes the homes haven't been updated for many years.
- The USDA financial support RAMP program provides help to homeowners, but has limitations and will not help renters or homeowners that own mobile homes.
- The federal government and the state need to step up with funding for housing supports because local municipalities and the county cannot carry these costs by themselves without federal and state support.

Other Comments:

- There is a small amount of funding for the Grant County Community Health Council, which will help the CHC to resurface and provide its planning and coordination function.
- The plan needs to identify action steps, and actionable items for commissioners.
- There is volunteer burn out, so staffing strategies with volunteers isn't a realistic strategy.
- There are opportunities for economic development related to the expansion of healthcare, and growing the number of health care jobs. This needs to be supported, to reduce the amount of "economic leakage" that is happening in Grant County.

IX. Recommendations

Based upon our research, survey analysis, key informant interviews, and community meetings, the consultants, Core Team and Advisory Committee have developed the following recommendations for addressing community needs. These recommendations are focused not on one sector, such as Grant County Government, but upon all three key sectors of the community: government, nonprofit, and business. The health care organizations, senior serving agencies, municipal and county government agencies, businesses, associations, faith communities, civic groups and neighborhoods all need to be involved to bring needed resources and services into the community. A massive level of community collaboration is required because The Age Wave is so large in Grant County, and because there are huge, complex needs among older adults and their families.

Our recommendations are described in a narrative format, followed by a matrix which summarizes the recommendations, and provides important rationale about why these changes are needed, and what they will require. Included in this summary is a list of "actionable items," which the municipal and county government groups can use for their planning.

A. **Improve Access to Community Services and Basic Needs Resources for Older Adults with Limited Incomes.** A large percentage of elderly in Grant County are either poor, or live on very limited incomes. Costs of co-pays for prescriptions, an emergency, or an unexpected house repair can create a cascading series of other emergencies. People who are living near the edge or on the edge often need access to someone who can help them navigate the many agencies that may or may not be able to provide help. That individual is called a case manager, navigator, or social worker. These services exist primarily at Gila Regional Medical Center, Hidalgo Medical Services and the Senior Centers. Some faith communities provide these services as well. Traditionally, leaders in neighborhoods are able to help others to understand what resources, services and benefits might be available. Although Grant County has many needs for additional services, it is also true that some of the services that do exist aren't well known. Whenever possible, services located in communities can provide important resources to help people to age in place.

   The SDOH-related data on poverty, survey findings, key informant interviews and key informant groups, and town hall meeting discussions all shaped this priority. Although basic needs were not highlighted as priorities by middle and upper income older adults, they are a major priority for a significant number of elderly who are poor or living with limited incomes. People overwhelmingly indicated that both basic needs and community-based resources are important to maintaining community health.

   We recommend the following be developed to assist people to access the resources and services they need:

1. **Create an updated directory of community services (online and on paper).** The Grant County Community Health Council (GCCHC) has developed directories in past years, and it would be important to find ways to fund a new directory. It might be funded by local businesses, which could provide important exposure and advertising opportunities, together with some grant funding. SHARE NM may be able to provide an online database that is kept current, through a partnership with GCCHC.

2. **Expand the work of navigators, case managers and others helping people to access resources by creating a Benefits Enrollment Center (BEC).** A BEC is based on the NCOA Benefits Enrollment Center model. Since there are already people providing these services, it will require some additional resources, but not a great deal of additional staffing and funding. The NCOA Benefits Enrollment Center in NNM has become an NCOA national model, bringing in almost $20 million dollars in benefits to just under 2,000 area families over the past three years. The HMS Senior Programs leadership is working collaboratively with the NNM BEC Manager to explore this option for Grant County. These services can be built as an expansion of the already existing case management provided through the HMS Family Services Department, or could be provided through Grant County. A Benefits Enrollment Center can provide significant new revenues for families in need, and expand the economy of the county.

3. **Link case management/navigation work to a Social Determinants of Health (SDOH) related model of care that includes help for people with emergency needs.** The Accountable Health Community (AHC) in Santa Fe County and the High Utilizers Group (HUGs) at St. Vincent have both piloted and developed successful SDOH-related health systems navigation models. These have case managers/navigators intervening with a range of strategies that help people to stem the crisis earlier in the cycle, and recover more quickly from emergencies. This involves intensive case management partnered with the use of the county's Health Care Assistance Fund and some supported housing, supported employment, and intensive case management to address a wide range of SDOH-related emergencies. The outcomes of the SFC AHC and HUGs are extremely powerful and represent a network of care that helps people to reduce the impact of emergency situations; improve their life situations and health; and become more stabilized and productive. Outcomes also include significant cost savings to the health care system. These more intensive services can be built upon the already-existing service delivery backbone of the HMS Family Services Department; through another healthcare agency; or through Grant County.

