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New Mexico Older Adult Needs Assessment – Phase 1

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INTRODUCTION

Created in 2004 by the New Mexico State Legislature, the mission of the Aging & Long-Term Services Department (ALTSD) is:

> To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to help them maintain independence, dignity, autonomy, health, safety, and economic well-being, empowering them to live on their own terms in their own communities productively as possible.

The Aging & Long-Term Services Department is the primary department responsible for serving New Mexico's older adults, adults with disabilities, their families, and caregivers. To meet this mission, the ALTSD provides an assortment of services. The Aging Network Division (AND) provides a variety of services to seniors, including meals and nutrition, employment programs, transportation, help at home (i.e., respite and home-health care), senior centers where older adults can receive a variety of services (i.e., meals and social/recreational activities), and healthy aging and prevention programs. The Adult Protective Services Division (APS) provides protective services to individuals 18 years and older who are unable to protect themselves from abuse, neglect, or exploitation. Services include emergency protective placement, home care, adult daycare, attendant care, and filing of guardianship petitions in district courts. Through the Consumer and Elder Rights Division, the ALTSD provides disability resource services, counseling, a veteran directed home and community-based services program, the state health insurance program, the senior Medicare patrol, a care transitions program, and a prescription drug assistance program.

The Older Americans Act (OAA) is the primary federal program tasked with the organization and delivery of social and nutrition services to the elderly population and their caregivers. It authorizes a wide array of service programs through a national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes. The OAA also includes community service employment for low-income older Americans; training, research, and demonstration activities in the field of aging; and vulnerable elder rights protection activities.

The State of New Mexico, via the federal OAA, receives funding provided by Congress for services based on a formula that considers the state's proportionate share of either the age 60 or older population or, in the case of caregiver support programs, the age 70 or older population. New Mexico, like all other states, has its own formula for allocating OAA funding to Area Agencies on Aging (AAAs), which enables the delivery of services to local areas.

New Mexico contains two AAAs and six Planning Service Areas (PSAs). The Metro AAA is a joint powers agreement between Bernalillo County, the City of Albuquerque, and Los Ranchos de Albuquerque and oversees PSA 1, which is Bernalillo County. The non-Metro AAA includes the remainder of the state and encompasses PSA 2, PSA 3, and PSA 4. PSA 5 serves the Navajo Nation and is a tribal government-sponsored organization that includes areas in New Mexico,

Arizona, and Utah. PSA 6 is the Indian Area on Aging and includes the State's 19 pueblos, the Mescalero Apache Tribe, and Jicarilla Apache Tribe.

Our Work

The Center for Applied Research and Analysis (CARA) located at the University of New Mexico's Institute for Social Research, previously completed a pilot needs assessment for ALTSD in June 2020. We initially reviewed the literature on needs assessments to determine best practices and assess feasibility of a full needs assessment for the following fiscal year. The COVID-19 pandemic interrupted planned focus groups with older adults, but we were able to review consumer WellSky data on senior service usage, conduct a statewide provider survey, and provide preliminary findings from limited observations and one focus group with providers. We ultimately concluded mixed method needs assessment were recommended by the literature, and that they tend to incorporate three primary data sources: (1) focus groups with targeted older adult populations, (2) survey of provider input, and (3) U.S. Census data on the scope of older adult need, especially with attention to national comparisons.

CARA was subsequently contracted to collaborate with ALTSD to develop a biennial statewide needs assessment in Fiscal Year 2023 that prioritizes rural and frontier communities, and addresses services provided by the AND in New Mexico. This report is the first of two reports documenting the findings of our needs assessment. This first phase of work documents the implementation of a mixed-methods approach to assess services provided to and received by New Mexico older adults, and to understand the specific needs of older adults living in rural and frontier communities.

The scope of work included three specific tasks:

- Review available literature related to needs assessment for similar type populations to provide a review of the current state of knowledge and best practices.
- Organize and lead community focus groups with service providers and community members – to study current processes and practices related to the ALTSD mission, with an emphasis on service delivery, population demography, population needs (e.g., health, social issues, outreach, transportation, food insecurity, housing, etc.), gaps in services, resources, and supervision as well as any other identified area.
- Administer surveys and/or stakeholder interviews to receive feedback and identify needs and gaps in services.

This work is important for a few reasons. First, in our review of existing needs assessments, high quality assessments attempted to explore service gaps and needs through a variety of methods which included both older adults and service providers. Second, needs assessments are often used to comply with the OAA which requires State Units on Aging (SUAs) to conduct a needs assessment to guide state plans on aging. Third, this needs assessment is designed to explore the specific needs of seniors in rural and frontier communities – a focus which is unique and largely unexplored among needs assessments.

Table 1

County population statistics for planned focus groups

County Site	PSA	Population	Percent Rural	Percent 65 or older living below poverty	Percent 65 or older living with a disability
Bernalillo	1	671,534	4.2%	11.0%	36.0%
Santa Fe	2	148,639	25.2%	9.0%	26.0%
McKinley	2	71,477	57.4%	24.0%	53.0%
Mora	2	4,500	100.0%	18.0%	40.0%
De Baca	3	1,974	100.0%	22.0%	57.0%
Union	3	3,475	100.0%	22.0%	41.0%
Catron	4	3,542	100.0%	13.0%	52.0%

Note. U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.

We specifically planned to conduct focus groups with older adults in two urban and five highly-rural New Mexico counties: (1) Bernalillo, (2) Santa Fe, (3) Catron, (4) De Baca, (5) McKinley, (6) Mora, and (7) Union County. Ultimately, we conducted focus groups in five of those counties. Two counties in particular – Catron and De Baca – were unable to accumulate enough local interest among older adults to achieve minimum participation. As we describe in our methods section later in this report, we renewed interest in rural focus groups by incentivizing older adults in rural and frontier communities with cash payments. This shift in method was very successful, but due to time constraints, focus groups for Catron and De Baca counties were not completed. Others might consider a similar cash-incentive strategy to improve efforts to obtain rural and frontier community input.

We selected seven local New Mexico sites based on three factors: (1) percent rurality, (2) percent of older adults 65 and older who have incomes below poverty, and (3) percent of older adults 65 and older living with a disability. Table 1 above summarizes U.S. Census data for selected focus group sites. Five of our selected sites were designated over 50% rural by the U.S. Census, and two of our sites were considered urban, with less than 30% rurality. Highly rural areas, unsurprisingly, contained the largest proportions of older adults (65 or older) who live below poverty and/or live with a disability. The average percentage of seniors who live below poverty for rural and urban areas was 19.8% and 10%, respectively. The average percentage of seniors who live with a disability for rural and urban sites was 48.6% and 31%, respectively.

While several studies and reviews of rural-urban divides exist, to our knowledge this needs assessment is the first of its kind to specifically explore the needs of rural and frontier communities. Our aim is to understand how needs vary across rural and frontier community contexts and we believe this type of assessment can provide vital details for informed decision-making. To achieve that aim, we have conducted a provider-based survey to review services offered, and to asses provider-level perceptions of older adult need and service improvement. In phase 2 of our needs assessment work, we will analyze consumer data and statewide U.S.

census data by county and PSA. That review will similarly investigate the broader differences among rural and urban older adult New Mexicans, and put the data presented in this report into broader context.

This report contains seven sections. Following our introduction, we review relevant literature that captures needs assessment methodologies and extant knowledge regarding older adult needs in rural and/or frontier communities. The literature review is followed by a methodology section where we describe how we completed the first phase of our work. We also provide a brief description on the limitations of our findings and methodologies. The main body of this report is then devoted to the results of our rural and urban focus groups, as well as a statewide survey with Aging Network Division (AND) providers. We conclude this report with a discussion on the meaning of those results, along with a preliminary set of recommendations based on our findings. We will update these findings in the context of two other analyses in the second phase of our research – a review of ALTSD consumer service provision and an analysis of statewide aging data from the U.S. Census Bureau.

LITERATURE REVIEW

Needs Assessments & Older Adult Needs

The Older Americans Act (OAA) requires that State Units on Aging (SUA) conduct Needs Assessments that "determine the extent of need for supportive services, nutrition services, and multipurpose senior centers…[and] evaluate the effectiveness of the use of resources in meeting needs" (Older Americans Act Of 1965, 2020, p. Sec. 306 No.1). In 2000, needs assessments were also expanded to address the need for caregiver services as well (Kietzman, Scharlack, & Santo 2004). Ideally, these assessments guide the regional and state administrative planning and funding of older adult services. OAA needs assessments are largely the responsibility of Area Agencies on Aging (AAAs) but should be coordinated with SUAs who are required to base their own state plans on AAA area plans (Older Americans Act of 1965: Sec 307(a)). However, the OAA lacks a detailed procedure about how need assessments should be carried out. Outside of instructions for SUAs and AAAs to submit area plans and state plans on two-, three-, or four-year cycles (determined by State Agencies), the OAA fails to provide a prescription for how frequently need assessments should be administered. This means AAAs can technically reuse their assessments for decades at a time (Thompson, 2012).

Current or recent literature on needs assessments is limited, especially with respect to any recent systematic reviews of how these official documents compare or contrast by SUA or local government sponsors. The most recent reviews are at this point are over 30 years old. However, broadness in methods and objectives among needs assessments is documented (Cheung, 1992) and indicates wide variation in how SUA's and AAA's have approached needs assessments. Such variation is of deep concern for SUAs and AAAs. Lareau and Heumann (1982) conducted a national survey of needs assessments

Table 2

Reviewed Needs Assessments & Methodologies, 2012 – 2021

Location	Level	Year	Survey	Census Data	Focus Groups
South Dakota	City	2012	Yes	Yes	Yes
Idaho	State	2012	Yes	No	No
Colorado	City	2015	Yes	Yes	Yes
Maryland	County	2015	No	Yes	No
Washington, D.C.	State	2016	Yes	Yes	Yes
Oregon	County	2016	Yes	Yes	Yes
Maryland	City	2016	Yes	Yes	Yes
Massachusetts	County	2017	Yes	Yes	Yes
Colorado	State	2018	Yes	No	No
Maine	State	2019	Yes	Yes	Yes
Florida	State	2021	Yes	No	No
Illinois	Region	2021	Yes	No	Yes

and found that more than half of all assessments suffer from severe methodological shortcomings that undermine reliable policy planning. Most assessments continue to remain largely unfocused about how to measure older adult need, and significant variation exists in the services they review, the methodologies they employ, and the people they sample. Generally, needs assessments and academic literature capture a single broad imperative — to identify which existing service categories (e.g., meals, transportation, in-home services, etc.) older adults need or use most.

We have organized our summary here according to two topical areas: (1) needs assessments methodologies and findings broadly, and (2) a specific attention to the rural-urban divide as it relates to older adult needs. We conclude our literature review with a short justification for the methods employed by our needs assessment. Importantly, our review of the literature is not exhaustive. For reasons of practicality our literature is constrained to publications that populated in Google, Google Scholar, and Web of Science searches for key terms, such as: needs assessments, older adult needs, rural seniors, and rural older adult needs assessments.

Mixed Method Needs Assessments

Needs assessments we reviewed often deployed mixed methods to determine older adult needs in their communities. Table 2 summarizes key information about needs assessments we reviewed. Most needs assessments we reviewed were constrained to local contexts (regions, cities, counties, etc.).

Four of the needs assessments we reviewed captured all Area Agencies on Aging (AAA) in their state—Florida, Maine, Idaho, and Colorado (Department of Elder Affairs - State of Florida, 2021; Edris et al., 2020; Fife & Hannah, 2012; National Research Center, Inc. & Colorado Association of Area Agencies on Aging, 2018). With one exception, mixed method assessments we

reviewed analyzed data pertaining to three kinds of sources: U.S. Census data, surveys, and focus groups. Assessments less commonly incorporated other methods as well, such as: stakeholder interviews, community resource inventories, reviews/summaries of government documents and procedures, and more rarely, 'fact-finding missions'.

A Maine 2020 needs assessment serves as a recent and comprehensive example of what a mixed method needs assessment can look like. The Maine Office of Aging and Disability Services employed the University of Southern Maine's Muskie School of Public Service to identify:

(1) Community assets and existing services valued by constituents
(2) Service and support needs and gaps in service delivery
(3) Barriers impacting access to services

To accomplish those objectives, evaluators reviewed six sources of data: U.S. Census data; a statewide survey of consumers through mail, online, and telephone formats; eight focus groups with older adults and caregivers; an online caregiver-specific survey; three group provider interviews; and three focus groups with minority specific populations – LGBT older adults, older adult refugees or immigrants, and older adults providing kinship care (Edris et al., 2020, p. 16). Altogether, each data source reinforced findings with in-depth qualitative data, and provided contextual insight to survey results and population trends.

In a cogent example, transportation was identified as a pressing need by all data sources in the Maine needs assessment. Statewide survey results found older adults were overwhelmingly driving on their own, despite citing transportation as a critical need in the face of limited-service availability. In combination with listening session results and caregiver surveys, evaluators found older adults broadly experience challenges accessing critical needs like "…food, medications, health care, and social activity" (2020, p. 81). Therefore, transportation needs were interrelated to other needs, and affected caregivers' wellbeing, who provide transportation for those they care for; physical health, because primary care is largely inaccessible for those who are unable to drive; and socialization, since access to social activities is severely limited without available transportation assistance. In sum, mixed methods needs assessments can reinforce findings and tell a vivid story about why needs occur, not just that they exist.

The District of Columbia Office on Aging (DCOA) similarly deployed a mixed method needs assessment to address significantly outdated information on older adult need. Prior to the Washington D.C. needs assessment in 2012, the only other comprehensive review of older adult needs completed by the locality had been conducted 34 years before in 1978. As they write in their report, "*Many of DCOA's present programs and services were developed as a result of that assessment. The senior population has changed since 1978, and today's seniors have a different level of engagement than seniors of the past*" (Thompson, 2012, p. 5). With an imperative to overhaul their needs assessments, the DCOA employed several methods to assess their community, which included, (1) Key informant interviews, (2) senior citizen focus groups,

(3) long-form surveys at predetermined sites, (4) short-form surveys through telephone and mail, and (5) a comprehensive inventory of providers and services throughout D.C. Overall, the DCOA surveyed 14 areas of older adult need which included (but was not limited to): Quality of life, socialization, case management, home-delivered meals, and congregate meals. Ultimately, Maine and DCOA's assessments highlight how needs assessments should deploy multiple methods over time, with specific attention to: (1) consistent inclusion of minority older adult populations, and (2) implement high quality focus groups.

