CENTER FOR APPLIED RESEARCH & ANALYSIS

Santa Fe County Senior Needs Assessment

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Executive Summary

The goal of this report is to provide a broad overview of senior needs in Santa Fe County to inform long-range service planning efforts. To accomplish this, we examine what end states seniors value most, what obstacles to achieving those ends they encounter as they age, and what services they need to overcome those obstacles. We then compare these service needs to current services within the County and projected growth patterns of the senior population to identify service gaps. We do not presume nor advocate for a particular service solution in this report, like whether the County needs an additional senior center in a particular district. Rather, we seek to provide the County with the information it needs to decide what needs to prioritize, which services are best suited to address those needs, and what resources can be leveraged to more efficiently deliver those services.

The Santa Fe County senior population is projected to grow by 23% from 2020 to 2030, with all this growth occurring in the 75-year-old and older age group. This is the age group with the highest anticipated service needs. Over the same period, the under-60 population will remain level. This will place strain on limited County resources. To effectively address the needs of a growing senior population, Santa Fe County Senior Services will need to be strategic in what needs it prioritizes and how it allocates scarce resources to target those needs.

In prioritizing among needs, it is useful to separate the end states seniors value from the services and supports some seniors may need to help them achieve those ends. We identify eight categories of end-state needs that services are designed to help seniors achieve:

1. Having access to healthcare
2. Looking after one's day-to-day health, fitness, and hygiene
3. Ensuring one's loved ones are taken care of
4. Having enough of the food one wants to eat
5. Maintaining one's home in good condition
6. Protecting oneself and property from others
7. Having opportunities to socialize with others
8. Having opportunities to learn and experience new things

We found that, of these end-state needs, seniors tend to rank having access to healthcare as most important, followed by looking after one's day-to-day health, fitness, and hygiene, and ensuring one's loved ones are taken care of. The lowest-ranked need was having opportunities to learn and experience new things.

Different senior services target different end-state needs. Transportation to medical appointments, for instance, targets the need to have access to healthcare. Educational classes at senior centers provide opportunities to learn and experience new things. What services different seniors need depends on their circumstances. Some seniors will require no outside assistance to achieve desired end-states. Others will require a great deal of support due to personal vulnerabilities.

We identified seven key vulnerabilities that can make it difficult for some seniors to meet their basic needs:

1. Economic disadvantage
2. Disability
3. Poor health

4. Language and cultural barriers
5. Lack of social support
6. Being a caregiver to someone with Alzheimer's or dementia
7. Being caregivers to one's own grandchildren.

We explore each of these factors in terms of how they shape health and well-being outcomes and service needs. We found that seniors with economic disadvantages, disability, poor health, language and cultural barriers, and lack of social support had significantly worse health and well-being outcomes. Seniors with each of these vulnerabilities, except for language and cultural barriers, also reported a greater need for virtually all senior services. Seniors experiencing language and cultural barriers reported a higher need for a few select services, like medication assistance. Seniors who were caregivers to someone with Alzheimer's/dementia or to their own grandchildren did not have consistently worse outcomes; however, they tended to list caregiver support services as their greatest service need.

We identified demographic indicators for each of these vulnerabilities, which we matched with population data from the U.S. Census Bureau. This demographic data shows significant numbers of seniors in each vulnerability category across all three regions of the County. These three regions are the North (north of the city), Central (the City of Santa Fe), and South (south of the city). The highest absolute number of vulnerable seniors in all categories are in the Central region, where the overall population is largest. The North has higher relative levels of vulnerability, but a significantly smaller senior population. Therefore, it had the lowest absolute numbers of vulnerable seniors in each category, except in the categories of language and cultural barriers and grandparents raising grandchildren, which were higher than in the South.

Using these population-level estimates, we were able to weight survey responses to get a more representative picture of service needs across the County. In all three regions, the services that the greatest number of seniors said they would need in the next 10 years were:

1. Health screenings
2. Physical fitness classes
3. Recreation activities
4. Housekeeping, chore, and home repair assistance

It should be noted that two of the most popular services, recreation activities and physical fitness classes, target some of the least important or pressing end-state needs. This is a good thing, as it suggests most seniors can achieve their more basic needs without County assistance. However, it is important to keep in mind that some of the least popular services target some of the most important needs. For example, grandparent support services target the need to ensure one's loved ones are taken care of, which seniors tend to rank among the most important. There is relatively low demand for grandparent support services across the senior population because there are relatively few seniors raising their own grandchildren. However, among the seniors who are, grandparent support is the greatest service need.

In planning for future services, the County should be strategic in what needs it targets and how. The first step is to define service need priorities. If the goal is to provide the most popular services, the County may wish to invest in additional senior centers where seniors can regularly congregate for social activities, meals, physical fitness classes, recreation activities,

etc. If, on the other hand, the goal is to target the most pressing needs that a smaller number of seniors struggle with, the County may wish to invest in other services that are largely delivered outside of senior centers, like home-delivered meals and transportation to medical appointments. Next, the County should inventory available resources and explore ways to deliver services most efficiently. The County has three senior centers in the North, a meal site in the City, and three senior centers in the South. There are also three senior centers operated by the City of Santa Fe, three senior centers in the North operated by local Pueblos for tribal members, and two senior centers in Rio Arriba County just across the border. Additionally, there are numerous non-governmental organizations in the County addressing a variety of service needs. Rather than trying to replicate services that already exist, the County should explore ways to foster greater collaboration and coordination among these various organizations, such that existing resources are most efficiently leveraged to serve the senior population.

Recommended next steps for Santa Fe County Senior Services:

1. Consider the findings of this report regarding seniors' end-state values, vulnerabilities, and service needs.
2. Identify the needs the County wishes to prioritize.
3. Compile an inventory of available resources and organizations for addressing these needs and explore opportunities for collaboration.
4. Develop a 10-year strategic plan outlining the County's senior service goals and the steps it will take to achieve those goals.

Introduction

The Santa Fe County Senior Services Division of the Community Service Department has as its mission to provide exceptional care and support to seniors in the community. They operate three senior centers in the north of the county (Chimayo, Santa Cruz, and El Rancho), three senior centers in the south of the county (Eldorado, Edgewood, and Cerillos) and the Rufina meal site within the City of Santa Fe. At these sites, they offer six services: (1) assessment/reassessment to ascertain the needs of seniors and connect them with appropriate services and supports, (2) congregate meals served on-site, (3) home-delivered meals, (4) nutrition education, (5) recreation activities, and (6) high-risk medical transportation. These services are designed to enhance seniors' ability to age with dignity in their own homes and communities.

Funding for Santa Fe County Senior Services is provided by the County and the Non-Metro Area Agency on Aging, which itself receives funding from the State of New Mexico and the Federal Government under Title III of the Older Americans Act.

In February 2024, Santa Fe County Senior Services solicited Letters of Interest to conduct a needs assessment of seniors in the area. The purpose was to provide the County with critical information about the senior population to inform long-range service planning efforts. The County identified four key questions the assessment would need to answer:

1. How many seniors are currently living in Santa Fe County, and what is the growth pattern expected in the next 10 years?
2. What are the identified service needs of the population?
3. What areas of the County are underserved?
4. How should the County proceed in the development of future services?

The Center for Applied Research and Analysis (CARA) at the Institute for Social Research at the University of New Mexico was awarded the contract to conduct the needs assessment study in August 2024. Over the course of the following year, CARA designed and implemented a research project to answer the above questions using a range of data sources including consumer data from Santa Fe County and the State of New Mexico Aging and Long-Term Services Department, a senior and senior caregiver survey that was designed by CARA and administered by Santa Fe County, and secondary demographic data about the senior population from the U.S. Census Bureau and the UNM Geospatial and Population Studies.

The present report documents CARA's research activities and findings. The report is divided into four sections. The *Background* section explains what needs assessments are intended to accomplish, the assumptions behind them, and the different research approaches to conducting them. The *Study Design and Methodology* section explains the design of the study and how data were collected and analyzed. The Results section presents the results of the analysis, and the *Conclusions* section summarizes the main findings.

Background

The purpose of a needs assessment is to provide information about what needs exist within a community so an organization can distribute resources, in the form of services and other supports, to more effectively meet those needs. This raises the question: what are needs?

The term "needs" in this context can refer to two different things. The first is the basic states of being that people *need* to achieve to survive and avoid abject suffering. We refer to those throughout this report as *end-state needs*. For example, all people need to have air to breathe, water to drink, and food to eat. Unlike wants, which are subjective and vary widely across individuals, needs refer to a finite set of states that are assumed to have roughly equal importance to everyone. Somewhat paradoxically, perhaps, there is no definitive list of needs, and what constitutes a need can vary across cultural and institutional contexts. In practice, needs are defined by the organization doing the distributing. The needs targeted by senior services, for example, are largely set by the federal government in the Older Americans Act (OAA), which allocates funding for services. The OAA specifies a range of end-state needs seniors are entitled to, such as having "an adequate home,... the best possible physical and mental health,... access to low-cost transportation,... [and enjoying] retirement in health, honor, [and] dignity..." (Older Americans Act Of 1965, 2020, pp. 1–2).

By defining these outcomes as needs older adults are entitled to, the OAA is essentially saying the government is obligated to help seniors achieve these ends. Importantly, though, they are not expected to help all seniors. Rather, they are expected to preferentially help those who cannot reasonably achieve these end-state needs on their own. The need for support is the second meaning of need, which we refer to as *service needs*. Unlike end-state needs, which are assumed to apply equally, service needs vary widely across individuals depending on their circumstances. Efficiently serving these needs requires distributing resources unequally (Sen, 1993). People tend to see unequal need-based distribution of resources as just, so long as the circumstances shaping people's different levels of need are largely out of their control (i.e., due to bad luck) (Petersen et al., 2012).

The circumstances shaping variation in need include things like disability, social isolation, and lack of financial resources. Throughout this report, we refer to the factors that shape need as vulnerabilities. Many vulnerabilities, like disability and social isolation, tend to compound with age. It is a simple fact of life that, as people age, they experience higher rates of disability, deteriorating health, and mortality (Moguilner et al., 2021). These changes can increase one's

vulnerability to a range of negative outcomes, often in complex ways. For example, as seniors' health and mobility decrease, their social networks may also shrink, which can limit their ability to receive material and emotional support from others (Ho et al., 2023), which, in turn, increases their risk for negative physical and mental health outcomes (Donovan & Blazer, 2020). Conversely, the social relations seniors do maintain as they age can carry their own burdens. For example, seniors who assume the role of caregiver for loved ones experiencing age-related health problems, like Alzheimer's and dementia, can experience severe strain to their finances, mental health, and social networks (Vu et al., 2022).

Understanding the different vulnerabilities seniors experience is critical to designing services that effectively address their needs. For example, if we want to address the fact that many seniors struggle with getting adequate nutrition, we need to know why. For some seniors, inadequate nutritional intake may be caused by forgetting to eat or not eating as well when alone (Björnwall et al., 2021). For these seniors, congregate meals served at senior centers may be an effective option to improve nutrition. Other seniors may struggle with nutrition because they lack the mobility and financial resources to acquire food. To improve nutrition among these seniors, delivering hot, nutritious meals to their homes on a regular basis may be a more effective option.

The primary objective of a needs assessment is to provide a clearer picture of what vulnerabilities exist in a community, how these vulnerabilities are distributed across the community, and what services are needed to help vulnerable individuals meet their needs despite these obstacles. There is a wide range of social science research methods that can be used to accomplish these objectives, including surveys, interviews, focus groups, review of administrative records, and analysis of secondary demographic datasets. What method or combination of methods is best depends on the features of the population, the questions the organization providing services wants answered, and the available resources for conducting the study. If the goal is to explore some phenomenon around senior need that is poorly understood, like the experiences of a particular sub-group or perceptions of a novel service, then qualitative interviews or focus groups can be a good starting place, as they provide a deeper on-the-ground understanding from the perspective of the experts or affected parties (see Hanssen et al., 1978; Lenihan et al., 2023; Orel, 2014). If, on the other hand, the goal is to get a broader, more representative picture of senior needs across a county or larger jurisdiction, then collecting representative population data and/or survey data that samples a wide range of sub-groups known from previous research to experience different vulnerabilities and needs is a more appropriate option (see Beverly et al., 2005; Northern Illinois University Center for Governmental Studies, 2023).

Study Design & Methodology

Given the County's focus on understanding service needs for the entire senior population, we opted for a research design that combined survey data with demographic data to get a more representative picture of senior needs across the county, and consumer data to identify potential gaps in current services.

Consumer Data

Senior services consumer data is tracked for reimbursement purposes in a database known as WellSky. We requested WellSky consumer data from two organizations: Santa Fe County Senior Services and the State of New Mexico Aging and Long-Term Services Department (ALTSD).

We collected Santa Fe County consumer data on 6/4/2025. This dataset contained all senior services received by individual clients for the five years from fiscal year (FY) 2020 to FY 2025. As FY 2025 had not yet ended at the time of data collection, the most recent year for which we have complete consumer data is FY 2024. In addition to client name and units of service by type, this dataset included the name of the site (i.e., senior center or meal site) where services were provided. Our analysis of these data primarily focused on comparing service provisioning across sites and regions within the County.

