

Reflections on a Community and Immigrant-led Home Health Care Program

A Home Health Needs Assessment for New Mexico

December 31, 2020



Note to the Reader

This report reflects a collective effort to document the successes and the challenges of developing a community-based home health aide training program that supports Latinx immigrant caregivers in Albuquerque, New Mexico. It highlights possible solutions to address the challenges of building a highly skilled workforce to respond to the labor demands posed by the fast-growing sector of long-term elderly care in the US. The report has multiple purposes, foremost among them to support community-based organizations around the country that may be interested in creating similar initiatives in their local community. In promoting the project's expansion, Encuentro seeks to achieve a deeper objective, one that promotes an alternative, community-based, and worker-centered solution that challenges the attitudes and policies that have led to the invisibility, undervaluing, and chronic lack of labor protections for caregivers.

Encuentro's Home Health program is an innovative model that prioritizes education, economic opportunities and leadership development as three pillars essential to adequately preparing Home Health Aides for this complex and important career. Our worker-centered model ameliorates the isolation that characterizes home-based care by creating cohorts of shared learning, promoting worker ownership, and leveraging grassroots advocacy through the voices and experiences of immigrant caregivers. Encuentro believes that our commitment to investing in deep and on-going education is key to creating, retaining, and growing the type of highly trained frontline workforce necessary to address the growing challenges and opportunities of long-term care for our nation's treasured elders.

Encuentro would like to extend our deep appreciation to the Kresge Foundation for providing us with a grant to invest in the research and evaluation necessary to document the more than four years of experience developing and implementing our education and training program. Kresge's investment is key to elevating the visibility and impact of community-based solutions as they relate to addressing the importance of immigrant essential workers in the home health field. Special thanks and recognition for Mindy Gutow, PhD and Leah Steimel, MPH for their commitment to pulling this project together beginning in 2019, and for the professionalism in their approach to researching and authoring the document.

Encuentro would also like to thank our major funders who have supported the Home Health program since its inception in 2016, including the National Domestic Worker Alliance, the WK Kellogg Foundation, the McCune Family Foundation, the United Way of Central New Mexico, the Albuquerque Community Foundation, the Anderson Family Foundation, Presbyterian Healthcare Services, PNM Foundation, the Bader Foundation, NM Women.org, and most recently the WES Mariam Assefa Foundations through the Opportunity Challenge award.



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Table of Contents

List of Tables	4
List of Charts	4
List of Infographics	4
Terms	6
Executive Summary	6
a. Introduction	6
b. Elder Care Needs	6
c. Encuentro’s Response	7
d. Growth Opportunities	9
e. Conclusion	9
Introduction	10
a. Education and Training	10
b. Economic Opportunity	11
c. Leadership Development	11
d. Theory of Change	12
New Mexico Elder Care Needs Assessment	13
a. New Mexico’s Diverse and Rapidly Growing Elder Population	13
b. Albuquerque/Bernalillo County Elder Population	14
c. Elder Care Needs in New Mexico	15
d. The Preference for In-Home Care	16
e. Who Does the In-Home Caregiving?	18
f. How Do Elders Pay for Home Care Services and What Does it Cost?	19
g. Limited Options for In-Home Care: Albuquerque’s Home Care Service Sector	20
h. Matching Registry Models and Other Alternative to In-home Care Services	20
Encuentro’s Home Health Aide Program: Creating Community-led Home Care Options in NM	22
a. Evolution of the HHA Program	22
b. History	22
c. Who are Encuentro’s HHA Students?	23
Focus Areas #1: Education: Comprehensive Training in Primary Language	26
a. Entry-level HHA Training Course	26

i. Strengths and Challenges of the Entry-level HHA Course	27
ii. Additional Career and Learning Opportunities	29
b. The Harvest to Health (H2H) Elderly Food and Nutrition Course	30
i. Strengths and Challenges of the Senior Nutrition Course	31
c. Adapting to Covid-19 – Focus Area #1: Education	32
Focus Area #2: Economic Opportunities: Connecting HHA Graduates with Dignified Work Opportunities	33
a. HHA’s Desired Employment Experience	33
b. Direct Hire, Subsidized, and Cooperative Strategies to Support Connections to Work Opportunities	35
i. EnCasa Care Connections Matching Registry: A Community-Based Alternative for Engaging the Self-Pay Population	35
a. Lessons Learned from the Pilot Phase	36
ii. Subsidized Internships: A Win-Win Strategy to Strengthen Skill-Building While Supporting Low-Income Elders	37
a. Lessons Learned to Date	39
c. Exploring a Worker-owned HHA Cooperative to Build Collective Power	39
d. Adapting to Covid-19 – Focus Area #2: Economic Opportunities	40
Focus Area #3 – Leadership Development: The Key to Improving Working Conditions and Care Within the Home Health Industry	41
a. Quarterly Meetings: The Value of Coming Together	41
b. Additional Leadership Opportunities	42
c. Adapting to Covid-19 – Focus Area #3: Leadership Development	44
HHA Growth Opportunities	45
HHA Program Costs and Funding	48
Conclusion: Moving Forward to Leverage HHA Growth Prospects	49
a. State and Local Trends: How Encuentro’s HHA Approach Supports Recommendations for the Home Health Field, Public Health, Workforce Development and Education	50
Appendices	52

a. Home Health Aide Course Syllabus	52
b. Central New Mexico Community College Post Graduate Survey Results 2016 -2020	54
c. Home Health Aide Mid-Semester Questionnaire	56
d. Home Health Aide Six-Month Post-Graduation Questionnaire	60
e. Program Costs	62
f. Overview of Strengths and Challenges Across Programs	63
g. Bibliography	64

List of Tables

Table 1: Projections of the Population over 60: 2000 to 2030

Table 2: Racial and Ethnic Make-Up of New Mexico Population over 60

Table 3: Income Distribution Across Albuquerque, New Mexico

Table 4: Non-institutionalized Persons Age 65 or Older with Disabilities

Table 5: Interviews with CNM and Encuentro Course Leaders Provided Feedback on the Strengths and Challenges in Designing and Implementing the HHA Training Course.

List of Charts

Chart 1: Population of Elders in Bernalillo County

Chart 2: Where Elders Live in Albuquerque

Chart 3: HAA Education Levels

Chart 5: HHA Graduates Work Status

Chart 6: Work Preferences of HHA Graduates

Chart 7: Reasons HHA Graduates Were Not Working as HHAs

Chart 8: Language Needs of Clients: Self-reported Proficiency of HHAs

List of Infographics

Infographic 1: Theory of Change

Infographic 2: How EnCasa Care Connections Works

Infographic 3: Evolution of Encuentro's HHA program

Terms

The following terms are defined to provide a mutual understanding between the reader and the author for the purposes of clarity in this report.

1. **Boomers**: “Boomers” or “Baby Boomers” refers to the generation of people who were born between 1946-1964.
2. **Elders**: A term utilized to refer to residents of greater age who are valued for their wisdom and experience.
3. **Hispanic**: In New Mexico, many residents identify with their Spanish ancestors and therefore utilize the identifier of “Hispanic”. Spanish settlers moved into the region in the 16th century and many elders track their families to these origins.
4. **Latinx**: A gender-neutral term to refer to a person of Latin American descent or origin. In New Mexico, many workers in the service industry are immigrants from Latin America.

5. Caregiver: The term “caregiver” often infers that this is a family member providing care in the home for a loved one, without pay. For the purposes of this report, the term “caregiver” is used interchangeably with “Home Health Aide” and refers to a person trained in non-medical home-based care and receives payment to provide care.

Executive Summary

Introduction

Demand for elder care services is on the rise as the Baby Boomer generation ages. While paid caregivers represent one of the fastest growing workforces in the country, there is a dearth of trained, culturally and linguistically competent providers nationally and more specifically, in the Albuquerque, New Mexico, Metro area. Encuentro, a nonprofit organization in Albuquerque, has designed an innovative education and training program that places the experiences and needs of Home Health Aides (HHAs) engaged in the workforce at the center of program development. The program prioritizes comprehensive training and promotes the leadership and economic opportunities of Latinx immigrant HHAs, creating an alternative to the low-wage, disempowered, and high-worker-turnover culture that characterizes the for-profit home health industry.

Elder Care Needs

Trends indicate that the aging population in New Mexico is growing faster than that of the U.S. as a whole, and that the aging population is ethnically and linguistically diverse¹. Directly related to the increased numbers of elders are the higher rates of disability² and the general poor health status³ of New Mexican elders as compared to other states. As elders increasingly need care, options seem limited. Numerous social and economic benefits have been found within the home-based care approach, and Hispanic elders want to stay at home⁴ and have a lack of confidence in institutional settings⁵. Furthermore, options for covering the costs associated with hiring in-home care are few and can be expensive for elders on a limited income. When trying to provide financial resources to assist individuals and their families with in-home care services, States face challenges⁶. For example, a large percentage of public funding, such as Medicaid, is dedicated to care in nursing home facilities, which makes it difficult to compete with the nursing home industry for limited dollars.

¹ New Mexico Aging & Long-Term Services Department (n.d.) New Mexico state plan for aging and long-term services, October 2017 – September 2021. Retrieved from https://www.nmaging.state.nm.us/uploads/files/2017_2021_State_Plan_1.pdf

² New Mexico Aging & Long-Term Services Department (n.d.) New Mexico state plan for aging and long-term services, October 2017 – September 2021. Retrieved from https://www.nmaging.state.nm.us/uploads/files/2017_2021_State_Plan_1.pdf

³ Landen, M. MD MPH (2015, September) Health status of older adults in New Mexico. *State Epidemiologist, New Mexico Department of Health*. [PowerPoint presentation]. Slide 15.

⁴ Binette, J, Vasold, K. AARP Home and Community Preferences: A National Survey of Adults Ages 18-Plus, 2018. (2018, August) *AARP Research*. Retrieved from <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>.

⁵ Fajardo, A. (2017, November) Special Considerations for Latinos seeking elder care. *Latino News Briefs. University of California Agricultural and Natural Resources*. Retrieved from <https://ucanr.edu/blogs/blogcore/postdetail.cfm?postnum=25646>

⁶ Quinn, M. (2017, July) As demand for at-home care grows, states debate how to pay for it. *Governing.com*. <https://www.governing.com/topics/health-human-services/gov-seniors-health-community-home-care-states.html>

Encuentro's Response

To address the demand for elder care services in the community, the HHA program has evolved as a multi-faceted endeavor providing (1) education and training, (2) building connections to economic opportunity, and (3) encouraging leadership development to simultaneously promote dignity and voice among immigrants working as caregivers.

Focus 1: EDUCATION: Comprehensive Training for HHAs in Their Primary Language

The Home Health Aide (HHA) entry-level course is a culturally and linguistically accessible home health worker training program. The program was originally developed in partnership with Central New Mexico Community College in 2015 and is offered in Spanish, to maximize the learning comprehension needs of Encuentro's Latinx students for whom Spanish is their first language. Encuentro's HHA Program graduates up to 24 students per semester and is proud of maintaining a consistent 98% graduation rate. As of July 2020, 208 Latinx immigrants have graduated from the course. Programmatic reviews indicate that there is consistently high interest and satisfaction in the course, and that the flipped classroom and relationship-focused model is key to learning and engagement. Programming challenges identified by organizational leaders emphasized the difficulty developing and implementing a program involving both a small, community-based non-profit organization and a community college, due to varied institutional approaches.

The Harvest to Health (H2H) training, begun in 2018, has two primary goals: (1) to improve food security and nutritious eating among elders and the HHAs themselves, and (2) to cultivate a home health workforce that is highly trained in understanding senior food and nutrition needs and evidence-based strategies for elder care. The H2H courses run three times per year and intends to train 180 HHAs over the course of the four-year grant. Programmatic successes as identified by staff include a high degree of interest in the course among HHAs, and the establishment of new organizational partnerships. The primary challenge thus far to the H2H Program has been the moderate capacity to respond to program needs and opportunities as they present themselves due to funding limitations.

Focus 2: ECONOMIC OPPORTUNITIES: Connecting HHA Graduates with Dignified Work Opportunities

Encuentro has continually prioritized student feedback in its program development efforts. Data from these efforts has yielded important findings on topics such as low wages, discrimination, safety issues, lack of control over schedules, and wage theft. Many graduates highlighted a "patchwork" strategy to financially support their households. One primary gap identified through HHA feedback is the need to connect HHAs with individuals in the community seeking to hire a caregiver directly.

In response, Encuentro developed a matching registry called EnCasa Care Connections (ECCC) in 2018. Since its inception, 142 clients have requested interviews with HHA candidates for caregiving services, and HHAs report that ECCC provides them with access to work that pays better and fits their schedules. ECCC is still in its infancy and although efforts seem promising, program staff report that it is challenging to match service and scheduling needs. In addition, involving HHAs in leadership efforts has been a challenge due to limited administrative capacity. In the early months of the Covid-19 pandemic, registry activities slowed considerably, though they have returned to a more regular pace again. Feedback from HHAs and potential clients has helped shape next steps for the program development such as the creation of a web-based platform and the recommendation of background checks for all HHAs.

Encuentro has also developed an Internship Program for HHA graduates, which provides paid opportunities to practice their new skills and become more familiar with the role of the HHA in home settings. Because internships are subsidized for clients, the program also presents an alternative solution to address the in-home care needs of low-income elders. To date, 29 Encuentro HHA interns have delivered almost 2,000 hours of subsidized, high-quality care to low-income seniors in Bernalillo County while benefitting from supplemental income that also provided hands-on experience. Similar to the ECCC Program, Encuentro staff reports that matching interns to families is complex and takes a significant amount of time. Additionally, while there is interest and demand, there is limited funding to expand internship opportunities.

Focus 3: LEADERSHIP DEVELOPMENT: The Key to Improving Working Conditions and Care Within the Home Health Industry

An overarching goal of the HHA program is leadership development, and Encuentro has facilitated an environment that encourages input and collaboration from HHAs in all aspects of program development. Leadership opportunities are integrated throughout the HHA Program. As HHAs graduate and engage as leaders, they improve the HHA program while also strengthening Encuentro's relationships with organizational partners, funders, and the community.

Additionally, Encuentro offers graduates of the entry-level HHA course the opportunity to attend quarterly meetings to share challenges, successes and resources with each other, learn about volunteer leadership opportunities in other organizations, and participate in continuing education opportunities. Feedback from participants in the quarterly meetings indicates that the HHAs enjoy meeting together and engaging in peer learning, and that they value the Certificates of Completion received for the continuing education. Additionally, program staff report that the quarterly meetings provide a crucial mechanism for program feedback. Staff also note some challenges with quarterly meetings including difficulties finding presenters that are fluent in Spanish, building facilitation skills within HHA graduates, and allowing for sufficient socialization time in meeting agendas.

Growth Opportunities

Encuentro has identified the following areas as programmatic growth opportunities:

1. **Targeting the South Valley.** Encuentro can explore a niche demographic of elders that share many similarities with the HHAs, including language and culture, by expanding the paid internships to lower-income elders in this area.
2. **Adding a social work component to the HHA model.** The objectives are to 1) create a support group for HHAs, and 2) use the social work resource and referral model to further support elder clients and identify systems barriers affecting the in-home elder care system.
3. **Leveraging the leadership qualities.** Encuentro seeks to expand on leadership opportunities so HHAs are co-designing and implementing relevant program content.

Conclusion

Through the HHA program, Encuentro, along with allies at a national and local level, seeks to change the way home health is viewed, operationalized and valued, and believes a worker-centered approach that includes education, economic opportunities and leadership development is the best way to lead this change. Part of this effort requires that Encuentro will continue to explore and support policy recommendations that address the education and workforce development needs of Latinx immigrants in New Mexico. As the only New Mexican organization exclusively focused on training and connecting Spanish-speaking HHAs to elders needing in-home care, Encuentro can play an important role in documenting and addressing growing trends among Hispanic/Latinx elders, and in lifting up the realities of low-income and less visible elders in our city.