In contrast to most assessments, the Maine and DCOA reports afford special attention to vulnerable and underrepresented populations. However, not all needs assessments implement focus groups with underserved populations, or in ways that provide rich details about those populations. The needs assessment for Lane County Oregon (Lane Council of Governments 2016) serves as an example of how focus groups are not always implemented with fidelity. Specifically, focus group input was summarized by researchers without attention to the words and voice of participants. Focus groups were instead implemented more like surveys – a problem common to focus groups Focus group data also lacked details on the needs of the specific populations they were interested in (Cyr, 2015, p. 234). The Oregon needs assessment attempted to develop insight on traditionally underserved groups in their community: LGBT older adults, veterans, homeless older adults, and indigenous peoples. Notably, this assessment is also one of only three needs assessments we reviewed to incorporate the perspectives of Native American elders. But despite their inclusion of unique perspectives, details on older adult need were scarce. For example, Lane County's LGBTQI focus groups highlighted how the primary needs expressed by their participants were "…concern[s] that end-of-life choices will not be honored or that a spouse will not be recognized" and "lifestyle and life choices will not be honored or understood" at end of life (79). However, additional details and context about why this occurred, how it might vary, or what solutions older adults might have were largely missing.

Alternatively, a San Francisco Human Services Agency needs assessments offers an emblematic case for how focus groups can effectively address gaps in knowledge about minority older adult populations. The 2021 California needs assessment aimed "…to better understand the landscape of need and consumer experience among older and disabled [Black, Indigenous, and People of Color (BIPOC)] San Franciscans" (2021, p. i). They ultimately reached 70 consumers and 96 professionals through 26 focus groups and 41 individual interviews. Focus groups were held with five specific BIPOC groups: Asian, Latinx/Hispanic, Black/African American, LGBTQ+ People of Color, and Filipino and Pacific Islander. Findings were especially relevant for "*…recommendations regarding resource allocation, collaboration, outreach, and other actions that reinforce equity*" (2021, p. i). Focus groups identified a need for culturally appropriate mental health services, immigration support and legal services, language support and cultural resonance, and a need for expanded access to digital resources and technology training.

In sum, focus groups which provide rich details about older adult need also clearly target specific populations or advance specific service needs. Focus groups we reviewed which were used to broadly survey older adult needs in a community often lacked rich details and were ultimately less useful for understanding how services could be improved or how findings relate to a broader context.

For that reason, while rich details are a fundamental strength of focus groups and other qualitative methods, it is critical for policymakers to receive data that speaks to the population broadly. The benefit of mixed-methods needs assessments is the ability to combine rich details from qualitative methods like focus groups and interviews, with the big-picture utility of other methods like surveys and secondary data. Nearly all mixed method needs assessments explore older adult needs through survey research to develop need profiles of their communities. Needs assessments that deployed surveys also typically sampled adults 55 years and over and compared generalizability to national U.S. Census data. Needs assessment surveys also explore resoundingly similar topics and typically target seven areas of need: (1) Employment, (2) Health Status, (3) Health Insurance and Health Access, (4) Housing Affordability and Living Arrangements, (5) Nutrition and Home Delivered Meals, (6) Transportation Services, and (7) Veteran Status and Services.

Many of the needs assessments we reviewed are instructive and Table 2 summarizes which assessments deployed surveys, conducted focus groups, or reviewed census data. U.S. Census data was always utilized to understand population-level trends among older adults. These data were used to specifically evaluate broad demographic dynamics like prevalence of poverty, race and ethnicity, disability, health insurance status, etc. The greatest strength of most assessments was their use of U.S. Census data to describe need among all older adults. Unfortunately, these analyses rarely distinguish between population levels (City, State, region, etc.). None of the needs assessments we reviewed evaluated consumer data to understand regional and local needs and services use or availability. That data is vital for understanding how (under)utilized services really are. In phase 2 of our needs assessment, we will evaluate the use of older adult resources and services by locality and review the needs of specific New Mexico communities.

Single Method Needs Assessments

Four needs assessments captured older adults and/or service providers for an entire SUA service area: Florida's Department of Elder Affairs (2021), Maine's Office of Aging and Disability Services (2020), the Colorado Association of Area Agencies on Aging (2018) and the Idaho Commission on Aging (2012). Three of those assessments implemented a single research method—surveys – to uncover older adult needs. Except for Maine's assessment, the Florida, Idaho and Colorado surveys were longer, more robust, and comprehensive than most of their mixed method counterparts.

For example, Florida's State Plan on Aging (2021) incorporated three comprehensive surveys in their review: (1) an aging network provider survey, (2) a client satisfaction survey, and (3) an

online public input survey. They primarily found AAAs and lead providers were concerned about the sustainability of services into the future, both in terms of funding and institutional support (2021, p. 12). Additionally, client satisfaction surveys revealed consumers desired "…additional types and quantities of services including additional times for respite (evening and weekends) and additional types of services (transportation and home repairs)" (2021, p. 13). Broader public input from Florida older adults also identified that critical improvements could include better communication and outreach, increased funding and service availability, expanded service provision, additional affordable housing, and greater transportation options.

Needs assessments that implemented statewide surveys also explored older adult issues with more robust measures. In this way, the Colorado needs assessment deployed an expanded survey that incorporated multiple socialization measures for older adults across multiple contexts: Senior centers, social clubs, everyday communications with friends and/or family, religious or spiritual activities, and everyday instances of help for friends or relatives. Idaho's survey similarly explored social participation (across 13 settings) and included additional measures of independent living that spanned an extensive range of 16 contexts. Indeed, Colorado and Idaho's assessments included many of the same measures in their surveys, exploring ten areas of older adult need related to: caregiving, community belonging, community satisfaction, healthcare and insurance, housing, independent living, physical activity/fitness, senior center interest, socialization, and transportation services.

One of the more surprising aspects about these two assessments was their interest in capturing community identity and satisfaction. Idaho and Colorado's assessments asked open-ended survey questions to collect more detailed information. Idaho's assessment found that stigma was key to older adults' sense of belonging at senior centers. The authors explained— "Senior centers, as one respondent put it, need to be 'cheerful and bright for active, intelligent people, not just [a place] to serve cheap meals and play Bingo'" (National Research Center, Inc. & Colorado Association of Area Agencies on Aging, 2018, p. 32). Idaho's survey also indicated that less than half of all older adult respondents expressed any level of interest in using services offered at senior centers. The bulk of these respondents were between 50 and 57, suggesting that age cohort was significant in explaining for which populations senior centers were most useful.

In sum, Idaho and Colorado's assessments illustrate that evaluating service needs among older adults (e.g., senior center use, interest in home-delivered meals, etc.) is only one dimension of support that assessments can capture. However, single method needs assessments can neglect a critical resource for knowing more about older adult needs—older adults themselves. As such, the Maine and DCOA needs assessment offer a more comprehensive roadmap for needs assessments – that needs assessments accumulate a broad understanding of need from varied data sources and synthesize results. This can be accomplished by integrating secondary data on population trends and existing services with provider and consumer surveys, consumer focus groups, and stakeholder interviews.

Academic Insight

We also reviewed academic literature to understand older adult needs beyond needs assessments. Two conclusions from our review were made: (1) needs assessments should refine focuses to include unique older adult populations and service categories, and (2) mixed methods are critical for obtaining robust details on need.

Some of the literature we reviewed emphasized the importance of nuance for needs assessments. Research that focuses on unique populations of older adults—such as age cohort, disability, sexual orientation, Alzheimer's, and race and ethnicity—has found unique service needs do exist. Research by Malonebeach & Langeland (2011) describes how needs among the newest older adult cohort—Baby Boomers – are significantly different. Born between 1946 and 1964, Baby Boomers reflect unique socio-economic characteristics compared to other age cohorts. This generation typically lives longer, has higher levels of education, homeownership, and income (MaloneBeach & Langeland, 2011; Pew Research Center, 2020). Further, data from the Administration on Aging indicates that senior center and service use have decreased in recent years (Administration on Aging, 2020). Despite this, Malonebeach & Langeland found that baby boomers as a whole place special importance on spending time with family in retirement (88%), and nearly all anticipated increasing their civic participation through volunteer activities (96%) (2011, pp. 122–123). And more importantly, over two-thirds (68%) of boomers indicated they fully intended to utilize senior centers, and half expect to either visit senior centers to obtain information about older adult services and assistance, or to need caregiver assistance as they age (124). As a cluster of need, boomers reflect the largest aging cohort eligible for older adult services over the next thirty years (U.S. Census Bureau 2020).

Caregiver assistance was also critically important for other older adult populations. Older adults with Alzheimer's, as well as those who identified as Lesbian, Gay, or Bisexual (LGB), indicated a particular need for caregiver assistance. Eifert et al. (2012) reviewed research on increasing support for family caregivers, and found that 26 of 34 studies identified counseling and support services as vital for improving "care recipient's and caregiver's opportunities to adapt to the challenges of Alzheimer's disease and to maintain well-being…" (228). Eifert and colleagues' policy recommendations emphasized the importance of conducting individual caregiver needs assessments and of recognizing the inherent diversity of older adults and their caregivers (232). Orel et al. (2014) (Moone et al., 2022, p. 8) echoed those sentiments about greater diversity in their studies with LGBT older adults. Orel and colleagues concluded that fear of discrimination and bias can inhibit LGB use of older adult services and senior centers. LGB older adults revealed too that the HIV/AIDS epidemic has had a profound effect on the experience of aging. One emblematic participant in Orel et al.'s study described, "I don't want to be old and alone. When I lost all my gay friends to AIDS, I realized that my social sphere was pretty small. I can't just have gay friends" (2014, p. 58). Moone et al.'s survey echo the importance of those findings, which found that 40% of their LGBTQ survey respondents "..did not have enough close friends,"(2022, p. 16) and that "…gay men (42%) and bisexuals (37%) are most likely to be living

alone, and it is the same group that do not have someone to act as a caregiver should they require one" (Moone et al., 2022, p. 16). The needs assessment by Central Massachusetts similarly found that LGBT persons are disproportionately affected by the HIV/AIDS epidemic, and therefore have significantly different needs—especially with regards greater caregiver assistance, counseling, etc.

Research by Yorkston and colleagues (2010) also notes how the experience of aging is fundamentally different for those with disabilities. The authors argue how needs of older adults who have lived with a disability for much of their lives should be distinguished from those older adults who experience disability later in their lives. Older adults who experience disability early in their lives can develop resilience and coping mechanisms, which may be more difficult to achieve in older adulthood (Yorkston et al., 2010, p. 1700). As one participant in their study explains, when you're young and experience disability, "There's a certain resilience of view, you're…able to adapt, and you've got your whole life ahead of you…" (Yorkston et al., 2010, p. 1700). To this point, the authors emphasize how respondents found support and assistance were central to the ability to cope with changing abilities. Yorkston et al. write that "maintaining control was critical to [older adults'] emotional well-being" (2010, p. 1701) because making significant everyday choices while living with a disability can compensate for lack of control in other ways. The authors recommend that social services should therefore support programs that encourage psychosocial and emotional resilience among those living with disability.

Finally, research by Tucker-Seeley et al. (2016) has also demonstrated the significance of understanding the effect of race and ethnicity on the needs of older adults. Analyzing nationally representative longitudinal data from the Health and Retirement Study, Tucker-Seeley and colleagues assessed financial and economic hardship among older adults (50 and older). They found that "when compared to white respondents, black respondents were more likely to [indicate] financial dissatisfaction"; in fact, black respondents were twice as likely to indicate financial strain (Tucker-Seeley et al., 2016, p. 226). Latinos were 2.5 times more likely than their white counterparts to indicate that they experienced food insecurity. The results illustrated that financial hardship does impact some groups of older adults more than others. Tucker-Seeley et al. concluded their "recommended approach is to use multiple indicators of hardship across various domains such as food, housing, and medical care…along with traditional measures of socio-economic status" (2016, p. 227). Our review of the literature also suggests that surveying the needs of older adults necessitates multiple perspectives through multiple methods.

Rural vs. Urban Needs

In line with the extant literature which emphasizes the importance of capturing vulnerable populations in needs assessments, the unique needs of rural and frontier communities have been documented. Needs assessments for Maine and Northwest Colorado specifically note that rural older adult needs can be different from their urban counterparts (Edris et al., 2020; Northwest Colorado HEALTH & Aging Services Coalition of Northwest Colorado, 2021).

Specifically, rural areas tend to identify the same needs and challenges as urban older adults, but for different reasons. As Edris et al explain, "In rural areas, public transportation options often do not exist, while in urban areas bus routes may not be located close enough to where older adults live making access impossible" (2020, p. 51). Limited and non-existent support in rural areas often extends beyond transportation to include other areas of support, such as caregiver assistance, healthcare, case management, food access, community activities, and communication and outreach resources. The Northwest Colorado needs assessment similarly emphasizes how mountain and rural communities in their sample revealed that transportation services are especially important for these communities which primarily use access services for specialty health care, shopping, socialization and entertainment, dental care, and low cost health care (2021, p. 15).

The rural-urban distinction is particularly important for New Mexico where, according to a 2019 U.S. Census article, 25.6% of older adults live in a rural area (U.S. Census Bureau, 2019). Under the USDA definition of remote and frontier communities, 23.5% of New Mexico's population also lives in frontier and remote communities. The U.S. Department of Agriculture explains how frontier and remote communities are characterized by "…low population levels that affect access to different types of good and services" (U.S. Department of Agriculture, 2019). Compared to other states, New Mexico ranks 8th for the total number of people who live in a frontier or remote community. This feature of New Mexico's aging population is critical, since research finds that rural and frontier older adults struggle with accessing food resources (National Council on Aging 2022) and healthcare (USGAO 2023). Older adults living in rural areas are also more dependent on support from others for everyday and emergency transportation (Mattson 2011), have worse social functioning and quality of life, (Baernholdt et al 2012; Henning-Smith 2020) and have greater social isolation (Henning-Smith et al 2022).