We also requested and were granted permission from ALTSD to use WellSky data that we had collected while conducting a statewide senior needs assessment the previous year (Wilkins et al., 2024). This data covered the 5 years from FY 2019 to FY 2023 and included additional fields, like consumer address, as well as data on services provided to Santa Fe County residents by providers other than Santa Fe County (e.g., the City of Santa Fe). We analyzed these data to get a broader understanding of total services provided to Santa Fe County residents over this period, and the amount of movement for services that occurs between Santa Fe County, the City of Santa Fe, and neighboring Rio Arriba and Torrance counties.

Senior and Senior Caregiver Survey

To hear directly from a wide range of seniors about their priorities, vulnerabilities, and service needs, CARA designed the Senior and Senior Caregiver Survey (Appendix A). This survey had three main parts.

The first part was a series of questions assessing demographic characteristics and vulnerabilities. Questions assessing respondents' age, sex, race/ethnicity, income, educational attainment, housing tenure, disability, marital status, and language spoken at home were taken from the US Decennial Census and the American Communities Survey (U.S. Census Bureau, 2025). Additional questions assessing residence location, level of social support, adequacy of savings, caregiver status, transportation access, overall health, food insecurity, and risk of depression were adapted from validated measures and previous needs assessment surveys (Area IV Agency and Community Action Programs, Inc., 2020; Hager et al., 2010; Idler & Angel, 1990; Kroenke et al., 2003; Moser et al., 2012; NHANES, 2024; Sherbourne & Stewart, 1991). The questions in this section were selected to measure 7 dimensions of senior vulnerability, which past research suggests are key determinants of senior needs. These dimensions are:

1. Economic disadvantage
2. Disability
3. Poor health
4. Language and cultural barriers
5. Lack of social support
6. Being a caregiver to someone with Alzheimer's/dementia
7. Raising one's own grandchildren

For each vulnerability dimension, we included at least one measure for which there was comparable representative demographic data for the entire Santa Fe County senior population. This was essential for estimating the county-wide prevalence of specific vulnerabilities and associated service needs during data analysis.

The second part of the survey contains a series of questions assessing how respondents rank the importance of different end-state needs. This is important for identifying service priorities as well as for understanding the service preferences of different sub-groups of seniors. To generate the list of end-state needs, we first gathered a comprehensive list of all senior

services offered throughout the state over a 5-year period based on ALTSD WellSky data. This yielded 52 unique service types. We then used text analysis techniques to code services according to the end-state need we thought they addressed. For example, we coded meal services as targeting the need to "have enough of the food one wants to eat." During this process, we also collapsed the list of 52 services into a more manageable list of 17 service types by combining services that targeted the same hypothetical end-state need and through similar service approaches. For example, we collapsed the services: "Chore", "Homemaker/Housekeeping", and "Home Repair/renovation/maintenance" into a single service type: "Housekeeping, chore, and home repair assistance services" (see Appendix B for the full list of service types and associated end-state needs). To test the validity of these categories and the coding decisions we made, we had another researcher independently match each end-state need to its corresponding service type(s). We then compared these matchings to those of the researcher who developed the codes to assess the level of agreement. In total, the two researchers assigned 15 out of 17 services the same. This yields an inter-rater reliability score of 88% and a Fleiss' Kappa score of 0.79, both of which indicate high levels of agreement and a valid coding scheme (Hartling et al., 2012; McHugh, 2012).

The third part of the survey measured respondents' past service use and future anticipated service needs. For these questions, we presented respondents with the same collapsed list of 17 service types. The reason for using this list was twofold. First, it allowed us to present respondents with a broad range of service types while keeping the questions as short as possible. Second, it allowed us to match service needs to end-state needs during data analysis. The list of past services was shorter because we limited it to service types that either the City or the County had offered in the past 5 years.

The survey was administered by Santa Fe County from 4/8/2025 to 4/25/2025. Advertisement for the survey occurred via press release, podcast, newspaper and radio ads, flyers, and the senior services website. The survey was available in electronic and paper form and English and Spanish versions. The online survey could be linked to via the County webpage or QR codes printed on flyers. Flyers and paper versions of the survey were distributed by Santa Fe County staff to a wide range of venues. These venues were selected to maximize the reach of the survey and to purposely target seniors belonging to certain vulnerable sub-groups. These venues included senior centers and providers, senior services drivers, assisted living facilities, affordable housing apartment complexes, hospitals, specialty medical practices (e.g., dental, vision, hearing), primary care doctors, medical centers specializing in Alzheimer's and dementia, dialysis centers, low or no cost health clinics, veterinary clinics, low income shopping options, goodwill, gas stations, supermarkets, restaurants, department stores, hair salons, laundromats, banks, substance abuse centers, Churches catering to immigrants and non-English speakers, courthouses and detention facilities, tribal government offices, state and local government offices, community centers, libraries, post offices, and fire stations. In total, the County distributed 580 flyers in English, 451 flyers in Spanish, 863 surveys in English, and 301 surveys in Spanish across 180 different venues between the dates 4/5 to 4/25.

Demographic Data

We collected secondary demographic data from multiple sources to get a clearer picture of the senior population in Santa Fe County now and over the next 15 years.

We relied on the 2020 Decennial Census for overall senior population counts, and age, sex, and race/ethnicity breakdowns (U.S. Census Bureau, 2020). For future population projections, we relied on a dataset developed by the UNM Geospatial and Population Studies (Miller,

2024). We used the American Community Survey 5-Year Estimates (2018-2022) for population prevalences of a range of vulnerability measures, including income, housing tenure, disability, marital status, and language spoken in the home (U.S. Census Bureau, 2022).

To obtain more representative estimates of service needs, we used known population proportions of key vulnerability characteristics to weight survey responses during data analysis. The weighting procedure we used is known as "raking," which involves weighting the sample along each demographic variable in turn in an iterative process until survey sample proportions match population proportions (Battaglia et al., 2009; Lumley et al., 2025).

Limitations

For the survey, we utilized a purposive stratified sampling strategy (Palinkas et al., 2015). That means we targeted different sub-groups of seniors that prior research suggests should have different experiences of vulnerability and need. This allowed us to weight the sample based on the known population prevalences of those sub-groups, which increases the representativeness of the data (Elliott & Valliant, 2017). However, there are likely other variables influencing service needs that we did not know about or cannot measure. This, along with the fact that we used a non-probability sample, means that the service needs estimates we arrived at could still be somewhat biased in unknown ways. When interpreting these results, policymakers are cautioned to keep this in mind and be willing to update these estimates as new information emerges. Despite these limitations, we feel it is worth including these estimates, as they provide an approximate picture of the overall need in the County, which is critical for service planning and currently lacking.

A Note on Statistical Significance

In the analysis of the survey, we frequently compare groups with different measures to show they are different. For instance, we may show that the rate of food insecurity is higher among low-income vs. high-income survey respondents. When we make these claims, we also report on the statistical significance of these observed differences. If an observed difference is statistically significant, it is unlikely to have occurred by chance. This is important to assess because any two measurements are almost always going to be somewhat different due to random error, even if no underlying differences exist. The probability that an observed difference would come about by chance is expressed as a "p-value". A very small p-value, like $p=0.001$, indicates that an observed difference would only come about by chance one time in a thousand, if no underlying difference exists. As is the convention in the social sciences, we consider any result with a $p<0.05$ to be statistically significant.

Results

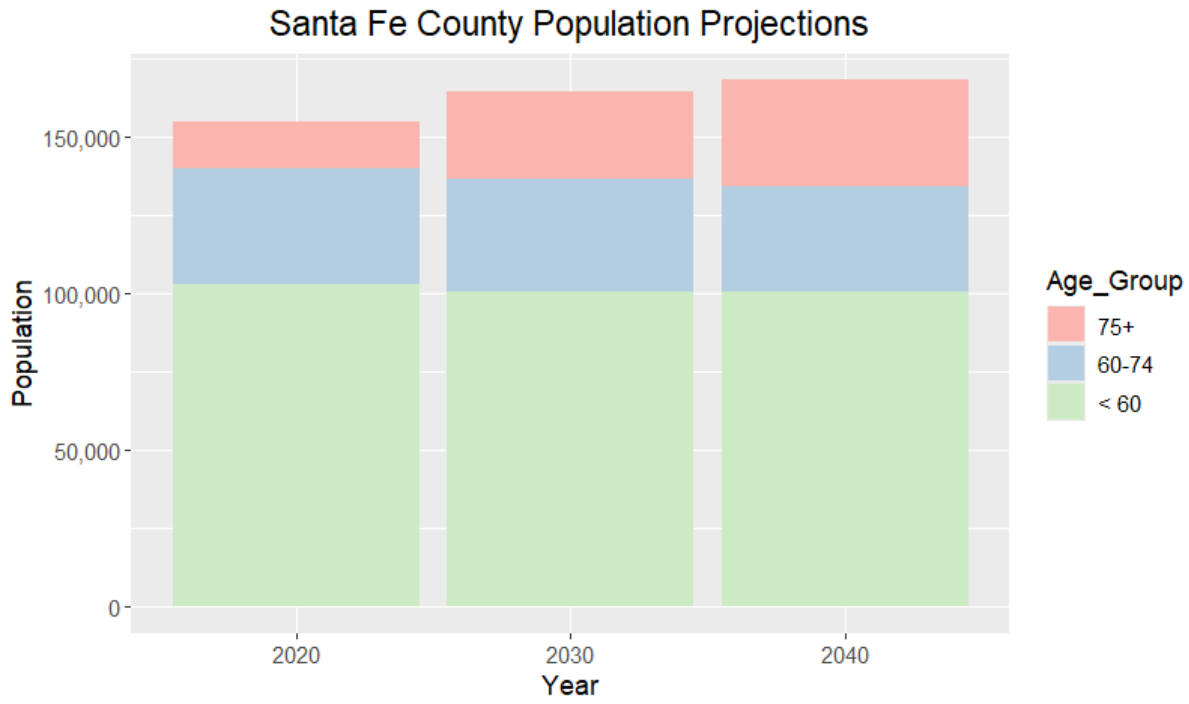
This section presents the results of our data analysis. It is divided into three sub-sections. The first provides an overview of the senior population in the County and a description of past service provisioning by region. The second presents findings from the survey on how seniors rank the importance of different end-state needs and then examines the different dimensions of senior vulnerability and associated service needs. The last sub-section looks at county-level prevalences of different vulnerability characteristics and presents weighted survey estimates of service needs across regions.

Overview of the Senior Population and Past Service Provisioning

People 60 years old and older are eligible to receive senior services in Santa Fe County. The size of the 60+ population in Santa Fe County was 52,491 as of the 2020 Decennial Census with a mean age of 70.7 years old. Based on birth, death, and migration rates, the 60+

population is projected to grow by 23% by 2030 and 30% by 2040, relative to 2020 population numbers (Figure 1). The proportion of seniors who are over the age of 75 is projected to increase by 92% by 2030 and 133% by 2040. Given these population increases and the fact that older seniors tend to have greater service needs, the demand for senior services is expected to increase significantly in the coming years.

Figure 1. Population projections by age group for Santa Fe County through 2040 (Miller, 2024).



ALTSD senior services data shows that Santa Fe County served 1,976 unique clients over the 5-year period from fiscal year (FY) 2019 to FY 2023, with an average of 1,002 unique clients per year and an average of 195 new clients being added (and lost) to the client pool each year. In the same period, the County provided an average of 103,522 total units per year. There was considerable yearly variation in service numbers over this period, which may be attributable to the COVID-19 pandemic. The low-point in services occurred in FY 2023, when 88,022 total units were provided, compared to the high-point in FY 2021, when 116,172 units were provided. In FY 2024, which is the most recent year for which we have complete consumer data, 90,029 units of service were provided to 893 unique clients.