Introduction

Every day 10,000 people in the U.S. are turning 65 years old⁷ as the Baby Boomer generation moves into their elder years. To meet the demand, the elder care service industry will not only need to increase its number of service providers but will also need to grow in the kinds of services offered and the ways that services are made available. Further, it will need to adapt and build out services that are targeted to reflect the cultural and linguistic practices and preferences of the elder population. Yet in spite of being the fastest growing occupation in the U.S.⁸ and in New Mexico (NM)⁹, eldercare workers report very low wages, high turnover, and little power as part of the health care team. Immigrants make up more than 30% of the eldercare workforce¹⁰, but they encounter additional barriers such as lack of linguistically appropriate training, discrimination, and isolation in the field — a fact underscored during the coronavirus pandemic as the foreign-born have played a significant role in frontline pandemic-response sectors. As such, the time is ripe for developing innovative models for eldercare that are shaped to fit diverse cultures and the needs of people as they age in our community.

Founded in 2010, Encuentro, a non-profit community-based adult education and career development organization working with Latinx immigrants in Albuquerque, New Mexico, is paving the way. With innovative training and workforce development strategies designed specifically to meet the increasing demand for in-home care, Encuentro developed its Home Health Aide program (HHA) as a training course for Latinx immigrants interested in the field of home health care. To meet the demand for elder care services in the community, the HHA program has evolved as a multi-faceted endeavor providing education and training, building connections to economic opportunity, and encouraging leadership development while simultaneously promoting dignity and voice among immigrants working as caregivers.

Education and Training

The HHA program now has more than 200 graduates that have each completed 120 hours of comprehensive and high-quality training in Spanish. Upon graduation, students receive course certificates in Home Health Aide training, Personal Care Assistant training, cardiopulmonary resuscitation (CPR), and First Aid.

⁷ Cohn, D. & Taylor, P. (2010, December 20). Baby boomers approach 65 – glumly. Pew Research Center. <https://www.pewsocialtrends.org/2010/12/20/baby-boomers-approach-65-glumly/>

⁸ U.S. Bureau of Labor Statistics (2020, September 1). <https://www.bls.gov/ooh/fastest-growing.htm>

⁹ New Mexico Department of Workforce Solutions (Winter, 2011-2012). Regional review: Quarterly labor market information across New Mexico.

https://www.dws.state.nm.us/Portals/0/DM/LMI/Regional_Review_Winter_2011_2012.pdf

¹⁰ Batalova, J. (2020, May 14). Immigrant health-care workers in the United States. Migration Policy Institute. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>

They also have the options of enrolling in continuing educational opportunities in Elderly Food and Nutrition, and specialized workshops to address the realities of the caregiver job.

Economic Opportunity

Increasing economic opportunity for immigrants working in the home health field is a major pillar of the HHA program. Graduates can opt to participate in EnCasa Care Connections, an online matching registry that facilitates connection between individuals and families in the community that are seeking to hire a caregiver directly. Graduates can also boost their success in the field through participation in a three-month paid internship providing care for low-income seniors who do not qualify for Medicaid. Encuentro is also supporting graduates as they explore the possibility of launching a worker-owned cooperative business to offer in-home care services.

Leadership Development

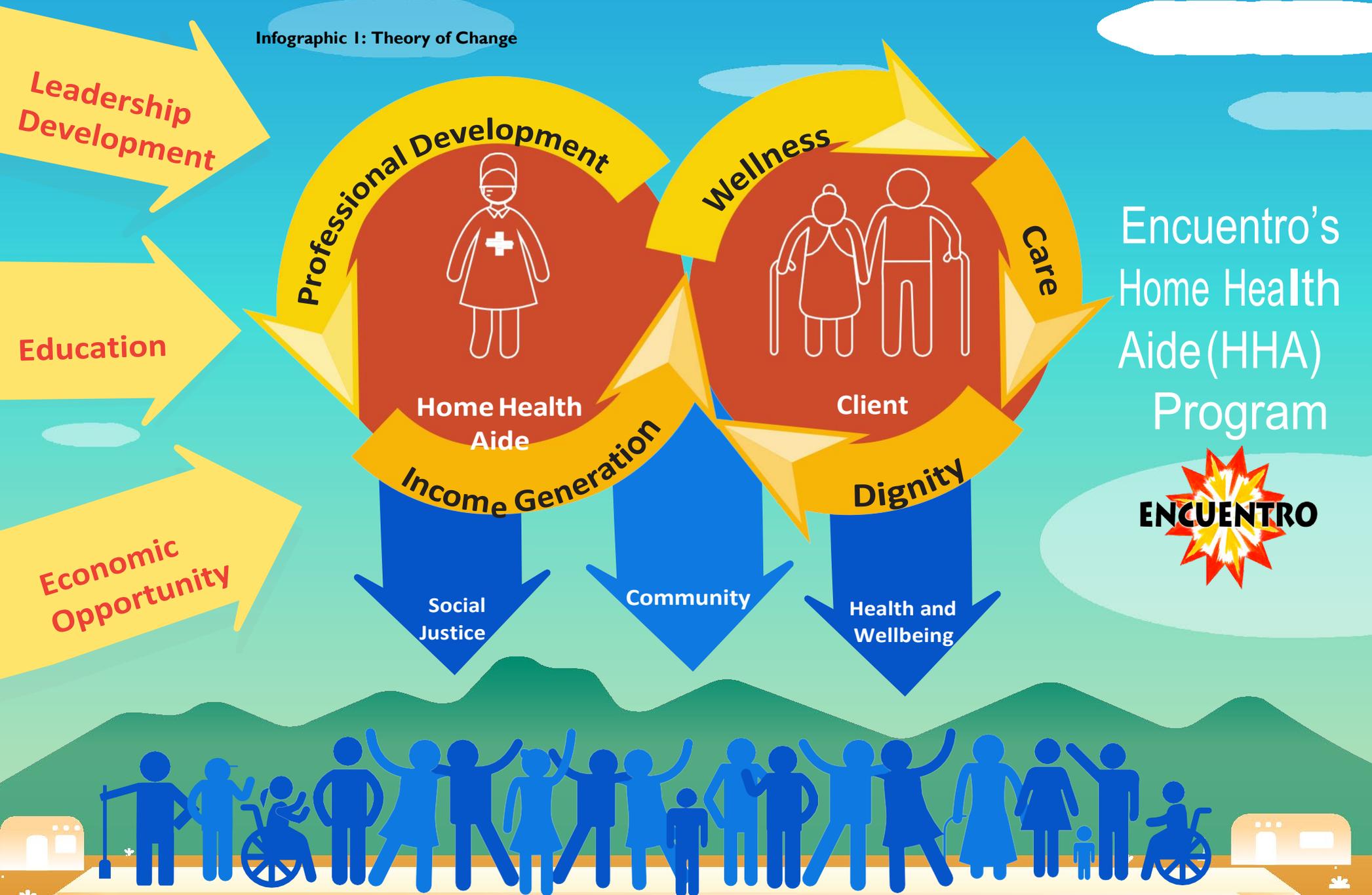
The third pillar of the HHA program centers on leadership development and the importance of advocating for systems change in a profit-driven industry dominated by private corporations. As a worker-centered model, leadership development is woven throughout the overall program. Participants' experiences inform the on-going evolution of educational content and income strategies, and together with local and national partners, Encuentro's HHAs are lifting their voices for change.

The following report describes Encuentro's journey in developing the HHA program and offers insights into the in-home care industry as it currently exists. Importantly, the report also highlights the immigrant worker's experience in the field and their potential to improve not only their own experience and economic benefits, but also to create more dignified elder care services that offer new options with community and culture at the center.

Theory of Change

The following graphic was developed to depict Encuentro's vision of the HHA program. The HHA program seeks to transform elder care opportunities in New Mexico by generating educational and income opportunities that are centered on and led by the experiences of Latinx immigrant Home Health Aides. As educational leaders who provide comprehensive training experiences, Encuentro aims to meet workforce demands with a place-based approach, thereby enabling New Mexico's elders to receive competent in-home care that is culturally and linguistically relevant. Encuentro also aims to promote systemic change by cultivating Latinx leaders who advocate for themselves, New Mexico's elders, and a more responsive home health care industry.

Infographic I: Theory of Change



Encuentro's Home Health Aide (HHA) Program



STRENGTHENING LATINO IMMIGRANT FAMILIES AND COMMUNITIES IN NEW MEXICO THROUGH EDUCATIONAL AND CAREER DEVELOPMENT OPPORTUNITIES THAT BUILD SKILLS FOR ECONOMIC AND SOCIAL JUSTICE.

New Mexico Elder Care Needs Assessment

Encuentro has conducted a demographic analysis and a corresponding needs assessment to better understand New Mexico’s aging population and the potential for in-home care services in Bernalillo County and the city of Albuquerque. A focus area of this report seeks to present detailed data on Hispanic elders as a population of particular interest that is often overlooked in other research. Encuentro’s specific goal of supporting opportunities for Latinx immigrant Home Health Aides (HHA) is uniquely suited to offer linguistically and culturally competent services for this community, which is typically underserved.

This assessment also provides a snapshot of other providers of in-home care in the local market, and goes further than conventional market studies by describing various aspects of in-home care to provide a comprehensive view of the service area for the reader. In addition, the report describes the Latinx immigrant caregiver, their reasons for wanting to work in this area, and their experiences as caregiver workers. This information is not widely discussed nor highlighted in other reports, but as immigrants represent more than one-third of this workforce in the fastest growing occupation in the country, it is important to understand.

New Mexico’s Diverse and Rapidly Growing Elder Population

The New Mexico Aging & Long-Term Services Department issues a statewide plan every four years to address the needs of older New Mexicans and New Mexicans with disabilities. The trends identified indicate that the aging population in New Mexico (NM) is growing rapidly, faster than that of the U.S. as a whole (see Table 1), and that the aging population is ethnically and linguistically diverse¹¹. For example, by the year 2030, NM will rank third in the nation in percentage of population of 60 years and older. The number of New Mexicans age 60 or older will more than double, and those 85-year-olds and older will more than triple. The population is also ethnically and culturally diverse. Of persons 60 years old and over, more than one-third of the state’s total population is non-English speaking and 40% are non-white.¹² (see Table 2).

Table 1: Projections of the Population over 60: 2000 to 2030

	2000	2010	2020	2030
% of Elders in total United States population	16.3	18.4	22.5	25.1
% of Elders in total New Mexico population	15.6	20.3	27.6	32.5

Source: New Mexico State Plan for Aging and Long-Term Services

¹¹ New Mexico Aging & Long-Term Services Department (n.d.) New Mexico state plan for aging and long-term services, October 2017 – September 2021. Retrieved https://www.nmaging.state.nm.us/uploads/files/2017__2021_State_Plan_1.pdf

¹² US Census Bureau (2010). Quick facts New Mexico. <https://www.census.gov/quickfacts/NM?>

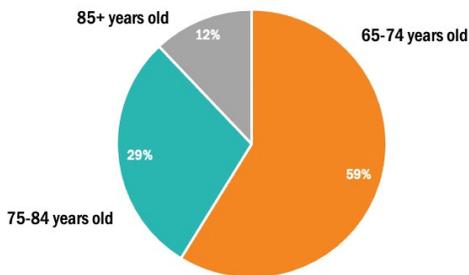
Table 2: Racial and Ethnic Make-Up of New Mexico Population over 60

Category	% of Elders
Hispanic Origin	31.5
Native American/Indian	5.2
African American	1.3
Asian	1.0
White/Caucasian	60.0
Mixed race	.08

Source: US Census Bureau

Albuquerque/Bernalillo County Elder Population

Chart #1: The majority of elders in Bernalillo County are between 65-74 years old

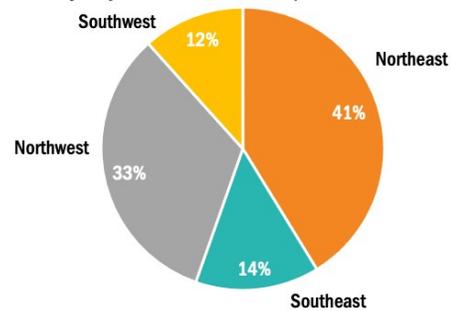


According to the US Census American Community Survey¹³, Albuquerque/Bernalillo County’s elder population tends to be young (59% aged 65-74 years old; see Chart #1), and a large percent of that age group is Hispanic (25%). When combined with data outlining language limitations¹⁴, elder population data suggests the under-met need for bilingual skills is an important consideration when looking at the city’s need for linguistically competent caregivers. This need has been documented as early as the 2014 New Mexico State Plan for Family Caregivers¹⁵,

which highlights the lack of linguistic and culturally competent care coordination services for seniors and family caregivers.

When reviewing the elder population across Albuquerque, all elder age groups are distributed across the city (see Chart #2), with younger elders, 65- to 74-year-olds, comprising 58% of the population. In the Southwest quadrant, younger elders make up an even larger part of the population (64%), are predominantly Hispanic/Latino, and 41% of younger elders are living with one or more disabilities. All geographic quadrants reflect low income levels, but the highest proportion of the elder population categorized as very low-income (below \$28,000) or low-income (between \$28K - \$58K) reside in the Southwest quadrant of the city (70%) (see Table 3).

Chart #2: Persons 65 and older live throughout Albuquerque with the majority in the Northeast quadrant.



¹³ U.S. Census Bureau (n.d.) ACS public use microdata sample (PUMS) overview. Washington, D.C.

¹⁴ City of Albuquerque/Bernalillo County Area Agency on Aging. (2016). PSA 1: Area plan for comprehensive coordinated service delivery system July 1, 2016 - June 30, 2020.

¹⁵ New Mexico Aging & Long-Term Services Department, AARP. (2015). New Mexico state plan for family caregivers. https://www.nmaging.state.nm.us/uploads/files/New_Mexico_State_Plan_for_Family_Caregivers_final.pdf

Table 3: Income Distribution Across Albuquerque, New Mexico

Quadrant	Proportion of population living with annual income level below \$28K , and likely Medicaid eligible	Proportion of population living with annual income level between \$28K- \$58K , and likely <u>not</u> Medicaid eligible
Northeast	21%	29%
Northwest	29%	27%
Southeast	33%	29%
Southwest	35%	35%

Source: New Mexico State Plan for Aging & Long-Term Services 2017-2021. Note: A person may have more than one disability.

Elder Care Needs in New Mexico

Understanding the extent and type of care needs among New Mexico’s and specifically Albuquerque’s elder population is difficult because data is not easily available. However, information from the 2010 US Census, along with anecdotal accounts and a brief review of the literature presents conditions among elders that can offer a presumption of need. For example, New Mexico’s elder population has higher rates of disability compared to the overall U.S. population. Disability is described as difficulty with hearing, vision, walking and moving around, cognitive difficulty, and difficulty with self-care and living independently (see Table 4).

Table 4: Non-institutionalized Persons Age 65 or Older with Disabilities

Geography US Persons	Persons with any disability	Persons with a hearing disability	Persons with a vision disability	Persons with a cognitive disability	Persons with an ambulatory disability	Persons with a self-care disability	Persons with difficulty living independently
% of United States population	36.6	15.0	6.8	9.4	23.6	8.9	16.2
% of New Mexico population	40.3	18.8	8.8	11.0	25.4	9.3	16.9

Source: New Mexico State Plan for Aging & Long-Term Services 2017-2021. Note: A person may have more than one disability.

Directly related to the higher rates of disability is the general health status of elders. In New Mexico, almost one-third of elders 65 and older report fair or poor health status, with Hispanics at almost double the rate as Non-Hispanics (43% compared to 22%)¹⁶. Poor health among elders in New Mexico is largely driven by higher rates of diabetes¹⁷, as well as heart disease and cancer. The combination of these factors means that a significant sector of the elder population is confronting special needs related to diet, medication management and possible additional health complications. For example, death rates due to

¹⁶ Landen, M. MD MPH (2015, September) Health status of older adults in New Mexico. *State Epidemiologist, New Mexico Department of Health*. [PowerPoint presentation]. Slide 15.

¹⁷ I Landen, M. MD MPH (2015, September) Health status of older adults in New Mexico. *State Epidemiologist, New Mexico Department of Health*. [PowerPoint presentation]. Slide 24.

falls are higher for elders in New Mexico^{18, 19}, and Alzheimer's is considered the 8th leading cause of death in New Mexico, with the majority of dementia-related deaths occurring in the Albuquerque/Bernalillo County Metro region²⁰. As more aging adults report increases in confusion and memory loss, many are also expressing the need for more help with household activities²¹.

Living with one or more disabilities in addition to the high rates of poor health may point to the need for care support, especially if the elder is living alone. Some data trends show that as elders age, they increasingly live alone. In the Albuquerque area, an estimated 26% of elders age 65-74 live alone, while 44% of elders over age 85 live alone²².

