



NEW MEXICO
AGING &
LONG-TERM
SERVICES
DEPARTMENT

New Mexico
Aging and Long-Term Services Department
Indian Area Agency on Aging (IAAA)
4-Year Area Plan
State Fiscal Years of 2017–2020



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Pueblo of Laguna

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Ohkay Owingeh

Pueblo of Picuris

Pueblo of Pojoaque

Pueblo of Sandia

Pueblo of Santa Ana

Pueblo of Santa Clara

Pueblo of Santo Domingo

Pueblo de San Felipe

Pueblo of Ildefonso

Pueblo of Taos

Pueblo of Tesuque

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Pueblo of Zuni

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Five Sandoval Indian Pueblos, Inc.

National Resource Center on Native American Aging

New Mexico Alliance of Health Councils

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March 2016—All Indian Game Day



May 2016—Santo Domingo Older Americans Month Celebration

I. Introduction

The Indian Area Agency on Aging (IAAA) is designated under state authority, through the New Mexico Aging and Long-Term Services Department (ALTSD), to work in partnership to develop a comprehensive and coordinated service system of senior centers and adult day care services in partnership with New Mexico's 19 Pueblos and 2 Apache Nations. The IAAA administers a "non-federally recognized" planning and service area, known as Planning and Service Area 6 (PSA 6), which is comprised of 21 of New Mexico's 22 tribal geographic service areas. IAAA general operational functions include contract management of state general funds, program compliance monitoring, and provision of technical assistance, advocacy and training.

The IAAA is authorized, by the ALTSD and New Mexico administrative rule (9.2.6.10(F) NMAC), to prepare this area plan covering the planning and service area it administers programs and services. The IAAA four year area plan consists of a compilation of tribal four year local plans and the comprehensive guidelines, goals and objectives of the ALTSD. The Area Plan contains provisions required by the Older Americans Act, federal rules and regulations, and state policies, and procedures; as well as assurances and commitments that the IAAA will administer activities funded under this area plan in accordance with all federal and state requirements. The period covered by this area plan is July 1, 2016 through June 30, 2020 and is submitted by the IAAA to the New Mexico Aging and Long-Term Services Department.

The area plan is the guide by which the IAAA develops and administers a comprehensive and coordinated system of services. The IAAA functions as an advocate and focal point for older people in New Mexico Planning and Service Area 6 (PSA 6). Conceptually, this area plan represents a process which translates needs assessment information, planning, coordination, capacity-building and evaluation efforts into the establishment of priorities for funding, coordinated services and the enhancement of comprehensive community-based systems.

In addition, the IAAA four year area plan proposes to build upon the aging network structure, by striving to fulfill three major purposes, as follows:

1. The IAAA Area Plan will serve as the planning document which identifies the strategic directions that will be undertaken by the IAAA relative to the provision of programs and services for older persons, individuals with disabilities and their caretakers in PSA 6.
2. The IAAA Area Plan will represent a pledge to the New Mexico Aging and Long-Term Services Department, which describes the charge in which the IAAA plans to distribute its designated funding, and how its administrative responsibilities will support this endeavor.
3. The IAAA Area Plan will be "the blueprint for action" which support the IAAA as a catalytic and collaborative partner as engages in new endeavors and advocates on behalf of older persons, individuals with disabilities and their caregivers in PSA 6.



II. Executive Summary

The Indian Area Agency on Aging (IAAA) administers the provision of programs and services, through its IAAA contractors, to ensure that tribal elders receive the following:

- Nutrition Services
- Social Supportive Services—Access to Services
- Social Supportive Services—In Home Services
- Social Supportive Services—Community Services
- Health Promotion/Disease Prevention
- Family Caregiver Support Services
- Adult Day Care Services

During State Fiscal Year 2016 (July 2015–June 2016) IAAA contractors provided services to approximately 8,762 tribal elders throughout 21 of the 22 tribal communities in New Mexico.

This was accomplished by employing the IAAA core values of:

- ...Promoting high-quality aging services
- ...Celebrating cultural diversity
- ...Strengthening partnerships and trust
- ...Engaging in team approaches
- ...Conducting responsible monitoring

Key leading initiatives included:

- Improving health and social outcomes and reducing health disparities, among American Indian/Alaska Native (AI/AN) elders, identified through the results of a National Needs Assessment conducted by the National Resource Center on Native American Aging (NRCNAA), IAAA Caregiver and Service Provider Questionnaires and an analysis of the AI/AN elder health status data as reported by the New Mexico Department of Health
- Implementing continuous quality improvement by identifying risk and protective factors affecting each tribe and identifying provision of services to address such factors
- Identifying environmental interventions and approaches through the social ecological model
- Conducting training to address needs identified by tribal contractors
- Distributing Healthy Aging Training Academy (HATA) web-based courses with an emphasis on nutrition and safe food services
- Elevating the health status of New Mexican American Indian elders

Moving forward, the IAAA has favorable opportunities and some distinct challenges, yet is uniquely positioned to provide greater benefits to tribal elders with key leading initiatives. The IAAA will continue to leverage the expertise gained by collaboration with tribal entities and designated key organizations to increase productivity and consumer satisfaction.

III. Overview of the Indian Area Agency on Aging

A. Vision and Mission

Vision

Honor healthy aging among American Indian elders by supporting culture, traditions and effective approaches that enrich a long life

Mission

Uphold endeavors that empower American Indian elders to live healthy with joy, respect and dignity in their tribal communities

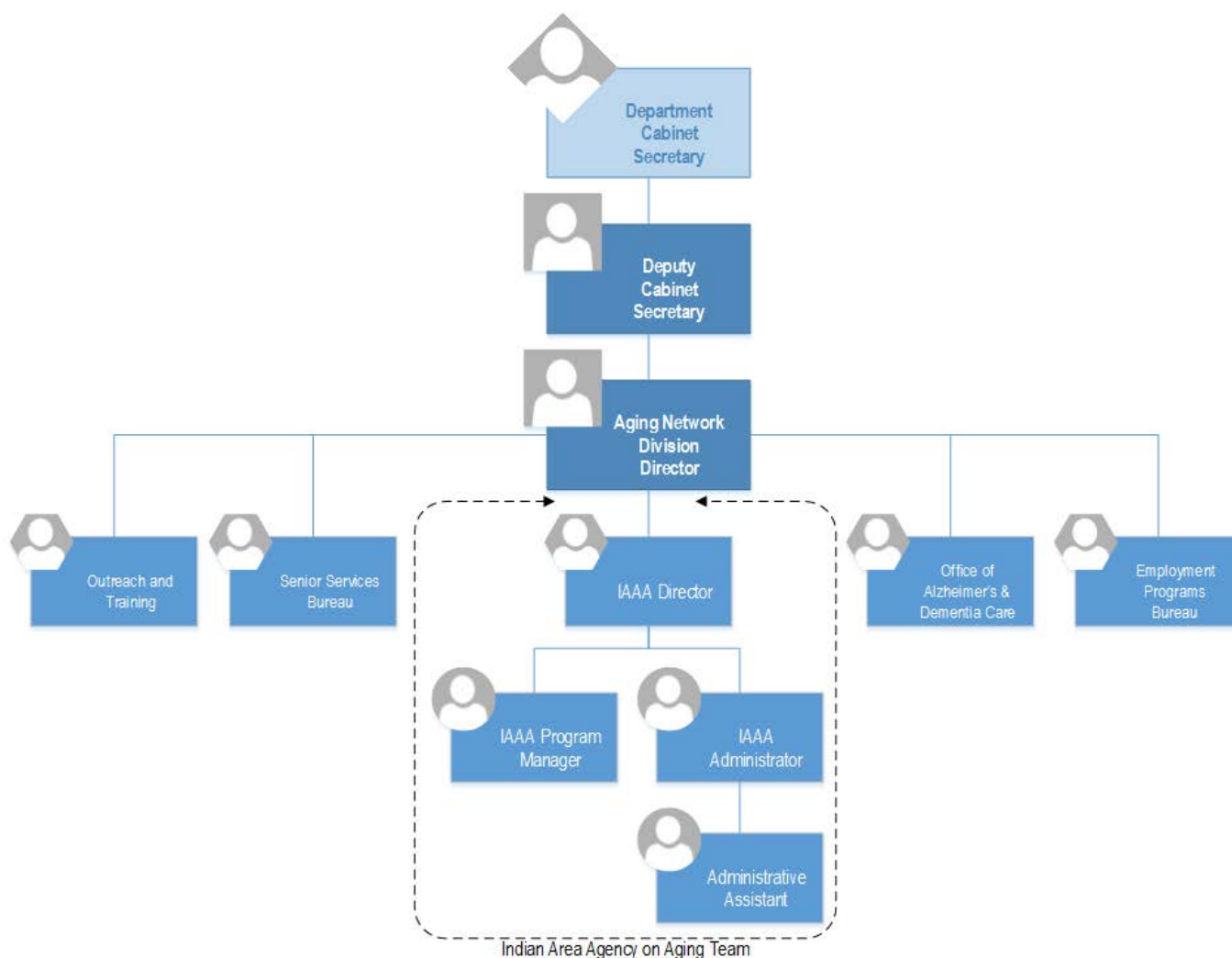


May 2016—Zuni Elder Awareness Day

B. Organizational Structure

"The Indian Area Agency on Aging provides contract management, program monitoring, technical assistance, advocacy and training to New Mexico's 19 pueblos and 2 Apache nations with regard to their provision of services to older adults. In 1991, the Aging and Long-Term Services Department entered into a joint powers agreement with the NM Department of Indian Affairs creating the first state-designed Native American Indian area agency on aging. The joint intent of the two departments was to empower the Indian Area Agency on Aging with roles and responsibilities similar to the state's federally designated area agencies and for it to serve as the leading advocacy organization for Indian elders in the state. In 2000, the Indian AAA was placed within the Aging and Long-Term Services Department."¹

Aging and Long-Term Services Department Indian Area Agency on Aging

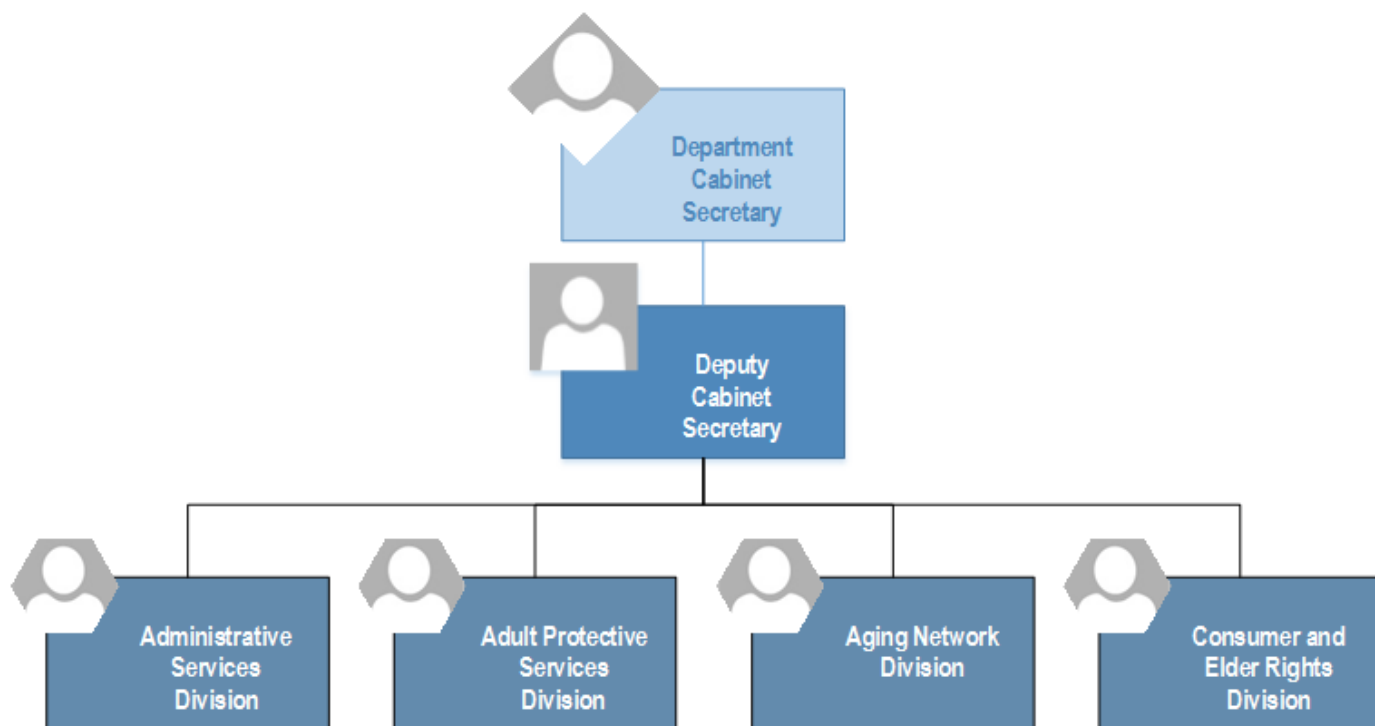


¹ New Mexico State Plan for Aging and Long-Term Services "Partners in Lifelong Independence and Healthy Aging" October 1, 2013–September 30, 2017

C. Sponsoring Organization Structure

"The role of the NM Aging and Long-Term Services Department is to develop programs and public policies which foster the delivery of integrated programs and services to adults in need, older persons, persons with disabilities, and their families, throughout New Mexico. The Department is charged with creating a seamless, comprehensive, efficient and cost-effective array of programs and services, which emphasize home and community-based long-term care, healthy and productive aging, economic security, protection of rights, and prevention of abuse, neglect and exploitation. The Department has the authority to develop and manage budgets and programs, issue rules and regulations, and develop this statewide plan for addressing the needs of older New Mexicans and New Mexicans with disabilities. The Older Americans Act and the Governor of the State of New Mexico authorize the Department to prepare this plan for delivering services to New Mexico's older adults and adults with disabilities. The Cabinet Secretary of the Aging and Long-Term Services Department is appointed by, and serves at the pleasure of, the Governor. By State statute, the Governor appoints an eleven-member Policy Advisory Committee to advise the Secretary regarding programs, policies and issues addressed by the Department."² The Aging and Long-Term Services Department consists of the Office of the Secretary and four divisions, the Administrative Services Division, the Adult Protective Services Division, the Aging Network Division and the Consumer and Elder Rights Division.