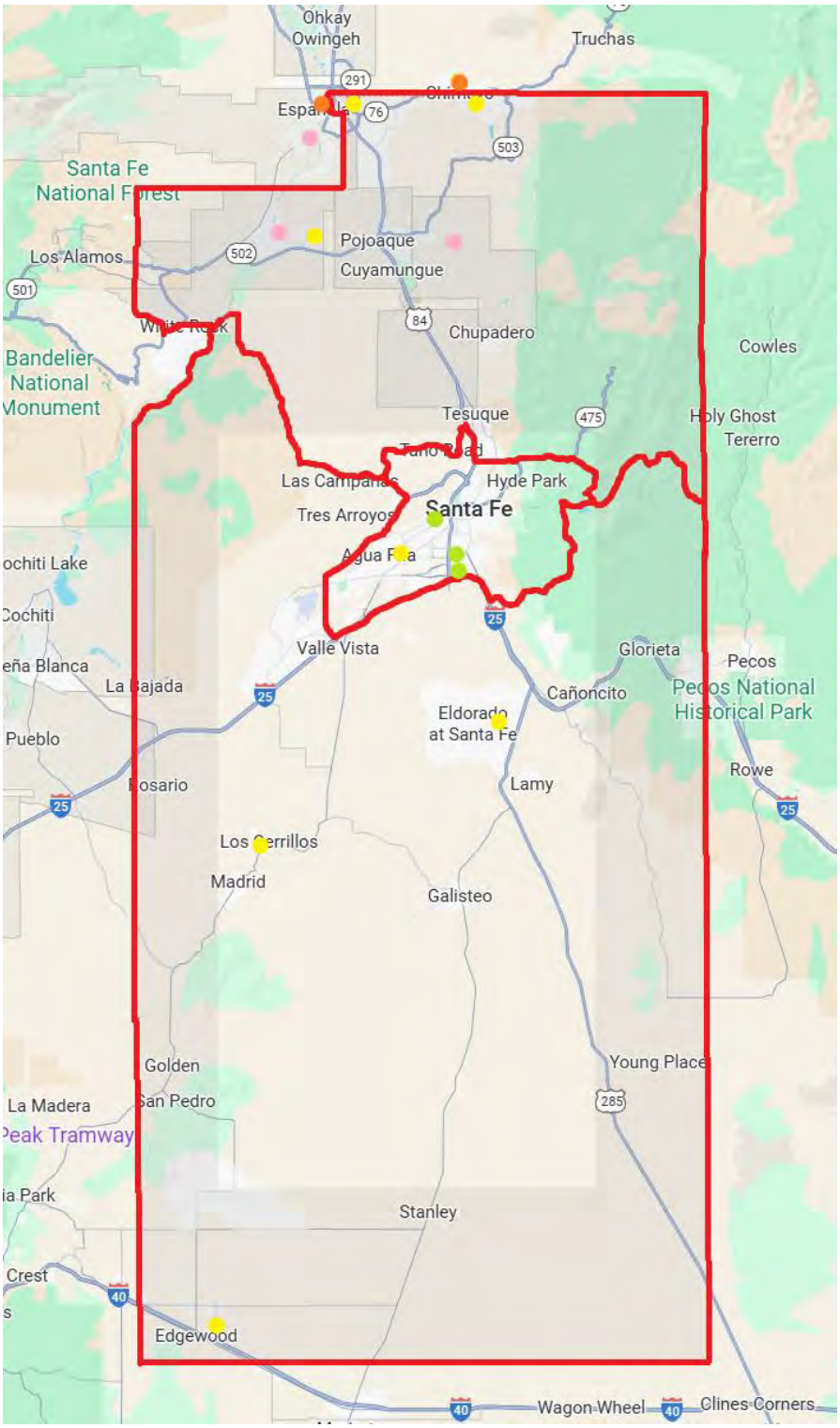
If Santa Fe County wishes to maintain services of the current type and at the current intensity, they will minimally need to increase services by the same factor as the population increase (i.e., 26%). If we use FY 2019 as a baseline for normal service provisioning, which was the year just prior to COVID-19, we can project that, by 2030, the county will need to provide around 136,501 units of service per year to around 1,407 unique clients to maintain coverage at current levels.

However, this is likely an underestimate of service needs, as current services may not be adequately meeting current needs, and future needs may change as the senior population grows older. To get a sense of potential gaps in current services, we compared service provisioning across sites and regions within the County.

Regional Distribution of Seniors and Senior Services

Santa Fe County covers a large land area (1,910.4 sq miles) and need for and access to senior services across this area is unlikely to be evenly distributed. To analyze regional variation in needs and services, we divided the county into three geographic areas: North, Central, and South. These regions are based on Census County Divisions (CCDs), for which we have representative demographic data from the US Census. The Central CCD covers the city and its outskirts (Figure 2). The North CCD covers the area north of the city heading up US 84/US 285, including the communities of Tesuque, Rio en Medio, Nambe, Pojoaque, Chimayo, Santa Cruz, El Rancho, and San Ildefonso Pueblo. The South CCD includes communities to the West of US 599 (Las Campanas and La Cienega) and everything south of I-25 (Rancho Viejo, Cerrillos, Madrid, Edgewood, Galisteo, Lamy, Eldorado, Cañoncito, Glorieta, and Arroyo Hondo). Santa Fe County operates three senior centers in the North CCD in Chimayo, El Rancho, and Santa Cruz, the Rufina meal site in the Central CCD, and two senior centers in the South CCD in Eldorado and Edgewood. A third senior center in the South will open in FY 2026 in the town of Cerrillos. Additionally, there are three senior centers operated by the City of Santa Fe in the Central CCD (Mary Esther Gonzales, Luisa, and Pasatiempo senior centers), three senior centers available to tribal members in San Ildefonso, Santa Clara, and Nambe Pueblos, and two senior centers just across the border to the north in Chimayo and Española operated by Rio Arriba County.

Figure 2. *Map of Santa Fe County with North, Central, and South CCD boundaries marked in red (Google Maps). Santa Fe County senior centers are indicated in yellow, City of Santa Fe senior centers in green, Pueblo senior centers in pink, and Rio Arriba County senior centers in orange.*



The North CCD has the smallest 60+ population of the three regions, representing 11% of the County total 60+ population. More than half (57%) of the County's 60+ population lives in the Central CCD, which includes the City of Santa Fe and its outskirts. The remaining 32% of the County's senior population lives in the South CCD (Table 1).

Table 1. *60+ population for Census County Divisions (CCDs) and the entire county.*

	60+ Population	Percent of Total 60+ Population
Central CCD	29,911	57%
North CCD	5,908	11%
South CCD	16,672	32%
County Total	52,491	100%

Note: Population counts based on 2020 Decennial Census.

During the period for which we have consumer data, Santa Fe County senior services were provided by five senior centers and one Meals on Wheels site. Three of these senior centers are located in the North: Chimayo, Santa Cruz, and El Rancho. The Central region has a single site located within the City of Santa Fe but operated by the County: the Rufina Meal Site. The South has a senior center in Eldorado and another in Edgewood. A third senior center will open in the South in the village of Cerrillos sometime in FY 2026. The units of service and unique consumers served by each senior center in 2024 are shown in Table 2 below. Chimayo in the north provided the most services of any senior center. El Rancho, also in the North, provided the least.

Table 2. *Services by site and region for fiscal year 2024.*

Site	Units of Service	Unique Consumers
North		
Chimayo	30,938	252
El Rancho	928	40
Santa Cruz	21,657	246
Central		
Rufina	18,125	160
South		
Edgewood	8,622	111
Eldorado	9,759	174

Santa Fe County offers five different types of senior services: (1) congregate meals, (2) home-delivered meals, (3) transportation, (4) nutrition education, and (5) assessment/ reassessment. Across sites, the greatest number of units by far were for home-delivered meals. These services go to a relatively small number of clients, with each client, on average, receiving well over 100 home-delivered meals per year (Table 3). This makes sense when we consider that homebound seniors may rely on regular home-delivered meals to meet their nutritional needs. The next most common service is congregate meals, followed by transportation, assessment/reassessment, and nutrition education.

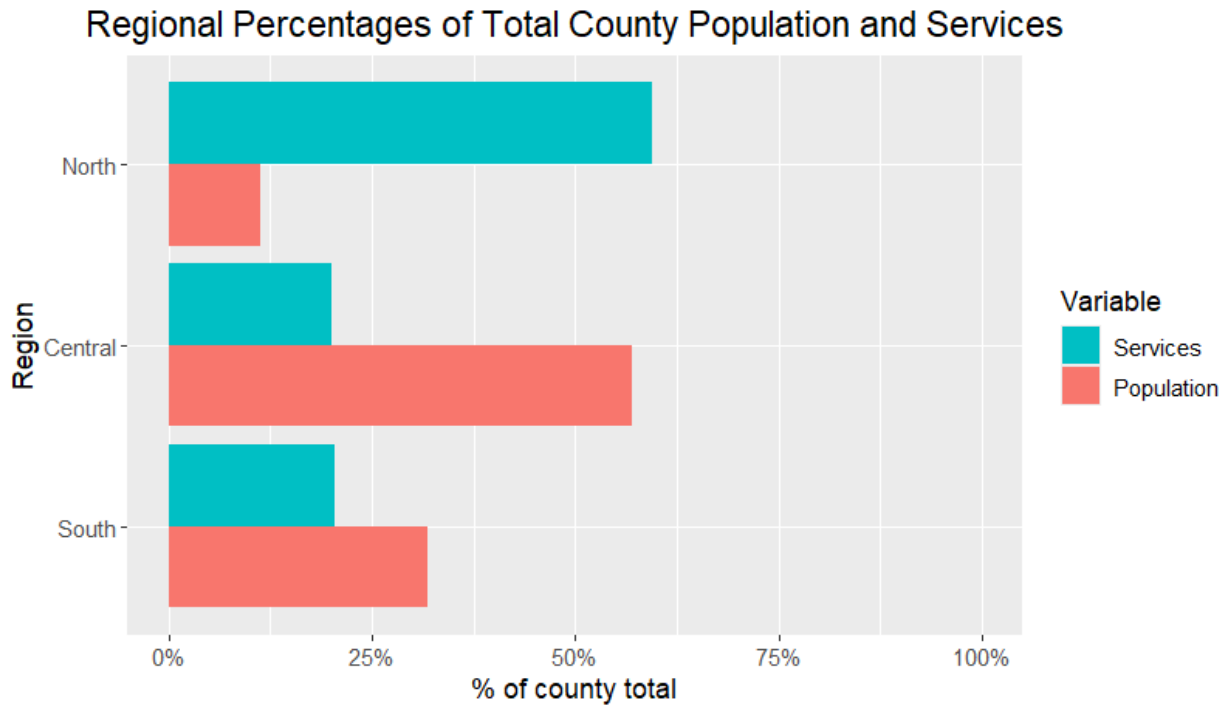
Table 3. *Type and quantity of services provided by region for fiscal year 2024.*

		Units of Service	Unique Consumers	Average units per client
North				
	Assessment/Reassessment	512	370	1.4
	Congregate Meals	11,560	267	43.3
	Home Delivered Meals	39,800	184	216.3
	Nutrition Education	15	(group)	--
	Transportation	1,636	74	22.1
	Total Services	**53,523**	**480**	**111.5**
Central				
	Assessment/Reassessment	130	99	1.3
	Congregate Meals	2,185	39	56.0
	Home Delivered Meals	14,872	107	139.0
	Nutrition Education	5	(group)	--
	Transportation	933	11	84.8
	Total Services	**18,125**	**160**	**113.3**
South				
	Assessment/Reassessment	236	203	1.2
	Congregate Meals	6,358	116	54.8
	Home Delivered Meals	11,324	80	141.6
	Nutrition Education	11	(group)	--
	Transportation	452	26	17.4
	Total Services	**18,381**	**284**	**64.7**

Note: Nutrition Education services are provided in group settings and so do not show individual client numbers.

Consumer data reveals there is a significant difference in the quantity of services provided across regions, with the north providing more services to more unique clients than the other two regions combined. This disparity is particularly striking given that the North has by far the smallest senior population of the three regions. Whereas the North accounts for the majority (59.5%) of all services, it represents only 11.3% of the County's 60+ population (Figure 3). By contrast, the Central region has the majority (57%) of the County's 60+ population but the smallest proportion of total County services (20%). The South accounts for 20.4% of all services and 31.8% of the County's 60+ population.

Figure 3. *Comparing regional percentages of County services to population size shows that the North provides a disproportionate amount of services relative to its population size.*



The low service numbers of the Central region can be explained by the fact that the City of Santa Fe operates its own senior centers within the Central region, which are not captured in these data. ALTSD WellSky data, which does include City of Santa Fe services, shows that for the 5-year period from FY 2019 to FY 2023, the City provided 1,117,444 units of service to 5,559 unique clients, which is significantly more than was provided by the County across all regions for the same period (517,610 units to 1,976 unique clients). The City also provides a greater variety of services, with 15 different services offered compared to only 7 for the County (Table 4). In comparing these numbers, it is important to note that seniors who live outside the city limits often travel to the city to receive senior services, and vice versa.

Table 4. *Types of senior services offered by Santa Fe County vs. the City of Santa Fe.*

	County	City
Assessment/Reassessment	X	X
Congregate Meals	X	X
Transportation	X	X
Home Delivered Meals	X	X
Nutrition Education	X	X
Physical Fitness Classes	X	X
Recreation Activities	X	X
Loan of durable medical equipment		X
Health Screening		X
Homemaker		X
Caregiver- Access Assistance		X
Caregiver - GPRG- Respite Care		X
Caregiver - Counseling/support groups/training		X
Caregiver - Respite Care		X
Caregiver - Supplemental Services		X

The disparity in quantity of services between regions is somewhat less when two additional categories of service are considered: (1) physical fitness classes, and (2) recreation activities. These services are not tracked in WellSky because Santa Fe County does not reimburse these services through the Federal Government. While the County is in the process of developing a centralized system for tracking these services, none existed at the time of data collection. However, activities coordinators provided a list of the weekly classes/activities offered and the average number of attendees based on the 2023 and 2024 activities calendars. From this, we calculated rough estimates of yearly units for each of these services by senior center (Table 5). These estimates show that the South provides significantly more physical fitness classes and recreation activities than the North or Central regions. The Rufina meal site and El Rancho senior center provided no recreation activities or physical fitness classes during this period.

Table 5. *Estimated units of service per year for physical fitness classes and recreation activities by site and region.*

	Units of Service Per Year	
Site	Physical Fitness Classes	Recreation Activities
North		
Chimayo	--	261
El Rancho	--	--
Santa Cruz	1,669	4,380
Central		
Rufina	--	--
South		
Edgewood	2,868	7,822
Eldorado	8,135	3,724
Total	12,672	16,187

Lastly, it is important to note that movement for services also occurs between Santa Fe County and other counties. The majority of this occurs between Santa Fe County and Rio Arriba County to the North. ALTSD 5-year WellSky data reveals that, of 1,976 unique consumers served by the County over a 5-year period, 23% (452 clients) lived in Rio Arriba County. A similar proportion of total service units (26%) was provided to Rio Arriba residents

during that same period. The movement for services across county lines in the South is much less, with Torrance County consumers accounting for less than 1% of all service units and 2% of all consumers. While we cannot tell from these data where in Santa Fe County, Rio Arriba residents are receiving services, it is reasonable to speculate that most of these services are provided by senior centers in the North. This could, in part, explain why there are so many services in the North. Another potential explanation is that needs are greater in the North.