4. **Develop more PACE-like community-based services to help people live more easily and longer in their homes**. This would include gathering and distributing information about home and community-based services currently available. It would also involve expanding services, to include a network of care with a range of services developed as priorities by the medical providers for in-home and in-community care, including Adult Day Care services for older adults in need of daytime support and supervision. Services would be delivered by licensed mid-level providers, frontline providers, case managers, home health providers, community health workers (CHWs), peer support workers (PSWs), navigators, and others. Most of the services should be covered by Medicare and Medicaid, but need to be developed into a more well-networked system of care. Over time, if it fits, these services could be included into a PACE program that is part of the new Clinically Integrated Network (CIN), if they meet clinical and financial criteria for a sustainable network.

B. **Build the Quality of Life for Older Adults in the County.** Quality of life includes opportunities for socialization through friends, groups, faith communities, and events. It involves more opportunities for civic engagement and volunteering. Building educational offerings, the arts, outdoor activities and recreation expand the quality of life for everyone, including older adults. Networks like the Western Institute for Lifelong Learning (WILL), civic groups, political organizations, and nonprofit organizations all provide opportunities for older adults to volunteer, improve the impact of the organizations where they volunteer, and enhance the quality of their own lives, and the lives of others. Priorities involve the following: maintain and expand the opportunities for coursework and learning through community partnerships; build opportunities for civic engagement; expand opportunities for older adults to volunteer and work; and continue to maintain the natural and built environments, which represent some of the region's greatest assets, in addition to its people.

This recommendation comes from a discussion of the Advisory Committee where it was created as one of the key recommendation areas, and is supported by the feedback from key informant interviews and surveys.

C. **Expand and diversify the affordable housing options available to older adults**. Housing options for the elderly are limited, and are becoming more limited. Not addressing this need now could result in a housing crisis within ten years, which will cause more health crises, greater impoverishment, and increase in the outmigration of elderly from Grant County. Continued outmigration of those with financial means and families living outside of the region will add to the poverty and isolation of those who remain.

This recommendation is based upon (1) social determinant-related data that indicates high poverty levels for the county and a larger than state proportion of older adults, which

is rapidly growing; (2) survey feedback which indicated that home based services and affordable housing are top priorities for services for the future; (3) key informant interviews and groups, and (4) town hall meetings, all of which indicated that housing is a major issue.

Priorities include the following.

1. **Build more independent living housing units**, in apartment complexes as well as on a small scale, in neighborhoods. The build out should offer a mix of market-rate, below-market rate subsidized, and heavily subsidized housing for older adults. These can be in small village configurations, often called "Villages" and "Green House" models, which offer older adults an opportunity to move to a smaller, easier-to-maintain homes, with shared spaces that encourage community-building, and cost savings. These can include supportive services. Small housing clusters can include common space for shared meals, social activities, and other services. People can share in the costs of supportive home-care services and/or receive these through PCS and home care agencies. This housing is low-impact, low-density, and can be built using a scattered site development model, often within or close to the communities where people have been living, or close to family and friends.

2. **Expand assisted living and nursing home options** to help people receive the quality of care they need when they reach the point where they cannot live easily in their own homes anymore, even with supports. Some of the important and least costly work involves widely publicizing the resources that already exist. People in nursing homes require more intensive care than those in assisted living facilities. Because Grant County only has a few of these options available now, and there are waiting lists, the current level of care is not adequate to meet the growing need today, much less for the coming five to ten years, especially for people who cannot self-pay the full costs for care. In addition, the institutional model is a sterile and expensive one. The Green House Project and the Villages both provide models for small-scale, more engaged and less expensive alternatives to care. Extensive expansion is needed for both types of care, serving people at multiple income levels. Assisted living and nursing home care, though needed by many, is not covered by Medicare. It is only covered by long term care policies and by Medicaid. People pay these costs out of pocket, or through a long-term care insurance policy. Costs for care are many thousands of dollars a month. Consequently, quite a few families discover that the elders must "spend down" their assets paying for care, until the point at which families have few finances remaining, at which time they qualify for Medicaid. This is a difficult and painful process, and requires advocacy, navigation and support for older adults and their families in order to estimate assets, project the spend-down, and plan for the future. Some families are able to care for all of their costs for their lifetimes; however, this is becoming more the exception than the rule, with increasing numbers of older adults

entering retirement years with fewer savings, and facing very high costs of care. The NM Secretary of the Department of Health is responsible for licensing of facilities, and is working with colleagues to investigate options for managing the needed expansion, with a range of types of facilities.

