

EngAGE New Mexico:

Promoting and Strengthening Grantmaking in New Mexico to support an Aging Population



A Grantmakers in Aging EngAGEMENT Initiative

Con Alma Health Foundation

New Mexico Association of Grantmakers

October 2012

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
SETTING THE STAGE	7
METHODOLOGY	10
ANALYSIS & SURVEY DATA	11
THE NM LONG-TERM CARE SYSTEM	11
FUNDERS' AWARENESS & PRIORITIES	18
ELDER'S NEEDS AND PREFERENCES	21
KEY GAPS IN SERVICES & SUPPORTS	28
RESPITE & SUPPORT FOR CAREGIVERS	28
FINANCIAL LITERACY	30
RESOURCE COORDINATION	30
SUPPORT/TRAINING FOR ELDER ADVOCATES	31
HOME & COMMUNITY-BASED SERVICES	33
TRANSPORTATION	34
SUPPPORT FROM LOCAL GOVT. & COMMUNITY	35
CONCLUSION	37
AUTHOR BIOS	40
APPENDIX – NM FUNDERS SURVEY	41

“Regardless of your funding interests, older adults are increasingly relevant to your work as funders. The "graying" of America promises dramatic change in every aspect of American life and across the spectrum of your funding interests, whether it be the arts, environment, health, neighborhoods, social services, education, or children, youth and families.” – Grantmakers in Aging

Internal Report prepared by: Emily Kaltenbach, Karen Wells and Joanna Lamb, July 2011.

Public release, Emily Kaltenbach, October 2012.

ACKNOWLEDGEMENTS

SPECIAL THANKS TO:

- The elders, funders, organizations, survey respondents and experts who graciously shared their time and ideas;
- Con Alma Health Foundation and the New Mexico Association of Grantmakers;
- EngAGEMENT Advisory Committee and Staff: Dolores E. Roybal, Chair, Con Alma Health Foundation Advisory Committee; Miguel Lovato, Daniels Fund; Carol Tucker Trelease, Nirvana Mañana Institute; Jessica Haynie, EngAGEMENT Project Coordinator, and Susan Cantor, Con Alma Health Foundation;
- Grantmakers In Aging (GIA) and The Atlantic Philanthropies for funding support for the EngAGEMENT Initiative;
- And to Emily Kaltenbach, Joanna Lamb and Karen Wells. This report could not have been produced without their expertise and commitment to improving the lives of New Mexico's elders.

EXECUTIVE SUMMARY

This report was commissioned by Con Alma Health Foundation and the New Mexico Association of Grantmakers (NMAG) in collaboration with Grantmakers in Aging's EngAGEment Initiative. Initially designed as an internal report, the decision was made to release the report more broadly in order to illustrate the drastic shift and the gap between the needs of our elders and the resources available to support them in order to age with dignity and respect.

Con Alma and NMAG in partnership with members of the Advisory Committee, Nirvana Mañana Institute and the Daniels Fund, guide the New Mexico EngAGEment Initiative; a project to increase funders' awareness of aging issues and build a coalition of funders that would enhance the impact of grantmaking to better support our aging population. This project is also interested in identifying ways to increase partnerships between public and private sectors to make New Mexico a model aging-friendly state, including developing advocacy positions and pushing for reform on behalf of the senior population.

The projected census data for New Mexico is staggering and continues to be so. The 2010 census projects NM will move from 16th in the nation to 4th in the percentage of people over the age of 65. Currently, the percentage of NM's population aged 65 or older is 13.2%, up from 11.7% in 2000 - in only a decade New Mexico has already moved from 39th in the nation to 16th.

New Mexico is projected to experience a rapid growth in the percent of its population over 65, moving it from a state with one of the lowest percentages of elders to having one of the highest by the year 2030 (2012 Census).

Factors contributing to the aging of the state include an increasing life expectancy; an aging baby-boomer generation; the out-migration of young people, especially in rural areas; a depressed economy; and, an in-migration of older adults who found New Mexico to be a warm, less expensive place to retire than other southern states.

Data already indicate that one in eight older New Mexicans do not know where their next meal is coming from and close to a third of New Mexicans are living on social security income alone-averaging \$13,000/year. Perhaps the most profound demographic emerging is the number of elderly in New Mexico with mental health and substance misuse problems. Of adults between the ages of 55 and 64, 13% reported frequent mental distress, 16% had diagnosed anxiety disorders, and 23% have a history of depression. It is also projected that the need for substance misuse treatment for people over the age of 50 will double by the year 2020.

This drastic demographic shift puts the health and well-being of our New Mexico elders at stake. The public and private systems of health care and long-term care services and supports in New Mexico, both at a local and state level, are severely stressed and data suggest they will be incapable of serving the growing population of culturally and ethnically diverse elderly whose preferences and needs are different than the generation before them.

To further the work of this initiative a survey was completed to analyze: the New Mexico-based philanthropic sector's awareness, existing funding of and interest in aging issues; the voice of New Mexico's next generation of elders who have been asked to identify service system barriers and challenges and to explore their values and preferences for services and supports as they age; and, service and support gaps in the current system.

Philanthropy Survey: Survey results suggest there is an opportunity to educate and engage New Mexico funders on the current state of aging in New Mexico. Only 50% indicated they currently fund older adults/elderly programming. However, over 60% of the funders surveyed indicated that although aging is not a funding priority for their foundation they are interested in learning more about how aging issues are impacting their community and how aging issues could affect their current grantmaking priorities. Funders requested information on promising practices/successful programs, demographics/statistics, research, how aging is impacting Native American populations or communities of color, regional and/or local implications, and the impact on intergenerational efforts. The low funding rate of aging programs is to some extent a result of funders receiving fewer aging focused proposals than other population specific requests, and therefore, there is also an opportunity to develop and conduct trainings for applicants on how to apply for aging related funding.

Elder Survey: Two groups of adults were surveyed: 55-60 and 61-65 year olds. Both groups generally saw themselves in good health, socially active amongst friends and family, and aging well over the next 10 years. The most commonly perceived service needed over the next 20 years by both groups was transportation assistance, home heating and energy assistance, help with household chores, discounted senior meals, long-term care, and respite care/support as a caregiver. Participants largely preferred to be cared for at home, and not in a nursing home or assisted living facility. In the event of a serious medical occurrence that left them unable to care for themselves fully ever again, those surveyed preferred the option of living with friends or family and additionally having a caregiver come to the home to help them with their daily needs. While participants in both groups preferred to maintain their independence and receive long-term care at home, they also seemed somewhat underprepared in terms of information and finances in order to secure that outcome.

Identified gaps in services/supports in the current system:

- Respite & support for caregivers
- Financial literacy
- Resource coordination, i.e. how to navigate and apply for services in the complex long-term care system
- Support and training for elder advocates
- Access to home and community-based services
- Reliable transportation options
- Consistent support from the local community & government

Recommendations/Next Steps: Recognizing the changing demographics of our state and a service system unable to adequately respond, we believe it is the right time to build new public-private partnerships stewarded by the philanthropic sector as this sector has served an important and vital role in supporting the health and well-being of New Mexicans. Funders in New Mexico are best suited to take a lead in supporting our elders by sharing knowledge and ideas, promoting best practices, exploring collaborations and creating dedicating funding streams in support of aging.

To start this venture, it is recommended that a series of activities be initiated, including: developing a clearinghouse of aging related information; building learning modules for funders on promising aging practices/successful programs, demographics/statistics, research, how aging is impacting Native American populations or communities of color, and regional and/or local implications; convening funders to learn and have a common discussion; conducting trainings for applicants on how to apply for aging related funding; identifying what community-based organizations are exceedingly interested in supporting elders, but lack the resources, training, and structure to do so effectively; developing funding initiatives to encourage local and national funders to support aging in New Mexico; and, finally building a coalition of funders that would enhance the impact of grantmaking to better support New Mexico's aging population.

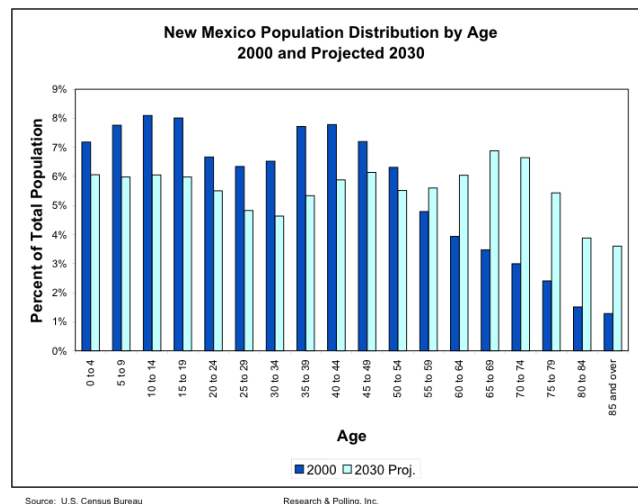
Although our review identified a broken, fragmented system, the opportunities to enhance an existing infrastructure through the private and public sector outweigh the barriers. Together we can learn about the trends and needs of our elders, develop innovative solutions and strategies, expand a network of partnerships between the public and the private sector, and strengthen New Mexico communities of elders. Such an initiative will enable our elders to live with independence and dignity in their homes and communities of choice.

SETTING THE STAGE

In 2005, then Governor of New Mexico, Bill Richardson, made a statement to the elders of New Mexico when he established a cabinet level aging and long-term services department and made a commitment to support the long-term care needs of elders and adults living with disabilities.

The projected census data for New Mexico at the time was staggering and continues to be so. According to the U.S. Census Bureau, between the years of 2010 and 2050, the number of U.S. adults aged 65 and older is projected to rise to 88.5 million individuals, more than double the number of those over the age of 65 in 2010. New Mexico is projected to experience a more rapid growth in this age range, moving it from a state with one of the lowest percentages of elders to having one of the highest by the year 2030. According to the 2010 census figures, the percentage of New Mexico's population that is age 65 or older is 13.2%, up from 11.7% in 2000. At the same time, the percent of the population under the age of 19 is decreasing, moving from 31.1% in 2000 to 28.2% in 2010. Based on 2010 census projections, New Mexico will move from 16th in the nation to 4th in the percentage of people over the age of 65 by 2030.

Brian Sanderoff, of Albuquerque-based Research and Polling, Inc., states the distribution of New Mexico's population between 2000 and 2030 reflects dramatic increases, particularly in the age group over the age of 85.



Factors contributing to the aging of New Mexico include an increasing life expectancy; the aging baby boomer generation; the out-migration of young people, especially in rural areas; a depressed economy; and, an in-migration of older adults who found New Mexico to be a warm, less expensive place to retire than other southern states.

The 2010 census data available at the time this report was written, indicate a growth in the state's population by just over 13%. However, the growth was predominantly in the urban areas. The population of 16 of the state's 33 counties either stayed the same or decreased.

In a presentation in 2007, Adélar Alcantara, of the Bureau of Business and Economic Research at the University of New Mexico, reports that New Mexico's population growth is becoming more metropolitan than rural. This is borne out by the 2010 census data that shows Albuquerque, Rio Rancho and Las Cruces as the fastest growing cities in New Mexico, and the rural communities growing at a much slower rate, or declining in population. Ms. Alcantara projects that rural New Mexico will continue to lose population as the labor force migrates to urban and metropolitan areas for employment and education.

At the same time, the category of people over the age of 50 is expected to increase in rural or non-metropolitan areas from 35.8% in 2010 to 38.2% in 2020. A lack of working age individuals in rural New Mexico could pose a serious problem to providing long-term care services and supports in the areas in which the elders reside.

“What's happening in New Mexico's rural counties is reflected throughout the West and the Plains states — young people move out, leaving an aging population.”—Jack Baker, UNM Demographer

2010 Census Bureau findings also show that New Mexico is the most ethnically diverse state in the continental United States with 40 percent being non-Hispanic Anglo, and 46 percent Hispanic. The ethnic distribution of the older population is also expected to undergo a shift, with the Hispanic population projected to grow from 5% of the older population in 2010 to 15% by 2050. New Mexico is a richly multicultural state with a majority Hispanic population, and a significant Native American population as well. The cultural expectations and desires of Hispanics and Native Americans will to a great degree dictate the array of services and supports that will be needed in the future.

“New Mexico was the first of the lower 48 states to reach minority-majority status. It's the first time we have seen this pattern in any state,” stated Mark Mather, a demographer at the Population Reference Bureau.