Older adults living in rural area are therefore more reliant on services that supplement limited infrastructures in their communities. Despite this, senior support and services provided by AAAs in rural areas can be significantly limited. To that point, a data brief for a 2020 National Survey of Area Agencies on Aging compared 485 rural and non-rural AAAs and the services they offer. They found that in comparison to their non-rural counterparts, rural AAAs had significantly smaller median budgets – roughly half that of non-rural AAAs (46%) – and substantially less median number of staff – exactly half (National Association of Area Agencies on Aging, 2019, p. 10). Further, research by Rhubart et all (2021) highlights how rural AAAs "…are less likely to provide vital services like adult day care, care transition services, money management counseling, and integrated care" and seniors living within rural AAAs often "…face long waitlist(s) or learn that certain services are unavailable in rural parts of a service area" (Mabli et al., 2015; Rhubart et al., 2021, p. 25; The Lewin Group, 2016). The authors conclude that special attention should be given to differences within rural communities, and especially with respect to minority populations and unique sub-populations living within rural contexts.

In sum, older adults who live in rural areas represent people with unique challenges due to their geographical isolation, which likely affects their needs. These needs are also generally unexplored by needs assessments which do not typically distinguish between rural and urban populations. However, research suggests senior service differences do exist between rural and urban communities and that attempts to understand these contexts should distinguish between types of rural areas and the unique sub-populations who live within them.

Lessons Learned

Two important lessons from our review of needs assessments are: (1) needs assessments should commit to mixed methods that integrate, at the very least, U.S. Census data, focus groups, and surveys, and (2) that focus groups remain sensitive to unique geographic contexts and subpopulations, including level of rurality, race and ethnicity, income, disability, and sexual orientation.

Incorporating these lessons into the needs assessment we completed the following in the first phase of a two-year needs assessment:

(1) Focus groups within rural and urban communities with attention to unique needs of older adults in these contexts
(2) A statewide survey with Aging Network Division (AND) service providers with respect to their perspectives on broad older adult needs

The second phase of the two-year needs assessment will expand and enhance the current report by including two additional research activities:

(3) An analysis of the state of older adults throughout New Mexico using U.S. Census data, with specific attention to rural and frontier community features
(4) An analysis of consumer Wellsky data with respect to rural and frontier communities, and service disparities or continuities that occur in these contexts

The final full report will describe the results of our mixed method study of older adult need in the state of New Mexico and evaluate data from: (1) focus groups in rural, frontier, and urban communities, (2) a statewide survey of AND service providers, (3) U.S. Census data about trends and differences in New Mexico's aging population in rural and urban communities, and finally, (4) an analysis of consumer data on senior support and services with specific attention to rural and urban contexts. To our knowledge, our report will reflect the second needs assessment to date that will afford specific attention to rural and urban divides. It will also be the only needs assessment to include an analysis of consumer service provision to that effect. In the next section, we detail the methodology of the first phase of our needs assessment.

STUDY DESIGN & METHODOLOGY

Our report assesses older adult need by collecting information from multiple sources. In total, we collected data from six separate sources: (1) a statewide service provider survey, (2) a focus group, and (3) the U.S. Census Bureau.

Service Provider Survey

CARA developed a 30-question online survey which was distributed through Microsoft Qualtrics. Surveys were incentivized with a random drawing for $25 Amazon gift cards. One out of every ten survey recipients were randomly selected to win a gift card. At the end of the provider survey, respondents were directed to a second gift card survey where they could provide contact information to be entered into the gift card drawing – this allowed surveys to completed anonymously and separated contact info from survey data. Ultimately, 46 survey respondents entered the gift card drawing and five people were randomly selected at survey close for $25 gift cards.

Participant recruitment occurred over two-months. Participants were first notified of the option to participate by senior ALTSD staff who spoke with service providers in January 2023. Senior ALTSD staff also subsequently sent an introductory e-mail to personnel describing the effort on 12/30/2022. ALTSD then provided CARA with an initial list of 133 unique contacts, with 22 missing email addresses. CARA staff contacted personnel with missing information to obtain their e-mails for the survey, which resolved 11 instances of missing information. This left 122 contacts with an email address. Upon first delivery of survey introduction e-mails on 2/6/2023, 23 contact e-mails were undeliverable. A total of 99 ALTSD personnel were successfully sent invitations to participate in the online provider survey on 2/8/2023. The survey was initially expected to close on 3/8/2023 – one month later.

On 3/2/2023 CARA notified ALTSD only 19 providers completed the statewide survey and requested their outreach to increase turnout. ALTSD sent a reminder e-mail to ALTSD staff on 3/6/2023 explaining personnel still had time to respond and that the survey would provide critical information for the 2023 needs assessment. On 3/7/2023 the Aging Network Division Director requested CARA expand the provider list to include volunteer providers and APS contract providers. CARA sent survey invitations to an additional 197 providers on 3/7/2023 and 3/8/2023 and extended the survey window to 3/16/2023.

CARA closed the provider survey on 3/16/2023. A total of 71 survey responses were received. These included only instances where respondents both consented and responded to at least one question. The survey response rate was therefore 24.0% (71/296). Of the seventy-one respondents, sixty-three (88.7%) completed the survey and eight (11.3%) started but did not finish. Sixty-four (90.1%) respondents answered more than half of all survey questions.

Focus Groups

Eight focus groups were held in February and April 2023 which aimed to solicit input on older adult needs across five New Mexico counites: (1) Bernalillo, (2) McKinley, (3) Mora, (4) Santa Fe, and (5) Union. Focus group sites were selected based on three characteristics: (1) rurality, (2) percent of adults 65 and older living below poverty, and (3) percent of adults 65 and older with a disability. The largest senior centers residing in counties with the greatest vulnerability across all three measures were selected as focus group sites. People were eligible to participate in focus groups if they were 60 years or older and lived within county lines. Focus groups were limited to a maximum of 14 participants and required a minimum of three participants to be held. We reached out to senior center directors in January and March 2023 and distributed recruitment materials which included flyers and newsletter advertisements. We also physically visited senior centers 1-2 weeks prior to planned focus groups to recruit participants. We set-up tables with flyers and offered free food during 3-hour visits. At these table sessions, we spoke with older adults at senior centers about the purpose of our work and their potential role in the state's needs assessment. In two cases – McKinley County and Mora County – participants were solely recruited by senior center or ALTSD staff, who were able to serve as trusted contacts within these communities. In these cases, focus groups achieved the maximum number of participants and were socioeconomically diverse. We extend our gratitude to both Kimberly Ross-Toledo, Rebecca Baca, and Gloria Martinez for their support.

While recruitment strategies were largely successful in urban areas, they were typically unsuccessful in rural communities. We initially incentivized focus groups with a variety of breakfast food items, snacks and refreshments. However, we cancelled or rescheduled four of five planned focus groups in rural areas in February because of low interest and participation. We adapted to low turn-out by subsequently incentivizing rural areas with $35 cash, in addition to food refreshments. The monetary incentive was successful, and we held focus groups in all but one of the originally planned rural locations. Overall, we held focus groups with 63 older adults.

Participants also completed pre-surveys (Appendix C) which provided limited demographic information about participants. We followed prescribed standards for semi-structured focus groups regarding the number of participants, structure, data analysis, and format (Barbour, 2007; Morgan, 1996; Rog & Bickman, 2009). With the exception of one focus groups – Mora - two researchers were involved in every group discussion, which included a facilitator and co-facilitator. Our design attached specific responsibilities and duties to both roles. In alignment with standard focus group techniques, our facilitator followed the predetermined focus group protocol and questions while simultaneously guiding the conversation toward topics and questions. This elicited better responses and rich details from our participants. Alternatively, the co-facilitator monitored focus group discussion to ensure questions in the focus group guide were not neglected and otherwise assisted the facilitator in encouraging participants' involvement. The co-facilitator also closely documented group behaviors and outlined the

group discussion as it occurred in real-time. Over eight hours of focus group audio was recorded and professionally transcribed by the *TranscribeMe!* company.

To interpret the results of the focus groups, we conducted a content analysis of the focus group transcriptions. This included thematic coding of content, which followed the analytical frameworks described by Timmermans and Tavory (2012) and Erlingsson and Brysiewicz (2017). In this way, themes and codes develop as an informed response to the text. In the interest of privacy, all participant names referred to in our analysis are randomly selected pseudonyms which do not reflect the characteristics of actual participants. We have also opted to remove references to specific senior center or ALTSD staff that participants referred to.

LIMITATIONS

The present report reflects the results of reliable and accurate data collection. However, as with all research designs, certain limitations apply. Firstly, data presented in this report capture the first phase of a full Needs Assessment. It therefore excludes statewide data on older adults from the U.S. Census, as well as any analysis of statewide consumer data from ALTSD's client record system – WellSky. Those data are critical for understanding the broader state of older adult living and use of senior services. A second Needs Assessment report will follow in FY24 which will include an analaysis of these data sources and place the current findings in the context of broader statewide and consumer service needs.

Secondly, signficant limitations exist with interpreting focus group results and applying those conclusions writ-large. Rather, focus group results should be interpreted with caution and should serve as a starting point for more in-depth investigations of older adult need throughout the state. With that said, focus group themes and feedback were salient regardless of site, and we have selected to present only the most prominent themes expressed by multiple or most participants.

Thirdly, with respect to the statewide survey we conducted, it remains unclear whether the results are representative of the experiences and perceptions of the total population of service providers across the state of New Mexico. To enhance the representativeness of the survey results, we sought to administer the survey to as large a sample as possible and requested contact information for as many providers as possible. The final list of 296 service providers we contacted to participate in the survey is unlikely to represent the complete pool of older adult service providers in New Mexico. Moreover, out of that list of 296 potential respondents contacted only 71 self-selected to take the survey. We therefore cannot know in what ways these 71 differ from the broader pool of service providers. For this reason, we recommend some caution in generalizing our survey findings. Despite these cautions, the survey sample represents nearly a quarter (24%) of statewide providers we were provided information for and encompasses a broad range of locations and experience levels. We believe this suggests that

survey results provide an accurate picture of the range of provider experiences and perceptions from across the state.

CONSUMER FOCUS GROUPS

As described in the Introduction and Methods sections, we selected focus group sites by identifying vulnerable rural New Mexico counties within Planning and Service Areas (PSAs). We supplemented those rural areas by choosing two urban sites to compare needs. Prior to focus group sessions, we collected self-reported demographic and other social characteristics data from participants. Table 13 in Appendix A summarizes that self-report focus group data.

In general, we recruited a diverse set of older adults. Participants were ethnically diverse, with 71.4 % (45) of participants identifying as Hispanic or Latino. While most participants identified as White (75.0%), one-quarter identified as a race other than White. In these cases, participants identified as Native American or Alaskan Native, Black or African American, East Indian, Native Hawaiaan or Pacific Islander, or multiracial. Only 8% of participants chose not to answer this question, and 16% chose “Other” as their race and identified as Hispanic or Latino.

Most of our focus group participants were also women (66.7%; 42). The average annual household income of our participants was $35,528, and the average age was 75.8, with 88.9% of participants between the ages of 60 and 89. Two partipants were between 50 – 59, and 5 were between 90 – 99. While most focus group members did not work (85.5%; 53), several were actively working or looking for work (14.5%; 9). Finally, 10% of our participants were also caregivers of an elderly person, one participant cared for a child between 5 and 11 years old.

In sum, participants reflected a diverse cross-section of older adults in New Mexico. Pre-survey data suggest our sample captured a generally diverse set of people. Overall, we recruited a sample of older adults who were mostly low- to middle-income, lived in a rural community, were White and/or Hispanic or Latino, were between 60 and 89 years of age, primarily female, and were living alone.

Focus group participants in rural and urban areas identified a range of needs that were specific to their communities. Salient themes from our discussions with older adults centered on five prominent senior service need areas: (1) Senior center support, (2) Information support, (3) Improved service accessibility and availability, (4) Health support, and (5) Transportation support. We conclude our analysis of focus group data with a brief discussion about what ideal senior service programs older adults expressed desire for.

Senior Center Support

One of the most prominent themes among all focus group participants, but particularly among urban sites, was a desire for greater friendliness and intimacy at senior centers. In many cases, participants directly compared the senior center the focus group was held at to other less

friendly senior centers they visited. Older adults explained that often what they enjoy most about senior centers is a welcoming atmosphere and friendly and personable staff who acknowledge their existence. Descriptions in these cases identified how helpful staff could be at preferred senior centers. Ideal senior centers were places where staff knew them personally and where older adults could build social networks and socialize with one another.

Sally: We know their names. We call them by their names. ***They [Senior Center Staff] call us by our names. And, so, you do feel welcome here.***
- Manzano Mesa Multigenerational Center

Maria: Well, I was surprised because when I walked in, the people, I didn't even know, ***they came over and say, "Welcome," and walked by. I go, "Oh that's wonderful." And that hadn't happened to me before.*** They're more human. They're more courteous. They are more courteous.
- Los Volcanes Senior Center

Geraldine: But when we started coming here, we liked it even better. ***I mean, way better because of the socialization aspect of it.*** And we have a regular group at our table, includes [senior center staff] was there.
- Tijeras Senior Center

Older adults living in urban areas appeared to sample a wide range of available senior center facilities which was evident by frequent descriptions of their experiences at other locations. One participant claimed to have visited every senior center in the city of Albuquerque before settling on Manzano Mesa as their favorite. Another explained that the center they attend most often was tens of miles away from where they lived. In this way, participants discriminated between senior centers and described precisely what constituted less desirable facilities.

Stephanie: I used to live over in the northeast and I went to Palo Duro. And I said, "This is so much better than Palo Duro." You walk in and it's like you've been in a desert. ***Nobody's at the window... And you'd walk the halls around, you'd hear footsteps more than anything else. [laughter]*** There's a lot more activity here. People are friendlier here. I'll take the northwest over the northeast anytime. [laughter]
- Los Volcanes Senior Center

Mike: ***When I first came here, I went to Bear Canyon. And I thought they were more standoffish too.*** Because I used to live over there. When I came here [Manzano Mesa], here this morning, this is the first time I'm here. It was like coming to a family house because they were so-- I said, "Wow, this is really, really quite nice," the way everybody was so friendly and everything.…I mean, I was sitting down and the woman-- she was busy with someone else, somebody at the desk…So she came over and asked me, "Is everything okay?" I said, "Oh, yes." And I said, "Wow." ***It made me feel so different, and that's the way it should be because …To me, it doesn't make sense to be unfriendly.*** It does not.
- Manzano Mesa Multigenerational Center

Sally: And there's just one other little thing. And I introduced myself to [Andrea] ***because seniors want to be acknowledged***. That was my perception of seniors. ***They want to be acknowledged and they must think that they're worthwhile that people want to be around them and so it's important.*** Wherever I go, I introduce myself to people, and I try, like with [Researcher]. I said, I'm going to remember his name, and that's what we have to do. I don't care how old you are. Just reach out. Seniors sometimes just go in, in inside. Reach out.
- *Manzano Mesa Multigenerational Center*

Some participants also offered their insight as to why some centers failed to cultivate welcoming atmospheres. Explanations generally fell into two broad categories: (1) that senior centers physically appeared to be neglected and created an uncomfortable environment, and (2) inattentive staff made older adults feel disrespected and unwanted.