3. **Create opportunities for people to upgrade and modify their homes** to make them safer and more accessible, through ramps, grab bars, better lighting, and home repairs. People with limited incomes can access a number of programs to help them with these costs. Medicaid pays for specific types of home repairs for people, in programs that are not well known. Home repair professionals in the community can become Medicaid-certified to provide these types of services, when a client is approved by their insurer for specific modifications. USDA provides funding to help homeowners with limited incomes to repair and modify their homes. Helping people to understand these options through a Grant County Health Fair (which is planned by the Health Council), can help people to access needed resources. It also expands the opportunities for home repair professionals, and builds the economic base of the community.

D. **Develop better access to medical specialists, closer to home.** One of the greatest needs reported by an overwhelmingly large number of people is the problem people face with needing to wait many months for appointments with specialists, and travel long distances for specialty care.

The recommendation to expand access to medical specialists comes primarily from surveys, key informant interviews, key informant groups, and discussions in the community meetings. This has been a theme shared repeatedly by enough different people as to indicate that this is a growing problem that is worsening.

As people age and drive less frequently, it becomes increasingly difficult to travel long distances for multiple specialists that address a mix of chronic health issues that require proactive care. After this becomes too difficult, many people relocate. When people leave, their expertise, relationships and financial investments go with them, and leave communities weaker and poorer as a result. This departure represents part of the long-term loss of population, jobs and capital that has been addressed in the Data Section of this report. People going outside of the community for care and spending their funds in other communities is called "economic leakage," and represents the loss of millions of dollars a year to Grant County. Thirty years ago, there were more specialists in the county, because the population was larger, and the reimbursement rates were different. In today's highly competitive environment, where Medicare and Medicaid pay below market negotiated rates with providers, it becomes increasingly difficult for specialists to make a good living if they live in the county, and also hard to manage if they travel in, because travel time and costs are not reimbursed.

The NM Secretary of the Department of Health and the NM Secretary of the Human Services Department are looking at policy issues, and making changes in the Medicaid policy, addressing some Medicare challenges, and funding for rural health care. It may be possible to move forward through the Executive Branch and/or Legislative Branch, funding for a pilot program in Grant County whereby specialists are given an additional incentive payment for coming into Silver City to provide care a certain number of days per month onsite, working in partnership with practices located in the county, supported by ECHO telehealth. It might also be possible to recruit a number of young specialists into the community, with a package that offers incentives on top of the already-existing loan forgiveness programs for practitioners. If the State of New Mexico were to invest in a pilot such as this, it could provide critically needed evidence-based practices and models for other communities. In addition, the primary medical leaders and organizations in Grant County may want to form a Medical Collaborative for the purpose of expanding the options for practice settings; building out services that could include some elements of a PACE model without the risk of capitation; and more diversified payments and reimbursements (Medicare, Medicaid, and state incentive-based payments). Grant County's Medical Collaborative may be able to serve as an important regional incubator for young specialists to have excellent practice opportunities in a cutting-edge collaborative community model, with the potential benefits of additional loan forgiveness offered. Statewide, there is a newly developing Clinically Integrated Network (CIN), representing a partnership among the larger Federally Qualified Health Centers, which may pose some opportunities for Grant County, through Hidalgo Medical Services.

Developing a rural model that brings specialty care back into Grant County through a combination of (1) specialists travelling in for a few days a month; (2) supported through telehealth; and (3) leveraged and expanded through young specialist residents could enable more elderly to address specialty care more proactively, with less travel. This could keep more elderly in Silver City, spending funds within the county, and delaying a departure from the area. This could improve the health of the region's elders, expand the number of healthcare jobs and support staff positions available, reduce economic leakage, and improve the economy.

E. **Develop more transportation resources, especially for those most isolated.** Corre Caminos provides much-needed transportation to people who are not able to or who choose not to drive. However, the routes are limited in terms of both time periods and geography. The Medicaid Managed Care Organizations (MCOs) offer some types of transport to medical appointments, but this requires advance scheduling, and often in tandem with many other people, taking a large part of a day. These transportation resources are important and should be fully utilized whenever possible. However, small-scale van transport is needed (1) for those people who can't spend many hours in transit;

(2) who live in remote areas; and (3) who need rides for grocery shopping and other non-medical activities.