Governor Richardson and others knew that New Mexico was not prepared for the aging of the state nor the associated health and social impact. Data already indicated that one in eight older New Mexicans did not know where their next meal was coming from and close to a third of New Mexicans were and still are living on social security income alone-averaging \$13,000/year.

Perhaps among the most profound demographics is emerging information about the number of elderly in New Mexico with behavioral health and substance misuse problems. As documented in the New Mexico 2006 Behavioral Health Risk Factor Surveillance System, of adults between the ages of 55 and 64, 13.2% reported frequent mental distress and 16% had diagnosed anxiety disorders. A diagnosed history of depression occurred 23.4% of the time in adults ages 55 – 64, 15.5% of the time in adults ages 65 – 74 and 9.7% of the time in adults older than 75.

Hospital patient discharge information collected and compiled by the New Mexico Health Policy Commission for 2009 indicates that discharges for primary and secondary psychoses increased with age from a low of 15.8 per 10,000 for individuals less than 15 years of age to a high of 279.5 per 10,000 for adults over the age of 65. A recent study published by the Substance Abuse and Mental Health Services Administration (SAMSHA) projects that the need for substance abuse treatment for people over the age of 50 will double by the year 2020, attributable largely to the aging of baby boomers, and a higher percentage of illicit drug misuse.

From 2005 to 2008, and under the energetic leadership of the first and subsequent Cabinet Secretaries of the Aging and Long-Term Services Department (ALTSD), Michelle Lujan-Grisham and Deborah Armstrong respectfully, the Department found a prominent place at the state's decision-making table along with the Human Services Department (HSD), Department of Health and the Children, Youth and Families Department (CYFD). The elders of New Mexico now had a home and a support system that previously was fragmented and underfunded.

The ALTSD expanded rapidly to include oversight of Medicaid home and community-based services, the aging network of senior centers and caregiver programs, adult protective services, and an advocacy system that included the long-term care ombudsman program, a resource center dedicated to helping families navigate the complex long-term care system, and a community-based benefit counseling program. Collectively, these programs offered a single-point-of-entry to the long-term care system, a coordinated system of care that was improving health outcomes, and, most relevant to this report, an opportunity for elders to get involved and become advocates for issues impacting them and their families.

The ALTSD together with the state's Area Agencies on Aging, through dynamic leadership and a coordinated system of services, organized and trained elders across the state, including elders from the Navajo Nation and pueblos, to be advocates. Elders came to the Capitol in droves during the legislative session to lobby for increases in services and funding and legislators took notice.

The ALTSD's general fund budget steadily increased and federal money was secured to support Alzheimer's services and supports, caregiver programs, resource coordination, and infrastructure development. New Mexico became nationally recognized as a leader in designing an innovative long-term service system, and New Mexico led the nation in the percent of long-term care Medicaid dollars spent on home and community-based services. By 2008, it looked like the ALTSD, along with its community-based partners including AARP, local senior centers, senior volunteers, advocates, and local government, would support the long-term care needs of the State long into the future.

By 2009, with a state economy on the brink, the future of a successful long-term services system in New Mexico was suddenly tenuous. As reported in the ALTSD 2010 Aging in Place with Dignity Report, "the recession of 2008-2009, with its associated mortgage crisis, bank failures, decimation of investment accounts and pension fund failures, has called into question the economic security of many New Mexicans, especially elder New Mexicans.

In a state where an estimated 17% of people over the age of 65 live in poverty, an abrupt downturn in the economy has created an environment where hardship is magnified and elders are finding it more difficult to pay for basic needs such as housing, food, transportation, health care, and other necessities.”^{iv} At the same time, key legislators began examining opportunities to re-structure state government in the name of cost savings. Proposals included dismantling the Aging and Long-Term Services Department and transferring its programs into other health and human service agencies. By 2010, the department’s budget had decreased by upwards of 18% and local governments were cutting back on critical services such as senior transportation and meals.

Demographic indicators are critical not only for predicting future needs for long-term services and supports, but in light of current gaps and shortages in New Mexico, they highlight a need for targeted funding and aggressive policy development. The implications of these population trends, lack of leadership for aging related issues, reduced funding, and siloed systems of care are profound, potentially affecting everything from medical care, to the housing market to crime rates in the state.

METHODOLOGY

Methodology for this report included both a qualitative and quantitative approach including: a literature review; secondary document review; an online survey of New Mexico Association of Grantmakers members; an online survey, telephone and in-person interviews with elders; and, key interviews of experts in philanthropy.

For purposes of this report the following terms are defined as:

- Elders/Seniors = 55+
- Activities of daily living (ADLs) = eating, bathing, meal preparation, grooming, toileting, etc.
- Medicaid Institutional Long-term Care Services = long-term care services provided in a nursing home. These services are entitled under the Medicaid program if one meets financial and functional level of care (i.e. 2 ADLs or more)
- Medicaid Home and Community-Based Services (HCBS) = institutional level of long-term care services provided in the home or assisted-living facility instead of in an institution (i.e. nursing home). These services are not an entitlement service under Medicaid. They are known as waiver services. There is a waiting list for these services, since Medicaid is not entitled to provide them.

Key questions were asked and analyzed:

- How is the aging community, including caregivers, served by the State’s private and public sectors?
- How aware is New Mexico’s philanthropic sector on the issues impacting the state’s elders?
- What are New Mexico’s elders and caregiver’s preferences for aging-related programs and policies that facilitate self-reliance, dignity, and aging in-place? How will demand and preferences change over the next decade?

ANALYSIS & SURVEY DATA

The assessment is presented in three categories: 1) New Mexico’s existing long-term services system including state legislation relating to long-term care; 2) the philanthropic sector’s awareness, existing funding of and interest in aging issues; and, 3) the voice of New Mexico’s next generation of elders who have been asked to explore their values and preferences for services and supports as they age.

1) New Mexico’s Long-Term Services System & State Legislation

Access to Services and Supports for New Mexico’s Elders: The following summary of available long-term services and supports is not exhaustive, but attempts to provide a general and representative picture of access to needed services in New Mexico. It also should be noted that this survey was completed in 2010-11 and services may have changed in the interim.

Long-Term Care Services	
Nursing facilities (nursing homes)	70 licensed facilities with an average number of residents per facility of 81. According to the New Mexico Health Care Association, there are 5,695 residents of nursing facilities in the state, with each resident needing assistance with 4 to 5 activities of daily living. Eighty-nine percent (89%) of nursing facility residents are 65 or older.
Assisted Living/Residential Care Facilities	There are approximately 284 licensed assisted living facilities in New Mexico ranging in size from 2 to over 200 residents. Nationally, residents of assisted living facilities need, on average, help with 1.7 activities of daily living. Most assisted living facilities do not take Medicaid as a form of reimbursement.
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)	New Mexico has 42 licensed ICF/MR facilities serving 259 residents, with mental retardation ranging from mild to moderate, severe and profound. The average number of residents per facility is six.
Home and Community-Based Services	There are 63 Medicare certified home health agencies in New Mexico offering short-term skilled and medically oriented services covered by Medicare, Medicaid and most insurance products. There are 35 Hospice organizations, offering end of life care. There are 172 agencies offering Medicaid personal care option (PCO) services. Additionally, some PCO recipients choose and hire their own caregivers, and do not go through an agency. Currently, the PCO program is serving 13,307 individuals, with 3,889 enrolled in the consumer-directed model and 9,901 enrolled in the consumer delegated, or agency model.
CoLTS (coordination of long-term services) Medicaid Waiver program	CoLTS is a managed, long-term care and acute care program that serves certain Medicaid eligible participants. Implemented in 2008, it covers approximately 38,000 New Mexicans in a managed care environment. Services included in the CoLTS program include a wide range of services including such long-term care services as adult day care, case management, disease management, home modifications, health education, transportation and more. Many of the services are covered through what has become known as the CoLTS “C” waiver (formerly the Disabled and Elderly Waiver); access to these services is limited by the number of “slots” approved by the federal government and the amount of money appropriated by the legislature to pay for the slots. Program enrollment in CoLTS is limited to individuals who meet specific Medicaid income and standard of care requirements.

PACE (Program for All-Inclusive Care for the Elderly)	PACE is an integrated service delivery system that includes primary care, rehabilitation services, personal care, and virtually any other services and supports, including hospitalization, which is needed by an enrollee in the program. New Mexico has one PACE program, located in Bernalillo County that serves individuals who are at least 55 years old, and who meets nursing home criteria, called Total Community Care. It is certified by both Medicare and Medicaid.
Adult Protective Services (APS)	APS investigates reports from members of the public of abuse, neglect, and exploitation of adults who may be unable to protect or care for themselves. The Aging and Long-Term Services Department has a statewide network of five regions and 23 field offices. The system is available on a 24 hour-a-day, seven days-a-week basis. Services may include emergency protective placement, limited assistance in the home, short-term case management, attendant care, contracted home- or community-based care, and filing of guardianship or conservatorship petitions in district court.
Aging Network Services	Aging network providers include senior centers, congregate meal sites, transportation, adult day care programs, volunteer programs, employment programs and employment host agencies, Senior Olympics, Alzheimer’s programs, legal assistance and more. Aging network services are funded both by state general fund and the Federal Older Americans Act. Services are mostly provided through more than 200 senior centers statewide.
Grandparents Raising Grandchildren	More than 46,600 grandparents in New Mexico are living with their grandchildren, almost 25,000 of whom are raising and solely responsible for their grandchildren; 31% of these grandparent headed families are living in poverty. The state funds a program to assist kinship caregivers in accessing the court system when they need to establish legal guardianship of children who otherwise would enter the foster care system. Pegasus Legal Services for Children, is contracted by the State to provide statewide kinship caregiver legal assistance, representation, outreach, and education services, including: A Guardianship Legal Helpline to conduct telephone intake, assessment, consultation, referral, and follow up, as well as to provide legal advice, information and brief service to those who need information, statewide; full legal representation to kinship caregivers in contested cases; a statewide network of contract attorneys, recruited from around the state, to provide legal representation to kinship caregivers for a reduced fee; and a statewide network of pro bono attorneys in each judicial district in New Mexico.
Caregiver Support Services	The State’s New Mexico’s Family Caregiver Support Program targets family caregivers of older adults, as well as grandparents and older adult caregivers of children or younger adults with disabilities, and provides them with: resource coordination, counseling, support groups, caregiver training, respite care and supplemental services such as home modifications, incontinence supplies, nutritional supplements.
Resource Coordination	<p>The New Mexico Aging and Long-Term Services Department operates two useful and comprehensive programs to assist seniors to identify and choose the services and supports that they need, and for which they qualify.</p> <ul style="list-style-type: none"> • The Aging and Disability Resource Center (ADRC) is a call and walk-in center that serves as a single point of entry for older adults, people with disabilities, their families and the general public to access a variety of services. The ADRC provides assistance with, prescription drugs, home and community-based services, housing and caregiver support. ADRC staff offers options, coordinates the state’s aging and disability services system, such as CoLTS, and provide information and referrals to facilitate decision-making. The ADRC handles intake for reports of adult abuse, neglect and exploitation. It operates the national State Health Insurance Assistance Program to help callers with Medicare and insurance questions and problems. It also operates the Senior Medicare Patrol that exists to identify and prevent health care fraud.

