

**Accessing Resource for Healthy Communities in Rural/Frontier New Mexico**  
**An AmeriCorps Planning Grant Awarded by Serve New Mexico**  
**September 2020-August 2021**

**Executive Summary.**

New Mexico First, in partnership with the Mid-Rio Grande Economic Development Association (MRGEDA) Healthcare and Social Work Committee, proposes to develop an AmeriCorps program serving in the four rural counties of Catron, Sierra, Socorro and Valencia comprising the MRGEDA area that will focus on the CNCS focus areas of Healthy Futures and Rural Intermediaries. The CNCS investment of \$35,000 will be matched with \$35,652 in private funding. No AmeriCorps members will be needed to execute this plan.

**Program Description.** New Mexico First, in partnership with the Mid-Rio Grande Economic Development Association (MRGEDA) Healthcare and Social Work Committee (the Committee), proposes a planning grant to develop an intermediary hub for a rural, multi-site implementation program that will recruit at least fifteen (15) AmeriCorps members from the residents of the four counties of Catron, Sierra, Socorro and Valencia. Members will serve in at least seven host sites, representing a range of service providers, including public health offices, hospitals and clinics, schools, community-based services, and legal diversion/re-entry programs. In these diverse settings, AmeriCorps members will provide direct services to fill identified gaps and will serve as Navigators to assist residents of the four counties in identifying and accessing additional needed services. Members will be instrumental in helping to build a comprehensive, integrated health and social services infrastructure for the four-county region. In addition, AmeriCorps members will be afforded opportunities to explore educational and vocational options and resources in the areas of health and social services, with the expectation that these local recruits will remain in the area to provide services in their communities.

**Need and Proposed Response.** New Mexicans who are in search of opportunities and resources to enable their communities and residents to survive and thrive face several key challenges. First, the resources may not be available. Second, there may be a lack of awareness of resources that do exist. Third, New Mexicans can face obstacles in accessing available services. These obstacles may be social, economic, linguistic, cultural, and physical and/or environmental. These challenges are particularly evident in New Mexico's non-urban, rural and frontier communities.

For the past two years, the members of the MRGEDA Healthcare and Social Work Committee, comprising cross-sector representation from Catron, Sierra, Socorro, and Valencia counties, have engaged in a collaborative effort to assess and address these challenges, their impact in their communities, and opportunities to work together to successfully address these challenges. The members represent a broad spectrum of services, including healthcare, early care and education, K-12 and higher education, law enforcement, economic development, public health, elected officials, and policy makers.

While these counties differ in several respects, they share the characteristics of rural or frontier communities. All four counties are considered rural by U.S. Census definitions. In general, rural areas are sparsely populated, have low housing density, and are outside urban centers. Catron and Sierra counties are also considered frontier communities by the National Center for Frontier Communities. Frontier areas are the most remote and sparsely populated places along the rural-urban continuum, with residents far from healthcare, schools, grocery stores, and other necessities. In addition, Sierra, Socorro, and most notably Catron Counties include a number of designated colonias, communities lacking access to basic services such as water, sewer, or housing. Not only are people in these communities more likely to be impacted by healthcare and service deserts, they are also at greater risk of social isolation and civic engagement deserts. While Valencia County is closer to the

greater Albuquerque urban area, resources are still limited and are being leaned on heavily as it also serves as a service destination for many residents of the three counties to the south.

In 2019, the MRGEDA Committee conducted an assessment of needs, assets, and gaps in services. A summary of those findings includes the following key points:

- The four-county area is slowly losing population. This has economic, social, and health impacts as the greatest flight in all four counties is among young and working age residents, leaving an aging population without a base to help maintain basic services.
- Compared to the state, all except Valencia County have higher percentages of residents living below the poverty line (23-27% compared to 19%).
- The percentage of children who qualify for free or reduced school lunches averages about 80% for the region and 100% in Sierra County. As NM has the highest rates of child hunger in the country at 70%, the even higher prevalence in these counties creates a greater burden on food systems.
- About half of Socorro County's households are headed by single parent mothers (45.4%); Sierra County's teen birth rate is 61.4, almost double the state's rate.
- Reflecting the state's relative high incarceration rates (some of the highest in the nation), county budgets are severely taxed by the mandate to provide health and behavioral health care, often accounting for 40% of county budgets.
- All four counties have been designated as "medically underserved," with the greatest need in the Sierra County service area, followed by Catron, Socorro, and Valencia.
- Regional earnings are lower than state averages, which presents challenges for increasing the healthcare provider shortages evident throughout the region.