Aging and Long-Term Services Department



² New Mexico State Plan for Aging and Long-Term Services "Partners in Lifelong Independence and Healthy Aging" October 1, 2013–September 30, 2017

D. Staff Experience and Qualifications

Staff Title	Responsibilities
IAAA Director	<ol style="list-style-type: none">1. IAAA Management: Manage the operations of the IAAA statewide, including liaison with tribes, contract providers, advocates and others in the Aging Network. Recruit, hire, train, orient and supervise employees. Review and analyze program data. Make recommendations for program enhancements and/or changes based on data analysis. Develop, implement and maintain written program policies and procedures; train staff and contractors regarding policies and procedures. Manage the preparation and timely submission of applicable state and reports. Prepare a 4-year area plan.2. Contract Management: Conduct and /or supervise assessment of contract providers, including site visits, ensuring completion of assessments within required timeframes. Identify any areas that require corrective action and monitor contractors' corrective action plans. Develop and implement effective monitoring tools and processes to assess and maintain contract compliance with state and federal laws and regulations, and with funding requirements, goals and objectives. Provide technical assistance to contractors regarding policies, procedures, budgetary requirements, and capacity building, as well as in other areas as requested or required. Collect, analyze and report service provision data, with attention to ensuing contractors' performance obligations. Coordinate providers' submission of local plans and scopes of work as related to their contractual obligations.3. Budget Development and Fiscal Compliance: In collaboration with ASD fiscal staff, review and revise timelines for fiscal program reporting and coordinate budget adjustments as needed. Monitor and approve reimbursements to contractors. Allocate funding to New Mexico's 19 Pueblos and 2 Apache Nations to benefit Indian elders in New Mexico.4. Community and Public Relations: Represent the IAAA and ALTSD on designated committees and boards. Represent the IAAA throughout the state, among the aging network and at the legislature, as requested. Coordinate production of program collateral materials (brochures, flyers and the like) with the ALTSD Public Information Officer (PIO). Work with the ALTSD PIO to arrange media coverage for programs or respond to media requests. Respond to questions or concerns from legislators, consumers, providers and the general public.

Staff Title	Responsibilities
IAAA Program Manager	<ol style="list-style-type: none"> 1. Contract Management: Assist in managing contracts with tribal governments for the provision of services to older adults, including, but not limited to, nutrition services, transportation, adult day care and health promotion. Review, monitor, assess, and track service delivery, performance data and narrative reports. Conduct site visits of contractors. Assess contractor compliance with state and federal regulations and Department policies. Write assessment reports. 2. Universal Data Collection and Reporting: Assist with the on-going development, implementation and evaluation of the IAAA SAMS database roll plan for universal data collection, reporting and monitoring. Provide technical assistance to contractors in data collection with regard to accuracy, interpretation of units of service and strategies for making data-driven decisions. Attend monthly SAMS user group meetings. Work closely with ALTSD IT Department and <i>Mediware, Inc.</i> representatives. Monitor and report progress according to the SAMS roll-out performance measure guide and make recommendations for changes or shifting of priorities, as needed. 3. Training and Technical Assistance: Assist in developing, facilitating, and conducting training regarding state requirements, policies and procedures, nutrition sanitation and safety, customer service, and service delivery. Provide technical assistance and training to address areas of identified need, expansion, enhancement and non-compliance or to correct any deficiencies noted in assessment reports. Provide training and technical assistance on data collection requirements. 4. Constituent Liaison: In a culturally appropriate manner, handle constituent complaints, collaboratively working with tribal aging network providers and others to resolve issues. Answer constituent complaints and assist with community program resolution.



Santo Domingo Senior Center
Box Garden

Staff Title	Responsibilities
IAAA Administrator	<ol style="list-style-type: none"> 1. Administrative Support: Provide administrative and clerical support to the IAAA. Assist in processing contractor's requests for reimbursement. Update and maintain databases. Create fiscal and programmatic documents. Assist in scheduling, and in processing purchase orders, invoices and travel vouchers. Serve as the IAAA records archives liaison and the fiscal liaison. Supervise the older worker stationed with the IAAA. Assist with on-site assessments. 2. IAAA Representative - Outreach and Conference Planning: Represent the IAAA at various meetings, conferences, training events and the like, as requested. Serve on the Conference on Aging Planning Committee and related sub-committees. Facilitate Aging Network Training. Solicit sponsorships for the Conference on Aging. Conduct outreach for the ALTSD/IAAA; staff outreach tables at designated events. 3. AAA Constituent Liaison: Assist contractors, consumers and other by responding to questions and providing information, assistance and/or referrals. In a culturally appropriate manner, serve as "first responder" with regard to constituent complaints, collaboratively working with others to resolve issues. Answer constituent complaints and refer up the chain of command, as indicated.
IAAA Administrative Assistant	Administrative and Office Support: Serve as IAAA receptionist, and perform general clerical duties. Assist in maintaining electronic and hardcopy filing system. Handle requests for information and data, modifying/editing reports and other written documents. Conduct office supply inventory. Perform monthly data entry. Attend meetings, conferences and/or events. Assist with on-site assessments. Perform other duties as assigned.



Jicarilla Senior Center Dining Room

E. Composition of the Advisory Committee

The ALTSD Policy Advisory Committee (PAC), which was formed in 1989, provides continuing advice to the Secretary and the Department regarding services, activities, and programs. The PAC consists of members appointed by the Governor to staggered, four-year terms, who represent a cross-section of geographic locations, ethnic backgrounds, ages, and abilities.

The governor shall appoint an eleven-member advisory committee to the state agency on aging in accordance with the provisions of the Executive Reorganization Act [9-1-1 to 9-1-10 NMSA 1978]. In establishing the committee, the governor shall take note of any federal requirements regarding membership and shall appoint members for staggered terms of four years. Members of the committee shall be reimbursed for services as provided for in the Per Diem and Mileage Act [10-8-1 to 10-8-8 NMSA 1978] and shall receive no other compensation, perquisite or allowance.³

Name of Policy Advisory Committee Member	Title	Location
Russell Boor		(Las Cruces)
Darel Devenport		(Roswell)
Carol Dolan		(Becenti)
Clara Farah		(Ruidoso)
Joie Glenn		(Albuquerque)
Dolores Roybal		(Santa Fe)
Richard Griffith		(Alamogordo)
Ronald Montoya		(Albuquerque)
Lena Smith		(Rio Rancho)
William M. Waugh		(Taos)
VACANT		



February 2016—American Indian Day at the NM Roundhouse

³ NMSA 1978 Executive Reorganization Act [9-1-1 to 9-1-10]; Per Diem and Mileage Act [10-8-1 to 10-8-8 NMSA 1978]

F. Advisory Committee Meeting Schedule

Policy Advisory Committee Official Board Meeting Schedule 2016			
<i>First Quarter</i>			
Major Topics: Legislative review and planning			
PAC Meeting	Tuesday 4:00pm to 6:00pm	January 19, 2016	Con Alma Health Foundation 144 Park Avenue Santa Fe, NM 87501
Senior Day	Wednesday 10:00am to 2:00pm	January 20, 2016	Santa Fe Roundhouse
<i>Second Quarter</i>			
Major Topics: ALTSD Division, Bureau, and program reviews and updates			
PAC Meeting	Tuesday 10:00am to 3:00pm	May 10, 2016	Taos, NM
Aging Network Training (ANT)	Wednesday and Thursday	May 11–12, 2016	Taos, NM
<i>Third Quarter</i>			
Major Topics: PAC Annual Business meeting—Election of Officers, review of Bylaws, membership, roles and responsibilities; ALTSD Budget			
PAC Meeting	Monday 9:30am to 4:30pm	August 22, 2016	Isleta, NM
New Mexico Conference on Aging	Tuesday and Wednesday	August 23 and 24, 2016	Isleta, NM
<i>Fourth Quarter</i>			
Major Topics: Annual Business meeting follow-up; ALTSD Division, Bureau, and program updates			
PAC Meeting	TBA	December (TBA)	TBA
Aging Network Training (ANT)	TBA	December (TBA)	TBA



December 2014—IAAA Contractors Training

G. Current Funding for IAAA Contract Services

Funding Amount		Funding Source
FY16	2,540,341	New Mexico State General Funds (SGF)
FY17	2,522,000	New Mexico State General Funds (SGF)

H. Fiscal Management

“New Mexico State Government Performance Based Budgeting System (PBBS)

PBBS requires a strategic plan, updated each state fiscal year and formally submitted with the annual budget. The strategic plan includes priorities, goals, objectives, performance measures and targets, which are reviewed quarterly and annually by the Department’s senior management, bureau chiefs and program managers, as well as by the Department of Finance and Administration and the Legislative Finance Committee. The Department’s Strategic Plan is aligned with the State Plan and the Area Plans developed by the state’s four Area Agencies on Aging. The NM Accountability in Government Act requires state agencies to develop and implement performance measures against which organizational and cost effectiveness can be evaluated. The act identifies five types of performance measures:

1. Efficiency—measures cost per unit of service provided,
2. Explanatory—measures external factors over which an agency has little or no control, but that have a material effect on the agency’s ability to achieve its goals,
3. Outcome—measures the actual impact or public benefit of a program,
4. Output—measures the volume of work completed or the level of actual services or products delivered,
5. Quality—measures the value of the service being provided.”⁴

ALTSD and IAAA staff provide programmatic and fiscal technical assistance in a timely manner to contractors as necessary and upon request. ALTSD disburses state general funds to contractors, on a monthly reimbursement basis, upon receipt of complete and accurate requests for reimbursement and required program and data reports.

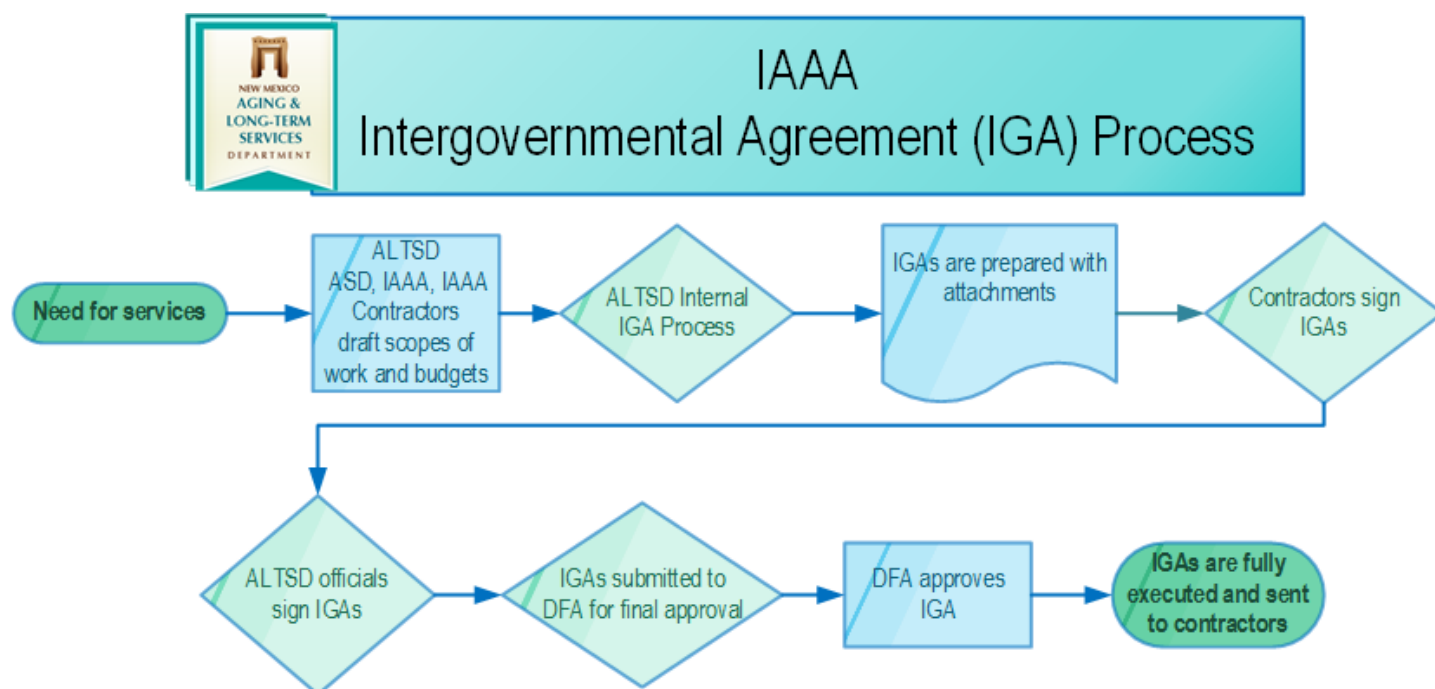
⁴ New Mexico State Plan for Aging and Long-Term Services “Partners in Lifelong Independence and Healthy Aging” October 1, 2013–September 30, 2017

Indian Area Agency on Aging

IAAA staff comply with all federal and state statutes, rules and policies with regard to general operational functions, including contract management, program monitoring and provision of technical assistance, advocacy and training. IAAA staff conduct periodic site visits of contractors, at the Department's discretion, to evaluate progress, identify best practices or problem areas and determine actions to be taken by parties to resolve any problems that may be identified.

An IAAA review team conducts on-site program and fiscal monitoring reviews of each contractor at least once every 2 years and provides contractors with reports of findings. IAAA staff schedules reviews at mutually convenient times, and provides the contractors with monitoring tools prior to reviews. IAAA staff certify monthly contractor requests for reimbursement, which are subject to approval by the ALTSD Aging Network Division Director, to ensure that expenditures meet all federal and state requirements.

Diagram of the IAAA Intergovernmental Agreement Process:



Draft Version:7.2016

I. Client and Service Data Collection

Authority

Includes the Older Americans Act of 1965, as amended in 2016; the New Mexico Accountability in Government Act, NMSA 1978 6-3A-1 *et seq*; and agreements between the New Mexico Aging and Long-Term Services Department (ALTSD) and Area Agencies on Aging.

Background

New Mexico aging programs have used "Harmony Information System Inc." software since 1998 for meeting the reporting requirements of the US Administration for Community Living Administration on Aging. This software is the basis of the New Mexico aging programs information system.

Harmony Information Systems Inc. Customer Portal

The customer portal provides ALTSD and its contractors with web-based access to the SAMS database. The service is available 24 hours a day, 7 days a week, except for periodic scheduled maintenance. Access to the customer portal is limited by user ID.