Further research to explore Albuquerque-specific data from reports such as the National Institutes of Health, Health and Retirement Study, could provide a clearer picture about caregiving needs for Albuquerque's elders. This report, among others, are beginning to compile data that can inform state and local entities about vulnerabilities and care needs that elders are experiencing, beyond that which is collected in the US Census.

The Preference for In-Home Care

Staying in their own home, or aging in place, is the overwhelming preference for most elders, and^{23, 24} as the elder population grows, the need for caregiving support to age in place will be higher. Some reasons for this are that Boomers are more likely to be divorced or never married (marriage rates are lower among Baby Boomers, with only 52% of future seniors 75 and older projected to be married in 2029²⁵), they are likely to have fewer children, and their children are likely to live away from them. Additionally, many Baby Boomers have higher education levels, which may push for a broader range of options to healthcare and social support needs.²⁶

¹⁸ I Landen, M. MD MPH (2015, September) Health status of older adults in New Mexico. *State Epidemiologist, New Mexico Department of Health*. [PowerPoint presentation]. Slide 54.

¹⁹ Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016 CDC, MMWR May 11, 2018 / 67(18);509–514

²⁰ New Mexico Aging and Long-Term Services Department, Alzheimer's Disease Task Force. (2013) New Mexico state plan for Alzheimer's Disease and related dementias, 2017 Update.

²¹ New Mexico Behavioral Risk Factor Surveillance System (BRFSS) survey, 2016.

²² US Census American Community Survey 2017 5 Year Public Use Microsample

²³ Binette, J, Vasold, K. AARP Home and Community Preferences: A national survey of adults ages 18-plus, 2018. (2018, August) *AARP Research*. Retrieved from <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>.

²⁴ Con Alma Health Foundation, New Mexico Association of Grantmakers (2013, March). *EngAGE New Mexico: promoting and strengthening grantmaking in New Mexico to support an aging population*. [Webinar]. Page 10.

²⁵ National Investment Center. (2019, May). The forgotten middle. *Middle Market Seniors Housing Study Chart Pack*. <https://www.nic.org/wp-content/uploads/pdf/NIC-Investor-Chart-Pack.pdf>.

²⁶ National Investment Center. (2019, May). The forgotten middle. *Middle Market Seniors Housing Study Chart Pack*. <https://www.nic.org/wp-content/uploads/pdf/NIC-Investor-Chart-Pack.pdf>.

Hispanic values are informing a growing movement in favor of in-home care. Hispanics maintain strong cultural norms for taking care of elders at home and reject the placing of their loved ones in facilities²⁷. According to a poll conducted by Associated Press-NORC Center for Public Affairs Research²⁸, fewer than two out of every 10 Hispanics age 40 and older say they are extremely confident that nursing homes and assisted living facilities can meet their needs. In addition, Hispanics are more likely to take on the role of caring for an elder loved one in the home²⁹. These data point to the need for increasing the responsiveness of the long-term care sector to the cultural preferences held by the majority of Hispanic families.

Numerous reports lay out the argument for supporting older adults with in-home services and tout a myriad of social and economic benefits, including reduced isolation that can improve nutrition³⁰ and reduced depression³¹. In-home care also provides critical transition support from hospital to home and corresponds with lower hospital readmission rates³². Although the current model for in-home care services is relatively standard and may not be adequate or desired for those aging today, trends toward more home-based and community-based care settings are growing, and the opportunities for innovation that break from the standard for-profit model are promising. Kevin Prindiville, Executive Director of Justice in Aging, lays out the demand for in-home services. He says, “[Seniors] want care on their terms, and a big part of that means being able to stay in their homes and communities as they age.... The trend is shifting at every level to care at home and in community-based settings.... People are increasingly asking for and expecting this³³.”



²⁷ Fajardo, A. (2017, November) Special considerations for Latinos seeking elder care. *Latino News Briefs*. University of California Agricultural and Natural Resources. Retrieved from <https://ucanr.edu/blogs/blogcore/postdetail.cfm?postnum=25646>.

²⁸ Benz, J., Malato, D., Titus, J., Kantor, L., Tompson, T. & Swanson, E. (2017). Long term care in America: Hispanics' cultural concerns and difficulties with care. Retrieved from https://www.longtermcarepoll.org/wp-content/uploads/2018/04/APNORC_LTC_Hispanic_Report_2017.pdf

²⁹ Gibson Hunt, G., Reinhard, S. Caregiving in the U.S. (2015). *National Alliance for Caregiving and AARP Public Policy Institute*. Retrieved from <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>

³⁰ Locher JL, Ritchie CS, Roth DL, Baker PS, Bodner EV, Allman RM. (2005, February) Social isolation, support, and capital and nutritional risk in an older sample: ethnic and gender differences. *Soc Sci Med*. 2005 Feb;60(4):747-61. doi: 10.1016/j.socscimed.2004.06.023. PMID: 15571893; PMCID: PMC2763304. <https://pubmed.ncbi.nlm.nih.gov/15571893/>.

³¹ Flowers, L., Houser, A., Noel-Miller, C. Shaw, J., Bhattacharya, J., Schoemaker, L., Farid, M. (2017, November). Medicare spends more on socially isolated older adults, *AARP Public Policy Institute*. <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>

³² Cheney, C. (2018, October) How health systems can use home care to reduce readmissions. *Health Leaders Media*. <https://www.healthleadersmedia.com/clinical-care/how-health-systems-can-use-home-care-reduce-readmissions>

³³ Quinn, M. (2017, July) As demand for at-home care grows, states debate how to pay for it. *Governing.com*. <https://www.governing.com/topics/health-human-services/gov-seniors-health-community-home-care-states.html>

In-home care can cover a broad spectrum of services, including those considered to be “non-medical,” and the possibilities of caregiving services can be as creative as the elder and caregiver choose to work out together. For example, an elder may continue to engage in professional activities such as writing or artistic endeavors but have visual limitations and require assistance; an active elder with dementia may schedule a weekly hike or bicycle ride and may simply need accompaniment to make it happen; or a caregiver can even accompany an elder when traveling.

Who Does the In-Home Caregiving?

The Family Caregiver Alliance calls caregiving the “universal occupation.” Most of adults have been or will be called on to care for an older or disabled relative or friend at some point in their lives, and the U.S. healthcare system relies heavily on family members and acquaintances to provide long-term care for persons as they age, develop chronic diseases such as Alzheimer’s and dementia, or lose mobility. A family caregiver, sometimes called an informal caregiver, is an unpaid individual, for example, a spouse, family member, or friend. Formal caregivers, also called “direct” caregivers, are paid care providers providing non-medical in-home care or providing care at a facility-based setting. Direct caregivers are also referred to as Personal Care Attendants (PCAs), or Home Health Aides (HHAs).

In general, HHAs receive training in basic clinical monitoring tasks, such as taking vital signs, understanding various chronic diseases, and observing critical signs and symptoms that should be reported for follow-up care. Training requirements for non-medical caregivers varies widely from state to state, and it is common for caregivers to be hired with no training or credentials and receive on-the-job training. Pay scales for caregivers are very low, at minimum wage, and often do not come with benefits such as sick leave, health insurance or vacation; consequently, turnover rates are as high as 80% in some parts of the country.³⁴

Examples of In-Home Care Services:

- personal care such as bathing, toileting
- grocery shopping and preparing meals
- light housekeeping
- medication reminders and monitoring
- taking vital signs
- assisting with exercises prescribed by a therapist
- transportation to medical appointments
- monitoring to prevent falls
- general accompaniment/social interaction

Another important characteristic of the home health workforce is that immigrants, who represent disproportionately high shares of U.S. workers in many essential occupations, including in health care, represent 38% of home health aides. Half of home health aides and personal care attendants nationally originate from Latin American and Caribbean countries.³⁵

³⁴ Holly, Robert. (2019, May 8) Home care industry turnover reaches all-time high of 82%. *Home Health Care News*. <https://homehealthcarenews.com/2019/05/home-care-industry-turnover-reaches-all-time-high-of-82/>

³⁵ Batalova, J. (2020, May 14). Immigrant health-care workers in the United States. *Migration Policy Institute*. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>

How Do Elders Pay for Home Care Services and What Does it Cost?

Despite the increasing preference for in-home care, and in spite of the low wages that characterize the sector, options for covering the costs associated with hiring an HHA are few and can be expensive for elders on a limited income. When trying to provide financial resources to assist individuals and their families with in-home care services, States face challenges³⁶. For example, Medicaid represents a large percentage of public funding but is dedicated to care in nursing home facilities, which creates competition for limited dollars between in-home care options and nursing home institutions.



Public funding for in-home care services is available through limited programs, specifically Medicare and Medicaid, and each has eligibility requirements. Medicaid has lower income thresholds in order to receive and keep services on an ongoing basis, all of which can be complicated to manage and difficult to meet. Medicare coverage for home-based care is limited, provides services for shorter amounts of time, requires that the elder have a need for clinical services (e.g., following a hospital stay), and that their continuing eligibility for Medicare-funded services be approved periodically by a medical doctor.

Medicaid is managed differently. In New Mexico, the state directs 74% of its Medicaid Long Term Care spending to provide access to home-based care through the Home and Community Based Services Waiver program, which is a significantly larger percentage compared to 53% average nationally.³⁷ To qualify, an elder candidate must meet both health and financial qualifications, including asset limits, together with an income level that does not exceed \$2,205 per month.³⁸ Other avenues for accessing funds to support in-home care services include benefits through the Veterans Administration, and some types of insurance plans, such as long-term care insurance or riders on life insurance policies.³⁹

Conversely, of the home care customer market in New Mexico in 2017, approximately 25,300 customers, or 17% of total home care customers, were private pay customers.⁴⁰ This data, however, is associated with agency-based home care services and doesn't capture data related to direct hiring of caregivers, so the private pay customer base may be larger and will likely grow as the elder population grows. Costs for private pay in Albuquerque, New Mexico in 2019 averaged just under \$22/hour and are projected to go up to almost \$32/hour by 2030.⁴¹

³⁶ Quinn, M. (2017, July) As demand for at-home care grows, states debate how to pay for it. *Governing.com*.

<https://www.governing.com/topics/health-human-services/gov-seniors-health-community-home-care-states.html>

³⁷ Cooperative Development Foundation and ICA Group. (2017, October). New Mexico home care market assessment.

³⁸ Family Assets. *New Mexico Assisted Living and In-Home Care Medicaid Waiver Information and Rules for 2017*.

<https://www.familyassets.com/medicaid-waivers/new-mexico>

³⁹ Mercer, M. (2019, November). Can you afford a home-care worker? *AARP*. <https://www.aarp.org/caregiving/financial-legal/info-2017/afford-a-homecare-worker.html>

⁴⁰ Cooperative Development Foundation and ICA Group. (2017, October). New Mexico home care market assessment.

⁴¹ Genworth Cost of Care Survey. <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

A home care affordability index⁴² which considers the cost of home care in a state relative to its median household income, puts New Mexico in the mid-range between highest and lowest cost care among all states.

It is difficult to surmise if home care services are financially accessible for elders in the Albuquerque area due to the multiple factors that would need to be taken into account, but some presumptions can be made using income data for elders in Albuquerque/Bernalillo

<i>Cost of Care in Albuquerque, NM:</i> \$11.54 to \$23.08/hour Average cost = \$21.98/hour

County. Fifty-six percent of the elder population has an income level that is above the Medicaid eligibility threshold of \$28,000 but below an annual middle-income level of \$58,000. To purchase in-home care services at a moderate number of hours per week (15 hours per week at \$22 per hour), it would cost from 30% to 60% of their annual income and could be prohibitive for many elders.

Limited Options for In-Home Care: Albuquerque’s Home Care Service Sector

When looking for in-home care, the most familiar and often the default go-to for many elders is the home health agency model where agencies assign caregiver employees to clients seeking care in their homes. As mentioned above, the quality of caregivers and caregiver training varies, wages are low, and worker benefits are limited at best. Additionally, costs reflect caregiver wages plus agency overhead, which can be up to 30% more than contracting directly with a caregiver. Because privately owned agencies, which represent the majority of providers in New Mexico (40% of NM’s industry compared to 8.7% nationally⁴³), operate on a profit-driven model, they prioritize cost savings based on standardization of care, which may not always be in the best overall interest of the client.

At the time of this writing, there were 59 home health care agencies in Bernalillo County that are licensed. Of these, it appears that all but three agencies are privately owned, with the three exceptions being Presbyterian Home Health, UNM Hospital Home Health, and Missionary of Sisters of the Blessed Sacrament.

Matching Registry Models and Other Alternative to In-Home Care Services

A matching registry is described as “online platforms that help home care consumers and workers find one another. They vary in structure, but in all cases, matching service registries are designed to enable consumers to identify and contact nearby workers with the right mix of skills, experience, and availability—and enable workers to find clients and build sustainable work schedules.”⁴⁴

⁴² Paying for Senior Care (2020, August) Home care financial assistance and payment options. <https://www.payingforseniorcare.com/homecare/paying-for-home-care#State-by-State-Home-Care-Costs>

⁴³ Cooperative Development Foundation and ICA Group. (2017, October). New Mexico home care market assessment.

⁴⁴ Campbell, S. (n.d.) Matching Service Registries *PHInational*. <https://phinational.org/advocacy/matching-service-registries>

In New Mexico, families may also seek help through national registries (e.g., Care.com, Honor), regional registries (i.e., Deb's Domestic Agency), or online classifieds (e.g., Craigslist). Of the 30 Craigslist-Albuquerque entries from March 30 to April 28, 2020, only one appeared to be from an individual/family seeking a caregiver, with all other listings being for-profit home health agencies or assisted living facilities seeking to hire caregivers to work in their agencies or facilities.

Another less common but growing option for care delivery is based on cooperative models for providing in-home care. These are active in other parts of the country including New York, which has the largest and longest-running home care cooperative. A somewhat newly developed cooperative model is in place in Sandoval County, NM, called Heart is Home Cooperative Care, which was founded in 2016 with development support from the New Mexico Caregivers Coalition and funding from U.S. Department of Agriculture. Cooperative models for delivering home care services are not necessarily less expensive for the consumer but can be preferable to consumers who value more flexibility in meeting care needs and schedules, and especially those who also value the broader community benefits of empowering workers with higher wages and ownership.

In sum, the growing population of elders in the Albuquerque/Bernalillo County area, comprised of a majority of younger elders and reflecting significant cultural diversity, points to a likely increasing demand for a broader range of options and alternative models for elder care. Affordability is an important consideration, made clear by the percentage of elders living with low annual incomes, but the needs and preferences of individuals and families across the city also point to a demand for models that offer linguistic and culturally competent services, more flexibility, and which support local economies and immigrant business endeavors.

Encuentro's Home Health Aide Program

Creating Community-led In-Home Care Options in NM

To address the myriad of needs identified above, in 2016 Encuentro launched an entry-level training program for HHAs in collaboration with the [Central New Mexico Community College](#) (CNM). Over the last four years, the HHA program has developed into a linguistically and culturally accessible, quality elder-care training program for low-income Latinx immigrants seeking career opportunities as home health care providers. Encuentro's comprehensive educational, career and leadership development model presents an innovative and community-led response to the growing and complex elder care needs described above, as well as for the workforce needs of NM's fastest growing industry, and it does so from a community and public health approach. In contrast to the for-profit corporate approach that currently dominates the in-home elder care sector, Encuentro promotes a worker-centered career development option for immigrants, who nationwide comprise over 30% of the Home Health workforce, to participate successfully in this growing field.

The following description of Encuentro's HHA program highlights the evolution of the program over time. By recognizing the experiences and needs of the target population of HHAs, primarily female Latina immigrants, Encuentro has developed a model that not only serves the emergent care needs of NM's aging seniors, but it uses education as a tool to provide Latinx immigrants with a pathway into personal advancement.

Evolution of the HHA Program

Encuentro employs a three-pronged approach to its Home Health Aide program, which serves as the foundation for program development overall and guides the evolution of each new program component. The three areas of focus, **education, economic opportunity, and leadership development** reflect the context of the life experiences and needs of the Latinx immigrant adult worker and student, with the intention of building individual and collective opportunities for growth.