Pam: I think I've been to the Pasatiempo site once. But I used to walk-in and the books were arranged nicely. This [center], it looks like somebody hasn't gone in there and refreshed anything. ***The same plants are there and they're dusty, and it's like they think that we're going to accept this look. I mean, they need to be refreshed. They need to be up-to-date.*** I mean, some people come to this place to socialize and to feel good about themselves.

And walking in that front door does not make you feel good. And especially now they move the meal. If you want to come and pick up a meal, they have this little tiny place where it's almost like they don't want you here. So you just get in there, grab it and go. They don't even let you walk through the lobby to go pick-up the meal. So, since I haven't been to the other [senior centers], but this one in particular, we need to pay more attention to the senior citizens and update it because it's a psychological thing, I think.
- *Mary Esther Gonzales Senior Center*

Sally: I'm so grateful for [senior center staff member] here. ***I have seen people at this center who don't like seniors. They don't like seniors***. At least that was my perception. But now we have people who, honest to God, I think they like us. Because seniors, I have to tell you, some of them focus on their health and they're crabby.
- *Manzano Mesa Multigenerational Center*

In comparison to urban sites, all rural areas where we held focus groups had access to one senior center nearby. Perhaps due to limited options, feedback on senior centers from participants at rural sites was less frequent. Still, two of our focus groups were generally supportive of the centers they attended and anecdotally praised the diligence and support of site administrators and staff. In a specific case – our Clayton focus group – participants were overwhelmingly dissatisfied with the state of their senior center. They cited a broad lack of available services, an inability to socialize with others, and limited opportunities to provide feedback about their senior center to senior administration.

Pam: I think the attitude behind the director right now says, "You're not welcome."
- *Clayton Memorial Library*

Sally: Well, this is a drum I beat all the time. I belong to two different senior centers. In Springer, which is half the size of Clayton, they have these services. They have people that come and clean your house. They have people that mow your grass and take care of your property. They take you wherever you need to go. I've mentioned this to [senior center administrator]. He just blows me off and, "Well, we can't do that. We don't." ***Well, I think if Springer can do it, they should be able to do it over here.***
- *Clayton Memorial Library*

Flora: And they [Springer senior center] have all these extra services for seniors. ***And I think that would be a great idea if we could even join their corporation or make one of our own so we're able to use the money the state gives the town, which we have no way to see if we're getting all the money that their town is given for the senior center.*** They may be spending it on something else. But I think it would be great if we had some way to know what--
- *Clayton Memorial Library*

In general, there were pervasive feelings among Clayton participants that the senior center was no longer a place that welcomed them or could help. When older adults were asked what program or service they would desire if they had a magic wand, participants overwhelmingly agreed they would like to see a central location for seniors, services, and information – i.e., a senior center. Participants in Clayton expressed preference for a senior center in the model of a multigenerational facility, where youth and older adults could access services together and learn from one another.

Pam: ***I would like to see an information center set up so that anybody that had a question or wanted to know about a service-- that they could go to the information center and find out what service are available or what they'd have to do to get help.*** And then anybody that was-- you set up and-- we set that up. So if you were willing to do two hours' worth of volunteer service or three hours of volunteer service a week or a month, then that center would have that information if somebody came in.
- *Clayton Memorial Library*

Sally: ***One of the things on-- and talking about youth and senior, I have gone to the city, and I have talked to them specifically about creating a program that puts the young people and the old people together and pets coming in to see older people.*** We have a plethora of knowledge. And we know how to play games. We know how to live in this small town. And the attitude of, "There's nothing to do," has got to end because there's plenty to do, is we have to learn how to utilize the time. And we can be great teachers, but we can also learn from the young people. And I have begged for them to-- I'd like to sit on an advisory board and help somebody coordinate a service like that.
- *Clayton Memorial Library*

Information Support

Another key theme among urban and rural focus groups was a clear desire to know more about available services and supports. Urban participants in particular often initiated dialogues with each other as they inquired about how to access help or services cited by researchers or other participants in focus groups. Surprise was frequently expressed upon learning that senior services and supports were available, or in some cases, that participants or their loved ones might qualify for additional support.

Guadalupe:	And what do they call that? I mean, because I'm looking for it in other centers near me.
Connie:	I can't remember what it's called, but the fire department regularly comes here, and brings mats and all kinds of stuff and show you how to fall. It's really--
Guadalupe:	How to fall?
Connie:	Yeah. Without breaking everything. Instead of breaking 10 bones, you only break 3. - *Manzano Mesa Multigenerational Center*
Shirley:	Do they still have home delivery though?
All participants:	Yeah.
Alice:	Yeah. But you have to qualify.
Elma:	But you have to get it every day.
Martina:	Yeah, you have to make it every day, and you have to be homebound.
Vaughn:	And you have to make sure you have a doctor's thing saying you can't come to the center
Martina:	I don't know about that.
Alfonzo:	What are they now, $6 a meal? Are they still 6?
Reyes:	Yeah. You have to have the doctor thingy. - *Clayton Memorial Public Library*
Diane:	No. I'd like to be a companion. How do you get to be a companion? You have to have someone else be a companion?
Lonnie:	You got to have your license.
Alvaro:	You apply for that program if you want to be the volunteer for it.
Luna:	Oh. And then if we need volunteers to come in, it's the same number?
Lonnie:	Yes, you would call that access line and say, "Oh, I'm interested in this kind of help. Do I qualify?" Because there's qualifications for it. - *Tijeras Senior Center*

This kind of information sharing among participants also spurred conversations in focus groups sessions about what sources older adults seek-out to obtain information about senior services and supports. Most participants expressed greater desire for non-digital information sources, although the kinds of non-digital information sources were different for urban and rural

participants. Specifically, individuals from urban focus groups described preferences for non-digital information sources that could be accessed at their local senior center, including sources like service catalogs, bulletin boards, and brochures. Urban older adults were also much more likely than their rural counterparts to describe digital sources such as Googling or accessing city or senior center websites.

Denise: ***I get a lot of my information from the Senior Scene Newsletter, but I do it online***. They always have a pile at the grab-and-go.
Santa Fe Senior Center

Marcos: They have these papers, these little newspapers that you put out, and sometimes they're at restaurants or different things. That's where I get mine.
- Manzano Mesa Multigenerational Center

Michele: They have stuff posted too. And that's another thing. ***Most people will see me at least once a week in front of the place, on the board with what is available***. And actually, that's how I found out about you guys and the thing because there was this little thing and I go, "Oh, yeah. Let me call and sign up for this."
- Los Volcanes Senior Center

Elena: I've used 311, and I get the bulletin from here, ***but I can go online----to the Albuquerque website and then find whatever I'm looking for***, if it's seasonal events, or what's happening today in Albuquerque.
- Monzano Mesa Multigenerational Center

Researcher: Yeah. So the next thing we wanted to find out from you all was, where do you or other older adults go to get information about senior services--

Mae: From the computer.
- Santa Fe Senior Center

In contrast to urban areas, rural sites strongly emphasized the importance of non-digital and traditional information sources in the context of unreliable internet or challenges in understanding how to use these sources. Preferences for sources like newspapers, radio stations, senior center staff, and word-of-mouth were mentioned often. Gallup focus group participants also highlighted the need to distribute marketing, information, and support materials in the language of specific communities. For that reason, participants in Gallup stressed the importance of specific radio stations and newspapers as critical for indigenous older adults who access those resources in their native languages.

Gina: ***Most of it comes verbally here, and I think word of mouth is just channeled through people because if you're catching a radio announcement, sometimes it just flies by or it goes in in one ear and out the other.*** You might find a flyer set up somewhere. Here at the senior center, you get some individuals where they're sharing information. They'll give you stuff. And that's how we found out about your meeting now. It was conveyed by [Senior Center Administrator] who runs here and a couple other people to show up for this meeting on Friday.
- Mora Senior Center

Kelley:	The radio, yeah, usually is the only one. That's done in the native language too, so they are able to get it. A lot of them, I think, hear their news based on that.
Chandra:	***KGNN. It's for natives really***. *- Gallup Senior Center*
Elena:	***Our greatest resource are our newspapers.***
Mae:	--seniors, seniors
Elena:	Our greatest resource is our newspapers for people of our generation that might not be using the internet. Our greatest resource is the public radio station and all of the private, for-profit radio stations and the newspapers. We have a weekly newspaper, The Sun, and then we have the newspaper, The Gallup Independent. It used to be daily but it had to be cut back, okay? We have a monthly magazine which is The Journey. *- Gallup Senior Center*
Lynnette:	Whenever you're calling for medical help or whatever and you call a number, they just say, "Look it up in the computer," like “soandso.com”. But I don't have a computer.
Researcher:	*Okay. So what did you do then?*
Lynette:	***I just let it go. Or I'll ask around to see if somebody's heard about it or something like that.*** *- Clayton Memorial Public Library*

As the final quote above suggests, participants from rural areas were also the only kinds of participants in our focus groups to describe instances where information seeking for senior services and support sometimes ceased altogether. Participants suggested this might occur for two reasons – (1) a general distrust of information sources and (2) a broad absence of service information which, for participants, meant information seeking was a waste of time.

Researcher:	*Where do you all get information about services from?*
Carmine:	Nowhere, I guess.
Guadalupe:	[In agreement with Carmine] I'm sorry. That's what it is.
Audrey:	***We can't really rely on anything because I don't even listen to the radio.*** *- Clayton Memorial Public Library*.
Mariana:	We hate all of it because everybody wants something different.
Aida:	***It's lack, lack of information***.
Edwin:	[In agreement with others] Right.
Researcher:	*So you think that the information is not getting out well-enough now?*
All participants:	Yeah. *- Gallup Senior Center*

Rural participants were more insistent than their urban counterparts that coordination of information and support was urgently needed. One participant’s comment from our Clayton focus group was representative of this sentiment.

Carmine: Coordination of information is huge right now. I mean, none of us know-- I mean, if it's available to one, it should be available to all of us. And so somebody over here [crosstalk]

Guadalupe: Poor public information.

Audrey: ***It's just we're scattered.***

Mariana: The coalition has transportation, and I'm not sure how it works. The way it was explained to me, and [Maribel] may know more about it than I do--

Maribel: No, not really.

Edwin: I'd just learned this recently, that some people qualify for free transportation, and Ruby knows.

Researcher*:* And I mean, that's something that is great information if it's true and if everybody knew it. ***I think communication in this town-- if somebody knows something, it's not like they don't want to share it, but it doesn't get shared***.
- Clayton Memorial Public Library

COVID-19 Impacts

A key theme among focus groups from both rural and urban sites was the profound impact COVID-19 has had within older adult communities. Respondents from all areas were quick to describe how older adult participation at senior centers has not returned to pre-pandemic levels. When asked why this has continued to occur, participants explained a general fear of COVID still existed. The effect of this fear on older adults was situated differently depending on urban and rural focus group sites. Urban participants broadly suggested the most tangible effect of COVID has been social isolation and decreased participation. As one participant from Tijeras described, it feels "…like we're starting over again."

Vicky: I think it's fear-driven. Fear-driven. Because everybody's been so brainwashed. I call it brainwashed. About COVID. ***So they're afraid of close contact.***
- Manzano Mesa Multigenerational Center

Rosa: People are still scared of COVID. I go to Trader Joe's sometimes...I study that all the time when I'm in Trader Joe's and it's just--

Researcher: *So still a fear, a general fear of infection?*

Rosa ***Yeah. A fear factor there.***
- Santa Fe Senior Center

Viola: And we had a lot of things going on and a lot of prospects ready to go. And since COVID, now we're back to 0-1 almost. Well, maybe a little bit, we got going. ***I feel like we're just starting over again. And we have the arts and crafts, but there's a lot of people that used to come that haven't come or they died.***
- Tijeras Senior Center

Similarly, rural participants also identified pervasive fears among older adults as a result of COVID but instead highlighted the role of political schisms within their communities which impacted desire for socialization. This split was described by many participants as a social

tension, but also seemed to reflect a generalized fear of infection from new variants, especially from those who remained unvaccinated because of their political ideologies.

Delores: We used to have 30 - 40 people go down to eat. ***Now there's hardly nobody since COVID opened back up, I mean. I think they're still afraid.*** I think a lot of people are just still afraid. I know some never got any of the shots. So now they're afraid to get out and get in between people because they never got any shots. And they don't want to get sick, so they just don't go down any. And then, of course, since there's nobody down there, we can't play cards or anything because there's nobody going down there.
- Clayton Memorial Public Library

Sofia: Flu didn't affect them in that regard. Some would just get the flu shot or something like that. But COVID scared the crap out of people. I think it just-- where there's a lot of people just remaining more sheltered within home, just afraid that they're going to get it because they do hear it on the radio, "Hey, we got another virus coming out,"
- Mora Senior Center

Oscar: And I noticed that when the center opened, I don't know the exact date, but it's pretty recently, for everybody, so we didn't have to have four to a seat-- to a table. So that the six feet distance was-- and you don't have to wear a mask anymore. Those two restrictions were removed and you don't have to have your temperature taken anymore. ***That's when I noticed a lot more people came back because I don't think they could mentally navigate we can do some things, but not other things.*** They didn't want to chance [it], because they didn't want to do the wrong things. Somebody would say, "Oh, you're not wearing a mask at all." I think that might have been-- they were waiting for the older, kind of what they're used to, to come back.

Researcher: Since COVID, from before COVID to now, do you think there's people who still aren't coming for other reasons?

Oscar: ***Oh, yeah. A lot of them were scared to death. They're still scared.***
- Gallup Senior Center

Participants from rural focus group areas also tended to emphasize how COVID's impact extended beyond personal fear. Rural participants explained how COVID has significantly affected the provision of services that used to exist prior to the pandemic. Rural older adults explained how service limitations appeared to stem from the COVID shutdown. As they perceived it, older adults socialize less because senior centers have yet to restart many services that were closed during the pandemic. While we cannot presently verify the veracity of such claims here, many older adults in rural communities linked a permanent reduction in senior services and supports to pandemic closures.

Patrice: We used to play cards at the center, but…

Allen: …since COVID, nothing.

Patrice: Since COVID, nothing.