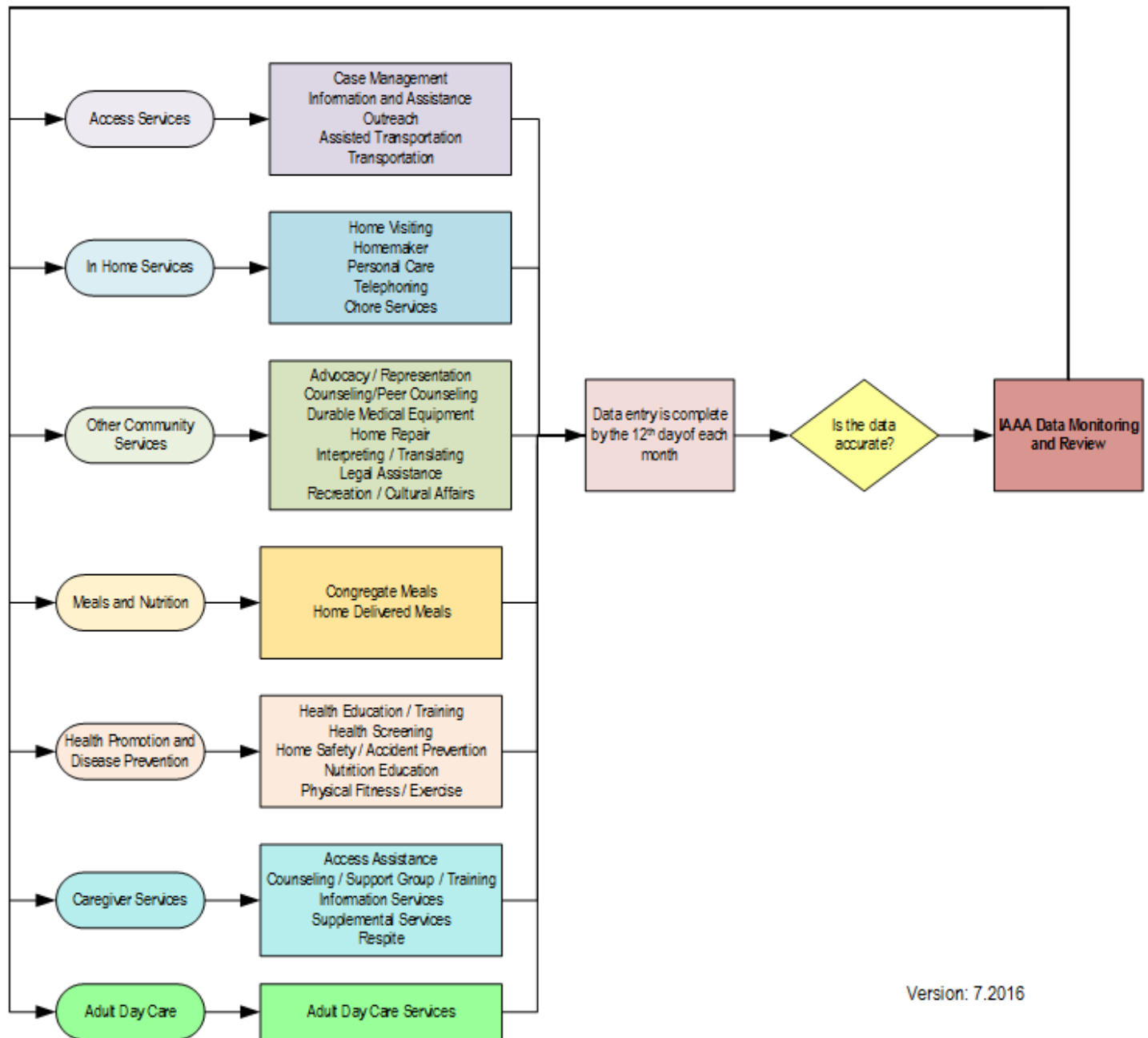
SAMS

The SAMS database is a web-based software application used to collect and report New Mexico aging network consumer and service data. The software application is provided under a license agreement with *Mediware Harmony Information Systems, Inc.* The agreement contains restrictions on the use of the software, and is protected by copyright law. Reverse engineering of the software is prohibited. All users are covered by this license agreement. SAMS includes software applications, databases, hardware, communications equipment, forms, instructions and guidance that function in a coordinated manner.

Consumer and service data generated provided by tribal senior and adult day care centers (ALTSD contractors) through the utilization of state general funds, assists the IAAA in making sound management decisions that foster the development and implementation of comprehensive and coordinated systems. Analysis of this data serves as one of the evaluation methods to monitor fulfillment of annual performance measures and other contractual obligations by contractors who enter into Intergovernmental Agreements with the ALTSD.

All provider level users function under the direction of the ALTSD/IAAA with regard to the use of SAMS Case Management software. Requirements for provider level users include: participation in SAMS training; participation in IAAA SAMS user group meetings; registering consumers and assessments into the SAMS database; collecting consumer service data and entering it in the SAMS database on a monthly basis; ensuring that service data is accurate and valid by the date established by ALTSD/IAAA; and complying with ALTSD/IAAA policy, security/confidentiality agreements and additional operational guidance as developed by the ALTSD/IAAA.

IAAA Flow of Service Data in SAMS



Version: 7.2016

J. IAAA Accomplishments

State Fiscal Year 2015 (July 2014–June 2015) IAAA Accomplishments	
July 2014	A 2-year review cycle for Senior Center and Adult Day Care Center formal on-site assessments was established with 10 of the 24 IAAA contractor sites set to be fully assessed in FY 2015. Assessment tools were revised and/or created with the intent of conducting a comprehensive assessment of each site and providing a written report to each IAAA contractor.
July 2014	The IAAA continued developing and refining a roll-out plan for IAAA contractors to meet IAAA and ALTSD reporting requirements and performance measures through the use of the Social Assistance Management Software (SAMS) statewide database system (developed by <i>Harmony Information System, Inc.</i>). The IAAA SAMS database roll-out plan included obtaining user licenses and clearance (assigned log-ins and passwords) for IAAA contractor data entry staff (end-users), IAAA end-users attended SAMS orientation and completed on-line training (January 2015), IAAA staff and selected end-users to participate in a Harmony-led discovery meeting (January 2015), developed (with the assistance from ALTSD and Harmony) an IAAA administrator and end-user training plan/manual in a “train-the-trainer” format, and executed the SAMS database system at the tribal sites. Execution of the use of the database was determined by tribal sites’ levels of readiness.
July 2014	The IAAA, ALTSD Office of Alzheimer’s and Dementia Care, the National Indian Council on Aging (NICOA) and the Alzheimer’s Association – New Mexico Chapter are engaged in an inaugural initiative (first in the U.S.) that addresses tribal caregivers’ needs through the implementation of an expanded Savvy Caregiver Project . Individuals from tribal senior centers and other community members are invited to participate in the four-part initiative. The components include completing 7-weeks of caregiver training, completing a Train-the Trainer module, completing NICOA’s “ <i>The Savvy Caregiver in Indian Country</i> ” supplemental train-the-trainer training, followed by implementing the project in tribal communities.
September 2014	The Director of the IAAA attended the National Indian Council on Aging (NICOA) 2014 Biennial Conference held September 3-6, 2014 in Phoenix, AZ. The IAAA Director presented a workshop entitled, “ <i>Approach with Beauty: Braiding Excellence in our Programs and Services for our Elders</i> ”, and participated on a speakers’ panel with representatives from the U.S. Department of Health and Human Services/Administration for Community Living/American Indian, Alaskan Native and Native Hawaiians Program, and from the Arizona Inter-Tribal Council, Inc. The panelists shared their views and recommendations regarding Aging Network Services for American Indian/Alaskan Native Elders.
November 2014	The IAAA, the Alzheimer’s Association - New Mexico Chapter, and the ALTSD Office of Alzheimer’s and Dementia Care collaborated with the Pueblo of Jemez Senior Center to offer the 4th Annual Family Caregiver Conference on Alzheimer’s and Dementia on November 17, 2014. This provided an opportunity for caregivers, relatives, service providers and others to learn more about Alzheimer’s disease and related dementias, an American Indian worldview of dementia and aspects of caregiving and how the ALTSD State Plan on Alzheimer’s Disease and Related Dementias impacts tribal communities. Approximately 90 individuals attended.

State Fiscal Year 2015 (July 2014–June 2015) IAAA Accomplishments	
January 2015	The IAAA was directed by ALTSD to conduct formal on-site program assessments of all 3 tribal adult day care centers (ADCs). As these were the first formal ADC assessments conducted by the IAAA, a battery of assessment tools was developed to address six program areas: administration, policy, facility, client records, personnel records, and vehicles. Standards used to measure compliance/success/quality were derived from several federal, state, Department and IAAA rules, regulations, policies, procedures and guidance documents. These included the Code of Federal Regulations— Transportation, Emergency Equipment (Title 49, Subtitle B, Chapter III, Subchapter B, Part 393), New Mexico Administrative Code (NMAC) for Public Property Management – Administration and Use of State Vehicles (1.5.3 NMAC), New Mexico Administrative Code for Adult Day Care – Requirements for Adult Day Care Facilities (7.13.2 NMAC), New Mexico Administrative Code for Transportation and Highways-Motor Carrier General Provisions (18.3.4 NMAC), New Mexico Aging and Long-Term Services Department – Adult Day Care Standards and the Indian Area Agency on Aging Policy and Procedures Manual (Fall 2014). All ADC site assessments were conducted in the month of January 2015 by the IAAA Program Manager and Director, with assistance from tribal ADC personnel.
January 2015	Nine IAAA contractors from six tribes, representing six senior centers and three adult day care centers, agreed to serve as the IAAA SAMS pilot sites . In January 2015, pilot site end-users and other key staff attended an ALTSD/Harmony discovery meeting to provide input regarding database development. The pilot sites assisted the IAAA/ALTSD in refining policy, process, and protocols related to service utilization data collection and reporting. This effort streamlined data collection and reporting processes, and minimized time IAAA staff and IAAA contractor spent on these processes, through the transition from manual data collection and reporting processes to a state-wide universal electronic data collection and reporting processes. The system also provided a mechanism to generate reports in real-time to assist with data-driven decision-making and forecasting of future service needs at the contractors' level.
May 2015	The IAAA collaborated with the U.S. Department of Health and Human Services, Administration for Community Living, Office of Nutrition and Health Promotion Programs, to offer a webinar on <i>Meal Costs Calculation for Tribal Senior Centers</i> . The webinar on May 14, 2015, was established at the request of IAAA Contractors interested in calculating donation amounts for meals at their tribal sites for guests/non-eligible individuals as a means to generate program revenue.
June 2015	The IAAA continued to provide training and technical assistance to its contractors with the intent of strengthening and coordinating services and programs to meet the social, health and nutritional needs of New Mexico's American Indian elders.



July 2015—National Senior Olympic Medalist

State Fiscal Year 2016 (July 2015–June 2016) IAAA Accomplishments	
July 2015	IAAA distributed fully-executed FY 2016 Intergovernmental Agreements with all IAAA contractors; conducted monthly monitoring of program and fiscal performance measures; and implemented a 2-year on-site assessment review cycle for 11 of the 24 Tribal Senior Center and Adult Day Care Center sites. Assessment tools were revised and/or created with the intent of conducting a comprehensive assessment of each site and providing a written report to each IAAA contractor.
July 2015	IAAA staff volunteered and presented at the Santa Ana Senior Center's Fourth of July Celebration and BBQ . Staff presented an overview of the Older Americans Act of 1965, ALTSD and IAAA services and shared the importance of becoming active in senior advocacy to heighten awareness of senior needs. Approximately 50 individuals attended.
August 2015	The IAAA, ALTSD Office of Alzheimer's and Dementia Care, the National Indian Council on Aging (NICOA) and the Alzheimer's Association—New Mexico Chapter co-presented at the New Mexico Conference on Aging on August 18, 2015. The presentation was entitled, " <i>Savvy Caregiver in Indian Country</i> ". Individuals from tribal senior centers and other community members were invited to participate in the four-part initiative. The Savvy components include the following: 7-week caregiver training; Train-the Trainer module; NICOA's " <i>The Savvy Caregiver in Indian Country</i> " supplemental train-the-trainer training; and implementing the project in tribal communities.
August 2015	The IAAA attended a meeting with Federal, State and Tribal Officials on August 26, 2015 facilitated by the New Mexico Indian Title VI Coalition President and hosted at the Pueblo of San Felipe. The purpose was to inform tribal leaders and governmental representatives about the coalition, programs for elders and the financial status of providing elder services, and to create an alliance to support continued Native American elder services. U.S. Congresswoman Michelle Lujan-Grisham sought support from several representatives to join her in designing a strategic plan to address the issues presented at this meeting.
September 2015	The IAAA/ALTSD joined many other local, regional and statewide organizations that provide programs and services to seniors by staffing an outreach table at the 2015 New Mexico State Fair on SENIOR DAY held on September 14, 2015. Approximately 1,150 individuals received information and materials from ALTSD staff.
September 2015	IAAA hosted its Fall IAAA Contractors' Training on September 17, 2015 with over 55 individuals attending. The Contractors' Training goal is " <i>to strengthen the capacity of IAAA contractors and tribal representatives regarding ALTSD and IAAA processes and procedures that support the enhancement of services for our New Mexico American Indian elders</i> ". The primary topics included: an overview of the 4-Year Local Plan process; review of the newly-designed IAAA SAMS intake and assessment form; and discussion of the field implementation of SAMS data collection and reporting.
October 2015	IAAA fully activated its Social Assistance Management Software (SAMS) statewide database system roll-out plan with 21 of the 22 NM tribes over the course of two fiscal years. A component of the roll-out plan included placing the tribes in one of two groups called "WAVE 1" (pilot sites) and "WAVE 2". This meant tailoring action steps at various levels of implementation. Ed Ackron, IAAA program Manager, was identified as the lead IAAA SAMS Administrator. This role entailed becoming proficient in navigating through SAMS with assistance from <i>Mediware, Inc.</i> , the ALTSD IT-unit and the SAMS user group. In October 2015, IAAA activated its full field launch by orienting the tribal sites regarding the use of the newly-designed SAMS intake form and creating client records in SAMS followed by reporting service data to meet contractual requirements.
October 2015	From January to October, 2016, <i>Mediware, Inc.</i> , provided several SAMS hands-on training sessions with IAAA tribal field users. During the week of October 5, Mediware and the IAAA Program Manager conducted five "WAVE 1" pilot site field visits to provide direct technical assistance. This provided an opportunity for feedback, lessons learned and re-design of components of the roll-out plan for "WAVE 2" providers.

State Fiscal Year 2016 (July 2015–June 2016) IAAA Accomplishments	
October 2015	The IAAA, ALTSD Office of Alzheimer's and Dementia Care, the National Indian Council on Aging and the Alzheimer's Association—New Mexico Chapter co-presented at the Inaugural National Conference on Alzheimer's Disease/Dementia in Native American Communities: Issues, Impact and Next Steps on October 15, 2015, sponsored by the Banner Alzheimer's Institute in Scottsdale, AZ. The presentation was entitled " <i>Building Caregiver Confidence Through The Savvy Caregiver Program</i> ". In the evaluation results, 88% of the respondents reported the speakers' presentation was effective. One respondent wrote, "Information was interesting. I wish we could do what they are doing".
November 2015	IAAA hosted a Mediware SAMS training session for WAVE 2 providers on November 5–6, 2016. WAVE 1 providers were invited to attend as a refresher. Overall, approximately 27 individuals attended the two-day training. Topics included: SAMS overview, searching for a consumer, using the IAAA intake form, completing an assessment, entering service delivery data and producing reports. Training manuals were provided.
November 2015	The IAAA Director was invited by Kun Huang, Ph.D., Professor at the UNM School of Public Administration , to present on November 5, 2016, during his Health Policy and Management graduate class. The presentation was entitled, " <i>American Indian/Alaska Natives and Two Systems of Care</i> ". The presentation addressed health care for a vulnerable population (namely the American Indian population), federal-tribal relationships, Indian Health Services, health disparities, and social determinants of health, and their impact upon American Indian elders programs and services available through New Mexico tribal senior centers and adult day care centers.
November 2015	The IAAA Program Manager hosted the IAAA inaugural IAAA SAMS User Group Meeting on November 17, 2015 with 12 individuals attending. Topics included: IAAA updates, review of the IAAA Intake Form and discussion on users' experience, what works, what doesn't work and status of service data entry.
November 2015	The IAAA Director co-presented with ALTSD Cabinet Secretary, Myles Copeland, at the 5th Annual Jemez Caregiver Conference on November 18, 2015 with approximately 50 individuals attending. This presentation featured the components of the NM State Plan for Family Caregivers.
November 2015	IAAA staff volunteered as servers and kitchen staff during the Jemez Thanksgiving Dinner hosted at the Jemez Senior Center on November 20, 2016. Approximately 189 individuals attended and had a full thanksgiving meal and enjoyed the family atmosphere.
December 2015	The IAAA hosted its Winter IAAA Contractors' Training on December 1, 2015 with over 50 individuals attending. The training included a panel presentation on the Intake Process and Intake Forms, "best practices" regarding referrals, Native Elder Abuse, a second panel presentation on Client Safety and Recommendations for Senior Centers and Adult Day Care Operation Policy and Procedures, as well as IAAA updates and announcements. In the training evaluation, 96% of the respondents reported that the training objectives were met and the value of the training met their needs. Comments from respondents: "Good information on elder abuse. Reminder on what to look for when conducting home visits"; "All panel members were very knowledgeable in their area of services"; and "A positive future with direction".
December 2015	The IAAA Program Manager hosted an IAAA SAMS User Group Meeting on December 16, 2015 with 13 individuals attending. Topics included: IAAA updates as to status of WAVE 1 and WAVE 2 providers' service data entry in the production database, review of the revised IAAA Intake Form, continued discussion on users' experience, what works, what doesn't work and status of service data entry and creation of Consumer Groups.