Variation in Vulnerability and Need in the Senior Population

The Senior and Senior Caregiver Survey was designed to measure variation in vulnerability and service needs across different subpopulations of seniors within the County. CARA collected 1,192 completed surveys from the County on 4/28/2025.

The Survey Sample

The survey sample consists of 1,152 respondents who are over the age of 50, 34 respondents under the age of 50 who were caregivers to seniors, and six respondents whose age and role could not be determined. Most respondents (90%) live inside the County, with an additional 6% living in Rio Arriba, 1% in Torrance, and 4% living elsewhere or leaving the county question blank. Of those respondents who live within the County, 38% live within the City of Santa Fe, and 68% live outside the city.

The survey sample provides a broad cross-section of the Santa Fe County senior population (see Table 6 below). Most of the sample (88%) is over the age of 60 and thus currently eligible for senior services, with an even split between the 60-74 and 75+ age ranges. An additional 7% of the sample (80 respondents) are between the ages of 50 and 59. These individuals will become eligible for senior services at some point in the next 10 years. The sample somewhat over-represents women at 64% but still includes a significant proportion of male respondents (35%). There is a good balance in terms of socio-economic characteristics, with significant proportions of respondents in each income and education category. Ethnically and racially, the sample is primarily White (58%) and Hispanic (35%), with American Indian the third most common racial/ethnic category at 3%. This is close to the racial/ethnic composition of the county's 60+ population, which is 65% White, 29% Hispanic, and 1% American Indian. The majority of the sample (86%) speaks English only at home, with just over 10% speaking Spanish, Tewa, or other languages (either exclusively or in addition to English). A total of 12 surveys were completed in Spanish.

Table 6. *Demographic characteristics of the Senior and Senior Caregiver Survey sample (N=1,192).*

	Count	Percent
Age		
18 - 49	34	3%
50 - 59	80	7%
60 - 74	549	46%
75 +	504	42%
Missing	25	2%
Sex		
Male	412	35%
Female	767	64%
Missing	13	1%
Education		
High school graduate or less	264	22%
Some college or college graduate	547	46%
Post-graduate or professional degree	369	31%
Missing	12	1%
Income (Household)		
Less than $25,000	228	19%
$25,000 to $49,000	200	17%
$50,000 to $99,000	329	28%
$100,000 or more	232	20%
Missing	203	17%
Race/Ethnicity		
White	680	58%
Hispanic	405	35%
American Indian / Alaskan Native	33	3%
Black	5	0.4%
Asian	5	0.4%
North African / Middle Eastern	2	0.2%
Other	24	2%
Multiracial	12	1%
Missing	26	2%
Language Spoken at Home		
English only	1,025	86%
Spanish	110	9%
Tewa	6	1%
Other	7	1%
Missing	44	4%

The majority (57%) of survey respondents who were eligible for services had used senior services before (Table 7). Congregate meals were the most common service accessed at 35%, followed by physical fitness classes (24%) and recreation activities (22%). Many of the services survey respondents reported using are ones that the City offers but the County does not, like health screenings and loan of medical equipment.

Table 7. *Past service use rates among survey respondents who are eligible to receive services (n=1,080).*

	Percent
Used any senior services in the past	57%
Use of specific services	
Congregate meals	35%
Physical fitness activities and classes	24%
Recreation activities	22%
Health screenings	16%
Home-delivered meals	15%
Loan of medical equipment	9%
Housekeeping and home repair	8%
Assisted transportation	7%
Group transportation	6%
Help for caregivers of seniors	5%
Help for grandparents raising grandchildren	2%
Home visits or phone calls to socialize	1%

The rate of past service use among the survey sample is considerably higher than the county average. Extrapolating from recent consumer data, the expected proportion of past service users for this sample would be only 26%, which is less than half the survey proportion of 57%. The high rates of past service use for the sample are likely explained by non-response bias, where those who are predisposed to use services are more likely to respond to the survey.

Survey respondents reported learning about senior services from a range of sources (Table 8). The most common sources of information were senior centers and word of mouth. Interestingly, internet search was the third most commonly reported source of information. While seniors are often thought to struggle with technology, these results suggest many seniors nonetheless rely on the internet and social media more than traditional forms of media like newspapers, radio, and TV. 13% of the sample said they either did not receive information about senior services or else left the question blank.

Table 8. *How and where survey respondents (N=1,192) learn about senior services.*

	Percent
Senior center	46%
Word of mouth	46%
Internet search	41%
Newspaper/newsletters	23%
Healthcare provider	20%
Santa Fe Senior Services webpage	19%
Social Media (e.g., Facebook or Instagram)	12%
TV	8%
Radio	7%
Other	4%
Don't receive information about senior services	7%
No response	6%

Seniors' End-State Need Priorities

One of the key things we wanted to know from the survey was how Santa Fe County seniors rank the importance of different end-state needs. This is important for understanding the tradeoffs seniors are willing to make and the services they prioritize. To get at this question, the survey asked respondents to rank eight end-state needs in terms of importance. The *Study Design and Methodology* section describes these end-state needs and how they were derived.

The average rating for each end-state need is shown in Table 9. Wilcoxon signed-rank tests were used to assess the statistical significance of the differences in ranks. Results show that the ranks of the top three needs were statistically significant, meaning there are likely systematic differences in how seniors across the County rate the importance of these needs relative to others. Seniors tend to see access to healthcare as the most important need, followed by looking after one's day-to-day health, fitness, and hygiene, followed by ensuring one's family is taken care of. The differences between ranks 4 through 7 were not statistically significant. This means that people likely view having enough food to eat, maintaining one's home, protecting oneself and property from others, and having opportunities to socialize as equally important. The last rank was statistically significant, indicating that having opportunities to learn and experience new things is generally seen as the least important.

Table 9. *Needs ranked in terms of importance.*

Rank	Need	Average Rating	Pairwise Comparison with Next Lower Rank (adjusted p-value)
1	Having access to healthcare	3.03	p<0.001***
2	Looking after one's day-to-day health, fitness, and hygiene	3.38	p<0.001***
3	Ensuring one's loved ones are taken care of	4.10	p<0.001***
4	Having enough of the food one wants to eat	4.74	p>0.1
5	Maintaining one's home in good condition	4.91	p>0.1
6	Protecting oneself and property from others	4.98	p>0.1
7	Having opportunities to socialize with others	5.04	p<0.001***
8	Having opportunities to learn and experience new things.	5.47	--

Note: A lower average rating indicates greater perceived importance. The statistical significance of differences between ranks was analyzed using pairwise Wilcoxon signed rank tests. Statistically significant results are indicated with asterisks ("*").

While there is some agreement among seniors regarding what end-state needs are most important, we expected there to be considerable variation in seniors' ability to satisfy these needs due to their different life circumstances. The second goal in analyzing the survey data was to understand these circumstances and the different service needs they tend to produce. To do this, we explored seven key dimensions of vulnerability that the scientific literature suggests should shape seniors' service needs. These vulnerability dimensions are:

1. Economic disadvantage
2. Disability
3. Poor health

4. Language and cultural barriers
5. Lack of social support
6. Being a caregiver to someone with Alzheimer's/dementia
7. Raising one's own grandchildren

Economic Disadvantage

To measure economic disadvantage, we asked respondents to report their yearly household income using eleven income categories from the American Community Survey (U.S. Census Bureau, 2019). For ease of analysis and interpretation, we collapsed these eleven income categories into four larger categories: poverty, low, middle, and high. We use "poverty" here to refer to a yearly household income of from $0 to $24,999, which roughly aligns with the federal poverty thresholds for a family of three (U.S. Census Bureau, 2024). We defined the low, middle, and high categories as multiples of this poverty threshold, which is a common approach when defining income groups (Federal Interagency Forum on Child and Family Statistics, 2023). Low income covers the range from $25,000 to $49,999, middle covers the range from $50,000 to $99,999, and high covers everything over $100,000.

We then compared respondents' income to their educational attainment and self-reported retirement savings, as these are closely related components of socio-economic status. Responses to the savings question fell within one of three categories (1) no retirement savings, (b) some savings but worry it will not be enough, and (3) feel confident that savings are sufficient to live comfortably throughout retirement (Area IV Agency and Community Action Programs, Inc., 2020). Responses to the educational attainment question, which was taken from the American Community Survey, was recoded into three categories: (1) high school, which included incomplete high school up to high school graduate, (2) college, which included some college up to an Associate's or Bachelor's degree, and (3) graduate/professional degree, which included having a Master's, Ph.D., M.D., or J.D.. The results of our analysis showed that different income groups have significantly different levels of savings (χ^2 (6, n=978) = 356.81, p < 0.001) and education (χ^2 (6, n=983) = 240.92, p < 0.001). We conducted pairwise chi-square tests for independence with a Bonferroni correction to assess the statistical significance of differences in proportions between the poverty group and every other income group (Table 10). Results show that those in the poverty group have significantly lower savings and educational attainment.

Table 10. *Socio-economic attributes of the survey sample by income category (n=989).*

	Income Category			
	Poverty (*n=228*)	Low (*n=200*)	Middle (*n=329*)	High (*n=232*)
Savings				
None	**65%**	20%***	9%***	3%***
Not enough	22%	**49%*****	44%***	32%*
Enough	13%	31%***	48%***	**66%*****
Educational attainment				
High School	**52%**	26%***	12%***	4%***
College	40%	**51%***	**51%***	41%
Graduate/Professional Degree	8%	24%***	38%***	**56%*****

Note: The highest percentage within each category (i.e., row) is bolded. Proportions that are statistically significantly different from those of the poverty group are indicated with asterisks ("*"). Not all percentages will total to 100% due to rounding.
* p < 0.05
** p < 0.01
*** p < 0.001

There are a range of social and environmental conditions stemming from economic disadvantage that can pose obstacles to meeting one's basic needs. We looked at three such factors: housing security, access to transportation, and food security. Survey results show that lower income respondents were (1) significantly more likely to rent rather than own their home (χ^2 (3, n=971) = 106.26, p < 0.001), (2) significantly more likely to not own a vehicle for transportation (χ^2 (3, n=966) = 110.62, p<0.001), and (3) significantly more likely to be food insecure (χ^2 (3, n=962) = 188.87, p<0.001) (Table 11).

Table 11. *Homeownership, vehicle ownership, and food insecurity rates by income status among survey respondents (n=989).*

	Income Category			
	Poverty n=228	Low n=200	Middle n=329	High n=232
Housing Tenure				
Rent	**36%**	17%***	9%***	3%***
Own	64%	83%***	91%***	**97%*****
Transportation				
Own vehicle	69%	91%***	95%***	**97%*****
Other means	**31%**	9%***	5%***	3%***
Food Insecure				
No	49%	80%***	88%***	**97%*****
Yes	**51%**	20%***	12%***	3%***

Note: The highest percentage within each category (i.e., row) is bolded. Proportions that differ significantly from that of the poverty group are indicated with asterisks ("*"). Pairwise chi-square tests for independence with a Bonferroni correction were used to assess the statistical significance of differences in proportions between the poverty group and every other income group.
* p < 0.05
** p < 0.01
*** p < 0.001

Vulnerabilities associated with economic disadvantage are, themselves, associated with a range of downstream adverse health outcomes. Renting has been shown to correlate with worse housing conditions, poorer cardiovascular health, and faster aging among seniors (Clair et al., 2024; Mawhorter et al., 2023). Lack of vehicle ownership among seniors has been shown to correlate with worse social and cognitive functioning, higher risk of depression, worse physical health, higher rates of admission to long-term care facilities, and higher mortality (Chihuri et al., 2016; Goitia et al., 2023). Food insecurity is associated with worse physical and mental health outcomes in seniors (Aljahdali et al., 2024; Pooler et al., 2019).

We tested associations between income and physical and mental health among survey respondents. We found that lower income respondents had significantly higher rates of depression (χ^2 (3, n=922) = 19.989, p<0.001) and significantly lower overall health (χ^2 (3, n=975) = 135.04, p<0.001) (Table 12).

Table 12. *Risk for depression and poor/fair overall health by income category among survey respondents.*

	Income Category			
	Poverty n=228	Low n=200	Middle n=329	High n=232
Depression				
No	83%	89%	90%*	**96%*****
Yes	**17%**	11%	10%*	4%***
Overall Health				
Poor or Fair	**64%**	42%***	30%***	15%***
Good or Excellent	34%	57%***	68%***	**85%*****

Note: The highest percentage within each category (i.e., row) is bolded. Proportions that differ significantly from those of the poverty group are indicated with asterisks ("*"). Pairwise chi-square tests for independence with a Bonferroni correction were used to assess the statistical significance of differences in proportions between the poverty group and every other income group.
* p < 0.05
** p < 0.01
*** p < 0.001

Given the vulnerability of lower-income seniors, we expected their demand for services to be higher. Results confirmed this prediction. We found that respondents from lower income groups were more likely to have used senior services in the past (χ^2 (3, n=989) = 90.13, p<0.001) (Table 13).

