



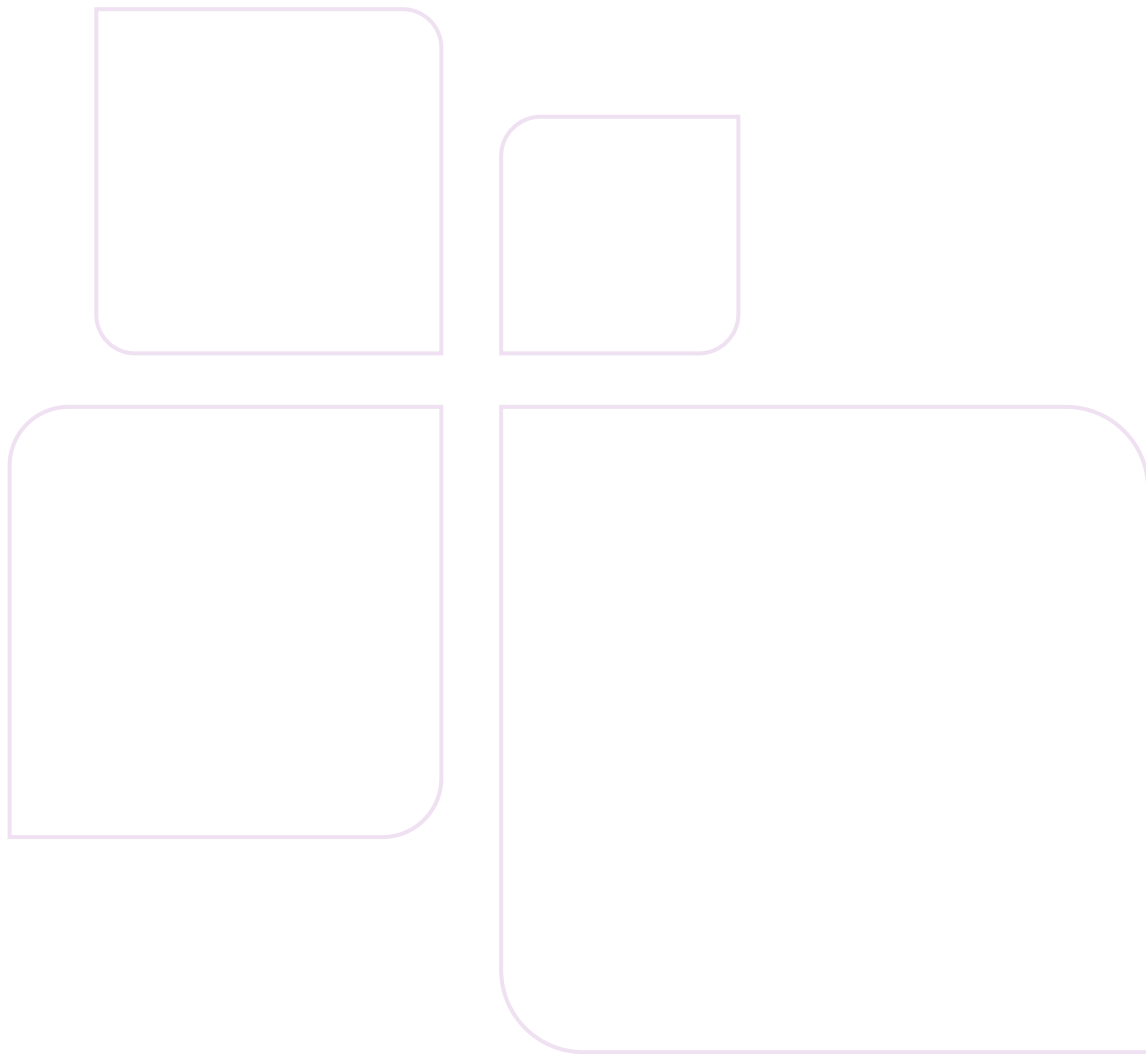
Community Health Needs Assessment

2026 – 2028

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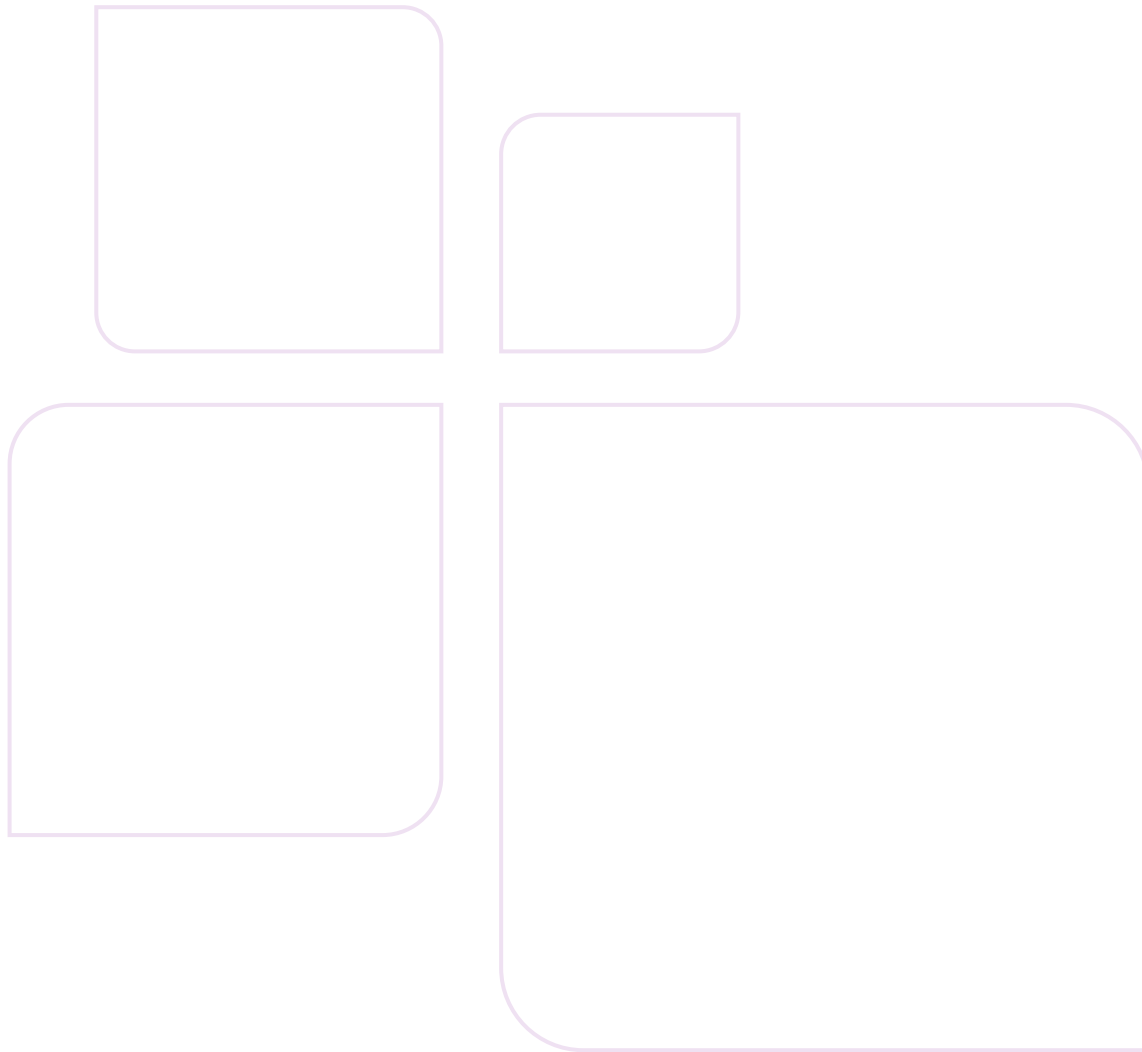
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Chapter 1: Letter to the Community





Letter to the Community

A Message of Gratitude

This year marks a meaningful milestone — our first time conducting a Community Health Needs Assessment (CHNA) together with the Otero County community. As **CHRISTUS Southern New Mexico Health System** expands its commitment to serving this region, we're grateful for the opportunity to listen, learn and build partnerships that are grounded in local priorities and experiences. This process is not just about data — it's about understanding what truly impacts the health and well-being of our neighbors across Otero County.

In our 2023–2025 CHNA, communities across the region shared clear and urgent concerns: a need for improved access to behavioral health and substance use services, better access to primary care, expanded education and prevention and greater support for managing chronic conditions such as diabetes, heart disease, cancer and obesity. These insights informed key initiatives and community partnerships designed to expand care, reduce disparities and strengthen prevention efforts.

Now, as we introduce the findings of our 2026–2028 CHNA, we see an even broader and more complex picture of community health. You've told us about persistent challenges: poverty, housing instability, food insecurity and the cost of care. We've heard concerns about the lack of transportation and behavioral health services — particularly for those living with Alzheimer's, dementia or in need of long-term care. You also brought attention to the emotional toll of social media, the effects of domestic violence and substance use and the growing needs of children and families impacted by trauma and financial instability.

One area of urgent concern raised across the community was the rise in neonatal abstinence syndrome (NAS), highlighting the need for coordinated, wraparound services to support mothers and infants impacted by substance use. These interconnected issues point to more than isolated health concerns — they reflect the complex realities that shape community wellness and demand collaborative, cross-sector solutions.

This assessment is more than a report — it's a reflection of the voices and lived experiences that guide our work. It challenges us to think differently, act urgently and stay closely connected to the people we serve. At CHRISTUS Southern New Mexico Health System, we're already building on this foundation — investing in behavioral health outreach, strengthening community partnerships and working to remove barriers like cost, mobility and access to long-term care.

As we move forward, we're committed to a shared approach — one that's driven by local insight, grounded in collaboration and focused on real, measurable impact. We thank you for your trust, your honesty and your partnership in building a healthier future for every person and every community we're honored to serve.



Reuben Murray
Chief Executive Officer
**CHRISTUS Southern
New Mexico Health
System**

Statement of Health Access and Serving as an Anchor Institution

At CHRISTUS Health, our core values — dignity, integrity, excellence, compassion and stewardship — guide everything we do. We believe these values are not just words, but principles that inspire us to serve you with the utmost care and dedication. Through this assessment, we seek to understand your unique needs and challenges. By listening to your stories and experiences, we aim to identify areas where health disparities exist and work alongside you to find meaningful solutions. Together, we can create an inclusive and equitable health care environment for everyone, regardless of background or circumstance. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as housing, education, employment and access to nutritious food. Addressing these factors can build a stronger, healthier community where everyone thrives. Your participation in this assessment was invaluable. We invited you to share your insights, concerns and hopes with us so that we can pave the way for a brighter, healthier future together. Your voice matters deeply to us as we strive to tailor our services to meet your needs and aspirations. Thank you for being an integral part of our CHRISTUS Health family. Let's continue to care for and uplift one another, embodying our values in every interaction and endeavor.



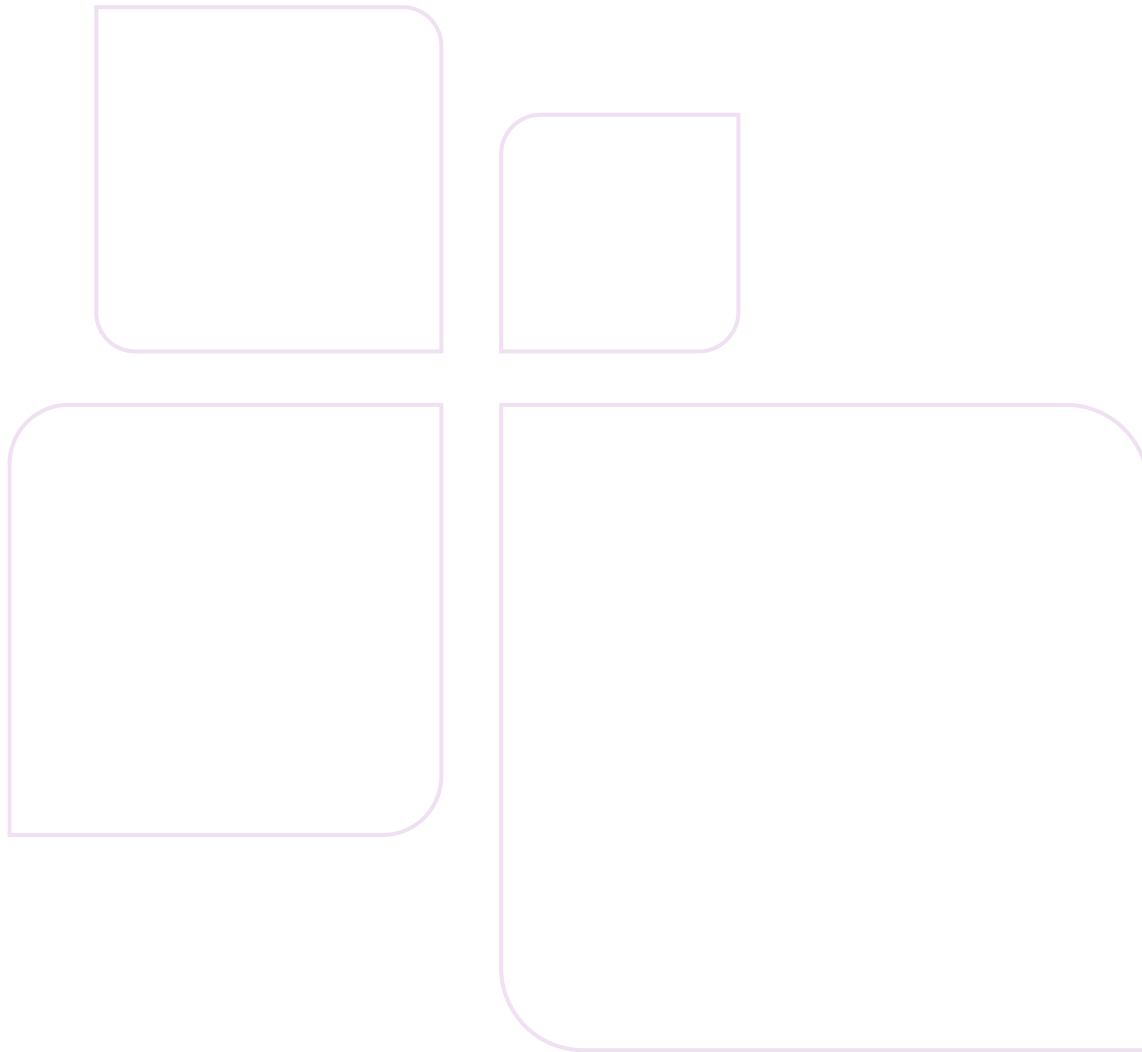
**Father Dennis
Lewandowski**
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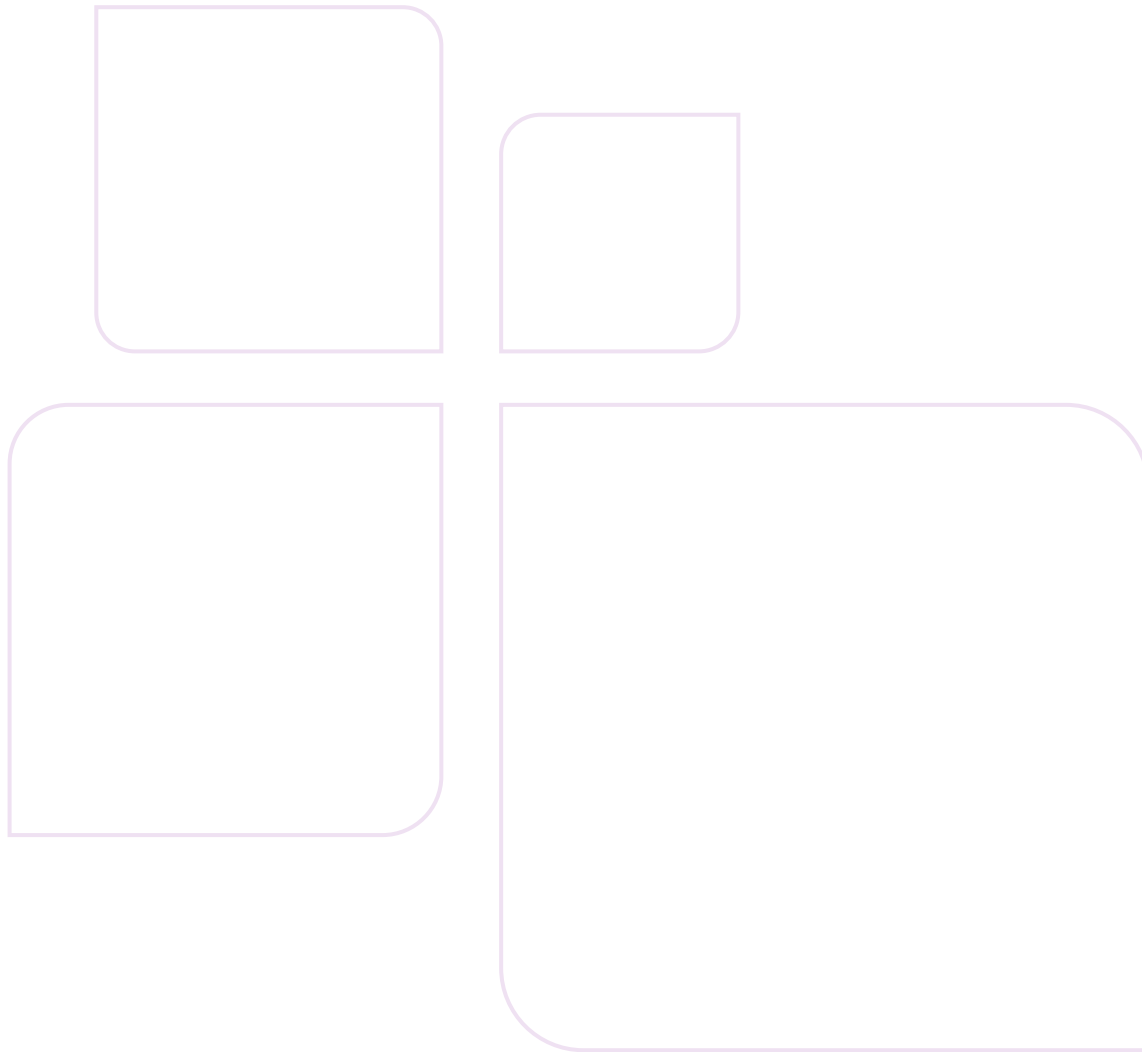
Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the Ministry CEO/President and Executive Leadership Team of CHRISTUS Southern New Mexico Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on August 28, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the Board of Directors on August 28, 2025.



Chapter 2: Executive Summary





Executive Summary

Rooted in the desert landscapes and close-knit communities of southern New Mexico, CHRISTUS Southern New Mexico Health System has been a trusted health care partner for more than a century. Since opening our doors in 1949, operating for almost 75 years as Gerald Champion Regional Medical Center, we have been a trusted health care partner for generations, even as the region has grown and changed. From rural ranch towns to borderland neighborhoods, we are proud to care for the people who call this beautiful and diverse region home.

Our work goes beyond medical treatment. It's about understanding the unique realities of life in southern New Mexico, where long distances, economic hardship, cultural diversity and limited access to resources can all shape a person's health journey. That's why we lead a Community Health Needs Assessment (CHNA) every three years. It is our way of listening closely, intentionally and turning local insights into meaningful action.

The 2026–2028 CHNA reflects this region's voice. It highlights what's working, where progress is being made and where persistent barriers persist. The assessment takes a lifespan approach, focusing on four life stages — maternal and early childhood, school-age children and adolescents, adults and older adults — because we believe that health must be supported at every stage of life to build a thriving community. It also looks at the broader social and environmental factors that influence health, such as poverty, housing, education, food access and transportation, particularly in rural and underserved areas.



Lifespan Approach

Maternal and Early Childhood Health

Maternal and early childhood health is a foundational focus in Southern New Mexico. In recent years, community programs have expanded access to prenatal care and helped more families connect to early learning and nutrition resources. But challenges persist. Many families still face food insecurity, poverty, exposure to domestic violence and limited behavioral health support. In some areas, the distance to care and lack of affordable child care can make early intervention feel out of reach. Supporting this life stage is critical — not only for individual families, but for the long-term health of entire communities.

School Age Children and Adolescent Health

As children become adolescents, they navigate a formative period that shapes their health and outlook for years to come. In this region, youth are stepping up — volunteering, supporting peers and engaging in school-based programs that encourage emotional wellness and healthy habits. At the same time, we continue to see disparities in behavioral health, housing stability and access to consistent care. Young people living in poverty or rural areas often lack the resources they need to thrive. Strengthening this stage means investing in their voices, their well-being and their future.

Adult Health

For adults in Southern New Mexico, the everyday demands of work, caregiving and health management are made even more complex by long travel times to care, high rates of chronic disease and widespread economic hardship. But there are also bright spots: more adults are accessing primary care through expanded rural outreach, and regional

coalitions are working together to address behavioral health, substance use and housing instability. These are steps in the right direction. Still, stigma, affordability and a shortage of providers remain barriers. This stage is about helping people sustain their health so they can continue to care for themselves, their families and their communities.

Older Adult Health

In our aging population, we see strength, wisdom and a deep sense of place — but also pressing health needs that demand attention. Across the region, older adults are struggling with Alzheimer's, mobility challenges and social isolation. Caregivers often feel overwhelmed, and long-term care options are limited or unaffordable for many. Yet, community-led programs, wellness groups and peer support networks are growing. We have an opportunity to create systems of care that reflect the respect and support our elders deserve — especially in rural communities where connection and access are harder to maintain.

Through this CHNA, we've heard stories of resilience, creativity and deep commitment to community. We've also heard frustration, fatigue and calls for a health care system that meets people where they are — not just geographically, but culturally and emotionally.

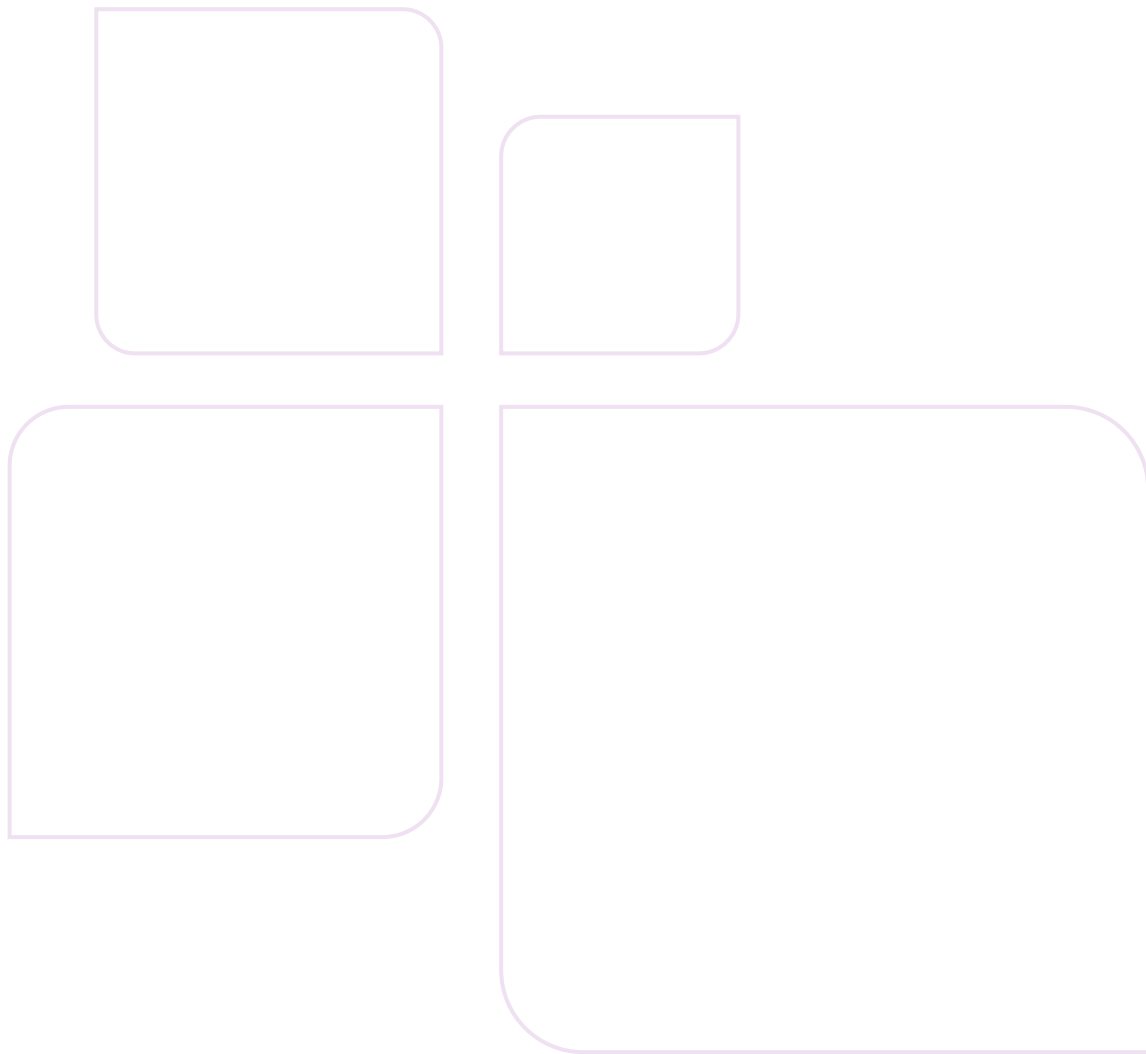
CHRISTUS Southern New Mexico Health System is answering that call. We are using the findings of this CHNA to shape strategic investments, expand community-based care and strengthen partnerships that address both medical and social drivers of health. Our goal is not only to respond to today's needs — but to help shape a healthier, more hopeful future for everyone across Southern New Mexico.