Allen: ***Yes, since COVID, nobody does anything…***
- Clayton Memorial Public Library

Tomas: We used to go to [cooking] class. That class we used to go to, we have it no more. They quit that class.

Francesca: We have volunteers. We have our membership here. Mr. [Jim] right there, and his wife, provide leather classes here, but this facility relies on volunteers that are members. Whereas, before, we had aerobic classes in the gym.

Valerie: No more.

Researcher: No more?

Francesca: ***When it was is when COVID came in, it wiped everything out. It closed this place. So I think…this is the deal.***
- Gallup Senior Center

Regina: They used to have more programs, but right after the COVID, it stopped.

Loyd: Yeah. We had bingo, and then they would take us to the casino and they take us to different places.

Researcher: *So you've all used it at some point, but maybe since COVID, it's been slow to return?*

Rose: Before COVID, we used to have an awful lot more stuff going on here. We used to have the -

Rosalie: Crocheting, sewing.

Researcher: So why has it--?

Leona: Everything went down.

Rose: Yeah, everything went down. We didn't come to the center for quite a while.

Researcher: And are some people still not coming?

Rose: Yes, there's an awful lot of people.

John: ***There's probably still some people that are afraid to be exposed to around a lot of people. You still have flus and things that are affecting. And I think COVID really scared the crap out of a lot of people, even though they don't want to leave.***
- Mora Senior Center

All participants detailed their sense that COVID has led to lasting social isolation among many seniors. For some, this was described as the result of limited services and fewer social supports. With fewer social activities and community services at senior centers, older adults explained few reasons existed to get-up and socialize with others. One participant succinctly pointed out how "Yeah, we don't have nothing to [do] – just go home and watch TV." Another noted that

fear of COVID continues to be so salient that some older adults receive meals at home and that lack of engagement has made such habits comfortable for many.

Alta:	I think some of them are definitely kind of isolated. And I call a couple of people and check on them to see how they're doing. So they're not people who are going to reach out and say, "I need someone." *-Clayton Memorial Public Library*
Myrna:	Oh yeah, but a lot of people are dying. So they used to come, and now, they don't come because they're ready just to--
Researcher:	*But it sounds like some people still are choosing not to come, out of fear?*
Myrna	Yeah.
Maribel	And some don't have vehicles to come. They used to go pick them up----in their bus. ***The seniors used to go pick them up at their home because some don't drive or don't have nobody to bring them.***
Monty:	No, and got used to getting the Meals on Wheels. [inaudible]. And so now they can just go with that.
Researcher:	*Okay. And so they don't interact as much?*
Monty:	No. ***They just got used to having the meal delivered right to their home. And I don't remember having-- and [senior center staff] said Meals on Wheels are being delivered way, way more than ever***. *- Mora Senior Center*

Service Accessibility

Flowing from conversations about COVID, urban and rural focus group participants frequently described how senior centers "used to have" services or programs. This theme ultimately reflected a broad desire to regain or expand access to a range of services and supports. For urban participants, services appeared to them to be slowly resuming and descriptions of service accessibility and availability were characterized by a broad need to improve older adult participation and to convince seniors that socialization opportunities are worthwhile and safe. As one of the quotes above indicates, some participants felt services were 'starting from scratch' as older adults navigated fear of COVID and attempted to reintegrate social activities back into their lives.

But while urban participants often noted difficulties returning to pre-pandemic levels of participation, rural participants described a broadly limited array of services and support that began to decline pre-pandemic and which, post-pandemic, has begun to disappear altogether. Rural participants indicated broad needs for new services that re-engage older adults in socialization and physical activity and support for older adults who don't traditionally qualify for utility or in-home assistance, but who require such supports regardless.

Tania: I came in late. I'm not sure if it was mentioned, but I was talking to several people, and they said that there aren't that many people that did pool [billiards]. ***They would like to have other activities to get people out of their chairs like shuffleboard or ping-pong or some other—***
- Gallup Senior Center

Researcher: Has anyone ever used in-home services like housekeeping, chore help, home healthcare, that sort of thing in Mora? Or they may not exist, that's fine.

Nadine: It doesn't exist.

Donna: They did.

Carlos: They did.

Donna: Yes, they did. But for some reason, it just collapsed. Yeah. But we did have it.

Researcher: Before COVID, it was ended?

Donna: Well, before COVID, it had already collapsed.

Marisol: [Eddie] here talked earlier about us being at one time the poorest county, and now we're probably the third poorest. But we're still far, far from below any kind of a median income, where there's any kind of utility assistance. Yeah, you've got people that came, they found New Mexico or this area to be a place to retire after they sold their place in California or got a retirement somewhere else, and they're living pretty decent on their income. ***But the people that were from here and stuck it out and stayed here, their property just passed on generation to generation. And because they own that property doesn't mean they're banking money in the pocket.***
- Mora Senior Center

A clear need for access to disability and health services and support was also identified by several rural participants, who identified medical transportation assistance as crucial for rural communities to access the help they need. One dialogue with Clayton focus group participants was emblematic.

Researcher: Or how often do you have to travel to Amarillo or Santa Fe or Albuquerque to get things?

Elnora: Too often. Too often for a medical. And I mean, we have gone as often as every week for a while. And it's too hard, too hard, so. ***Access to medical. That's the only thing that—That's the only thing I have any issue with.***

Carmen: When you're having medical body repairs that requires a specialist, then there is definitely a transportation issue. ***And my concern is for the people who are between services. In other words, neither one of the services helped them with the transportation. And they don't qualify for Medicare to help them go through Medicaid help. And there's a blank area.*** And if you'd like-- or if you have to go to Raton for a kidney treatment three times a week and you don't qualify for any kind of gasoline assistance, it gets really pricey because you're just right on the edge. You're in the middle. It's a dead zone. And that is a serious issue.
- Clayton Memorial Public Library

While infrequent, some rural participants also noted a critical need for caregiver support, given their own disabilities and, therefore, limited ability to care for loved ones. One participant – again from Clayton – summarized participants' need in this capacity.

> *Rosio:* And in this community, it's hard to get VA and this hospital to work together, or this rest home. I need to put my husband in a home, but he is on VA medication. That's his insurance. Okay? When he was 65, no one told him, "You need Part B in case." Okay? So he has no Part B because VA said they would take care of it. And now VA is saying, "We're not going to take care of you because you don't have a certain percentage of whatever." ***And so there's all of this stuff that is just piling up on me because I'm the one who deals with it, not my husband. He's absent. And I am myself disabled, so it's difficult.*** And I'm not alone. That's what's bad. This summer, I tore a pectoral muscle lifting the lid on the dumpster and had to have them replace the dumpsters. ***We need more disabled services available to us.*** We have to find a way to modify the way we put our trash out. I'm just 4'9". I can't lift those things up. And now I can't lift them up at all. So there has to be a different way. I called the city, and they brought an inferior broken dumpster to replace the one we had. And then they finally came back and brought us a decent one.

Health Supports and Services

Alongside discussions on the importance of being able to access health supports and services, participants further identified a broader need for expanded availability of medical supports and services. The character of health support also - once again - varied by urban and rural focus groups. Urban sites tended to identify the importance of disability assistance vis-à-vis facility and equipment support and ADA compliant senior transportation – a feature already available for most participants in urban areas. For that reason, urban participants tended to identify the importance of existing health services and support and expressed a desire for wider availability and expansion.

Alternatively, rural participants readily identified a deficit of services in their communities and broadly described three kinds of health support and services that would support healthy aging in their rural communities: (1) greater access to medical services beyond emergency medical care, and (2) support for existing local medical services to keep local health supports available.

Firstly, Individuals from rural focus groups described a general need for older adult healthcare beyond surgical and emergency services, to include a range of supportive medical assistances like dental, hearing, and vision. According to participants in rural areas, these services were critical. In many rural areas, participants explained how medical services were entirely absent or limited with respect to geriatric-specific medical support, such as cataract surgeries. This meant that for many participants, travel to and from cities around a hundred miles away was a routine part of obtaining healthcare.

Mary: Oh no, it's pricey, yeah, for your dentist care. ***We do have chiropractic, and we do have vision, but we don't have cataract services.*** So if you're going to have cataracts replacements, then you do have to get assistance in Amarillo or a larger city that provides that medical facility. And that is a disadvantage if you have to have somebody take you and bring you back. But I don't think that's going to change in a rural area.
- *Clayton Memorial Public Library*

Selena: We don't have doctors. We don't have nurses. So we're constantly driving to Albuquerque to get services.

Valeria: I agree with these ladies but a lot of times, we need to get to Albuquerque. And if my spouse can't go, then we have to adjust. ***Because if you go for an eye appointment, they dilate your eyes. You better have somebody to bring you home.***

Selena: To drive you back. Oh, they won't do any-- the Eye Associates in Albuquerque will not operate on you unless you do have a driver to take you home.
- *Gallup Senior Center*

Eva: Springer has El Centro. Roy, Wagon Mound has El Centro. Las Vegas has the dental clinic. I go there. I know Jerry Padilla goes there. If your income is a certain income, it's basically free. You can get anything.

Jordan: They don't have it here.

Vicente: They don't have it here.

Trisha: Do you have a number for that?

Jordan: Yeah, but Las Vegas is 154 miles.

Eva: Yep. Yeah, I know. I'm saying-- -- ***Las Vegas is a long way to go, but have you tried to get a bridge fixed or something? It costs a lot more than a trip to Las Vegas.***

Patricia: Yeah. I went to Rio Rancho [for dental services]. Went there because I wanted to see my son, so.
- *Clayton Memorial Public Library*

Secondly, and as described previously, limited health services and supports were commonly described by rural participants as practical issues of access and availability. Older adults in rural areas emphasized a need for medical transportation assistance to access services in larger cities nearest to them.

Likely because of limited medical support and services within rural areas, participants were acutely concerned with the loss of existing services and described a general need to find ways to retain limited services, clinics, or hospitals. Participants were widely concerned with financially supporting existing services and facilities and retaining medical professionals. Participants described how these challenges often meant medical services were sporadic and inconsistently provided in their communities. One conversation with focus group participants in Mora was representative of the broadly identified need for improved availability of health supports and services.

Maura: We need a clinic for people here in Mora. ***We had one, but the doctors are always going away now. That is they don't pay them enough or something. They're just leaving.*** And we need something like that. For an emergency, you got to go all the way to Vegas.

Lucio: We're lucky that we have an [ambulance] service.

Beverly: Before, we didn't have. Now, it's back but I don't even know if they even have a place for them to stay to live in or not.

Researcher: *What service is that?*

Beverly: The ambulance service.

Researcher: *So if there's an emergency they can take you to Vegas?*

Maura: Yeah. They can take you to Vegas.

Beverly: Now we have that service. Before, we didn't have it.
- Mora Senior Center

Transportation Support

Needs assessments broadly find that transportation is a key issue for older adults of all kinds and from all places. It is therefore unsurprising that all sites – urban and rural – described need for transportation assistance. Participants from urban areas often described a need for transportation options as they aged to support access to senior centers and stores, to accommodate disability, and attend social activities that enhanced quality of life.

Gwendolyn: And actually, if you're a veteran-- I'm a veteran. And so I have found-- I have an appointment on Thursday. I found that they provide transportation…If you're a veteran, you can call and they will provide transportation services for you, so a lot of people don't know that. They know about ABQ RIDE or this wonderful service that I get to the center. It's perfect.
- Manzano Mesa Multigenerational Center

Ana: …when my husband died, all my kids moved in because they couldn't afford anything. So they are all moved in. So now everybody has to use my car, so I have to make an appointment for my car. Luckily, school's out this week, yes. But there was one thing-- they were good, but because it is county [transportation services], it's kind of questionable right now whether they can pick me up or not.
- Santa Fe Senior Center

Noah: I've got a question. What if you have a vehicle, and you're a senior, and you can't really drive like you used to, or you don't own a vehicle, you can't have a license no more, like persons with visual disorders or something rather in that nature, is there assistance where I can have my own vehicle and have someone in Albuquerque kind of transport me and get paid for it but use my vehicle?
- Los Volcanes Senior Center

In comparison to urban focus groups who desired expansion of senior bus systems and improved accessibility, rural participants explained how transportation services were extremely limited or non-existent. That is, although all focus group participants identified transportation

as essential rural areas were more likely to identify need for transportation as a fundamental challenge of survival. As mentioned previously, medical transportation was overwhelmingly identified as a top need, but other types of transportation for accessing services and stores were also desired. Because rural areas often lacked health services, amenities, and affordable groceries, transportation out-of-town was cited as a top priority.

Gwendolyn: We do have a transportation service that there's a charge for. But if the charge is very minimum-- but the charge is very minimum if you have money. I meant, it's like-- I want to qualify that because, for me, I had enough money that the charge was minimum
- *Clayton Memorial Public Library*

Therese: ***This is because we don't have transportation to transport people out of town. We only have one vehicle, and this one vehicle only takes three people.*** So that's why we're not doing casinos or shopping. And we're supposed to get a van, but this has been going on for a year or longer. So it's not here, so I can't take people to the casino as I would like to, those who want to sign up. But there's no transportation vehicle that we can do that.

Ernie: ***Another thing that we don't have no stores. We had a Russell's and they closed it. And we don't got big stores, so we've got to go to Vegas or to Santa Fe or to somewhere else.***

Claudia: Yes, we need transportation. I try to get help from here because I got a bad knee, a bad hip. I tried to get help and see if they could take me. ***The only people that took me was the center here to Santa Fe, which I appreciated. They were very good. I tried to get help from a clinic down here in [inaudible]. They said they couldn't take me because I didn't have a doctor here in Mora because I've got a doctor in Las Vegas.*** And they said they couldn't take me because I had to be registered here at the clinic.
- *Mora Senior Center*

Selma: ***So I would go to Costco to get groceries. We'd go to Albuquerque with my sister once a week and we buy stuff from [inaudible] do some shopping***, and then me and my sister go to a different place to eat, and then we go to Costco to have groceries and we drive back.

Researcher: *Once a month. So are groceries a lot more expensive [in Gallup]?*

Rey: Oh, yeah. Gallup is--

Petra: ***Yeah. Because you get no Walmarts here.***

Researcher: *So it's worth it to drive and pay the gas and everything?*

Selma: Yeah. ***And get what you need. They load up for a month.*** Yeah.
- *Gallup Senior Center*

Magic Wand

As we concluded focus groups, we posed the same final question to all participants: *if you could design a program that would help older adults in your community, what would that program look like?* Many of the needs we identify above – transportation, socialization, service access, etc. - were described as problems worth fixing. Urban focus groups frequently focused on expanding services, especially classes, socialization opportunities, trips for cultural enrichment, and activities to enhance physical health.