Clearly there are needs that the proposed AmeriCorps cadre could help address. First, there is a dearth of needed services, most critically a lack of providers and services to address physical and behavioral health concerns. While the AmeriCorp team would not be qualified to provide health or behavioral health services, team members serving as system Navigators can provide health education and support to help individuals and families successfully access these services. The counties are also experiencing a lack of services and support for schools and school children, especially in Socorro County, and for senior residents in Catron and Sierra counties. Area schools are requesting help to fill gaps in mentoring, academic support, and connections to community supports for students and their families, and community agencies are asking for help with in-home support for older residents. Social isolation is a commonly shared risk factor across the lifespan, and the Navigator's role in connecting informal and formal supports in a relationship-based way is a meaningful intervention in and of itself.

In addition, both residents and service providers are often unaware of or unable to access services that do exist. As Navigators, AmeriCorps members can help residents identify and access the services available to them. Operating in survival mode, for both local residents and organizations, does not lend itself to creative and systematic development of solutions. Navigators would add much needed capacity to help create space for more responsive and durable solutions.

The AmeriCorps members can thus help with the vital task of creating an infrastructure for a comprehensive, integrated service network for the region. This includes building up and maintaining the area's online searchable resource directory, which uses the SHARE New Mexico platform. This Resource Directory, in turn, can support a web-based referral system, currently under development in Las Cruces, that will allow service providers and care coordinators to help residents identify appropriate resources, enable a "warm handoff" to these providers, and track the successful connections and outcomes accomplished via this system.

Last and not least, this proposal addresses the shortage of healthcare and service providers in the region by recruiting local residents, providing work experience and on-the-job training, and connecting AmeriCorps members to career paths and higher education certification and diploma programs in healthcare, social services, and education. This proposal has the backing of the NM Educational Assistance Foundation and the Department of Workforce Solutions Career Advisors serving the four-county region. These organizations have agreed to provide training and resources, including financial support, for AmeriCorps workers to explore educational and vocational options, with the expectation that these local recruits will remain in the area to provide services in their communities. AmeriCorps service provides the perfect opportunity for individuals to give back to their community while also developing a career path that supports a positive future for themselves and their neighbors.

The theory of change underlying this proposal is posits that the AmeriCorps team will provide a necessary and currently lacking cadre of Navigators to ensure that residents of the county are aware of and can access the array of services that meet their needs and ensure that they and their communities are healthy and thriving. Considerable evidence has now emerged about the need to ensure attention to the many factors that affect individual, family and community health, including the social and structural determinants of health, along with access to physical and behavioral health care. The effectiveness of health Navigators has been extensively documented as well. Several recent reviews of the literature document the wide variety of models, titles, roles, and target populations along with a consistent litany of positive short- and long-term outcomes (see Carter et al., Navigation delivery models and roles of Navigators in primary care, 2018; Natale-Pereira et al., The Role of Patient Navigators in Eliminating Health Disparities, 2011). These include 1) increased access to care, 2) decreased use of emergency and hospital care; 3) improved individual and community health, 4) more effective communication among health and service professionals and those served, and 5) a growing cadre of health and service professional serving the counties.

***Planning Process/Timeline.*** By the time of the official start of the planning grant year in September 2020, much work towards developing the program will have occurred. The program builds on two years of regular meetings of county members representing a wide range of needs and services. Those meetings will continue at least quarterly throughout the coming year. An extensive needs assessment was completed in 2019 and a current assessment specifically of gaps in health care services and providers in the four-county region will be completed in Spring 2020. Throughout that time, New Mexico First has provided support, primarily through SHARE New Mexico.

During the February 2020 meeting of the MRGEDA Committee, the planning grant proposal was reviewed and discussed, and seven agencies expressed interest in hosting between 15-20 AmeriCorps members. The agencies confirmed that an overarching need was for health navigation to ensure, per the theory of change (see above) that residents of the county are aware of and can access the array of services that meet their needs and ensure that they and their communities are healthy and thriving. These initial agencies include a hospital, educational programs, community health councils, a re-entry program for those exiting incarceration, and the State Police Crisis Intervention Program.