Because here, health is more than a service. It's a shared responsibility — and a shared promise.

Key Findings

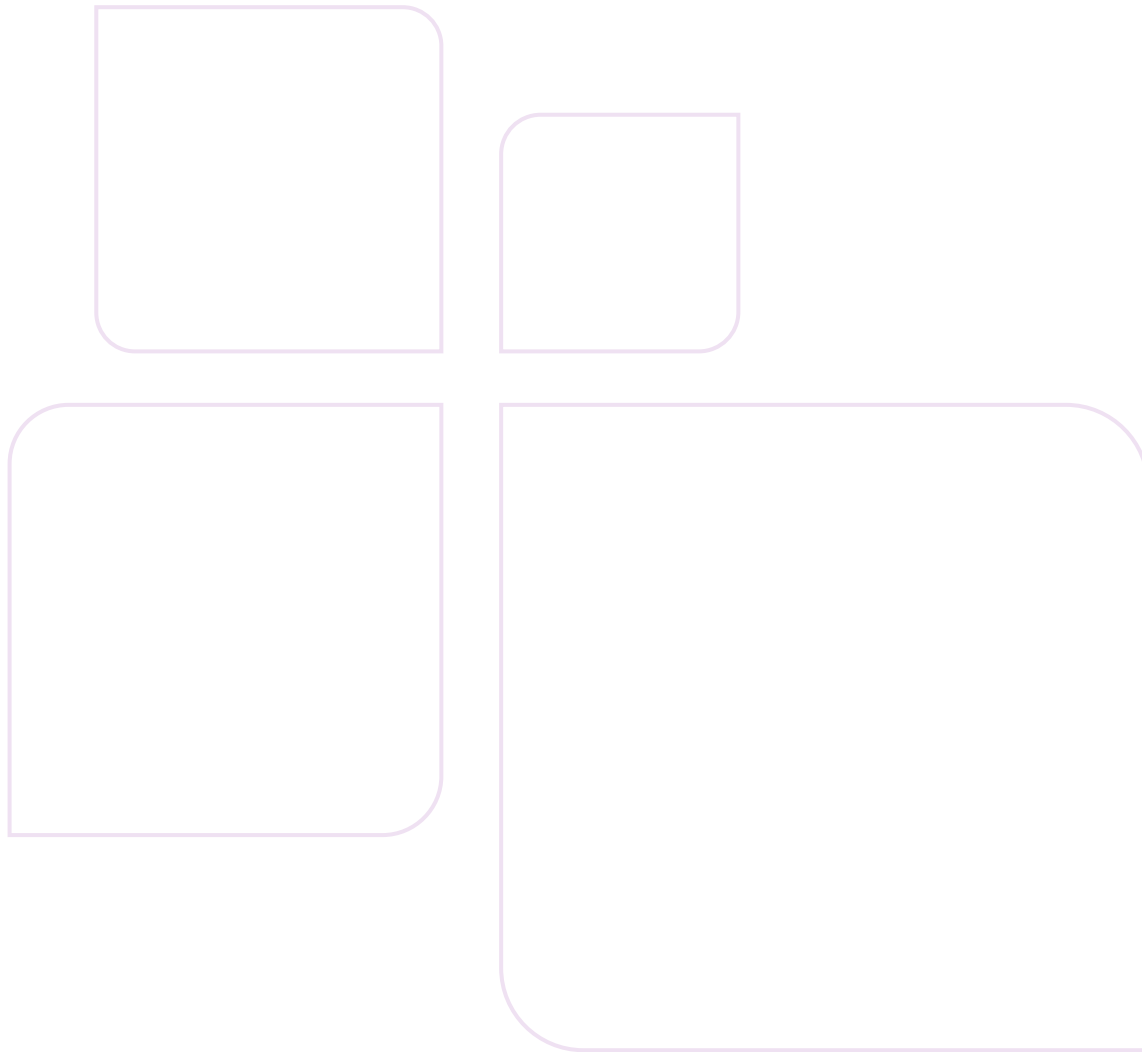
The chart below summarizes the leading indicators of the communities we serve.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
• Healthy births • Behavioral health ○ Substance abuse • Domestic violence • Poverty • Child care • Food insecurity	• Behavioral health ○ Mental health ○ Substance abuse • Poverty • Housing instability	• Access to care • Behavioral health ○ Mental health ○ Substance abuse ○ Suicide • Poverty • Housing instability	• Access to care ○ Long-term care • Behavioral health ○ Alzheimer's and dementia ○ Caregiver burnout • Inability to perform activities of daily living • Food insecurity



Chapter 3: Introduction





Introduction

Surrounded by the breathtaking beauty of the Tularosa Basin and nestled at the base of the Sacramento Mountains, Alamogordo offers a unique blend of natural wonder, rich heritage and strong community values. Known for its proximity to White Sands National Park, one of the most iconic landscapes in the country, Alamogordo is a place where striking desert vistas, towering dunes and mountain trails create endless opportunities for exploration, recreation and reflection.

This southern New Mexico city is deeply rooted in history, from its connections to early railroad development and agriculture to its pivotal role in aerospace and military innovation through nearby Holloman Air Force Base. Alamogordo's legacy is also enriched by its vibrant Native American, Hispanic and frontier influences, which continue to shape its culture, traditions and community life.

Locals and visitors alike gather throughout the year for events that celebrate the region's spirit — from the Otero County Fair and Cottonwood Arts & Crafts Festival to the annual Christmas parade and White Sands Balloon Invitational. Museums like the New Mexico Museum of Space History showcase the area's contributions to science and exploration, while nearby parks and orchards offer family-friendly spaces to enjoy the seasons and scenic beauty.

In this welcoming and resilient community, CHRISTUS Health is honored to serve. As we conduct our first Community Health Needs Assessment

in southern New Mexico, we do so with humility and a deep commitment to listening, learning and growing alongside our neighbors. This report represents a shared opportunity to better understand local health needs, build new partnerships and work together to create a stronger, healthier future for all who call Alamogordo and its surrounding areas home.



Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of the region and for guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS Southern New Mexico Health System is dedicated to addressing the health needs of the communities within its service area. The CHNA process, required under the Patient Protection & Affordable Care Act (ACA) of 2010, ensures that nonprofit hospitals conduct a comprehensive assessment of local health challenges and available resources at least once every three years. This structured approach enables us to identify key health priorities, collaborate with community stakeholders and develop strategic plans to address the most urgent health concerns.

In accordance with the ACA, the CHNA not only informs the hospital's community health initiatives but also satisfies certain IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this report directly support the development of an implementation strategy, which aligns hospital resources with the needs of underserved and vulnerable populations, ensuring meaningful and measurable interventions.



This document represents the 2026-2028 CHNA for CHRISTUS Southern New Mexico Health System and serves as a comprehensive resource for understanding the current health landscape in southern New Mexico. It provides an in-depth analysis of:

- Community demographics and population trends
- Existing health care resources and access to care
- Significant health needs and disparities
- Data collection and prioritization methodologies
- Community engagement efforts and stakeholder input

The findings from this CHNA not only fulfill IRS reporting requirements but also play a critical role in shaping ongoing health planning and decision-making within our hospital system and among our local partners. This document is widely shared with key stakeholders, including local government agencies, community-based organizations, public health officials and other health care providers, to strengthen collaborative efforts aimed at reducing health disparities and improving overall community health outcomes.

Additionally, this assessment reflects on the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of the community. The insights gained will inform the development of targeted programs, funding decisions and strategic partnerships designed to drive sustainable improvements in health equity across the community.

Overview of the Health System

CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system established in 1999 to preserve and strengthen the healing ministries founded by the Sisters of Charity of the Incarnate Word of Houston and San Antonio — religious congregations whose commitment to compassionate care began in 1866. In 2016, the Sisters of the Holy Family of Nazareth joined as the third sponsoring congregation, deepening the system's spiritual foundation and ongoing mission of service.

Today, CHRISTUS Health operates more than 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico and Arkansas. The system also extends its healing ministry internationally, with facilities in Mexico, Colombia and Chile. Across every location, CHRISTUS Health remains united by a singular purpose: to extend the healing ministry of Jesus Christ — delivering high-quality, compassionate care to individuals and communities, especially those most in need.



CHRISTUS Southern New Mexico

As part of CHRISTUS Health, CHRISTUS Southern New Mexico is a faith-based, not-for-profit health system rooted in the mission to extend the healing ministry of Jesus Christ. With a legacy of service that spans over 75 years, our health system has grown from a community hospital into a modern medical facility dedicated to providing compassionate, high-quality care to the people of Otero County and southern New Mexico.

Our integration into CHRISTUS Health represents a meaningful step forward in expanding access to advanced medical care across the region. Backed by the global expertise and resources of CHRISTUS Health — an international Catholic health system serving the U.S., Mexico, Chile and Colombia — we are uniquely positioned to deliver cutting-edge treatments while maintaining the personalized, community-centered care our patients have long trusted.

CHRISTUS Southern New Mexico is committed to meeting the evolving health care needs of the community through services that emphasize quality, innovation and cultural respect. Our caregivers, clinicians and Associates work together in an environment grounded in continuous learning, collaboration and mutual respect — ensuring every patient receives care that is not only clinically excellent but deeply compassionate.

By combining state-of-the-art technology with local knowledge and a deep commitment to service, CHRISTUS Southern New Mexico honors its past while investing in a healthier future for generations to come.



Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to equity, dignity and social responsibility, CHRISTUS Health works to improve the health and well-being of individuals and communities, particularly those who are underserved and marginalized.

Community Health at CHRISTUS Health is a proactive approach to addressing the social, economic and environmental factors that impact health outcomes. Through strategic partnerships, innovative programs and targeted interventions, CHRISTUS Health collaborates with local organizations, public health agencies and community leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics. Key focus areas include chronic disease prevention, maternal and child health, behavioral health, food security, housing stability and access to care.



Community benefit represents our health system's ongoing investment in community-driven health initiatives, ensuring that resources are allocated where they are most needed. These efforts are an expression of our mission to serve the health needs of the broader community, especially those who are uninsured, underinsured or facing significant health disparities. This includes:

- **Financial assistance:** providing support for uninsured and underinsured patients to ensure access to necessary medical care
- **Subsidized health programs:** offering health services at reduced or no cost to vulnerable populations, ensuring they receive the care they deserve
- **Health education initiatives:** promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- **Support for nonprofit organizations:** partnering with local nonprofit organizations working to address critical health disparities and social determinants of health

These programs are part of how we meet our obligations as a nonprofit health system, but more importantly, they're how we put our mission into action — serving with compassion, dignity and justice. By combining clinical care with community action, CHRISTUS Health aims to reduce health disparities, build stronger communities and extend the healing ministry of Jesus Christ to all we serve.

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Southern New Mexico Health System serves a diverse and growing population across Otero County. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Southern New Mexico Health System defines its primary service area (PSA) as the ZIP codes that account for approximately 80% of inpatient and outpatient hospital utilization (see Table 1 and Figure 2). This methodology ensures that the Community Health Needs Assessment (CHNA) reflects the populations most directly impacted by the health system’s services.

The region encompasses a blend of small-town and rural communities, anchored by the city of Alamogordo and surrounded by vast desert landscapes, military bases and natural parks. This mix presents both opportunities and challenges in delivering equitable care. The area's geography, economy and population characteristics highlight the importance of a community-led, culturally responsive approach to addressing local health needs.

CHRISTUS SOUTHERN NEW MEXICO’S PSA				
Otero County				
88310	88330	88352	88337	88311
88325	88342	88349		

Table 1. Primary Service Area (PSA) of CHRISTUS Southern New Mexico

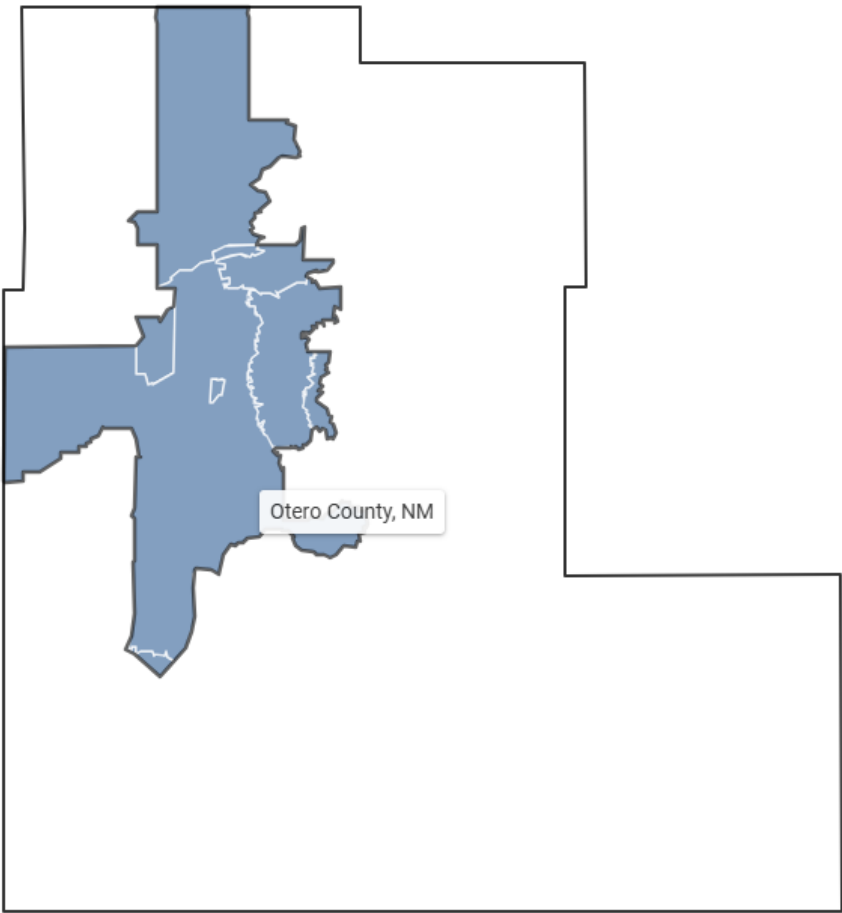


Figure 2. Primary Service Area (PSA) Map of CHRISTUS Southern New Mexico

The Strength of Our Communities

At CHRISTUS Health, we believe the heart of a healthy community is found in the relationships we build with individuals, neighborhoods and the many local organizations working every day to make a positive impact. These community partners are not just part of our work — they are essential to it. Together, we support the health and well-being of our neighbors by addressing the challenges that affect everyday life, from access to care and chronic diseases to mental health, food insecurity and maternal and child health.

To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it’s not a comprehensive list, it highlights the broad range of support available across our region.

To find even more free or low-cost services near you — including help with food, housing, transportation and mental health — visit [FindHelp.org](#), or [Ten Vital Services](#). Both tools let you search by county to connect with programs and resources in your area.

Whether listed here or searchable on Find Help and Ten Vital Services, these organizations are a vital part of our shared mission. Their work strengthens our communities and ensures that help is always within reach.

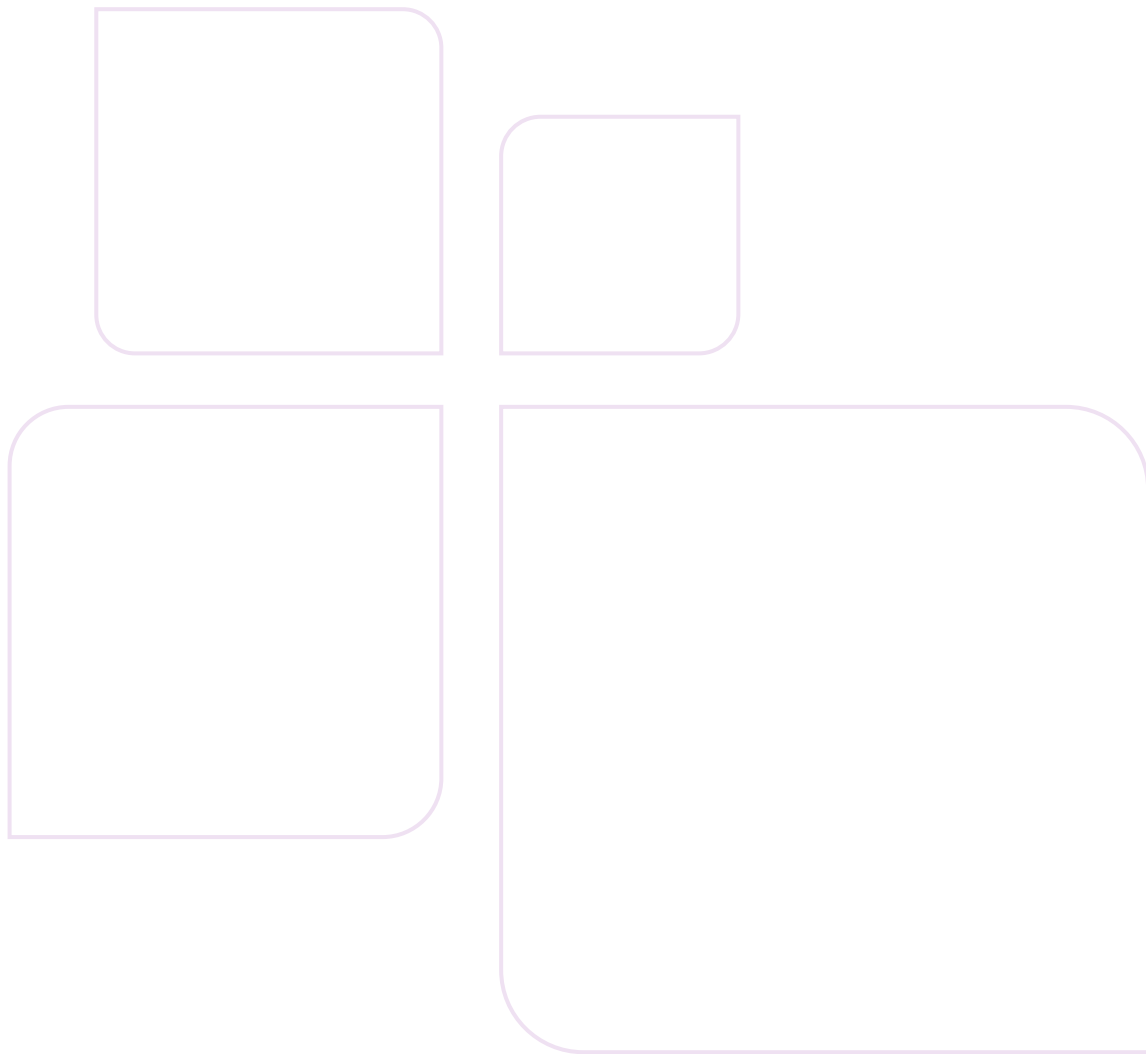
FindHelp.org



Ten Vital Services

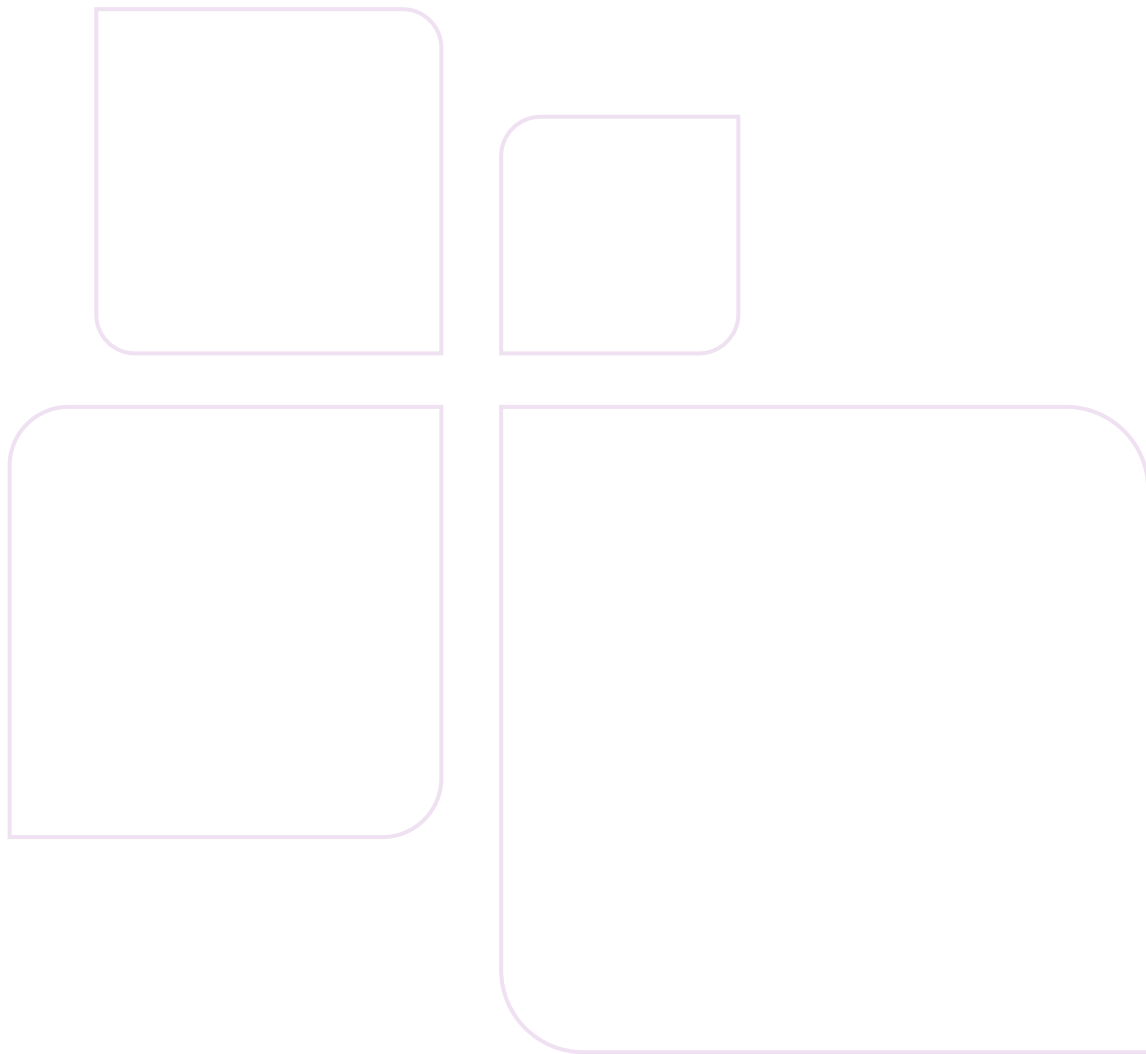


NAME	DESCRIPTION
Otero County Public Health Office	Provides immunizations, family planning, STD screening, WIC services and public health education to Otero County residents
Alamogordo Public Schools McKinney-Vento Program	Supports students experiencing homelessness or housing instability to ensure consistent access to education and resources
COPE	Offers shelter, advocacy and supportive services to individuals and families affected by domestic violence in the Otero County
THRIVE	Coordinates local resources to improve education, health and financial stability through community collaborations and services
Ben Archer Clinic Presbyterian Medical Services	Provides affordable primary medical and dental care to underserved populations in Otero County, regardless of income or insurance
Alamogordo Senior Center	Promotes independent living for older adults through meals, transportation, wellness activities and social engagement programs
Love INC of Otero County	A faith-based organization connecting individuals and families to local churches and resources for food, housing and basic needs
New Mexico State University Alamogordo	Offers academic programs and workforce development training to build local career pathways and support adult learners
Presbyterian Medical Services	A federal qualified clinic with four locations throughout Otero County
Zia Therapy Center	Provides public transportation for the community



Chapter 4: Impact





Impact

Since the Last Community Health Needs Assessment ...