	<ul style="list-style-type: none"> • The New Mexico Social Services Resource directory (www.nmresourcedirectory.org) is a comprehensive web-based directory of services and organizations that serve seniors and individuals with disabilities. Co-managed by the Department of Health and the Aging and Long-Term Services Department, it allows individuals to search for information regarding health care services, transportation, assisted living. Independent living centers, legal-assistance, and home delivered meals and many more services offered by national state and local organizations. Users are able to enter parameters such as location to better identify services that will meet the individual’s needs.
--	--

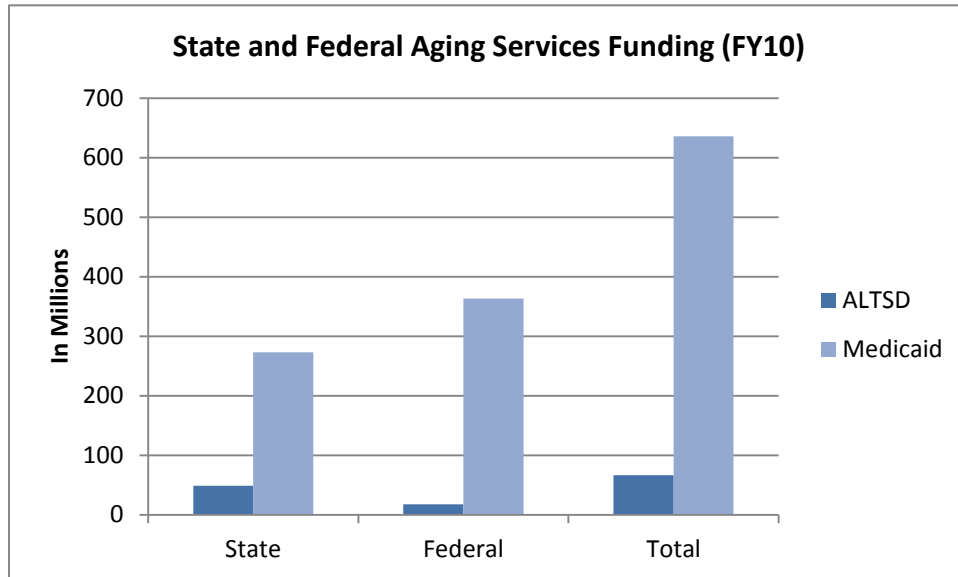
All these services can be searched by region and category by using the New Mexico Social Services Resource Directory: www.nmresourcedirectory.org

While the state has a seemingly wide array of health care and long-term services, these services are unevenly located, with large areas of rural New Mexico having no services at all. Further, supports that are necessary to allow elder New Mexicans to age in place, such as transportation and housing, are more seriously limited, particularly in rural areas of the state, and beyond the means of those seniors living in poverty. In addition, New Mexico’s long-term services system lacks a focus on culturally competent services for New Mexico’s communities of color and the lesbian, gay, bi-sexual, and transgender (LGBT) populations.

As the demographic trends continue to evolve, these shortages will become profound. It is important to note that access to many long-term services and supports is available only to individuals who qualify for Medicaid, and have a demonstrable need for assistance with two or more activities of daily living, the standard of care required to have Medicaid nursing facility coverage. Medical services are generally covered under Medicare; however Medicare covers virtually no long-term services. Additionally, the population of seniors who have not yet attained the age of 65 are not eligible to enroll in Medicare unless they are disabled, and according to the latest figures from the Kaiser Family Foundation, 26% of non-elderly adults are uninsured, compared to 19% in the nation as a whole. Considered as a whole, the system of health care and long-term care services and supports is inadequate and fragmented, and will be incapable of serving the growing population of elderly.

Fiscal Analysis:

It is difficult to conduct a thorough fiscal analysis of the long-term care system in New Mexico as long-term services funding streams are siloed and funding streams for aging related services and supports on a local level (local government, faith-based organizations, or non-profits) are deeply imbedded in agency budgets are rarely publicly reported. For the most part, the aging system is formally funded by state and federal funds (see below), however, a significant amount of services are provided by unpaid family caregivers.



Most older New Mexicans prefer to receive long-term care services at home, yet while New Mexico leads the nation in the percent of Medicaid dollars used to pay for home and community-based services as compared to nursing home care, the state still spends and estimated 39% of its Medicaid long-term care funds on institutional care. Care in a nursing home remains an entitlement under Medicaid, while the majority of home and community-based services are provided only through waiver programs with very long wait lists.

The primary source of spending on long-term services and supports occurs in the Medicaid program. In February of 2011 the Kaiser Family Foundation published new data on national spending for Medicaid home and community-based services that shows a slight but steady increase in the use of these services in the years between 1999 and 2007. During that time, the number of participants served in these programs has increased by approximately 1 million, although the increase has been marginal since 2005. Most of this growth occurred through home and community-based Medicaid waiver programs. The spending for these services and supports, on the other hand, has more than doubled since 1999, with \$42 billion spent in 2007 compared to \$17 billion in 1999. Many people in need of services remain without services, with 39 states in 2009 reporting a cumulative waiting list of 365,553 individuals, and with an average wait time of close to two years.

These data are paralleled in New Mexico with virtually no growth in Medicaid home and community-based waiver services enrollment and a growing waiting list that now stands at more than 17,000 people for the CoLTS “C” waiver (formerly the disabled and elderly waiver, and 5,600 on the waiting list to receive services through the developmental disabilities waiver. Although the Medicaid waiver programs have never been without waiting lists, the New Mexico State Legislature, through the general appropriations act, consistently supported the funding of home and community-based services over nursing home care.

New Mexico has had an impressive history of aggressive efforts to enhance access to Medicaid home and community-based services in an effort known nationwide as “rebalancing”, dating back to 1983 when the legislature passed SB 123, the Coordinated Community In-Home Care Act, creating the option for home and communities based waivers. In a report titled “Rebalancing Long-Term Care Systems in New Mexico: Case Study as of December 2007” Rosalie A. Kane, project director, acknowledged New Mexico’s history of efforts and progress towards rebalancing noting that the state was second in the nation in the proportion of long-term support expenditures on home and community-based services in relationship to institutional services. The state has since moved into the first place position in its rebalancing efforts.

Funding for the state Aging and Long-Term Services Department’s services (i.e. senior centers, respite, transportation, meals, etc.), until quite recently, was strong, with state general fund appropriations augmenting federal Older American’s Act funding for aging network services and senior centers virtually every year.

When the country entered a recession in 2009, New Mexico’s ability to sustain and grow these programs became seriously challenged. Thanks to the American Recovery and Reinvestment Act (ARRA), and the enhanced federal match for Medicaid, Medicaid funding was largely protected, however state funding for the aging network began to be reduced, and no additional appropriations were possible to address growing waiting lists. As the country slowly recovers from the recession, states still find themselves severely challenged to pass a balanced budget, so these trends are continuing. With the discontinuation of the supplemental ARRA funding, New Mexico now reverts to a lower federal match for its Medicaid program, causing concern as the number of eligible individuals seeking to enroll continues to rise.

In New Mexico, the future of funding for long-term services and supports is further challenged by the perceived growth in Medicaid program as unsustainable, with particular focus on the Personal Care Option (PCO) program as a program that is out of control. The Legislative Finance Committee recently conducted a program evaluation of the CoLTS program and took aim at the PCO program in particular. The report states that the CoLTS program in its entirety cost almost \$800 million in FY 10, serving 37,500 elderly and disabled New Mexicans. Although recognized as a program that holds promise for delivering more cost-effective better care to beneficiaries at home, the report raises concern about the rising costs, with the costs expected to increase to more than \$900 million by FY 12.

The personal care option, the one service that is offered as an entitlement, is singled out for increased attention as spending grew by 35% in FY 10 to \$334 million. The expectation that managed care would be effective in containing program growth have not been realized, according to this report. The report recommends capping enrollment in Personal Care Option program, and limiting the hours of service an individual can receive. Further, the legislature, in an effort to streamline state government and promote greater efficiency, took the step through the budget of transferring the management of the CoLTS program and the activities and programs conducted by the Elderly and Disability Services Division of ALTSD to the HSD.

Although on its face, it seems logical to consolidate program management in one department, the personal advocacy for seniors served by those programs is likely to be lost in this transfer. Further, attempts to integrate the programs and services within ALTSD will be limited by the loss of such a significant part of the department’s mission.

It is also very important to state, a very significant amount of services are provided by unpaid family caregivers. The AARP estimates that 210,000 New Mexicans are providing family caregiving to a loved one at home, care that is valued at over \$2 billion. This exchange of informal goods and services and the family and neighbor’s role in providing care to an elder is a strong cultural value in New Mexico. Helping with daily and seasonal chores, social engagement, taking care of grandchildren in exchange for food or transportation, etc. should be recognized as an essential part of the State’s system of care in addition to the public and private services.

History of Key Long-Term Care Legislation in New Mexico: The New Mexico state legislature has played an active role in supporting long-term care initiatives beginning in 1983 with the Coordinated Community In-Home Care Act and the creation of the Health Policy Commission, an effort largely supported and promoted by elder advocates and members of the AARP, in 1991.

Year	Topic	Summary
1983	Coordinated Community In-Home Care Act	Gave New Mexico the ability to apply for Medicaid waivers to provide long-term services at home and in the community.
1991	Health Policy Commission	Created the New Mexico Health Policy Commission; PASSAGE OF this statute was largely due to the active involvement and lobbying efforts of the AARP.
1998	Interagency Committee on Long-Term Care	Requires leaders in multiple agencies of state government to come together to coordinate and address long-term care issues.
2002	Senior Prescription Drug Program	Predating the Medicare Part D prescription drug benefit, this statute created a program that gave to seniors, low-cost options for purchasing prescription drugs. After the passage of Medicare Part D, this program was expanded to give all adults access to lo-cost prescription drugs.
2004	340B Drug Program	Required the Medicaid program to promote enrollment of eligible entities in the federal 340B prescription drug purchasing program; this federal program has the lowest prices for prescription drugs.
2004	Patient Monitoring Act	Enables families to authorize the use of monitoring devices, or “granny cams” to record the level of care a loved one is receiving in a nursing facility.

Year	Topic	Summary
2004	Aging and Long-Term Services Department	Created the Aging and Long-Term Services Department, elevating the focus on long term care from a state agency on aging to full cabinet-level status, and expanding the mission of the department beyond aging issues to all issues of long-term care including disabilities and adult protective services.
2006	Money Follows the Person	Allows Medicaid eligible persons residing in a nursing home to choose to receive their care at home or in the community, and to have the Medicaid resources “follow” them from the institutional setting into the community. The act has been implemented utilizing the community reintegration feature of the home and community-based disabled and elderly waiver.
2007	Adult Protective Services Act	Clarified and strengthened provisions of the existing Adult Protective Services Act to grant further protections to vulnerable adults at risk of, or experiencing abuse, neglect or exploitation.
2010	Resident Abuse and Neglect Act	Extended protections from abuse neglect and exploitation that occur in a nursing facility to private residences where care is provided.
2010	Continuing Care Act	Requires greater transparency from continuing care communities, ensuring fiscal responsibility and viability.

2) Funders' Awareness, Existing Funding of and Interest in Aging Issues – A Survey of NMAG Members

A major component of the project was to obtain baseline data from New Mexico funders on awareness of aging issues and funding of aging programs/issues. The following summarizes the survey results of New Mexico Association of Grantmaker's (NMAG) members. (See appendix for the survey and detailed results.)

The survey questions were selected in order to provide a baseline picture of what the awareness and preferences of NMAG members in New Mexico are related to aging. Questions were modified from other Grantmaking in Aging grantee surveys.

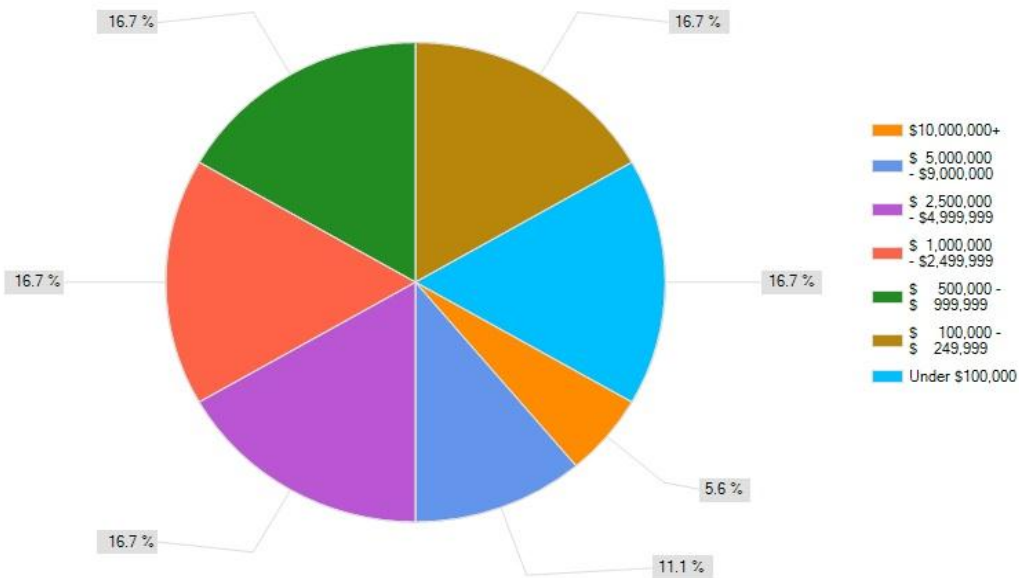
Forty-three members were sent an email invitation to complete an online survey. Of those, 19 members completed the survey -- a 44% response rate. Invitees were sent three follow-up reminders: two by the consultants, and one by Con Alma Health Foundation.