State Fiscal Year 2016 (July 2015–June 2016) IAAA Accomplishments	
December 2015	IAAA staff volunteered as servers during the Laguna Christmas Dinner hosted by the Laguna Senior Center on December 18, 2016. Over 125 individuals attended and had a wonderful time with dinner, and music by a local band along with dancing.
January 2016	The IAAA Program Manager hosted an IAAA SAMS User Group Meeting on January 14, 2016 with 16 individuals attending. Topics included: Consumer searches to reduce duplicate files, overview of SAMS and the end user requirement document, extensions of timelines for WAVE 1 and WAVE 2 providers, IAAA Intake Form, discussion on users' experience, what works, what doesn't work and status of service data entry and users request for SAMS Refresher Training in the month of February.
February 2016	Throughout the month of February, IAAA staff, through facilitation by the ALTSD-Aging Network Division Data/Fiscal Manager, began the process of redefining the IAAA Mission Statement along with creating a Vision Statement, Values and Objectives.
February 2016	The IAAA Program Manager developed and facilitated an inaugural IAAA SAMS Database Training on February 18 and 25, 2016 hosted at the Santa Clara Pueblo Senior Center and at the ALTSD-Albuquerque office, respectively, with a total of 19 individuals attending. In the training evaluation, 66% of the respondents reported that training objectives were met and 80% reported that training enhanced their learning.
March 2016	The IAAA Director was invited to join a panel to address <i>Health Inequalities in the Tribal Populations</i> on March 13, 2016, at the 2016 Teaching Prevention Conference , sponsored by the Association for Prevention and Teaching Research held in Albuquerque. The panel included the Director of Native Strong: Healthy Kids, Healthy Futures Program associated with The Notah Begay III (NB3) Foundation. There were approximately 80 individuals in attendance. The presentation included an overview of the American Indian/Alaska Native population, health disparities, social determinants of health, the medicine wheel concept of health, cultural belief systems and strategies for teaching prevention and research.
March 2016	The IAAA staff assisted New Mexico Senior Olympics as volunteers at the All Indian Games Day held March 16–17, 2016 at the Pueblo of Isleta. Over 400 seniors from 17 Pueblos and Tribes and seven Navajo Chapters competed in 14 sporting events. IAAA's Administrative Assistant, representing the Pueblo of Isleta Senior Center, earned a gold medal in the Basketball Free-throw and in the 400 meter estimated walk and a silver medal for Frisbee Accuracy.
March 2016	The IAAA hosted a "brown-bag" lunch meeting with facilitation by the Aging Network Division Program and Fiscal Data Manager on March 29, 2016, to discuss and seek feedback on the revised IAAA Mission Statement and the newly-designed Vision, Values and Objectives. Those in attendance included ALTSD Cabinet Secretary Myles Copeland and Aging Network Division Bureau Chiefs and Program Managers.
April 2016	In preparation for the FY 2017 Intergovernmental Agreements between the tribal contractors and the IAAA/ALTSD, the IAAA hosted four work sessions on April 1, 4 and 6, 2016, to review the FY 2017 Scopes of Work, revised budget worksheets and reformatted Units of Service Definition document. These sessions included individualized technical assistance with regard to the ALTSD contract preparation process, as well as the process of making data-driven decisions regarding unit of service and consumer counts reported in contractors' FY 2016 stats reports.
April 2016	The IAAA, the ALTSD Office of Alzheimer's and Dementia Care, the National Indian Council on Aging and the Alzheimer's Association—New Mexico Chapter, co-presented at the New Mexico Public Health Association Annual Conference on April 13, 2016 held in Las Cruces, NM. The presentation was entitled, "Launching Evidence-based Caregiver Support Services in Indian Country: NM Tribes Leading the Way". This presentation provided an overview of the Savvy Caregiver Expanded Project through the lens of highlighting how caregiving is an important component of the public health agenda.

State Fiscal Year 2016 (July 2015–June 2016) IAAA Accomplishments	
April 2016	The IAAA Director presented an overview of IAAA and tribal senior center and adult day care services through the “Program Spotlight” at the Indian Health Services (I.H.S.) Advisory Council on April 20, 2016. This provided an opportunity to inform Albuquerque Area I.H.S. providers about the aging network structure, seek feedback and advisement on the IAAA Health Promotion/Disease Prevention (HP/DP) roll-out plan, and re-emphasize the need for continued or new collaboration among IAAA tribal contractors, I.H.S. and other tribal HP/DP resources. Approximately 13 individuals attended.
May 2016	The IAAA hosted a Spring IAAA Contractors’ Training on May 10, 2016 in Taos, NM with approximately 55 individuals attending. The topics included: an overview on the health status of and health disparities among New Mexico American Indian elders, introduction of the IAAA Health Promotion/Disease Prevention roll-out plan through a public health framework, a panel presentation on Senior Center and Adult Day Care Vehicle Maintenance and Prevention, and IAAA/ALTSD updates and announcements from the ALTSD Administrative Services Division, ALTSD Contracts office, ALTSD Capital Projects Bureau and the IAAA.
June 2016	The IAAA continued to provide training, technical assistance, advocacy, and strategic planning in partnership with its contractors, to strengthen and coordinate a breath of services and programs to meet the social, health, nutrition, caregiving and adult day care needs of New Mexico’s American Indian elders.



October 2015—NM visit with US DHHS Assistant Secretary Greenlee and ACL Title VI Director Cynthia LaCounte

IV. Identified Needs of the IAAA

"The core values of an organization are those values we hold which form the foundation on which we perform work and conduct ourselves. We have an entire universe of values, but some of them are so primary, so important to us that throughout the changes in society, government, politics, and technology they are STILL the core values we will abide by. In an ever-changing world, core values are constant. Core values are not descriptions of the work we do or the strategies we employ to accomplish our mission. The values underlie our work, how we interact with each other, and which strategies we employ to fulfill our mission. Core values are the basic elements of how we go about our work. They are the practices we use (or should be using) every day in everything we do."

<https://www.nps.gov/training/uc/whcv.htm>

Guiding Principles—Core Values

- ...Promote high-quality aging services
- ...Celebrate cultural diversity
- ...Strengthen partnerships and trust
- ...Engage in team approaches
- ...Conduct responsible monitoring



November 2015—Thanksgiving Dinner in Jemez

A. Demographics of Older Persons in Planning & Service Area 6

Pueblo/ Tribe/ Nation	Tribal/Pueblo/ Nation Population	50+ Tribal/Pueblo/Nation Population and as a % of Total Population		Other American Indian 50+	African-American 50+	Asian 50+	Hispanic/ Latino 50+	Total Senior Population 50+
Acoma	4540	514	11%					514
Cochiti	1303	209	16%				2	211
Isleta	3440	1333	39%	1250	5	2	25	2615
Jemez	3752	948	25%	60				1008
Jicarilla Apache	3944	955	24%					955
Laguna	4043	1226	30%					1226
Mescalero Apache	5037	810	16%	47	3		25	885
Nambe	1951	715	37%					715
Ohkay Owingeh	3357	987	29%					987
Picuris	68	25	37%					25
Pojoaque	1907	545	29%					545
Sandia	469	86	18%		1		4	91
Santa Ana	1014	786	78%					786
Santa Clara	1018	136	13%					136
Santo Domingo	5135	302	6%	616				918
San Felipe	3796	852	22%	27				879
San Ildefonso	524	182	35%					182
Taos	2548	818	32%					818
Tesuque	233	81	35%					81
Zia	921	185	20%					185
Zuni	9686	2160	22%	152	3	16	55	2386
Total	58686	13799		2208	12	18	111	16148

Source: IAAA Contractors, Four-Year Local Plans, 2016–2020

Pueblo/ Tribe/ Nation	Poverty (low-income) 50+		Poverty (low-income) Minority 50+		Limited English proficiency 50+		Individuals Residing in Rural Areas/ Isolated 50+		Individuals with Alzheimer's Disease and Related Disorders 50+		Individuals Living Alone 50+	
	#	%	#	%	#	%	#	%	#	%	#	%
Acoma, n=514												
Cochiti, n=211	109	52%	109	52%	24	11%	209	99%	4	2%	12	6%
Isleta, n = 2615	840	32%	840	32%	800	31%	1066	41%	107	4%	267	10%
Jemez, n=1008	948	94%	948	94%	800	79%	948	94%	19	2%	72	7%
Jicarilla Apache, n=955											210	22%
Laguna, n=1226												
Mescalero Apache, n=885	520	59%			25	3%	810	92%	125	14%	52	6%
Nambe, n=715												
Ohkay Owingeh, n=987												
Picuris, n=25												
Pojoaque, 545												
Sandia, n=91	2	2%	2	2%			3	3%			20	22%
Santa Ana, n=786												
Santa Clara, n=136												
Santo Domingo, n=918												
San Felipe, n=879	613	70%			852	97%	852	97%	16	2%	39	4%
San Ildefonso, 182												
Taos, n=818			144	18%			818	100%			40	5%
Tesuque, n=81												
Zia, n=185							128	69%				
Zuni, n=2386	2160	91%	1887	79%	1120	47%	1460	61%	105	4%	250	10%
Total	5192		3930		3621		6294		376		962	

Source: IAAA Contractors, Four-Year Local Plans, 2016–2020

Pueblo/ Tribe/ Nation	Grandparents Raising Grandchildren/Kin ship Caregivers 50+		Individuals with Disabilities 50+		Veterans 50+		Individuals At Risk for Institutional Placement 50+		Lesbian, gay, bisexual transgendered (LGBT)	
	#	%	#	%	#	%	#	%	#	%
Acoma, n=514										
Cochiti, n=211	36	17%	16	8%	11	5%	3	1%		
Isleta, n = 2615	467	18%	80	3%	333	13%	267	10%	67	3%
Jemez, n=1008	15	1%	19	2%	125	12%				
Jicarilla Apache, n=955	210	22%								
Laguna, n=1226										
Mescalero Apache, n=885	758	86%	210	24%	45	5%	125	14%	15	2%
Nambe, n=715										
Ohkay Owingeh, n=987										
Picuris, n=25										
Pojoaque, 545										
Sandia, n=91			6	7%	7	8%			1	1%
Santa Ana, n=786					20	3%				
Santa Clara, n=136										
Santo Domingo, n=918					39	4%				
San Felipe, n=879			83	9%	31	4%	7	1%		
San Ildefonso, 182										
Taos, n=818	50	6%			39	5%	96	12%		
Tesuque, n=81										
Zia, n=185										
Zuni, n=2386	122	5%	136	6%	118	5%	45	2%	62	3%
Total	1658		550		768		543		145	

Source: IAAA Contractors, Four-Year Local Plans, 2016–2020

Pueblo/ Tribe/ Nation	Adult Day Care	Hospitals/Clinics	Long- Term Care Facilities	Volunteer Programs	Public Transportation Systems	Housing	Behavioral Health Centers	Economic Initiatives	Tribal Community Health Councils*
Acoma									X
Cochiti	X	X			X		X		X
Isleta	X		X		X	X			
Jemez		X			X	X	X	X	
Jicarilla Apache		X			X		X		
Laguna		X	X		X		X		
Mescalero Apache		X	X		X		X		
Nambe	X	X	X		X				
Ohkay Owingeh		X	X		X	X	X		
Picuris	X	X	X		X				
Pojoaque	X	X	X		X				
Sandia		X	X		X		X		
Santa Ana		X	X		X		X		
Santa Clara	X	X	X		X				X
Santo Domingo		X			X	X	X		
San Felipe		X			X	X	X		
San Ildefonso	X	X	X		X				X
Taos		X			X				
Tesuque					X				
Zia		X	X		X		X		
Zuni	X	X			X				
Total	7	18	12		20	5	11	1	4

Source: IAAA Contractors, Four-Year Local Plans, 2016–2020

*New Mexico Alliance of Health Councils



B. Characteristics of Planning Service Area 6

"Planning and Service Area 6 includes nineteen federally-recognized Pueblos and two federally-recognized Apache Nations. These tribes and pueblos receive Title VI federal funding directly from the U.S. Administration for Community Living/Administration on Aging. To supplement the Title VI federal funding, the Aging and Long-Term Services Department awards significant state funding, under contract, to each sovereign tribal government. The Indian AAA works with each tribal provider to manage these contracts. Each tribe in PSA 6 has a tribal council, which acts as the legislative arm of the tribal government, and a tribal court, which performs the judicial functions of the government. Each tribal government operates a tribal senior program. There are more than 17,600 Indian elders living in New Mexico, participating in various senior services offered in their communities. Tribal senior centers provide congregate and home delivered meals, as well as social supportive services, health promotion/disease prevention, and caregiving services. Some centers also offer adult day care and volunteer programs. Tribally-based services are most effective in reaching the target elderly populations. However, low salaries and poor benefits contribute to staff turnover, thereby increasing the need for onsite training, an important factor in capacity building.

Communal living and decision making by consensus are two of the characteristics of Indian tribal life in New Mexico. Daily living is tied to a religious calendar which emphasizes ceremonial activities to mark the seasons of the year. There is a cultural imperative to keep elders at home, in the community. The vast majority of frail Indian elders live at home, cared for by family members; many live with several generations of family. Some of the tribal programs provide in-home services and caregiver support. Adult Day Care Centers operate in the Pueblos of Isleta, Santa Clara and Zuni. Three tribal long-term care facilities are currently operating in PSA 6; the Laguna Rainbow Nursing Center located in the Pueblo of Laguna, 50 miles west of Albuquerque, the Isleta Assistant Living Center in the Pueblo of Isleta, 20 miles south of Albuquerque, and the Mescalero Care Center in the Mescalero Nation in southern New Mexico. The Mescalero Nation, Zuni Pueblo and the Indian Health Service Acoma-Canoncito-Laguna Service Unit have dialysis care units.