The Community Health Needs Assessment (CHNA) is designed to be part of a dynamic, three-year cycle of listening, action and evaluation. A key element of this process is reviewing progress made in addressing the health priorities identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS Southern New Mexico Health System and the communities it serves can better focus their strategies and ensure future investments are responsive, effective and community-driven.

In the 2023–2025 CHNA cycle, CHRISTUS Southern New Mexico Health System prioritized the following areas based on community input and data analysis:

PRIORITIZED NEEDS

- Behavioral health
- Accessibility
- Diabetes
- Heart disease
- Cancer

Over the past three years, CHRISTUS Southern New Mexico Health System, community partners, clinical teams and trusted local organizations have worked together to design and implement interventions aimed at reducing disparities and improving outcomes in these areas. Many of these efforts intentionally focused on reaching populations most impacted by health inequities.

The following pages highlight key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.



Prioritized Needs

BEHAVIORAL HEALTH

Strategy: Increase access to quality mental and behavioral health treatment.

Implementation Highlights:

- Expanded outpatient clinics in Ruidoso and Las Cruces
- Introduced telemedicine consultations in the emergency department to support rapid evaluation and care decisions
- Launched outreach and reminder programs that reduced outpatient “no-show” rates
- Continued to provide a 24-bed behavioral medicine unit to meet growing inpatient demand

Progress:

- Outpatient expansion: We successfully expanded behavioral health clinics in Ruidoso and opened a new clinic in Las Cruces, bringing services closer to underserved communities.
- ED tele-medicine: All behavioral health patients presenting to the ED now receive a virtual psychiatric evaluation, streamlining decisions around admission or safe discharge.
- Improved attendance: Targeted appointment reminders and care coordination efforts drove the outpatient clinic “no-show” rate down from 38% to 14%.
- Inpatient capacity: The behavioral medicine unit can now accommodate up to 24 inpatients, reducing wait times for admission and ensuring continuity of care.

ACCESSIBILITY

Strategy: Increase access to primary care, health education and prevention that promote healthier lifestyles and better self-management of health.

Implementation Highlights:

- Recruited 40 new primary-care providers over the past three years
- Expanded telemedicine offerings across outpatient and school-based settings
- Subsidized urgent-care telemedicine in Alamogordo Public Schools, enabling students to receive care without leaving campus
- Contracted with Ruidoso Shuttle to provide free transportation to and from clinic appointments and post-discharge
- Supported four of Presbyterian Medical Services (PMS) Federally Qualified Health Centers (FQHCs) in Otero County

Progress:

- Provider growth: We added 40 clinicians since 2022, strengthening our primary-care network.
- Bariatric services: A program launched in 2023, and certification was secured in 2024, offering comprehensive weight-management care.
- School-based tele-medicine: The partnership with Alamogordo Public Schools delivers real-time virtual visits, keeping students in class and reducing parent travel.

- Transportation access: Ruidoso Shuttle now provides complimentary ride services for clinic visits and discharges in the Alamogordo area.
- FQHC sustainability: All four of PMS's Otero County clinics remain fully operational, ensuring continued local access to preventive and primary-care services.

DIABETES

Strategy: Reduce the burden of diabetes and improve the quality of life for people with diabetes or who are at risk for diabetes.

Implementation Highlights:

- Launched a Diabetes Education & Support Program
- Expanded wound-care services, including hyperbaric therapy
- Developed standardized Diabetes Clinical Pathways for providers
- Deployed Community Health Workers to support patient navigation

Progress:

- Education and support: hired a certified diabetes educator and opened a dedicated outpatient clinic offering group classes and one-on-one coaching
- Wound care expansion: installed a third hyperbaric chamber, increasing capacity for advanced wound treatment and reducing referral wait times
- Clinical pathways: implemented evidence-based care algorithms across primary-care and specialty clinics, ensuring consistent assessment, treatment and follow-up for diabetic patients
- Community outreach: community health workers now assist patients with appointment scheduling, resource referrals and ongoing self-management support, improving engagement and adherence

HEART DISEASE

Strategy: Improve cardiovascular health and reduce deaths from heart disease.

Implementation Highlights:

- Achieved Chest Pain Center Certification
- Expanded availability of automated external defibrillators (AEDs) throughout the hospital
- Opened a dedicated cardiology clinic
- Established a specialized cardiac testing center
- Offered free CPR training to nonprofit organizations and the broader community

Progress:

- Bariatric program impact: Our bariatric surgery program secured certification in 2024, helping to lower obesity — and thus heart-disease — risk among eligible patients.
- Service expansion: In 2022, we launched both a new cardiology clinic and an on-site cardiac testing center, streamlining access to diagnostic and specialist care.
- Community training: Free CPR classes are regularly hosted on campus for local nonprofits and residents, enhancing bystander response capacity.
- AED accessibility: Three additional AED units have been installed in high-traffic public areas of the hospital, improving rapid-response readiness.

CANCER

Strategy: Reduce the number of new cancer cases and cancer-related illness, disability and death.

Implementation Highlights:

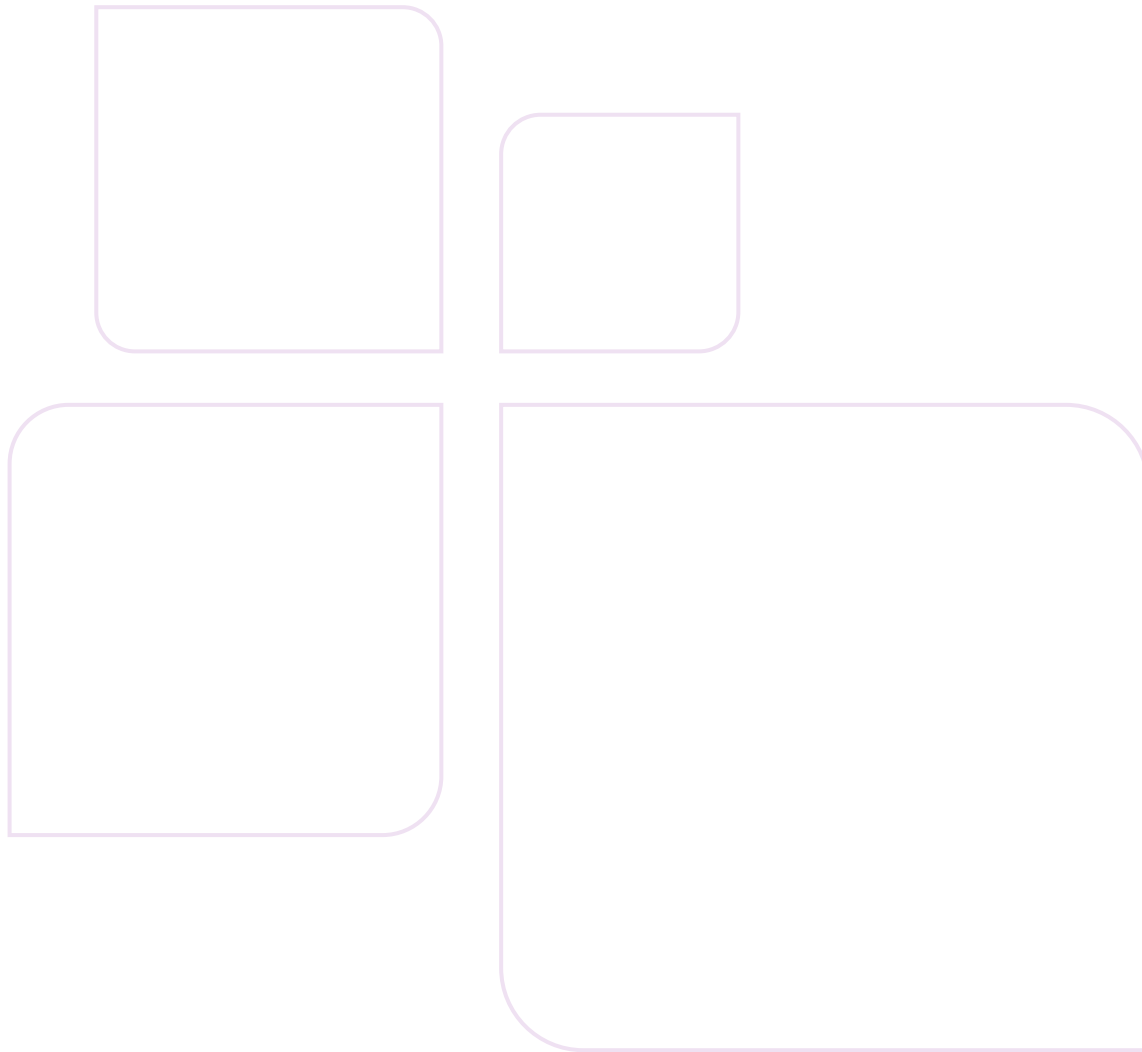
- Installed a state-of-the-art linear accelerator
- Recruited a full-time radiation oncologist
- Expanded and renovated the cancer center's infusion unit and clinic
- Established a dedicated nurse navigator role
- Partnered with Ruidoso Shuttle to provide patient transportation

Progress:

- Local radiation therapy: A new linear accelerator was acquired in 2024, eliminating the need for patient transfers and ensuring timely, on-site treatment.
- Specialist access: Onboarding of a radiation oncologist in 2024 allows patients to receive expert care close to home.
- Facility enhancements: The Cancer Center's infusion unit added two private treatment rooms, and the clinic underwent renovation to accommodate increased patient volume and privacy needs.
- Care coordination: The nurse navigator role supports patients with appointment scheduling, treatment education and connections to support services.
- Transportation support: Through our contract with Ruidoso Shuttle, patients have reliable, no-cost transportation to and from all cancer-related appointments.

Chapter 5: CHNA Process





Data Collection Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on the health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step.

To ensure a full picture of community health needs, CHRISTUS Health collected both quantitative and qualitative data from a variety of sources, engaging key stakeholders including residents, health care providers, local leaders and nonprofit organizations. This process emphasized the importance of listening to those who live and work in the community—individuals with deep insight into the social, economic and environmental conditions that impact health.

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community survey**
Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community indicator workgroups**
Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data dictionary work sessions**
Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community focus groups**
Brought together diverse voices to contextualize the data and validate findings through lived experience

This multi-step, mixed-methods approach was designed to ensure the CHNA was community-informed, data-driven and aligned with local health priorities. Together, the findings serve as a powerful foundation for the development of targeted implementation strategies that reflect the voices and experiences of the people CHRISTUS Health is called to serve.

Below includes more information on the data collection methods and a summary of the participants involved in the process:

Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected in collaboration with Metopio, an advanced analytics platform that aggregates and visualizes data from reputable state, regional and national sources. Metopio partners closely with CHRISTUS Southern New Mexico Health System to deliver comprehensive and accurate health-related data.

Key data sources integrated by Metopio include:

- Bureau of Vital Records and Health Statistics (BVRHS)
- Youth Risk and Resiliency Surveys (YRRS)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)

To further enrich our understanding of community health indicators, supplementary data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Department of Housing and Urban Development (HUD)
- Central repositories from statewide law enforcement agencies
- National Health and Nutrition Examination Survey (NHANES)

This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

Qualitative Data Collection

Qualitative data were gathered to provide context and deeper insight into the quantitative findings. These qualitative insights illuminate the root causes behind the statistics by drawing upon the lived experiences, knowledge and expertise of community members. Participants shared firsthand stories of how these issues impact their own lives or those they serve within our community.

The qualitative data collection process focused intentionally on those who know the community best — residents, direct service providers and influential community leaders. Their perspectives deepen our understanding of the social, economic and environmental conditions that shape health outcomes, enriching the narrative behind the quantitative data.

Below is a description of each qualitative data collection method, along with the sources used to capture these valuable community perspectives.

Community Survey

198
Survey
Respondents

As part of the 2026–2028 CHNA, CHRISTUS Health and Metopio created a community survey to hear directly from Associates, patients and residents about the social and health-related challenges they face.

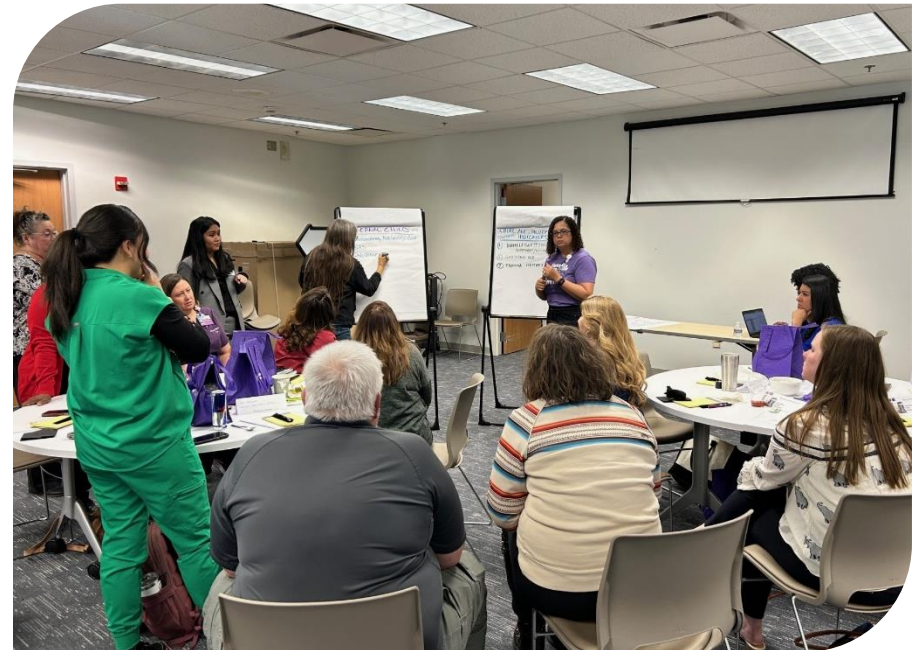
The survey was offered online and on paper, in English, Spanish, Vietnamese and Marshallese, to reach as many people as possible. It included questions aligned with clinical social needs screening tools — covering issues like food, housing, transportation and the ability to pay for care. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across diverse communities. These insights help shape a more inclusive implementation plan that reflects both the data and the voices of the people we serve.

Community Indicator Workgroups

44
Participants

The community indicator workgroups brought together residents, local leaders and partners to define what good health looks like at every life stage — from early childhood to older adulthood.

Participants discussed the signs, or indicators, that show whether communities are meeting those health goals. Together, they selected the most important indicators by asking: Can we trust the data? Is it easy to understand and talk about? And does it represent something bigger? The indicators that stood out became the top priorities and will guide our focus for the next three years on improving health where it matters most.



Data Dictionary Work Sessions

5

Participants

The data dictionary work sessions were a key part of the CHNA process, where community members and stakeholders came together to make sure each health measure was clear, meaningful and easy to understand. For every leading indicator identified, participants reviewed both simple and technical definitions, along with graphs and charts, to ensure the data made sense and reflected community priorities. These sessions helped confirm that the data we use is not only accurate but also truly represents the issues that matter most to the people we serve— laying the groundwork for deeper conversations in the focus groups that followed.

Community Focus Groups

22

Participants

To better understand local health needs, CHRISTUS Health held community focus groups with people from all walks of life — case managers, students, church members, front-line staff and residents. These sessions took place at familiar community gatherings, with language interpretation available if needed, to make participation easier and more inclusive. Using data from earlier work sessions as a starting point, participants shared how health issues show up in their lives and communities. Their stories added depth and context to the numbers, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward.



Participants

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS			
- Otero County Health Council - Alamogordo Police Department 100% Otero 12th Judicial District Court - Adult Protective Services	- CHRISTUS Southern New Mexico Community Health Workers - Mescalero Apache Fire Department - Alamogordo Public Schools	- Big Brothers Big Sisters - NM Department of Health - KIDS Advocacy Center - CSNM Behavioral Medicine - Holloman Air Force Base - Otero County Health Services	- Otero County Commission - Otero County Emergency Services - Sacramento Mountains Foundation - COPE - CHRISTUS Southern New Mexico Pediatrics and Maternal Health

DATA DICTIONARY WORK SESSION PARTICIPANTS			
Alamogordo Public Schools	CHRISTUS Southern New Mexico Pediatric Clinic	Otero County Department of Health	100% Otero

COMMUNITY FOCUS GROUPS			
- Otero County Health Council - COPE	- CHRISTUS Southern New Mexico Clinical Department Leaders - Community Leaders	- Department of Public Safety 100% Otero	- Otero County Commission - Alamogordo Public Schools

Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Southern New Mexico Health System organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. Community indicator workgroups — made up of residents, community leaders and partners — helped identify what good health looks like at each stage of life and what signs (or “indicators”) can help track our progress.

Using a Results-Based Accountability (RBA) approach, each potential indicator was carefully reviewed to ensure it was meaningful, measurable and reflective of the community’s priorities. The most important, or “leading,” indicators were selected based on their ability to clearly communicate needs, represent broader health concerns, and be backed by reliable data. These indicators will guide our efforts to improve health outcomes over the next three years.

This life stage approach ensures that the needs of people at every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs and partnerships with the goals of the community.



The following pages list all the indicators discussed during the CHNA process, representing a broad range of health concerns and community priorities identified across each life stage.

ALL INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
• Poverty • Cost and lack of child care • Domestic violence • Neonatal abstinence syndrome • Substance abuse by mothers • Healthy food • Homelessness/housing instability • Parental stress • Transportation • Teen parents • Generational non-intact families • Generational trauma • Limited resources for autism support • Social and emotional learning deficits post-COVID • Evaluation services • Isolation from family	• Homelessness • Poverty • Substance abuse • Social and emotional deficits due to financial instability of families • Mental health — excessive social media • Healthy food • Early interventions — drug use, education, criminal justice • Domestic violence • Non-intact families • Parenting skills • Vocational training • Financial stability • Access to diagnostic services • Transportation • Autism • Youth activities • Trauma	• Housing • Mental health • Substance abuse • Living wages • Access to inpatient behavioral health • Access to care • Transportation • Suicide • Chronic diseases (heart disease, liver diseases, diabetes, kidney disease) • Unsafe living conditions • Life skills education • Isolation (transportation) • No family support • Access to internet • Chronic pain • Arthritis • Pressure to help care for extended family	• Access to long-term care • Mental health (Alzheimer's and dementia) • Food insecurity • Caregiver burnout • Transportation • Access to health due to limited mobility • Fixed income • Home health availability • Suicide • Isolation • Access to financial support • Unsafe living conditions • No family support • Inadequate labor force • Access to internet • Digital literacy • No advanced directives • Access to MAID information

These are followed by a second table that highlights the leading indicators — the top priorities selected to guide targeted action during the 2026–2028 implementation plan.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
• Healthy births • Behavioral health • Substance abuse • Domestic violence • Poverty • Child care • Food insecurity	• Behavioral health ○ Mental health ○ Substance abuse • Poverty • Housing instability	• Access to care • Behavioral health ○ Mental health ○ Substance abuse ○ Suicide • Poverty • Housing instability	• Access to care ○ Long-term care • Behavioral health ○ Alzheimer's and dementia ○ Caregiver burnout • Inability to perform activities of daily living • Food insecurity

Data Needs and Limitations

For the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health and our partners worked extensively to collect, review and analyze both primary and secondary data. While this effort provided valuable insights, there are key data needs and limitations to consider:

Data Needs:

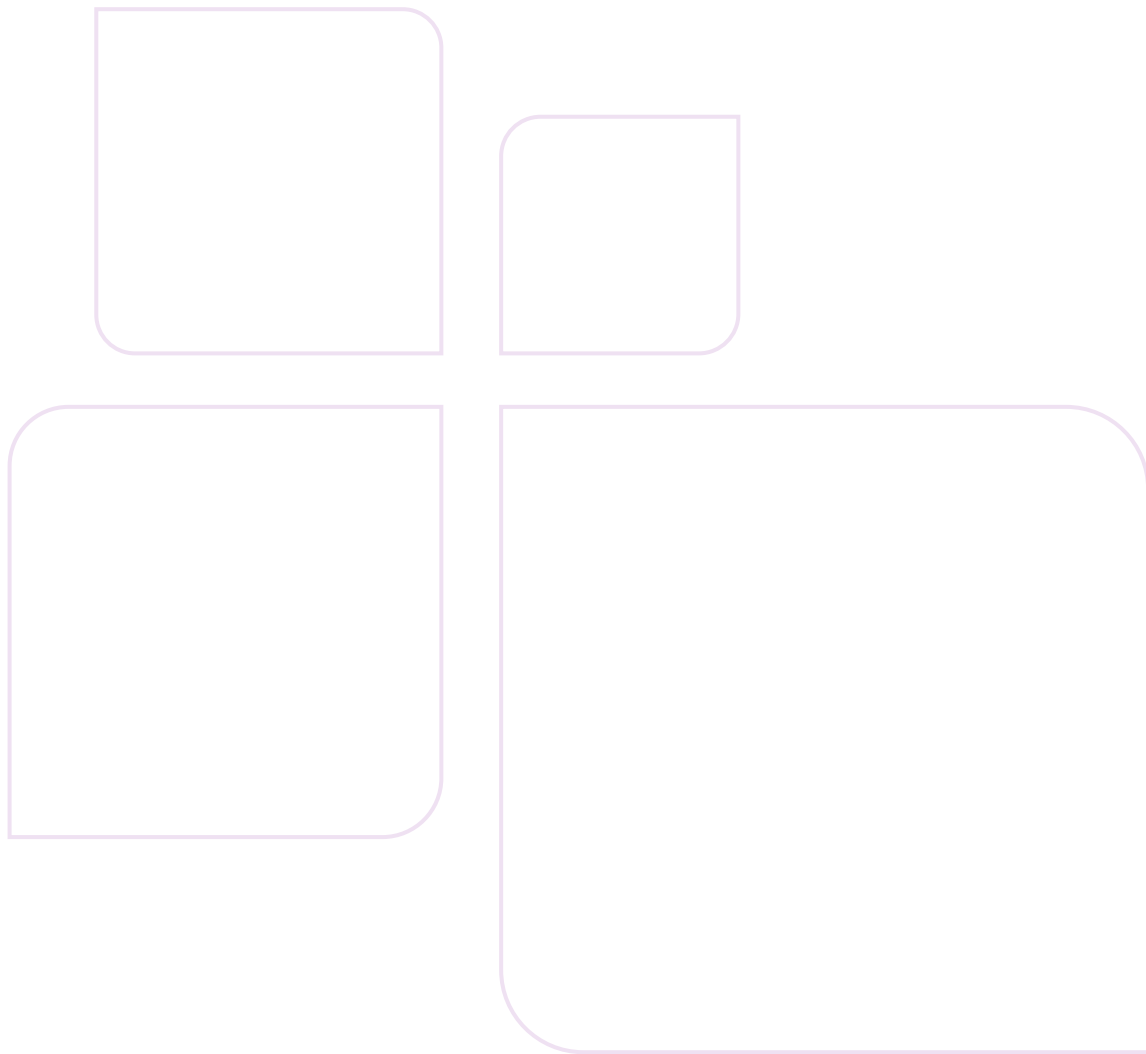
- A major need was obtaining up-to-date and localized data on health indicators, particularly social determinants of health (SDOH).
- Despite including community surveys, key informant interviews and focus groups, there remain gaps in data collection, especially regarding mental health, substance use and complex health issues.
- Granular data on underrepresented populations, such as specific age groups, immigrant communities and low-income residents, is needed to address health disparities.

Limitations:

- Timeliness of data: Population health data is often delayed, meaning the most recent trends may not be fully captured.
- Geographic variability: Data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.
- Data gaps in specific health issues: Issues like mental health, substance use and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.