Researcher: *Well, that leads kind of nicely into our last question, which is if you had a magic wand and you could design a program that would help older adults in Albuquerque, what would it look like?*

Ruth: ***Like I say, I like hands-on. I like to meet people, but I find that-- I don't know. I moved and we moved here just about a year or so before COVID hit. And then once COVID hit, everybody, of course, just stopped communicating in person with everybody.*** So I could understand that. And now, I don't have that communication with people, and when my husband died, forget about it. It's a lonely type of a thing…
- Manzano Mesa Multigenerational Center

Lela: ***Seniors like to do things. They like to socialize. They like to talk with each other. They like to see each other frequently. They like to know that everybody is still okay. Nobody has dropped dead and nobody knows about it.*** Seniors are gregarious. We like to talk. We like to share and sit outside, have a picnic, whatever.

Elias: ***I think she hit the nail on the head when she said we like to learn. And we like to learn from each other. And I can see bringing people in like an author. I can see having a book club.*** I can see having this place filled with art. How many senior citizens are artists? Well, why can't we have some of that work on there?
- Santa Fe Senior Center

Chris: There is one thing that I wanted to say. The centennial for Zozobra is this year. It's 100 years old. And they're wanting people to contribute stuff. I knew a guy who photographed - I'm trying not to say names - the first Zozobra being loaded into the pickup truck. And they want information. They want some of these stories. It's Richard Eads, on his radio show can connect you with these people. I think the guy is Ray Lovato who's running the centennial. And… ***There's a lot of people that know different stories about history here. They have stuff like that. Maybe there could be a group that just kept those stories going on.***
- Santa Fe Senior Center

Participants from rural areas generally identified three types of ideal programs for older adults in their communities:

(1) A centralized information and resource program
(2) An older adult housing program
(3) Improved transportation programs

Older adults from Clayton and Gallup described a critical need for programs that would consolidate information and/or access to senior services and supports in accessible formats.

Sandy ***The other, something we haven't touched on, was housing. And just the other day, I was going through a Gallup Housing Authority in the Sun. It was amazing. They had everything listed for senior***-- I mean, it's in the phonebook too kind of. But I was really glad that the Gallup Sun had a whole full page of housing, subsidized HUD housing and just all the housing. Because sometimes we transition very quickly. Right now I'm living in my own home. But who knows? Next year, I may have to move.
- Clayton Memorial Library

Truman: One of the things on-- and talking about youth and senior, ***I have gone to the city, and I have talked to them specifically about creating a program that puts the young people and the old people together and pets coming in to see older people.*** We have a plethora of knowledge.
- Clayton Memorial Public Library

Edwina: Just information.

Albert: And when they type it, use big letters. [laughter]
- Gallup Senior Center

Housing was also described as an important need within rural communities. Specifically, comprehensive information about housing options for seniors was highlighted. Participants were quick to describe "beehive alley" and "assisted living alley" as unaffordable options and openly joked about these resources with one another. One participant further explained how senior apartments without assisted living supports were not options they could rely on, and therefore were not "…feasible for residents".

Dee: Beehive. [laughter]

Cecilia:: ***I can't afford Beehive. Are you kidding me? [laughter] I'd be out in the alley of Beehive, maybe.*** But I mean, it was just really nice.
- Gallup Senior Center

Glen: ***But if I had a magic wand, I would get a nursing home going in Mora in conjunction with the senior citizens because a nursing home in Vegas is somewhat full of residents from Mora.*** So if we had it here in Mora--the money would generate around the community much better than in Vegas.

Audrey: No, excuse me. Now they're working on a nursing home for Mora County. Some legislators will be talking about it, to establish a nursing home here in Mora. So they're working on acquiring the land for it. So it should've been in the stars already.
- Mora Senior Center

In sum, while several categories of need were evident across all focus group sites, needs were unsurprisingly characterized by the contexts of their communities. Urban communities expressed an overwhelming desire to re-engage older adults in services and increase senior participation to pre-pandemic levels, as well as to enhance existing services and supports to

improve quality of life. Rural areas were alternatively characterized by a need for creating or retaining access to services and support broadly. Participants in rural areas frequently described limited or non-existent service availability and therefore, that older adults needed assistance traveling to nearby communities with access to critical services and supports. Rural participants were quick to understand the limitations of their communities to provide the same services available in larger communities, and that a decision to live in a rural community was in many ways a de facto choice to eschew an urban lifestyle and its concomitant privileges. Still, it was clear from focus groups that older adults in rural areas desire greater information support about existing services, and, in comparison to urban areas, rural older adults desire greater assistance with basic supports targeting more fundamental needs related to survival, namely, access to healthcare and affordable food.

STATEWIDE PROVIDER SURVEY

As described in detail within the Study Design and Methodology section, we conducted a five-week survey which targeted 296 New Mexico older adult service providers. Of the 296 service providers who were sent the survey, 71 responded. The following section details the results of this survey.

Respondent Profiles

Our first task with the statewide provider survey was to assess which kinds of providers ultimately responded. Survey respondents were asked to identify the amount of experience they have with ALTSD services as well as ALTSD's target population. We also asked respondents where in New Meixco they have provided services to and for how long. Overall, we captured at least one provider from every New Mexico county, with the exception of one: Bernalillo County. It is unclear to us why this occurred since 38 providers from Bernalillo County were invited to participate in the statewide survey. We therefore advise readers to consider the results of our survey with careful attention to this particular geographic blindspot. Despite that limitation, our survey respondents were generally well-experienced with older adult services. Respondents indicated that on average they have provided services to older adults or adults with disability for nearly 13 years (12.72). Half of all surveyed providers indicated they had 11.5 years or more of experience. Overall, our survey captured a wide swath of providers, with professional experiences ranging from less than one year to a maximum of 30 years or more.

Additionally, we asked provider survey respondents to indicate how much experience they have with their present agency or organization. Results indicated that our average survey respondent worked for their current organization for around a decade (9.87 years), with 50% of all surveyed providers working for 9 years or more with their current employer. Once again, these providers reflected a diverse set of experience levels. Our survey captured providers with anywhere between less than one year of experience with their current organization, all the way to a maximum of 30 years or more. These results taken altogether means that respondents

Table 3

Number of survey respondents that reported providing each type of ***Access services***

Service Type	Count
Transportation	50
Information Assistance	45
Outreach/Client Finding	32
Case Management	24
Other	21
Assisted Transportation	18

Note. n=71.

represent a diverse set of experiences – from the most to the least experienced in providing services to older adults and adults with disability across the State of New Mexico.

Services Inventory

To better understand the range of services that survey respondents offered, we conducted a self-report inventory of ALTSD services that providers in our sample had experience with. We separated services into seven categories according to the OAA model: Meal services, Access services, In-Home services, Legal Assistance services, Other Community services, Health Promotion and Disease Prevention services, and Caregiver Support services.

Across all seven service categories, it is evident that *Access services*, *Other Community services*, and *Meal services* are the most common types of services offered by providers in our sample (Table 3). More respondents provided senior center activities than any other service activity (77%; 55), followed by congregate meals (70%; 50), transportation (70%; 50), home-delivered meals (469%; 9), information assistance (62%; 44), and physical fitness/exercise services (58%; 41). Service categories offered infrequently by providers in our sample include caregiver support services (56%; 40), followed by legal assistance (59%; 42), in-home services (69%; 49) and health promotion and disease prevention (59%; 49). As these numbers indicate, most services are captured by our sample. Even for the least common service categories, 56% or more of our sample had experience providing services in those categories.

Table 4

Number of survey respondents that reported providing each type of ***Other Community services***

Service Type	Count
Senior Center Activities	55
Physical fitness/Exercise	41
Loan of durable medical equipment	18
Other	13

Note. n=71.

Table 5

*Number of survey respondents that reported providing each type of **Meal services**.*

Service Type	Number of respondents
Congregate Meals	50
Home Delivered Meals	49
Other	22

Note. n=71

Other Community services encompass the largest category of services provided by our respondents, with the top activity being Senior Center Activities (Table 4). The next most common response was for physical fitness/exercise (57%; 41), followed by loan of durable medical equipment (25%; 18), and "other" services (18%; 13). For other unspecified services, respondents listed 16 unique activities, including: social gatherings, community gardening, crafts, bingo, tax preparation, computer lab, artistic expression, piano lessons, senior olympics, end of life planning classes, food pantries, library book delivery for homebound seniors, Rx and Grocery delivery, out-of-town events, prescription pick-ups, and volunteer opportunities.

The most common meal service offered by providers in our sample were congregate meals (70%; 50) (Table 5). Nearly as many said they provide home-delivered meals as well (69%; 49). The next most common response was "other," which reflected a broad range of meal services, such as: grab-and-go meals, emergency meals, meals delivered to sheltered homeless seniors, medically-tailored meals, and rural food boxes.

The fourth most common service provided by our sample – *Health Promotion and Disease Prevention* services – captured three types of service activities: (1) staff training, (2) evidence-based programming, and (3) other unspecified activities. The most common activity offered by surveyed providers within this service category was for staff training (30%; 21), followed by evidence-based health programming (17; 24%), and "other" (13; 18%) (Table 6). Under "other," respondents listed services such as: blood pressure checks, diabetes education, educational presentations, health fairs/events, shot clinics for flu and COVID, Tai Chi, Walk With Ease, and Matter of Balance training.

Table 6

*Number of respondents providing each type of **Health Promotion and Disease Prevention services***

Service Type	**Count**
Staff training in evidenced-based programming	21
Evidence-based health programming	17
Other	13

Note. n=71.

Table 7

Number of survey respondents that reported providing each type of ***In-Home services***

Service Type	Count
Telephoning	26
Home Visiting	18
Housekeeping	16
Chore	13
Other	9
Personal Care	9

Note. n=71.

In-Home service providers were also widely sampled, with 68% (48) offering some activity within this broad category (Table 7). The most common service activity was for telephoning support (37%; 26), followed by home visiting (25%; 18) and housekeeping services (23%; 16). Personal care and other unspecified activities were the least common provider activities (13%; 9). Unspecified in-home services included: general check-ups, homemaker services, meal delivery, respite and wellness calls, and general in-home services for grandparents raising grandchildren.

One of the most uncommon service categories offered by our sample – *Legal Assistance* – captured five activity types: (1) education distribution, (2) legal clinics, (3) interactive workshops, (4) direct services, and (5) other unspecified services. The most common legal service activity was for education distribution (35%; 25), followed by legal clinics (11%; 8), other unspecified activities (10%; 7), interactive workshops (8%; 6), and direct services (1%; 1) (Table 8). Under "other," respondents listed services such as: Online trainings, referrals to legal assistance program for the elderly, referrals to NM Legal Aid, and promotion of free online events.

The most uncommon service category offered by providers in our sample was therefore *Caregiver Support* services. When asked which *Caregiver Support* services providers have experience with, the most common responses were for two activities: in-home respite care for

Table 8

Number of survey respondents that reported providing each type of ***Legal Assistance services***

Service Type	Count
Education Distribution	25
Legal Clinic	8
Other	7
Interactive Workshop	6
Direct Service	1

Note. n=71.

Table 9

Number of survey respondents that reported providing each type of Caregiver Support service

Service Type	Count
Caregivers serving Elderly: Respite Care (In-Home)	14
Caregivers serving Elderly: Information Services	14
Caregivers serving Elderly: Education/Training	10
Caregivers serving Elderly: Respite Care (Adult Day Care)	9
Caregivers serving Elderly: Access Assistance	8
Grandparents/Elderly Caregivers: Information Services	7
Other	6
Grandparents/Elderly Caregivers: Access Assistance	5
Caregivers serving Elderly: Supplemental Services	5
Grandparents/Elderly Caregivers: Education/Training	4
Grandparents/Elderly Caregivers: Respite Care (In-Home)	3
Caregivers serving Elderly: Counseling	2
Grandparents/Elderly Caregivers: Respite Care (Adult Day Care)	2
Grandparents/Elderly Caregivers: Respite Care (Supp./Vouchers)	1
Grandparents/Elderly Caregivers: Counseling	1
Caregivers serving Elderly: Respite Care (Supp./Vouchers)	1
Grandparents/Elderly Caregivers: Supplemental Services	1

Note. n=71.

caregivers serving elderly (20%; 14) and information services pertaining to caregivers serving elderly (20%; 14) (Table 9). The next most common activity offered by providers was for Caregivers serving Elderly: Education/Training (14%; 10). Under “Other”, 8% of respondents listed services such as: Dementia and grief support groups, Information distribution resources, and senior companions programs for companionship and assistance with activities of daily living and chores.