New Mexico's Indian lands can be described as rural or frontier and predominantly isolated from urban areas. This isolation impacts tribal members' access to services, and particularly impacts tribal elders. There is a need for additional long-term services (both in-home and facility-based), access to adequate medical care, expanded transportation services, adequate housing and legal services to address issues of elder abuse, neglect or exploitation. The major concerns of Indian elders in PSA 6 include transportation, nutrition, long-term care and social support services. In addition, elders are concerned about the role of Indian Health Service in providing long-term care and geriatric care. The Indian AAA conducts outreach to identify Native American Indian elders eligible for assistance, and inform them of the availability of aging programs and benefits, including those provided directly by the Department. These outreach efforts place special emphasis on reaching older individuals with the greatest economic and social needs, with particular attention to those with low incomes. The Indian AAA maintains an active advocacy network which responds to Indian elder concerns throughout the state, and works to address identified gaps and barriers."⁵

The IAAA collaborates with the following organizations on an on-going basis:

- USDHHS, Administration for Community Living/Administration on Aging
- National Indian Council on Aging

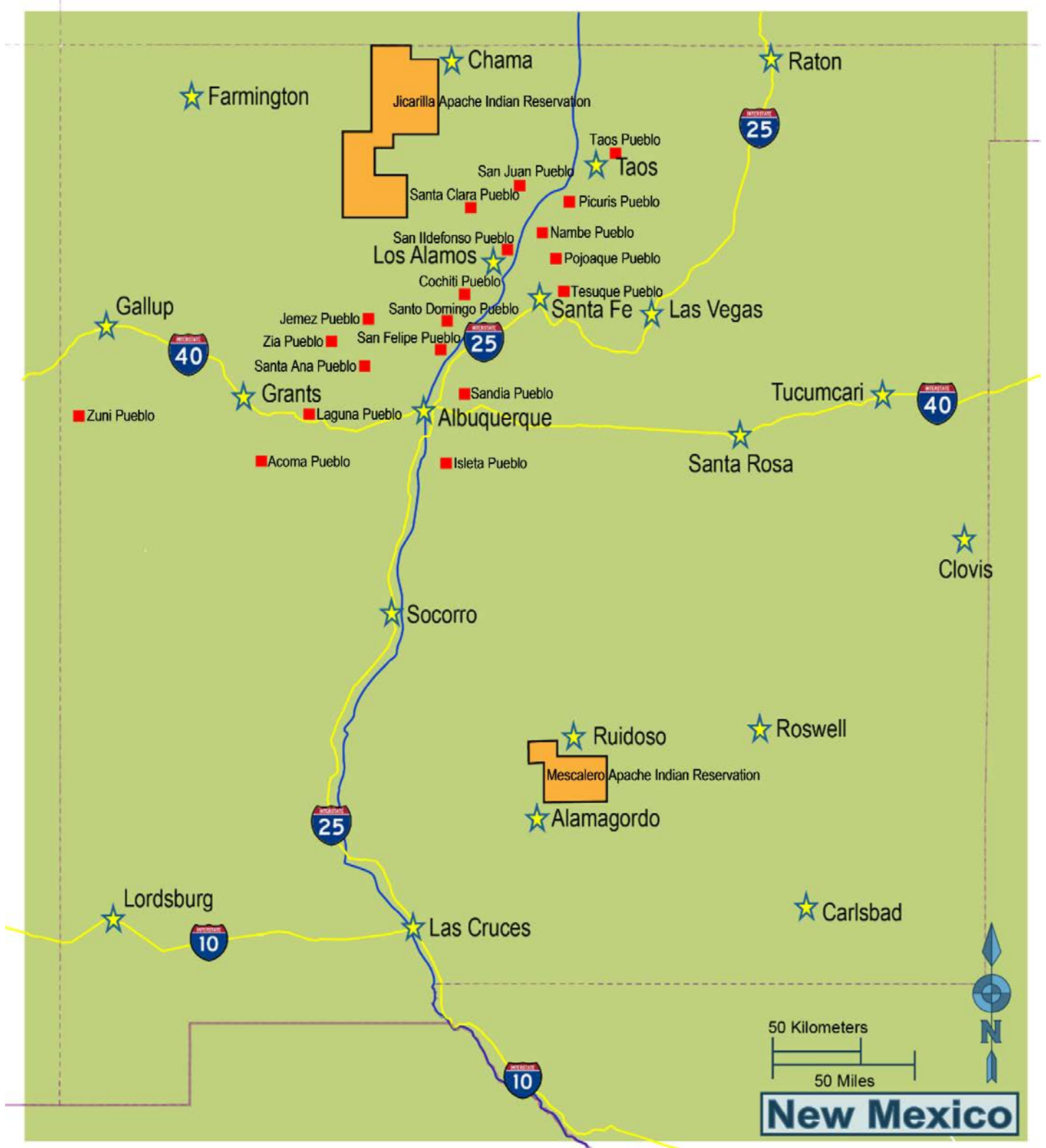
⁵ New Mexico State Plan for Aging and Long-Term Services "Partners in Lifelong Independence and Healthy Aging" October 1, 2013–September 30, 2017

- New Mexico Indian Council on Aging
- The Alzheimer's Association, New Mexico Chapter
- New Mexico Department of Information Technology, NM Broadband Program
- New Mexico Indian Affairs Department
- New Mexico Senior Olympics, Inc.
- New Mexico Hunger Summit
- University of New Mexico, School of Public Administration
- ALTSD Aging and Disability Resource Center
- New Mexico Department of Health
- New Mexico Alliance of Health Councils
- Indian Health Services



April 2016—Intergenerational Activity in Jemez

PSA 6 Map: New Mexico's 19 Pueblos and 2 Apache Nations



C. Needs Assessment

Major findings indicate that there is a need for continued, dynamic collaboration as a way of enriching American Indian elders' services currently being offered by the New Mexico Aging and Long-Term Services Department, and its contractors.

Health Equity in New Mexico

Health disparities are particularly prevalent in New Mexico, a minority-majority state where greater than 50% of the population is comprised of racial or ethnic minorities. According to 2014 population estimates, 2,091,432 people live in New Mexico. Of these, 46.4% are Hispanic and 41.4% are non-Hispanic White (hereafter referred to as White). In comparison, although the United States is increasingly diverse, Whites make up over 60% of the national population. Additionally, 8.8% of New Mexicans are American Indian, representing 23 federally recognized tribes, pueblos and nations as follows: the 19 Pueblos, the Navajo Nation, the Mescalero Apache Nation, the Jicarilla Apache Nation, the Fort Sill Apache Tribe of Oklahoma; and urban off-reservation populations.

Geography also impacts health care and health outcomes, by influencing when people access care and how often, their choice of providers, the type of care available, and differences in the environment. New Mexico is a vast state comprising 121,298 square miles. It is the fifth largest state by land mass, but has only four cities with populations of 50,000 or more, and only 17.2 persons per square mile, making it one of the most rural states. Due to its size and lack of population centers, many people residing in rural parts of the state find it difficult to access basic resources such as health centers, hospitals, food pantries, and grocery stores. Over 40% of the state's population is estimated to live in Primary Care Health Professional Shortage Areas.

The great diversity of peoples, practices and beliefs in New Mexico sometimes create barriers to health equity and impact overall health status. One important measure of general health status is Self-Assessed Health Status, or Self-Rated Health, which identifies how an individual perceives his or her health. This is considered to be a good indicator of important health outcomes including functional status, chronic illness, and mortality, and is associated with an individual's education level, socioeconomic status, and race or ethnicity. It also allows for comparisons across populations and over time.

In New Mexico, more than 20% of the population has reported a health status of fair or poor, with greater disparities among Hispanics, African Americans, and American Indians, and well over the national average of 16.7%. Specifically, individuals with less than a high school education, and those making less than \$15,000 a year report fair or poor health status more so than any other group.⁶

⁶ Health Equity in New Mexico, 10th Edition, January 2016, NMDOH

New Mexico American Indian/Alaska Native Elders Health Status— New Mexico Department of Health

According to the New Mexico Department of Health, approximately 224,160 American Indian/Alaska Natives (AI/AN) reside in New Mexico, with approximately 17,650 individuals identified as AI/AN elders, age 65+ (2014).

New Mexican American Indian Elders	
American Indians, age 65+, have the highest death rates in New Mexico , in comparison to Whites, Hispanics, Blacks, Asians and Pacific Islanders. (NMDOH, 2014)	
2014–2015 American Community Survey Data for Older AI/ANs within NM	
Percent of population living below poverty level (65 years or older)	48.0%
Percent responsible for own grandchild (among grandparents 60 years or older)	42.4%
Percent of adults age 65 or older living with disabilities	51.8%
Percent of adults age 65 or older reporting veteran status	19.4%
Source: 2014 American Community Survey 5 year estimates	

The Ten Leading Causes of Death Among AI/ANs Age 65+ within New Mexico, 2011 to 2014	
Cause of Death	Rate
1. Circulatory, Heart Disease (ICD10: I00-I09, I11, I13, I20-I51)	684.2
2. Neoplasm, Malignant (ICD10: C00-C97)	662.9
3. Diabetes Mellitus (ICD10: E10-E14)	426.6
4. Circulatory, Cerebrovascular Diseases (ICD10: I60-I69)	190.3
5. Respiratory Disease, Influenza and Pneumonia (ICD10: J09-J18)	188.7
6. Injury, Unintentional injuries (ICD10: V01-X59, Y85-Y86)	183.8
7. Nephritis, Nephrotic Syndrome and Nephrosis (ICD10: N00-N07, N17-N19, N25-N27)	128
8. Chronic Liver Disease and Cirrhosis (ICD10: K70, K73-K74)	111.6
9. Respiratory, Chronic Lower Respiratory Diseases (ICD10: J40-J47)	103.4
10. Septicemia (ICD10: A40-A41)	85.3
Source: New Mexico IBIS	

New Mexico Health Needs Assessment— National Resource Center on Native American Aging

The National Resource Center on Native American Aging (NRCNAA), was established at the University of North Dakota (UND) in Grand Forks, under a Cooperative Agreement with the Administration on Aging, United States Department of Health and Human Services. The resource center is a collaboration between the UND Office of American Indian Student Services (formerly the Office of Native American Programs) and the UND Center for Rural Health. The resource center's purpose is to work closely with local service providers throughout the nation to address the needs of American Indian, Alaskan Native and Native Hawaiian elders. The NRCNAA helps American Indian communities identify evolving Native elder health and social issues through a national needs assessment and assists them in developing community-based solutions.⁷

Below are results from a survey entitled, "Identifying Our Needs: A Survey of Elders IV". The survey was made available to New Mexico tribes, through tribal senior centers, to administer within their tribal communities. Out of the 22 New Mexico tribes, 13 tribes administered the survey to approximately 1,662 tribal elders (age 55+) and submitted the results to NRCNAA for data analysis and reporting.



September 2015—Senior Day at New Mexico Expo

⁷ National Resource Center on Native American Aging

On the next two pages are tables of results from the NRCNAA survey:			
National Resource Center for Native American Aging Survey- EXCERPT OF NEW MEXICO RESULTS N = 1662		Aggregate NM Tribal Data (55+) Male (35.2%) + Female (64.8%)	National Data (55+) Male (37.3%) + Female (62.7%)
General Health Status			
Q1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent	5.80%	13.80%
	Very Good	19.60%	29.20%
	Good	41.30%	32%
	Fair	27.30%	16.80%
	Poor	5.70%	7.80%
Q2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?	None	77.30%	81.50%
	1 time	10.00%	11.80%
	2 times	5.20%	3.90%
	3 or more times	7.50%	2.70%
Q3. Has the doctor ever told you that you had any of the following disease? TOP 5 RANKED	1. High Blood Pressure	50.60%	55.20%
	2. Diabetes	45.10%	18%
	3. Arthritis	33.20%	47.40%
	4. Cataracts	14.70%	40.20%
	5. Depression	11.10%	17.20%
Q4. How many falls, if any, have you had in the past year?	None	60.60%	82.90%
	1-4	34.80%	10.60%
	5-8	2.80%	3.40%
	9-12	1.10%	1.20%
	More than 12	0.70%	1.40%
Activities of Daily Living			
Q5. Because of a health or physical problem that lasted more than 3 months did you have any difficulty...	A. Bathing or showering?	18.20%	36.80%
	B. Dressing?	13.90%	15.80%
	C. Eating?	6.70%	8.10%
	D. Getting in or out of bed?	16.10%	22.10%
	E. Walking?	29.50%	33.70%
	F. Using the toilet, including getting to the toilet?	8.10%	22.80%
Instrumental Activities of Daily Living			
Q5. Because of a health or physical problem that lasted more than 3 months did you have any difficulty...	A. Preparing your own meals?	20.60%	19.70%
	B. Shopping for personal items?	18.20%	34.80%
	C. Managing your money?	11.30%	17.90%
	D. Using the telephone?	7.50%	9.60%
	E. Doing heavy housework?	37.70%	51.60%
	F. Doing light housework?	17.60%	17.00%
	G. Getting outside?	12.90%	44.20%

National Resource Center for Native American Aging Survey - EXCERPT OF NEW MEXICO RESULTS N = 1662	Aggregate NM Tribal Data (55+) Male (35.2%) + Female (64.8%)	National Data (55+) Male (37.3%) + Female (62.7%)	
Weight and Nutrition			
Q33. How much do you weigh today? Body Mass Index (BMI) Categories	Neither overweight or obese	21.60%	33.80%
	Overweight	38.40%	37.30%
	Obese	40.00%	24.60%
Q35. Please mark all that apply to your nutritional health. TOP 4 RANKED	1. I take 3 or more prescribed or OTC drugs a day	35.30%	Not available
	2. I have 3 or more drinks of beer, liquor, or wine almost every day	30.70%	
	3. I have an illness or condition that made me change the kind and/or amount of food I eat	28.40%	
	4. I eat fewer than 2 meals per day	17.60%	
	5. I eat alone most of the time	17.60%	
Q36. Over the past 30 days what vigorous exercises did you do? TOP 5 RANKED	1. Walking	71.80%	4.80%
	2. Yard work	33.60%	2.80%
	3. Gardening	14.80%	1.10%
	4. Aerobics	7.80%	0.70%
	5. Bicycling or bicycling on a stationary bike	5.80%	2.20%