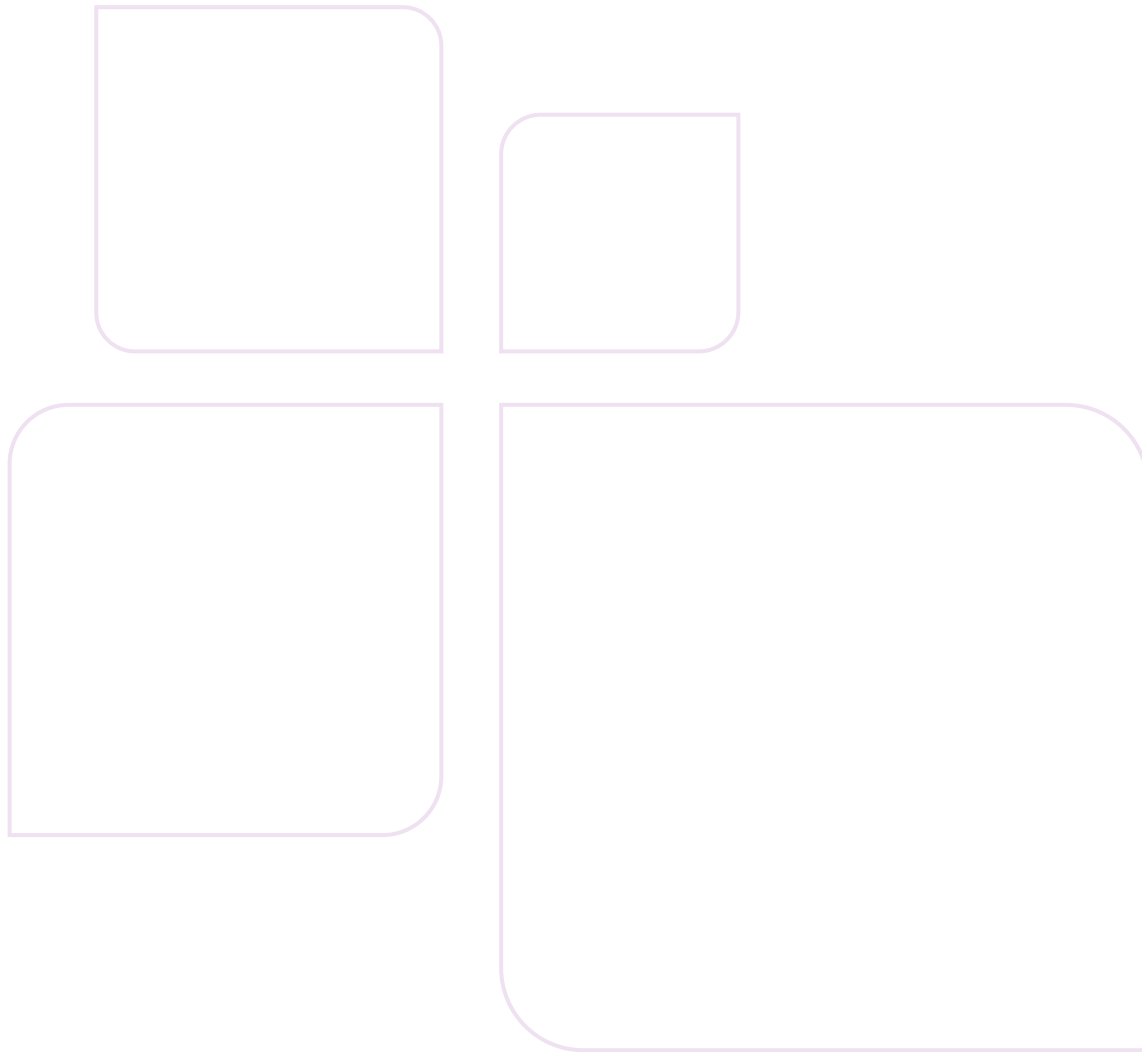
- Variations in data reporting: Inconsistent data availability across different regions and communities affects the comparability of datasets.

Despite these challenges, the data collected, along with insights from community focus groups and key informant interviews, offers a comprehensive understanding of health needs. Moving forward, CHRISTUS Health will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessments.



Chapter 6: CHNA Data





CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS Southern New Mexico Health System service area, offering a detailed portrait of the community's health status, assets and challenges. Drawing from both local and national data sources — including the U.S. Census, American Community Survey and Metopio — the findings explore a wide range of demographic, socioeconomic, environmental and health indicators. The chapter begins by examining who lives in the region and how factors such as age, race, gender, income and language influence access to care and overall well-being. It then delves into the broader social determinants of health — conditions in which people are born, grow, live, work and age — highlighting how housing, education, transportation and economic opportunity shape community outcomes.

Subsequent sections focus on health access, chronic disease, behavioral health, maternal and child health, infectious disease, substance use and health risk behaviors. Special attention is given to disparities that affect vulnerable populations, as well as barriers to care unique to the region, including provider shortages, insurance gaps and challenges to rural infrastructure. By examining these interconnected indicators, this chapter provides the foundation for identifying strategic priorities and guiding collective action to improve health equity across the CHRISTUS Southern New Mexico Health System service area.



Community Demographics

The communities served by CHRISTUS Southern New Mexico Health System exhibit unique demographic and socioeconomic characteristics compared to New Mexico and the United States overall.

Population growth in Otero County has been somewhat stronger than the state average, increasing by 6.34% between 2010 and 2020, compared to 2.83% statewide. However, the county's population density remains low (10.32 residents per square mile) compared to both the state (17.43) and the nation (93.99), reflecting its rural nature and wide geographic spread.

Birth rates in Otero County (46.44 births per 1,000 women ages 15–50) fall below both the state (51.82) and national (51.54) averages, which may point to broader demographic shifts or access-to-care factors within the community.

Poverty remains a significant challenge in the region. Otero County's overall poverty rate (20.81%) and its rate among children ages 0–4 (26.86%) are notably higher than the national averages (12.46% and 16.82%, respectively), though slightly lower than New Mexico's youngest-child poverty rate (27.06%).

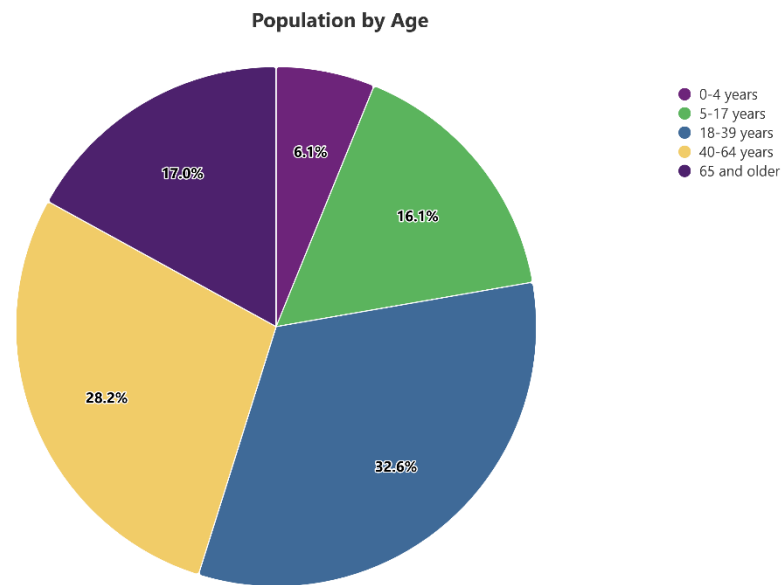
Mortality rates in Otero County are also a concern, with an all-cause mortality rate of 971.9 deaths per 100,000 residents, exceeding both the state (836.6) and national (750.5) rates. These disparities highlight ongoing health challenges and reinforce the need for focused community health strategies aimed at prevention, early intervention and improved access to care.

Topic	United States	New Mexico	Otero County, NM
Population <i>residents</i> 2023	333,914,896	2,114,371	68,835
Population density <i>residents/mi^2</i> 2019-2023	93.99	17.43	10.32
Change in population <i>% change</i> 2010-2020	7.13	2.83	6.34

Topic	United States	New Mexico	Otero County, NM
Land area <i>square miles</i> 2020	3,536,462.450	121,312.743	6,612.562
Birth rate <i>births per 1,000 women ages 15-50</i> Female, 2023	51.54	51.84	46.44 Data is showing for 2019-2023.
Mortality rate, all causes <i>deaths per 100,000</i> 2023	750.5	836.6	971.9
Occupied <i>% of housing units</i> 2023	90.37	88.73	76.86
Poverty rate <i>% of residents</i> 2023	12.46	17.77	20.81
Poverty rate <i>% of residents</i> 0-4 years, 2023	16.82	27.06	26.86
Poverty rate <i>% of residents</i> 5-17 years, 2023	15.72	24.73	41.63

Age

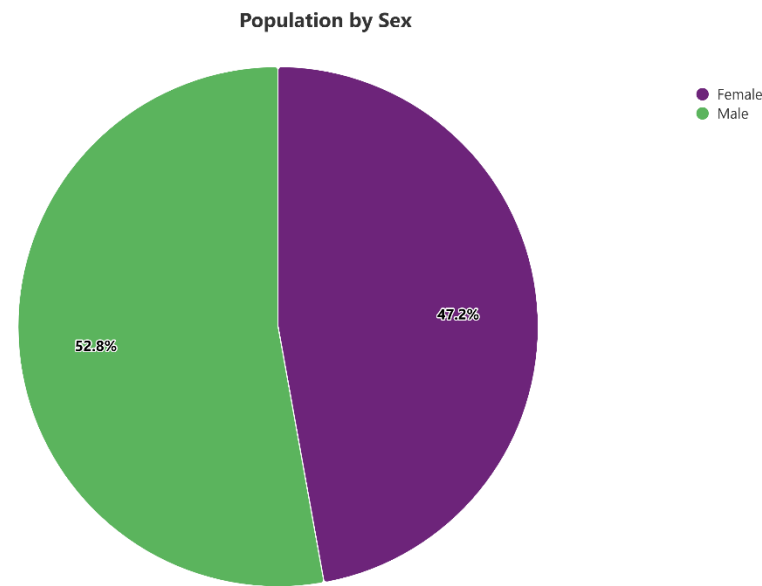
The population of the CHRISTUS Southern New Mexico service area is divided into several age groups. The largest group is individuals aged 18-39, numbering 22,095. This is followed by those aged 40-64, with 19,105 individuals. The smallest group is children aged 0-4, with 4,168 individuals.



Created on Metopio | metopio.io/ricnv7af | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex

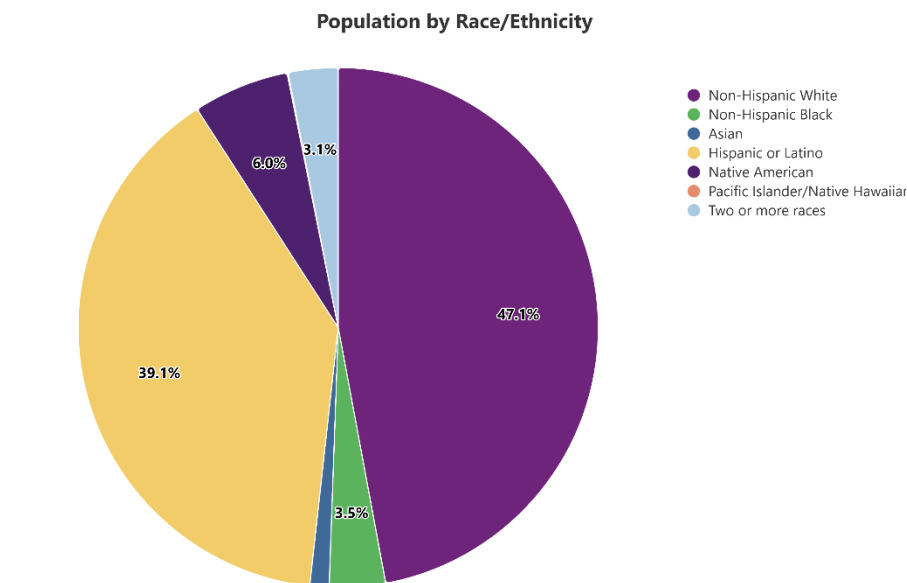
The data pertains to the population distribution in the CHRISTUS Southern New Mexico service area. The population is divided into 32,004 females and 35,846 males. This indicates a slightly higher male population in the area. The data provides insights into the demographic composition of the region, which can be useful for various planning and resource allocation purposes.



Created on Metopio | metopio.io/kkbe85ur | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

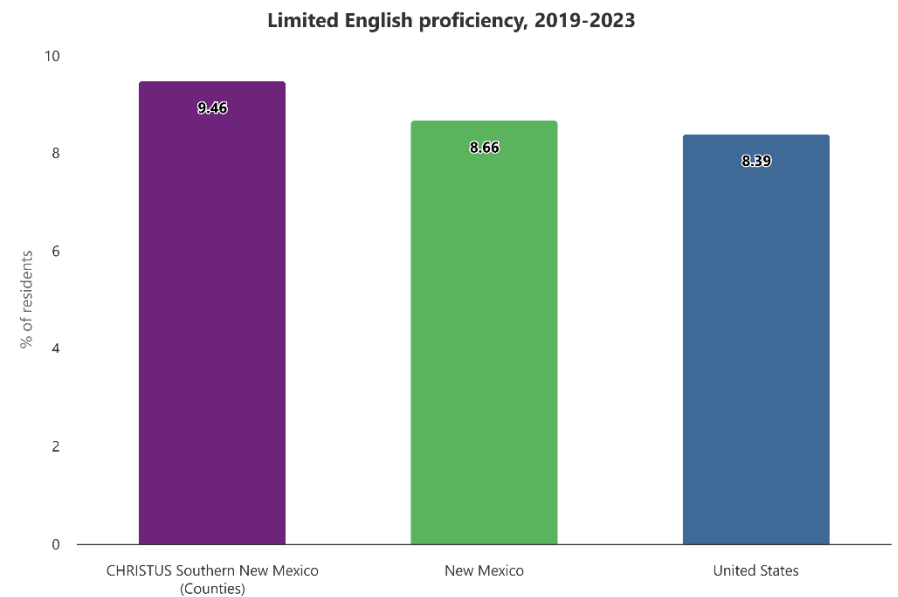
The data represents the population distribution across different racial and ethnic groups in the CHRISTUS Southern New Mexico service area. The largest group is Non-Hispanic White, with 31,813 individuals, followed by Hispanic or Latino, with 26,433 individuals. The smallest group is Pacific Islander/Native Hawaiian. This distribution highlights the diverse demographic makeup of the region.



Created on Metopio | metop.io/v/612d1nb6 | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Limited English Proficiency

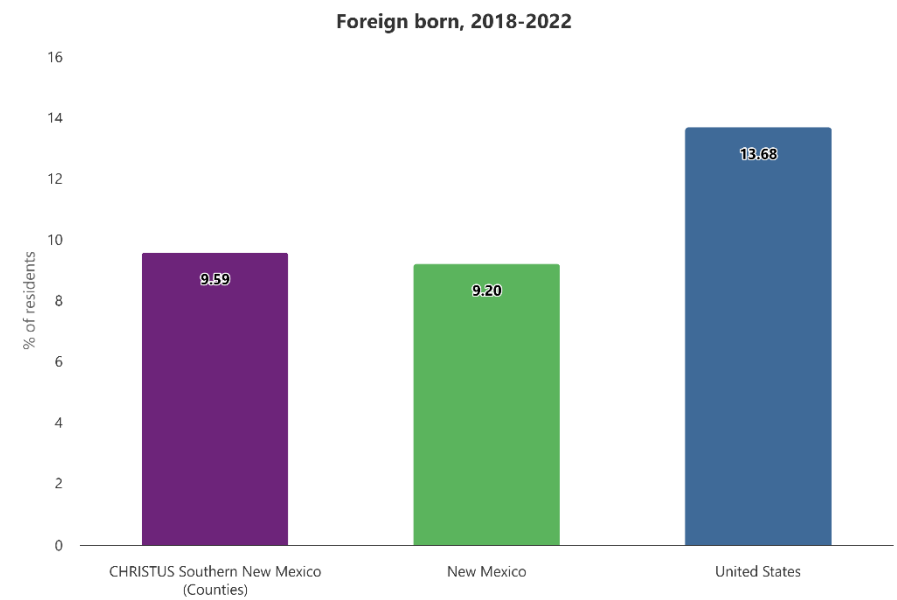
Limited English proficiency is a significant issue in the United States, with a national average of 8.39%. In New Mexico, the rate is slightly higher at 8.66%. The highest rate is found in the counties served by CHRISTUS Southern New Mexico, at 9.46%. This indicates a need for targeted language support services in these areas.



Created on Metopio | metop.io/v/dsz32hmf | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B16004)
Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

Foreign Born Population

The percentage of foreign-born individuals in the CHRISTUS Southern New Mexico service area is 9.59%, slightly higher than the state average of 9.2%. However, both figures are significantly lower than the national average of 13.68%. This indicates a lower proportion of foreign-born residents in these specific counties compared to the rest of the United States.



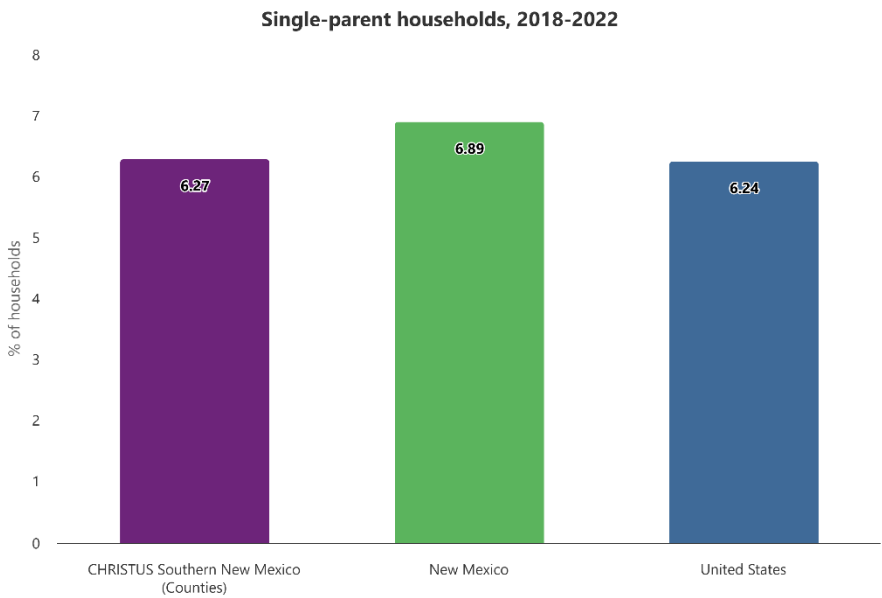
Created on Metopio | metopio/f/qnpg7o39 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

Foreign born: Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

Household and Family Structure

Single-Parent Households

Single-parent households are prevalent in various regions, with notable figures in the CHRISTUS Southern New Mexico service area, New Mexico and the United States as a whole. In the CHRISTUS Southern New Mexico service area, single-parent households account for 6.27% of all households, slightly above the national average of 6.24%. New Mexico has a higher rate at 6.89%, indicating a greater prevalence of single-parent households in this state compared to the national average.

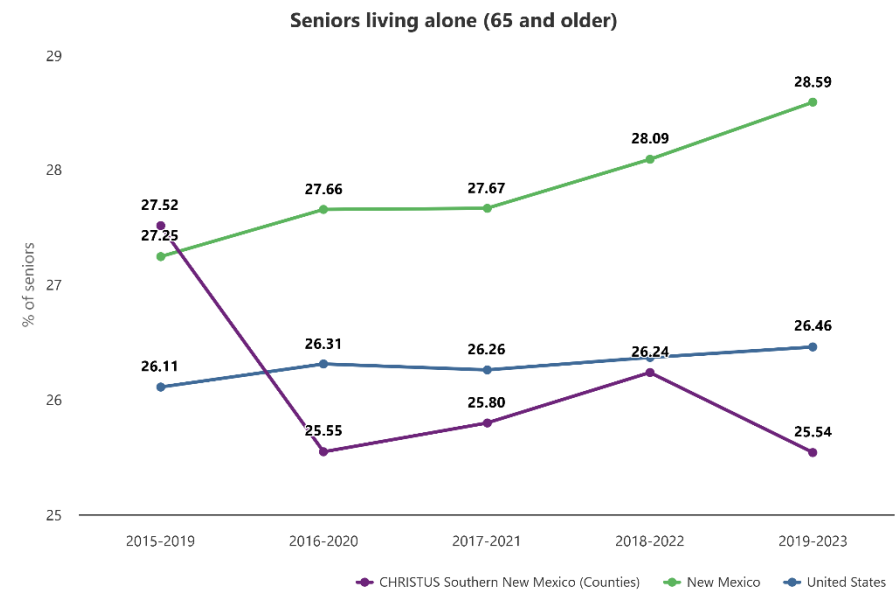


Created on Metopio | metop.io/i/m45p1hje | Data source: U.S. Census Bureau; American Community Survey (ACS) (Table B11012)

Single-parent households: Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Seniors Living Alone

Seniors living alone in the CHRISTUS Southern New Mexico service area have shown a slight decrease from 27.52% in 2015-2019 to 25.54% in 2019-2023. In contrast, the state of New Mexico has seen an increase in this rate, rising from 27.25% to 28.59% over the same period. Nationwide, the percentage of seniors living alone has remained relatively stable, fluctuating between 26.11% and 26.46%.



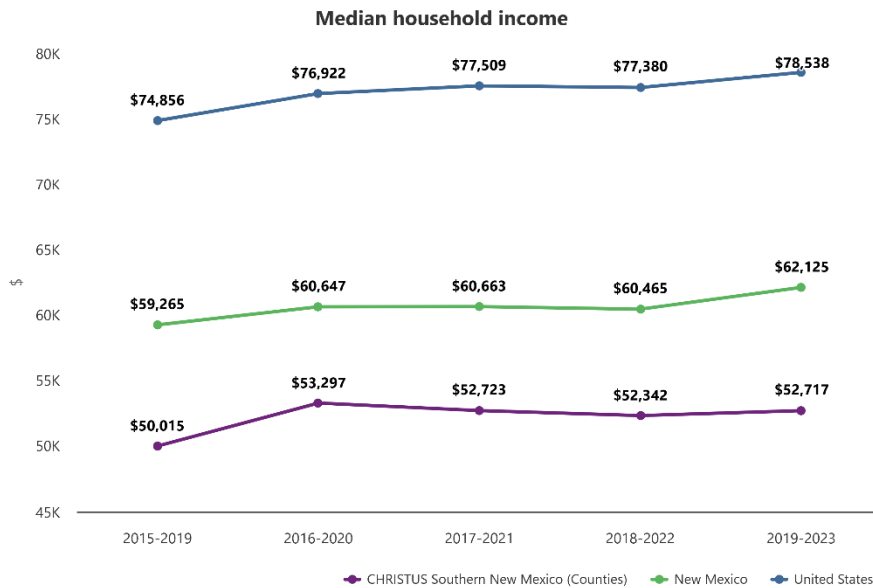
Created on Metopio | metop.io/i/zo2ivhm2 | Data source: U.S. Census Bureau; American Community Survey (ACS) (Table B09020)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Economics

Median Household Income

The median household income in the CHRISTUS Southern New Mexico service area is consistently lower than both the state of New Mexico and the United States as a whole. Over the period from 2015-2019 to 2019-2023, the median household income in this region has remained relatively stable, with a slight increase in 2019-2023. However, it has not kept pace with the increases seen in New Mexico and the United States.

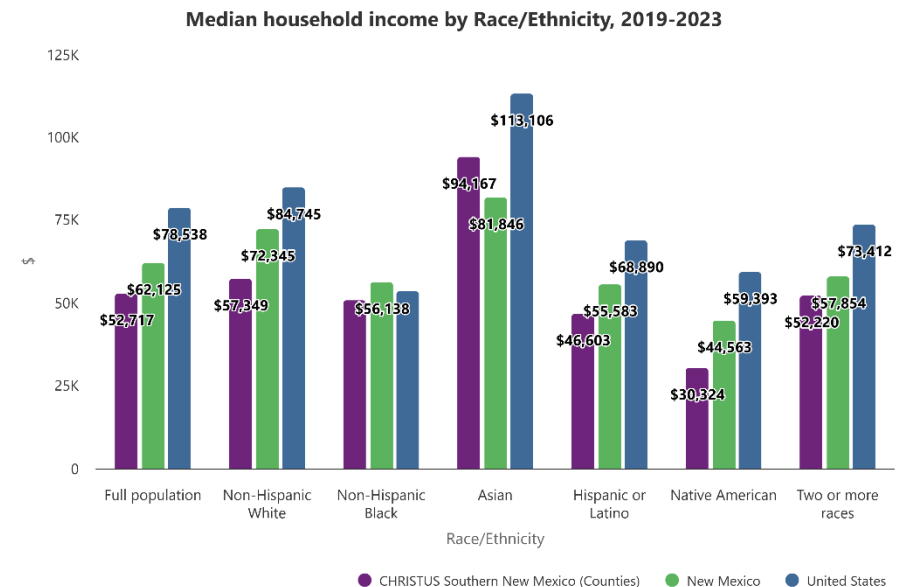


Created on Metopio | metopio.io/v/gxmw7s82 | Data source: U.S. Census Bureau; American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median Household Income by Race and Ethnicity

The median household income in the CHRISTUS Southern New Mexico service area is significantly lower than the national average across all racial and ethnic groups. The highest median household income in the CHRISTUS Southern New Mexico service area is among Asians, at \$94,167, which is still below the national average for this group. Native American households have the lowest median income in the region, at \$30,324, compared to \$68,890 nationally. Overall, the data highlights substantial income disparities both within the region and compared to the broader United States.

