

NM Indian Title VI Coalition Presentation Summary

New Mexico Native American Elder Programs

Funding & Resource Access Analysis Project

Background: Programs that serve Native American elders on tribal lands receive funding from federal and state sources to provide direct services to eligible individuals. The primary sources include Older Americans Act (OAA) Title VI (Grants for Native Americans), state General Fund through the New Mexico Aging and Long-Term Services Department (ALTSD)/Indian Area Agency on Aging within the Department and tribal (local) funds. For some tribes other federal, state or county/local contributions may also be part of the funding mix.

Title VI funds are provided directly from the federal government to each Title VI grantee. State General Funds are provided through contracts from the NM Aging Department. Under NM ALTSD, the Indian Area Agency on Aging has oversight for the 19 Pueblos and 2 Apache Tribes.

In New Mexico, the Title VI Coalition serves as the lead collaborative and advocacy group for the 19 Pueblos and 2 Apache Tribes. The Coalition is made of the Title VI Directors for these entities. The Title VI Coalition has been concerned about the equitability for the distribution of federal and state funds to their programs. They convened meetings with staff for Congresswoman Michelle Lujan Grisham, NM Aging and Long-Term Services Department's Indian Area Agency on Aging, National Indian Council on Aging, AARP and other key organizations and individuals to consider strategies for addressing their concerns.

While a project proposal for a study is being refined, the NM TVI Coalition would like to take this opportunity to inform and educate the legislators about the status of elder health disparities and elder care services for the aforementioned tribes:

- Demographics (data supplied by the ALTSD/Indian Area Agency on Aging)
 - 36,000 Native American elders 60+ years of age
 - This count is based on 2010 Census counts
 - Which does not take into account the growing number of “baby boomers”
 - The high rate of morbidity and/or mortality (see health disparities)
- Health Disparities (data provided by the NMDOH/2016)
 - Life expectancy for Native Americans from birth is 72.1 years of age
 - Life expectancy for Native Americans from age 65 is 83.3 years of age
 - Leading causes of death among Native Americans Age 65+
 - Circulatory Heart Disease
 - Neoplasm, Malignant
 - Diabetes
 - Circulatory Cerebrovascular Disease (blood flow to the brain)
 - Chronic Lower Respiratory Disease (asthma, bronchiectasis, emphysema and chronic bronchitis)
 - 51% of Native American adults 65 years and older are living with a disability
- Socio Economic Disparities (data provided by the NMDOH/2016)
 - 48% of Native Americans in the State of NM live below poverty levels
 - 42.4% of Native American grandparents are raising grandchildren

- Current Elder Program Services
 - Existing Tribal Senior Programs in the State of New Mexico
 - 12 separate Pueblo Sr. Centers
 - 8 Northern Sr. Center Consortia serving 4 Pueblos
 - Five Sandoval Sr. Center Consortia serving 3 Pueblos
 - Mescalero Apache Sr. Center
 - Jicarilla Apache Sr. Center
 - Varying Provision of Services and/or Obstacles in the Provision of Services
 - Where tribes are supplementing Federal and State operational dollars
 - Full array of services are provided (e.g., Adult Day Care, Personal Care Services, Home Services, Meal Delivery, Congregate Meals, Transportation, Benefit and Resource Assistance, health prevention, education and awareness, physical fitness and recreation and referral Systems for other Tribal Services such as House renovations and/or repairs, yard cleaning and hauling of trash, health, etc.).
 - Ability to build various forms of capacity: strengthen staff skills and abilities, diversify funding, establish 3rd party billing, build partnerships, and raise funds for special projects, events and/or activities.
 - Where tribes are unable to supplement Federal and State operational dollars
 - In most cases **only** meals are provided
 - Needs of elders are unmet
 - Adds to the health disparities of elders
 - Cannot build capacity to maintain and/or enhance services

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