June 2016—Ohkay Owingeh Senior Center Dining Room

IAAA Caregiver and Service Provider Questionnaires

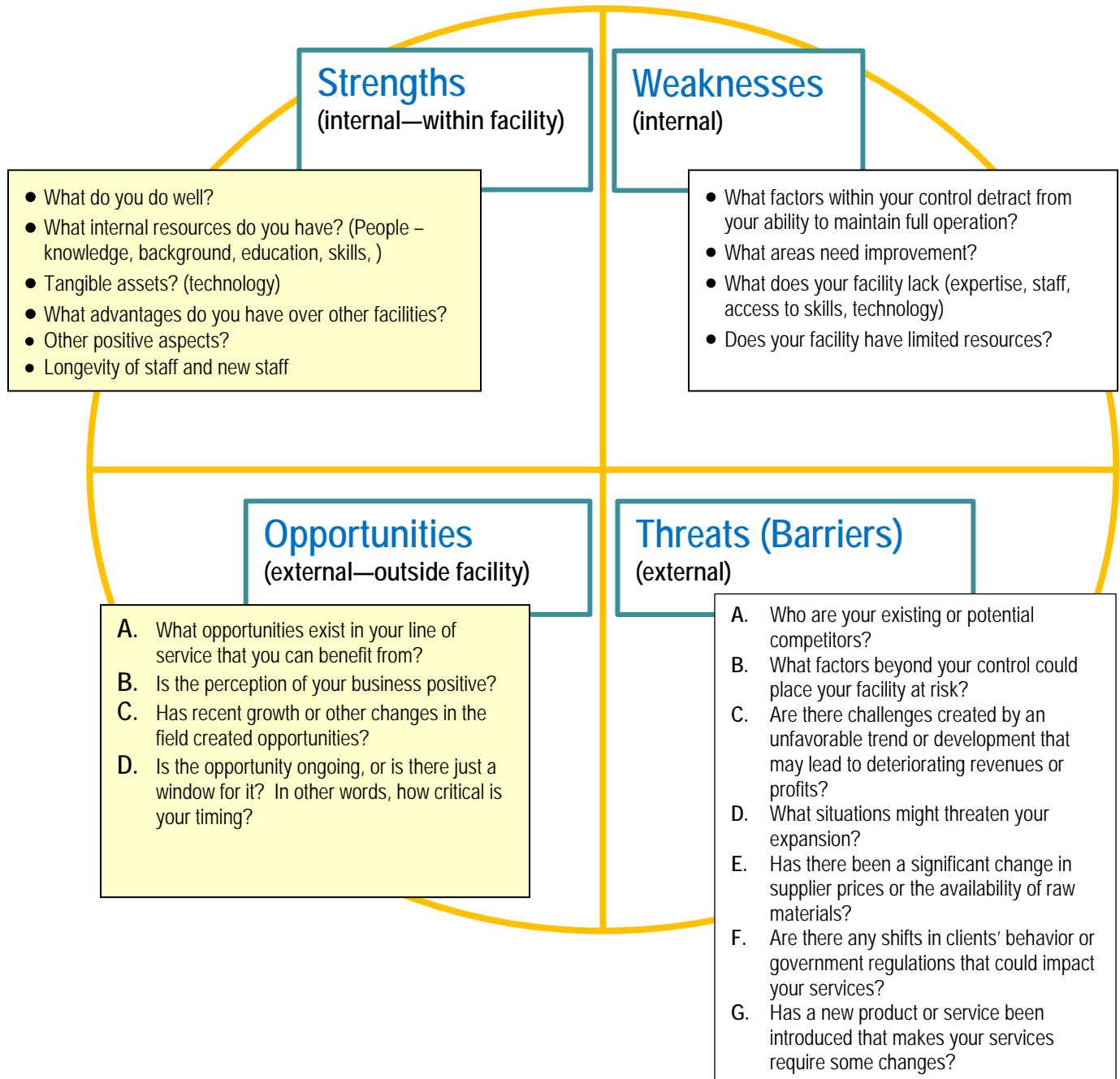
The IAAA developed three questionnaires that were administered to caregivers and service providers at the Jemez Pueblo Caregiver Conference in November 2014. Two of the three questionnaires were administered to individuals who self-identified as a "Caregiver" or as a "Service Provider. The third questionnaire was administered through eight self-guided discussion groups with at least eight individuals in each group. The themes, as listed in the next two pages, are being used to design a framework for an IAAA Caregivers regional initiative.

Themes from IAAA Caregiver Survey Questionnaire, N=31	
Q1. What are the top two challenges you face as a caregiver?	
* Lack of education on Alzheimer's and other dementias	
* Uncertain of available programs and resources	
* Monitoring individuals' behaviors	
* Uncertain of the caregivers' role	
Q2. What would help to address these challenges?	
* Education and program services	
* More communication and support from family	
* Learn more of the caregiver's role	
* Support groups and respite services	
Q3. What's working well for you as a caregiver?	
* Education and training on the disease	
* Being patient and understanding of the patients' needs	
* Having a schedule and planned activities	
Q4. What is important for a caregiver program to consider when offering services or training in your tribal community?	
* Offer program in evenings and at different locations	
* Address disease and needs of patients	
* Offer support groups and respite	
* Get to know the families and learn of their individualized needs	
Q5. What might caregiver program staff do and who should they meet with before launching a program in a tribal community?	
* Communicate with tribal leaders and council	
* Conduct surveys for planning and outreach	
* Communicate with other service providers and tribal members	
* Ensure curriculum fits the location	

Themes from IAAA Service Provider Questionnaire, N=13	
Q1. What are the top two challenges you face as a Service Provider when working with:	
A. Other organizations:	
* Not fully aware of all programs and services	
* Communication	
* Misinformation on providers	
* Unfamiliar with the disease	
B. Individuals who are Caregivers:	
* Providing accurate information on the disease	
* Not familiar with the disease	
* Acceptance of disease	
Q2. What would help to address these challenges?	
* More education and training	
* More communication at all levels	
Q3. What's working well for your Organization in relation to providing services in a tribal community?	
* Local community training	
* Teamwork/collaboration with other organizations	
* Involving more people including the family	
Q4. What do you think is important for a caregiver program to consider when offering services or training in a tribal community?	
* Conduct a survey on when to offer and seek suggestions	
* A trained trainer who is knowledgeable about the subject	
* Offer training often with confidentiality, sensitivity and cultural sensitivity	
Q5. What might caregiver program staff do and who should they meet with before launching a program?	
* Communicate with community members, tribal programs, tribal administration	
* Identify resources	
* Communicate with those in need of services	
* Communicate with other programs that relate to caregiving services	

Excerpt from IAAA Caregiver Discussion Group	
Question: As a caregiver, what advice/suggestion would you give to other caregivers?	
* Have patience	
* Stay healthy	
* Stay happy with your client	
* Voice level is important, "you don't need to yell"	
* Create support groups	
* Ask for help when you feel overwhelmed	
* Be knowledgeable about disease/medication	

A Strengths, Weaknesses, Opportunities, and Threats (S.W.O.T.) analysis, as shown below, was completed with IAAA contractors in February of 2014. This exercise helped to create a dual approach to identify IAAA contractors' internal and external influences and begin designing an IAAA Contractor Training Development Plan. This process is not static; it evolves over time with contractor requests as a priority.



January 2014—Excerpt from S.W.O.T. analysis conducted with IAAA Contractors

STRENGTHS (Internal—within facility)	Weaknesses (internal)
1. What do you do well? a. Compassion/Empathy for our elders b. Advocate/FIGHT c. Connect with our elders d. Grant Management e. Reporting f. Community Outreach g. Tribal Government—communication h. Scheduling and Pre-planning i. We give more than 100% of time to seniors j. We give 110% k. Speak language and know culture l. New facility m. Clean sanitized building n. Senior Centers have connections-family-politics	1. What factors within your control detract from your ability to maintain full operation? a. Building systems for each area of service b. Lack of adequate funding c. Limitation of funding d. Effects quality service delivery e. Impacts training opportunities f. Staff retention g. Can't compete with salaries h. Staff turnover
OPPORTUNITIES (external—outside facility)	THREATS (BARRIERS) (internal)
1. What opportunities exist in your line of service that you can benefit from? a. Collaboration b. Expanding Resources c. Nutrition training through Non-Metro AAA d. All agencies local, state & federal e. Opportunity to become more efficient in reporting services f. Standardize program performance g. Establishment of strong advocacy and representation with Aging Network h. Better understanding of "their" needs i. At all levels (state, tribal, coalition) j. Team Building k. Expansion of services l. Expansion of infrastructure m. Food	1. Who are your existing or potential competitors? a. Limited dollars b. Programs unprepared for Baby Boomers c. Non-Metro AAA d. Funding opportunities e. Increases in needs, decreases in funding f. All other senior programs g. Nursing homes h. Expansion of MCOs into Senior Services i. Transportation ii. Meals iii. Advocacy iv. Representation

IAAA Contractors—Training Development Plan Priorities		
<i>Training Topics for Directors</i>	<ul style="list-style-type: none"> • Senior Center Services • Working with Volunteers • Working with Difficult People • Health Promotion/Disease Prevention • Meal Planning—Food Quality, Distribution and Storage • Family Caregiver Support • Grant Writing • Fundraising • Older Americans Act of 1965 • Resources available through ALTSD • Emergency Preparedness Planning • Elder Abuse (neglect/exploitation/reporting) • Personnel and Supervision 	<ul style="list-style-type: none"> • Gerontology • Policy and Procedures • Multigenerational and Civic Engagement Activities • Yoga for Elders • Tai Chi for Elders • Legal Services for Elders • Home and Personal Safety • Elders raising Grandchildren • Predatory Children of Elders • Staff Burn-out • “Over-Caring” Syndrome • Advisory Council (roles/responsibilities/function)
<i>Training Topics for Staff</i>	<ul style="list-style-type: none"> • Senior Center Services—Support and Social Services • Gerontology • Gerontology Research • Older Americans Act of 1965 • Cultural Competency • Emergency Preparedness Planning • Elder Abuse (neglect/exploitation/reporting) • AARP • Grant Writing • Transportation • Facility Maintenance • Working with Difficult People • Senior Olympics 	
<i>Training Topics—Combined for Directors and Staff</i>	<ul style="list-style-type: none"> • Gerontology • Grief and Dying • Meal Planning and Nutrition • Team building • Confidentiality / Privacy Act • Chain of Command, from State to Services 	
<i>Training Topics for IAAA</i>	<ul style="list-style-type: none"> • Data Collection and Reports—Annual / Quarterly / On-going Technical Assistance (include financial implications) • Senior Center and Adult Day Care Orientation for new Directors • Site Assessments 	

D. Focused Priorities

Resources for Setting IAAA Priorities

The IAAA reviewed various sources and resources relevant to informing policy, establishing funding priorities, anticipating program and service needs and developing advocacy efforts that reinforce and enhance systems change. These include:

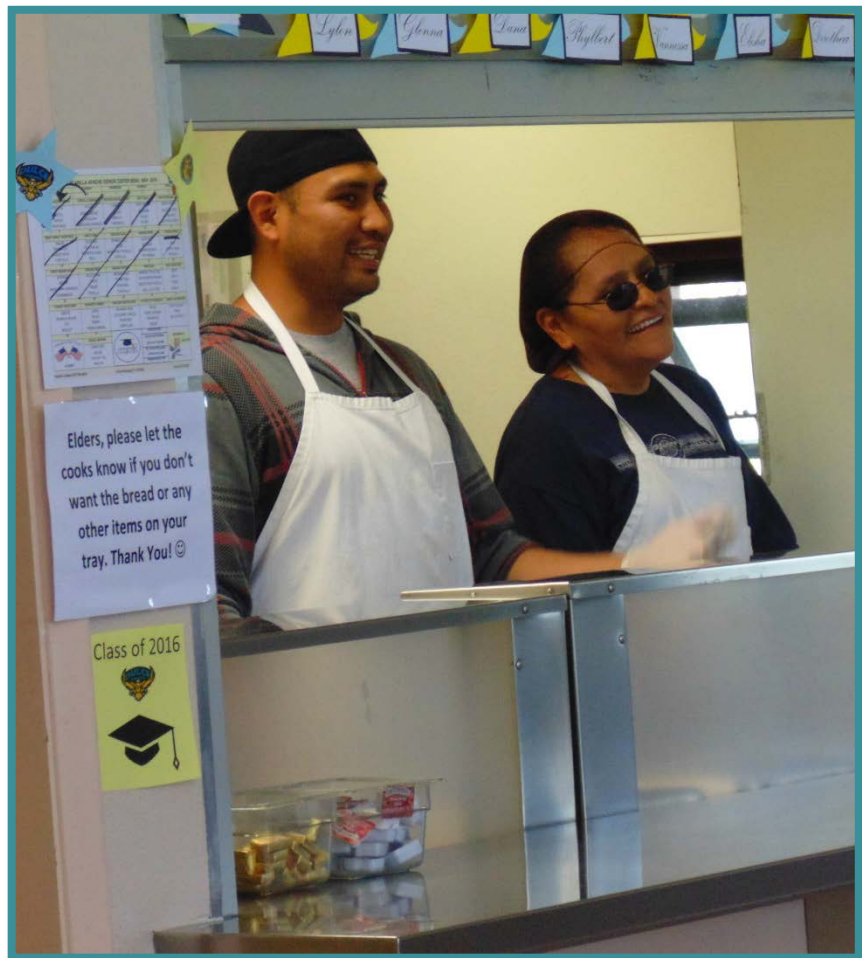
- Population-based data to provide an overview of the current and future service population to be served through outreach and communication strategies, tailored to the diversity in language, culture, geography and technology, across rural New Mexico.
- Health status reports and a health promotion model - the Social Ecological Model – to assist in developing strategic directions and priorities with regard to the design of programs and services to positively impact and elevate the health status of AI/AN elders, spouses, individuals with disabilities and their caregivers.
- Identification of professional staff development training needs by IAAA contractors to provide the ALTSD and the IAAA with direction in planning training opportunities.
- Evaluation results collected from on-going IAAA Contractors' training and meetings.
- The IAAA Senior Nutrition Services Framework for American Indian Elders.
- The Older Americans Nutrition Tool Kit.
- Formal on-site assessments of contractors.
- The W.K. Kellogg Foundation Logic Model Development Guide.
- The W.K. Kellogg Foundation Evaluation Handbook.
- The ALTSD annual performance measures (both fiscal and program measures).
- The ALTSD New Mexico State Plan for Alzheimer's and Other Related Dementias.
- The ALTSD New Mexico State Plan for Family Caregivers.

The IAAA will continue to seek to address the following six priorities throughout the 4-Year Area Plan timetable:

- Improving health and social outcomes, and reducing health disparities, among AI/AN elders,
- Implementing continuous improvement processes to address risk and protective factors affecting each tribe or nation,
- Identifying environmental interventions and approaches through the social ecological model,
- Conducting training for contractors,
- Distributing Healthy Aging Training Academy (HATA) web-based courses,
- Elevating the health status of New Mexican American Indian elders.



July 2015—Isleta Transportation Services



May 2016—Jicarilla Apache Food Service Professionals

V. Planning, Coordination and Capacity Building

A. Program Development

IAAA Planning Development Process

The IAAA initiated a four-phase planning process with its contractors in May 2016. The initial phase of the planning process entailed each IAAA Contractor completing an analysis of tribal risk and protective factors identified in their tribal communities. This model provided a balanced approach to identifying positive and negative factors that can impact the well-being of a community. This was followed by identifying corresponding units of service, offered at tribal senior centers and adult day care centers, which have the potential to reduce and/or increase protective factors.