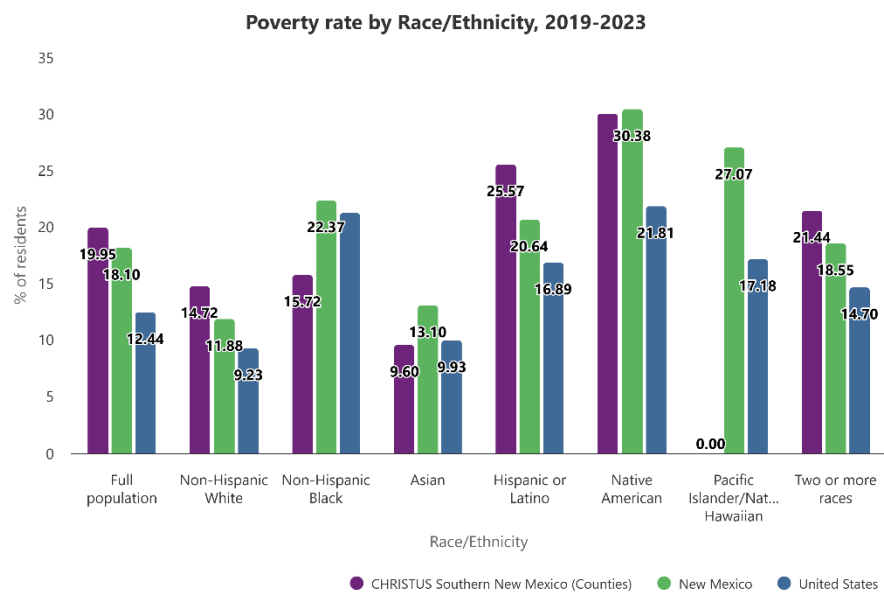


Created on Metopio | metopio.io/v/s7e9ot3e | Data source: U.S. Census Bureau; American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate by Race and Ethnicity

The poverty rate in the CHRISTUS Southern New Mexico service area is significantly higher than both the state of New Mexico and the United States. The poverty rate for Non-Hispanic Whites in this region is also higher than the state and national averages. However, the poverty rates for Hispanic or Latino and two or more races populations in the CHRISTUS Southern New Mexico service area are notably higher than both the state and national averages, indicating a significant disparity in this region.



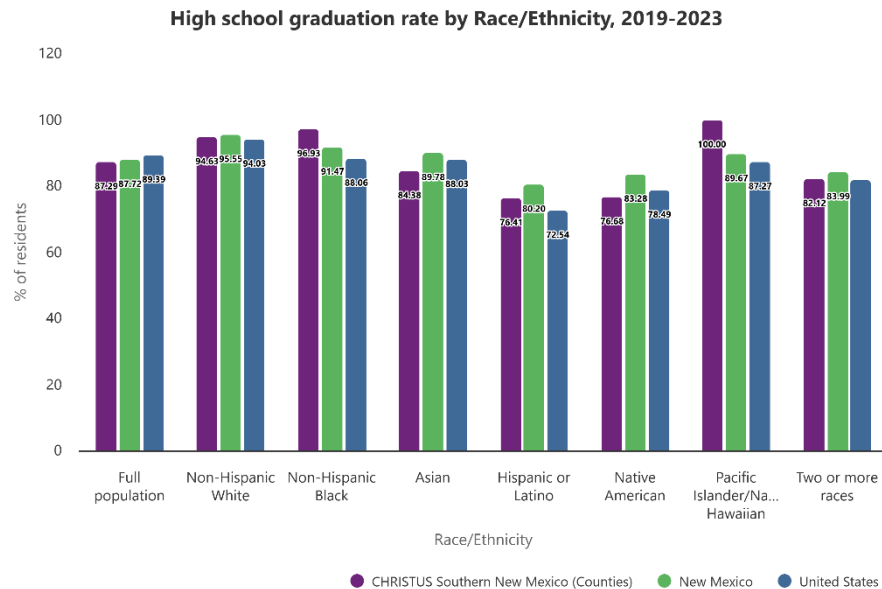
Created on Metopio | metopio.io/i/ra4ttgs9 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Education

High School Graduation Rate by Race and Ethnicity

The high school graduation rate in the United States is 89.39%, with New Mexico slightly below at 87.72% and the CHRISTUS Southern New Mexico service area at 87.29%. Non-Hispanic Black students in the CHRISTUS Southern New Mexico service area have a notably high graduation rate of 96.93%, compared to 91.47% in New Mexico and 88.06% nationally. Hispanic or Latino students in the United States have a graduation rate of 72.54%, lower than New Mexico's 80.2% and the CHRISTUS Southern New Mexico service area's 76.41%.

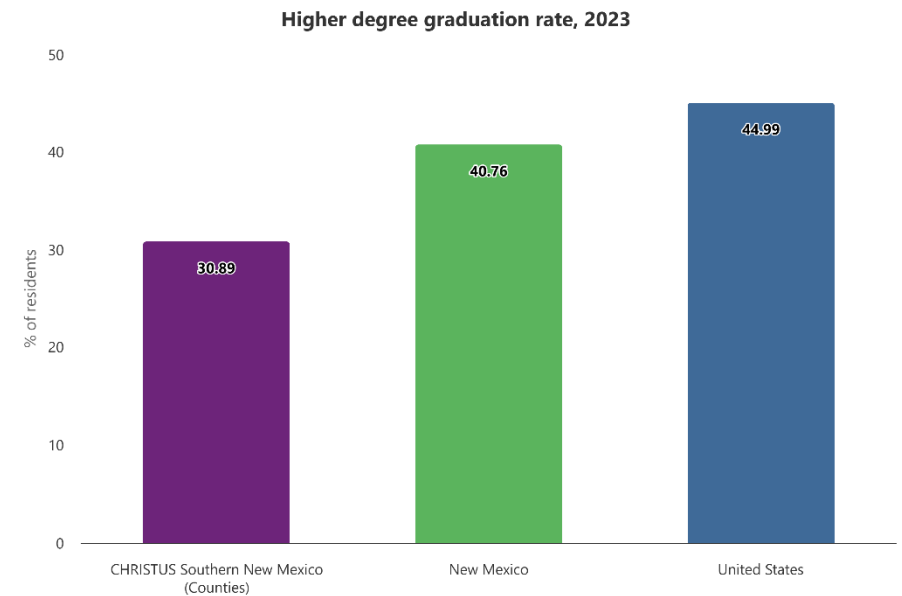


Created on Metopio | metopio.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree, including GED and any higher education

Higher Degree Graduation Rate

The higher degree graduation rate in the United States is 44.99%. In New Mexico, the rate is lower at 40.76%, and even lower in the CHRISTUS Southern New Mexico service area at 30.89%. This indicates a significant disparity in educational attainment across different regions.



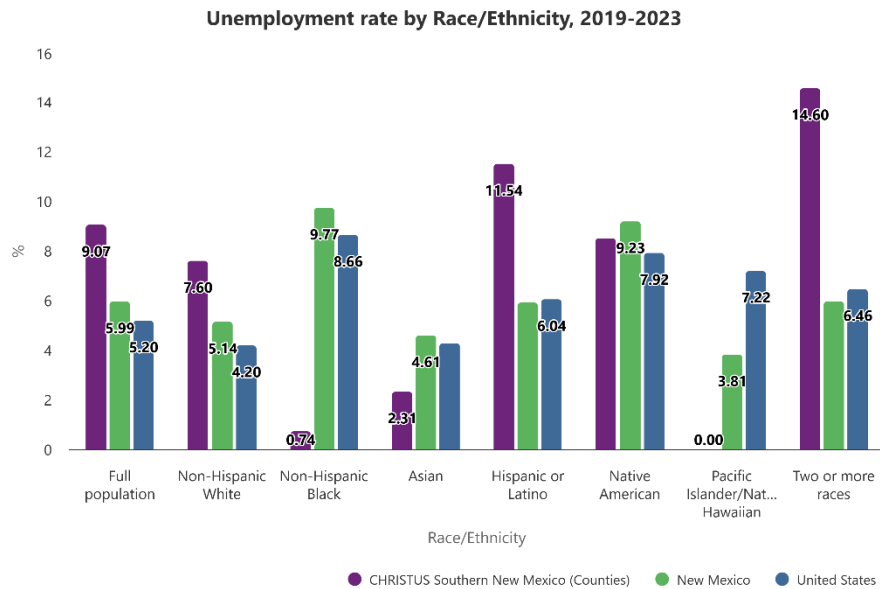
Created on Metopio | metopio.io/rnw6ezis | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Employment

Unemployment Rate by Race and Ethnicity

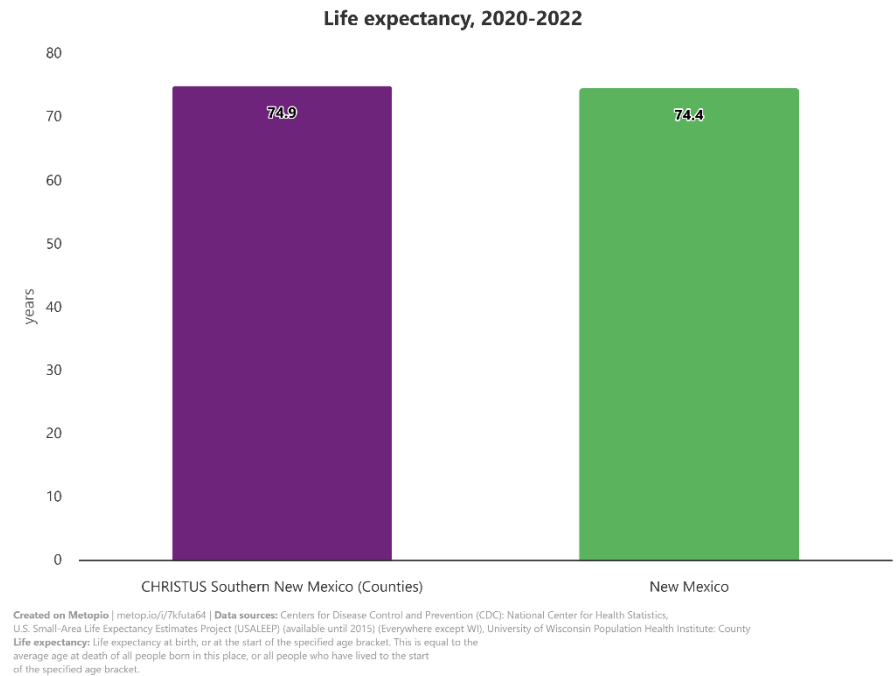
The unemployment rate the CHRISTUS Southern New Mexico service area is significantly higher than the state and national averages across most racial and ethnic groups. Hispanic or Latino individuals in this region face an unemployment rate of 11.54%, compared to 5.91% in New Mexico and 6.04% nationally. Two or more races individuals also experience higher unemployment rates in this area compared to the state and national averages.



Created on Metopio | metopio.io/f/bpye1muw | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Life Expectancy

Life expectancy in the counties served by CHRISTUS Southern New Mexico is 74.86 years, which is slightly higher than the state average of 74.41 years. This indicates that residents in these counties have a marginally longer life expectancy compared to the rest of New Mexico. The data suggests that health care services provided by CHRISTUS Southern New Mexico may be contributing to this slight advantage in life expectancy.



Health Access and Barriers to Care

CHRISTUS Southern New Mexico Health System serves a geographically diverse region that includes Las Cruces, Sunland Park, Anthony, Chaparral and the surrounding rural areas of Doña Ana, Otero and Lincoln counties. The region is characterized by expansive rural terrain, a high concentration of immigrant and Hispanic populations and complex cross-border dynamics that shape health care access in unique ways. Despite vibrant community resilience, significant barriers to health equity persist.

Cross-Border and Mixed-Status Household Challenges

Located near the U.S.–Mexico border, many families in the region include undocumented or mixed-status members, which discourages residents from seeking care due to fear of legal repercussions or cost. Even when eligible, individuals may avoid enrolling in Medicaid or accessing safety-net programs out of mistrust or language barriers. These dynamics result in lower rates of preventive screenings, prenatal care and chronic disease management, particularly in communities like Sunland Park and Chaparral.

Colonias and Infrastructure Gaps

Many low-income families live in colonias — unincorporated settlements with inadequate infrastructure. In areas such as Vado, Berino and Mesquite:

- Limited access to clean water and sanitation contributes to higher rates of gastrointestinal illness, skin infections and vector-borne diseases.

- Unpaved roads and poor lighting hinder ambulance response times and safe access to care, especially at night or during adverse weather conditions.
- Lack of street addresses or internet in these communities complicates telehealth implementation, patient follow-ups and prescription deliveries.

High Rates of Uninsurance and Workforce Instability

Despite Medicaid expansion in New Mexico, many residents remain uninsured or underinsured due to intermittent employment in agriculture, hospitality and construction. The region's heavy reliance on seasonal and part-time work contributes to a cycle of coverage gaps and fragmented care. This is particularly evident in communities such as Anthony and rural parts of Otero County.

Behavioral Health and Substance Use Needs

Behavioral health is one of the most pressing unmet needs in southern New Mexico:

- Severe provider shortages in psychiatry, substance use counseling and crisis stabilization services exist across the region. In Lincoln and Otero counties, residents may need to wait weeks or travel hours to access care.
- Increased rates of depression, anxiety and substance use have been reported following the COVID-19 pandemic and ongoing economic stressors.

- Veterans and active-duty military families in the Alamogordo area face long wait times for mental health care, especially through the VA system.

Youth Health and Education Disparities

Communities served by CHRISTUS Southern New Mexico face significant challenges in child and adolescent health:

- Limited access to pediatric specialty care means many families must travel to Las Cruces or El Paso for asthma, developmental or behavioral health concerns.
- High teen pregnancy rates, particularly in Doña Ana and Lincoln counties, reflect gaps in access to reproductive health education, contraception and prenatal care.
- Adverse childhood experiences (ACEs) — including poverty, parental substance use and unstable housing — impact long-term mental and physical health outcomes.

Chronic Disease Burden and Nutrition Access

The region faces elevated rates of diabetes, hypertension and obesity, particularly in Hispanic and rural populations. Contributing factors include:

- Limited access to healthy, affordable food in colonias and small towns
- Lack of culturally tailored chronic disease education that accounts for language, dietary preferences and literacy levels
- Geographic isolation and cost create barriers to accessing routine check-ups, lab work and specialty referrals

Transportation and Geographic Isolation

Rural communities across Lincoln and Otero counties — such as Cloudcroft, Tularosa and La Luz — lack public transportation and are often an hour or more from specialty services in Las Cruces. For seniors and low-income families, this isolation results in delayed care, missed appointments and increased ER reliance.

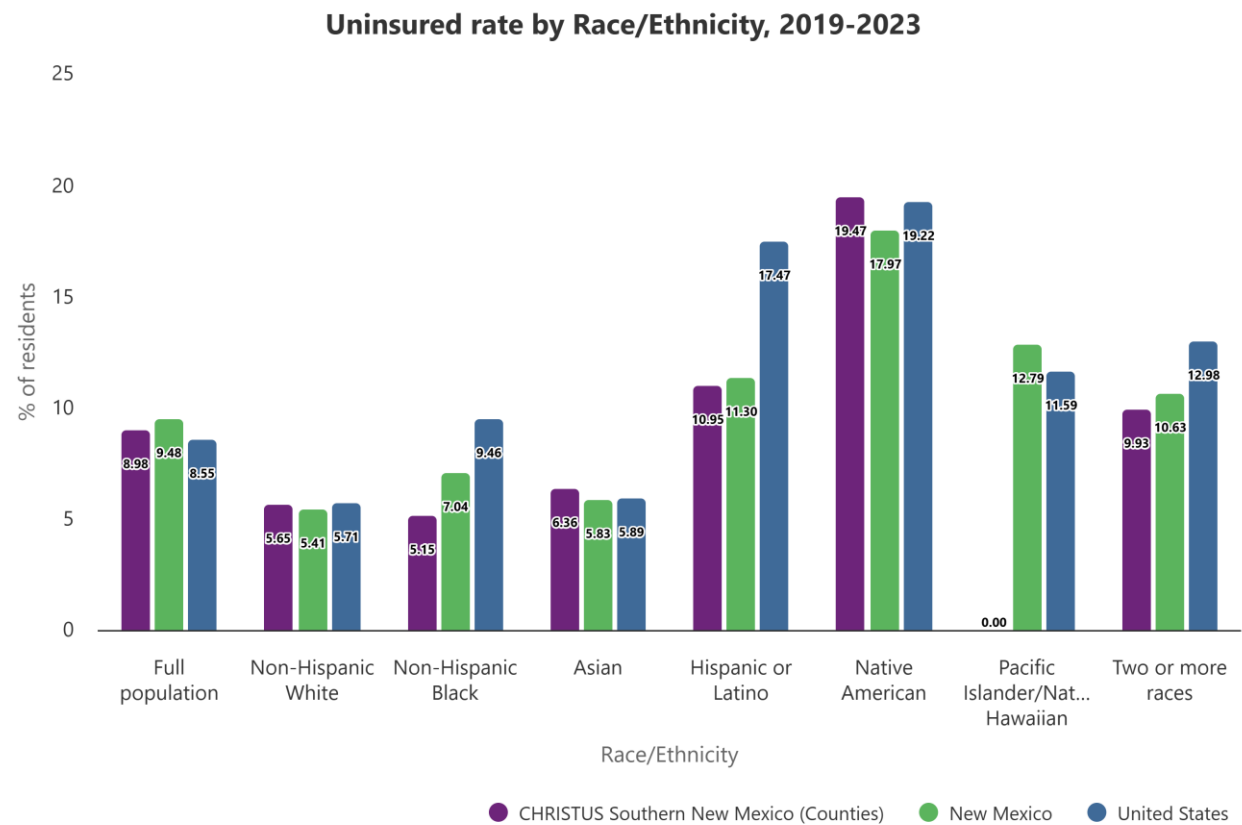
Human Trafficking and Border Violence

Interstate highways, desert crossings and labor exploitation along the border make this region vulnerable to human trafficking. Victims often present with untreated injuries, chronic infections and trauma-related mental health conditions, but may avoid care due to fear or lack of trust in institutions. Coordinated partnerships between hospitals, advocacy groups and law enforcement are essential to respond effectively.

Health Care Coverage

Uninsured Rate by Race and Ethnicity

The uninsured rate in the CHRISTUS Southern New Mexico service area is 8.98%, slightly lower than the state average of 9.48% but higher than the national average of 8.55%. The uninsured rate for Hispanic or Latino individuals is notably lower at 10.95%, compared to the state's 11.3% and the nation's 17.47%. Native Americans have the highest uninsured rate at 19.47%, significantly above the state's 17.97% and the nation's 19.22%. Overall, the data indicates disparities in uninsured rates across different racial and ethnic groups.

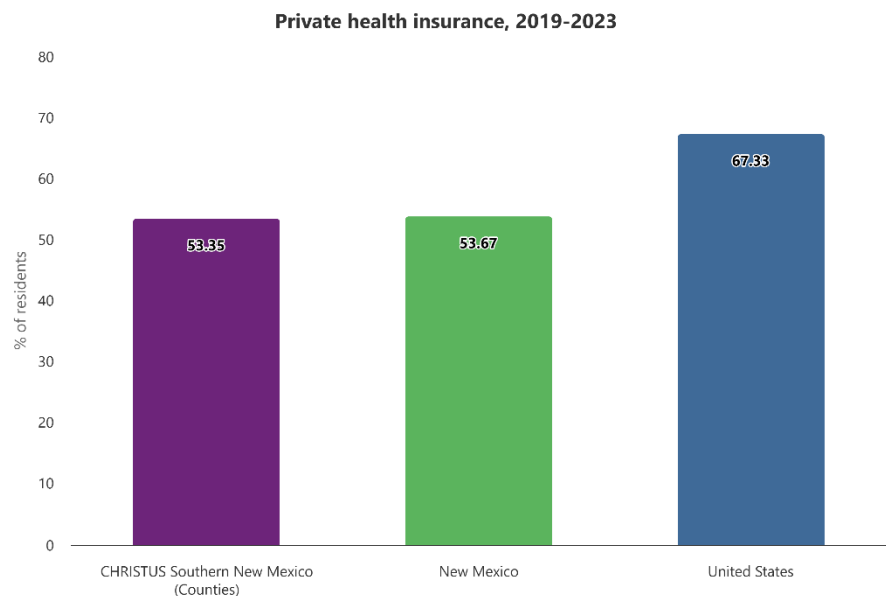


Created on Metopio | metopio.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Private Health Insurance

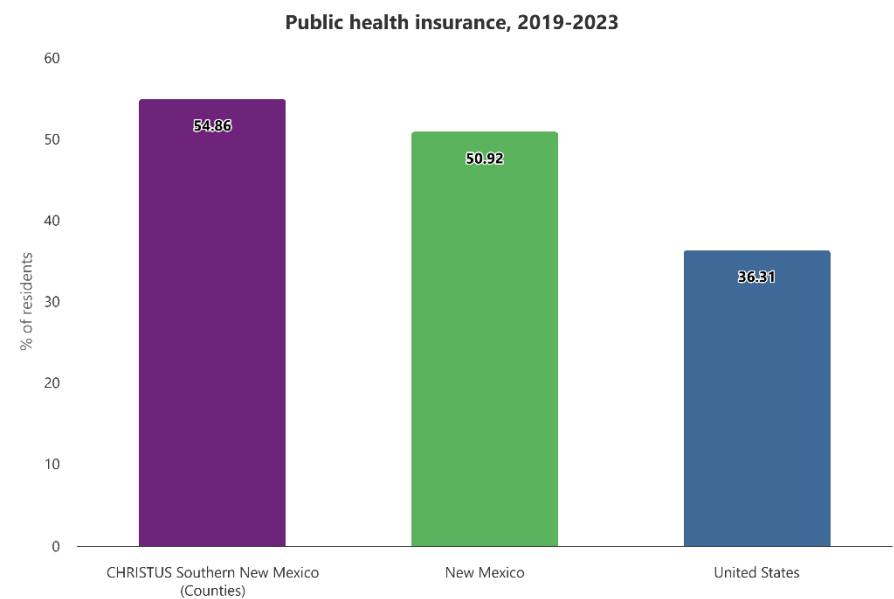
Private health insurance coverage in the United States is significantly higher than in New Mexico. The CHRISTUS Southern New Mexico service area has a slightly lower coverage rate than the state average. The national average for private health insurance coverage is 67.33%, while in New Mexico it is 53.67% and in CHRISTUS Southern New Mexico counties it is 53.35%.



Created on Metopio | metopio.io/r2o4qx4u | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or Tricare.

Public Health Insurance

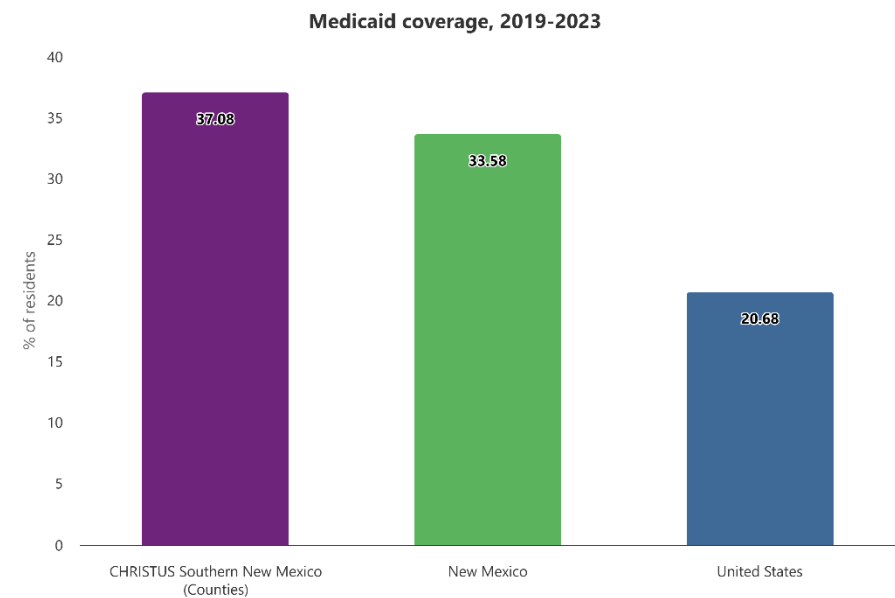
Public health insurance coverage varies significantly across different regions. In the counties served by CHRISTUS Southern New Mexico, 54.86% of the population is covered. This is higher than the overall coverage in New Mexico, which stands at 50.92%, and notably higher than the national average of 36.31%.