Older Adult Profile

We also attempted to construct a portrait of the most common kind of older adult that providers support. We therefore asked providers in our sample to describe seven typical attributes of the older adult clients they serve (Table 10). While there was considerable variability in responses, the majority of respondents said their typical client is low income (47; 66%), Hispanic (36; 51%), female (42; 59%), lives alone (41; 58%), lives with a disability (37; 52%), and speaks English as a primary language (44; 62%). A plurality of respondents (31; 44%) said their typical client is between the ages of 71-80. We have highlighted these attributes in Table 10**.**

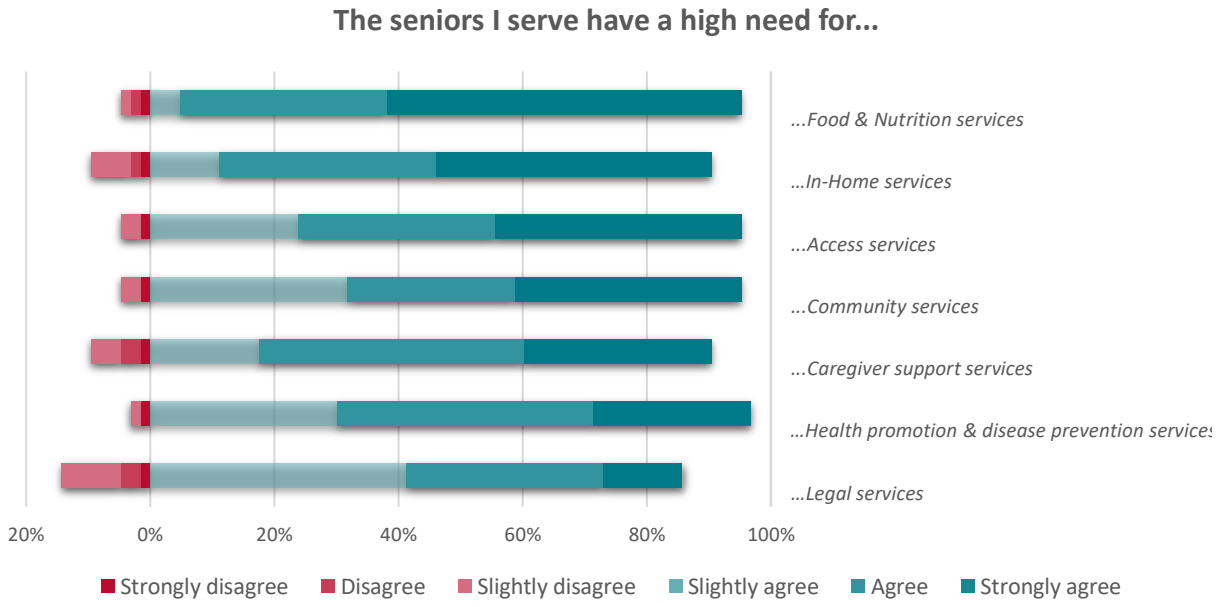
Older Adult Need

Our survey also ultimately aimed to produce a broad picture of older adult need throughout the State of New Mexico, according to those who work most closely with older adult clients – providers. According to the service provider inventory (page 36) we conducted, survey respondents have broad service experience to assess which service categories are most needed. We therefore asked surveyed providers to rate older adult need with respect to the seven service categories we inventoried: Meal services, access services, in-home services, legal assistance services, other community services, health promotion and disease prevention services, and caregiver support services. Specifically, we asked how much providers agreed with statements indicating older adults had a high need for each service type. Response options were restricted to a 6-point likert-scale where 1 corresponded to "strongly disagree" and 6 corresponded to "strongly agree".

Results indicate perceived older adult need was high across all service types. Figure 1 below details how providers had greatest agreement on high need for *meal services*, with the average response being between "Agree" and "Strongly Agree" (average=5.38). This was followed by high need for in-home services (average=5.10) and access services (average=5.03), which also had an average response slightly above "Agree." The lowest agreement among providers was for other community services (average=4.92), caregiver support services (average=4.87), health promotion and disease prevention services (average=4.86), and legal assistance services (average=4.37). However, average agreement about high need for those services still remained

Figure 1

Provider agreement that given service category is highly needed by seniors



Note. n=71.

Table 10

Summary of physical attributes respondents indicated was most typical of the average client

Attribute	n	%
Income Category		
Low Income	**47**	**66.2%**
Middle Income	15	21.1%
High Income	0	0.0%
Don't know or Not Applicable	9	12.7%
Age		
Younger than 50	1	1.4%
50 - 60	1	1.4%
61 - 70	23	32%
71 - 80	**31**	**44%**
81 – 90	7	10.0%
91 or older	0	0.0%
Don’t know or Not Applicable	8	11.2%
Racial Identity		
White (Non-Hispanic)	11	15.5%
Hispanic	**36**	**50.7%**
Native American	12	16.9%
African American	0	0.0%
Other	1	1.4%
Don't know or Not Applicable	11	15.5%
Gender		
Male	10	14.1%
Female	**42**	**59.2%**
Other	5	7.0%
Don't know or Not Applicable	14	19.7%
Living Arrangement		
Lives alone	**41**	**57.7%**
Lives with spouse or partner	10	14.1%
Lives with friend	1	1.4%
Lives with family	9	12.7%
Don't know or Not Applicable	10	14.1%
Language Spoken		
English	**44**	**62.0%**
English as second language	17	23.9%
Does not speak English	2	2.8%
Don't know or Not Applicable	8	11.3%
Disability Status		
Lives without a disability	5	7.0%
Lives with a disability	**37**	**52.1%**
Lives with two or more disabilities	10	14.1%
Don't know or Not Applicable	19	26.8%

Note. n = 71

Table 11

Unmet needs among seniors, according to provider survey respondents

Medical Needs	**In-Home Needs**
Access to a primary care provider	Housekeeping
End of life opportunities	Assistance for home renovations/maintenance
Specialized medical care	Yard work (mowing lawn, chopping wood, etc.)
Medication management	Pest control
In-Home mental health therapy	Chore services
Behavior health services	Pet assistance
Chronic pain management	
Disease prevention	**Meal Needs**
	Food pantries
Transportation Needs	Food assistance
After hours public transportation options	Daily nutrition needs (e.g., fresh fruits/veg.)
Affordable out-of-town medical transportation	
Night-time transport from Hospital	**Caregiver Needs**
Transportation to store	Companionship
Assisted transportation	Affordable Adult Day Care Centers
Adequate roads	
	Legal and Financial Needs
Housing Assistance Needs	Middle income elders in need of financial help
Affordable housing	Protection from predatory lending
Housing assistance	Living wills
Low-income housing	Legal assistance
	Tax services
Information Needs	
Medicare information	**Utility Needs**
Understanding Medicare/Medicaid	Utility assistance (water, electricity, solid waste)
Explanation of health care systems	Heating (firewood, propane)
Health education by licensed professionals	
Digital technology training/assistance	
Financial education/literacy	
Financial elder abuse education	
Language translation/interpretation	
Programs in other languages	

high – between “Slightly Agree” and “Agree.”

Surveyed providers were also tasked with identifying *unmet* service needs for older adults. Responses were open-ended and varied substantially. We have grouped these unique needs into nine need categories: (1) Medical, (2) Transportation, (3) Housing Assistance, (4) Information, (5) In-Home, (6) Meal, (7) Caregiver, (8) Legal and Financial, and (9) Utility Assistance. Table 11 (above) summarizes the range of needs providers identified. Many of these unmet needs were also described by older adults who participated in our focus group sessions.

We have highlighted in blue needs which were also described by older adult focus group participants.

Service Gaps & Barriers

Surveyed providers were also tasked with describing gaps in services and barriers to effectively providing services to older adults in New Mexico. Critically, a majority of respondents said their current organization did ***not*** adequately meet the legal service needs of their clients (51%; 36) (Table 12). A little over one third of respondents also clearly identified improvement for meeting need in caregiver support (37%; 26) and in-home services (35%; 25). Lastly, about one-quarter of respondents identified gaps in meeting need with respect to *Health Promotion and Disease Prevention* services (27%; 19), and one-fifth of surveyed providers identified unmet need for access services (20%; 14). Only eight surveyed providers said their organization meets all needs adequately.

To better understand why needs are not being met, we asked providers to rate the extent to which they believed the following factors were important barriers to satisfying older adult needs:

1) Service providers often don't know what those needs are
2) Service providers don't provide enough services
3) Older adults don't know what services are available

Respondents rated their level of agreement that each statement explained unmet need, along a 6-point scale, from "Strongly Disagree" (point value = 1), to "Strongly Agree" (point value = 6). Overall, the average respondent indicated each barrier significantly affects how providers meet older adult needs. Althought respondents endorsed certain barriers as much more important than others. Figure 2 summarizes how providers overwhelmingly agree the most significant barrier to meeting older adult need is that ***providers do not offer enough services***. Agreement with that factor was high, with an average between "Slightly Agree" and "Agree"

Table 12

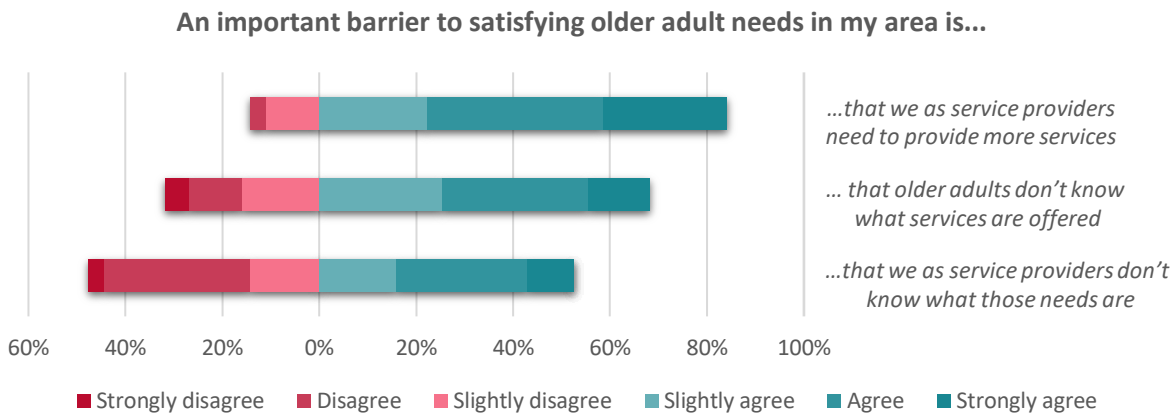
Provider respondents indicating their organization does NOT adequately meet senior need category

Need Category	Count
Legal services	36
Caregiver Support services	26
In-home services	25
Health Promotion & Disease Prevention services	19
Access services	14
Other Community services	10
All needs are met adequately	8
Food & Nutrition services	5
Other	4

Note. n=71.

Figure 2

Provider agreement that given category represents a barrier to meeting older adult needs



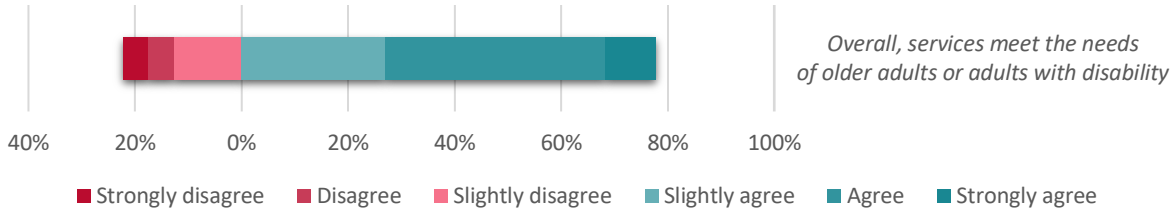
Note. n=71.

(point value = 4.71) and 84% of respondents indicating agreement with the statement. Respondents also suggested, on average, that older adult knowledge of services was similarly a significant barrier (point value = 4.03), with 68% of all surveyed providers finding it an important challenge. The final statement, that ***an important barrier was lack of knowledge among older adults about services***, was mixed. The average response was between "Slightly disagree" and "Slightly agree" (point value = 3.62), with roughly half of all respondents (52%) indicating agreement.

Finally, to gain an overview of providers' perception of their organization's capacity to meet senior needs, we asked survey respondents to rate how much they agreed with the following statement: "***The service(s) my organization currently provides meet the needs of older adults in my community.***" The majority (78%) of respondents agreed with the statement (Figure 3). The average response was part way between "Slightly Agree" and "Agree" (4.24).

Figure 3

Provider agreement that provider's service(s) meet the needs of older adults in their community



Note. n=71.

DISCUSSION & CONCLUSION

Statewide Service Provider Survey

There is a general consensus among provider survey respondents that their organizations are effective in satisfying older adult needs in their area. However, there was also general agreement that room for improvement existed in the face of some important barriers. Our survey points to general consensus as to what areas need to be improved. Providers in our sample mostly believed that they have knowledge about what older adult needs are, and that the critical challenge to satisfying older adult need is actually providing *more* of available services. Most of the providers we surveyed also pointed out that *Legal* services, *Caregiver Support* services, *In-Home* services, and *Health Promotion & Disease Prevention* services were not adequately meeting older adult needs. These perceived unmet needs correspond exactly with the four service categories that surveyed providers reported offering the least in their area(s). These findings suggest, at least from the perspective of providers, that these categories of services would be good areas to focus on to meet older adult needs in New Mexico.

While most providers in our sample said they offered *Access* services like *Transportation* and *Information Assistance*, they also frequently cited the same services when we asked them what older adult needs are overlooked. It is unclear whether this indicates more services are needed in these areas as well, or that some nuance exists with respect to gaps in those services. Future investigations into provider service gaps should attempt to distinguish between gaps in existing services and the need for additional services.

A strength of our survey is its alignment with some of our focus group findings. In particular, provider repsonses about unmet older adult needs suggest general alignment between providers perceptions of older adult needs and what older adults themselves identify. Specifically, alignment regarding unmet needs occurred for 10 services we have highlighted in Table 11. This includes:

- Access to specialized medical and primary supportive care
- Mental health care
- Afterhours public transportation options
- Transportation to store
- Assisted transportation
- Medicare/Medicaid information support
- Digital training/technology assistance
- Affordable senior housing options

Still, some provider perceptions in our sample were contradicted by participants in focus group discussions. This occurred particularly for older adult awareness of available services. Despite the fact that nearly half of surveyed providers disagreed with the statement that older adult knowledge of services was a significant barrier to meeting older adult need, many of our focus group participants were unaware of services and frequently cited centralized information and

information support as vital needs that were, in many cases, unmet. We describe these and other conclusions from our focus groups, below.

Focus Groups

Focus groups helped to gain deeper insight into older adult needs from older adults themselves. As we describe in the Study Design & Methodology section, we selected focus group sites based on level of rurality and two other vulnerability measures – disability and poverty. We aimed to compare older adults in those areas with urban older adults to obtain diverse perspectives and experiences, and also to identify rural-specific needs. However, like we describe in the Limitations portion of this report, readers should exercise caution in viewing focus group discussions as broadly representative of statewide older adult views and needs. Focus group findings should instead be interpreted as indications worthy of further investigation.

With that said, focus group themes reliably varied between rural and urban areas. Focus group discussions with older adults higlighted five commonly occuring service need categories: (1) Senior center support, (2) Information support, (3) Improved service accessibility and availability, (4) Health support, and (5) Transportation support. Three of the five need categories coincided with providers perspectives on need as well. Specifically, providers also had greatest agreement on high need for senior center-specific services as well – e.g., food and nutrition services and access services like transportation and assisted transportation. Older adults, like providers, also identified the need for expanding already existing services, and to improve accessibility of services to seniors with disability and/or who are also caregivers. Finally, transportation was a common topic of discussion across all focus group sites. Older adults frequently cited a desire for expanding transportation routes, availability of transportation options over the weekend or outside business hours, and for assisted or medical transportation support.