History

In 2015, Encuentro staff became aware that several students were working as caregivers, and after gathering for a discussion, students shared a number of responses: They felt they had not had access to adequate training; they expressed concern about the potential to injure themselves or their clients; and they wanted to learn more about common diseases and nutritional needs for the people under their care. Based on this exchange, Encuentro perceived an opportunity to support its students by developing an educational program that would begin addressing some of these needs.

After researching the home health field and seeking possible partnerships for providing training, Encuentro rolled out a pilot HHA training course together with CNM. Over the course of this program, students shared their experiences in the home health field and with elder family members and

expressed a vision for both providing higher quality care and experiencing more equitable work situations. Recognizing the potential for graduates of the course to take on leadership at Encuentro and in the field, and seeing the need for continued support in connecting to work opportunities and for continuing education, Encuentro developed new program components.

From the inception of the training course in January 2016 to today, the HHA program has graduated nine cohorts of students and developed several program components: quarterly leadership meetings, the EnCasa Care Connection online matching registry, the Harvest to Health (H2H) Elderly Food and Nutrition course, paid home health internships, and most recently, the exploration of a worker-owned cooperative. Each of the components of the program were developed with the three-pronged approach for the program in mind: education, economic opportunity and leadership development.

Who are Encuentro's HHA Students?



Encuentro's focus on training and support of immigrant direct care workers is in step with the fact that immigrants make up a significant share of the health care support workforce in New Mexico and across the country. In addition, in order to meet the growing need in our communities for a high-quality caregiver workforce, positive change in terms of compensation and

policies that protect and advance immigrants' role in the healthcare workforce is urgent. According to the Migration Policy Institute⁴⁵, immigrants represent a disproportionate share of health care workers overall and make up 38% of home care workers nationally. In the health care support sector (i.e. Home Health Aides, Personal Care Aides and Certified Nurse Assistants), a majority of workers (66%) are from Mexico and Central America⁴⁶. This is similarly reflected in New Mexico, where immigrants represent 37%⁴⁷ of health care support workers, with Home Health Aides as the majority within this workforce sector. Additionally, data also shows that direct care workers are living in poverty. The Paraprofessional Healthcare Institute (PHI)⁴⁸ reported that 15% of direct care workers live below the poverty line, and another 44% live in low-income households (i.e., at or below 200 % of the Federal Poverty Level). Furthermore, women of color in the direct care workforce are more likely to live in poverty or low-income households than whites.

⁴⁵ Batalova, J. (2020, May 14). Immigrant health-care workers in the United States. *Migration Policy Institute*. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>

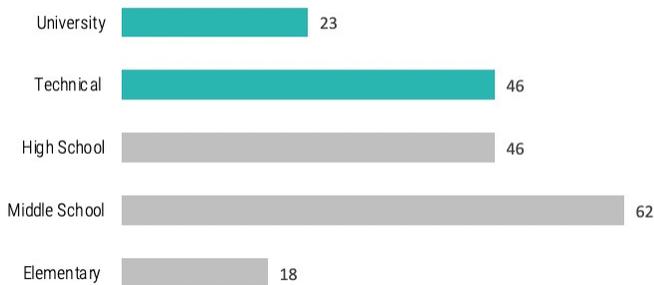
⁴⁶ Batalova, J. (2020, May 14). Immigrant health-care workers in the United States. *Migration Policy Institute*. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>

⁴⁷Batalova, J. (2020, May 14). Immigrant health-care workers in the United States. *Migration Policy Institute*. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>

⁴⁸ Scales, K PhD. (2020, January). It's time to care: A detailed profile of America's direct care workforce. *PHI*. <http://phinational.org/resource/its-time-to-care-a-detailed-profile-of-americas-direct-care-workforce/>

The socio-economic reality faced by most of Encuentro’s Latinx students and graduates is not different from the national picture presented in PHI’s report. As of spring 2020, more than 200 Latinx immigrants have graduated from Encuentro’s entry-level HHA training course. Over 50% continue to be involved in Encuentro’s array of supportive educational, business development and work connection offerings, and in opportunities to advocate for improvements in work conditions and compensation. Women dominate Encuentro’s HHA graduate group, at 95% of a total of 206 graduates, and graduates tend to be non-traditional, older students, with two-thirds of all students enrolling in the course at 38- 57 years old. Most students have children under the age of 18 still living at home; and therefore, need to meet the financial and socio-emotional demands of supporting a family and household.

Chart #3 : Only 35% of total HHA graduates reported education levels **beyond the secondary level**

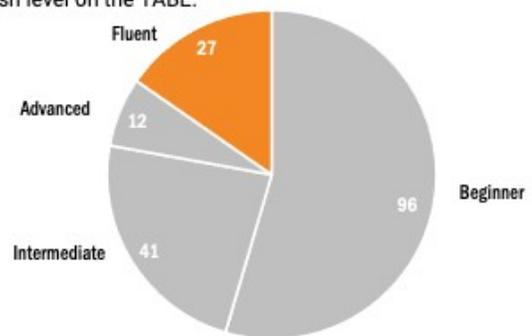


Fifty-six percent of students report household income consistently at or below the poverty line, and efforts to improve their income are met with barriers such as the mixed legal status of immigrant household members, and low educational attainment, which has direct implications on an individual’s capacity to make economic gains.⁴⁹ Forty percent of Encuentro HHA students have a middle school education from their native countries. Others, who

graduated from high school in their native countries (27%), were not able to obtain a high school equivalency certificate in the U.S.

Lower English language and literacy skills are sometimes another barrier to employment for Encuentro’s HHA students. Forty-six percent of enrolled HHA students tested at a beginner/advanced beginner on the Tests of Adult Basic Education (TABE) English language assessment, and only 15% of HHA students were assessed with fluent English skills.

Chart #4: Only 15% of total HHA graduates scored at the **"fluent"** English level on the TABE.



The life experiences of Encuentro’s HHA students and graduates mirror the descriptions in national reports. Research shows that immigrants need more stable

⁴⁹ Holtz-Eakin, D., Lee, T., (2019, June) The economic benefits of educational attainment. *American Action Forum*. <https://www.americanactionforum.org/project/economic-benefits-educational-attainment/#ixzz6WXqvUnfy>

jobs with better wages, stronger connections to skills training, and career advancement opportunities⁵⁰. Encuentro's HHA program seeks to provide not only the workforce development opportunities needed by low income Latinx immigrants, but also a mechanism to improve their own health and increase social and community connection.

⁵⁰ Montes, M, Choitz, V. (2016, August) Improving immigrant access to workforce services: Partnerships, practices & policies. *Aspen Institute*. <https://www.aspeninstitute.org/publications/improving-immigrant-access-workforce-services-partnerships-practices-policies/>

Focus Area #1: Education

Comprehensive Training for HHAs in Their Primary Language

The Entry-level HHA Training Course

The Home Health Aide entry-level program is a culturally and linguistically



"I am proud of all that I achieved in the class and it would not have been possible without you." Diana Bustillos

accessible home health worker training program. The program was developed in partnership with Central New Mexico Community College in 2015 and is offered in Spanish, to maximize the learning comprehension needs of Encuentro's Latinx students for whom Spanish is their first

language. The course curriculum is approved by the New Mexico Department of Health and exceeds state training requirements for agencies employing Home Health Aides. In addition to the 12-week course that takes place on CNM main campus, students are required to attend weekly sessions organized by Encuentro in a "flipped classroom" model to support non-traditional student learning and success. Upon completion, course graduates earn three college credits and acquire three certificates issued by CNM, which include Personal Care Attendant (PCA), Home Health Aide (HHA), and First Aid/Cardiopulmonary Resuscitation (CPR). Encuentro's HHA Program

graduates up to 24 students per semester and is proud of maintaining a consistent 98% graduation rate. As of July, 2020, 208 Latinx immigrants have graduated from the course.

Encuentro's flipped classroom model is an essential component of the course that incorporates evidence-based adult learning principles⁵¹ and addresses the unique learning needs of adult Latinx immigrant students. This supplemental educational support ensures that no student is left behind, from the moment of being accepted into the course by Encuentro, through CNM's registration process, course lectures, lab practice and written and demonstration exams, to graduation day. In addition to scaffolding course content and preparing students for success in taking exams, the concurrent weekly sessions at Encuentro include opportunities to learn about their rights as domestic workers, to connect with resources if they experience wage theft, and to participate in an employment fair that includes practice job interviews, among other offerings.

See the program in action!

Check out the [Wallstreet Journal](#) article and the [NPR](#) interview.

⁵¹ Alabama Pathways. (n.d.) Principles of adult learning. <https://alabamapathways.org/principles-of-adult-learning/>

Encuentro offers important social support services to students enrolled in the course so that potential barriers to participation can be ameliorated. These wrap-around supports are directly related to high retention and graduation rates, and include childcare services, tutoring, advocacy at CNM for individual students that may encounter special circumstances or roadblocks, community resource navigation and, if needed, access to case management services. Encuentro also provides financial assistance through scholarships for all students and covers the costs of textbooks and CPR certification. To facilitate ongoing communication throughout the semester with and among the students, the Encuentro course coordinator sets up a WhatsApp social media group. From cohort to cohort, the WhatsApp tool has also been invaluable for on-going communication post-graduation.

Encuentro purchases and supplies all new HHA students with the course materials. Examples of course content include infection prevention and standard precautions, human development and aging, and safe and healthy environments (See sample syllabus, Appendix A). Once per week, historically on Saturdays to accommodate students' work and family schedules, students meet at CNM for eight-hour sessions to participate in lecture-based instruction in the morning, followed by lab-based practice in skills such as hand washing, bathing in bed, and taking blood pressure. One evening per week, students meet at Encuentro and delve deeper into understanding the content by participating in small group activities and role-play exercises, developing presentations for their peers, and exploring topics that are complex and emotionally charged, such as death and dying. Encuentro's evening sessions draw from materials and activities that are part of a Spanish-language manual for training Latina caregivers developed by Casa Latina in Seattle and shared with Encuentro by National Domestic Worker Alliance in 2015. Occasionally, guest presenters from the community join the evening sessions.



Strengths and Challenges of the Entry-level HHA Course

Overall, program evaluation results indicate that students consistently report high levels of satisfaction with the entry level HHA course. Across four cohorts surveyed (2018-2020), 99% of the 81 respondents reported that their expectations had been met. Students also consistently rated the individual attention ($M = 4.88/5$), class activities ($M = 4.90/5$), and communication ($M = 4.90/5$) as more than sufficient. Biannual focus groups and surveys provide critical feedback to enable the course to evolve over time and to best meet participants' evolving educational needs. Students have cited the flipped classroom model, the logistical support received from Encuentro, and the credibility of CNM certificates as important variables in their learning experience. Organizational leaders from Encuentro and CNM, when interviewed, agreed that the program model and focus on relationship-building among HHAs were both unique to the HHA program and necessary for its success. Organizational leaders also identified

challenges encountered since the inception of the HHA program; many of which related to the differences in organizational flexibility and resources between a small non-profit organization and a large, public education institution (See Table #5 for specific examples).

Table 5: Interviews with CNM And Encuentro Course Leaders Provided Feedback On The Strengths And Challenges In Designing And Implementing The HHA Training Course.

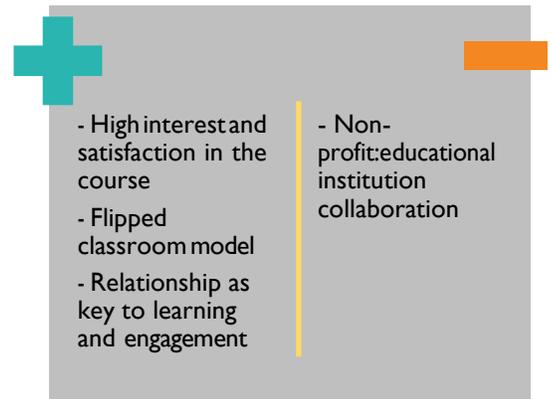
STRENGTHS		
Programmatic	Partnership	System-Related Opportunities
Instructors	Encuentro's close relationship with the immigrant community	Breaking isolation for HHAs by promoting social and learning networks
Scheduling of class time	CNM credibility	Advocating for domestic workers rights
Flipped classroom model	Relationship/communication between organizational leaders	
Focus on relationship-building		
CHALLENGES		
Programmatic	Partnership	System-Related Challenges
CNM did not have infrastructure for class in Spanish	Limited cross-organizational planning and communication	Learning the complex home health industry
Obstacles with pragmatics such as registration systems, tuition costs, scheduling	Different models of service delivery	Institutional inequities/racism
Adapting to situational challenges (e.g., COVID-19; tuition increase)	Different visions for program's growth	Influencing the political environment
		Figuring out how institutions can better serve nontraditional students
		Need for community alliance to successfully challenge policies negatively affecting the program (tuition increases, course credit changes)

Additional Career and Learning Opportunities

Upon graduation, many HHAs enter the workforce as formal (paid) caregivers, while some graduates apply the training to care for a family member as an informal caregiver. Other students see the HHA course as a step in moving up a career ladder as a healthcare provider. CNM offers a Certified Nurse Assistant (CNA) course, and although it is not offered in Spanish, several Encuentro HHA graduates have pursued this next career step (see CNM Post Graduate Survey results, Appendix B). Encuentro ensures that information on orientation sessions and course requirements for the CNA program are made available to students. Since a relatively high level of English competency is required to register for the course, HHA students are asked about interest in pursuing the CNA program during the mid-semester survey. Responses inform Encuentro staff whether and how to provide additional tutoring and connections to ESL training so that students can pass CNM's language placement exam and successfully enroll in the program.

As described earlier in the document, English-language skills play a major role in the self-confidence levels of HHAs thinking about how to engage in the workforce. Most graduates of the HHA program want and need ongoing support in advancing their English-language skills. Encuentro offers multiple levels of English as a Second Language classes and many HHA graduates participate in these offerings before and after the entry-level HHA course. In Spring and Fall 2017, Encuentro offered an ESL course designed specifically for HHA course graduates, however, enrollment was not robust enough to continue offering the course. Other efforts have been attempted, including a 2018 partnership with NDWA to pilot test an innovative program to build language skills for workers while on the job; however, the program was prohibitive in cost beyond the pilot phase. Encuentro has designed a few communication tools to support HHAs in their workplace interactions, described further in the internship and EnCasa Care Connections sections below.

In order to prepare HHAs to engage in the workforce as independent contractors, Encuentro offers a unique eight-week HHA Small Business course each summer for HHA graduates to learn the basic steps for setting up their own business as an HHA, including acquiring a business license, financial projections and budgets, and tax obligations. To date, 46 HHAs have graduated from the business course.



- High interest and satisfaction in the course
- Flipped classroom model
- Relationship as key to learning and engagement
- Non-profit: educational institution collaboration

The Harvest to Health (H2H) Elderly Food and Nutrition Course

The idea of creating a course with a specific focus on nutrition and eating challenges for elders came from conversations with the HHA students during the entry-level training classes and in early meetings with HHA graduates. In October 2017, Anzia Bennett, founder of [Three Sisters Kitchen](#) (TSK), a non-profit community food space, facilitated a quarterly meeting with HHA graduates where they talked about their experiences working with elders in home-based care, and the challenges of preparing food for clients with diabetes and heart disease. Additional concerns included supporting clients with feeding and swallowing issues, accommodating the dietary guidelines for specific health issues, and understanding counterindications for diets and medications.

From this meeting, Bennett and Encuentro HHA program staff began developing goals for a collaborative project to implement a senior nutrition course for graduates from the HHA entry-level course. Serendipitously, the U.S. Department of Agriculture released a grant announcement that seemed promising. The grant requirements included a focus on nutritional education and workforce development, as well as effective strategies for impacting local food systems. This latter point required additional partners, so Bennett and Encuentro contacted the director of [Presbyterian Center for Community Health](#), who called a visioning meeting among the three organizations as well as the local [Meals on Wheels Albuquerque](#). The four-partner collaboration submitted an application to the USDA for a project entitled Harvest to Health/Conectando Cosechas a la Salud and a four-year funding award was received in fall of 2018 to implement the program.

The Harvest to Health (H2H) Program has two primary goals: to improve food security and nutritious eating among elders and the HHAs themselves, and to cultivate a home health workforce that is highly trained in understanding senior food and nutrition needs and evidence-based strategies for elder care. The program emphasizes the importance of local food purchasing in senior meal preparation by both Meals on Wheels and HHAs with their elderly clients, as well as for HHAs in their own homes.