Created on Metopio | metopio.io/jogq82neu | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Medicaid Coverage

Medicaid coverage in the United States is significantly lower than in New Mexico, with a national average of 20.68% compared to New Mexico's 33.58%. Within New Mexico, the CHRISTUS Southern New Mexico service area an even higher Medicaid coverage rate of 37.08%. This indicates a notable regional disparity in health care coverage across the country.

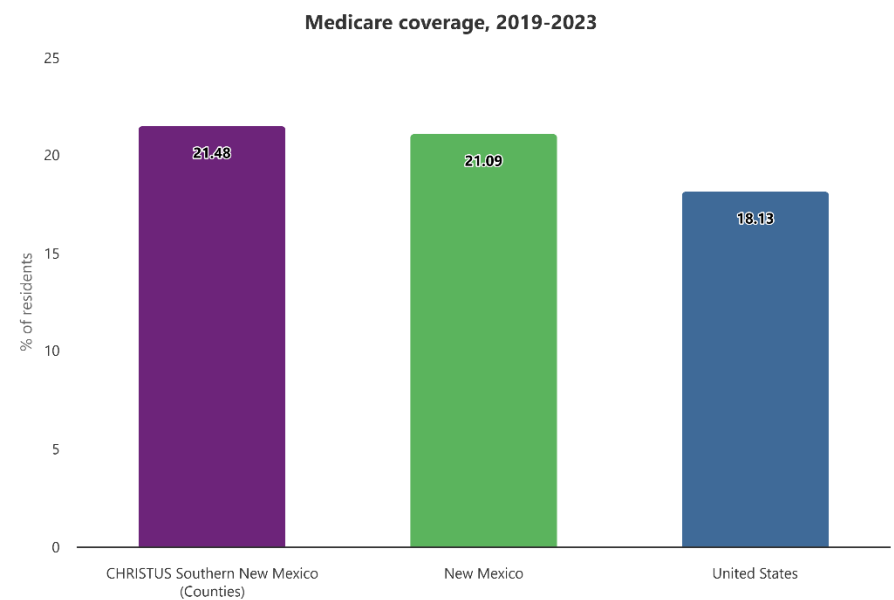


Created on Metopia | metopia.io/v/c3gwpzai | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicaid coverage: Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Medicare Coverage

Medicare coverage in the United States is 18.13%. In New Mexico, the coverage is slightly higher at 21.09%. The highest coverage is found in the counties served by CHRISTUS Southern New Mexico, at 21.48%.



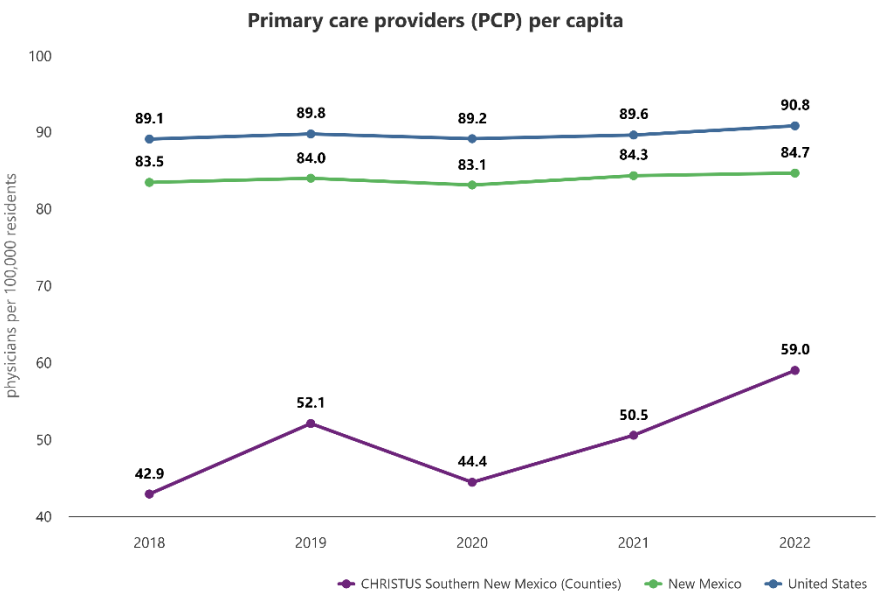
Created on Metopia | metopia.io/v/o4w233wy | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicare coverage: Percent of residents covered by Medicare, the federal health insurance system for seniors and some people with disabilities.

Access to Care

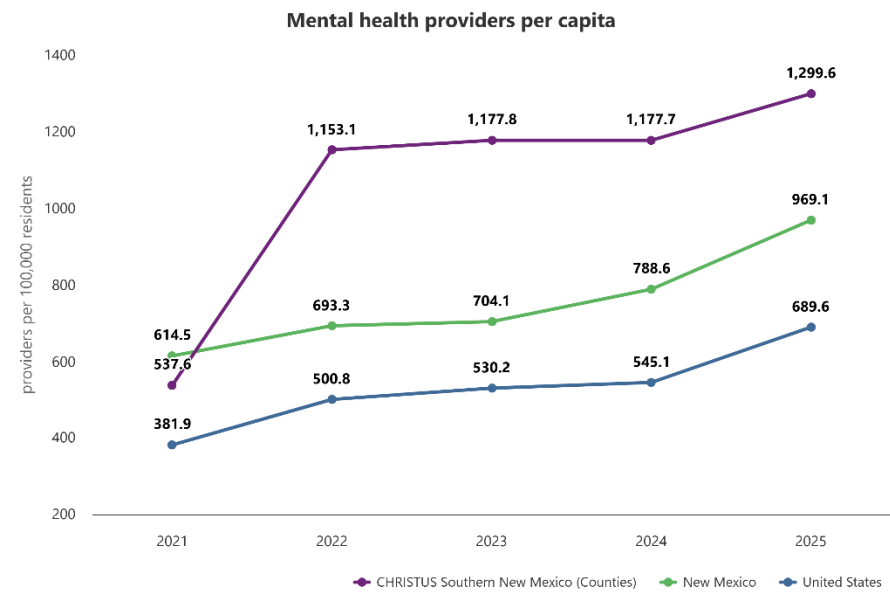
Primary Care Providers per Capita

The data shows the number of primary care providers (PCP) per capita for the CHRISTUS Southern New Mexico service area, New Mexico and the United States from 2018 to 2022. In 2018, the CHRISTUS Southern New Mexico service area had significantly fewer PCPs per capita compared to New Mexico and the United States, with 42.87 per capita versus 83.46 and 89.11, respectively. By 2022, the number of PCPs per capita in the CHRISTUS Southern New Mexico service area had increased to 58.96, closer to the state and national averages of 84.67 and 90.83, respectively.



Mental Health Providers per Capita

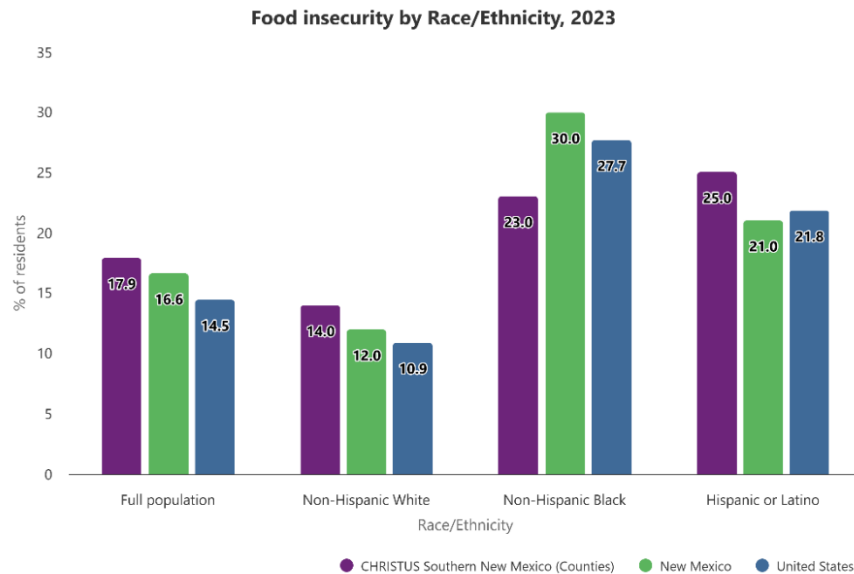
Mental health providers per capita in the CHRISTUS Southern New Mexico service area have shown a significant increase from 537.64 in 2021 to 1299.55 in 2025. This is much higher than the state of New Mexico, which saw an increase from 614.5 to 969.1 over the same period. The United States as a whole also experienced an increase, but it remained significantly lower than the CHRISTUS Southern New Mexico service area, rising from 381.91 in 2021 to 689.6 in 2025.



Nutrition

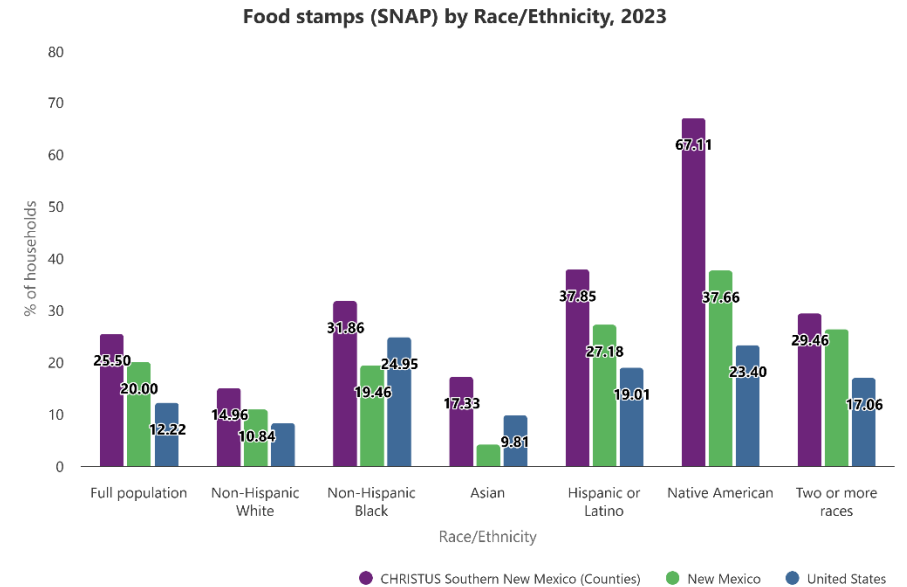
Food Insecurity by Race and Ethnicity

Food insecurity rates vary significantly across different racial and ethnic groups in the CHRISTUS Southern New Mexico service area, New Mexico and the United States. The Hispanic or Latino population experiences the highest rate of food insecurity at 25.0% in the CHRISTUS Southern New Mexico service area, compared to 21.0% in New Mexico and 21.8% in the United States. Non-Hispanic Black individuals also face high rates, with 23.0% in CHRISTUS Southern New Mexico, 30.0% in New Mexico and 27.67% in the United States. Overall, food insecurity rates in CHRISTUS Southern New Mexico and New Mexico are higher than the national average across all groups.



Food Stamps (SNAP) by Race and Ethnicity

The data indicates that food stamps (SNAP) usage varies significantly across different racial and ethnic groups in the CHRISTUS Southern New Mexico service area. Native American individuals have the highest SNAP usage rate at 67.11%, followed by Hispanic or Latino at 37.85%. These rates are higher than the overall SNAP usage rate in New Mexico (20.0%) and the United States (12.22%), reflecting greater economic challenges in this region.



Created on Metopio | metopio.io/ans5damb | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)
Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

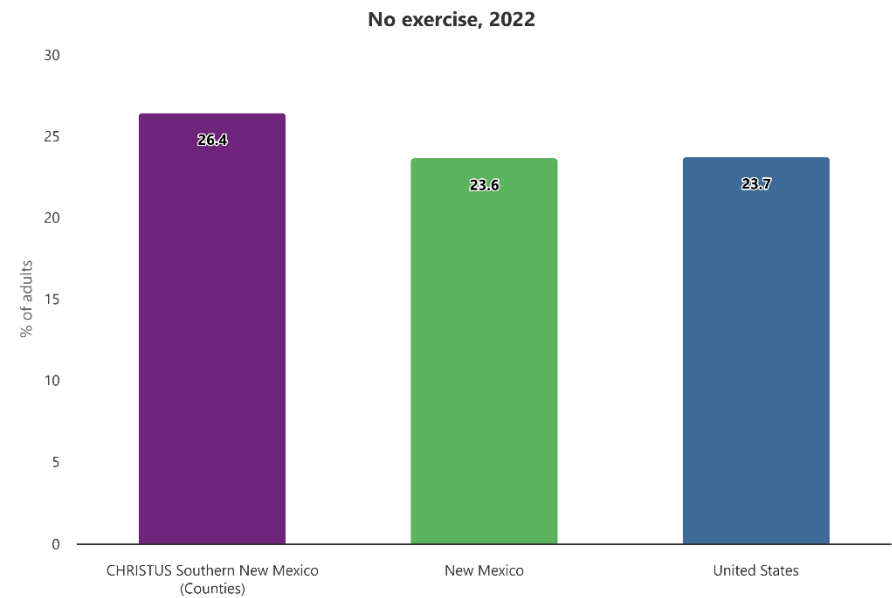
Created on Metopio | metopio.io/i127pc214 | Data source: Feeding America: Map the Meal Gap

Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Physical Activity

No Exercise

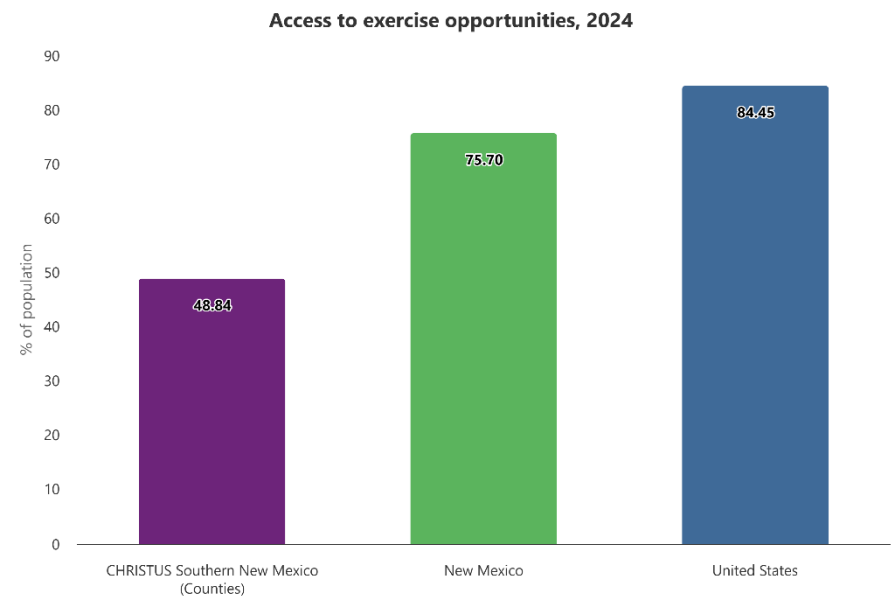
No exercise is a significant issue in the United States, with the national average standing at 23.68%. The CHRISTUS Southern New Mexico service area has a notably higher rate of 26.4%, indicating a more pronounced problem in this region. New Mexico as a whole also faces a considerable challenge, with a rate of 23.6%. These figures highlight the need for targeted interventions to address physical inactivity in these areas.



Created on Metopio | metopio.io/fg5c1ejiv | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to Exercise Opportunities

Access to exercise opportunities is a critical factor in public health, reflecting the availability of spaces and facilities for physical activities. In the United States, the national average for access to exercise opportunities stands at 84.45%. However, New Mexico lags behind with a state average of 75.7% and the CHRISTUS Southern New Mexico service area fare even worse, with only 48.84% access. This disparity highlights the need for targeted interventions to improve exercise opportunities in these regions.

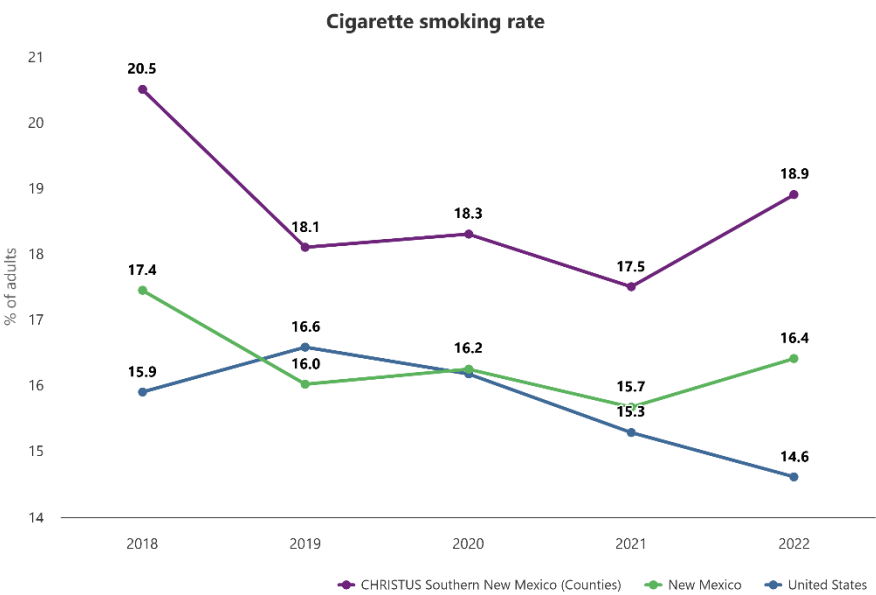


Created on Metopio | metopio.io | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking

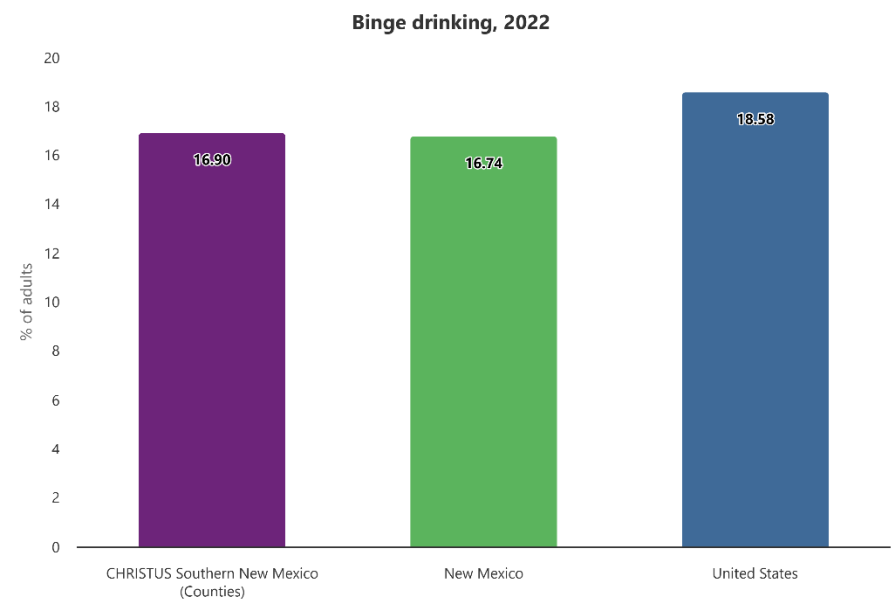
The cigarette smoking rate in the CHRISTUS Southern New Mexico service area has generally been higher than both the state of New Mexico and the United States as a whole. In 2022, the smoking rate in the CHRISTUS Southern New Mexico service area was 18.9%, compared to 16.41% in New Mexico and 14.61% in the United States. Despite some fluctuations, the smoking rate in the CHRISTUS Southern New Mexico service area has remained consistently above the national average.



Created on Metopio | metopio.io/5t8i8k | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Binge Drinking

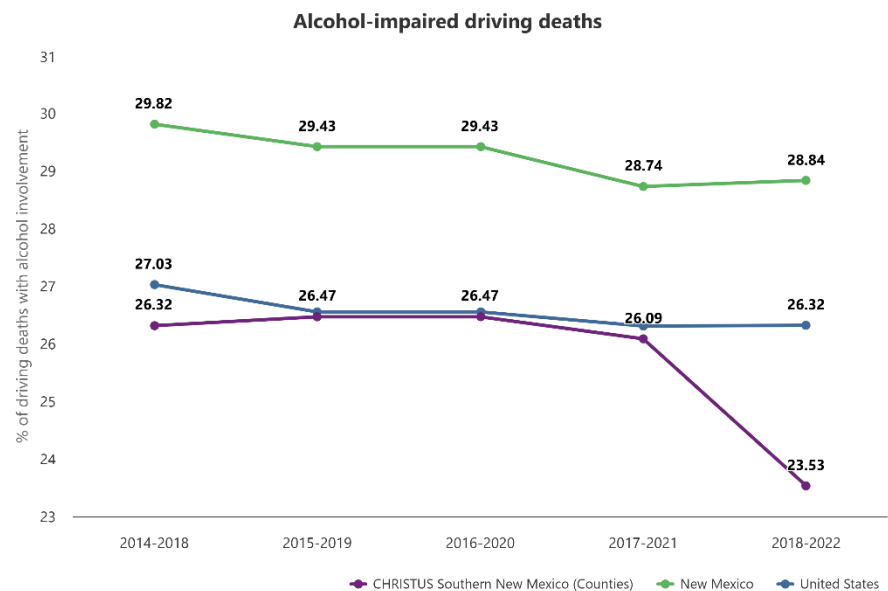
Binge drinking is a significant public health concern in the United States. The data indicates that the national average for binge drinking is 18.58%. In New Mexico, the rate is slightly lower at 16.74%, while the CHRISTUS Southern New Mexico service area reports a higher rate of 16.9%.



Created on Metopio | metopio.io/xg29vip | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data) Binge drinking: Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths in the CHRISTUS Southern New Mexico service area have generally been higher than the national average over the past several years. The rate in New Mexico as a whole has also been higher than the national average, though it has shown a slight decline. The rate in the CHRISTUS Southern New Mexico service area decreased significantly from 2018 to 2022, dropping below the national average.

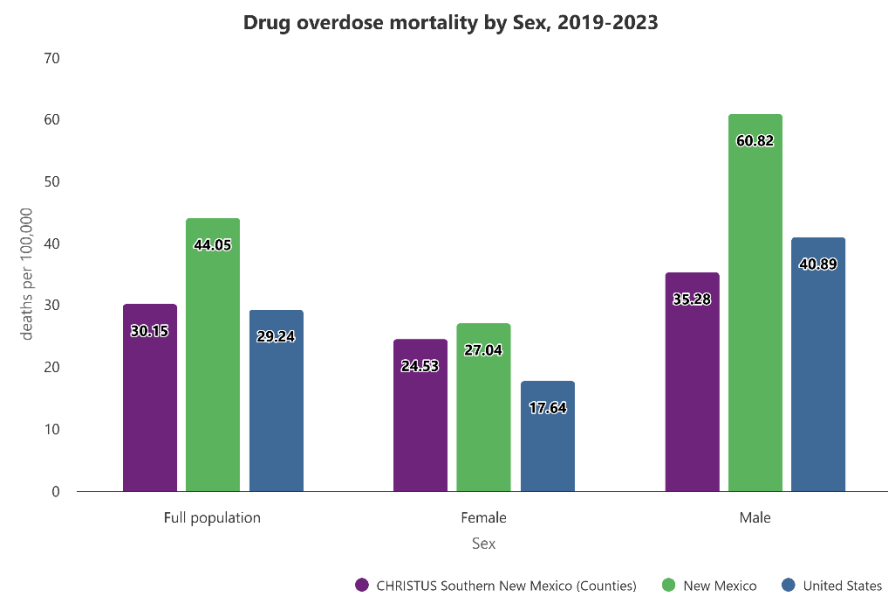


Created on Metopio | metop.io/i/4up72qd | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)

Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different regions and demographics. In the CHRISTUS Southern New Mexico service area, the overall rate is 30.15 per 100,000 people, with males having a higher rate of 35.28 compared to females at 24.53. This contrasts with the national average in the United States, which is 29.24, and New Mexico's state average of 44.05. Notably, the male overdose mortality rate in New Mexico is significantly higher than the national average, at 60.82.