New Mexico First (NMF) will continue to provide the staff support for the Committee during the planning grant period. Upon receipt of the grant, NMF will assign a coordinator to lead the planning project, in partnership with the Director of MRGEDA and the Committee Chair. The planning team will continue to meet regularly and communicate with potential sites as these come on board, as well as with the MRGEDA Healthcare and Social Work Committee as a whole.

During the first quarter of the Planning Year, the Coordinator will make site visits to meet individually with potential AmeriCorps host sites and community members in all four counties, ensuring that potential host communities and organizations are fully involved in identifying priority community needs and how these needs can be successfully addressed by deploying a cadre of AmeriCorps Navigators. The conversations will help determine specific activities that AmeriCorps members could provide, ensure that these meet all AmeriCorps requirements and specifications, determine both resources needed by the potential sites as well as resources that sites can contribute to the members and/or the program, including office space, training and professional development, housing, and matching funds for program implementation.

During the second quarter, the planning team will develop the outline of a proposed implementation plan and present this to potential host sites, the Healthcare and Social Work Committee, and members of the communities that are expected to benefit. Should the Committee decide to move forward, an implementation proposal will be submitted in Spring 2021.

Assuming the submission of an implementation plan, the Planning Team and Health Committee will continue to ensure that all aspects of a successful implementation are explored and all necessary activities and resources are in place ready for launch in September 2021. It is expected that the network of agencies, including host sites and support services, will be actively involved in recruiting and selecting AmeriCorps members, and that host sites, with support from the Project Coordinator, will be providing orientation and on-going training. As noted, AmeriCorps members will also be provided opportunities to explore education and career options and resources. Though dispersed throughout the four-county region, the AmeriCorps cadre will be readily identified as both individual members and as a group whose work is critical in helping to build and maintain a four-county health network and infrastructure.

While all participants in the emerging network of care will be actively involved in contributing to its success, the intermediary role of NM First includes ultimate responsibility for ensuring compliance and accountability regarding all aspects of the program and in personnel and financial management, including raising requisite matching and other funding.

**Evaluation.** The evidence-based outcomes attributed to the health Navigator model, cited above, could provide potential short-and long-term outcomes for this proposed project. These include 1) increased access to care, 2) decreased use of emergency and hospital care; 3) improved individual and community health, 4) more effective communication among health and service professionals and those served, and 5) a growing cadre of health and service professional serving the counties.

During the planning year, however, the emphasis will be on documenting the effectiveness of the planning process, the inclusiveness and commitment of membership in the emerging collaboration, and community confidence in perceived need and desire for the program, the ability to implement a successful program, and the potential benefits to the communities served. This process evaluation will draw upon models for relationship-based evaluation as well as the evidence-based model of Motivational Interviewing for Change, which calls for regular assessments on the part of participants of Desire, Ability, Reason, Need, Commitment, Action, and Taking Steps. Regular surveys, focus groups and guided interviews will provide the qualitative information that will help to keep the planning process on track per the logic model, ensure robust community participation, and, ultimately, a successful program. The process and information gathered along the way also has the potential to change the narrative in the communities, from “we’re stuck” to “we’re moving forward – together.”

**Organizational Background and Staffing.** New Mexico First was founded in 1986. With over 30 years of experience and operations, there is a strong basis for operations. There are clearly defined personnel policies and organizational

policies and procedures that are approved by the board of directors and are reviewed periodically by both staff and the board. With the hiring of a new president and executive director, Lilly Irvin-Vitela, in July 2019, personnel practices have been revamped and involve a collaborative and reflective approach to measuring performance, setting, goals, and investing in professional development. Irvin-Vitela has over 25 years of experience supervising individuals and teams, managing people and projects comprised of volunteers, paid staff and community partners. Wendy Wintermute, the Project SHARE Director, has a Ph.D. in Social Work and Sociology and supervises PT staff and Social Work Interns for New Mexico First and has supervised a broad range of personnel throughout her career in non-profits and academia, including an AmeriCorps VISTA team in Pueblo, Colorado. Irvin-Vitela and Wintermute are skilled trainers, supervisors, and community partners with deep knowledge of and relationships in New Mexico and over 60 years of combined experience.