The second phase of the planning process entailed each IAAA contractor identifying environmental interventions and community stakeholders to serve as external resources to collaborate within the provision of services to American Indian elders.

The third phase was the introduction of the Social Ecological Model (SEM). The SEM is a systems model that provides a framework for understanding the multiple levels of influences and their relationships with one another, and for identifying strategies and activities to enhance community collaboration. The core of the model is the "Individual", in this case, the American Indian elder. This model provides a guide to maximize the synergies of interventions that can elevate the health status of American Indian elders.

The fourth phase will be the development of a basic logic model to integrate all previous phases into one program development model to produce the results desired by the ALTSD, the IAAA, and its stakeholders. This phase should be completed by Fall of 2017.

Below is a flowchart of the IAAA Planning Development Process Framework:



Examples of Risk and Protective Factors Identified by New Mexico IAAA Contractors	
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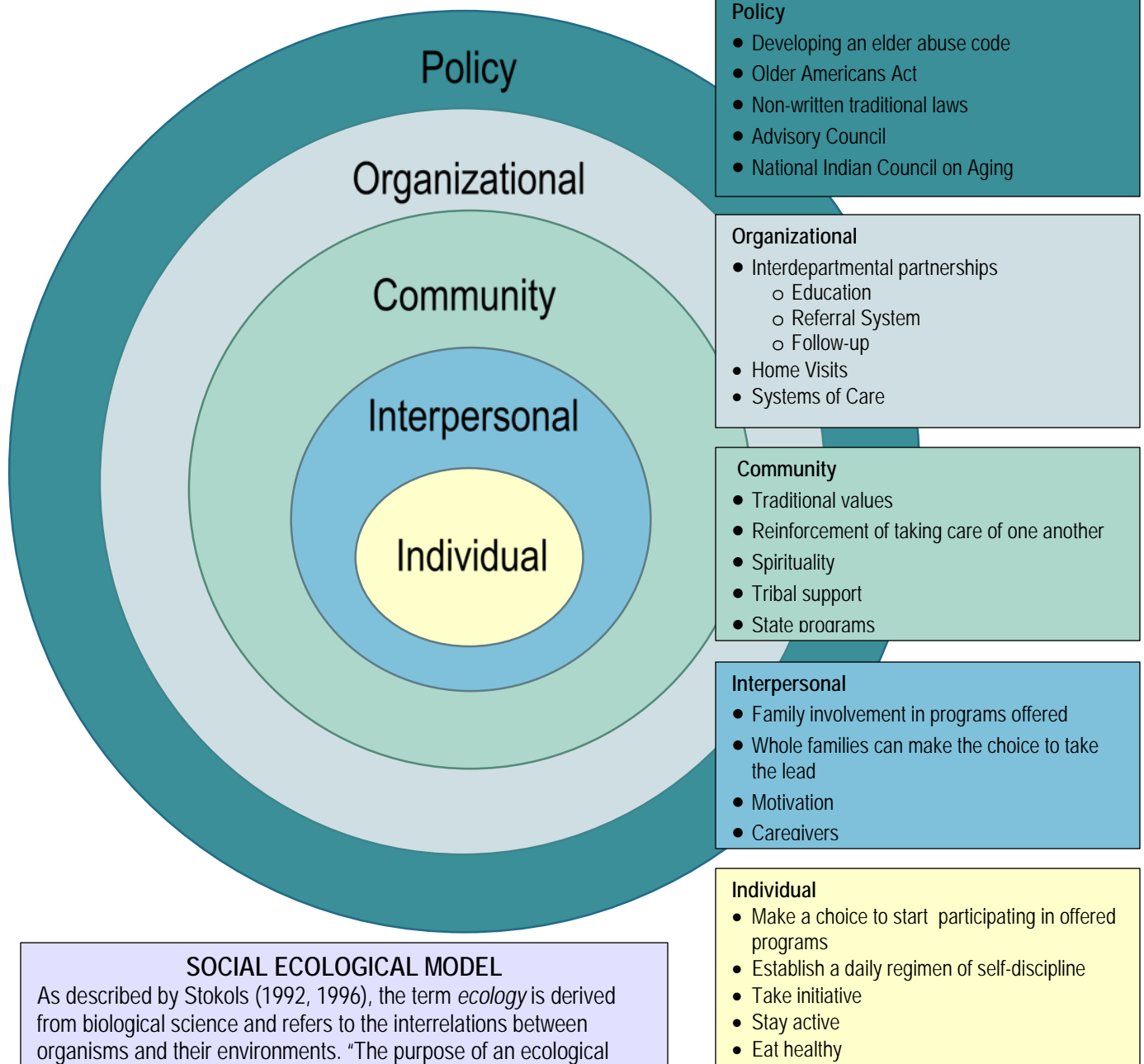
Risk Factors—Units of Service		Protective Factors—Units of Service	
Casino Smoke	<ul style="list-style-type: none"> Health Promotion and Disease Prevention 	Traditional Values Partnerships with Other Departments	
Accessibility to Smoke Shops	<ul style="list-style-type: none"> Health Promotion and Disease Prevention 	Hands-On Educational Materials	Health and Educational Awareness
Poor Nutrition Choices Diabetes Heart Disease Cholesterol Cancer	<ul style="list-style-type: none"> Client Finding/Outreach Transportation and Assisted Transportation Home Delivered Meals Congregate Meals Health Education and Awareness Recreational and Cultural Events Physical Fitness/Exercise Health Screenings 	Education Awareness Diabetes Program Community Health Nurses Behavioral Health Health Center Cultural / Language Programs Social Services Recreation Center/Fitness Center	<ul style="list-style-type: none"> Senior Olympics Physical Fitness/Exercise
Substance Abuse Alcohol Prescription Meds (overprescribed)	<ul style="list-style-type: none"> Health and Educational Awareness 		
Environment Water Air Soil	<ul style="list-style-type: none"> Health and Educational Awareness 		



May 2016—
IAAA Contractors Training

Excerpt from IAAA Social Ecological Framework
May 2016

Sample
Responses



SOCIAL ECOLOGICAL MODEL

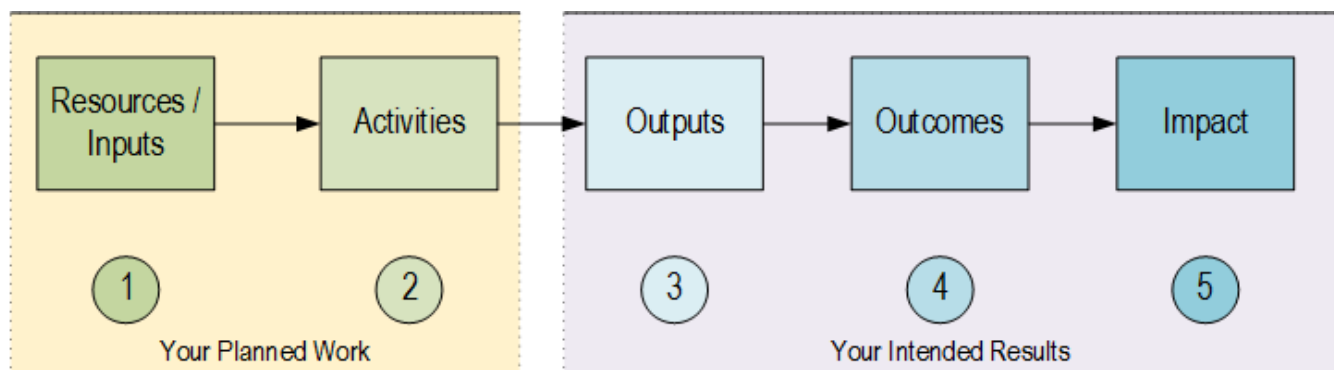
As described by Stokols (1992, 1996), the term *ecology* is derived from biological science and refers to the interrelations between organisms and their environments. "The purpose of an ecological model is to focus attention on the environmental causes of behavior and to identify environmental interventions" (McLeroy, Bibeau, Steckler and Glanz, 1988 p. 366). The multilevel approaches from ecological models may be essential to bring about population improvements in health. (Ecological Models of Health Behavior, Health Behavior and Health Education, 3rd Edition, 2002).

A cultural adaption to SEM: IAAA contractors reversed the positions of "Community" and "Organizational", noting that what occurs in the tribal communities drives the direction of organizations.

Logic Model

According to the W.K. Kellogg Foundation, effective program evaluation does more than collect, analyze and provide data. It makes it possible for program stakeholders to gather and use information, and to learn continually about and improve programs. The W.K. Kellogg Foundation believes evaluation – especially program logic model approaches – is a learning and management tool that can be used throughout a program's life. Using evaluation and a logic model results in effective programming, greater learning opportunities, better documentation of outcomes, and shared knowledge about what works and why. The logic model is a beneficial tool that facilitates effective program planning, implementation and evaluation.

A logic model is a planning tool to present and share an understanding of the relationships between resources and activities, and identify changes or results that contribute to continuous quality improvement. During the course of the 4-Year Area Plan, the IAAA will continue to collaborate with its internal and external constituents to design a logic model that incorporates the components found in the IAAA needs assessments and the IAAA priority areas.



8

May 2016—
IAAA Contractors Training

⁸ W.K. Kellogg Foundation, Logic Model Development Guide, January 2004)

B. Coordination and Collaboration

IAAA Collaborative Efforts and Involvement		
	Area	Collaborative Effort and Involvement
1	Transition of older adults to home- and community-based services	The IAAA continues to provide opportunities for IAAA contractors to meet with tribal liaisons affiliated with New Mexico's Managed Care Organizations to discuss options to establish a tribal-MCO revenue stream. The IAAA coordinates with the ALTSD's Aging Disability Resource Center.
2	Promotion of healthy aging	The IAAA is in the process of designing a Health Promotion/Disease Prevention Framework with an emphasis on elevating the health status of NM American Indian elders. The IAAA collaborates with the NM Department of Health on a variety of joint initiatives. The IAAA coordinates with NM Senior Olympics, especially in the provision of "All Indian Game Day".
3	Support to caregivers	The IAAA, the Alzheimer's Association—New Mexico Chapter, the National Indian Council on Aging and the ALTSD Office of Alzheimer's Disease and Dementia Care, are teaming together to promote the expansion of the Savvy Caregiver program to the Pueblos and Tribes. One of the overarching goals is to have at least one "Savvy Caregiver in Indian Country" trainer in each tribal community.



May 2016—IAAA Contractors Training

C. Advocacy

Advocacy Activities		
Activity	Location	Date
The IAAA participated in a discussion regarding the development of a strategic plan to address New Mexico funding for American Indian elders initiated by the New Mexico Title VI Coalition with assistance from U.S. Congresswoman Michelle Lujan-Grisham. The meeting was hosted by the New Mexico Title VI Coalition and held at the Pueblo of San Felipe. Other entities represented included the San Felipe Governor and tribal leadership, NM State Representative Deborah A. Armstrong, New Mexico Senator Benny Shendo, Jr., the National Indian Council on Aging, AARP and The Leadership Institute.	San Felipe, NM	March 1, 2016 and March 14, 2016
The IAAA/ALTSD staffed an outreach table at INDIAN DAY AT THE ROUNDHOUSE . Over 489 individuals were provided with information about ALTSD services.	Santa Fe, NM	February 5, 2016
The IAAA/ALTSD staffed an outreach table at SENIOR DAY AT THE ROUNDHOUSE . Over 412 individuals were provided with information about ALTSD services.	Santa Fe, NM	January 20, 2016
The IAAA Director provided a general overview of the IAAA, updates, and announcements, and collected written concerns regarding senior services, at the New Mexico Indian Council on Aging Quarterly Meeting. Approximately 200 elders attended along with NMICOA officers and representatives from AARP.	Ohkay Owingeh, NM	October 22, 2015
U.S. Department of Health and Human Services Department Assistant Secretary Kathleen Greenlee, and Cynthia LaCounte, Administration for Community Living (ACL) Director of American Indian/Alaska Native and Hawaiian Programs, visited New Mexico to meet with representatives from the aging network and visit two tribal senior centers. The IAAA participated in a listening session hosted by the National Indian Council on Aging to provide Assistant Secretary Greenlee the opportunity to hear about the successes and challenges of providing senior center services in tribal communities. Approximately twenty individuals attended representing tribal governments, senior centers, the ALTSD, and other tribal services.	National Indian Council on Aging, Albuquerque, NM	October 21, 2015
The IAAA Director, along with the Executive Director of the National Indian Council on Aging and a medical social worker from the ACL Hospital, co-presented before the New Mexico Legislative Health and Human Services Committee on <i>"Long-Term Services and Support in Indian Country"</i> . IAAA recommended weaving in the provision of adult day care services, home and community-based services, and caregiver services and training into the long-term care services and supports environment as viable early intervention services in the full spectrum of health care.	University of New Mexico, Albuquerque, NM	September 22, 2015
The IAAA and the National Indian Council on Aging assisted the New Mexico Indian Council on Aging to prepare a position paper submitted to the White House Conference on Aging (WHCOA) Listening Forum . This listening session focused on the issues impacting American Indian elders across the U.S. as an extension of the WHCOA.	Oklahoma City, OK	May 6, 2015
The Director of IAAA and the ALTSD Senior Services Bureau Chief attended the 2015 White House Conference on Aging (WHCOA) Regional Forum in Seattle, WA on April 2, 2015. The purpose of the White House Conference on Aging was to identify and advance action to improve the quality of life of older Americans and serve as a catalyst for the development of aging policy. While in Seattle, the IAAA Director shared priorities, challenges and recommendations as they relate to healthy aging among American Indian elders in New Mexico.	Seattle, WA	April 1–3, 2015

D. Public Meetings Regarding Area Plan

Public Meetings Regarding Area Plan		
<i>Meeting</i>	<i>Location</i>	<i>Date</i>
Public Hearing—IAAA Four Year Area Plan	Isleta Pueblo Casino and Conference Center Isleta, New Mexico	August 22, 2016
Attendees		
To be recorded after the event		

E. Training and Technical Assistance

Training and Technical Assistance	
<i>Type</i>	<i>Date</i>
The IAAA hosted an IAAA Contractors' Training with approximately 20 attending. Topics included: Introduction of the Savvy Caregiver Expanded Program; National Indian Council on Aging updates and IAAA updates.	August 1, 2014
The IAAA hosted an IAAA Contractors' Finance Training with approximately 52 attending. Topics included: The aging network structure and IAAA overview, IAAA policies and procedures, requests for reimbursement, timelines for the FY 15 and FY 16 contracts, updates from Molina Healthcare, ALTSD Capital Projects Bureau updates, National Indian Council on Aging updates and IAAA updates.	October 21, 2014
The IAAA hosted an IAAA Contractors' Training with approximately 27 attending. Topics included: The NM legislative process, advocacy tips for senior centers and adult day care centers, IAAA on-site assessment overview of the process and procedures, review of assessment forms and IAAA updates.	December 2, 2014
Harmony Information System, Inc. representatives facilitated a two-day discovery of training requirements with ALTSD, IAAA and Navajo Area Agency on Aging representatives to develop a course of training tailored for each entity's needs as required to launch the SAMS database roll-out plan . Approximately 25 individuals attended.	January 15-16, 2015
Nine IAAA contractors from six tribes, representing six senior centers and three adult day care centers, agreed to serve as IAAA SAMS pilot sites . Pilot site staff attended an ALTSD/Harmony discovery meeting to provide input regarding database development.	January 29, 2015