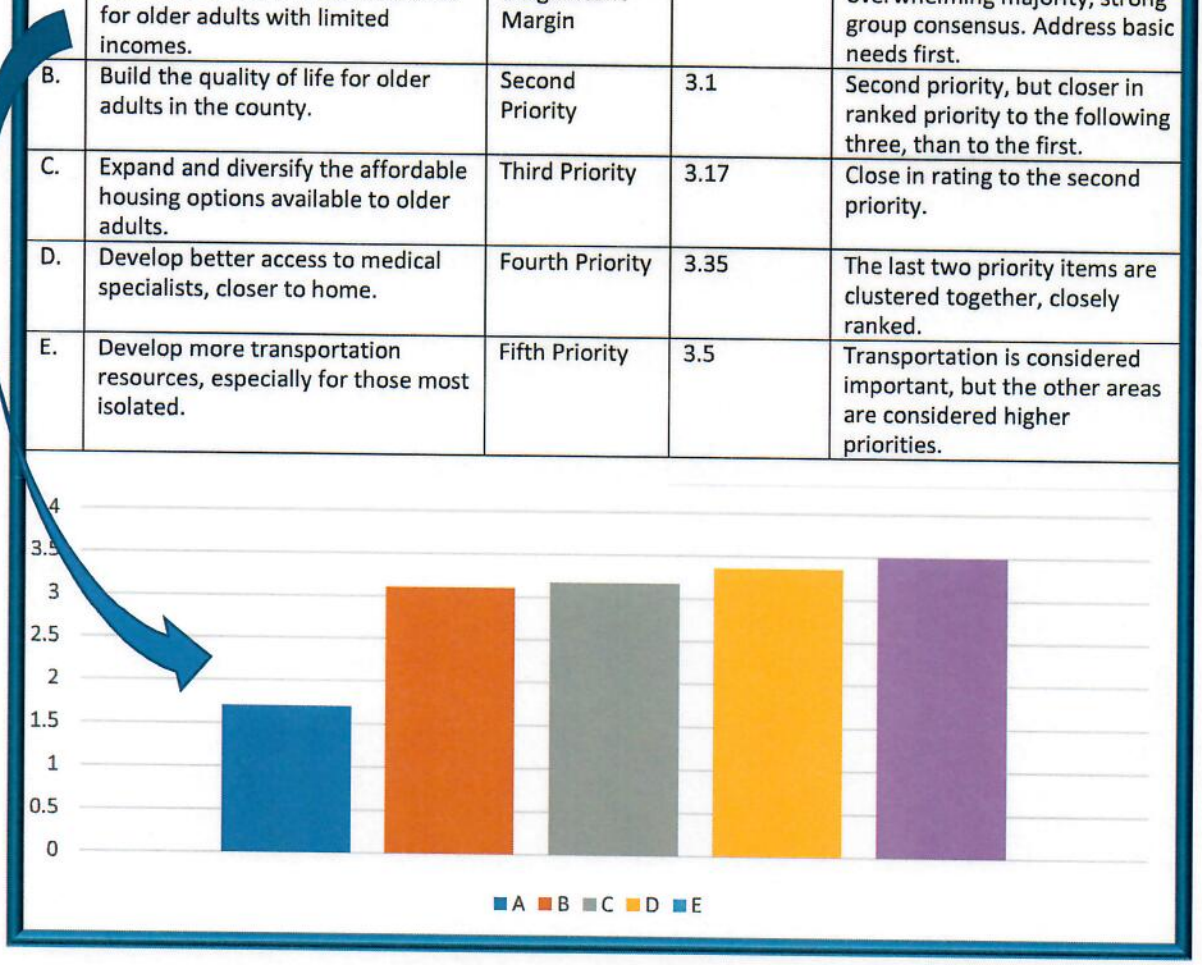
Transportation has been mentioned in surveys, key informant interviews and groups, and in town hall meetings as a need for older adults, especially the poor and frail elderly. However, this topic was not mentioned as often by as many people as the other three topic areas. However, for those who are most impacted and isolated, it is a significant need.

Many people depend upon friends and family members to fill these gaps. However, those elders with more limited support networks are often isolated and in desperate need for basic transportation assistance. Over the past 10-20 years, many young and middle aged people with families and elders in the region have needed to move to larger cities for better employment opportunities. As their parents and relatives reach frail old age, they will have fewer family supports than have existed in the past.