Table 13. *Past service use by income category (n=989).*

	Income Category			
	Poverty (n=228)	Low (n=200)	Middle (n=329)	High (n=232)
Used <u>any senior services</u> in the past	**71%**	60%*	53%***	40%***

Note: Statistically significant differences are indicated with asterisks ("*"). Pairwise chi-square test for independence with a Bonferroni correction was used to assess the statistical significance of differences in proportions between the poverty group and every other income group.
* p < 0.05
** p < 0.01
*** p < 0.001

We also looked at the number and type of services respondents from different income groups said they would be very likely to need over the next 10 years. We found that lower-income respondents anticipated needing a greater number of future services, on average, than middle-income (t(363)=4.09, p<0.001) and high-income respondents (t(333)=5.37, p<0.001) (Table 14).

Table 14. *Average number of services seniors in different income categories anticipate they will need in the next ten years (n=961).*

	Income Category			
	Poverty n=220	Low n=193	Middle n=322	High n=226
Average number of different services expect to need in the next 10 years	3.3	2.5	1.9***	1.5***

Note: Statistically significant differences are indicated with asterisks ("*"). Averages that are significantly different from that of the poverty group are indicated with asterisks ("*"))., Pairwise t-tests were performed to assess the statistical significance of differences in averages between the poverty group and every other income group.
* p < 0.05
** p < 0.01
*** p < 0.001

We also compared the specific services respondents anticipated needing across income groups. We found that lower-income respondents were more likely to report needing virtually every service type (Table 15). The only exceptions were that low-income respondents were *less* likely to say they would need (1) education classes/trainings to acquire new knowledge and skills, (2) physical fitness activities and classes to improve mobility and prevent injury, and (3) recreation activities– performing arts, games, music therapy, dance, crafts, etc. This suggests that these services target less pressing needs, which aligns with the finding that the end-state needs "having opportunities to socialize with others" and "having opportunities to learn and experience new things" were viewed as among the least important.

Table 15. *Proportion of respondents from each income category reporting they would be very likely to need a given service in the next 10 years (n=961).*

Service	Income Category			
	Poverty n=220	Low n=193	Middle n=322	High n=226
Health screenings	32%	27%	26%	22%
Housekeeping and home repair	29%	23%	19%**	16%**
Home-delivered meals	23%	16%*	10%***	4%***
Help for caregivers of seniors	21%	12%*	8%***	6%***
Recreation activities	20%	19%	15%	22%
Physical fitness activities and classes	20%	22%	20%	27%
Home visits or phone calls to socialize	19%	11%*	9%***	5%***
Group transportation	19%	16%	9%***	5%***
Assisted transportation	19%	15%	11%**	6%***
Medication assistance	18%	10%*	6%***	2%***
Legal assistance	18%	16%	11%*	6%***
Personal care	17%	8%**	8%**	4%***
Congregate meals	16%	11%	9%*	3%***
Loan of medical equipment	14%	9%	8%*	3%***
Classes on managing chronic illness	13%	9%	6%**	3%***
Help for grandparents raising grandchildren	8%	6%	5%	3%
Education classes/trainings	8%	12%	10%	13%

Note: Proportions that are significantly different from those of the poverty group are indicated with asterisks ("*"). Pairwise chi-square tests for independence with a Bonferroni correction were used to assess the statistical significance of differences in proportions between the poverty group and every other income group.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Disability

We measured disability with a series of six questions taken from the American Community Survey (U.S. Census Bureau, 2021). These questions assess different types of disability, such as having difficulty hearing, seeing, remembering or concentrating, walking or climbing stairs, or dressing and bathing. We combined responses to these six questions into a single binary variable indicating whether one has any disability vs. no disability, which is consistent with how the U.S. Census often reports these data.

Disabilities can limit seniors' independence and ability to look after themselves in a variety of ways. This, in turn, can lead to worse physical and mental health outcomes (Bruce, 1999; Fried & Guralnik, 1997; Hadfield-Spoor & Loopstra, 2023). Among survey respondents we found that individuals with at least one disability had significantly higher rates of food insecurity (χ^2 (1, n=1,100) = 57.91, p<0.001), depression (χ^2 (1, n=1,132) = 53.42, p<0.001), and worse overall health (χ^2 (1, n=1,123) = 156.95, p<0.001) (Table 16).

Table 16. *Rates of food insecurity, depression, and poor/fair overall health by disability status.*

	Not Disabled	Disabled
Food Insecure		
No	88%	69%***
Yes	12%	31%***
Overall Health		
Poor or Fair	22%	59%***
Good or Excellent	78%	41%***
Depression		
No	96%	83%***
Yes	4%	17%***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between disabled and non-disabled respondents.
* p < 0.05
** p < 0.01
*** p < 0.001

Unsurprisingly, disabled seniors require significantly more assistance to meet their needs. We found that disabled survey respondents were significantly more likely to have used senior services in the past (χ^2 (1, n=1,132) = 35.89, p<0.001) and anticipated needing significantly more senior services in the future (t(623) = 8.95, p<0.001) (Table 17).

Table 17. *Past service use and future service need by disability status.*

	Not Disabled	Disabled
Used <u>any senior services</u> in the past	48%	66%***
Average number of different services expect to need in the next 10 years	1.5	3.5***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between disabled and non-disabled respondents.
* p < 0.05
** p < 0.01
*** p < 0.001

Comparing across service types, disabled respondents were significantly more likely to report needing virtually every type of service (Table 18). The only exceptions were the need for *recreation activities* and *physical fitness activities and classes*, which were not significantly different.

Table 18. *Proportion of respondents from each disability category (n=1,132) reporting they would be very likely to need a given service in the next 10 years.*

Service	Not Disabled	Disabled
Health screenings	25%	37%***
Housekeeping and home repair	16%	34%***
Home-delivered meals	6%	28%***
Physical fitness activities and classes	22%	27%
Help for caregivers of seniors	6%	25%***
Assisted transportation	8%	24%***
Group transportation	8%	22%***
Recreation activities	19%	22%
Home visits or phone calls to socialize	5%	21%***
Personal care	4%	20%***
Legal assistance	8%	20%***
Medication assistance	3%	19%***
Loan of medical equipment	4%	17%***
Congregate meals	6%	17%***
Classes on managing chronic illness	5%	15%***
Education classes/trainings	10%	15%*
Help for grandparents raising grandchildren	4%	10%***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Health Status

We measured health status using two questions: the NHANES (2024) 1-question measure of overall health, and a question that asked subjects their age. We focused our analyses on the age measure, as research shows age is a key predictor of health status among older adults (Moguilner et al., 2021) and because we have reliable demographic data on the age breakdown of the Santa Fe County senior population. To assess the effects of age on vulnerability and service needs, we grouped survey respondents into two age groups: 60-74 years old and 75 years old and older (n=1,053). As predicted, we found that the older age group had significantly more disabilities per respondent (W=99,208, effect size r = 0.21, $p<0.001$) and worse overall health (χ^2 (1, n=1,023) = 15.09, $p<0.001$) (Table 19).

Table 19. *Rates of disability and poor/fair overall health by age group (60-74 years old vs. 75 and older).*

	60-74 years old	75 and older
Avg. number of disabilities	0.5	1.1***
Overall Health		
Poor or Fair	32%	43%***
Good or Excellent	68%	57%***

Note: Statistically significant differences are indicated with asterisks ("*"). Wilcoxon rank sum test was conducted to assess differences in number of disabilities and Chi-square tests for independence was conducted to assess the statistical significance of differences between proportions.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

We also found that older respondents were significantly more likely to have used senior services in the past (χ^2 (1, n=1,053) = 16.754, p<0.001) and had higher anticipated service needs in the future (t(819) = 5.76, p<0.001) (Table 20).

Table 20. *Past service use and future service need by age group (60-74 years old vs. 75 and older).*

	60-74 years old	75 and older
Used any senior services in the past	51%	64%***
Average number of different services expect to need in the next 10 years	1.8	3***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between age groups.
* p < 0.05
** p < 0.01
*** p < 0.001

Older seniors had higher anticipated future service needs for most service types (Table 21). The only exceptions were for physical fitness activities and classes, recreation activities, legal assistance, and help for grandparents raising grandchildren.

Table 21. *Proportion of respondents from the 60-74 vs. the 75 and older age groups (n=1,053) reporting they would be very likely to need a given service in the next 10 years.*

Service	60-74 years old	75 and older
Health screenings	27%	34%*
Housekeeping and home repair	17%	30%***
Physical fitness activities and classes	25%	24%
Assisted transportation	8%	22%***
Home-delivered meals	8%	22%***
Group transportation	9%	20%***
Home visits or phone calls to socialize	5%	20%***
Help for caregivers of seniors	8%	19%***
Recreation activities	22%	19%
Personal care	5%	17%***
Congregate meals	7%	15%***
Legal assistance	11%	15%
Loan of medical equipment	4%	15%***
Medication assistance	4%	15%***
Education classes/trainings	12%	12%*
Classes on managing chronic illness	7%	10%*
Help for grandparents raising grandchildren	6%	8%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* p < 0.05
** p < 0.01
*** p < 0.001

Language and Cultural Barriers

Research suggests that speaking a language other than the majority language is associated with social exclusion, which can lead to reduced access to resources and worse health outcomes for seniors (Nyqvist et al., 2021; Pandey et al., 2021; Ponce et al., 2006).

To measure potential language barriers faced by survey respondents, we asked what language they spoke in the home using similar wording to the American Community Survey (U.S. Census Bureau, 2005b). 123 respondents said they spoke a language other than, or in addition to, English in the home. We found that those in the sample who spoke other languages had significantly higher rates of poverty ($\chi^2(1,n=972) = 42.53$, $p<0.001$), lower instrumental social support ($t(141) = 4.08$; $p<0.001$), lower emotional social support ($t(141) = 4.01$, $p<0.001$), higher food insecurity ($\chi^2(1,n=1,109) = 37.29$, $p<0.001$), worse overall health ($\chi^2(1,n=1,133) = 41.51$, $p<0.001$), and higher risk for depression ($\chi^2(1,n=1,133) = 41.51$, $p<0.001$) (Table 22).

Table 22. *Rates of poverty, food insecurity, poor/fair overall health, depression, and average social support for respondents who speak English only vs. respondents who speak other languages in the home.*

	English Only	Other Languages
In Poverty	20%	49%***
Average Social Support Score		
Instrumental	58	43***
Emotional	66	53***
Food Insecure	17%	41%***
Poor/Fair Overall Health	33%	64%***
Depressed	8%	15%*

Note: Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between groups.
* p < 0.05
** p < 0.01
*** p < 0.001

Interestingly, despite the higher level of service need the above findings indicate, other language speakers did not have significantly higher levels of past service use ($\chi^2(1,n=1,148) = 2.292$, $p>0.1$) or self-reported future service needs ($t(144) = 1.07$, $p>0.1$) (Table 23). This suggests seniors in Santa Fe County who speak other languages may face unique barriers to accessing needed senior services.

Table 23. *Past service use and future service need for people speaking only English vs. other languages in the home. (Statistically significant differences are indicated with asterisks ("*")).*

	English Only	Other Languages
Used <u>any senior services</u> in the past	54%	62%
Average number of different services expect to need in the next 10 years	2.3	2.6

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between groups.
* p < 0.05
** p < 0.01
*** p < 0.001

There were a few differences between English-only speakers and other-language speakers in terms of the types of services they need most (Table 24). Perhaps the most interesting

difference that we found in this respect was regarding medication assistance, which other language speakers reported needing at over twice the rate of English speakers. This suggests that other language-speaking seniors in Santa Fe County may be struggling to manage their medications and may require assistance in ways that can overcome language barriers.

Table 24. *Proportion of respondents among English-only speakers vs. other language speakers (n=1,148) reporting they would be very likely to need a given service in the next 10 years.*

Service	English Only	Other Languages
Health screenings	30%	32%
Housekeeping and home repair	23%	27%
Help for caregivers of seniors	12%	23%**
Home-delivered meals	13%	21%
Medication assistance	8%	19%***
Group transportation	13%	16%
Home visits or phone calls to socialize	11%	16%
Physical fitness activities and classes	24%	16%
Classes on managing chronic illness	8%	15%*
Assisted transportation	14%	14%
Personal care	10%	14%
Recreation activities	21%	14%
Congregate meals	10%	13%
Legal assistance	13%	13%
Loan of medical equipment	8%	13%
Education classes/trainings	12%	10%
Help for grandparents raising grandchildren	6%	10%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Social Support

Social support is another key factor shaping vulnerability. As people age and require more assistance, family, friends, and acquaintances can be an important source of material and emotional support, information, and diversion. Research shows that a lack of social support and social connectedness is associated with a range of adverse mental and physical health outcomes in older adults (White et al., 2009; Zanjari et al., 2022).

We measured social support using an 8-item version of the MOS Social Support Survey and a question on marital status from the American Community Survey (Moser et al., 2012; Sherbourne & Stewart, 1991; U.S. Census Bureau, 2008). The 8-item MOS Social Support Survey measures two dimensions of social support, instrumental social support and emotional social support, on a 100-point scale. We collapsed responses to the ACS marital status question into two categories: married or not married. We centered our analysis around the marital status question because research shows being married is a reliable indicator of social support in older adults (Gutiérrez-Vega et al., 2018; Zhang et al., 2024) and because we have demographic data on the number of married and unmarried seniors in Santa Fe County. To test whether marital status is, indeed, a valid measure of social support among our sample, we tested whether unmarried respondents had lower MOS social support scores. As predicted, we found that unmarried respondents had significantly lower instrumental ($t(1,114) = 13.9$, $p< 0.001$) and emotional ($t(1,114) = 10.7$, $p<0.001$) social support.