<i>Type</i>	<i>Date</i>
The IAAA hosted an IAAA Contractors' Training with approximately 33 attending. Topics included: Highlights from the NM tribal senior center broadband survey, designing a tribal-specific training track for NM ALTSD Aging Network Training, a panel presentation on preparing a polished application for the FY 15 capital outlay application and IAAA updates.	February 5, 2015
The IAAA hosted an IAAA Contractors' Training with approximately 25 attending. Topics included: Adult Day Care Centers' roundtable discussion on enhancing a Quality Assurance Plan, a panel presentation with two IAAA Contractors on facilities management and facility inventory, activities for seniors and IAAA updates.	April 8, 2015
Meal Costs Calculation for Tribal Senior Centers —a webinar was established at the request of IAAA Contractors interested in calculating donation amounts for meals at their tribal sites for guests/non-eligible individuals as a means to increase program revenue. An employee from the ACL Office of Nutrition and Health Promotion Program facilitated the webinar. Approximately 48 attended.	May 14, 2015
Harmony Information System, Inc. representatives facilitated an IAAA Discovery Training for WAVE 1 providers (pilot sites) to define roles, review business practices and design further SAMS fundamental training components.	May 20, 2015
Harmony Information System, Inc. representatives facilitated an IAAA Training for WAVE 1 providers that focused on the Harmony portal and SAMS overview, establishing client records, service delivery and reports. Approximately 13 individuals attended.	June 16-17, 2015
IAAA hosted a Fall IAAA Contractors' Training with 43 individuals attending. Topics included: An overview of the 4-Year Local Plan; review of the newly-designed IAAA SAMS intake and assessment form; and discussion of the field implementation of SAMS data collection and reporting.	September 17, 2015
Harmony Information System, Inc. representatives facilitated an IAAA Training for WAVE 2 providers (and a refresher for WAVE 1 providers) that focused on the Harmony portal and SAMS overview, establishing client records, service delivery and reports. Approximately 27 individuals attended.	November 5–6, 2015
The IAAA Program Manager hosted the inaugural IAAA SAMS User Group Meeting on November 17, 2015 with 12 individuals attending. Topics included: IAAA updates, review of the IAAA Intake Form and discussion on users' experience, what works, what doesn't work and status of service data entry.	November 17, 2015
The IAAA hosted a Winter IAAA Contractors' Training with 56 individuals attending. Topics included: A panel presentation on the Intake Process and Intake Forms, "best practices" regarding referrals, Native Elder Abuse, a panel presentation on Client Safety and Recommendations for Senior Centers and Adult Day Care Operation Policy and Procedures, as well as IAAA updates and announcements.	December 1, 2015
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with 13 individuals attending. Topics included: IAAA updates as to status of WAVE 1 and WAVE 2 providers' service data entry in the production database, review of the revised IAAA Intake Form, continued discussion on users' experience, what works, what doesn't work, status of service data entry and creation of Consumer Groups.	December 16, 2015
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with 16 individuals attending. Topics included: Consumer searches to reduce duplicate files, overview of SAMS end-user requirement document, extensions of timelines for WAVE 1 and WAVE 2 providers, IAAA Intake Form, discussion on users' experience, what works, what doesn't work, status of service data entry and users request for SAMS Refresher Training in the month of February.	January 14, 2016
The IAAA Program Manager facilitated an IAAA SAMS User Group Refresher Training that addressed consumer searches, entering service data into the SAMS database, and establishing rosters and routes. Eight individuals attended.	February 18, 2015

IAAA staff facilitated a second IAAA SAMS User Group Refresher Training that addressed consumer searches, entering service data into the SAMS database, and establishing rosters and routes. Ten individuals attended.	February 25, 2015
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with approximately 53 individuals attending. Topics included: IAAA updates, designing care plans, adding consumers to routes, developing a roster based on a route, and SAMS usage- sharing experience and answering user questions.	March 10, 2016
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with 13 individuals attending. Topics included: IAAA updates, process and procedures, assessments, adding other demographic information, and SAMS usage, answering user questions.	April 6, 2016
The IAAA hosted a Spring IAAA Contractors' Training with approximately 53 individuals attending. Topics included: An overview on the health status of, and health disparities among, New Mexico American Indian elders, introduction of the IAAA Health Promotion/Disease Prevention roll-out plan, a panel presentation on Senior Center and Adult Day Care Vehicle Maintenance and Prevention, and IAAA/ALTSD updates and announcements from the ALTSD Administrative Services Division, ALTSD Contracts office, ALTSD Capital Projects Bureau and the IAAA.	May 10, 2016
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with 9 individuals attending. Topics included: IAAA updates, process and procedures, refresher on creating rosters, and SAMS usage and answering user questions.	May 16, 2016
The IAAA Program Manager hosted an IAAA SAMS User Group Meeting with 8 individuals attending. Topics included: IAAA updates, process and procedures, assessment due dates, a widget refresher, native data reminders, introduction to retrieving reports, SAMS usage and answering user questions.	June 16, 2016



March 2016—Active Santa Clara Sisters

F. Emergency Preparedness

Emergency Preparedness Plans			
Pueblo/ Tribe/Nation	Has Disaster Relief Service Delivery in Place		Comments
	Yes	No	
Acoma	X		
Cochiti	X		
Isleta	X		
Jemez	X		
Jicarilla Apache	X		
Laguna	X		
Mescalero Apache	X		
Nambe	X		
Ohkay Owingeh	X		
Picuris	X		
Pojoaque	X		
Sandia		X	To follow-up
Santa Ana		X	To follow-up
Santa Clara		X	To follow-up
Santo Domingo		X	To follow-up
San Felipe	X		
San Ildefonso	X		
Taos		X	To follow-up
Tesuque		X	To follow-up
Zia		X	To follow-up
Zuni	X		
Total	14	7	

Sources: IAAA Contractors 4-Year Local Plan, 2016–2020



November 2015—
IAAA SAMS User Training

VI. Service Delivery and Outreach Plan

A. Service Categories

State Fiscal Year 2016 (July 2015–June 2016)				
<i>Service Categories</i>	<i>Meeting needs</i>	<i>Volunteers</i>	<i>Units of Service</i>	<i>Unduplicated clients</i>
Nutrition Services (congregate meals, home delivered meals)	No waiting list		350,719	8,762
Social Supportive Services—Access Services (transportation, assisted transportation, case management, outreach, and information and assistance)	No waiting list		164,913	6,375
Social Supportive Services—Community Services (advocacy/representation, counseling/peer counseling, home repair/renovation/maintenance, interpreting/translating, legal assistance, loan of durable medical equipment, and recreation/cultural affairs)	No waiting list		50,246	2,283
Social Supportive Services—In-Home Services (chore services, homemaker/housekeeping, home visiting, personal care and telephone calling)	No waiting list		54,543	32,826
Family Caregiver Support Services (access assistance, counseling/support groups/training, information services, supplemental services and respite care)	No waiting list		16,426	175
Health Promotion and Disease Prevention Programs (health education/training, health screening, home safety/accident prevention, nutrition education, nutrition counseling, and physical fitness/exercise)	No waiting list		21,017	2,562
Adult Day Care (ADC) Services	A waiting list at one site – Zuni ADC		38,329	115

B. Outreach

The IAAA uses outreach efforts to identify eligible individuals, with special emphasis on those who have the greatest economic or social need, particularly older individuals with low incomes, older individuals with limited English proficiency, and older individuals residing in rural areas, to inform these elders of the availability of supportive and nutrition services. The IAAA:

- Has created and implemented a training plan based on a training needs assessment of IAAA contractors.
- Provides contractor training which includes:
 - Managed Care Organization presentations describing available services,
 - Program requirements,
 - Fiscal requirements,
 - Service explanations.
- Helps staff All Indian Game Day.
- Helps staff Senior Olympics.
- Staffs a table at Senior Day at the Roundhouse.
- Staffs a table at Indian Day at the Roundhouse.
- Staffs a table at Senior Day at the Expo New Mexico.
- Participates in other events held throughout the fiscal year at various locations across New Mexico.

C. Monitoring

IAAA contractors are required to meet measures that address both program and fiscal performance ensuring compliance with provisions of the annual Intergovernmental Agreement with ALTSD. Units of service and consumer counts are reported monthly by each contractor and reviewed by IAAA staff. They are compared to the units of service and consumer counts in the scope of work within each Intergovernmental Agreement. In addition, the IAAA conducts formal on-site assessments on a 2-year cycle. Assessments include evaluation of program operations and procedures at senior centers and adult day care centers. Areas of assessment include administration, policy, client records, vehicles, facility, and kitchen. A written report is provided to each IAAA contractor with identification of any non-critical and/or critical findings with a given allocated time period in which to make corrective actions, if required.

Training and monitoring of contractor staff will be enhanced and assessed through the implementation of the web-based Healthy Aging Training Academy (HATA). Initial food safety courses are planned for implementation in the near future.

D. Evaluation

The IAAA measures the performance of contracted services throughout the tribal service area and the outcome they have on consumers through the following:

- On-site assessments of all contractors on a 2-year cycle
- Identification of critical and non-critical findings
- Implementation of a Corrective Action Plan (CAP)
- Monitoring of the CAP
- Monthly Service Data Reporting by contractors to the IAAA through the SAMS database
- Monthly Fiscal Reporting by contractors to the IAAA
- Review and approval of IAAA Contractor 4-Year Local Plans

Through these activities, the IAAA determines if its contracted services are resulting in anticipated outcomes. Further, the IAAA conducts process and outcome evaluation of each IAAA contractor training. This information provides data as to the effectiveness of trainers and transfer of knowledge, as well as recommendations for any changes to the training.

VII. Regional Initiatives

A project completed by the National Indian Council on Aging and attempts at implementing the Savvy Caregiver model by staff at the Alzheimer's Association, have demonstrated that the "traditional" model of providing Savvy Caregiver training to American Indian caregivers have demonstrated as not an effective. Modifications to the model were needed.

Through a partnership with the Alzheimer's Association-New Mexico Chapter, the National Indian Council on Aging, the ALTSD Office of Alzheimer's and Dementia Care and the IAAA, the Savvy Caregiver training program has been expanded. This initiative is called, "The Savvy Caregiver in Indian Country", and was launched in FY 2016. This initiative supports Goal 3 of the NM State Plan for Dementia by increasing access to culturally competent support services and expanding evidence-based training in a manner that is effective across New Mexico cultures and locations. It also serves to build the infrastructure that is needed to sustain caregiver support services across New Mexico.

The ALTSD Healthy Aging Training Academy (HATA) will be available to IAAA contractors during the first quarter of FY17. This program is designed to provide on-line training to food service professionals at senior centers throughout New Mexico, including IAAA funded centers.



VIII. Goals

Management Plan—Goals

ACL Strategic Plan 2013–2018 Goals	ALTSD 2013–2017 State Plan Goals	ALTSD—IAAA 2017–2020 Four-Year Area Plan Goals
Goal 1: Advocacy <i>Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.</i>	Maintain an effective aging network structure that provides a coordinated delivery system of services to older New Mexicans.	Goal 1: Comply, as applicable, with all federal and state statutes, rules and policies.
Goal 2: Protect Rights and Prevent Abuse <i>Protect and enhance the rights, and prevent the abuse, neglect, and exploitation, of older adults and people with disabilities.</i>	Support innovation in evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives.	Goal 2: Develop and administer a comprehensive and coordinated system of services for American Indian elders who reside in rural and frontier areas.
Goal 3: Individual Self-Determination and Control <i>Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.</i>	Enhance public and private collaborative partnerships to build capacity and maintain and develop quality state-wide services and supports.	Goal 3: Through collaborative networks, set strategic priorities for the delivery of contracted tribal aging services to elders, spouses, adults with disabilities and caregivers.
Goal 4: Long-Term Services and Supports <i>Enable people with disabilities and older adults to live in the community through the availability of, and access to, high-quality long-term services and supports, including supports for families and caregivers.</i>		Goal 4: Provide program monitoring, technical assistance, capacity building and training to ensure continuous quality improvement (CQI)
Goal 5: Effective and Responsive Management <i>Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.</i>		Goal 5: Contribute to tribal, state, and national dialogue, to advocate for public policies and programs which meet the needs of American Indian elders, adults with disabilities and caregivers.

ALTSD—IAAA Four-Year Area Plan Objectives
<p>Tribal Driven Objectives</p> <p>The IAAA Four-Year Area Plan objectives are being developed using results based management and community-based participatory processes to ensure a comprehensive and coordinated system of services for AI/AN elders, adults with disabilities and caregivers.</p> <p>Each contractor has developed objectives, through its 4-Year Local Plan, which will be monitored through the IAAA assessment and evaluation processes. These processes determine how effectively each pueblo, tribe or nation, is in meeting its stated program goals and objectives.</p>

IX. Appendix

Legal Authorizing Documentation

NMSA citation

State Statute (new rules)

Title 9: Human Rights

Chapter 2: Age

Parts: 1,2,3,4,5,6,7,8,9,11,18, 20.

- General Provisions, NMAC 9.2.1
- Federal and State Law, NMAC 9.2.2
- Eligibility for Aging and Long-Term Services Department Services, NMAC 9.2.3
- Designation of Planning and Service Areas, NMAC 9.2.4
- Area Agency on Aging Designation, NMAC 9.2.5
- Area Agency on Aging Requirements, NMAC 9.2.6
- Withdrawal of Area Agency on Aging, NMAC 9.2.7
- Adequate Proportion of Priority Services, NMAC 9.2.8
- Direct Services, NMAC 9.2.9
- Appeal/Hearing Procedures, NMAC 9.2.11
- Nutrition Services, NMAC 9.2.18
- Caps on Reimbursements for Indirect Costs to Indian Tribal Organizations in Intergovernmental Agreements, NMAC 9.2.20



May 2016—Five Sandoval Older Americans Month Celebration

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Glossary

AI/AN	American Indian and Alaska Native
ACL	Administration for Community Living
ALTSD	Aging and Long-Term Services Department
CAP	Corrective Action Plan
Evaluation	To determine the importance, effectiveness, or worth of; assess
Goal	Target—a desired result a system envisions
HATA	Healthy Aging Training Academy
IAAA	Indian Area Agency on Aging
MOCs	Managed Care Organizations
Monitoring	To observe a system for any changes which may occur over time using data for measuring
NRCNAA	National Resource Center on Native American Aging
Objective	A thing that one's efforts or actions are intended to attain or accomplish



June 2016—Acoma Senior Center



March 2015—
Picuris Senior Center Dining Room