Presbyterian Center for Community Health oversees project administration and program evaluations, and a Community Advisory Committee informs project leaders and participants about relevant community issues and needs. The Advisory Committee includes a local farmer, a dietary expert, several HHA graduates, and elder services providers from the community. Meals on Wheels shares data on the local senior population and food security, accesses local food purchasing for their meal preparations through grant funds, and identifies low-income

Student and Community Impact

Last fall (2019), Alma completed the Elderly Food and Nutrition Course and completed a 3-month skills practicum. Alma calls the paid practicum a “*milagro de vida*” or ‘life miracle’ as it has fueled her aspirations to continue learning and create a business so that she can serve more elders.

elders for Encuentro HHA internships. TSK developed the Spanish-language curriculum for the course with participation from HHAs and Encuentro staff, and implements the 10-week course two times per year. Encuentro recruits participants for the course from the population of HHA graduates, collaborates on the implementation of the nutrition course together with TSK, and oversees the placement of

graduates from the course in subsidized internships for low-income elders. The H2H courses run three times per year and the grant intends to train 180 HHAs over the course of the four-year grant.

The senior nutrition course curriculum covers a variety of topics specific to older populations, including understanding diseases such as diabetes and heart disease and the special dietary considerations for clients with these health issues, food security issues among seniors, and feeding and eating strategies for people with swallowing or chewing problems. Through their feedback and lived experiences, HHA graduates play a direct role in the ongoing shaping of the curriculum; graduates also are increasingly playing a role as facilitators of certain topics within the course.

The course also seeks to raise awareness about the local food system and resources for accessing fresh food products. Participants in the course meet local farmers, learn about local fresh foods, and practice cooking nutritious and delicious recipes in TSK's state-of-the-art licensed facility. Participants also receive an item of fresh produce to take home during each class session, and for homework are tasked with bringing a recipe using that product to the next session. At the end of the course, students compile a recipe book collection of each student's submissions and each student receives a copy. TSK also secures fresh food boxes, which distributed to each student on a weekly basis with a goal of reducing food insecurity in low-income households, while also promoting healthy eating.

Another feature of the course boosts the students' English skills by providing flashcards of common terminology related to senior nutrition and a weekly recording sent via social media (WhatsApp) of the terminology and commonly used phrases in English as a practice tool. Community resource information is also shared each week, and students learn about and practice implementing a national senior food security assessment (NAPIS) is used by Meals on Wheels.

- High interest in the course among HHAs
- Established new organizational partnerships
- Building more HHA leadership in project is limited by funding

Strengths and Challenges of the Senior Nutrition Course

HHAs graduates express consistent interest in participating in the H2H program, and in total 61 HHA graduates have enrolled in the H2H Program over the last two years. Evaluation results thus far have indicated that participants are gaining needed skills that they apply not only in their work settings but in their own homes as well. Upon completion of the program, participants have consistently indicated a better understanding of how to prevent and manage common chronic diseases, increased knowledge regarding available resources for local and healthy foods, and what good nutrition entails. The increase in skills and knowledge is not only beneficial for their work as HHAs with elderly clients, but also has a significant impact on improving nutrition and eating habits within the HHAs' own households. As the H2H program gains experience and visibility, Encuentro hopes more HHA graduates will seek this valuable supplemental training. As such, curriculum is being fine-tuned and plans are underway to

develop additional workshops that can cover a broader array of nutritional issues.



Another success of the H2H Program is the establishment of new partnerships between Encuentro, Presbyterian Community Health Program, Meals on Wheels, and Three Sisters Kitchen, each of whom brings a level of expertise to the areas of workforce development, food security and public health. This unique collaboration adds significant value to the way in which Home Health training is framed and evolves to address the food security challenges facing the aging population. While

the project's current USDA-funded grant (together with smaller supplemental grants) has successfully secured contracts to increase the pounds of produce distributed to low-income elders and HHAs' families per year, this funding is short-term and will require public and private financial commitments on a local and national level to address food insecurity issues for elders and low-income caregivers, which are projected to grow exponentially over the coming decades.

Adapting to COVID-19 – Focus Area #1: Education

With the onset of the COVID-19 pandemic, all Encuentro programming transitioned to an online format. While much of the content can be successfully conveyed online, some of the modified aspects have been considered to be less effective. For example, the H2H program typically includes a hands-on cooking experience embedded in each class session at TSK's kitchen classroom. In lieu of that learning opportunity, HHAs and instructors are reviving as much as they can through video instruction. In the HHA training program, the labs were delayed initially and ultimately students were broken into smaller work groups. While the lab content was covered, staff reported that knowledge acquisition may have been shallower due to the time restriction.

Focus Area #2: Economic Opportunities

Connecting Encuentro HHA Graduates with Dignified Work Opportunities

HHAs' Desired Employment Experience

Early on in program implementation, Encuentro sought to learn from students about their employment ambitions and workplace experiences. Focus group evaluations with program graduates were conducted beginning six months after the first cohort graduated (December 2016), and were repeated two additional times through June 2018. Focus group discussions were instrumental in gathering feedback and recommendations about the course. Graduates also described their expectations and experiences with employment in the home health field, as well as barriers and conditions in the workplace that affected them, and, for some, kept them from entering the field. The most frequent and important issue was the low wages for Home Health Aide positions, particularly in agencies. They also described a myriad of other concerning issues including discrimination, safety issues, lack of control over schedules, and wage theft. HHAs working independently experienced these same issues, and they described an overall sense of isolation and lack of knowledge and support in managing difficult, yet relatively common, situations.

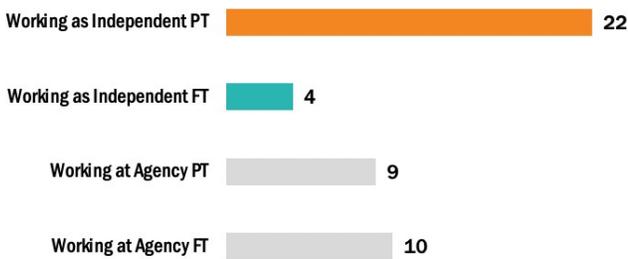
In 2017, Encuentro added a mid-semester questionnaire as part of the training course in order to begin understanding what students were envisioning as they anticipated graduating from the course. The questionnaire included three main areas: 1) interest and plans for working in the field, 2) interest and need for support in pursuing the Certified Nurse Assistant program at the community college, and 3) interest in future involvement with Encuentro and the HHA program (see Appendix C).

Of the three areas surveyed, student responses regarding their interest in working in the field contributed most to how Encuentro would pursue program development focused on employment strategies. Questionnaire results have shown that students are highly motivated to look for work in the HHA field while taking the training course, with 75% to 100% of students responding positively. When asked where they preferred to look for work, either independently, at an agency, or for family members, results varied. Up to 71% of students said they wanted to work independently, with lower interest overall in looking for work at agencies. Students also indicate they plan to look for work in more than one area, such as working both independently and at agencies, which reflects an important and common approach among immigrants to utilize multiple strategies to maximize work hours and wages earned in order to bring income into the household. Later in the report, Encuentro highlights how this “patchwork” strategy to financially support a household creates multiple implications on program development and continued student participation.

Lastly, results from the mid-semester questionnaire show that HHA students want assistance with connecting to work opportunities, with tools to be successful in job seeking, such as creating a resume, and that students are highly interested in connecting with Encuentro’s other educational programs such as business and ESL classes.

After the first few semesters of the HHA course, Encuentro began collecting data to track graduates’ actual, post-graduation engagement in the home care workforce (see Appendix D for post-graduation questionnaire). Starting in June 2018, all graduates who had graduated at least six months prior were contacted by phone and surveyed. While response rates varied from year to year, in June 2020 results from 45 respondents showed 58% of graduates were working independently as HHAs and 42% were employed with agencies (see Chart #5).

Chart #5: HHA graduates surveyed in 2020 reported working as full-time and part-time independent contractors.



While enthusiasm for working in the field was consistently high during mid-semester surveys, responses from the six-month survey showed fewer students were able to make working in the home health field a reality. On average, 44% of graduates participating in the surveys reported not working in the field six months or more after graduating from the course. Some of the reasons given during the survey included challenges with scheduling (e.g.,

poor match between their schedule availability and client’s need, including problems accessing childcare), concerns by the graduate regarding their English-language abilities, and low wages. Some respondents indicated they are opting to work in housekeeping and restaurant jobs and/or that they are currently working more than one job in other fields, and/or taking additional classes (e.g., ESL) while still hoping to find a job as an HHA. It is clear that the “patchwork” approach to bring income into the household drives where graduates seek work or make decisions about changing from work in a different field to work as a Home Health Aide, hence many HHA graduates report needing to have multiple jobs.

Chart #6: The majority of HHA graduates surveyed in 2020 reported working as HHAs or wanting to work as HHAs.

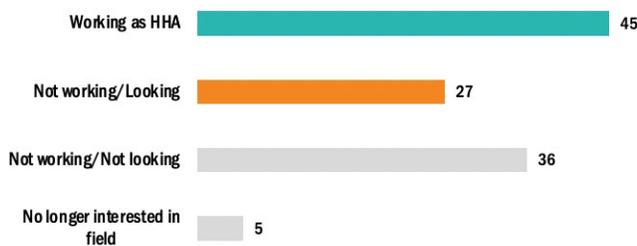
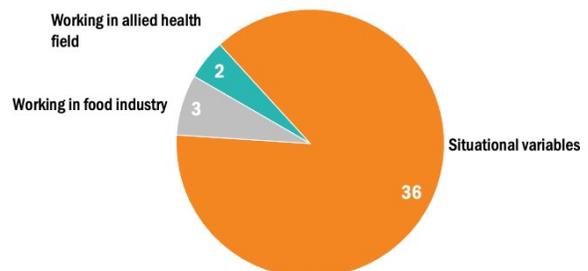


Chart #7: The graduates surveyed in 2020 who are either not working as HHAs or not looking for work as an HHA, identified situational variables such as COVID-19 or the need for job flexibility as the primary reasons.



Direct Hire, Subsidized and Cooperative Models to Support Connections to Work Opportunities

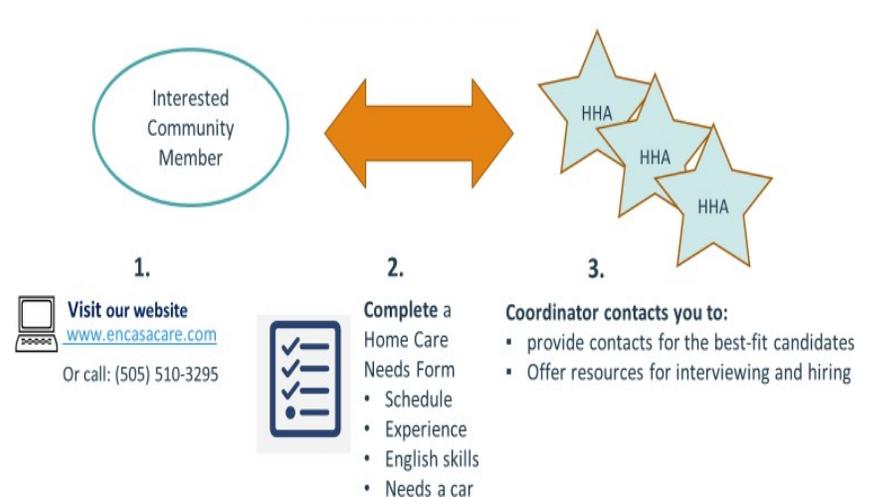
EnCasa Care Connections Matching Registry: A Community-Based Alternative for Engaging the Self-Pay Population

In 2018 Encuentro created the [EnCasa Care Connections](#) (ECCC) matching registry in response to the need HHA graduates expressed for providing support to connect with individuals and families in the community seeking to hire a caregiver directly. The project also provides a service to the community by offering an innovative and unique alternative solution for addressing eldercare needs by connecting them with trained and qualified HHAs.

Based on the mid-semester evaluations, HHAs' interest in participating in the ECCC matching registry is high, averaging 84% across the four reported semesters. Interest grew (i.e., 96% in Spring 2019) as the ECCC project became more active and the benefits for students seemed more tangible. Graduates of Encuentro's entry level HHA training program have the option to participate in ECCC upon graduation or any time thereafter, and completion of Encuentro's course is a prerequisite for participation the matching registry; no other HHAs may enter the pool of candidates.

ECCC interfaces with the community through a website that describes Encuentro's HHA program and provides answers to questions an interested consumer might have about contracting directly with a caregiver. ECCC is technically considered a matching registry, and the matching function is to facilitate interviews between the interested consumer and HHAs. The process does not happen virtually, and the interested

Infographic 2: How EnCasa Care Connections Works



consumer cannot contact HHAs directly or vice versa through the website. Instead, the project coordinator facilitates a "soft hand-off," identifying potential HHA candidates in the ECCC provider pool, and communicating with them to confirm availability and interest in an interview. The project coordinator identifies up to three HHA candidates who are interested in interviewing with a consumer before contacts are shared, and a minimum of two candidates are required for interviews in order for the consumer to have options for whom they want to hire and to avoid the perception of directly matching HHAs to consumers.

With support from a local media production outlet called [Media Desk](#), Encuentro launched a marketing initiative for ECCC. Media Desk created unique and personalized marketing materials for ECCC to use with brochures and website graphics featuring photos of Encuentro’s graduates working with elders. As part of the marketing initiative, the team also developed a consumer profile and corresponding marketing plan, which helped identify target areas in the city where higher income elders reside. Encuentro staff began reaching out to church groups and community coalitions to give presentations on ECCC; this generated some initial referrals, but the most successful marketing strategy stemmed from presentations to groups of hospital social workers, first with UNM Hospital, and in early 2019, with Presbyterian Hospital. The idea to market ECCC to hospital social workers was not outlined as a part of the marketing plan, but rather surfaced when one of the HHA graduates met a social worker from Presbyterian on a mountain hike and described ECCC to her as they walked along. The social worker was so excited about ECCC and the potential to meet needs she has seen with her clients, that she asked the HHA for details and contacts. The resulting connection has been a critical driver in client referrals to this day, as has a connection with the Jewish Care Program, whose management refers several clients to ECCC, and plays an active role in providing feedback and suggestions for ongoing improvements to the matching registry. Today, the majority of ECCC referrals come from hospital social workers, so potential consumers are not necessarily aware of Encuentro’s mission nor the populations served. Nevertheless, a significant percentage of referrals come from community members who know and support Encuentro’s work and who are particularly interested in supporting the Latinx immigrant community.

As of fall, 2020, 114 HHA graduates have uploaded profiles into the ECCC matching registry, 142 clients have requested caregiving services, and 46 HHAs have entered into arrangements contracts to provide in-home care services.

Lessons Learned from the Pilot Phase

Based on the pilot phase for EnCasa Care Connections (Fall 2019 to 2020), Encuentro identified important improvements to benefit the overall matching experience for HHAs as well as consumers. Feedback from ECCC clients reveals that families want reassurance that their caregivers are trustworthy. Encuentro is responding by suggesting additional criteria for HHA participation in ECCC, such as obtaining background checks and purchasing liability insurance to address safety concerns for clients.

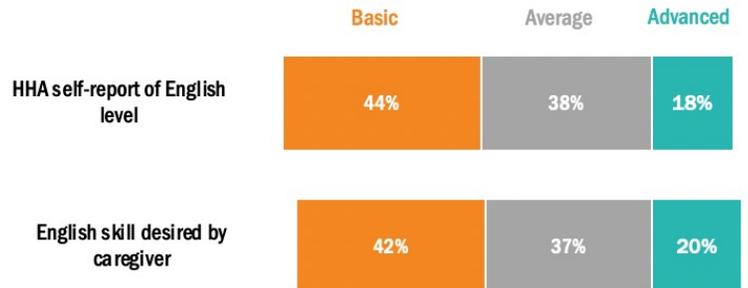
Additionally, HHAs have identified the need for skill development in communication skills, negotiating terms, terminating, and writing contracts. Programmatic next steps include drafting a contract template for HHAs to use with their clients, improving data tracking related to ECCC inquiries, interviews successful

- In two years, 142 clients have requested caregiving services
- HHAs access work that pays better and fits their schedule
- Service and scheduling needs can be complicated to meet
- HHAs need more leadership in the project

matches and outcomes, and identifying avenues for HHAs to become active leaders in the matching registry process.