Respondent Profile: Forty-two percent of the respondents were the CEO, COO, or Executive Director of the foundation, with the rest being either a trustee or board member or the program officer.

The majority of respondents represented a family foundation. Eleven (11) of those responding represented a family foundation, one (1) represented a community foundation, one (1) represented United Way, one (1) a donor restricted fund, and five (5) responding as "other" of which two (2) represent government affiliated foundations (city and state). Ten (56%) of the foundations do not have a donor-designated and/or restricted fund.

When asked what geographic area the foundation serves, a little under half (9) responded that the foundation service area is statewide, with only three (3) representing specific counties. Of those statewide foundations, seven (7) indicated that they also support national and international programs.

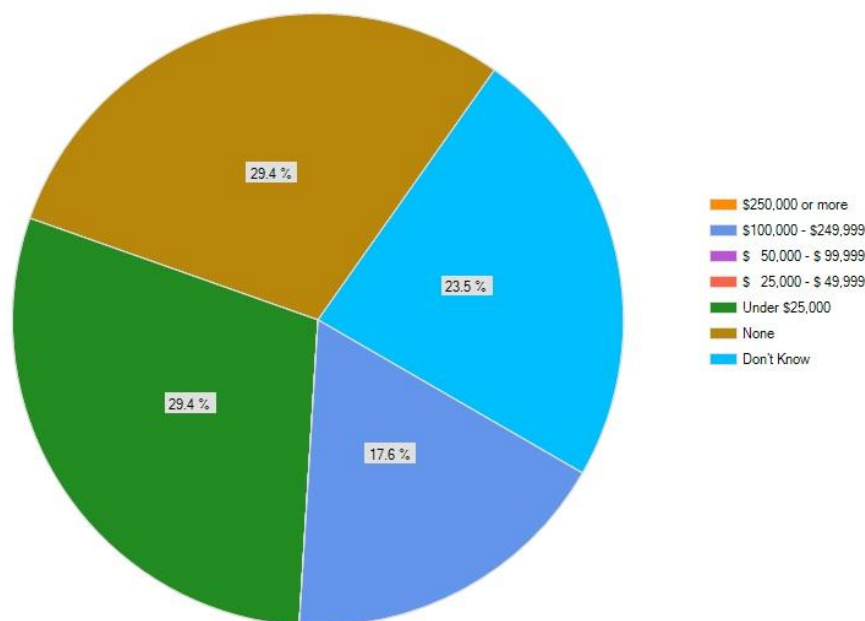
What is your organization's estimated annual grantmaking for 2011?



As the pie chart above depicts, annual giving was evenly distributed across categories with 33% of the foundations estimated their annual grantmaking in 2011 to be less than \$250,000; 16.7% between \$500,000 and \$1 million; 16.7% giving between \$1 million and \$2.5 million; 16.7% between \$2.5 and \$5 million; and, 16.7% (3 foundations) giving more than \$5 million.

The members surveyed fund a diversity of programs. The top six funded programs include: Education (67%); Children, Youth and Families (61%); Health (50%); Arts (50%); the Environment (50%); and, Aging (50%). Nine members indicated that they currently fund older adults/elderly programming. Caregiver/respice care, health and mental health services, adult day care, meal delivery and preparation, transportation, end of life/palliative care, and support for grandparents raising grandchildren are among the services/programming those organizations currently support.

What is your organization's estimated grantmaking, SPECIFIC TO AGING PROGRAMS OR ISSUES, for 2011?



Forty-seven percent (8 respondents) anticipate giving a grant specific to aging programs or issues in 2011, while 5 respondents indicated that they do not anticipate giving specifically to aging, and 4 reported they did not know if they would be funding aging programs/issues. Two (2) respondents didn't answer the question.

Awareness of Aging Issues: Eighty-four percent (84%) of respondents indicated that they were not aware of their community and/or service areas served by their organization having a formal plan to address the needs of the aging population. Thirty-seven percent (37%) stated that they were unaware of resources, services, or programs that are available to the senior population in region/community served by their organization.

Given the high response of funders not being aware of aging related programs or planning efforts, it is not surprising to note that over 53% of respondents indicated that they either did not know or disagreed that issues facing the senior population was a high priority for their organization and/or community; followed by only 39% (7 respondents) indicating that their organization had a strong understanding of the issues facing New Mexico's aging population.

Four (4) respondents noted that funding aging issues is a priority for their organization.

Learning more about how aging issues will impact communities and grantmaking: Although only four indicated that aging is a priority, 63% (10 respondents) of those surveyed indicated that they are interested in learning more about how aging issues are impacting their community and 53% indicating they are interested in how aging issues could impact their current grantmaking priorities.

Most all respondents indicated that information about aging issues would be helpful to their board of directors/trustees, staff, grantmaking committees, donors and or advisors. Specifically, the organizations requested information on promising practices/successful programs, demographics/statistics, research, how aging is impacting Native American populations or communities of color, and regional and/or local implications. One respondent requested information on how to integrate arts and aging.

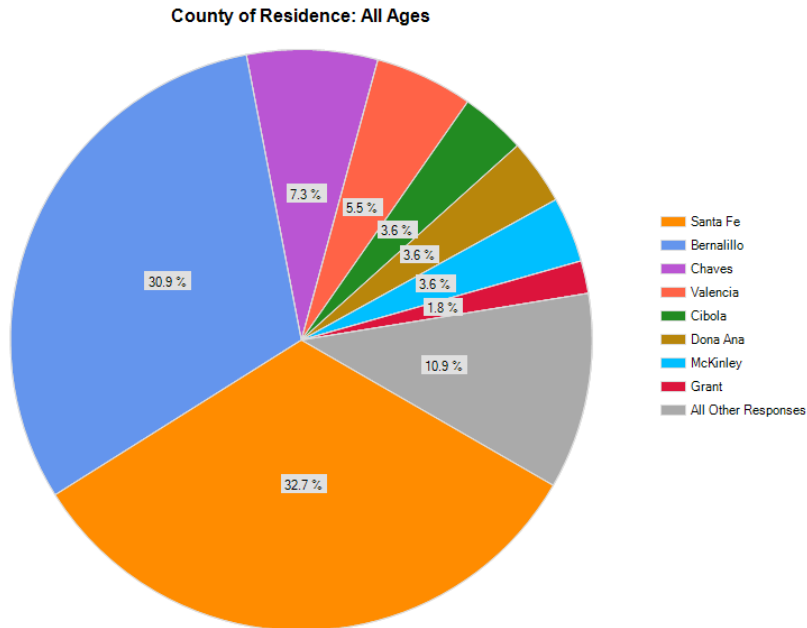
“Regardless of interests – the arts, health, education, social services, children and youth, families, neighborhoods or the environment – most funders whether they realize it or not support programs that benefit older adults directly or indirectly,” said Michelle Davis, executive director of Nonprofit Connect.

3) Elder’s Needs and Preferences – A Survey of 55-65 year olds

In order to learn how to meet the needs of the next generation of elders in New Mexico, the consulting team felt that it was also important to get a sense firsthand of what sorts of support and services adults ages 55 to 65 years old want as they age. Data suggests that the next generation of elders have changing preferences and needs, therefore, the existing service delivery system may not be appropriate. We need to consider re-engineering the current aging network service system (senior services, nursing home services, etc.) to meet the changing needs of this next generation. The survey questions were selected in order to provide a picture of what the younger senior or senior-to-be looks like in New Mexico, so that funders supporting programs and services for seniors can be assured a more effective and efficient allocation of their resources.

The team asked a series of questions that included, “What does your health currently look like?” and “Where do you tend to socialize with your friends or family?” as well as, “What services could you see yourself using in the next 10 to 20 years?” The survey concerned a number of areas around health (health status, social involvement), ability to pay for general health care and long term care, long-term care preferences, and finally, caregiving status.

Demographics: Of the 56 people who responded to either the phone or online survey, 38 were eligible (that is between the ages of 55 and 65); 10 answered by phone, 28 online. For the purposes of this report, there is no distinction drawn between the data collected over the phone versus that secured online. A majority of the respondents were female. Over 60% of participants responded from Bernalillo and Santa Fe counties, followed by 7% representation from Chaves, 6% from Valencia, and 4% from Cibola, McKinley, and Dona Ana.



Both phone and online surveys were made available to a random assortment of all ethnicities. The demographic breakdown of those who were 55 to 60 years old was predominantly White/Caucasian (72.2%), followed by older adults of Hispanic, Latino, or Spanish origin (22.2%), followed by American Indian or Native ethnicity (5.6%). Those that were 61 to 65 years old were: 65% White/Caucasian, 20% Hispanic, Latino or Spanish origin, 10% American Indian or Native American, and 5% Asian or Black/African American origin. As noted earlier in the methodology, a more comprehensive and long-term study might try to get increased numbers of participants to increase chances of a more even distribution across gender and location, ethnicity, and income level as well.

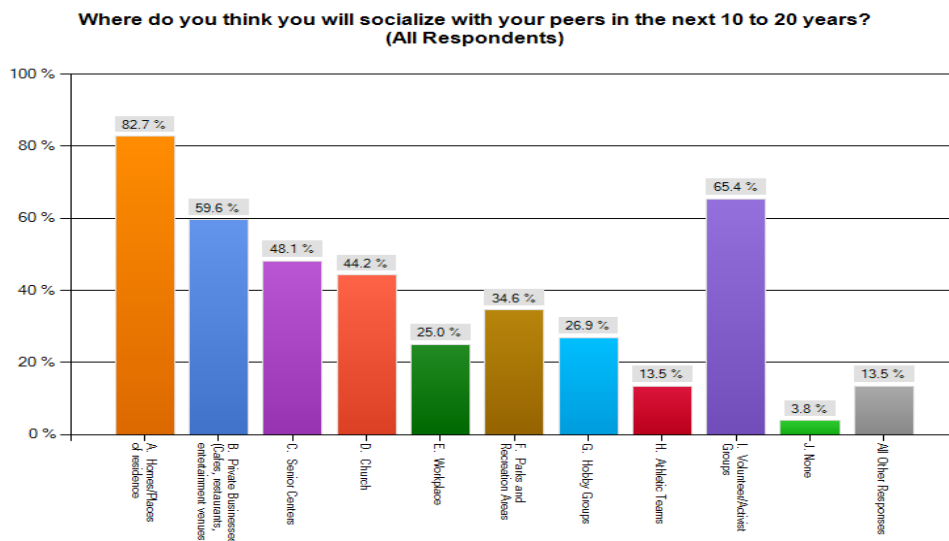
Health: In response to the question, “How would you currently describe your health?” a majority of those surveyed answered that their health was currently 'Good' or 'Excellent.' Approximately, 42% responded that their health status was 'Good' (or that they could “manage whatever health problems [they] had”; and, 35% noted that their health was *Excellent*, or that they were “in great physical health, no complaints.”

When looking at what participants projected their health to look like over the next 5, 10, and 20 years, numbers shifted slightly but a significant percentage (nearly half) of adults saw their health as staying steadily 'Good' over the next 5 to 10 years. These numbers dropped off somewhat over the 20- year projection mark. Overall though, younger participants were more likely to rate their projected health as 'Excellent' over the 5, 10, and 20 year mark than the older participants, but were also more likely to believe themselves to be in 'Fair' health over that time as well, which may reflect both strong hopes and fears over the coming period.