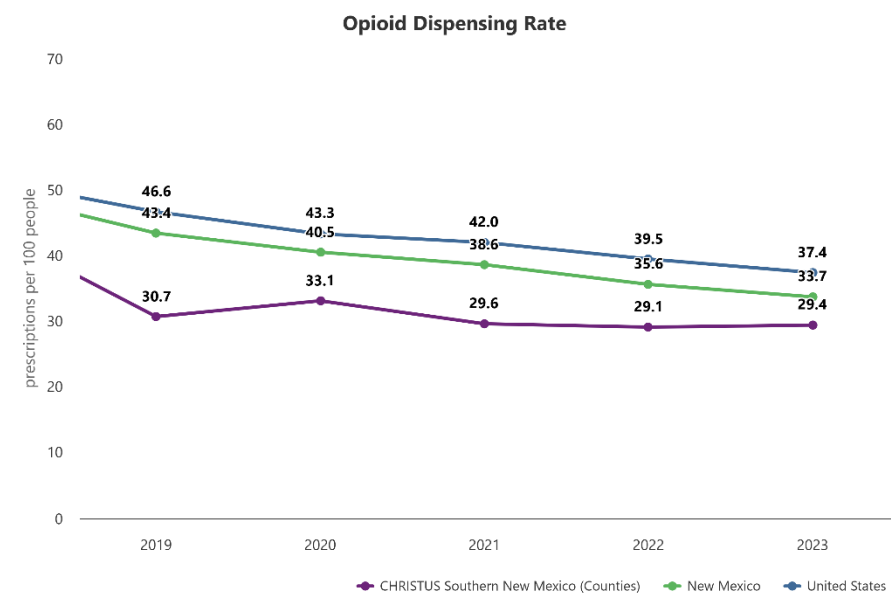
Created on Metopio | metop.io/35saujoer | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

(CDC Wonder)

Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

The opioid dispensing rate in the CHRISTUS Southern New Mexico service area has remained relatively stable, ranging from 29.1 to 33.1 over the past five years. In contrast, the state of New Mexico has seen a decline from 43.4 in 2019 to 33.7 in 2023. Nationwide, the opioid dispensing rate has also decreased from 46.65 in 2019 to 37.4 in 2023.

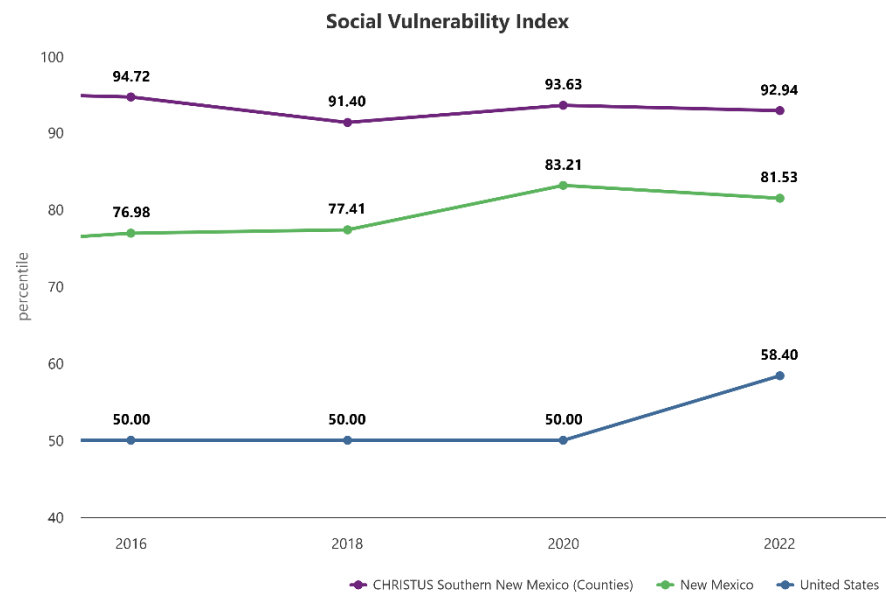


Created on Metopio | metopio.io/mtaasr4x | Data source: Centers for Disease Control and Prevention (CDC); U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

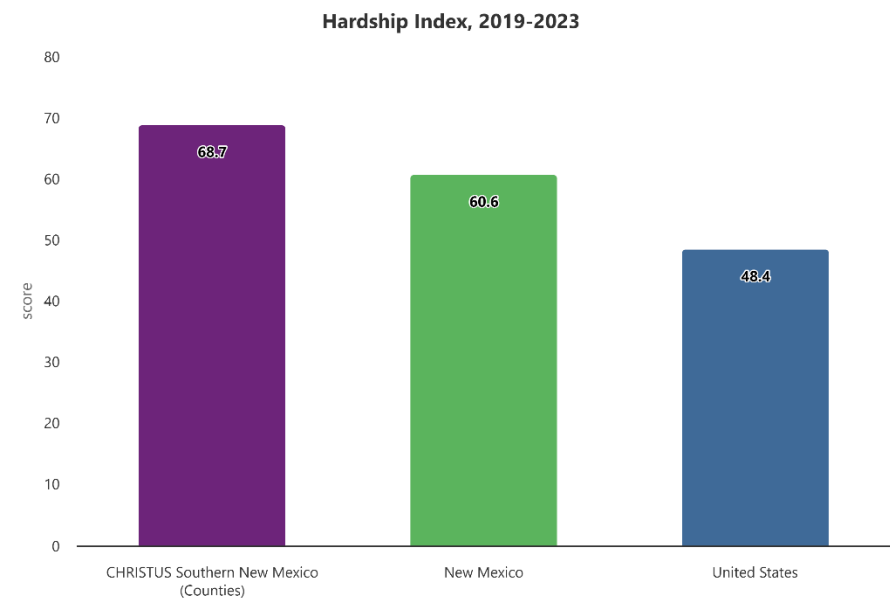
The Social Vulnerability Index (SVI) assesses the social factors that make communities vulnerable to natural disasters and public health crises events, focusing on factors like socioeconomic status, household composition, minority status and housing/transportation. The SVI in the CHRISTUS Southern New Mexico service area has consistently been higher than both the state of New Mexico and the United States as a whole from 2016 to 2022. In 2022, the SVI for these counties was 92.94, compared to 81.53 for New Mexico and 58.4 for the United States. This indicates a higher level of social vulnerability in these counties, which could impact public health and disaster preparedness.



Created on Metopio | metop.io/977prp48 | Data source: Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry
- SVI Data
Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings.

Hardship Index

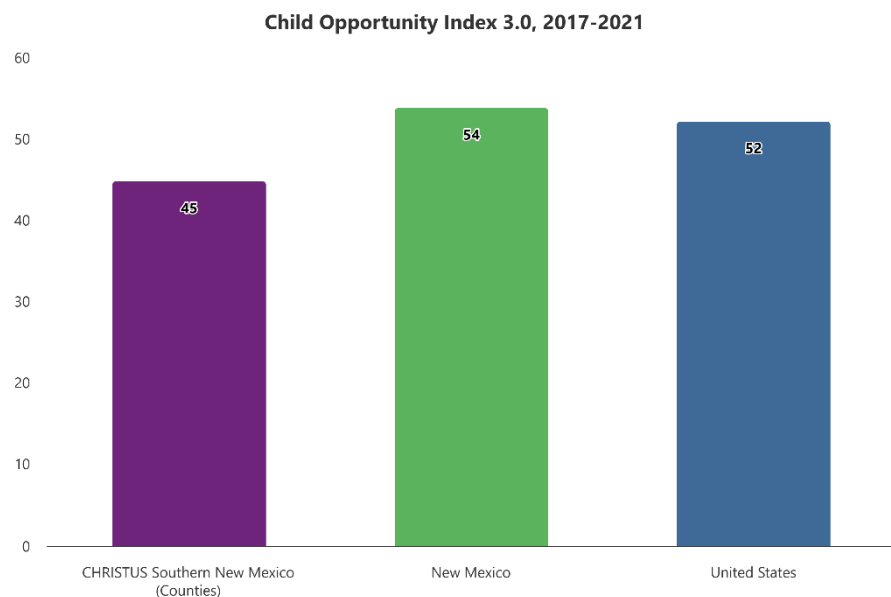
The Hardship Index for the CHRISTUS Southern New Mexico service area is significantly higher than both the state of New Mexico and the United States as a whole. This indicates a greater level of economic distress in this region. The state of New Mexico also faces higher hardship levels compared to the national average, highlighting regional disparities. These differences underscore the need for targeted economic support and interventions in these areas.



Created on Metopio | metop.io/977prp48 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)
Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Childhood Opportunity Index

The Child Opportunity Index 3.0 for the CHRISTUS Southern New Mexico service area is 44.82, indicating a moderate level of opportunity for children in this region. In comparison, the state of New Mexico has a higher index of 53.71, while the United States overall has an index of 52.16. This suggests that while New Mexico offers more opportunities for children than the national average, the CHRISTUS Southern New Mexico service area lag behind both the state and national levels.

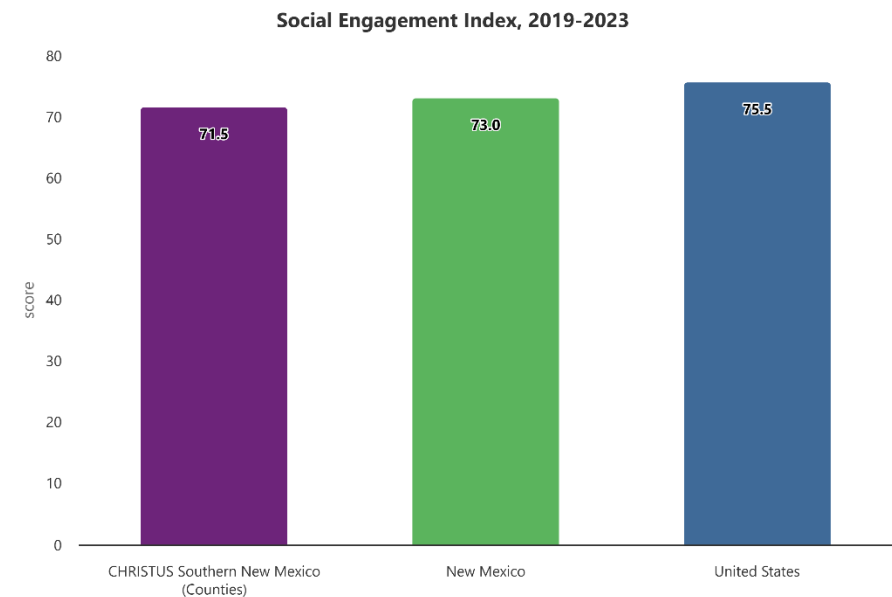


Created on Metopio | metop.io | Data source: diversitydatakids.org: Child Opportunity Index 3.0

Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).

Social Engagement Index

The Social Engagement Index for the CHRISTUS Southern New Mexico service area is 71.48, which is slightly lower than the state average of 73.03 and the national average of 75.5. This indicates that while the organization is performing well in terms of social engagement, there is room for improvement to reach the state and national levels.



Created on Metopio | metop.io/73ac10spd | Data source: Metopio

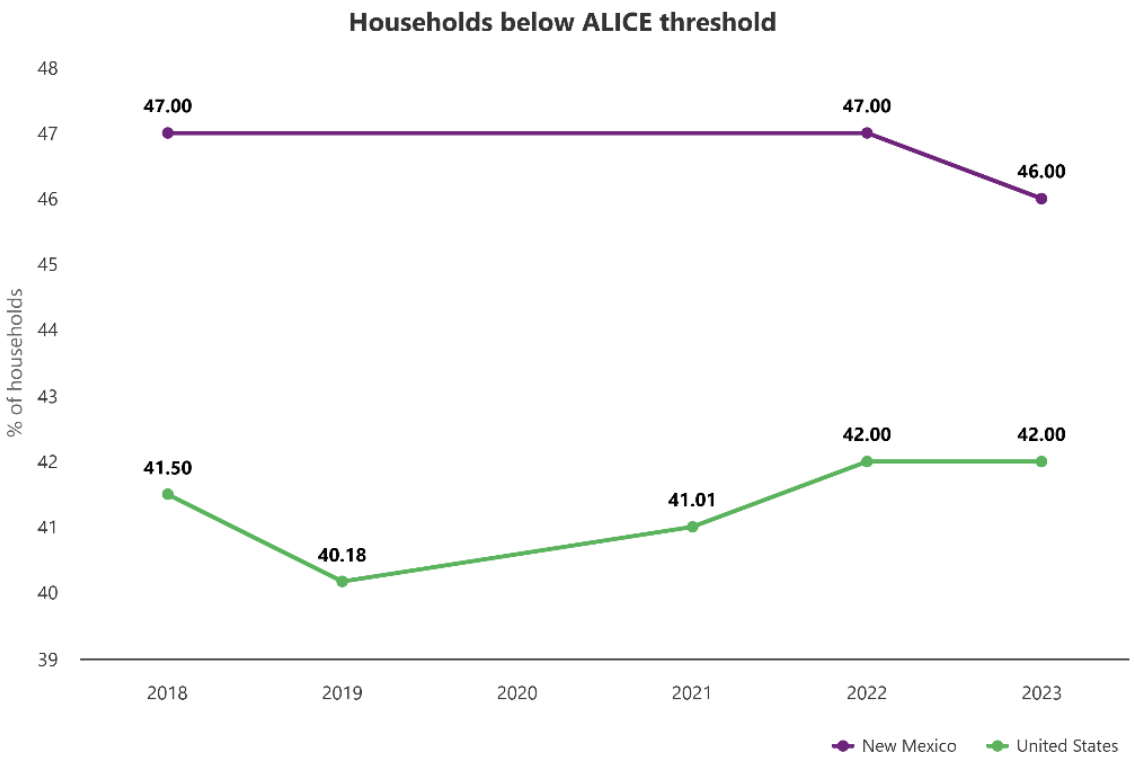
Social Engagement Index: The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency).

Households Below ALICE Threshold

ALICE stands for Asset Limited, Income Constrained, Employed—households that earn above the federal poverty line but still struggle to afford basic needs such as housing, food, child care, health care, and transportation. These families often hold jobs yet remain financially unstable due to rising costs of living and limited access to wages that meet basic household expenses.

In 2018, New Mexico had a higher share of households below the ALICE threshold (47%) compared to the national average of 41.5%. While the national rate improved in 2019 and 2021, dropping to around 40–41%, New Mexico’s rate remained unchanged at 47% through 2022 before showing a slight decline to 46% in 2023. By comparison, the United States overall held steady at 42% in 2023.

At the local level, Otero County mirrors these challenges even more acutely. Of the county’s 25,289 households, 57% fall below the ALICE threshold—meaning more than half of families in the area are unable to afford basic necessities despite being employed. This highlights the disproportionate financial strain faced by working households in Otero County and underscores the importance of community-level efforts that address the true cost of living and expand access to livable-wage jobs.



Otero County

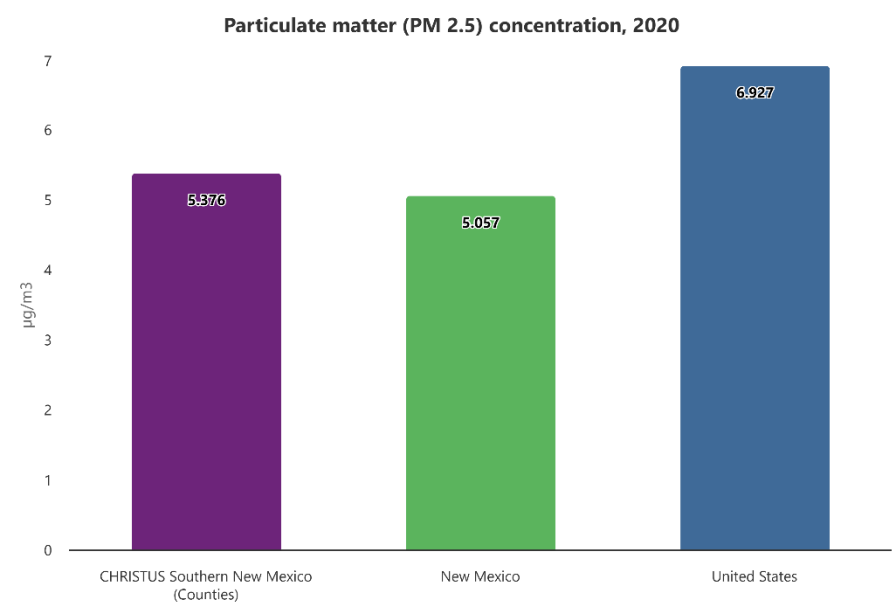
Total Households	% Below ALICE Threshold
25,289	57%

Source: United For ALICE, *The State of ALICE in New Mexico* (2025), ALICE county-level data for Otero County. Data accessed from UnitedForAlice.org: “County Reports — New Mexico”

Environmental Health

Particulate Matter Concentration

Particulate matter (PM 2.5) concentration is a critical environmental health indicator. In the United States, the national average is 6.93. However, the CHRISTUS Southern New Mexico service area has a lower concentration of 5.38, while the state of New Mexico averages 5.06.

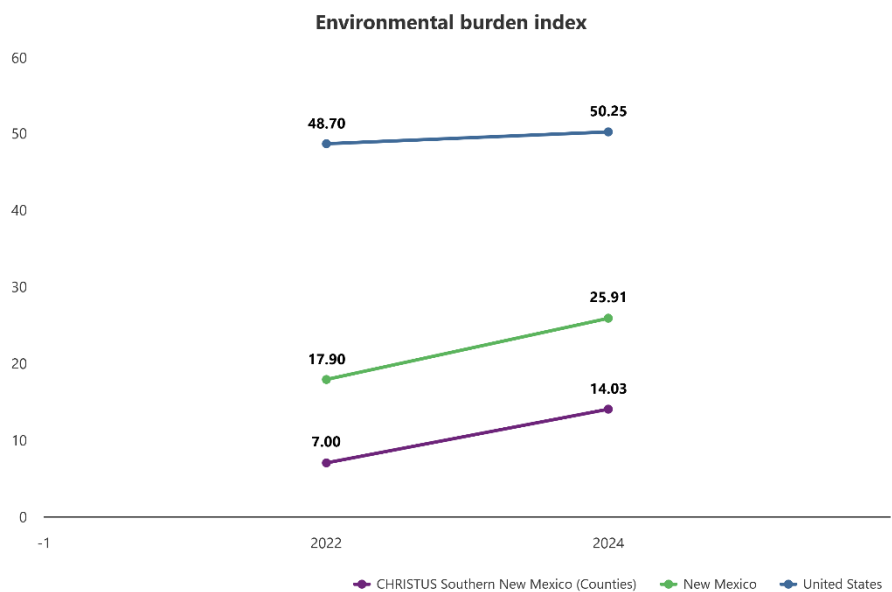


Created on Metopio | metopio.io/vwdSummr | Data source: Environmental Protection Agency (EPA); EJScreen: Environmental Justice Screening (EJSCREEN)

Particulate matter (PM 2.5) concentration: Annual average concentration in micrograms per cubic meter, PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Environmental Burden Index

The Environmental Burden Index for the CHRISTUS Southern New Mexico service area has increased from 7.0 in 2022 to 14.03 in 2024. This is significantly lower than the overall Environmental Burden Index for New Mexico, which rose from 17.9 to 25.91 over the same period. The national average for the United States also saw a slight increase from 48.7 to 50.25.



Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC); Agency for Toxic Substances and

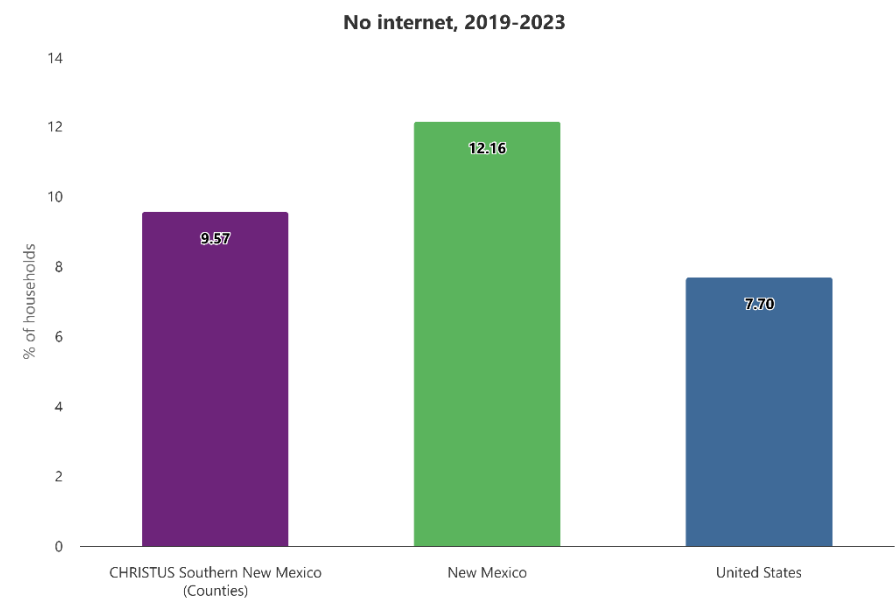
Disease Registry - Environmental Justice Index

Environmental burden index: Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

Internet

No Internet

The data indicates the percentage of households without internet access in various locations. The CHRISTUS Southern New Mexico service area has the highest rate at 9.57%. New Mexico as a whole, follows with 12.16%, while the United States has a lower rate of 7.7%. This suggests that internet access disparities are more pronounced in specific regions like New Mexico.

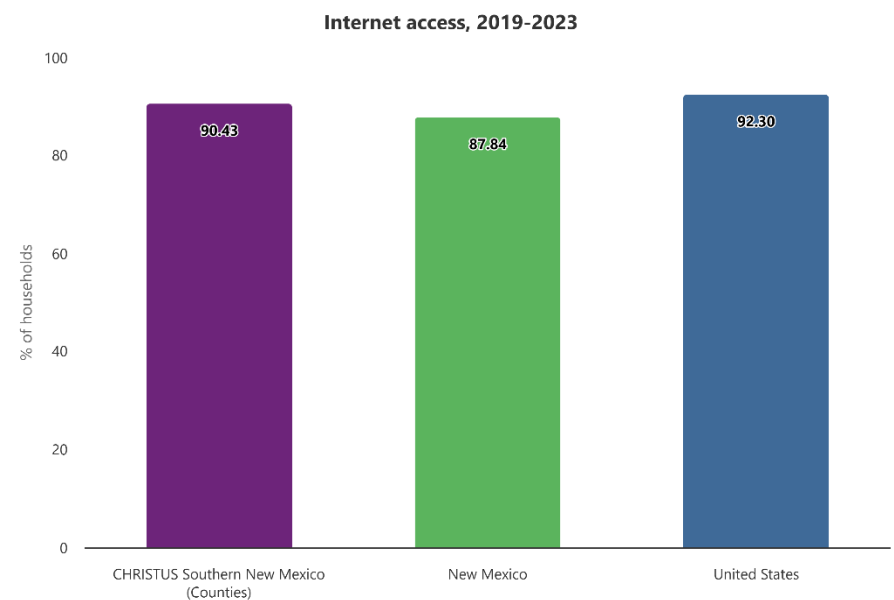


Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

Internet Access

Internet access rates vary across different regions in the United States. The CHRISTUS Southern New Mexico service area has a higher rate of internet access at 90.43%, surpassing the state average of 87.84%. However, both fall slightly below the national average of 92.3%. This indicates a need for improved connectivity in these specific regions to match the broader national standard.

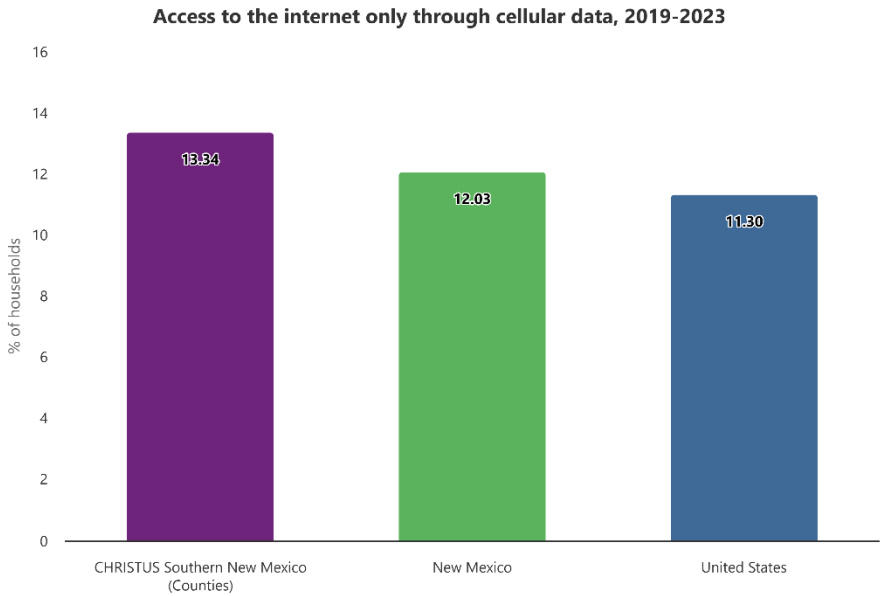


Created on Metopio | metop.io/74efk31x | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Access to the Internet Only Through Cellular Data

Access to the internet only through cellular data is a significant issue in certain areas of the United States. The CHRISTUS Southern New Mexico service area has a higher rate of this issue (13.34) compared to the state of New Mexico and the entire United States. This disparity highlights the need for improved internet infrastructure in these regions. Addressing this issue could have a positive impact on education, health care and economic opportunities for residents.