The downstream effects of reduced social support were also evident in our sample of seniors, with unmarried respondents having significantly worse physical health (χ^2 (1,n=1,138) = 50.26, p<0.001), higher risk of depression (χ^2 (1,n=1,068) = 13.87, p<0.001), and higher risk of food insecurity (χ^2 (1,n=1,114) = 42.47, p<0.001) (Table 25).

Table 25. *MOS social support scores (0-100), food insecurity, depression, and overall health status by marital status.*

	Not married	Married
Average Social Support Score		
Instrumental	43	71***
Emotional	55	75***
Food Insecure		
No	74%	89%***
Yes	26%	11%***
Depression		
No	88%	95%***
Yes	12%	5%***
Overall Health		
Poor or Fair	46%	26***
Good or Excellent	54%	74***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between married and unmarried respondents.
* p < 0.05
** p < 0.01
*** p < 0.001

We also found that unmarried respondents were significantly more likely to have used senior services in the past (χ^2 (1,n=1,153) = 5.74, p<0.05) and had higher anticipated service needs in the future (t(1,114) = 3.63, p<0.001) (Table 26).

Table 26. *Past service use and future service need by marital status.*

	Not married	Married
Used any senior services in the past	59%	51%*
Average number of different services expect to need in the next 10 years	2.6	1.9***

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between married and unmarried respondents.
* p < 0.05
** p < 0.01
*** p < 0.001

Future service needs were significantly higher among unmarried individuals for 10 out of the 17 service types (Table 27).

Table 27.*Proportion of married vs. unmarried respondents (n=1,153) reporting they would be very likely to need a given service in the next 10 years.*

Service	Not married	Married
Health screenings	33%	27%*
Housekeeping and home repair	26%	19%**
Physical fitness activities and classes	25%	21%
Recreation activities	23%	18%
Home-delivered meals	19%	9%***
Assisted transportation	17%	10%**
Group transportation	16%	11%*
Legal assistance	16%	10%*
Help for caregivers of seniors	15%	12%
Home visits or phone calls to socialize	15%	8%**
Congregate meals	14%	7%***
Education classes/trainings	13%	11%
Personal care	12%	9%
Medication assistance	11%	7%*
Classes on managing chronic illness	10%	7%
Loan of medical equipment	9%	8%
Help for grandparents raising grandchildren	7%	6%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Caregiver to Someone with Alzheimer's or Dementia

Being a caregiver to someone with Alzheimer's or dementia (AD) can cause significant financial, social, and emotional strain. To explore these dynamics among seniors in our sample, we included a question asking respondents whether they were AD caregivers. 84 respondents (7% of the sample) responded "yes". We compared these respondents to the rest of the sample along a range of metrics of vulnerability and health outcomes. Interestingly, we found no significant differences between AD caregivers and other seniors in terms of savings (AD, χ^2 (1,n=1,136) = 1.689, p>0.1), instrumental social support (t(96.5) = 1.92, p<0.1), emotional social support (t(93.6) = 1.52, p>0.1), overall health (χ^2 (1,n=1,143) = 0.117, p>0.1), or depression (χ^2 (1,n=1,089) = 0.053, p>0.1) (Table 28). The only significant difference was in rate of food insecurity (18.5% no AD, 27.4% AD; χ^2 (1,n=1,136) = 3.39, p<0.1). Although most differences between vulnerability characteristics were not significant, it should be noted that observed differences were always in one direction, pointing to worse outcomes for AD caregivers. It is possible that with a larger sample size, statistically significant differences might emerge.

Table 28. *Vulnerability characteristics by Alzheimer's/Dementia (AD) caregiver status.*

	Non-Caregiver	AD Caregiver
No Savings	22%	29%
Average Social Support Score		
Instrumental	57	49
Emotional	65	59
Food Insecure	19%	29%*
Poor/Fair Overall Health	37%	39%
Depressed	9%	11%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between groups.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Similarly, while AD caregivers had slightly higher past service use rates and future service needs compared with non-caregivers, these differences were not statistically significant (χ^2 (1,n=1,192) = 0.887, p>0.1, for past use; t(900) = 0.594, p>0.1, for future service needs) (Table 29).

Table 29. *Past service use and future service need by Alzheimer's/Dementia (AD) caregiver status.*

	Non-Caregiver	AD Caregiver
Used any senior services in the past	55%	61%
Average number of different services expect to need in the next 10 years	2.3	2.5

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between groups.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Comparing services by type reveals that the top service need of AD caregivers was services for assisting caregivers (Table 30). This suggests that caring for someone with Alzheimer's or dementia poses significant challenges, and many AD caregivers have a high need for caregiving assistance. However, these difficulties do not tend to manifest in other service needs. The only other service need that was significantly higher among AD caregivers was the loan of medical equipment.

Table 30.
Proportion of respondents reporting they would be very likely to need a given service in the next 10 years by Alzheimer's/dementia (AD) caregiver status (n=1,174).

Service	Non-Caregiver	AD Caregiver
Help for caregivers of seniors	12%	29%***
Health screenings	30%	26%
Housekeeping and home repair	23%	25%
Recreation activities	20%	23%
Physical fitness activities and classes	24%	20%
Legal assistance	13%	17%
Home-delivered meals	14%	16%
Loan of medical equipment	8%	16%*
Group transportation	13%	15%
Medication assistance	9%	15%
Home visits or phone calls to socialize	11%	14%
Personal care	10%	13%
Assisted transportation	14%	12%
Classes on managing chronic illness	8%	10%
Education classes/trainings	12%	9%
Congregate meals	11%	7%
Help for grandparents raising grandchildren	7%	7%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Grandparents Raising Grandchildren

We measured who was a grandparent raising grandchildren (GPRGC) using two questions from the American Community Survey (U.S. Census Bureau, 2005a). 46 respondents indicated that they were the primary caregivers to their grandchildren. We found that these individuals tended to have lower instrumental and emotional social support ($t(42.4) = 3.43$, $p=0.001$; $t(42.5) = 3.37$; $p<0.01$) and higher rates of food insecurity (χ^2 (1,n=1,145) = 6.537, $p<0.05$) (Table 31). However, they were not significantly different than the rest of the sample in terms of savings (χ^2 (1,n=1,138) = 0.157, $p>0.1$), risk for depression (χ^2 (1,n=1,091) = 1.48, $p>0.1$), and overall health (χ^2 (1,n=1,145) = 2.8, $p<0.1$).

Table 31.
Vulnerability characteristics of grandparents raising grandchildren (GPRGC) compared to non-grandparents.

	Not GPRGC	GPRGC
No Savings	22%	26%
Average Social Support Score		
Instrumental	57	38***
Emotional	65	49**
Food Insecure	19%	36%*
Poor/Fair Overall Health	36%	50%
Depressed	8%	15%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between proportions.
* p < 0.05
** p < 0.01
*** p < 0.001

There were also no significant differences between grandparents raising grandchildren and the rest of the survey sample in terms of past service use rates (χ^2 (1,n=1,192) = 2.276, p>0.1) and average number of future service needs (t(47.3) = -0.09, p>0.1) (Table 32).

Table 32. *Past service use and future service need for grandparents raising grandchildren (GPRGC) compared to non-grandparents.*

	Not GPRGC	GPRGC
Used any senior services in the past	56%	44%
Average number of different services expect to need in the next 10 years	2.3	2.3

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence (proportions) and t-tests (averages) were conducted to assess the statistical significance of differences between groups.
* p < 0.05
** p < 0.01
*** p < 0.001

The type of service that grandparents raising grandchildren reported needing the most was to receive help with raising grandchildren (Table 33). Not surprisingly, they reported needing this service at a much higher rate than the rest of the sample (32% vs. 6%). No other significant differences in service need were found. This suggests that being a grandparent raising grandchildren can pose significant difficulties, but these difficulties don't tend to manifest in other service needs, analogous to what was observed for AD caregivers.

Table 33.
Proportion of grandparents raising grandchildren (GPRGC) reporting they would be very likely to need a given service in the next 10 years compared to everyone else (n=1,175).

Service	Not GPRGC	GPRGC
Help for grandparents raising grandchildren	6%	32%***
Housekeeping and home repair	23%	28%
Health screenings	30%	26%
Recreation activities	20%	23%
Physical fitness activities and classes	24%	22%
Legal assistance	13%	21%
Group transportation	13%	17%
Education classes/trainings	12%	14%
Assisted transportation	14%	12%
Classes on managing chronic illness	9%	10%
Congregate meals	11%	10%
Help for caregivers of seniors	14%	10%
Home visits or phone calls to socialize	12%	7%
Home-delivered meals	15%	7%
Medication assistance	9%	7%
Personal care	11%	7%
Loan of medical equipment	9%	5%

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between categories.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Under 50-Year-Old Caregivers to Seniors

The final category of potential vulnerability we looked at was under 50 caregivers to seniors. Thirty-four such individuals took the survey. The youngest of these was 23 years old, and the oldest was 49, with the majority (59%) between the ages of 40 and 49. The caregiver sample was 68% female and had a higher proportion of Hispanic (41%) and American Indian (15%) than the rest of the survey sample.

Interestingly, the under-50 caregiver sample had significantly higher rates of food insecurity ($\chi2$ (1,n=1,130) = 9.74, p<0.01) and depression ($\chi2$ (1,n=1,083) = 9.48, p<0.01) than the over-50 sample (Table 34). They also had higher rates of poverty, but this difference was not statistically significant (χ^2 (1,n=976) = 2.45, p>0.1). Taken together, these results provide suggestive evidence that younger individuals in the County who are caregivers to seniors may face unique challenges. However, we cannot say this with any confidence due to the small sample size and lack of representative data of under 50 non-caregivers to compare to.

Table 34.
Vulnerability characteristics of under 50 caregivers compared to the rest of the sample.

	Over 50 sample	Under 50 caregivers
In poverty	22%	37%
Food Insecure	19%	42%**
Depressed	8%	26%**

Note: Statistically significant differences are indicated with asterisks ("*"). Chi-square tests for independence were conducted to assess the statistical significance of differences between proportions.
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

The only service that caregivers under 50 are eligible to receive from Senior Services is caregiver support. 26% of under-50 caregivers said they would be very likely to need caregiver support services in the future, which was twice as much as non-caregivers (13%). However, this difference was not statistically significant at the 95% confidence level (χ^2 (1,n=1,037) = 2.79, p<0.1), possibly due to the small sample size.

Population-Level Vulnerability and Service Need Estimates

The previous section showed that much of the variation in the service needs of seniors is explained by income status, disability, age, marital status, language spoken at home, AD caregiver status, and GPRGC status. In this section, we combine this understanding with demographic data about the County's senior population to estimate the overall level of senior need throughout the County.

Table 35 below shows the estimated number of seniors with different vulnerability characteristics for the entire county and broken down by region. These figures are based on the U.S. Decennial Census (age), the American Communities Survey 5-Year estimates for 2018-2022 (income, disability, language spoken, marital status, GPRGC status), and a 2023 study estimating Alzheimer's disease prevalence by county (Dhana et al., 2023). These demographic statistics reveal that there are thousands of seniors with each vulnerability characteristic living throughout Santa Fe County. Comparing across regions, the North has the lowest number of vulnerable seniors, whereas the Central region has the highest. This is because the total population is smallest in the North and largest in the Central region.

Table 35. *Number of seniors in key demographic categories for Santa Fe County and the three Census County Divisions: CCD North, CCD Central, and CCD South.*

	Number of Individuals in Each Category			
	SF County	North CCD	Central CCD	South CCD
Age				
60-74	38,089	4,327	20,874	12,888
75+	14,402	1,581	9,037	3,784
Income (65+)				
Poverty	4,767	852	2,724	1,191
Low	5,476	519	3,764	1,193
Middle	7,798	829	4,479	2,490
High	8,369	706	5,274	2,389
Disabled (65+)				
No	29,094	3,158	16,945	8,991
Yes	10,722	1,213	6,535	2,974
Language spoken at home (65+)				
English only	28,866	1,771	16,508	10,587
Other languages	10,963	2,593	6,550	1,820
Marital Status (60+)				
Not Married	23,393	2,761	14,835	5,797
Married	28,597	2,949	14,777	10,871
Grandparents Responsible for Raising Grandchildren (60+)	767	174	516	77
Seniors (65+) with Alzheimer's or Dementia	4,300	NA	NA	NA