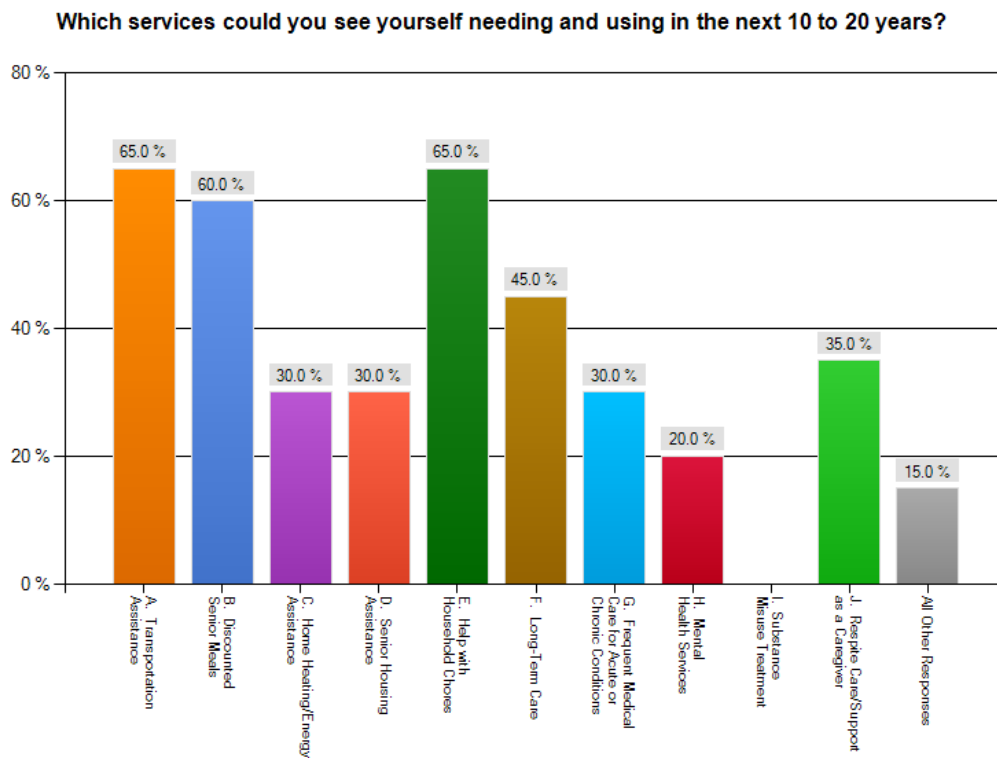
Social Involvement: In order to get a fuller sense of how to re-engineer senior services for this new generation of elders, the consulting team felt that it would be useful to ask participants where they tended to spend a portion of their time socializing with friends, family, or other acquaintances. Over 70% reported that they spent a significant amount of time in private businesses like cafe's, restaurants, movie theaters, or gyms. Respondents next reported that they spent time socializing in the following places: Private homes/places of residence; Workplace; Parks and recreation areas, and Volunteer and Activist Groups. It is notable to mention that respondents, ages 55-65, spent nearly equal time out with family or friends at private homes or gathering places like restaurants and cafes, as they did at work. The 60 – 65 year olds, spend more time at one's own or another's home and attending church and/or volunteering or being involved in activism of some sort.

Functioning as hubs and central meeting spots where meals, educational workshops, and other resources are often available to seniors, the team wanted to know about rates of attendance at senior centers in particular. Were they being utilized by younger generations of elders? When asked if they currently attended a senior center, participants ages 55 to 60 overwhelmingly (94%) answered 'No,' which could have reflected a number of things: still being in the workforce, choosing to socialize in other places, perhaps lack of eligibility for discounted senior meals. However, this shifted somewhat over the 61 to 65 age range, with 30% of participants then answering that they did attend senior centers-- though it was still not a majority.

Participants were also asked to note where they thought they would be likely to socialize with peers over the next 10 to 20 years. The younger group's answers reflect an increase in socializing in private homes, businesses, and parks and recreation areas, and a decrease in time spent at the workplace. Of note as well was a marked increase (to 35%) of participants ages 55 to 60 who felt they would attend senior centers, as well as volunteer or be an activist (65%). Cross-tabulation analyses showed that 60% of those who answered positively to attending senior centers also felt themselves likely to socialize in a volunteer or activist group.



Services: In addition to learning where adults ages 55 to 65 were socially involved in New Mexico, it was important for the team to understand what kinds of services they could see themselves needing personally or making use of in the next 10 to 20 years.



Most notable is that two-thirds of participants saw themselves needing transportation assistance, which is a need that came up again and again over the course of the aforementioned Elder Economic Security Initiative research conducted by the NM Aging and Long-Term Services Department last year, and which seems worthy of follow-up.

The 55 to 60 year olds could see themselves using home heating and energy assistance (according to 50% of participants); help with household chores (45%); discounted senior meals (39%); long-term care (33%). The 61 to 65 year olds could see themselves needing help with household chores (according to 65% of participants); discounted senior meals (60%); long-term care (45%); respite care and support for being a caregiver (35%).

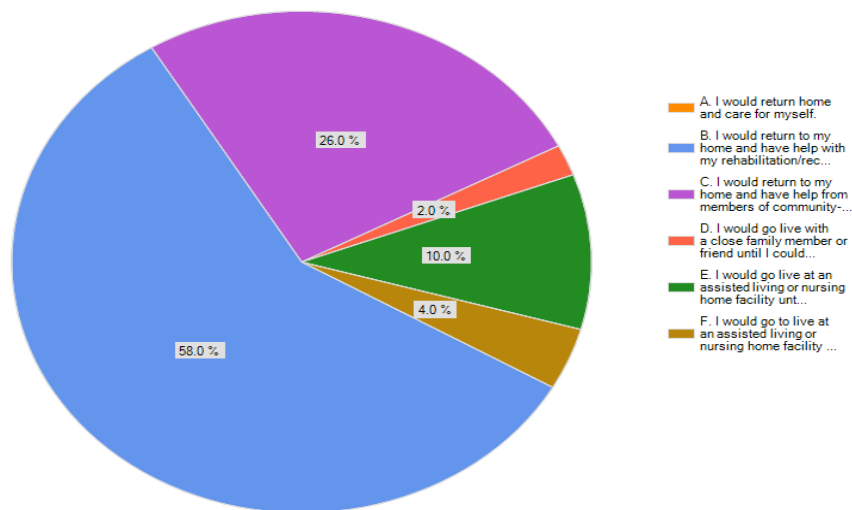
It's interesting to note that both groups placed relatively high importance on being able to take care of their houses and household chores, as well as eating (discounted senior meals seems to be an issue that is highly pertinent to both groups, but even more so to the older set, perhaps because they are less likely to be working and earning an income.)

While the idea of long-term care was important to those participants ages 55 to 60, it increased in importance for nearly half the older participants, for whom it might have been a more tangible reality. The same is true for the question about respite care and support, as a somewhat greater number of older adults seemed to feel they would need such support in their older age.

Health Care: Since health care is such a key issue right now, especially for adults entering older age, the consulting team wanted to get a sense of how New Mexicans ages 55 to 65 years were currently paying for health care and how they saw themselves paying over the next 5, 10, and 20 years. The results showed that a large number of participants did have some form of health care coverage. Over 80% of the 55-65 year olds noted that they did have some kind of “private insurance that covered some, if not all, of [their] costs.” For the most part though, participants seemed to be somewhat covered. These numbers changed slightly over the course of the next age range. Amongst the 60 - 65 year olds 70% of them were covered by private insurance, while an additional 20% were covered by Medicare alone, and 10% by Medicare and Medicaid.

Long-Term Care: Another key question that the consulting team had concerned needs and preferences for long-term care, in the event that they suffered a serious medical event that rendered them unable to take care of themselves fully or at all for an extended period of time. Long-term care is a factor that many seniors and their families don't necessarily plan for but that can have a profound impact on elders' ability to live with independence, dignity, and in an economically secure position. As such, the survey asked participants a number of questions about what they would want to do in the event that a) a medical event occurred sometime in the next 10 to 20 years and had a very slow rehabilitation process, or b) a medical event occurred in the next 10 to 20 years that rendered them unable to take care of themselves fully ever again.

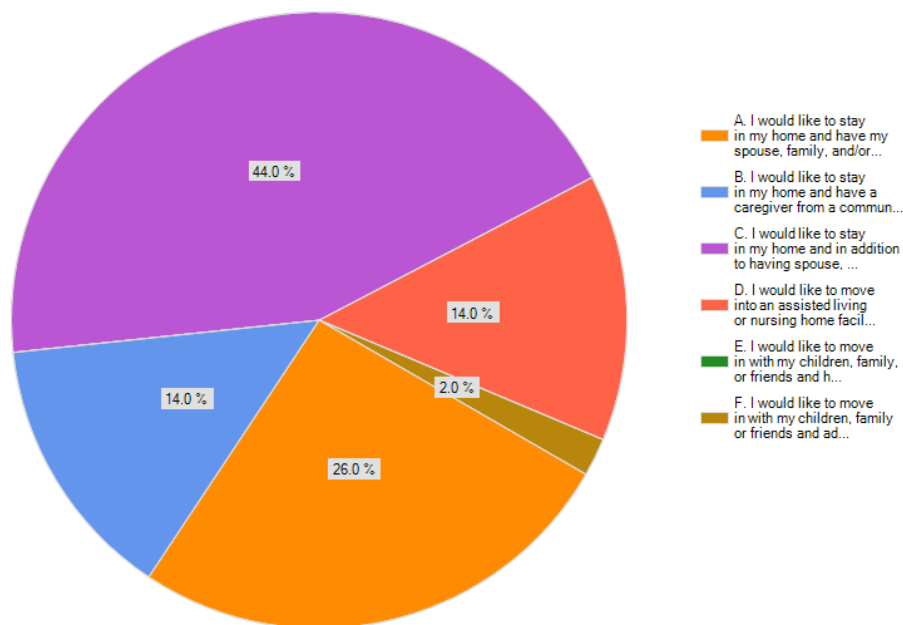
If a debilitating medical event came up sometime in the next 10 to 20 years and you had a very slow recovery/rehabilitation process, what course would you take? (All Respondents)



An overwhelming majority responded that they would prefer to “return to [their] home and have help with [their] rehabilitation/recovery process from a significant other, friends and/or family.” Returning home and having help from a caregiver from a community-based caregiving organization was second.

In the event that a major medical event made the participant *unlikely to ever care for themselves again* (noted in B), most responses indicate that members of this age group would prefer to stay in their own homes should they need long-term care; very few indicated they wanted to live in assisted living or nursing home facilities. It is also important to note that the older generation (60-65 year olds) also preferred the dual option of moving in with family or friends, but also having a caregiver to come and help with daily needs.

If a medical event occurred sometime in the next 10 to 20 years and made it unlikely that you would be able to take care of yourself fully again, which option would you prefer? (All Respondents)



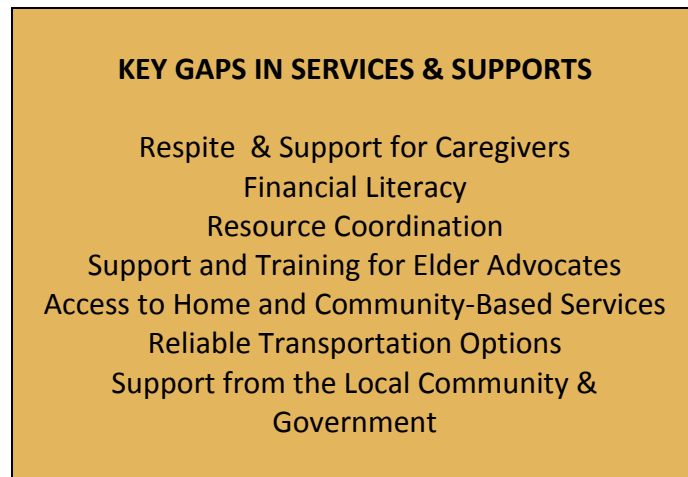
Paying for Long-Term Care: As mentioned earlier, paying for long-term care typically is a burden for seniors and their families, and one that is often not planned for in advance. Exorbitant costs for nursing facilities especially can put a burden on families, as they are “estimated to be about twice the amount of in-home care,” as reported by the Institute of Public Law's report on the Elder Economic Security Forums (Murphy 11).

Overall Observations: Upon completing the analysis of this data, these are the points that emerge most saliently:

- The adults surveyed described themselves as generally in good health, socially active amongst friends and family, and aging well over the next 10 years. Many of the 55-60 year olds were still present in the workplace.
- While the perceived need for long-term care increased a bit amongst 61 to 65 year olds, overall participants in both groups seemed to see themselves as active and engaged in volunteer and activism opportunities over the next 10 to 20 years.
- Participants' good health and willingness to engage across both groups makes them prime candidates to invest in, in terms of encouraging social engagement in the future. The older adults especially saw themselves socializing at senior center like facility, which might prove to serve as crucial hub at which to encourage seniors to become engaged in social activism or volunteer work.
- The most commonly perceived service needed over the next 20 years by both groups was transportation assistance, which is also consistent with previous Elder Economic Security Initiative Research. Following this, the most commonly needed services (both groups combined) were: home heating and energy assistance, help with household chores, discounted senior meals, long-term care, and respite care/support as a caregiver.
- Participants largely preferred to be cared for at home, and not in a nursing home or assisted living facility. In the event of a serious medical occurrence that left them unable to care for themselves fully ever again, those surveyed preferred the option of living with friends or family and additionally having a caregiver come to the home to help them with their daily needs.
- While participants in both groups preferred to maintain their independence and receive long-term care at home, they also seemed somewhat underprepared in terms of information and finances in order to secure that outcome.