Summary of Recommendations
Prioritized by the Advisory Committee

The Advisory Committee discussed the recommendation areas and prioritized them in a forced ranking exercise, where each member ranked the five recommendations on a scale of 1 (high) to 5 (low). The highest rankings are recommendations with scores closest to 1. By an overwhelming margin, the group ranked #C as the top priority. The second and third ranked priorities were very close in scores. The last two were also relatively close in their rankings.

	Recommendation Area	Priority Level	Score	Comments
A.	Improve access to community services and basic needs resources for older adults with limited incomes.	Top Priority by a Significant Margin	1.7	Top priority by an overwhelming majority, strong group consensus. Address basic needs first.
B.	Build the quality of life for older adults in the county.	Second Priority	3.1	Second priority, but closer in ranked priority to the following three, than to the first.
C.	Expand and diversify the affordable housing options available to older adults.	Third Priority	3.17	Close in rating to the second priority.
D.	Develop better access to medical specialists, closer to home.	Fourth Priority	3.35	The last two priority items are clustered together, closely ranked.
E.	Develop more transportation resources, especially for those most isolated.	Fifth Priority	3.5	Transportation is considered important, but the other areas are considered higher priorities.



The tables on the next pages rank the strategies for each of the five recommendation areas. These are ranked in terms of priority, complexity, and costs. Recommended next steps include some material that can be used by community and agency leaders as "actionable items." The levels of complexity and cost are listed as "High," (Red); "Moderate" (Yellow) and "Low" (Green).

Recommendations in Terms of Their Cost and Complexity

Recommendation Areas are Put in Rank Order Based upon Feedback from the Advisory Committee

	Recommendation Area in Priority Order	Strategy	Next Steps	Complexity	Cost	Potential Responsible Parties
A.	Improve access to community services & basic needs resources for older adults with limited incomes.					
1.		Update the directory of community services (online & paper).	Updated the GCCHC Directory, working with SHARE NM	1-2	1-2	GCCHC with HMS
2.		Expand the work of navigators, case managers and others to help access resources by creating a Benefits Enrollment Center (which can bring in funds for families and create jobs).	Develop proposal to NCOA for funding for a Benefits Enrollment Center.	1-2	1	County or HMS
			Provide BEC enrollment services, and track health and economic outcomes.	2	2	County or HMS
3.		Link case management/navigation work to a SDOH related model of care.	Expand, fund, coordinate, and link services to SDOHs and track these.	2	3	HMS, County, Cities, Others
4.		Develop a PACE-type model for a continuum of home-care and community-based services.	Gather and distribute information about home care and community resources and services.	1	1	HMS, County, GCCHC, Others
			Expand in-home care services and supports to people in need of home care who don't qualify for Medicaid.	3-4	5	Health Care Assistance Fund (HCAF), HMS, Other Providers
			Expand community based social supports for the elderly (Medicaid funded, sliding fee scale, and market rate)	3-4	5	HCAF, HMS, Other Providers
			Develop Adult Day Care facility for those in need of daytime oversight.	3-4	5	HMS, HCAF, Other Providers

	Recommendations in Priority Order	Strategy	Next Steps	Complexity	Cost	Responsible Party
B.	Build the quality of life for older adults in the county.					
1.		Maintain and expand educational offerings and opportunities.				
			Western Institute for Lifelong Learning, offering opportunities on campus, in partnerships with groups, Senior Centers.	1	1	WILL, agencies, Senior Centers, faith communities
2.		Build opportunities for civic engagement for seniors.				
			Create a newsletter and calendar by and for older adults that addresses quality of life, civic engagement, volunteering, policy, safety, qualify of life, and other issues and opportunities.	2	2	WILL, agencies, local gov't, faith communities
3.		Expand opportunities for older adults to volunteer and work.				
			Create a network of agencies looking to fill volunteer and paid positions with qualified older adults.	2	1	WILL, SBA, HMS, local gov't, ALTSD
4.		Continue to maintain the natural and built environments.				
			Maintain parks, walking paths, riding trails, and other public spaces.	3	4	Municipalities with federal funds
			Maintain roads, sidewalks, lighting and public safety.	3	4	Municipalities with federal funds