Although HHA students noted limited English-language skills as a barrier to working in the field, ECCC data shows that clients' indications of language level needed by the caregiver nearly matches that of the language levels for HHA graduates that participate in ECCC. In New Mexico, bilingual English-Spanish skills among elders is not uncommon, and as is true nationally, immigrants are represented to a substantial degree in the caregiver workforce. For these reasons, the perceived language barrier to working in the field as a Home Health Aide may not be as significant as both Encuentro and HHA graduates had initially thought.

Chart #8: Clients reported needing similar English language proficiency as HHAs reported being able to provide.



At the writing of this report, Encuentro has contracted with a design team to produce a web-based application for ECCC, which will improve the client experience of requesting service and allow HHAs to have an account in the system and be able to update their profile as needed. The web-based system will also improve the matching process and allow for better statistical data and report generation than the current system.

Subsidized Internships: A Win-Win Strategy to Strengthen Skill-Building While Supporting Low-Income Elders

The idea of offering internships for graduates surfaced in response to HHAs' requests for opportunities to practice their new skills and become more familiar with the role of the HHA in home settings. Also, based on the high percentage of low-income elders in Bernalillo County, as revealed in the above needs' assessment, a subsidized internship pairing well-trained HHAs with low-income clients can be a smart strategy to provide home health services to elders in our community who cannot otherwise afford them. Even as a short-term offering, the internship experience could alleviate needs for people while helping them access other resources for the long term.

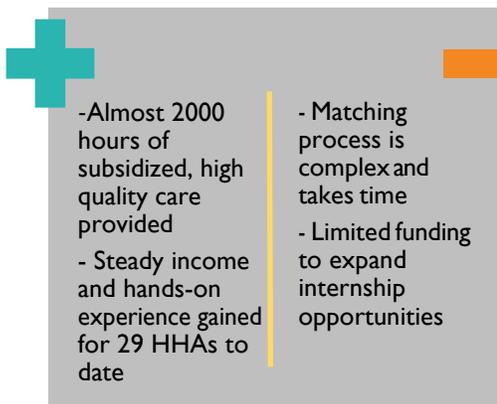
Policy Opportunity
 With average costs of in-home care at \$22/hour, low-income elders who do not qualify for Medicaid have few care options. Encuentro's subsidized internships provide a band-aid model for this, but state and federal policy is necessary to fully address this growing problem.

In 2018, a grant through the USDA was the first opportunity Encuentro had to include HHA internships as part of the Harvest to Health community collaboration. Seed funding was included in the budget to provide a paid, one-month (36 hours total) internship to HHAs completing the Harvest to Health senior

nutrition course. Under the grant, HHAs would receive a stipend equivalent to \$15 per hour for completing the internship, and Meals on Wheels, a partner in the grant collaboration, would provide referrals for internships from their list of active low-income meal recipients.

Encuentro's Training and Employment Coordinator developed the internship protocols including the coordination of activities for recruiting HHAs, recruiting care recipients, and setting up the matches between HHAs and care recipients. Other important details included the issue of liability insurance and how HHAs and Encuentro would be protected should there be any threat of litigation; what materials and resources should the HHAs have to provide their services; and oversight, communication and troubleshooting with the HHAs.

The first internships took place following the completion of the pilot Harvest to Health course, in August 2019. As the course moved into its final weeks, HHAs were asked to complete an application form and attend an orientation session to give the HHAs an opportunity to ask questions and understand the expectations of the internship experience. Internship candidates also completed a background check through the New Mexico Public Safety Department. Having completed the HHA entry-level course and the Senior Nutrition program, Encuentro could ensure that all HHAs were well-trained in providing home health care services and had the additional training in senior nutrition. As a part of the care plan, interns implemented the national food security questionnaire (NAPIS) with their clients and together with their clients developed strategies to improve nutrition and healthy eating. Nutrition improvements were measured at the beginning and end of the internship program. Encuentro's education director led the creation of English-language activities such as games for HHAs to use with their clients, with the idea that these activities could also boost the HHA's English-language skills.



- Almost 2000 hours of subsidized, high quality care provided
- Steady income and hands-on experience gained for 29 HHAs to date
- Matching process is complex and takes time
- Limited funding to expand internship opportunities

The first cohort of ten one-month internships was completed in December, 2019. Subsequently, Encuentro secured additional funds to extend the internships from one to up to six months. The second and third round of internships (March and August 2020) took place with an additional 19 HHAs engaging in a 3-month, 9 hours per week paid internship. In sum the internship program has served a total of 29 low-income seniors in the community, providing over 1,960 hours of care, for a value of \$29,400 since the program's inception.

In addition to providing care, interns participate in monthly meetings to exchange experiences and troubleshoot any problems or situations they come across. They also keep notes on their caregiving activities, and at the end of the internship period HHAs and care

recipients are each asked to complete a survey about their experience administered by Presbyterian Center for Community Health.

As Encuentro builds experience with the internships and in an effort to boost client participation, recruitment has expanded beyond Meals on Wheels to include other partners, such as [Jewish Care Program](#) and [YES Housing](#). This has increased referrals for internship matching.

Lessons Learned to Date

Despite the growing need to secure home-based care for low-income elders, feedback from HHAs, staff and community partners suggests that, while the internships present significant benefits for HHAs and their clients, the experience also presents a number of challenges. To begin with, although Encuentro staff oversee the HHAs and the overall internship experience, the program still relies heavily on intermediary community-based organizations with limited capacity, to refer clients and designate staff to support troubleshooting throughout the duration of the internship. Additional challenges expressed by the HHAs, such as scheduling and travelling long distances to some client's homes, complicate the matching process; these could be alleviated by increasing the number of internship hours per week so as to justify shifting schedules and longer travel times. Many clients have also expressed a preference for more hours. To do this, however, would result in augmenting the biggest challenge for the internship program, which is securing sufficient funding to cover the high costs associated with providing subsidized care. Internships currently pay \$15/hour and run approximately 108 hours for a total cost of \$1620 per HHA. Increasing the weekly number of care hours to 12 to 15 hours per week would raise costs by 33% to 66% to between \$2,160 and \$2,700 per HHA intern.

Exploring a Worker-Owned HHA Cooperative to Build Collective Power

Four graduates of Encuentro's HHA program are actively exploring the possibility of establishing their vision of a worker-owner in-home care business, based on cooperative principles. The group has completed a 10-week training, together with cooperative members in Tucson, Arizona and Oakland, California, on cooperative business development. The group meets bi-monthly and has developed their mission and vision, and are discussing the development of a business plan. Encuentro is supporting their interest in creating a worker-owned home care business as an additional and complementary model with EnCasa Care Connections. As the group is able to establish their business, they see themselves as guiding other graduates of the HHA program that want to create new worker-owned home care businesses.

In an industry fraught with low wages and wage theft, the cooperative model offers a valuable alternative in that it provides a democratic work environment and better protections for workers. The future worker-owners have already indicated that learning how to begin their own business is helping them gain skills, knowledge, and confidence. Unfortunately, supporting this process during a pandemic

has proven to be challenging as all training, communication, and planning has had to move online. Doing so has meant that a fair amount of technical support has had to be provided, pushing back meeting deadlines that were set pre-COVID.

Adapting to Covid-19 – Focus Area #2: Economic Opportunities

The program components described in this section were more adversely impacted by the pandemic than other program components. The practice of providing home-based care to elders became much more complicated and required reviewing infection control measures the HHA graduates and interns had previously learned; it also required educating and clarifying additional measures specific to COVID-19. For example, clear safety expectations were developed and presented to internship clients and to the HHA interns. HHAs participating in EnCasa Care Connections declined to take interviews for the first several weeks following the onset of Covid-19, and client inquiries dropped to zero, though they picked up again by early summer. Problematic situations are reported occasionally by HHAs, when safety measures in homes where they are providing care are cause for concern. Encuentro staff provides coaching and communication support to HHAs, and have sourced an inventory of personal protective equipment (PPE) for HHA interns and participants in ECCC to access for free.

Workplace implications are not the only impact that COVID-19 has had on HHAs. Their own personal and family economic situations have been seriously compromised, requiring them to seek out resources such as food and housing assistance that they may not have needed before the pandemic. With funding from the National Domestic Worker Alliance and local foundation NewMexicoWomen.org, between May and December, 2020 Encuentro has been able to disburse close to \$99,000 to 198 domestic workers, of whom over 95% are Encuentro's HHA graduates.

Focus Area #3: Leadership Development

The Key to Improving Working Conditions and Care Within the Home Health Industry

Home-based work as a Home Health Aide is very isolating, providing little or no opportunity to work as part of a team. Even when working for an agency, the role of the HHA is often experienced as receiving instructions and directives to follow, but not as a contributor of important information for higher level workers or supervisors. As such, it is rare that an HHA would have the opportunity to meet with peers in a learning and sharing environment. Encuentro's HHA program offers an opportunity to not only break isolation, but also to build a community of support and learning while exploring individual and collective leadership. An overarching goal of the HHA program is leadership development and Encuentro has facilitated an environment that encourages input and collaboration from HHAs in all aspects of program development. Encuentro prioritizes creating a space where program participants and graduates can engage collectively in continuing their education to address the increasingly complex field of Home Health, while also amplifying employment opportunities, and the HHAs avail themselves of these opportunities while adding significant value to the program as well as the overall experience of all participants. Their contributions support Encuentro's ability to develop a deeper understanding of the industry and the experience of immigrant HHAs.



Quarterly Meetings: The Value of Coming Together

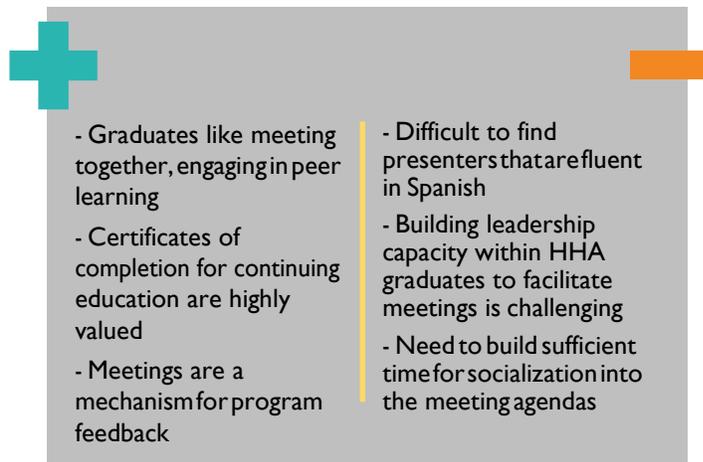
After graduating the first cohort in 2016, Encuentro began offering graduates of the entry-level HHA course the opportunity to get together four times per year so that they could share challenges, successes and resources with each other, both in acquiring work as an HHA and about the work itself.

These opportunities, known simply as “quarterly meetings,” are open to the public; however, Encuentro has not actively promoted this opportunity because attendance is already consistently high with active participation from sometimes up to 40% of all graduates. Quarterly meetings also offer access to continuing education so that HHA graduates can stay in compliance with New Mexico Department of Health training requirements for HHAs. The earliest quarterly meetings also provided a setting for Encuentro to propose and test new program ideas and sustain ongoing relationships with the HHA graduates to identify leaders and promote leadership opportunities throughout the year.

The format of quarterly meetings generally starts with 1.5 hours exploring an educational topic, often presented by a community expert and including an aspect of nutritional education that relates to the

topic. The remaining hour is then dedicated to discussion among participants on topics that may be emerging through the program. For example, participants will review and discuss the results of the 6-month phone surveys with HHA graduates to learn about workplace experiences, or topics related to EnCasa Care Connections, such as encouraging and supporting HHAs to acquire their background check through the New Mexico Department of Public Safety. An update on National Domestic Workers Alliance activities or policy initiatives is also covered in each meeting. Meeting participants receive a certificate acknowledging that they've participated in the educational session. These certificates are valued among the HHAs and they appear to be another motivator for participating in the meetings. Participation in meetings is optional. HHA graduates receive an announcement with the meeting agenda by mail and by WhatsApp, followed by reminders via WhatsApp and Facebook. Childcare is provided for participants that need it.

The quarterly meetings also provide a setting for HHAs to learn about opportunities to volunteer for leadership roles that arise throughout the year. For example, the National Domestic Workers Alliance holds an annual assembly and Encuentro recruits HHA graduates to represent the program and their peers in these events. Assembly participants have been instrumental in inspiring program participants to learn about and connect to the broader domestic worker rights movement nationally and locally.



- Graduates like meeting together, engaging in peer learning
- Certificates of completion for continuing education are highly valued
- Meetings are a mechanism for program feedback
- Difficult to find presenters that are fluent in Spanish
- Building leadership capacity within HHA graduates to facilitate meetings is challenging
- Need to build sufficient time for socialization into the meeting agendas

Quarterly meetings have provided Encuentro a practical and regular opportunity for gathering input on programming questions or ideas. Informal feedback from participants indicates that they enjoy the opportunity to gather, and quarterly meetings are well attended with average attendance rates at 40% of graduates. They draw graduates from many of the cohorts, providing graduates an opportunity to meet, share and connect with peers from their own and other cohorts. This opportunity for socialization and sharing appears to be one of the primary motivations for participating in the meetings. Informal feedback from HHAs also reflects a value for the educational components and the resulting certificates of continuing education.

Additional Leadership Opportunities

The experience of coming together as students and graduates through classroom and regular meetings spawns additional opportunities for growing leadership among HHAs both within Encuentro's program, and as ambassadors leading and representing the Domestic Worker movement locally and nationally. The HHA courses engage low-income immigrants, primarily women whose formal education experiences

were cut short, in a welcoming and supportive classroom setting where they can revive their educational dreams again. Participants witness each other's *individual* transformation as students. They commit to attending 15 weeks of class, they learn to take notes and translate new knowledge to hands-on skills.

They see one another asking questions and making presentations and begin to also witness a *collective* transformation, as they help and encourage one another, lead study groups, and even help each other resolve transportation problems. This experience of collectively developing a unified cohort is one of the primary reasons the courses experience 98% retention and graduation rates. The confidence and pride that comes from successfully completing the courses, obtaining career-focused certificates and building a repository of practical and valued skills translates into leadership at work — whether that be as business owners or employees in an agency — as well as leadership in the home and in the community. Graduates are able to celebrate who they are as immigrants as they share stories of the confidence, they have gained participating in EnCasa Care job interviews and negotiating contracts, as well as through their work as interns helping clients and their families solve problems, teaching them Spanish, and preparing delicious and healthy meals.

The long-term relationship Encuentro develops with graduates over many months also builds program staff confidence and provides direction for ongoing program development. Staff can assuredly guarantee that HHAs participating in the EnCasa Care Connections program and internships are highly trained, and Encuentro can vouch for their character and reliability. HHA graduates play a primary role in gathering impact data, leading the implementation of a twice-annual telephone employment survey to over 200 program graduates. As HHA graduates engage as leaders, they also help to build and strengthen Encuentro's relationships with organizational partners, funders and the community. Through program presentations and testimonials regarding their experiences as HHAs, they ensure the reality of working as an HHA is directly tied to the ongoing development of the overall HHA program.

Moving forward, Encuentro plans to invest directly into strengthening the organic leadership environment that has developed within the HHA program. For example, by promoting training and coordination for the creation of HHA-led initiatives such a promotora group (a community-led education model that grew out of the public health sector in Latin America in the 1970s) Encuentro can support HHA leaders to provide educational workshops for Latinx family caregivers, learn about and connect community members to valuable resources and information, and ultimately connect to broader

Student and Industry Impact

"For me, it was very gratifying to be able to be the voice of many workers and caregivers. I was able to talk with my representatives, expose our experiences, and ask for their support in order to obtain more just benefits for the community, especially the immigrant community. I think that we achieved a lot on that occasion, but the struggle continues - always united, fighting for our rights." Olga Santana

domestic worker organizing opportunities with leadership from the National Domestic Worker Alliance and Encuentro's local immigrant rights organization, El Centro de Igualdad y Derechos. This strategy can be especially effective for addressing concerns from groups such as the American Association of Retired

Persons (AARP) and the National Institute on Aging that highlight the growing dependence on family caregivers and the need to support them with educational and financial resources, as well as policy advocacy.