KEY GAPS IN SERVICES/SUPPORTS

Current barriers/challenges and key gaps in services and supports from the elders' perspective was identified through research conducted for this report, including the surveys detailed earlier; one-on-one interviews with elders for the "Building An Elder Advocacy Initiative in New Mexico Report" presented to NMAG in April 2011; and, the forums that the Aging and Long-Term Services Department (ALTSD) and the University of New Mexico's Institute of Public Law (IPL) conducted in 2010 for the NM Elder Economic Security Initiative.



Respite and Support for Caregivers Including Grandparents Raising Grandchildren: Elders expressed that there were gaps in resources to aid grandparents with the unpaid work that they were doing taking care of their grandchildren.

Elders are taking on the added responsibilities of grandchildren and adult children living with them; they are taking jobs in retirement or providing full time babysitting services in order to provide support for their adult children and their families. For elders in New Mexico in particular, a significant 52% of grandparents living with their grandkids also have primary responsibility for taking care of them (US Census Bureau).

Even amongst those who did not have sole responsibility, being a grandparent could resemble having a full time job. One very active Tewa elder said, "I have four grandkids I take care of...Two go to school, three gets picked up, and this is how I call it, I drop two kids off, I pick up three. I pick up three, I pick up four. I drop 4, I pick up 1...[My kids] call me, 'Mom can you pick up [my granddaughter], she's not feeling well.' I'll go to the school to pick them up. I'm a grandma on call".

As rewarding as being an active grandparent can be, elders' stories showed that it was also demanding in terms of time, money, and even health. One grandmother said that she had applied for EBT food stamps for the children, mentioning that they were receiving some funds from the government (Medicaid) but still having a hard time. This same grandmother had quit her job in order to help her daughter raise her children. In one of the interviews from the Building Elder Advocacy (Scope A) report, another Tewa elder mentioned that she had “noticed the great strain that taking care of grandchildren was putting on the grandmothers she knew and proposed that if the community knew more about what this stress was like for them, they could assume some of the responsibility. She herself wanted to know how she could be a better support for them”. Suggestions were made by interviewees to fund daycare centers in senior centers that would allow grandparents more free time-- and possibly even enable them to participate in advocacy efforts. In addition to giving respite from the intensity of caretaking, the ALTSD, in its Elder Economic Security Initiative brief, recommended that caregivers in general be given tax credits to help offset the costs they were incurring.

Elders were also taking care of spouses, adult children, family members, even friends. One 61-year-old woman interviewed described the intense nature of being the primary caregiver and spokesperson for her 84-year-old husband, who had progressive dementia and was wheelchair bound. In addition to helping him with his daily needs, including transportation, she managed their finances and advocated on his behalf for social services. It was nearly a full time job, and required a lot of patience and stamina-- traits that were bolstered by a workshop for caregivers at a local Santa Fe senior center that she had taken, and found to be very useful. She mentioned that it would be nice to have some “down time” a few hours a week where a qualified person would take care of her husband so that she could run errands, take care of chores, etc. In terms of existing supports, she mentioned that she particularly appreciated the discounted meals offered at the senior center because it gave her husband a solid, square meal in addition to donations they received from a local food depot and what they were able to buy with his Social Security benefits. Respite care and financial support were also mentioned by other participants as resources that aided with the hard work of caregiving.

Additionally, interviews with caregivers and grandparents demonstrated that they did not seem to be explicitly aware of a central hub where they could find information about the services available to them. For this reason, it seems useful to find a way to expand the outreach and services offered by the ALTSD’s Aging and Disabilities Resource Center, which could potentially fill in such a gap.

Along these lines, it would be additionally useful to fund an effort to organize caregivers themselves into a kind of support network (and potentially, advocacy group) down the line. In the Aging Advocacy report, the consulting team recommended organizing the elder family caregivers who are paid by the state low-income Personal Care Option program into such an advocacy initiative, because “this home and community-based Medicaid program currently serves over 10,000 elderly or disabled New Mexicans.”

Financial Literacy Initiatives: Participants in the IPL forums especially noted that it would be helpful to have more programs around financial literacy for elders (and youth alike) in order to promote self-sufficiency and economic security in older age. While elders noted that there were things that they couldn't have planned for, unexpected expenses like a sudden medical event, emergency house repair, or needing to help children or grandchildren-- it seemed that a recurring theme in interviews and forums alike was elders was wishing that they had been taught how to plan better for retirement and older age. Not having done so had left them vulnerable, in cases reliant on their families, state or federal aid, or in some situations, turning to lending agencies that charged extremely high interest rates that left them depleted in the long run. As stated in the IPL Forums report, "Participants suggested that everyone *should* take responsibility for their own economic well-being but realized there were gaps in knowledge among youth and elders alike. In response to this, seniors suggested that "education, workshops and mentoring opportunities were ways that people could have the opportunity to learn financial literacy basics," later described as "planning, budgeting, saving, fiscal discipline and responsibility." Participants in the IPL forums also noted that "Increasing understanding about how basic programs for seniors work (Social Security, Medicare, etc.) and providing information about services available to elders would allow people to be more self-sufficient.

In addition to offering financial services for elders, respondents in these forums felt that it was important to offer options for youth education as well. Some elders in the forums expressed feelings of doubt as to whether it was too late for them to learn how to plan, one respondent in Albuquerque saying that, "It can be hard to teach financial literacy to seniors, they have shorter memories and shorter life- spans left to implement planning and saving."

However, it is worthwhile to note that this attitude may arise predominantly from the fact that respondents did not seem to know of an organization that was currently offering such instruction. It is possible with increased service in this arena that opinions could shift, and elders connected with such resources could prove that it's really never too late. Conversely, positive assessments focused on the opportunities for financial literacy education and training to maximize certain values, like independence, choice, and personal control, and that basic financial education was desirable and attainable. According to the NM ALTSD policy brief, "This requires multi-lingual, accessible, and culturally sensitive educational materials." Overall, while some felt that it was too late for elders to learn to plan and budget, most felt that it was crucial for the younger generations to learn now-- a point that influenced the Aging and Long-Term Service Department's policy recommendation to require a Financial Literacy course for graduating high school seniors.

Resource Coordination: As noted above, respondents mentioned that a recurring problem for elders was the lack of available information about services provided to elderly. This ranged from services offered by businesses, elucidated in the IPL report, to services offered by community groups, and most saliently, government agencies. In regard to community groups, the IPL forums showed that there was discussion about how closed some community organizations are, providing help only to those within their group (some faith communities) or to the same people who always seem to be recipients of community attention.

Elders reported a great deal of frustration with the bureaucratic nature of applying for aid. Tewa elders expressed that they had run into red tape that either discouraged or delayed the application process, or made it prohibitive altogether. Of a number who had applied for disability benefits and been denied them, they seemed to be unclear as to why they had been denied, or why they were still waiting for a response. For instance, one younger elder who had respectively debilitating eye and arthritis conditions that prevented her from working had been waiting over six months to hear whether she was eligible for disability benefits, and had been repeatedly told that her case was still pending. Another Tewa woman said that she had once applied (was unclear about for which type of aid) but kept getting put aside, and so thought the process was "ridiculous" and stopped applying. She seemed to be speaking to a gap in being able to access information and help that other interviewees also touched on." While many elders were not in good shape economically and wanted to apply for benefits (from various sources, state and federal), over half of them related that they felt discouraged by the process, or otherwise did not exactly know how to go about it.

The same elder who was caring for her husband above noticed how difficult it was for elders in advanced age to navigate these government systems. "You almost can't let an elderly person go anywhere without an advocate," she said, referring to how hard it must be for seniors in their 80s trying to figure out complicated automated phone lines for Social Security and Medicare, for example. She suggests that there should be a place where you can speak to a person one-on-one about these questions. The IPL forum participants echoed similar thoughts: "Elders and providers wanted better coordination among government services and wanted better information more easily accessed about those services available, suggesting one-stop shop to serve that need." In Carlsbad, for instance, one service provider said: "...having it all together makes life easier: you would be able to apply for multiple programs at the same time and it would coordinate service delivery."

Support and Training for Elder Advocates: The report *Building An Elder Advocacy Initiative in New Mexico* showed that while there is no one organization currently taking the lead on elder advocacy, a significant portion of individual elders interviewed were either actively socially engaged or interested in being so. This involvement typically took three forms: direct service work (volunteering at a senior center for example), unofficial grassroots volunteering (bringing food to elderly neighbors, fixing heaters or plumbing), or official involvement (member of a board or advisory council. Of these, some had taken steps towards advocacy involvement, most by writing to legislators, a few even by speaking to them [legislators] at special event days like Senior Day or American Indian Day at the legislature. In most cases, these elders had been encouraged by a natural leader within their midst; at one Santa Fe senior center, this leader was an 82-year-old woman and head volunteer who "...urged other elders to get involved, saying that they reacted beautifully when she did, and that it was important to 'keep them in contact' as it made the elders "feel good about themselves." Indeed, research has shown that elders becoming engaged both strengthens the community and the health of the individual who is engaging.

Elders mentioned a number of barriers that stood in the way of their getting involved in advocacy efforts. Of these, lack of security in oneself, fear or distrust of the government, limited budgets, and lack of time and support presented distinct challenges. In regards to the first, one elder mentioned that seniors "... just need that nudge of, yeah, you can do it. You can get involved." An elder who was on both Senior Nutrition and Senior Housing Boards at a local senior center noticed that some of his peers... felt that they did not have enough education to contribute to advocacy. "His suggestion for addressing this perceived gap in knowledge is to host a seminar on social advocacy, which could be helpful for elders to attend at senior centers," the Advocacy report states.

Second, some elders expressed a fear of or distrust for the government that rendered advocacy a futile effort for them. The impression was that when working with a bureaucratic system, nothing would ultimately change. One 67-year-old man had had discouraging experiences speaking to legislators, charged that in a bureaucratic system, people couldn't say 'yes,' to change, only 'no.' He and others expressed cynicism towards lawmakers and the legislative process. On a deep level, it seemed that the legislative process had failed to meet some elder constituents where they were at, leaving them with a lot of feelings and opinions about the process, but not a lot of resolution.

Thirdly, lack of funds and time were found to be barriers preventing elders from becoming involved in advocacy efforts. Financial concerns make it hard for some elders to pay for groceries let alone participate in progressive advocacy efforts. A Tewa elder who had been previously involved in advocacy work and who is now devoting time to being a mentor to his grandchildren, noted that he would need funding for gas in order to be able to advocate more, saying, "I won't do it at the cost of my grandkids...I won't take a leadership role unless they pay me." Another elder commented that her budget covered the "necessities, nothing over".

Southwest Organizing Project (SWOP), a local grassroots organizing group, shared that the elders with whom they work, especially in the northern part of the state, rely on strong relationships and events based in culture, music and food, to advance social issues. This differs from the younger generation who tend to be more systematic, analytical and evaluative. SWOP and Tewa Women United suggested that social change for elders was and still is rooted in the radical and revolutionary political movements of the past, such as the Chicano movement. Today's elders tend to be hesitant to engage in a more reformist process, including get-out-the-vote initiatives. TEWA added that many of the Native American elders relate to political and social issues when they can see how the issue relates to the "web of life" and are interconnected.

Finally, elders who were caring for spouses or other loved ones, and for grandparents taking care of grandchildren faced a different kind of barrier to social engagement. A woman caring for her ailing husband mentioned that since her husband was in a wheelchair, she found it difficult to attend meetings that she didn't know ahead of time would be wheelchair accessible.

She mentioned that it would be helpful for any future meetings or campaigns promoting advocacy to ask participants in advance if they had any special needs the same way you would ask if someone had dietary restrictions. Additionally, she mentioned that it would be easier for her to attend meetings if she were given some respite time and support, knowing that her husband was in good hands. The Tewa elder who volunteer-directed the senior center in Espanola suggested a similar, perhaps longer-term option of daycare for grandparents who were raising grandchildren.