	Recommendations in Priority Order	Strategy	Next Steps	Complexity	Cost	Responsible Party
C.	Expand and diversify affordable housing options available to older adults.					
1.		Build more independent living housing units.				
			Develop small-scale facilities using a cluster, or villages model.	3-4	4-5	Bridges with builders and financing
			Develop market-rate small-sized home complexes.	3-4	5	Developers
			Homeowners develop casitas for rentals to elderly.	3-4	5	Homeowners
2.		Expand assisted living and nursing home options.				
			Widely publicize the Medicaid funded, sliding fee scale, subsidized, and market rate assisted living and nursing home opportunities in the county and region.	2	2	Facilities working with local governments
			Work with NM DOH to expand assisted living, nursing home and green house types of facilities in the county.	4	4-5	Governments and Providers
4.		Create opportunities for people to upgrade and modify their homes.				
			Enroll homeowners in need with USDA support for home repairs.	1	1	GCCHC at Health Fair
			Work with people in home repair to become Medicaid certified to provide home modifications	2	1	AC, Chamber, Workforce Center

	Recommendations in Priority Order	Strategy	Next Steps	Complexity	Cost	Responsible Party
D.	Develop better access to medical specialists, closer to home.					
1.		Specialists providing care in priority areas travel to Silver City for a few days a month.				
			Conduct a simple survey with providers to determine the number of patients and specific conditions for referrals	2	2	Medical Providers
			Contact specialists to determine what it would take for them to visit Silver 1x to 2x a month and connect on telehealth.	3	2	Medical Providers
			Develop a proposal to NM DOH and NM HSD Secretaries to provide a special pooled fund for incentives for key specialists to work a few days a month in Silver City.	3-4	5	Medical Providers
2.		Expand telehealth with support from primary care provider (PCP).				
			Expand telehealth through partnerships with UNM and FQHC	2-3	2-3	FQHC & UNM
3.		Expand and leverage opportunities for resident specialists in county.				
			Develop strategies and incentives for recruiting young residents.	2-3	2-3	FQHC with Providers
E.	Develop more transportation resources, especially for those most isolated.					
			Develop a plan for small-scale van transport handled by an agency or volunteer group.	2	1-2	County, HMS, Volunteers, Providers

X. Summary

There are a few final overarching themes that emerge from this report that should remain in the forefront of planning and implementation as the community moves forward to develop needed services for older adults:

A. **The needs of Grant County are large and complex.** They can seem overwhelming, because of their complexity and the fact that they must be addressed as a priority if the county is to continue to be a healthy place for people of all ages to live together. Addressing the recommendations piece by piece in a coordinated way can help the many stakeholders involved to make short and long-term progress.

B. **Address the needs collectively**, with the entire community. All governments, agencies, associations, faith communities, civic groups, individuals and families need to lend a hand. There is no time for excuses, no room for dallying, and no opportunity for any small group to try to carry this heavy load alone.

C. **Manage the work in chunks**. The recommendations are broken down into chunks so that different groups can move forward with various pieces of the work. Trying to attack the challenge as a whole is overwhelming; managing it in chunks is possible and very do-able.

D. **Build on the passion that many leaders have about caring for others.** Many people who have been engaged in this project are deeply concerned about this issue. They know that people desperately need services, and are willing to work to make that a reality. Harness that energy.

E. **Finance for the future**. This work will take financing from many sources. If it's done carefully and well, it will bring in significant numbers of new healthcare and social services jobs into the community; will be a source for economic development; and can make Silver City a place where people stay longer in their retirement years, reducing economic losses, and growing the health and economic vitality of the county.

This work very much needs to be a collective enterprise, and needs to address county and state policy and funding as well programs and services. There are local stakeholder economic development partners able to help the Advisory Committee and stakeholders develop traction through multiple sources of diversified funding.

The funding that is available to help address some of the gaps is already in place through: Opportunity Zone; USDA Section 504 Rural Housing Repair and Rehabilitation; NM Energy Smart Program; Mortgage Finance Authority; HUD Service Coordinators for MF Housing; HUD ROSS grant program for service supports for public housing residents; ALTSD grants for cooperative

arrangements for supportive services; Medicaid Personal Care Services for in-home care services and supports for those on Medicaid; Community Development Block Grant Funding; Senior Employment Services through a partnership between ALTSD and the Local Area Workforce Centers; energy audits with potential funding for energy-related repairs; funding for veterans; Medicaid coverage for certain home repairs to make a home accessible and safe as elderly face mobility issues and limitations with activities of daily living (ADLs). Additional resources include the local Community Action Agency, Southwest Housing & Economic Development Corporation, Tierra del Sol, and others.[41]

Many members of the Advisory Committee have been involved in extra work in support of this project, with our thanks. The Advisory Committee has elected to continue meeting to coordinate work on this important issue, on a quarterly basis.