In contrast to many surveyed providers, older adults emphasized the need for improved information awareness and support, and solutions that consider the preferences and limitations of the current senior population, especially with regards to digital information sources that many have difficulty accessing. This need for information support cannot be overstated – every focus groups involved some degree of older adult participants sharing resources and information with each other amidst confusion about service qualifications and availability. In some cases, seniors attended focus groups with a specific hope of learning more about senior services. Participants from all areas desired more information and clarification about existing services, and mostly wanted that support to be readily available at senior centers and through non-digital sources like radio, newspapers, and trusted individuals.

Focus group discussion also suggest that rural areas significantly differ from their urban counterparts. While older adults from all areas often shared similar broad need for the same senior services and supports, the reasons for those needs could vary tremendously. In many

cases, urban older adults who participated in our focus groups were experienced consumers of services and supports, and described needs in three ways:

(1) Expanded availability and accessibility of existing services
(2) Improved intimacy of senior centers and friendliness of staff
(3) Reengage older adults in existing services

In contrast, participants living in rural communities described how need primarily stemmed from limited-service provision and senior supports. Older adults in our rural focus groups were most insistent on the need for:

(1) Improved information centralization, with respect to local languages and trusted sources
(2) Availability of, and access to out-of-town transportation options – for medical and affordable food access
(3) Greater access to primary health support services like dental, vision, and hearing
(4) More socialization and community support services

Additionally, while urban and rural communities pointed out that COVID-19 adversely affected services, *urban* participants highlighted how fear of COVID among older adults has meant *participation* has lagged behind service provision. Rural participants more frequently described how COVID-19 resulted in the curtailment of services which have yet to resume. Older adults in rural communities therefore described how services that existed before COVID lockdowns remain unavailable to them despite their desire to participate.

In sum, surveys and focus group corroborate some of the same narratives about older adult need in the state of New Mexico – particularly that existing services could meet need, if services were expanded and available to more older adults and in more areas. In contrast to surveyed providers though, focus groups strongly emphasized the need for information support, especially through comprehensive non-digital resources older adults can readily access within their specific communities. Information support should proactively describe existing services and the ways in which they restrict eligibility, so general confusion about who does or does not qualify can be ameliorated. We specify this and two other recommendations in the next section based on our findings, which we believe would further enhance ALTSD's understanding of the breadth of older adult need throughout the state.

With that said, providers and participants alike emphasized their appreciation to ALTSD staff and existing services and supports. Providers overwhelmingly agreed (78%) that ALTSD was, overall, meeting the needs of older adults throughout the state. Older adults who participated in focus groups also noted that many ALTSD services were helpful and supportive, and that they simply wanted greater accessibility or availability to those services. Senior centers, congregate meals, and community services were all highly valued and noted as *important* supports in focus group discussions. As one participant explained: *"Well, personally, I haven't enjoyed growing older, but [laughter] I like Albuquerque because everything's convenient and the senior centers*

are nice. They are nice…And I guess growing older here has made me realize that there's a lot more to do."

This report reflects the first phase of a two-phase needs assessment. In FY24, we will conduct a broader analysis of statewide need based on ALTSD's consumer Wellsky data and U.S. Census data. We will combine the results of both phases into a full report which will be available at the end of FY24.

RECOMMENDATIONS

1. **Explore options to centralize information support and improve accessibility**

   Older adults who participated in focus groups expressed frustration about knowing which services were available and who qualified. Participants favored one-stop non-digital resources in local languages. Some participants were also receptive to the suggestion of a single older adult point of contact to inform new consumers about available services.

2. **Explore options to improve provision of *Legal* services, *Caregiver Support* services, *In-Home* services, and *Health Promotion & Disease Prevention* services**

   Providers sampled in our statewide survey overwhelmingly agree that existing Legal, Caregiver Support, In-Home, and Health Promotion & Disease Prevention services do not adequately meet older adult need. We recommend ALTSD further explore what gaps may exist with respect to those services.

3. **Conduct statewide older adult services inventory**

   Focus group discussions suggest senior services are not available equally. A statewide service inventory could help to understand service provision gaps across the state. A service inventory might also review state funding formulas and service cost by region. This could help ALTSD understand whether expansion of services is economically feasible, and/or whether certain services are more cost-effective and ideal for expansion.

4. **Implement statewide older adult consumer survey**

   Focus group discussions identified specific high-need service categories. We recommend ALTSD conduct a statewide survey of current consumers and non-consumers to determine broad need for specific service activities and/or categories. A statewide representative survey might rank service need categories, specific activities, and/or identify in which ways service gaps occur (e.g., Is transportation available at the right times? Is transportation available for the places you need assistance getting to? etc.). CARA can offer technical assistance with survey development and implementation.

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APPENDIX A

Table 13

Sociodemographic and other select characteristic by focus group site

	Urban			Rural			All Sites		
	n	SD	%	n	SD	%	n	SD	%
Age									
Average	75.4	9.6		76.2	8.8		75.8	9.1	
Household Income									
Average	$28,977	$28,802		$40,333	$28,938		$35,528	$29,152	
Household size*								1	
Average	1.4	1.0		1.7	5.0		1.6		
Number of children in household									
Average	0.1	0.4		0.0	0.2		0.1	0.3	
Sex									
Male	9		33.3%	12		33.3%	21		33.3%
Female	18		66.7%	24		66.7%	42		66.7%
Race									
White	17		70.8%	19		79.2%	36		75.0%
Asian	0		0.0%	0		0.0%	0		0.0%
Native Hawaiian \ Pacific Islander	0		0.0%	1		4.2%	1		2.1%
Black \ African American	1		4.2%	1		4.2%	2		4.2%
Native American \ Alaskan Native	3		12.5%	3		12.5%	6		12.5%
East Indian	1		4.2%	0		0.0%	1		2.1%
Multi-Racial	2		8.3%	0		0.0%	2		4.2%
Ethnicity									
None	9		33.3%	9		25.0%	18		28.6%
Spanish	0		0.0%	0		0.0%	0		0.0%
Latino	3		11.1%	14		38.9%	17		27.0%
Hispanic	15		55.6%	13		36.1%	28		44.4%
Marital Status									
Single	9		34.6%	4		11.4%	13		21.3%
Married	5		19.2%	20		57.1%	25		41.0%
Divorced	3		11.5%	5		14.3%	8		13.1%
Widowed	9		34.6%	6		17.1%	15		24.6%s

Table 13 (cont.)

Sociodemographic and other select characteristic by focus group site

	Urban			Rural			All Sites		
	n	SD	%	n	SD	%	n	SD	%
Highest Educational Attainment									
Less than HS	1		3.8%	2		5.6%	3		4.8%
High school graduate \ GED	11		42.3%	22		61.1%	33		53.2%
Bachelor's or Associates	9		34.6%	6		16.7%	15		24.2%
Graduate or professional	5		19.2%	6		16.7%	11		17.7%
Employment									
Working now	3		11.5%	4		11.1%	7		11.3%
Not working (Looking for work)	0		0.0%	2		5.6%	2		3.2%
Not working (Retired)	19		73.1%	26		72.2%	45		72.6%
Not working (All other reasons)	4		15.4%	4		11.1%	8		12.9%
Caregiver for elderly person									
Yes	4		14.8%	2		5.7%	6		9.7%
No	23		85.2%	33		94.3%	56		90.3%

Note. n = 63

** Household size includes participant*

APPENDIX B

Interview Guide for Service Recipients

Objectives:

(1) Rural vs. Urban perspectives
(2) Top needs and barriers
(3) Information accessibility
(4) Least used or needed services
(5) Gaps in existing services
(6) Ideal older adult services

Welcome & Overview

Thank you for participating in this focus group! The Aging & Long-Term Services Department has contracted the UNM Center for Applied Research & Analysis (CARA) to conduct a Needs Assessment among New Mexico older adults. The primary purpose of this focus group is to tap into senior needs for services and/or support. We will be talking with you for the next 90 minutes. Please speak from your own experience and knowledge. We are interested in hearing your honest feedback and opinions, and there are no right or wrong answers.

Assurance of Confidentiality/Anonymity

No names will be associated with the transcript of the audio recording of this focus group, notes or summaries, or reports. The information you share with us is anonymous and confidential. We hope to hear from all of you at some point during the discussion, and you are not required to answer any question.

Statement of Ground Rules

What we would like from you as participants

- About 90 minutes of your time
- To hear from each of you
- To hear from you one at a time
- Allow everyone a chance to speak
- Your patience and understanding
- Your respectful treatment of one other
    - Please keep each other's words private. You are free to talk about the ideas you hear and discuss, but please do not say who was here or what they said
    - Agree to disagree with each other

What you can expect from staff running this focus group

- It's okay to get food, answer a call, or use facilities
- Note-taking by research staff
- This discussion will be audio recorded to ensure accuracy of your responses. We don't want to interpret or paraphrase your responses
- No use of your name with anything we write down – it will be erased from the tape recordings and notes will refer to each person as a number
- We will respect your discomfort if you wish to be excused from the discussion

- PRE-SURVEY & REFRESHMENTS [*5 minutes*]
  - ***Allow participants to collect food and fill-out pre-survey. Note-taker or co-facilitator should collect these as participants complete them.***

- COMMUNITY NEEDS [*20 minutes*]
  - **How is it different to grow older here in [LOCATION] than in a city like Santa Fe or Albuquerque?**
    PROBE:

    ☐ In what ways is your community better?

    ☐ In what ways is your community worse?

    ☐ Are there specific challenges to growing old here that you wouldn't have in a city?

  - **What do you see as the 2-3 greatest needs for older adults in your community?**
    PROBE:

    ☐ Health needs

    ☐ Food/nutrition needs

    ☐ Transportation needs

    ☐ Caregiver support

    ☐ Information about support/services

    ☐ Legal help/support

    ☐ Help w/ financial planning or insurance

- INFORMATION & AWARENESS [*15 minutes*]
  - **Where do you and other older adults go to get information about senior services or support here in [LOCATION]?**
    PROBE:

    ☐ When you need help finding assistance or services, is there a specific person or place you go to?

    ☐ What are the best way(s) to let older adults in [LOCATION] know about senior services/support?

  - **What services are available to seniors in your community that you all use, or are aware of?**
    PROBE: [LIST AVAILABLE ALTSD SERVICES ON WHITEBOARD]
    [TAKE HAND COUNTS OF PARTICIPANT AWARENESS OF EACH SERVICE]

- EXISTING SERVICES ASSESSMENT [*30 minutes*]
  - **Thinking about the existing services available to seniors in your community, which do you think are the most used, important, or needed?**
    PROBE:

    ☐ Why are those the most used, important, or needed services?

    ☐ How well do those services meet the needs you or others have?

    ☐ What do you think would improve those services, so they meet older adult needs better?

- **What are the most important needs for older adults in your community that are not being met?**
  PROBE:

  ☐ What are the main barriers that prevent older adults from satisfying those needs?

  ☐ How might existing services be improved to address those needs/barriers?

  ☐ Are there services that seem to target those needs/barriers? If so, why are they not working and how might they be improved?

- IMPACT OF COVID-19 [*30 minutes*]
  - **COVID-19 interrupted availability of many senior services and senior centers. Since senior centers reopened and senior services became available again, has engagement and participation returned to pre-COVID levels?**
    PROBE:

    ☐ If NO, how has engagement/ participation changed?

    ☐ What was done, or what could be done to help improve engagement/participation?

    ☐ Why do you think it has or has not returned to normal?
  - **COVID-19 has also led to broad inflation. As a result of that inflation, are there worries you have now, that you didn't have before inflation?**
    PROBE:

    ☐ **For both those who said yes and no:**
    Are there things you go without now, that you didn't before, due to higher prices?

- IDEAL PROGRAM [*5-10 Minutes*]
  - **If you had a magic wand and could design a program that would help older adults in [LOCATION], what would that program look like?**

    PROBE:

- CLOSING [*5-Minutes*]
  - **Is there anything else related to older adults and your community we haven't had a chance to discuss, and that you'd like to share?**

APPENDIX C

Thank you for participating in this focus group! Please tell us a little about yourself. We would like to protect your confidentiality, so please do **NOT** write your name on this paper. Return this form to the Focus Group Facilitator.
Instructions: Please indicate your choice with a ✓or **X** inside the appropriate box.

☐ ✓ Or ☐ X Ex.

Q1. County of residence:

_____

Q2. Sex:

☐ Male ☐ Female

Q3. Marital Status:

☐ Single ☐ Divorced
☐ Married ☐ Widowed

Q4. Age:

☐ 55 – 59 ☐ 60 – 69
☐ 70 – 79 ☐ 80 – 89
☐ 90 – 99

Q5. What is the highest level of school you have completed or the highest degree you have received?

☐ Less than HS ☐ Bachelor's degree (4-year)
☐ High School Graduate (HS diploma or GED) ☐ Master's degree
☐ Some college but no degree ☐ Professional degree (JD, MD)
☐ Associates degree (2-year) ☐ Doctoral degree

Q6. Race:

Select all that apply:

☐ White ☐ Black or African American
☐ Asian ☐ Native American or Alaskan Native
☐ Native Hawaiian/Pacific Islander ☐ Other

Please Specify: _____

Q7. Are you Spanish, Hispanic, or Latino?

☐ No ☐ Hispanic
☐ Spanish ☐ Latino

Q8. Which statement best describes your current employment status?

☐ Working now (paid employee) ☐ Not working (retired)
☐ Working now (self-employed) ☐ Not working (disability)

☐ Not working (temporary layoff from a job)

☐ Not working (looking for work)

☐ Not working (Other)

Please Specify _____

Q9. Are you a caregiver for someone who is a senior, or an adult with a disability?

☐ No ☐ Yes

Q10.

When answering this next question, please remember to include your income PLUS the income of all family members living in your household.

Which option (below) is your best estimate of the total income of all family members from all sources, before taxes, **in the last calendar year (2022)**?

☐ Less than $10,000
☐ $10,000 to $14,999
☐ $15,000 to $19,999
☐ $20,000 to $24,999
☐ $25,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 to $99,999
☐ $100,000 to $149,999
☐ $150,000 to $199,999
☐ $200,000 or more

Q11.

How many total people – adults ***and*** children – currently live in your household, including yourself?
Select your response from the options below.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14

Q12.

How many people under 18-years old **currently** live in your household?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 ☐ 11 ☐ 12 ☐ 13

Q13.

SKIP this question if no one under 18 years old lives in your household:

In your household, are there…*select all that apply*.

☐ Children under 5 years old
☐ Children 5 through 11 years old
☐ Children 12 through 17 years old

UNM STAFF ONLY

Checked for Completion: _____ **Entered into Database: _____**