Home and Community-Based Services (i.e. Aging in Place): Interviewees and forum participants alike spoke of the financial and emotional challenges of figuring next steps in the event that they needed long-term care. One man expressed concerns about finances, saying, "If something goes wrong [health wise] then I can't pay it like I used to." His comment expresses a "fragility underlying the basic financial skeleton" supporting him and his Tewa peers. However, the Elder Economic Security research showed that this was a remarkably common experience had by a significant number of elders in New Mexico. Many elders, when faced with the potential of having to pay for long-term care, would not be prepared to handle the exorbitant accompanying costs. This is especially the case when those costs include a nursing facility, as "estimates show that annual costs for supporting a resident in a nursing home are about twice as high as providing an elder with in-home services."

By the same right, there are complex components that come into play for families who must decide what course to take with loved ones needing more intensive care. For a 61-year-old man, taking care of his elderly and physically deteriorating father was an increasing source of emotional and physical stress:

His time is coming, I know, being 94 years old...He's still very coherent, understands what's going on. We might have to put him in a care facility that would provide good care because it tires us out. All my brothers and sisters still work and they have families to support and at times he's very impossible [to] let you sleep at night so improvements in that area could be made.

As the IPL report echoes, "There are a host of reasons why it is difficult for families to care for their elders" -- a point that is well illustrated in the narrative above. A number of families and caregivers noted the challenges inherent in trying to care for their elders when they themselves were feeling pressed for time, money, and energy. Still, families did the best they could-- often relying on informal methods like asking other family members to help shoulder caregiving duties. For instance, the man speaking above asked his wife to step in and watch over his father when she could. Another woman had decided to move in with her mother in order to look over both her and the house.

In order to help elders and families in these positions, the Aging and Long-Term Services Department (ALTSD) is "committed to keeping elders in their homes for as long as they are able and want to be there," while seeking to make the arrangement sustainable for both elders and their families in the long run.

For this reason, the ALTSD recommended easing some of the monetary considerations of long-term care by “providing tax credits for elder dependent care or support for community-based organizations who serve the elders and caregivers...” This would either support the families or spouses who were already providing care to their loved one, or it would help families to bring in outside aides and caregivers who could help attend to elders’ daily needs, so that elders could still stay within their own community and not have to go to a nursing home.

The latter would be of particular help to elders who voiced concern over being a burden to their families, and who were frightened over losing control over their independence and environment. As such, the ALTSD states in its EESI policy brief that its recommendation to “Provide funding to reduce the waiting list for the New Mexico Coordination of Long-Term Services (CoLTS) “C” home- and community-based Medicaid waiver” could allow “elders and people with disabilities more access to long-term care and respite care for their caregivers in their homes and communities.” “Increasing the availability of the CoLTS is one way to bridge the economic security gaps when the cost of living increases dramatically due to long-term care needs”, the EESI policy brief notes. This suggestion is spurred on by ALTSD partner organization, Wider Opportunities for Women’s quantitative research, which shows that, “Unless aided by CoLTS, many New Mexico elders who do not have uncommon assets *and* disability or LTC insurance are unable to avoid institutionalization when they suffer catastrophic or chronic bad health.” Because there is so much at stake, it seems that gaps in services and programs in this arena would do extremely well to be addressed and as many resources be made as available as possible to people interested in home and community based health services.

Reliable Transportation Options: Across the board, seniors, their families and caregivers voiced a need for increased and more reliable transportation options available to them via the state, in order to create what the EESI brief called the “safety net” for people who no longer drive. The IPL forum participants gave feedback that illustrated that the “availability and quality of public transportation in most of New Mexico does not support elder self-sufficiency or facilitate the involvement in elder care of public transportation-dependent family members.” Participants “recognize[d] that this service is generally under-funded at the federal, state, and local levels.” Based on this, and information gathered from one-on-one interviews, the ALTSD decided to recommend the allocation of a permanent State Transit Fund.

For those who did not drive their own cars, many relied on the help of family, friends, or public options like the Senior Vans or public buses. A participant voiced that, “Sometimes [elders] get left behind [if] they can't leave their houses,” demonstrating figuratively the fact that those who were able to grant interviews were already, by virtue of being out in public, at an advantage compared to those more vulnerable populations physically limited to their homes. Senior vans bringing elders to doctors’ appointments and grocery shopping were cited as being very helpful, though one participant mentioned that he often saw elders waiting for a very long time for the vans to arrive and take them up to their next destination.

At the IPL forums, “elders... spoke of local elder transportation providers whose service schedules were limited, and about vehicles that were not compliant with standards set forth in the Americans with Disabilities Act (ADA).” In addition, elders and caregivers spoke of the frustration they had with federal regulations that no longer allowed Senior Companions to help elders get to their appointments.

Amongst the Tewa elders, a small percentage responded that “they had no access to senior activities. Six suggested that the senior center near them host activities nearer by. While two people mentioned liking going to the Senior Olympics, for instance, hosting it in Albuquerque was too far for some to travel. Nearly half the participants “noted that they wished that their Senior Center provided transportation to activities.” One woman additionally added that she would like senior centers to provide transport to major cities like Albuquerque, Espanola, and Santa Fe. Finally, for those who did have cars but who were living on a low income, gas prices could be prohibitive to participating in events in general, but for advocacy in particular. An elder from one of the Tewa pueblos near Espanola commented that he would need “funding, gas money, so [he and other elders] can even meet together, or to get to the state legislature to advocate.”

Support from Local Community & Government:

Community Resources: Within the IPL forums, participants discussed the role of community in helping to achieve ‘elder economic security,’ that is, helping elders to be able to fully and realistically meet their basic needs. While participants noted a number of success stories, situations in which “businesses, local groups, faith communities, and individuals...[stepped] up to help elders on a daily basis, or when crisis occurred,” participants also discussed a number of challenges that community resources seemed to consistently face. The term “community resources” tended to describe “senior centers and other programs that are physically within the community but receive some portion of their funding from state or federal sources, and less on local businesses, faith communities, and other organizations.” Some of the challenges they faced include: “inconsistent funding, regulations that impede service delivery; geographically limited service areas; the insularity of some service providers and recipients; [and] informing potential clients of their services...”

When discussing their concerns for relying on community resources to help elders meet their basic needs, a key concern that came up again and again was the fact that many of these resources had “inconsistent funding streams.” In regard to this point, which seems to create gaps in the services that communities are able to offer, one participant in Las Cruces said, “Community resources are tied to government resources; if you’re only looking at communities, their resources are scarce.” It seemed that these resources needed to be bolstered on a systemic level, with another participant citing that “Federal has to change so that State can change, so that County can change, so that Local Community can change.”

A number of other barriers to communities being of service emerged as well. As discussed in the “Resource Coordination” section, the IPL forum report notes that “the lack of information about the availability of these services was a constant theme and in several locations senior centers were suggested as a potential nexus for the aggregation and distribution of community information.” Next, when talking about individuals volunteering in the community, the IPL participants noted that “Participants [felt]... that regulations have made volunteering less rewarding in some respects. For example, Senior Companions and other volunteers are frustrated at not being allowed to transport elders, although much of their need is getting to and from doctor appointments, grocery stores, etc.”

Finally, participants in the forums seemed to engage with the idea of not just “service provision but how to be of service. Participants remarked that the general public was unaware of volunteer opportunities and offered suggestions for outreach and recruitment.” Elders and providers felt that there had been a decline in volunteering and “attributed it to the fact that more elders were working through their retirements or taking care of grandchildren instead of volunteering, and to a low level of volunteerism among youth (expressly for local organizations and events dealing with elders). One remedy to addressing this gap between needy elders and potential youth volunteers was “marketing volunteerism to youngsters as a college or job application booster...” In regards to this point and the others, it seemed that there was a great deal of potential for community groups and agencies to be of service, but gaps in funding, information exchange, and a consistent volunteer force were currently preventing them from being able to fulfill their full potential to help elders in the community.

Government Resources: It became apparent from both interviews and forums that elders and caregivers had a lot of thoughts and feelings about the role that government played in both service delivery and allocation of resources to community programs. As the IPL report states, “The interdependent nature of state and federal resource allocation with local programs was clear to many participants; they recognized the tension between government funding and the effect of related regulations on local control and service delivery”. The report goes on to note that while no one doubted the necessity of government involvement in various programs in the community, there were a lot of sentences that started with “There isn’t enough....”:

There isn’t enough money to fully fund important programs (transportation, housing, health care, respite care); there aren’t enough people served (people who barely miss meeting the eligibility requirements, people with certain illnesses or disabilities, rural communities); and services aren’t comprehensive enough (not all health services are available here; they don’t take into account local transportation costs, no allowances for people taking care of elders or grandchildren.) In addition to feeling like there weren’t enough resources for elders, elders wanted “better coordination among government services” and reiterated the idea of a one-stop-shop discussed above. In the forums on elder economic security, there were additional discussions about increasing access by “changing eligibility requirements”-- either via simplifying them to “consider only one criterion (age) or through changing the Federal Poverty Guideline to a more comprehensive measure like the Elder Economic Security Index.”

Finally, elders, caregivers, and providers alike noted that government tended to think in a “one-size fits all” sort of frame when thinking about service delivery, which either didn’t take local needs into account or which had national regulations that got in the way of service delivery, such as Retired Senior Volunteers who were no longer allowed to drive the people they were volunteering with to appointments or to the grocery store, for example.

In the series of interviews around advocacy, elders mentioned quite a bit of cynicism towards the government, the perception being that they were out of touch, and didn't always respond to their constituents. “They live in a different world than we do,” a 71-year-old woman said. “I wish they could stick around long enough to see what the real world was like... they don't have a clue.” The distrust was also pronounced among some of the Tewa elders: “One 65-year-old tribal elder who had been active for 30 years, advocating for everything from proper educational resources in the Indian schools to better health care for Native Americans to protection of the environment, said that he was hesitant to share his ideas or his experience for fear that it would be misused. He believed that current tribal leaders were more interested in fitting in with the United States political system than with actually helping their constituents.”

As such, some elders felt that in regards to advocacy, legislators didn’t have considerate attention and follow up to their advocacy work, and thus did not want to be engaged in a progressive advocacy effort to address these figures. A key perceived gap in service here seems to be the lack of a venue for airing grievances like these, and furthermore, securing resolutions from them. Together with elders feeling that they do not have sufficient access to resources, as mentioned above, it would seem that there is a great deal of work to be done addressing gaps in response to elders’ needs in this arena. These 'gaps' refer to disparities between the experiences or resources that elders currently have and what they'd like access to.

CONCLUSION

This report was designed to provide a baseline of information regarding funders’ awareness and interest in aging issues and identifying the next generation of elders’ needs and preferences.

Survey results suggest there is an opportunity to educate and engage New Mexico funders on the current state of aging in New Mexico. Only 50% indicated they currently fund older adults/elderly programming. However, over 60% of the funders surveyed indicated that although aging is not a funding priority for their foundation they are interested in learning more about how aging issues are impacting their community and how aging issues could affect their current grantmaking priorities. Funders requested information on promising practices/successful programs, demographics/statistics, research, how aging is impacting Native American populations or communities of color, regional and/or local implications, the impact on intergenerational efforts . The low funding rate of aging programs is to some extent a result of funders receiving fewer aging focused proposals than other population specific requests, and therefore, there is also an opportunity to develop and conduct trainings for applicants on how to apply for aging related funding.

The bottom line is that the public and private system of health care and long-term care services and supports, both at a local and state level, is inadequate, fragmented and culturally incompetent, and will be incapable of serving the growing population of culturally and ethnically diverse elderly whose preferences and needs are different than the generation before them.

Some of the funders we spoke with recommended that in order to increase partnerships between public and private sectors designed to support our aging population, the Initiative should strive to develop a lead elder advocacy organization that serves as an umbrella to a network of public and private organizations, including funders.

As deduced in a previous research project, there is no single organization in New Mexico that can be an immediate “home” for an elder advocacy initiative that is supported by both the public and private sector. There are various organizations that, when brought together in a formal way by a lead organization, can, in our opinion, offer that home. Pooling the collective core competencies, such as issue development, access, information sharing, membership development, skilled staff, geographic reach, or strong understanding of how to mobilize and support our elders, including low-income elders and elders of color, can be very powerful.