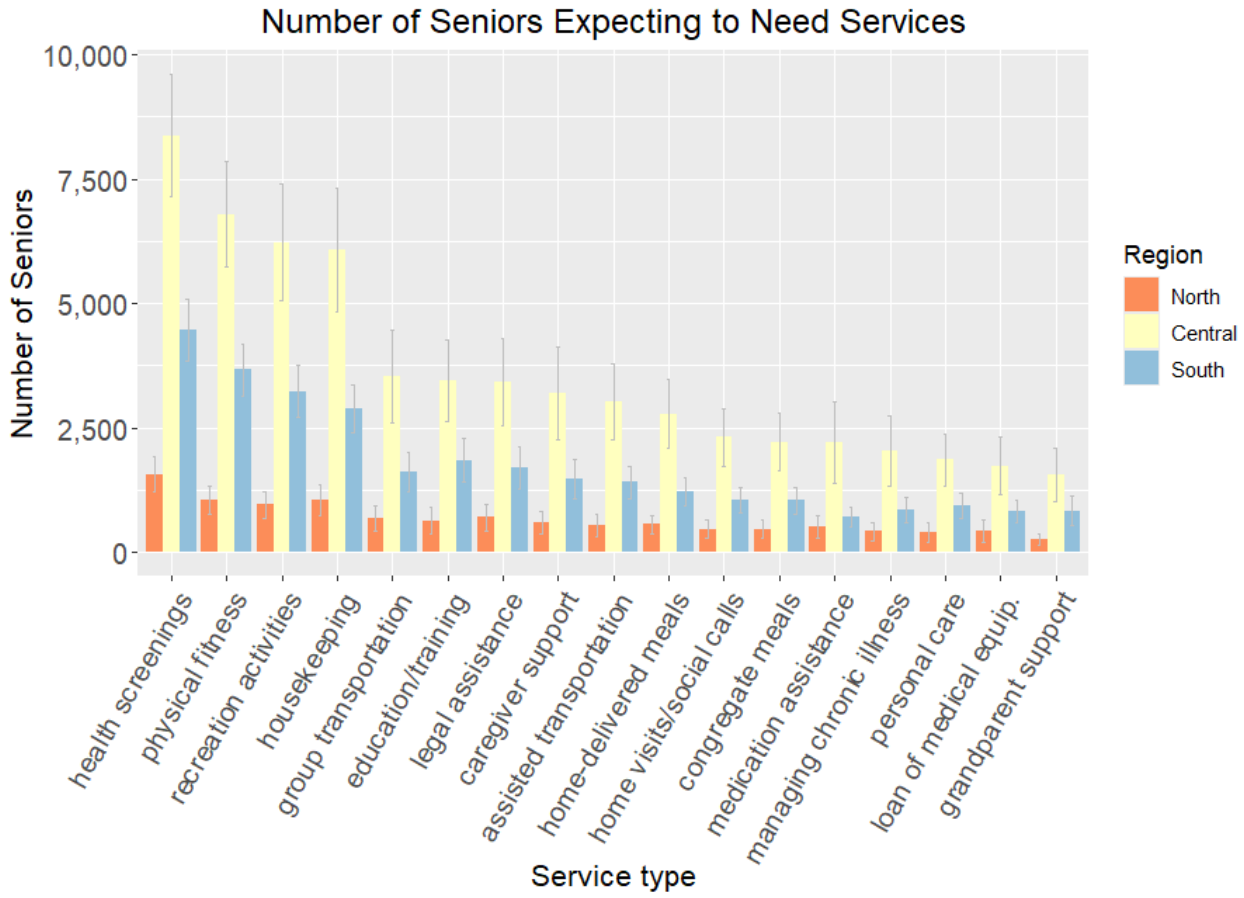
Note: "NA" denotes data that is "Not Available"

An important thing to keep in mind when reviewing these statistics is that you cannot sum across categories to get the total number of vulnerable seniors. This is because there is considerable overlap across categories. For example, many seniors in the *Seniors over the age of 75* category are also counted in the *Disabled* category. Consequently, there is no straightforward way to estimate the County's total service needs based on this table and the survey results. Fortunately, there is a procedure for combining these estimates with survey results, known as "raking", which can provide a more representative picture of overall service needs across the County (Battaglia et al., 2009). Raking is a process for weighting survey responses to match population proportions along multiple demographic variables. Doing this increases the representativeness of survey estimates for other variables for which we do not know population prevalences, like service needs.

We raked the survey sample along eight demographic variables: age, sex, race/ethnicity, income, housing tenure, marital status, disability, and language at home. We did not rake along GPRGC status because the population prevalences were too small (Battaglia et al., 2009). Prior to raking, missing values were imputed using the multivariate imputation by chained equations method (Buuren, 2018; Buuren et al., 2025). After raking, we multiplied the weighted

estimates of service needs by the County and CCD senior population sizes in order to get population-size weighted estimates of future service needs (Figure 4).

Figure 4. *Weighted estimates of senior service needs by region.*



Note: Error bars show 95% confidence intervals.

Some caution should be exercised in how these data are used and interpreted. Firstly, it should be noted that these are estimates of how many seniors in each region in the county *would say* they are likely to need a given service over the next ten years. This is not the same as what services people will "actually need," as people's ability to accurately predict the future is limited, and circumstances change. Secondly, while we weighted the survey to reflect population proportions of different vulnerability characteristics shaping senior need, we could not weight the sample to reflect overall population levels of motivation or disposition to use senior services. Many seniors, for whatever reason, may be averse to using Santa Fe County Senior Services and will seek support from other sources instead. Therefore, these numbers should be interpreted as the number of seniors who would benefit from each service, rather than the number of seniors who would actually use each service.

Due to the above limitations, we recommend that the weighted service need estimates shown in Figure 4 primarily be used to compare the *relative* number of seniors needing different services across different regions. In other words, the fact that more seniors are interested in health screenings than in group transportation across all three regions of the county is likely accurate. Similarly, there are more seniors needing this service in the Central region than in the

North or South. However, the actual number of seniors estimated to need this service for each region is likely less accurate.

Comparing relative service needs across service types and regions yields two main insights. Firstly, it shows that the absolute need across all service types is greatest in the Central region and lowest in the North. This is a simple matter of population size. While seniors in the North have higher average levels of vulnerability and need, their population is much smaller.

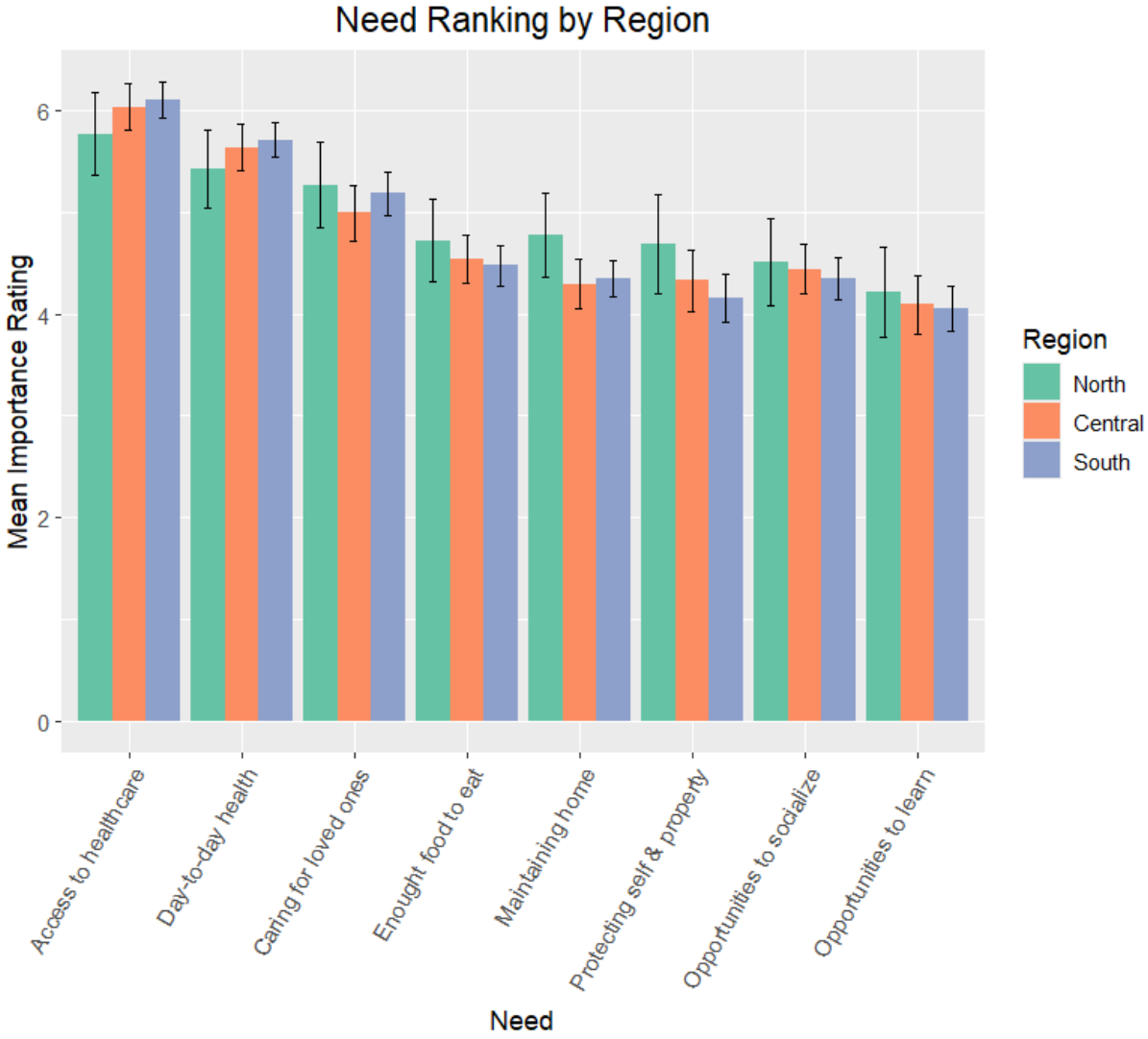
The second thing to notice is that what services are most and least popular is consistent across regions. For example, the most popular services across all three regions are:

1. Health Screenings (e.g., blood pressure, blood sugar, hearing, or vision screening services)
2. Physical fitness activities and classes to improve mobility and prevent injury
3. Recreation Activities– performing arts, games, music therapy, dance, crafts, etc.
4. Housekeeping, chore, and home repair assistance services

These are the services that the highest proportion of people anticipated needing in each region. The least popular service across all three regions was grandparent support. However, the fact that a service is the most popular does not necessarily mean it should be prioritized when distributing resources based on need. This is because some needs are more important than others, and some services are more important for meeting those needs.

Some of the most popular services may address some of the least important end-state needs. For example, recreation activities and physical fitness classes are likely valued by seniors, in large part, as ways to socialize and learn new things. According to seniors' own importance rankings, these are two of the least important needs (see Figure 5 below). That does not mean these needs do not matter for health and well-being. They do. However, it does suggest that the adverse effects of failing to meet these needs are less immediate compared to, for example, being unable to attend a dialysis appointment or bathe and dress oneself in the morning. As can be seen in Figure 5, the highest-ranked end-state needs across all three regions are: (1) having access to healthcare, (2) looking after one's day-to-day health, fitness, and hygiene, and (3) ensuring one's loved ones are taken care of. Whether to prioritize the most popular services or those targeting the most important needs is, ultimately, up to the County to decide.

Figure 5. *Average ratings of the importance of each need on a scale of 1 to 8. Higher ratings signify greater importance. These results were weighted using raking.*



Note: Error bars show 95% confidence intervals.

Conclusions

The Santa Fe County senior population is projected to grow by 23% from 2020 to 2030, with the oldest portion of that population growing the most. To effectively serve the needs of this growing senior population, the County will need to consider what resources are available and what service needs to be prioritized.

Inventorying what resources are available to Santa Fe County Senior Services is outside the scope of this study. However, we have provided a picture of past service provisioning by the County and neighboring jurisdictions, like the City of Santa Fe and Rio Arriba County. This provides a glimpse of the current service infrastructure and capacity that could be leveraged moving forward. In total, there are at least fifteen senior centers and meal sites within or bordering Santa Fe County (seven operated by the County, three operated by the City of Santa Fe, three operated by local pueblos, and two operated by Rio Arriba County). WellSky

consumer data shows that seniors often move between jurisdictions when accessing services. There may be an opportunity and shared interest in coordinating among the various senior service providers in the area to better serve their overlapping client populations.

To decide what service needs to prioritize, the County should consider what end-state needs seniors value most, what obstacles to achieving those needs they encounter as they age, what services and supports are necessary to help them overcome those obstacles, and where those services should be targeted for maximum effect. We have attempted to provide useful and reliable information about each of these points in this report.

We identified a minimum of eight different end-state needs senior services target, which we derived from a comprehensive list of 52 different senior services offered around the state. These end-state needs are:

1. Having access to healthcare
2. Looking after one's day-to-day health, fitness, and hygiene
3. Ensuring one's loved ones are taken care of
4. Having enough of the food one wants to eat
5. Maintaining one's home in good condition
6. Protecting oneself and property from others
7. Having opportunities to socialize with others
8. Having opportunities to learn and experience new things.

Each of these end-state needs is important to seniors' health and well-being. However, some needs may be more important than others or have more immediate adverse outcomes if they go unmet. We asked seniors to rank the eight end-state needs by importance. We found that seniors tended to rank (1) *having access to healthcare*, (2) *looking after one's day-to-day health, fitness, and hygiene*, and (3) *ensuring one's loved ones are taken care of*, as the most important.

We examined a range of factors that can make it more difficult for seniors to achieve their needs. These factors were economic disadvantage, disability, health status, language and cultural barriers, level of social support, being a caregiver to someone with Alzheimer's or dementia, and raising one's own grandchildren. Prior research shows that each of these factors is associated with a range of worse health and well-being outcomes. We documented many of these same associations among our survey sample.

Fortunately, senior services can help address or mitigate many of these vulnerabilities by targeting appropriate services to affected individuals. In this report, we detailed what services might be most advantageous for different senior subgroups based on feedback from affected seniors.