Adapting to COVID-19 – Focus Area #3: Leadership Development

In response to the onset of the COVID-19 pandemic, leadership development activities have also moved onto an online format. Quarterly meetings have continued via Zoom and as a result, participation has increased. The virtual quarterly meetings have provided a venue for connectivity and peer support among HHAs over the months, and to provide updates on resources they may need, including self-care resources. Encuentro continues to be active as an affiliate of the National Domestic Worker Alliance and shares updates with HHAs; however, the in-person opportunities that have been meaningful for HHAs that have been able to participate in the past are suspended indefinitely.

HHA Growth Opportunities

Moving forward, Encuentro's planned workforce development activities will build upon the established programs (workforce training courses and income-generating strategies such as EnCasa Care Connections, internships and Cooperative development) with the goal of adapting program activities to the restrictions and uncertainties of COVID-19, while also exploring three key programmatic opportunities.

The first opportunity is based on targeting the HHA program to residents of the South Valley area of Albuquerque. The Encuentro HHA student population resides primarily in this area of the city, which is also characterized by a higher percentage of Hispanic and Latinx lower-income families. By targeting the South Valley, Encuentro can explore a niche demographic of elders that share many similarities with our HHAs, including language and culture. We see opportunities for HHA graduates to provide educational training to family caregivers and for expanding the paid internships to lower-income elders in this area with support from a network of community-based organizations that are already providing essential services (housing, domestic violence and mental health services, food and nutrition programs, etc.) and that have trusted relationships that they can help leverage with South Valley families.

The second opportunity focuses on adding a social work component to the HHA model. The objective is to improve the well-being of both the HHAs and their clients. To accomplish these goals, Encuentro aims to create a support group for HHAs to address the social-emotional challenges that arise related to their work as immigrant HHAs. Additionally, elders will be further supported by the implementation of a social work resource and referral model to identify systems barriers affecting the in-home elder care system, and to provide training for HHAs in learning about and connecting to community resources that can support both themselves and their elder clients.

The third opportunity is based on leveraging the leadership qualities that many of the HHAs are expressing throughout all aspects of the program. Encuentro has facilitated an environment that encourages input and collaboration from HHAs in all aspects of program development, and the HHAs themselves are availing themselves of these opportunities and adding significant value to the HHA program and the overall experience of all participants, as well as supporting a deeper understanding of the industry and the experience of immigrant HHAs. Encuentro intends to expand on this foundation so HHAs are co-designing and implementing relevant program content. Examples of leadership expansion include creating an advisory committee for ECCC and including HHAs as teachers or coaches in delivery of HHA course content.

The above three opportunities have an existing foundation within the current HHA program, and so growing these opportunities depends upon additional investments into staffing Encuentro's internal

capacity to facilitate leadership and oversight in each of the areas. Already a great deal of work is happening with just two full-time staff and one project consultant. To grow this program to meet some of the above opportunities, Encuentro would need two additional full-time project staff.

The following infographic (Infographic #2) depicts the historical evolution of Encuentro's HHA Program.

Evolution of the Encuentro HHA Program

<p>Spring</p> <p>Education: Entry-level HHA Training CNM agrees to collaborate to develop training</p>	<p>2014</p>	<p>Fall</p> <p>Education: Entry-level HHA Training Need for Spanish language training identified</p>
<p>January</p> <p>Education: Entry-level HHA Training Waiting list of 200 for course</p>	<p>2015</p>	<p>January</p> <p>Education: Entry-level HHA Training Pilot HHA training course begins</p>
<p>July</p> <p>Leadership Development First HHA quarterly meeting</p>	<p>2016</p>	<p>March</p> <p>Economic Opportunities: ECCC* Development of matching system begins</p>
<p>April</p> <p>Education: H2H** Nutrition Course USDA four-year grant awarded for Harvest to Health Program</p>	<p>2017</p>	<p>October</p> <p>Leadership Development Three Sisters Kitchen seeks HHA input on senior nutrition needs</p> <p>Economic Opportunities: ECCC Community event to launch website</p>
<p>April</p> <p>Leadership Development April 2019 She the People National Forum attended by HHAs</p>	<p>2018</p>	<p>May</p> <p>Economic Opportunities: ECCC Outreach to church groups and hospital social workers begins</p>
<p>July</p> <p>Leadership Development HHAs advocate for domestic workers in Wash. DC</p>	<p>2019</p>	<p>June</p> <p>Education: H2H Nutrition Course First Harvest to Health 10-week course begins</p>
<p>January</p> <p>Economic Opportunities: ECCC Both client requests and HHA profiles surpass 100 database entries</p>	<p>2020</p>	<p>August</p> <p>Economic Opportunities: Internships HHA internships begin</p>
<p>May</p> <p>Education: Entry-level HHA Training A total of 208 Latinx immigrant HHA graduates</p>	<p>2020</p>	<p>February</p> <p>Leadership Development HHAs attend a national conference for domestic workers</p>

* ECCC EnCasa Care Connections
** Harvest to Health

HHA Program Costs and Funding

Addressing the challenges of adequately caring for our country's quickly growing elder population is an important and popular issue across philanthropy and government discussions. As one of the fastest growing labor sectors, home health workforce development is a major component of this conversation. Today, with the ongoing COVID crisis, addressing the needs of frontline caregivers and elderly has become a more urgent priority. Encuentro's Home Health Aide program has proven to be an innovative model to address some of these needs, and consequently has been largely successful in its ability to fund the multiple components of the overall program. Nevertheless, attracting philanthropic and public funding continues to be challenging for smaller community-based organizations in the Southwest and particularly in less-populated states like New Mexico.

With initial seed grants from key foundations such as WK Kellogg, the United Way of Central NM and the McCune Charitable Foundation, Encuentro has been able to grow a funding portfolio of more than ten foundations, which has enabled the organization to firmly establish certain components of the program, particularly as they relate to workforce training and education. Other program components, such as the EnCasa Care Connections matching registry and the subsidized internships, have received financial support sufficient to pilot the initiatives and demonstrate their value in the community, thus setting the groundwork for continued funding. Most recently, Encuentro received its first national award as a part of the Opportunity Challenge funded by the WES Mariam Assefa fund. This grant will bring much-needed financial support to Encuentro's HHA program and the expanding network of community partners who are increasingly essential to the program's continued success. Additionally, Encuentro plans to leverage the increased visibility from a national award to build new relationships with additional funders and with other immigrant-based organizations around the country who may be interested in replicating aspects of the HHA program for their own constituents.

The success of Encuentro's HHA program is largely due to the "high touch" approach embedded in every aspect of the program. Working with a non-traditional adult student body, which is low-income, immigrant, and with limited English-language skills and formal education, requires additional investments. Therefore, supports such as childcare, scholarships, tutoring and paid internships significantly increase the cost per student for this program (see Appendix E). Encuentro justifies the higher costs because we believe that significantly investing in HHAs has demonstrated long-term benefits in the form of reduced turnover in the workforce, improved quality of care for elders, and improved access to social and economic capital for the immigrant HHA workers and their families.

Conclusion

Moving Forward to Leverage HHA Growth Prospects

Through our HHA program, Encuentro, along with our allies at a national and local level, seek to change the way home health is viewed, operationalized and valued, and we believe a worker-centered approach that includes education, economic opportunities and leadership development is the best way to lead this change. The passage of domestic worker bills-of-rights has now been successful in nine states, and by engaging Encuentro HHA graduates as vocal leaders in support of similar initiatives in New Mexico, Encuentro hopes to gain more labor protections that will honor the work of HHAs and all domestic workers, while simultaneously improving quality of care for New Mexico's elders.

While we know a path to citizenship is a key strategy to begin improving labor rights for the over 1.3 million non-citizen formal and non-formal health sector workers in the US⁵², low wages in the field of in-home care are the other overwhelming concern most commonly shared among Encuentro's program graduates. The six-month phone surveys support the notion that agency-based employment is largely low-wage employment, with graduates quoting pay rates at agencies ranging from \$8.75 to the highest pay rate reported at \$11.50 per hour. Graduates working independently in the field report hourly rates that are significantly higher, ranging from \$15 to \$20 per hour, particularly for HHAs working part-time independently. In June 2020, survey respondents that are working full time independently reported an average of \$12.63 per hour, still higher than the highest agency hourly rate of pay.

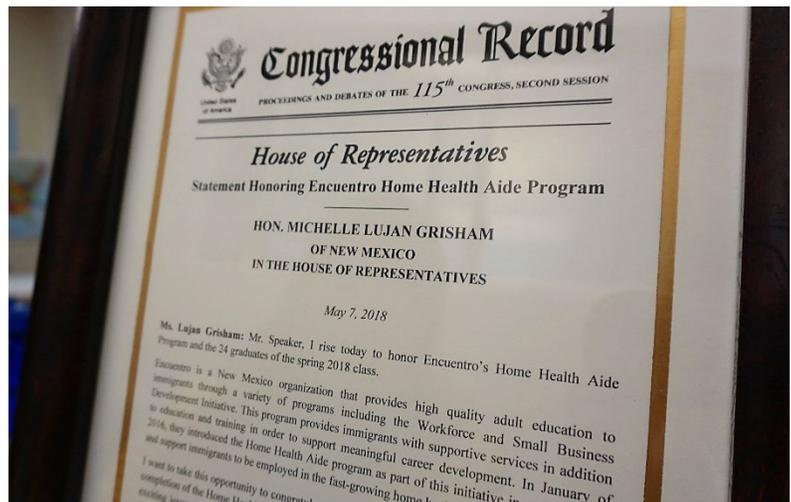
HHA program graduates also cite concerns regarding control or flexibility with their work schedule, and with their capacity to influence the quality of care that is provided for clients. Working as independent contractors gives HHAs more power to adapt schedules to their needs, and to provide quality of care that they see fit. Wage theft, however, is a serious issue that is experienced in both agency-based work and independent work. Encuentro's partner organization, [El Centro de Igualdad y Derechos](#) (El CID) provides education on this issue and has helped individual HHAs recover lost wages. El CID also organizes advocacy efforts for domestic workers including HHAs, and several of Encuentro's program graduates are involved. Encuentro and El CID are affiliates of the National Domestic Workers Alliance, and some HHA graduates have assumed leadership roles in NDWA by attending conferences and sharing their experience and knowledge on policy issues with their colleagues at HHA quarterly meetings.

⁵² Care for America's Elderly And Disabled People Relies On Immigrant Labor By Leah Zallman, Karen E. Finnegan, David U. Himmelstein, Sharon Touw, and Steffie Woolhandler (Healthaffairs.org June 2019)

State and Local Trends: How Encuentro's HHA Approach Supports Recommendations for the Home Health Field, Public Health, Workforce Development and Education

New Mexico state and local government are increasingly seeking to address the needs of the growing elder demographic in the state and have suggested numerous proposals that can be supported and enhanced by the various initiatives within Encuentro's HHA program. For example, the New Mexico State Plan for Family Caregivers, published in 2014, identifies the lack of linguistic and culturally competent care coordination services for seniors and family caregivers as a growing issue. Data from Albuquerque's South Valley, where the majority of Encuentro's HHA student population resides, also shows a dearth of elder care services that are located and trusted by South Valley families, as well as services in general that take into consideration the cultural preferences and lifestyles of Hispanic/Latinx families. As the only organization exclusively focused on training and connecting Spanish-speaking HHAs to elders needing in-home care, Encuentro can play an important role in documenting and addressing growing trends among Hispanic/Latinx elders. For example, the NM State Plan for Alzheimer's 2013 emphasizes the growing need to support education and training for a dementia-competent workforce. Encuentro is working closely with the local Alzheimer's Association to better adapt their training to a Spanish-speaking audience, and our HHA graduates can be instrumental in disseminating this type of training to other students and to Spanish-speaking family caregivers.

Leveraging Encuentro's network as a community-based organization can serve to identify and connect less visible, low-income elders and their families to important information and resources. The Albuquerque Area Agency on Aging identifies an essential need for a strategic approach to addressing issues of caregiving, and to prioritize early identification of seniors in need of in-home services in the current plan. Both of these issues can be addressed by using community-based organizations, which are already actively engaged in working with and identifying the needs of low-income families, including elders, as a strategic approach to identify and connect elders to important resources and information. Encuentro is both community-based and our network of partners has an extensive reach into low-income communities.



In May, 2020, then US House of Representatives member, Michele Lujan Grisham of New Mexico, honored Encuentro's HHA program in the Congressional Record.

Other Encuentro policy recommendations focus on the areas of education and workforce development, and the need to look locally at community-based models to prepare the home health workforce for the current and future demands of elder care. These include:

- ❖ Promote community-based service options as more responsive to what elders want and need,

- more than for-profit, corporate models;
- ❖ Promote culturally and linguistically accessible training for Hispanic/Latinx family caregivers, including by Latinx HHAs;
- ❖ Allow state tuition support for immigrants to advance health careers;
- ❖ Improve access to Spanish-language training for frontline health workers, including CPR training and training in primary chronic diseases affecting the elderly, such as Alzheimer’s Disease and Dementia, Parkinson’s Disease, etc.;
- ❖ Expand the engagement of, and include community-based programs and service providers such as Encuentro and HHA graduates in, the planning processes of government departments such as the Aging & Long-Term Care, the Albuquerque Agency on Aging, and the City and County Senior Affairs departments to achieve broader outreach to community members, and to better understand service and resource needs for elders and for in home care.

Encuentro’s study supports and adds to the literature on immigrants’ role in the direct care sector by highlighting the growing market demand for home-based, culturally and linguistically accessible services as reflected by the Albuquerque metropolitan area. Through a worker-centered and community-led approach to providing high quality and comprehensive training, we can better prepare and address the needs and experiences of workers who are privately hired to support elderly people. HHAs in the nonformal sector provide care to thousands of people living at home or in other nonmedical settings, and therefore reduce the need for (and expense of) institutional care. Encuentro’s efforts have important implications for the care of elderly people, especially in light of current shortages, high turnover rates, low retention rates, growing demand for direct care workers, and immigrants’ already disproportionate role in filling such jobs.

Abbreviated HHA Course Syllabus

References:

- 1) Providing Home Care: A Textbook for Home Health Aides 5thed. Hartman Publishing, Inc., ISBN 978-1-604525-034-3, Leahy, Fuzy, Grafe.
- 2) The Home Health Aide Handbook 5th ed., Hartman Publishing, Inc., Spanish Language version, ISBN 978-1-604525-056-5, Leahy, Fuzy.
- 3) Workbook: Providing Home Care: A Textbook for Home Health Aides 4th ed. Hartman Publishing, Inc., ISBN 978-1-60425-035-0, Hedman.
Note: The 4th edition workbook was translated into Spanish in Year 1 of the program by Encuentro, with publisher's approval.
- 4) American Heart Association Heartsaver CPR/AED/First Aid student manual, Spanish language version.