We recommended the next steps for the Initiative include:

- Developing a clearinghouse of aging related information for funders.
- Developing learning modules for funders on promising aging practices/successful programs, demographics/statistics, research, how aging is impacting Native American populations or communities of color, and regional and/or local implications.
- Bringing together funders to learn and have a common discussion.
- Developing and conducting trainings on how to apply for aging related funding.
- Identifying what community-based organizations are exceedingly interested in supporting elders, but lack the resources, training, and structure to do so effectively.
- Developing a funding initiative to encourage national funders to match local funds.

The health and well-being of our elders is at stake. Budget cuts have and will continue to limit the future of innovation for long-term services in the state and few grassroots organizations and foundations have the expertise or mission to advocate on behalf of our aging population.

All these factors present a mammoth challenge. It means we must be more vigilant in our efforts to keep the most basic health and social services in place; our natural resources protected; our government serving the best interests of our families; our children with all the resources needed to learn and explore the world; and, our families economically secure. It also presents an opportunity for our private and public sectors, dedicated to social change, to mobilize our base including our valuable elders.

Although our study identified a broken, fragmented system, the opportunities to enhance an existing infrastructure through the private and public sector outweigh the barriers. With a commitment to funding and building an elder advocacy initiative with both public and private support, we can strengthen New Mexico communities and elders.

In conclusion, and central to any survey of service gaps and needs of our elders, is to recognize what aspects of life and caregiving New Mexicans value and would like to see reflected in services and policy development. Too often, policies and services are implemented devoid of our communities' values. As we embark on a more comprehensive conversation about how to address the graying of New Mexico through public and private partnerships, we have to be cognizant of these values. As such, we present key values collected in the Elder Economic Security Initiative that we encourage be used as a foundation of the Grantmakers in Aging project.

Values as Expressed by New Mexican Elders and Caregivers

- Independence
 - Dignity
- Consistency
 - Certainty
 - Choice
- Accountability
 - Connection
 - Family
 - Community
- Communication
- Civic Engagement
 - Education
- Empowerment
 - Simplification
- Wellness (mind, body, spirit)
 - Reliability
 - Privacy

AUTHOR BIOS

Emily Kaltenbach is currently the NM State Director of the Drug Policy Alliance. Prior to this position she was the Acting Director for the state's Office of Health Care Reform and the Director of Policy and Planning for the NM Aging & Long-Term Services Department. She is experienced in health policy, community development, program and strategic planning, and management in the areas of long-term services, primary care, and behavioral health. Prior to her work in state government, she worked for Presbyterian Medical Services, a statewide not-for-profit health and human service organization in planning and community development. She has a Master's degree in Health Administration from the University of Washington, with an emphasis in rural health policy and program development. Emily works to create socially responsible, sustainable and healthy communities. A native New Mexican, Emily is a board member of Santa Fe Project Access and past-board President for Women's Health Services.

Joanna Lamb is an independent consultant with degrees in Social Anthropology (special focus on Medical Anthropology) from Harvard, and Creative Writing and Gender Studies from the College of Santa Fe. She first became involved in aging related advocacy through her work coordinating and collecting stories for the Elder Economic Security Initiative, in partnership with the New Mexico Aging and Long Term Services Department (NMALTS) and Wider Opportunities for Women (WOW). She continues to enjoy the opportunity to channel elders' thoughts and experiences into positive systematic change. Her other work has included positions with nonprofit organizations such as Pathways to Wellness (a community acupuncture and research clinic) and Educators for Social Responsibility in the Boston area.

Karen Wells, Consultant, Health Policy and Planning, is a consultant in the field of health policy and planning. Previously, she worked for the Legislative Council Service for 12 years providing research and committee support for the Legislative Health and Human Services Committee and other health policy and health reform efforts. Ms. Wells has had a career in health care that spans 37 years in New Mexico. She is a registered nurse who worked as a direct care provider in hospital, nursing home, intensive care, home health care and hospice settings. In addition to her work with the legislature, she is the former Executive Director of the Santa Fe Visiting Nurse Service, and the former Executive Director of the New Mexico Association for Home Care. She also worked in a national capacity for the National Association for Home Care as the Director of State Affairs, as Clinical Director of Presbyterian Medical Services and as Director of Policy and Planning for the New Mexico Aging and Long-Term Services Department. She has an abiding interest in health policy, medical ethics, long-term care and end-of-life issues.

APPENDIX





New Mexico Funder Survey










1. Which best describes your current position? (Please mark all responses that apply)			
		Response Percent	Response Count
CEO/COO/Executive Director		42.1%	8
Trustee/Board Member		21.1%	4
Program Officer		26.3%	5
Development Officer		0.0%	0
Other (please specify)		15.8%	3
answered question			19
skipped question			1

2. I work in a:			
		Response Percent	Response Count
Community Foundation		5.3%	1
Corporate Foundation/Giving Program		0.0%	0
Independent/Private Foundation		5.3%	1
Family Foundation		57.9%	11
United Way		5.3%	1
Other (please specify)		26.3%	5
answered question			19
skipped question			1



3. What geographic area does your foundation serve?









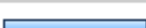

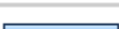




		Response Percent	Response Count
Statewide		47.4%	9
National/International		36.8%	7
Specific counties (please list below)		15.8%	3
Other		21.1%	4
	Please specify		8
answered question			19
skipped question			1

4. What is your organization's estimated annual grantmaking for 2011?



		Response Percent	Response Count
\$10,000,000+		5.6%	1
\$ 5,000,000 - \$9,000,000		11.1%	2
\$ 2,500,000 - \$4,999,999		16.7%	3
\$ 1,000,000 - \$2,499,999		16.7%	3
\$ 500,000 - \$ 999,999		16.7%	3
\$ 100,000 - \$ 249,999		16.7%	3
Under \$100,000		16.7%	3
answered question			18
skipped question			2

5. My organization has donor-designated and/or restricted funds.





		Response Percent	Response Count
Yes		44.4%	8
No		55.6%	10
answered question			18
skipped question			2

6. My organization currently funds the following programs: (Please check all that apply)			
		Response Percent	Response Count
Advocacy		27.8%	5
Children, Youth and Families		61.1%	11
Education		66.7%	12
Health		50.0%	9
Human Services		38.9%	7
LGBT		11.1%	2
Older Adults/Elderly		50.0%	9
Capacity Building/Technology		33.3%	6
Safety Net/Emergency Services		27.8%	5
Community Development		38.9%	7
Housing		22.2%	4
Arts		50.0%	9
Environment		50.0%	9
Public Policy		5.6%	1
Other (please specify)		27.8%	5
answered question			18
skipped question			2





7. The community and/or service areas served by my organization have a formal plan to address the needs of the aging population.

		Response Percent	Response Count
Yes		15.8%	3
No		84.2%	16
answered question			19
skipped question			1






8. I am aware of the resources, services and agency programs that are available to the senior (55+ years old) population in the community and/or regions served by my organization.

		Response Percent	Response Count
Very Aware		10.5%	2
Slightly Aware		52.6%	10
Slightly Unaware		21.1%	4
Very Unaware		15.8%	3
answered question			19
skipped question			1






9. The issues facing our senior population (55+ years old) are a high priority for the community and/or the region served by my organization.

		Response Percent	Response Count
Strongly Agree		15.8%	3
Agree		31.6%	6
Neutral/Don't Know		42.1%	8
Disagree		10.5%	2
answered question			19
skipped question			1


















10. My organization has a strong understanding of the issues facing our aging population.

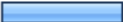


		Response Percent	Response Count
Strongly Agree		5.3%	1
Agree		31.6%	6
Neutral/Don't Know		42.1%	8
Disagree		15.8%	3
Strongly Disagree		5.3%	1
answered question			19
skipped question			1

11. Funding aging issues is a priority for my organization.





		Response Percent	Response Count
Strongly Agree		10.5%	2
Agree Slightly		10.5%	2
Neutral/Don't Know		26.3%	5
Disagree		42.1%	8
Strongly Disagree		10.5%	2
answered question			19
skipped question			1

**12. My organization currently funds the following programs related to aging/older adults:
(Please check all that apply)**












		Response Percent	Response Count
We do not fund programs for seniors		17.6%	3
Adult Day Care		23.5%	4
Aging in Place/Community		11.8%	2
Aging Research		0.0%	0
Caregivers/Respite Care		41.2%	7
Civic Engagement/Volunteering/Giving Back to the Community		17.6%	3
Continuing Education/Enrichment		17.6%	3
Economic Security		11.8%	2
End of Life/Palliative Care		23.5%	4
Employment Services		0.0%	0
Health Education Programs		11.8%	2
Health Services		29.4%	5
Home Repair Services/Home Modification Services		23.5%	4
In-Home Technology		5.9%	1
In-Home Services/Visitation		11.8%	2
Intergenerational Programs		17.6%	3
Meal Delivery/Preparation		35.3%	6
Mental Health Programs		17.6%	3
Public Policy/Advocacy		0.0%	0
Senior Centers/Community Centers		23.5%	4

Senior Wellness Programs		23.5%	4
Transportation/Mobility		23.5%	4
Workforce Development		0.0%	0
Other (please specify)		17.6%	3
answered question			17
skipped question			3











13. What is your organization's estimated grantmaking, SPECIFIC TO AGING PROGRAMS OR ISSUES, for 2011?

		Response Percent	Response Count
\$250,000 or more		0.0%	0
\$100,000 - \$249,999		17.6%	3
\$ 50,000 - \$ 99,999		0.0%	0
\$ 25,000 - \$ 49,999		0.0%	0
Under \$25,000		29.4%	5
None		29.4%	5
Don't Know		23.5%	4
answered question			17
skipped question			3










14. What type of information would be helpful to your board of directors/trustees, staff or grantmaking committee to better understand aging issues? (Please check all that apply)

		Response Percent	Response Count
Promising practices/successful programs addressing the aging population		41.2%	7
Issues Analysis and Issue Briefs on regional and/or local implications		47.1%	8
How these implications could influence your existing grant priorities		17.6%	3
Demographic Statistics and Research on the aging population		47.1%	8
Information on Aging Services		35.3%	6
Anecdotal information (stories) highlighting the opportunities, needs of and issues impacting the aging population		23.5%	4
Expert speakers on aging issues		29.4%	5
Cultural competency		17.6%	3
Intergenerational issues/needs		23.5%	4
Aging populations with special needs (e.g. rural, disabled, etc.)		35.3%	6
Other (please specify)		17.6%	3
answered question			17
skipped question			3




15. What type of information would be helpful when working with professional advisors to build your endowment through designated funds impacting aging issues? (Please check all that apply)

		Response Percent	Response Count
Demographic Statistics and Research on the aging population		18.8%	3
Promising practices/successful programs addressing aging issues		31.3%	5
Issues Analysis and Issue Briefs on regional and/or local implications		18.8%	3
How these implications could influence your existing grant priorities		12.5%	2
Expert speakers on aging issues		6.3%	1
Information on aging issues		18.8%	3
Information on the benefits of planned giving		12.5%	2
No Information Needed		18.8%	3
Don't have a designated fund program		37.5%	6
Other (please specify)		18.8%	3
		answered question	16
		skipped question	4




16. What type of information would be helpful in speaking with potential donors regarding building your endowment through designated funds to impact aging issues? (Please check all that apply)

		Response Percent	Response Count
Demographic Statistics and Research on the aging population		25.0%	4
How these implications could influence your existing grant priorities		12.5%	2
Promising practices/successful programs addressing aging issues		25.0%	4
Expert speakers on aging issues		12.5%	2
Anecdotal information (stories) highlighting the needs of and issues impacting the aging population		18.8%	3
Information on aging issues		12.5%	2
Information on the benefits of planned giving		6.3%	1
No Information Needed		37.5%	6
Other (please specify)		31.3%	5
		answered question	16
		skipped question	4

17. I am interested in learning more about how aging issues are impacting my community and/or region through increased public awareness.

		Response Percent	Response Count
Yes		62.5%	10
No		31.3%	5
Other (please specify)		6.3%	1
answered question			16
skipped question			4

18. I am interested in learning more about how aging issues could impact our current grantmaking priorities.

		Response Percent	Response Count
Yes		52.9%	9
No		35.3%	6
Other (please specify)		11.8%	2
answered question			17
skipped question			3

19. Your feedback:

	Response Count
	6
answered question	6
skipped question	14