In planning what services to provide in the future to a growing senior population, the County will have to make tradeoffs among competing interests. Ideally, how it does this should be based on the goals it is trying to achieve. If the goal is to minimize the worst forms of suffering and hardship, it will be necessary to consider not just how many seniors want a given service but also how important that service is (Rawls, 1971). For example, the County might prioritize first ensuring that every senior can meet their basic healthcare needs, like receiving assisted transportation services for important medical appointments, before moving on to less urgent needs. On the other hand, if the goal is to provide a more egalitarian distribution of resources, the County may want to provide the services that are desired by the greatest number, like health screenings and recreation activities. Alternatively, the County could take a middle-

ground approach between these two principles by targeting the most important needs for a small number of seniors, while also providing some more popular services, like recreation activities, ahead of other slightly more important but less popular needs. An added benefit of including some widely popular services is that it could increase the profile of senior centers in the community and reduce any stigma that might be associated with using senior services.

Based on past service data, it appears Santa Fe County is already taking this latter, middle-ground approach in much of its service delivery. Whereas the majority of service units in recent years went to those with more serious needs, like providing home-delivered meals to a relatively small number of homebound seniors with disabilities and economic disadvantages, other services were targeted to a broader population, like congregate meals and recreation activities.

What goals Santa Fe County Senior Services decides to pursue as it plans services for the coming decade is ultimately up to the County to decide. We hope that this report has provided the necessary information for Santa Fe County to pursue its goals more effectively.

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Appendices

Appendix A. Santa Fe County Senior and Senior Caregiver Survey

Santa Fe County

Senior and Senior Caregiver Survey

Instructions: Please indicate your choice with a ✓or X inside the appropriate box.

For example: ☑ Or ☒

To take this survey, you must be either an adult aged 50 and older, or someone aged 18 and older who is the caregiver of someone 50 years or older.

Role: Which category best describes you? (*Please select only one*)

☐ Adult 50 years of age or older

☐ Adult 18 - 50 years of age and the caregiver or family member of someone 50 years of age or older

Note: If you are assisting someone who is over 50 years old to take the survey, please select the first option ("Adult 50 years of age or older").

If you select the second option, please answer all questions on behalf of yourself, NOT the person you are caring for.

Q1. What County do you live in? (*Please select only one*)

☐ Santa Fe County

☐ Rio Arriba County

☐ Torrance County

☐ Other

Q2. What is your home address ZIP Code? (*Please write your ZIP Code in the boxes below*)

#	#	#	#	#

Q3. Do you live in the City of Santa Fe?

☐ Yes

☐ No

☐ Unsure / Don't know

Q4. What year were you born? (*Please write the year you were born in the boxes below*)

Y	Y	Y	Y

Q5. What is your sex?

☐ Male

☐ Female

Q6. Which of the following best describes your race/ethnicity?
(*You may select more than one*)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other:_____

Q7. What is the highest level of school you have completed or the highest degree you have received? (*Select only one*)

☐ Less than HS diploma or GED

☐ High School Graduate (HS diploma or GED)

☐ Some college but no degree

☐ Associates degree (2-year)

☐ Bachelor's degree (4-year)

☐ Master's degree

☐ Professional degree (JD, MD)

☐ Doctoral degree

Q8. What is your best estimate of the total income of all family members from all sources, before taxes, <u>in the last calendar year (2024)</u>?
(*Please add your income AND the income of all family members living in your household*)

☐ Less than $10,000

☐ $10,000 to $14,999

☐ $15,000 to $19,999

☐ $20,000 to $24,999

☐ $75,000 to $99,999

☐ $100,000 to $149,999

☐ $150,000 to $199,999

☐ $200,000 or more

- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ Don't Know
- ☐ Decline to answer

Q9. Do you have any retirement savings? (*Select only one*)

- ☐ Yes, and I feel confident I will be able to live comfortably throughout my retirement.
- ☐ Yes, but I worry that I will not have enough saved to live comfortably throughout my retirement.
- ☐ No, I do not have any retirement savings.

Q10. What language do you primarily speak at home? (*Select only one*)

- ☐ English
- ☐ Spanish
- ☐ Other (please specify):_____

Q11. What is your marital status? (*Select only one*)

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never Married

Q12. Is the house or apartment where you live <u>owned</u> or <u>rented</u> by you or someone you live with? (*Select only one*)

- ☐ Rented
- ☐ Owned

Q13. Do you live in the same house or apartment as any of your own grandchildren under the age of 18? (*Select only one*)

- ☐ Yes
- ☐ No

☐ Not applicable. I don't have grandchildren.

If YES, are you responsible for taking care of most of the basic needs of your grandchildren who are under the age of 18 and living with you? (*Skip this question if you answered "No" above*).

☐ Yes

☐ No

Q14. Are you a caregiver to someone with Alzheimer's or Dementia?

☐ Yes

☐ No

Q15. Are you deaf or do you have serious difficulty hearing?

☐ Yes

☐ No

Q16. Are you blind or do you have serious difficulty seeing even when wearing glasses?

☐ Yes

☐ No

Q17. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

☐ Yes

☐ No

Q18. Do you have serious difficulty walking or climbing stairs?

☐ Yes

☐ No

Q19. Do you have difficulty dressing or bathing?

☐ Yes

☐ No

Q20. Because of a physical, mental, or emotional condition, do you have difficulty <u>doing errands alone?</u> (e.g., visiting a doctor's office or going shopping)

☐ Yes

☐ No

Q21. How would you describe your overall health right now? (*Select only one*)

- ☐ Excellent
- ☐ Very good
- ☐ Fair
- ☐ Poor

Q22. In the past 2 weeks, how often have you been bothered by any of the following problems?

(Mark one option on each line)

a.	*Little interest or pleasure in doing things.*			
	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day
b.	*Feeling down, depressed, or hopeless.*			
	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day

Q23. Do you have health insurance? (*Select all that apply*)

- ☐ Insurance through a current or former employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Insurance plan I purchased for myself, such as HealthCare.gov
- ☐ Veteran's health care (enrolled for VA)
- ☐ TRICARE of other military health care
- ☐ Indian Health Service
- ☐ Other: (please specify) _____

Q24. Please indicate how often the following statements were true regarding your food situation in the last 12 months—that is, since April 2024.

(Mark one option on each line)

a. *I worried whether my food would run out before I got enough money to buy more.*		
☐ Often true	☐ Sometimes true	☐ Never true
b. *The food that I bought just didn't last, and I didn't have money to get more.*		
☐ Often true	☐ Sometimes true	☐ Never true

Q25. People sometimes look to others for companionship, assistance, or other types of support. **How often is each of the following kinds of support available to you if you need it?** (*Mark one option on each line).*

a. *Someone to help you if you were confined to bed.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
b. *Someone to take you to the doctor if you needed it.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
c. *Someone to prepare your meals if you were unable to do it yourself.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
d. *Someone to help you with daily chores if you were sick.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
e. *Someone to have a good time with.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
f. *Someone to turn to for suggestions about how to deal with a personal problem.*				
☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time
g. *Someone who understands your problems.*				

☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time

h. *Someone to love and make you feel wanted.*

☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ All of the time

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Q26. What form of transportation do you use most often? (*Select only one*)

- ☐ My own vehicle
- ☐ Public Transportation
- ☐ Relatives and/or Friends
- ☐ Transportation by Senior Services
- ☐ No transportation available
- ☐ Other (please specify): _____

Q27. There are many things people value in life. You likely value some of these things more than others. Please rank the following in terms of their relative value to you.

(*Place a number 1-8 next to each item on the list, with 1 being* ***most valued****, and 8 being* ***least valued****. Use each number* ***only once****).*

What I value most is…

_____ Protecting myself and property from others.

_____ Having opportunities to socialize with others.

_____ Having access to healthcare.

_____ Having enough of the food I want to eat.

_____ Looking after my day-to-day health, fitness, and hygiene.

_____ Ensuring my loved ones are taken care of.

_____ Maintaining my home in good condition.

____ Having opportunities to learn and experience new things.

Q28. Different people may struggle to satisfy some needs more than others, based on their circumstances. **For you personally, what are the top four needs you worry about most as you get older?**

(*Pick only 4. Label your choices 1,2,3,4, with **1 being your greatest worry**, 2 your next greatest, and so on.*)

*As I get older, I worry I **will not** ...*

____ Be able to protect myself and property from others.

____ Have opportunities to socialize with others.

____ Have access to healthcare.

____ Have enough of the food I want to eat.

____ Be able to look after my day-to-day health, fitness, and hygiene.

____ Be able to ensure my loved ones are taken care of.

____ Be able to maintain my home in good condition.

____ Have opportunities to learn and experience new things.

Q29. The following is a list of senior services. **Please rate how likely you are to need each service in the next 10 years.**

[*Note*: If you are *under the age of 50*, please skip to sub-question "q" on the next page].

(*Mark one option on each line)*

a.	*Personal Care assistance – help with eating, dressing, bathing, grooming, toileting, etc.*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

b. *Congregate Meals – meals served in communal areas at senior centers*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

c. *Home visits or regular phone calls to check in on you and to socialize*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

d. *Loan of medical equipment -- wheelchairs, walkers, hospital beds, oxygen tanks*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

e. *Physical fitness activities and classes to improve mobility and prevent injury*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

f. *Assisted Transportation with door-to-door escort (e.g., to medical appointments)*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

g. *Classes on managing chronic diseases (e.g., diabetes self-management)*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

h. *Education classes/trainings to acquire new knowledge and skills*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

i. *Medication assistance to ensure you are properly using your medications*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

j. *Home-Delivered Meals - regular food deliveries to homebound seniors*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

k. *Help for Grandparents Raising Grandchildren (counseling; child summer camps)*

☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

...Q29 continued.

How likely are you to need each of the following Senior Services in the next 10 years?

l. *Health Screenings -- blood pressure, blood sugar, hearing, or vision screening services*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely
m. *Group transportation services (e.g., to go shopping)*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely
n. *Legal Assistance -- legal advice, counseling or representation by an attorney*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely
o. *Recreation Activities– performing arts, games, music therapy, dance, crafts, etc.*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely
p. *Housekeeping, chore, and home repair assistance services*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely
q. *Help for Caregivers of Seniors -- adult day care; respite care; support groups*				
☐ Extremely unlikely	☐ Unlikely	☐ Neutral	☐ Likely	☐ Very likely

Q30. Have you ever used any of the following Senior Services in Santa Fe County? (*Please mark all that apply*)

- ☐ Help for Caregivers of Seniors -- adult day care, respite care, support groups
- ☐ Congregate Meals – meals served in communal areas at senior centers
- ☐ Home visits or regular phone calls to check in on you and to socialize
- ☐ Loan of medical equipment (wheelchairs, walkers, hospital beds, oxygen tanks)
- ☐ Physical fitness activities and classes to improve mobility and prevent injury
- ☐ Assisted Transportation with door-to-door escort (e.g., to medical appointments)
- ☐ Home-Delivered Meals - regular food deliveries to homebound seniors
- ☐ Help for Grandparents Raising Grandchildren (counseling; child summer camps)
- ☐ Health Screenings -- blood pressure, blood sugar, hearing, or vision screening services
- ☐ Group transportation services (e.g., to go shopping)
- ☐ Recreation Activities -- arts, games, music therapy, dance, crafts, etc.
- ☐ Housekeeping, chore, and home repair assistance services

Q31. Where do you go to find information about senior services and other senior supports in your area? (*Please mark all that apply*)

- ☐ Senior center
- ☐ Healthcare provider
- ☐ Internet search
- ☐ Santa Fe Senior Services webpage
- ☐ Word of mouth
- ☐ Newspaper/newsletters

____

☐ Radio

☐ TV

☐ Social media (e.g., Facebook or Instagram)

☐ Do not receive information about senior services

☐ Other: (please specify) _____

☐ Don't know/Not sure

SURVEY ENDS HERE

Thank you very much for your time and consideration!

Appendix B.

End-state needs and associated senior service types.

End-state need	Service(s)
Protecting yourself and property from others.	• Legal Assistance -- legal advice, counseling or representation by an attorney
Having opportunities to socialize with others.	• Home visits or regular phone calls to check in on you and to socialize • Recreation Activities– performing arts, games, music therapy, dance, crafts, etc.* • Group transportation services (e.g., to go shopping)*
Having access to healthcare.	• Loan of medical equipment -- wheelchairs, walkers, hospital beds, oxygen tanks • Assisted Transportation with door-to-door escort (e.g., to medical appointments) • Health Screenings -- blood pressure, blood sugar, hearing, or vision screening services • Medication assistance to ensure you are properly using your medications*
Having enough of the food you want to eat.	• Home-Delivered Meals - regular food deliveries to homebound seniors • Congregate Meals – meals served in communal areas at senior centers • Group transportation services (e.g., to go shopping)*
Looking after your day-to-day health, fitness, and hygiene.	• Physical fitness activities and classes to improve mobility and prevent injury • Classes on managing chronic diseases (e.g., diabetes self-management) • Personal Care assistance – help with eating, dressing, bathing, grooming, toileting, etc. • Medication assistance to ensure you are properly using your medications*
Ensuring your loved ones are taken care of.	• Help for Grandparents Raising Grandchildren (counseling; child summer camps) • Help for Caregivers of Seniors -- adult day care; respite care; support groups
Maintaining your home in good condition.	• Housekeeping, chore, and home repair assistance services
Having opportunities to learn and experience new things.	• Education classes/trainings to acquire new knowledge and skills • Recreation Activities– performing arts, games, music therapy, dance, crafts, etc.*

Note: asterisks ("*") denote services that researchers assigned to more than one category.