Together, stakeholders in Grant County can mobilize to create local policies that provide for affordable housing ordinances, and other supports. Groups can work with the elected and appointed county leadership, the elected State Representatives, New Mexico Counties, and others to address changes needed in state policies. These include issues such as providing for more supportive services and funding for older adult services; and equalizing the payments for Senior Center meals with extra funding for rural, dispersed delivery areas. It involves developing more funding and licensing for assisted living and nursing home care; modifying funding formulas and both Medicaid and Agency on Aging reimbursement rates to better cover real costs for specific types of care (Adult Day Care, Personal Care Services, medical specialty care, etc.); and offering incentives for medical specialists to practice in Silver City. It also should target economic development opportunities and job creation related to addressing the needs of the elderly. By doing this, Grant County can continue to develop as a vibrant region - and a place that calls to older adults who want to stay and who want to relocate to the region.

"Everyone working together represents a wheel, with the hub and spokes shaping the work that is done on a daily basis, around the circumference." Marilyn Alcorn, member of the Advisory Committee.

[41] Many of the funding resources were provided by Pam Archibald, retired banker; Priscilla Lucero, Executive Director of the Southwestern NM Council of Governments (SWNMCOG); and Rebecca Dow, NM State Legislator for Grant County. All three are members of the project Advisory Committee.

Abbreviations Appendix

AHC	Accountable Health Community
BEC	Benefits Enrollment Center
CDC	Center for Disease Control
CHW	Community Health Worker
CIN	Clinically Integrated Network
CMS	Centers for Medicare and Medicaid
CMS	Children Medical Services
DCI	Distressed Communities Index
DOH	Department of Health
EIG	Economic Innovation Group
FQHC	Federally Qualified Health Center
GC	Grant County
GCCHC	Grant County Community Health Council
GRMC	Gila Regional Medical Center
HMS	Hidalgo Medical Services
HRSA	Health Resources and Services Administration
HUGS	High Utilizers Group
IBIS	Indicator-based Information System
MCO	Managed Care Organization
NCOA	National Council on Ag
NM DOH	New Mexico Department of Health Indicator- Based Information System IBIS
PACE	Program for All-Inclusive Care for the Elderly
PCS	Personal Care Services
PHD	Public Health Department
PSW	Peer Support Worker
REAP	Rural Economic Assessment Project
RWJ	Robert Wood Johnson
SDOH	Social Determinants of Health
VA	Veterans Administration
WIC	Women Infants and Children
WILL	Western Institute for Lifelong Learning
WNMU	Western New Mexico University

ORIGINAL

NEW MEXICO
GENERAL SERVICES DEPARTMENT

"The Heart And Soul of State Government"

Invoice

Administrative Services Division
P.O. Box 6850
Santa Fe, NM 87502-6850

Invoice Number: GSD-067945
Invoice Date: Oct 05 2019
Customer Code: C-O0998-75203

SOUTHWEST NEW MEXICO COUNCIL OF
PRISCILLA LUCERO
PO BOX 2157
SILVER CITY
NM 88062
575-956-1293
PRISCILLALUCERO@SWNMCOG.ORG

SEND REMITTANCE & COPY OF INVOICE TO:
GSD-Admin Services Division
P.O. Box 6850
Santa Fe
NM 87502-6850

NOTICE: SHARE USERS SELECT
Location: 11

Payments will be due by the 20th of each month;

Payments received after the 20th of the month shall be assessed a 1.5% late payment penalty fee, based on the total amount due, and added to the following month's invoice;

Benefit coverage(s) may be terminated if payment is more than 60 days late;

PLEASE REVIEW AND REPORT ANY DISCREPANCIES WITHIN 5 DAYS TO:
Erisa Administrative Services, Inc
505-244-6000 SONM@easitpa.com

SHARE Codes

Agency: 350 **Fund:** 75203 **Department:** 6005000000 **Account:** 472302 **Vendor:** 0000056909

	Invoice Items	Unit Price
1	09/2019 - Monthly Administrative Fee	2.74
2	09/2019 - Disability	9.88
3	09/2019 - Dental - Delta Dental	106.67
4	09/2019 - Medical - Blue Cross Blue Shield	1,749.63
5	09/2019 - Vision - DV	19.15
	Total for Invoice:	**1,888.07**

DETACH HERE AND RETURN WITH PAYMENT

SOUTHWEST NEW MEXICO COUNCIL OF
PRISCILLA LUCERO
PO BOX 2157
SILVER CITY
NM 88062

Invoice Number: GSD-067945
Invoice Date: Oct 05 2019
Customer Code: C-O0998-75203

SEND PAYMENT TO:

GSD-Admin Services Division
P.O. Box 6850
Santa Fe
NM 87502-6850

Total for Invoice: **1,888.07**

To check the status of your account please visit our web portal at http://onlinestatements.generalservices.state.nm.us

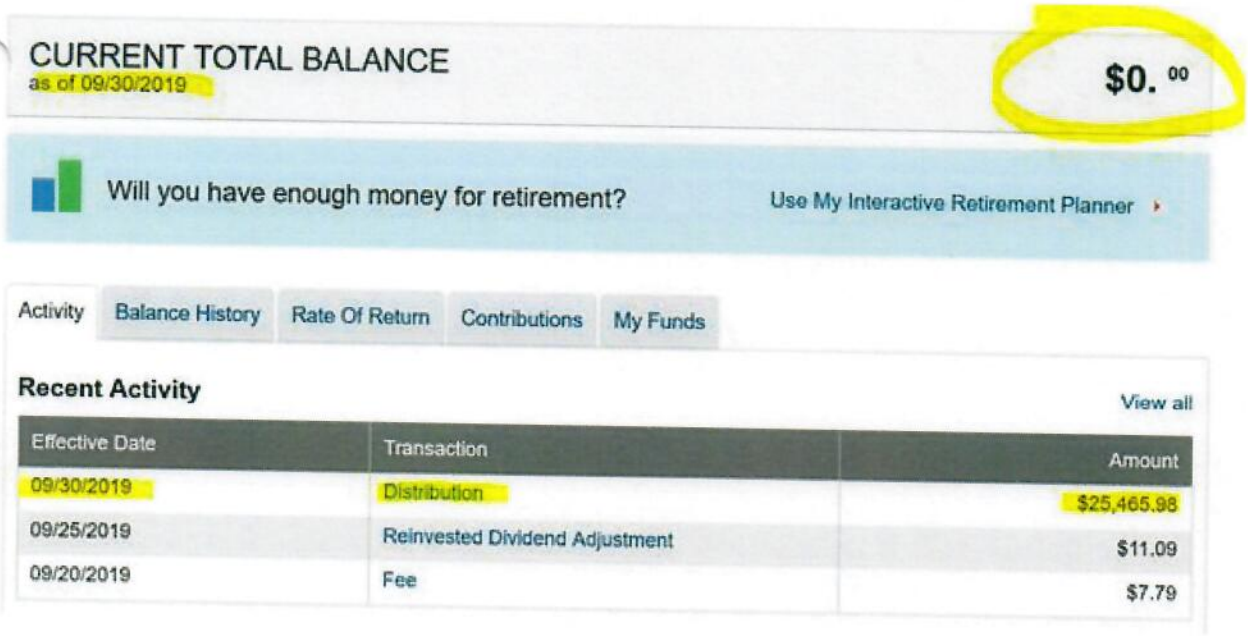
priscillalucero@gilanet.com

From: Lujan, Karyn D, PERA <KarynD.Lujan@state.nm.us>
Sent: Tuesday, October 1, 2019 10:06 AM
To: Lujan, Karyn D, PERA
Subject: Deferred Comp Plan Move to Voya - STARTS TODAY!

Good morning, Employers – Please share this with your employees.

Regarding the PERA SmartSave Deferred Compensation Plan, the move to Voya has started! Nationwide has sent Voya the Plan's assets as of midnight last night. So if we log into our accounts, it's going to show a $0 balance and a distribution amount, see below. The Distribution amount is the balance in the account that's been sent to Voya. Voya is now reconciling the data and the Plan can go live any day between now and Monday.

Next step: check your mailboxes! Voya has mailed all Plan participants a PIN that we'll forever use to manage our accounts either online, the mobile App for via the call center. When you get your PIN, you can set up your new online account. But until then, if you have questions, please contact the Call Center at, 1-833-424-SAVE (7283).



CURRENT TOTAL BALANCE
as of 09/30/2019 $0.00

Will you have enough money for retirement? Use My Interactive Retirement Planner

Activity | Balance History | Rate Of Return | Contributions | My Funds

Recent Activity View all

Effective Date	Transaction	Amount
09/30/2019	Distribution	$25,465.98
09/25/2019	Reinvested Dividend Adjustment	$11.09
09/20/2019	Fee	$7.79

Regards,

PERA
PERA SmartSave
Deferred Compensation Plan

Karyn Lujan, Deferred Compensation Plan Manager
33 Plaza La Prensa, Santa Fe, NM 87507
(p) 505-476-9386 (f) 505-476-9402
www.nmpera.org