Secuencia de Objetivos, Temas y Actividades

Semana/Fecha	1090 "Asistente de Cuidado Personal" PCA "Personal Care Attendant"
	<ul style="list-style-type: none"> • Bienvenida a los estudiantes • Presentación de estudiantes y maestros • Distribución y explicación del syllabus de Encuentro • Acuerdos de clase • Actividad para romper el hielo: Qué es un HHA?
(1090 #1)	<ul style="list-style-type: none"> • Actividad: Método ABCD • Actividad: "Cuando Tenga 80 años" • Discusión: Mitos y verdades sobre el envejecimiento • Tema: Medicare vs. Medicaid • Información: Edificio de las clases de CNM
(1090 #2)	<ul style="list-style-type: none"> • Ejercicios en libro de actividades • Tema: Tiempo militar • Tema: Mecánica Corporal • Tomar examen de práctica • Video: Transferir de cama a silla
(1090 #3)	<ul style="list-style-type: none"> • Video: Transferir de cama a silla • Presentación: Directivas Avanzadas • Estaciones de Estudio: Preparar para Examen #1
(1090 #4)	<ul style="list-style-type: none"> • Evaluación de inglés • Video: Baño en cama • Tema: Sistemas Corporales • Actividad: Sistemas Corporales
(1090 #5)	<ul style="list-style-type: none"> • Presentaciones estudiantiles • Tema: Salud mental • Tema: Discapacidades • Actividad: Experiencias Sensoriales
(1090 #6)	<ul style="list-style-type: none"> • Encuesta de medio semestre • Estaciones de Estudio: Preparar para Examen #2 • Video: Baño Perineo

Semana/Fecha	1190 “Asistente del Cuidado de Salud en el Hogar” HHA “Home Health Aide”
(CNM - BREAK)	<ul style="list-style-type: none"> ● Taller de Conoce tus Derechos - El Centro de Igualdad y Derechos
(1190 #1)	<ul style="list-style-type: none"> ● Tema: Pirámide de Maslow ● Tema: Sistemas Corporales ● Tema: Signos Vitales ● Tema: Termómetros ● Tema: Signos y Síntomas
(1190 #2)	<ul style="list-style-type: none"> ● Tema: Cuidado Holístico ● Tema: Presión sanguínea ● Tema: Ingresos & Egresos/Conversiones ● Ejercicios en libro de actividades
(1190 #3)	<ul style="list-style-type: none"> ● Presentación: Agonía y Hospicio ● Estaciones de Estudio: Preparar para Examen #3
(1190 #5)	<ul style="list-style-type: none"> ● Tema: Asistiendo con medicamentos ● Tema: Prevención de accidentes ● Actividad: “Mi Cuñado Cocina Tacos Ricos” ● Tema: Evaluaciones de CNM ● Tema: Mecánica Corporal ● Tema: Ejercicios del arco de movimiento
	<ul style="list-style-type: none"> ● Taller de preparar su currículum
THANKSGIVING BREAK 27 de noviembre - 30 de noviembre (no habrá clases en Encuentro ni en CNM)	
Semana 14 diciembre 4 (1190 #6)	<ul style="list-style-type: none"> ● Anuncio: Graduación de Encuentro ● Repartir gorros y birretes ● Estaciones de Estudio: Preparar para Examen #4
Semana 15 diciembre 11	<ul style="list-style-type: none"> ● FERIA DE EMPRENDIMIENTO
Semana 16	<ul style="list-style-type: none"> ● GRADUACIÓN DE ENCUESTRO

Appendix B: CNM HHA Post Graduate Survey Results 2016 – 2020

HOME HEALTH AIDE CERTIFICATE (HHA)

OVERALL SNAPSHOT

FY	HHA AWARDS	EMPLOYED*	PURSUING ADD'L EDUCATION*	NOT_EMPLOYED (See Note)	CNM_AWARD_
1516	24	13 54%	5 21%	4 17%	5
1617	55	30 55%	16 29%	3 5%	9
1718	54	34 63%	19 35%	2 4%	10
1819	43	27 63%	32 74%	4 9%	29
1920	23	12 52%	22 96%	3 13%	22

EMPLOYMENT (EMP), POST HHA CERTIFICATE*

FY	NUMBER	EMP_NM	EMP_TRAINING_RELATED	NOT_EMP
1516	13 54%	13 100%	6 46%	4 17]%
1617	30 55%	30 100%	10 33%	3 5%
1718	34 63%	34 100%	10 29%	2 4%
1819	27 63%	27 100%	13 48%	4 9%
1920	12 52%	12 100%	10 83%	3 13%

SUBSEQUENT CNM AWARDS POST HHA CERTIFICATE**

FY	N	Child Development	Nursing Assistant	Customer Service
1516	5 21%	2 40%	3 60%	0 0%
1617	9 16%	3 33%	5 56%	1 11%
1718	10 19%	3 30%	5 50%	0 0%
1819	29 67%	0 0%	3 10%	1 3%
1920	22 96%	0 0%	0 0%	0 0%

* Continuing Education and Employment counts are at ANY point after receiving their HHA certificate.

** Subsequent CNM awards are treated as a separate category from Continuing Education.

Some of these students may have received an award over a year after receiving their HHA certificate.

NOTE: The question of unemployment was not asked in earlier surveys of the same respondents, so this is incomplete data

OST-HHA**
21%
16%
19%
67%
96%

This data includes 7 non-Encuentro students

This data includes 6 non-Encuentro students

This data does not include 24 enrolled Spring 2020 students

EMP OR PURSUING ADD'L ED IN NM	
15	63%
35	64%
38	70%
38	88%
22	96%

PURSUING ADD'L EDUCATION, POST HHA CERTIFICATE*				
FY	Number		CNM	
1516	5	21%	5	100%
1617	16	29%	15	94%
1718	19	35%	19	100%
1819	32	74%	32	100%
1920	22	96%	22	100%

OST-HHA**									
ESOL Comm & Culture		Patient Care Tech		Personal Care Att.		Comm. Health Work		HWPS	
0	0%	0	0%	0	0%	0	0%	0	0%
1	11%	0	0%	1	11%	1	11%	0	0%
0	0%	1	10%	1	10%	1	10%	1	10%
1	3%	0	0%	28	97%	0	0%	0	0%
0	0%	0	0%	22	100%	0	0%	0	0%

The Central New Mexico Community College (CNM) Post Graduate Survey was administered by phone. Surveyors attempted to call students at least 4 different times and dates/days of the week over 4 weeks. They left messages for those whose phone numbers were still active. Several phone numbers were disconnected and their CNM emails, in most cases, were no longer active or being used. CNM does not collect or use personal email addresses.

The collected data was broken down by academic year (e.g., 1516 = fall 2015 & spring 2016). Since the HHA Training Program did not start until the spring of 2016, the 1516 year only includes data for the spring semester. The 1920 data only includes fall of 2019 due to the timing of implementation.

Overall, CNM concluded that the CNM-Encuentro partnership has been successful in helping HHA graduates become employed in the HHA field and/or provided a pathway for them to continue their education. The surveyors also reported that the students “said lots of nice things about the program”.

HHA Encuesta de Medio-Semestre

Nombre: _____ Fecha: _____

Encuentro extiende apoyo para l@s graduad@s del entrenamiento de HHA (asistente de salud en el hogar). Esta encuesta es para informarnos sobre sus deseos e intenciones en cuanto a seguir estudiando en el futuro y/o trabajar en el campo del cuidado de salud en el hogar.

A. Programa de "Certified Nursing Assistant" (CNA) en CNM

Algun@s de nuestr@s estudiantes deciden seguir estudiando para conseguir la certificación del estado como "CNA" - certificación de asistente de enfermería. En CNM, ofrecen el curso cada semestre. Los requisitos son asistir a una orientación en CNM, tomar clases semanales para practicar inglés, y un nivel de inglés intermedio/avanzado.

1. Está usted interesad@ en tomar el curso de CNA en CNM, en el semestre del verano u otoño?

_____ Sí, estoy muy interesad@ en seguir el curso de CNM

(Procede a #2, por favor)

_____ Estoy considerando seguir el curso de CNA, pero no estoy segur@

_____ No estoy interesad@ en seguir el curso de CNA por ahora

2. Para inscribirse en el curso de CNA, hay que tomar una evaluación del nivel de inglés. Piensa que ud. ¿necesita apoyo con tutorías antes de tomar el examen para inscribirse al curso de CNM?

_____ Si

_____ No

B. Empleo en el campo de HHA

Encuentro quiere apoyar a nuestr@s graduad@s del curso de HHA en su búsqueda de empleo como HHA y/o en establecerse como contratista independiente para trabajar en el campo de HHA.

1. Después de graduarse de este curso de HHA, ¿tiene usted planes de buscar trabajo como HHA inmediatamente?

_____ Si

_____ No

Comentarios: _____

2. Cual es su preferencia? Trabajar en:

_____ Una agencia de HHA

Si sabe de algunas agencias, favor nombrar dónde le gustaría conseguir trabajo:

_____ Por mi propia cuenta (con individuos y familias directamente)

_____ Cuidando a una persona en mi familia

C. EnCasa Care Connections

Este proyecto fue creado en Encuentro para apoyar a nuestr@s graduad@s del curso de HHA a conseguir empleo directamente con personas en la comunidad que están buscando a alguien para cuidar a su familiar. Para participar, necesita solicitar los antecedentes penales, registrarse como contratista independiente con la ciudad y el estado, y llenar una forma titulada "Perfil de HHA."

1. ¿Tiene interés en participar en este proyecto?

_____ Si

_____ No

D. Oportunidades de estudiar en Encuentro

1. ¿Necesita aprender más inglés antes de empezar a trabajar como HHA?

_____ Si

_____ No

2. Le interesa inscribirse en clases de ESL en Encuentro el próximo año?

_____ Si

_____ No

Encuentro y Three Sisters Kitchen ofrecen un curso GRATIS para tod@s l@s graduad@s del curso de HHA. El curso tiene el enfoque en la nutrición para las personas de la tercera edad, el abastecimiento local, y la preparación de la comida saludable. Al final del curso, tendrán la oportunidad de participar en una práctica pagada con un valor de \$540.

3. Le interesa inscribirse en el programa de nutrición para personas de la tercera edad?

_____ Si

_____ No

Encuentro recomienda que l@s HHA consideren obtener una licencia de negocio para trabajar como contratista independiente, si lo desean. La ventaja de trabajar como contratista independiente HHA es que generalmente puede ganar un salario más alto por hora y tiene más control sobre su horario y condiciones de trabajo. Encuentro ofrece capacitación empresarial y consultoría.

4. ¿Está interesado en participar en una clase este verano: “como formar su propio negocio como HHA contratista independiente”?

_____Si

_____No

5. Está interesado en consultar uno-a-uno con nuestro Manejador de Pequeños Negocios sobre cómo establecerse como un contratista independiente?

_____Si

_____No

E. Comunicación con Encuentro después de graduarse

1. Participaría ud. en una página de Facebook específicamente para graduad@s del programa de HHA en Encuentro?

_____Si

_____No

2. Participaría ud. en una lista para recibir mensajes textos en WhatsApp con noticias de importancia para l@s graduad@s del programa de HHA?

_____Si

_____No

F. ¿Tiene ideas como Encuentro puede apoyar a l@s graduad@s del curso de HHA?

G. Breve Evaluación del Curso de HHA

1. ¿Cuál es su evaluación general de la clase de HHA durante **las primeras seis semanas?**
(1= insuficiente - 5= excelente)

Atención individual	1	2	3	4	5
Actividades de clase	1	2	3	4	5
Comunicación	1	2	3	4	5
Preparación de clase	1	2	3	4	5

2. ¿Qué sugerencias tiene para mejorar o agregar a la clase de HHA? Por ejemplo: más videos, traer expertos a clase, roleplay, etc.,

3. ¿Qué le gustó más de las primeras seis semanas?

4. ¿La clase de HHA cumplió sus expectativas durante las primeras seis semanas?

_____Si _____No _____De alguna manera

¡Gracias!

Encuesta de 6 Meses, Secuencia de Preguntas para las Entrevistadores

SI está actualmente trabajando como HHA:

- 1) ¿Está trabajando tiempo completo (TC) o medio tiempo(MT)?
 - a) TIEMPO COMPLETO:
 - b) MEDIO TIEMPO:
 - i) ¿Busca más horas? (Si/No)
 - c) Trabaja para una agencia, o por su propia cuenta?
 - a) AGENCIA:
 - i) ¿Cómo se llama la agencia?
 - ii) ¿Le dan días pagados por enfermedad? (Si/No)
 - iii) Le dan beneficios de vacaciones, jubilación etc? (Si/No)
 - iv) ¿Recomendaría esta agencia? (Si/No)
 - v) ¿Cuántos clientes ha tenido en el último año?
 - vi) Cuántas horas trabaja por semana?
 - vii) ¿Cuál es su salario actual?
 - viii) ¿Cómo consiguió este trabajo? (EnCasa Care o por un Conocido)
 - ix) ¿Cuál idioma prefiere su cliente? (inglés o español)
 - b) PROPIA CUENTA:
 - i) ¿Ha firmado un contrato con su cliente?
 - ii) ¿Ha registrado su negocio con la ciudad de ABQ?
 - iii) ¿Ha pedido una constancia de antecedentes penales?
 - iv) ¿Cuántos clientes ha tenido en el último año?
 - v) Cuántas horas trabaja por semana?
 - vi) ¿Cuál es su salario actual?
 - vii) ¿Cómo consiguió este trabajo? (EnCasa Care o por un Conocido)
 - viii) ¿Cuál idioma prefiere su cliente? (inglés o español)

A todos se les va preguntar acerca de PPE

Para personas que tienen perfil de ECCC, le pedimos si lo ha actualizado
Para personas que no tienen perfil de ECCC, le pedimos si lo quiere hacer.

A todos se les pregunta si quieren tomar el curso de nutrición

NO está actualmente trabajando como HHA:

1) ¿Estás buscando trabajo como HHA? **(Si/No)**

a) SI:

Le interesa llenar un perfil de EnCasa Care? **(Si/No)**

¿Está interesado en la clase de nutrición? **(Si/No)**

b) NO:

¿Sigues interesadx en trabajar como HHA?

SI:

Le interesa llenar un perfil de EnCasa Care? **(Si/No)**

¿Está interesado en la clase de nutrición? **(Si/No)**

NO: ¿Quiere seguir ACTIVX en nuestra base de datos? Es decir, ¿quiere seguir participando con Encuentro?

Appendix E: 2021 Projected Program Costs

	TOTAL	Basic HHA Training	EnCasa Care Connectns	Harvest To Health (H2H) /Internships	Quarterly Meeting	Coop
PROGRAM EXPENSES						
Staff:						
HHA Certificate Coordinator (FTE)	39665	39665				
Nutrition & Internship Coordinator (FTE)	40085			40085		
Program Admin (evaluation) (.15 FTE)	7690	6152		1538		
HHA Small Business Instructor	4780	2151	2151			478
Executive Director (.4 FTE)	27652	5530	8296	5530	2765	5530
childcare wages	2700	2340			360	
Taxes & Benefits (20%)	24514	11168	2089	9431	625	1202
total staff	147087	67006	12536	56584	3750	7210
Contract Services:						
Consultant	27000	2700	17550		2700	4050
Childcare	5000	4000		1000		
Internships	72900			72900		
Survey Stipends	1200	1200				
Website	1000		1000			
Database	12000	2000	10000			
total contract services	119100	9900	28550	73900	2700	4050
Direct Program Expenses:						
Text books	3775	3775				
Copies	1000	700	100	150	50	
Postage	665	150		75	440	
Meetings	1330	600	160	100	320	150
Supplies	2400	250	1000	1000	25	
Communications Materials	500		500			
total program expenses	9670	5475	1760	1325	835	150
TOTAL EXPENSES	275857	82381	42846	131809	7285	11410
<i>estimated annual cost per student by program</i>		<i>1716</i>	<i>330</i>	<i>4394</i>	<i>121</i>	<i>2853</i>
		stdts/yr	stdts/yr	stdts/yr	stdts/yr	stdts/yr

Appendix F: Overview of Encuentro Programs and their Strengths and Challenges as Identified by Stakeholders

Program Component	Program Definition	Program Strengths	Program Challenges
Home Health Aide Training Program	Culturally and linguistically accessible home health worker training program, developed in partnership with Central New Mexico Community College	<ul style="list-style-type: none"> • high interest and satisfaction in the course • the flipped classroom and relationship-focused model is key to learning and engagement 	<ul style="list-style-type: none"> • difficulty developing and implementing a program involving a non-profit organization and a community college due to varied institutional approaches
Harvest to Health Program	Food security and nutritious eating training program	<ul style="list-style-type: none"> • high degree of interest in the course among HHAs • the establishment of new organizational partnerships 	<ul style="list-style-type: none"> • moderate capacity to expand on program components, including HHA leadership, due to funding limitations
EnCasa Care Connections	Connecting HHAs to elders	<ul style="list-style-type: none"> • request for services demonstrates need • provides HHAs access to work that pays better and fits their schedules. 	<ul style="list-style-type: none"> • matching service and scheduling needs • involving HHAs in leadership efforts
Internship Program	Subsidized internship program for HHA	<ul style="list-style-type: none"> • additional paid, training for HHAs • subsidized care for low-income families 	<ul style="list-style-type: none"> • matching interns to families is complex • limited funding to expand internship opportunities
Quarterly Meetings	Regularly scheduled meetings for HHA graduates	<ul style="list-style-type: none"> • enjoy meeting together and engaging in peer learning • Certificates of Completion are highly valued • quarterly meetings provide program feedback 	<ul style="list-style-type: none"> • finding presenters that are fluent in Spanish • building facilitation skills within HHA graduates • balancing socialization with meeting content

Appendix G: Bibliography

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