New Mexico First also has a long track record of accountability in terms of financial management, fiscal oversight by the board of directors, impact, and an inclusive service culture. The New Mexico First board of directors takes its fiduciary oversight role seriously. The finance committee participates in monthly finance committee meetings and the board chair and chair-elect receive monthly financial reports too. The reports are completed by our accountant who is a CPA. The executive committee (11 people) and full board (33 people) also review NMF financial statements quarterly. In addition, an independent auditor is enlisted annually to complete an audit and 990 which is reviewed and approved by the board of directors and made available to funders and other interested parties. The president/executive director has extensive experience managing multi-million-dollar non-profits and maintaining strong internal controls in partnership with a non-profit board. The board has representation from each Congressional District who are intentionally recruited to reflect the broad political, cultural, language, and professional backgrounds of New Mexico. Programmatically, New Mexico First has strong systems in place to evaluate impact, engage in continuous quality improvement, and assess outcomes as well as opportunities to strengthen partnerships and ensuing outcomes. New Mexico First has served as a fiscal agent multiple times throughout our history. Furthermore, our President/Executive Director has managed federal, state, and local grants from governments and philanthropy for over two decades. From routine opportunities for community input to funder and board oversight, New Mexico First is a non-profit where outcomes matter. For example, New Mexico First is able to link our mission, programming, and partnerships to policy and systems change at the local, regional, and state levels.

Collaboration and impact are at the heart of how we achieve our mission. Our commitment to inclusive and collaborative consensus building is deeply imbedded in our organizational values and operations. New Mexico First's mission is to be a catalyst for positive change by engaging communities in policy and enabling action. Our core values are: meaningfully engaging New Mexicans in public policy; striving for and respecting consensus; pursuing and respecting diverse points of views; ensuring inclusion and transparency; rising above partisan politics; changing policy to improve peoples' lives; creating an informed citizenry that is powerfully motivated; reaching out statewide including rural communities; partnering with others; promoting civility; and democracy at its best. New Mexico First builds consensus on critical issues facing our state and communities and leads positive change through deliberative town halls, community conversations, and nonpartisan work on education, the economy, healthcare, natural resources and good governance. As the intermediary for this grant, we bring both values shared with AmeriCorps' commitment to community capacity-building, as well as a strong track record of building trusting relationships to achieve shared outcomes.

Accessing Resources for Healthy Communities in Rural/Frontier NM

Logic Model

Problem	Inputs	Activities	Outputs for Planning Year	Short-Term Project Outcomes	Mid-Term Project Outcomes	Long-Term Project Outcomes
Inability to access needed health and social services	AmeriCorps members; Host sites; Training; Comprehensive directory of available services; Integrated referral system	Identify and target local students and residents for AC recruitment; Identify host sites; Development outreach and recruitment materials and dissemination plan; Identify potential trainers and training opportunities for AC members and others; Customize SHARE New Mexico Resource Directory to serve region; Explore emerging on-line service referral systems for adaptation & adoption.	A plan for outreach and recruitment of 15+ AmeriCorps team members from local high schools, colleges, and community members; Training resources, timetable and plan for training opportunities for AC members; Customized resource directory identifying services for the region's residents and needs; RFP for an on-line service referral system, pending funding availability	Emerging network of service connections and relationships mediated by the Navigators; Increased numbers of service providers, including AC members, with skills to assist residents in obtaining needed services; Greater awareness, access to and use of existing services; Identification of service gaps, barriers to services, and recommendations for improving the service system for area residents.	Increased access to and use of services by area residents; Integrated referral system among area health and service organizations; More opportunities for training and professional development provided by a roster of trainers and mentors; Up-to-date, comprehensive Resource Directory, maintained and used by area organizations and residents; Increased use of integrated referral network by service organizations, with the option to incorporate outcome measures.	Comprehensive, integrated, network of care across the four-county region; Improved quality of health, family life and community vitality.
Dearth of healthcare and social services providers in the four-	AmeriCorps members; Vocational and educational guidance and support;	Identify and target local students and residents for AC recruitment;	Description of pathways to higher education and career paths for AC members;	Skilled and job experienced cadre of AmeriCorps members who are on the path to health and social	Increase in the number of skilled health and social service providers along the	Comprehensive, integrated, network of care across the four-county region; Improved quality of

<p>county region</p>	<p>Access to and support for completion of certification and diploma programs in healthcare and social services</p>	<p>Identify available certificate and diploma programs, requirements, cost; Engage NM Educational Assistance Foundation to develop informational materials for career and educational pathways; Recruit career mentors from host sites and related health and social service agency staff.</p>	<p>Informational materials about career and educational supports and resources; Mentor network</p>	<p>services careers, hopefully remaining to serve in the area.</p>	<p>continuum of care, serving in the region.</p>	<p>health, family life and community vitality.</p>
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