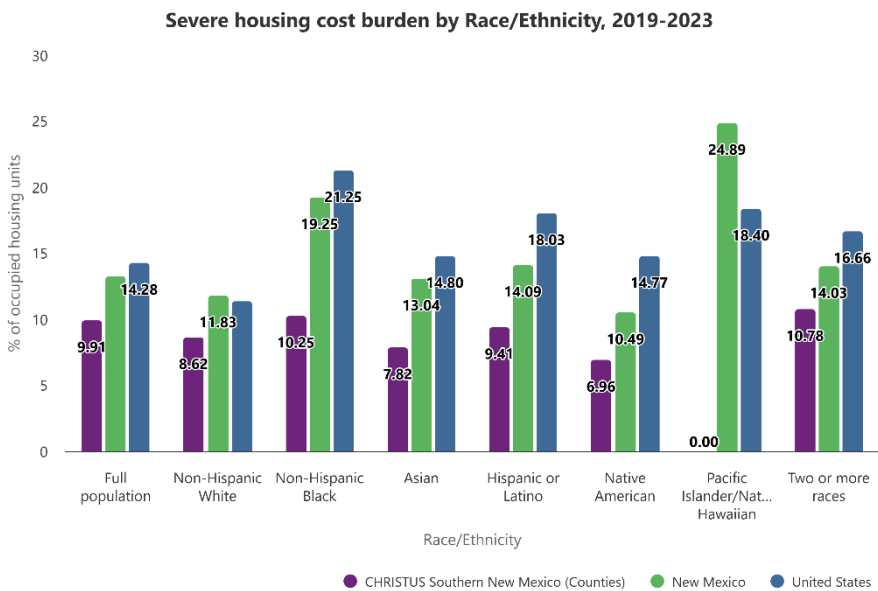
Created on Metopio | metopio.io/f/c9da2imw | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

Housing

Severe Housing Cost Burden by Race and Ethnicity

Severe housing cost burden affects various racial and ethnic groups differently across the CHRISTUS Southern New Mexico service area, New Mexico and the United States. The full population in the CHRISTUS Southern New Mexico service area experiences a lower burden (9.91%) compared to New Mexico (13.29%) and the United States (14.28%). Notably, Non-Hispanic Black individuals face the highest burden in New Mexico and the United States, while Two or more race individuals have the highest burden in the CHRISTUS Southern New Mexico service area.

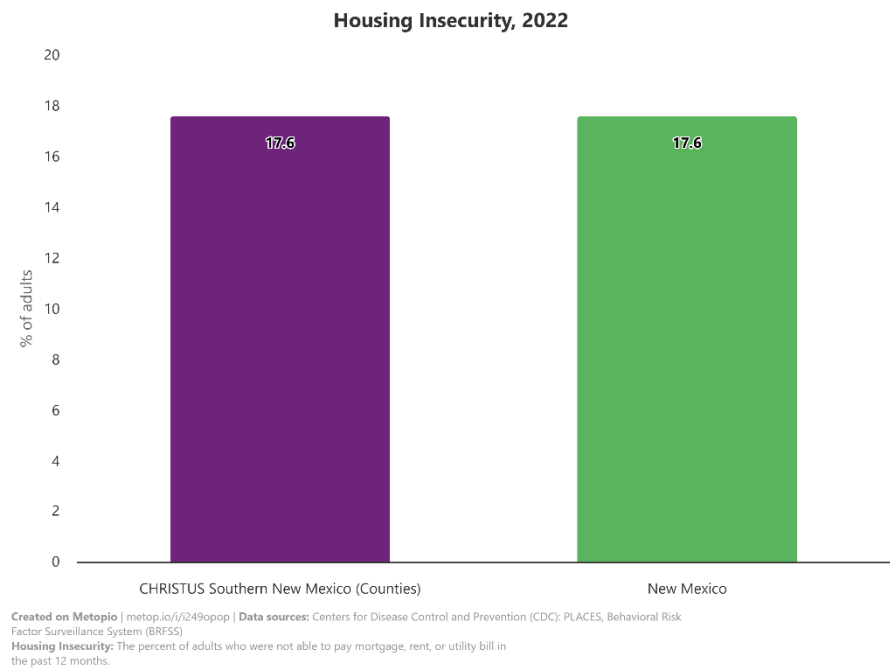


Created on Metopio | metopio.io/q4yhc2e | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

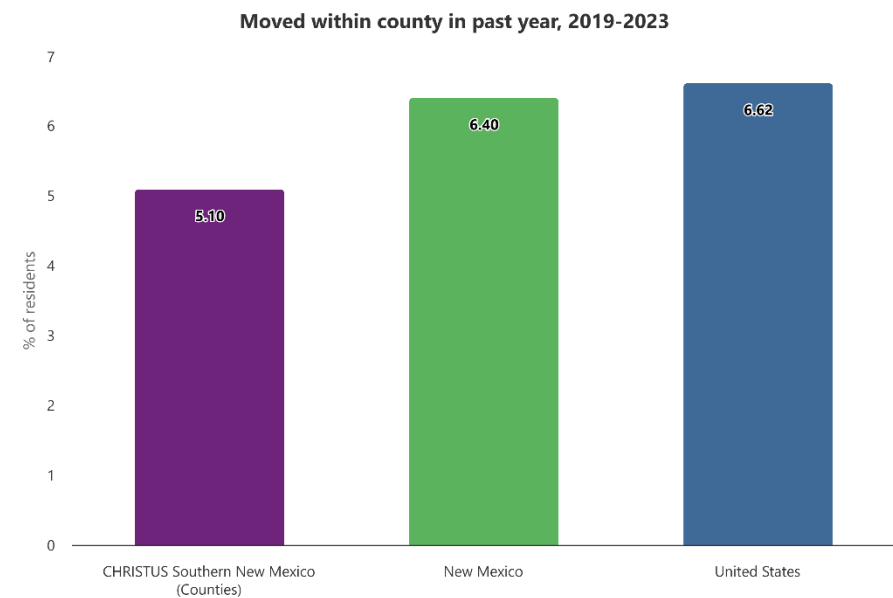
Housing Insecurity

Housing insecurity is a significant issue in the CHRISTUS Southern New Mexico service area, with a rate of 17.6%. This rate is slightly higher than the state average of 17.59%. The data highlights the need for targeted interventions to address housing instability in this region.



Moved Within County in Past Year

The percentage of individuals who moved within the same county in the past year is 5.1% for CHRISTUS Southern New Mexico, 6.4% for New Mexico and 6.62% for the United States. This indicates a slightly higher mobility rate at the national level compared to the state and local levels. The data suggests a relatively stable population within their respective counties, with minor variations across different regions.

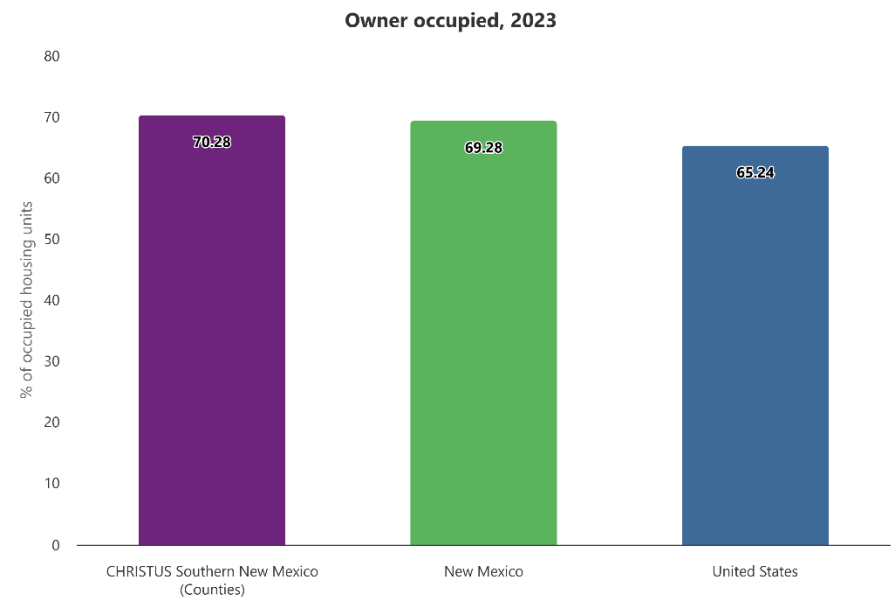


Created on Metopio | metopio.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

Moved within county in past year: Percent of residents 1 year and older who moved into current residence from within the same county in the past year. This can be used to proxy for evictions, especially when looking at vulnerable populations (infants, seniors) for whom frequent moving can be disruptive.

Owner Occupied

Owner-occupied housing rates in the United States are 65.24%. The state of New Mexico has a slightly higher rate at 69.28%. The CHRISTUS Southern New Mexico service area has the highest rate among the data points at 70.28%.



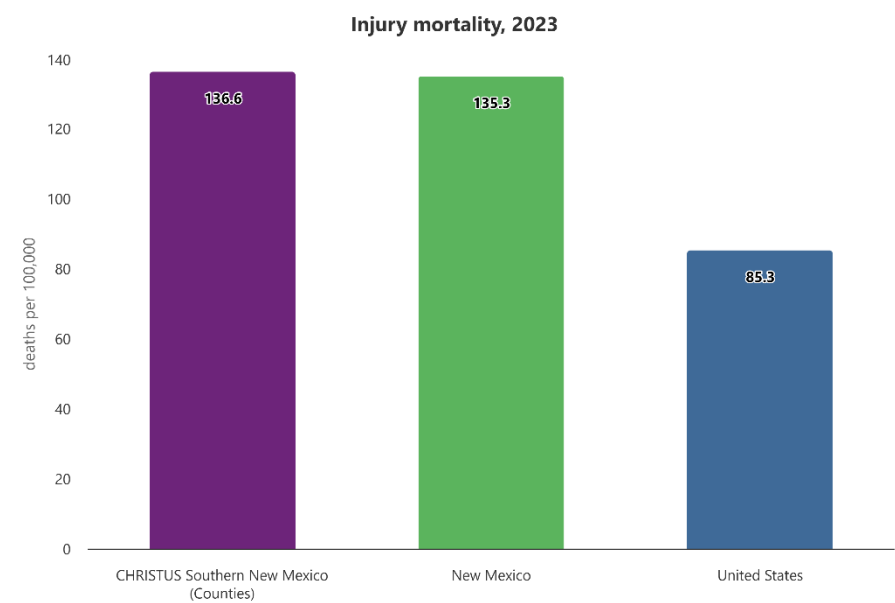
Created on Metopio | metopio.io/t/tct7pwb | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

Injury

Injury Mortality

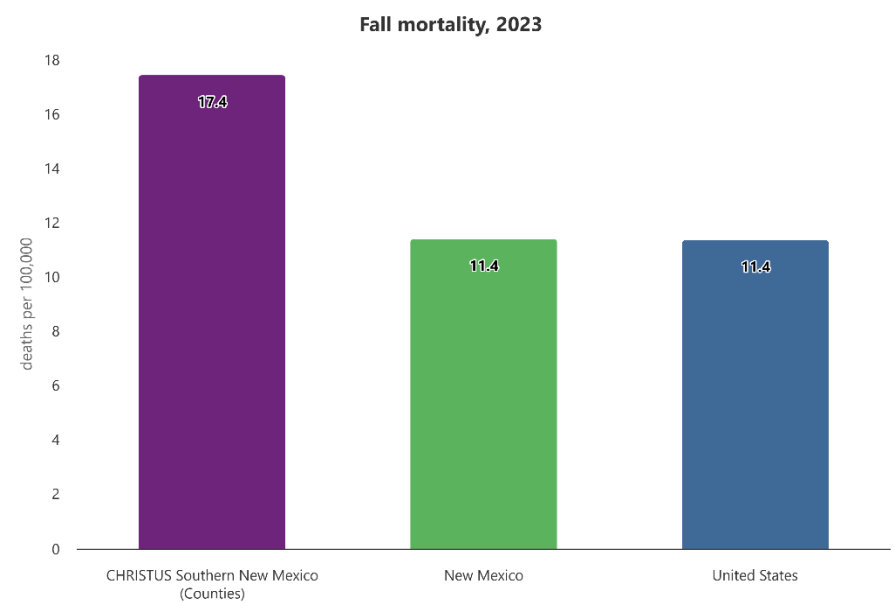
Injury mortality rates in the CHRISTUS Southern New Mexico service area are significantly higher than the national average, with a rate of 136.56 per 100,000 people. This is slightly higher than the overall rate for New Mexico, which stands at 135.27. In contrast, the United States has a much lower average injury mortality rate of 85.34.



Created on Metopio | metop.io/j/g6o8d8nk | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-U03, Y01-Y36, Y85-Y87, Y89).

Fall Mortality

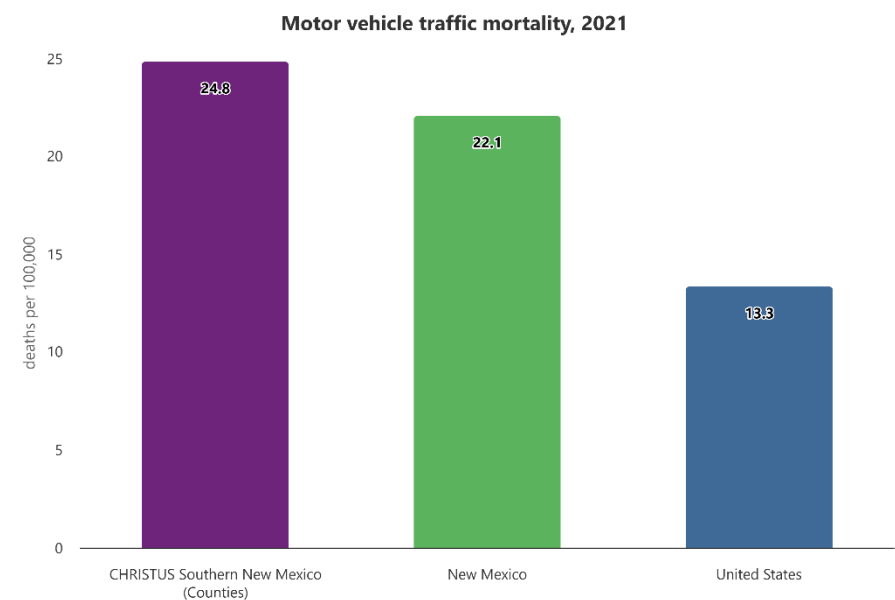
Fall mortality in the CHRISTUS Southern New Mexico service area is significantly higher than the state and national averages. The fall mortality rate in this region is 17.43, compared to 11.4 in New Mexico and 11.37 in the United States. This indicates a concerning trend that needs attention in the CHRISTUS Southern New Mexico service area.



Created on Metopio | metop.io/j/mfs1q7b8 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).

Motor Vehicle Traffic Mortality

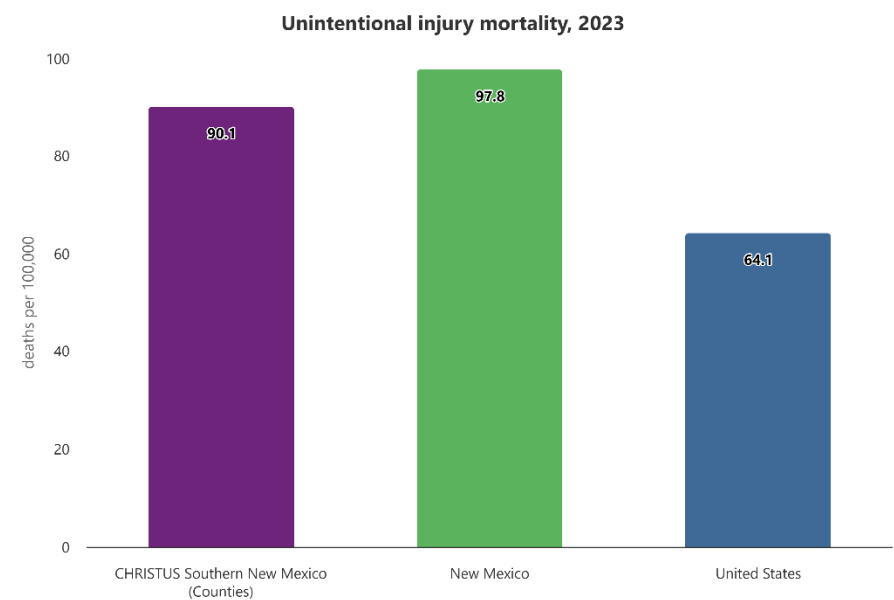
Motor vehicle traffic mortality in the CHRISTUS Southern New Mexico service area has fluctuated over the years, with a significant peak in 2021 at 24.8. This rate is consistently higher than the overall rates in New Mexico and the United States.



Created on Metopio | metopio.io/f/6y1527zy | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (1, 9), V09.2, V12-V14 (3-9), V19 (4-6), V20-V28 (3-9), V29-V79 (4-9), V80 (3-5), V81.1, V82.1, V83-V86 (0-3), V87 (0-8), V89.2).

Unintentional Injury Mortality

Unintentional injury mortality rates are depicted across various regions, with a focus on the CHRISTUS Southern New Mexico service area, the state of New Mexico and the United States as a whole. The mortality rate in the CHRISTUS Southern New Mexico service area stands at 90.07 per 100,000 population, while New Mexico's rate is slightly higher at 97.76. In comparison, the national rate in the United States is significantly lower at 64.11. This data highlights a notable disparity in unintentional injury mortality rates between these regions and the national average.



Created on Metopio | metopio.io/f/n1cbxc3 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

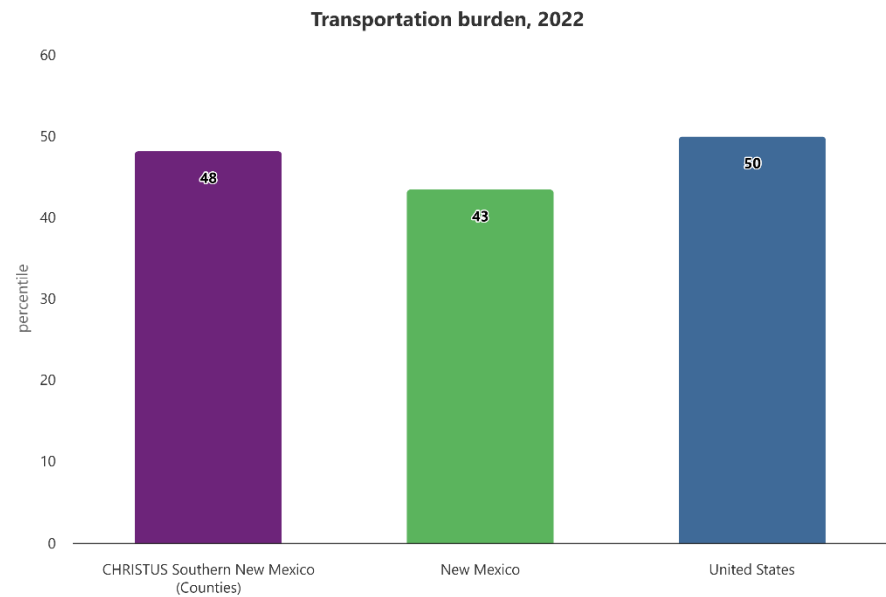
Transportation

Transportation Burden

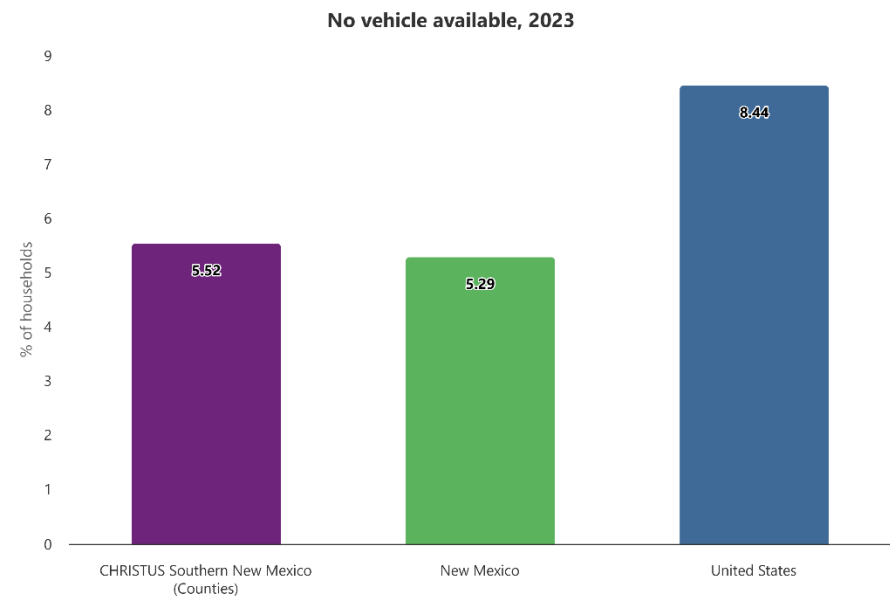
The data highlights the transportation burden across different regions, with the CHRISTUS Southern New Mexico service area experiencing the highest burden at 48.04%. New Mexico follows closely at 43.32%, while the United States has a slightly higher burden at 49.85%. This indicates that transportation costs are a significant issue in these areas, impacting residents' financial stability and access to essential services.

No Vehicle Available

The percentage of households with no vehicle available in the United States is 8.44%. In the state of New Mexico, this rate is slightly lower at 5.29%. The CHRISTUS Southern New Mexico service area has a higher rate of 5.52% compared to the state average.



Created on Metopio | metop.io | Data source: Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

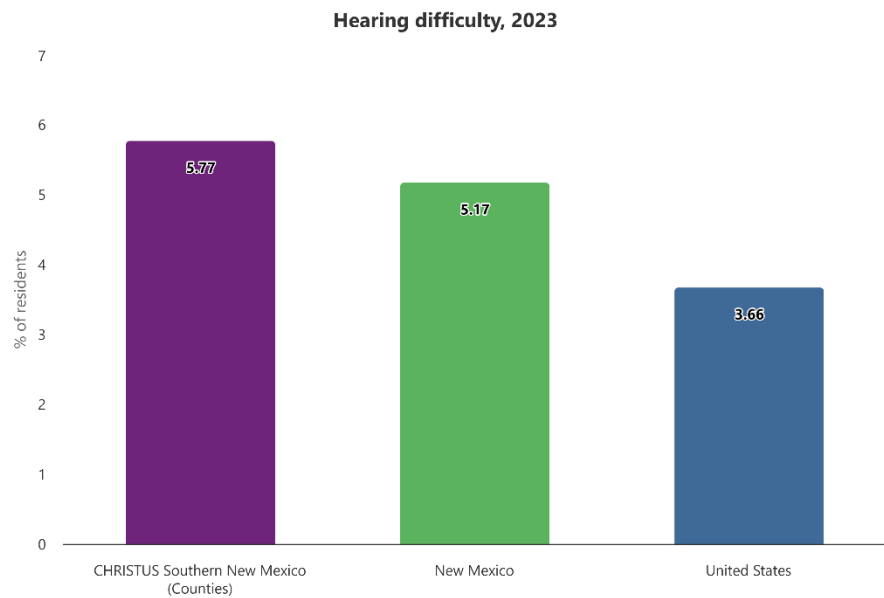


Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)
No vehicle available: Percent of occupied households with no vehicles available.

Disability

Hearing Difficulty

The data reveals that the rate of hearing difficulty in the United States is 3.66%. In the state of New Mexico, this rate is higher at 5.17%. The highest rate is found in the counties served by CHRISTUS Southern New Mexico, at 5.77%. This indicates a significant regional variation in hearing difficulty prevalence.

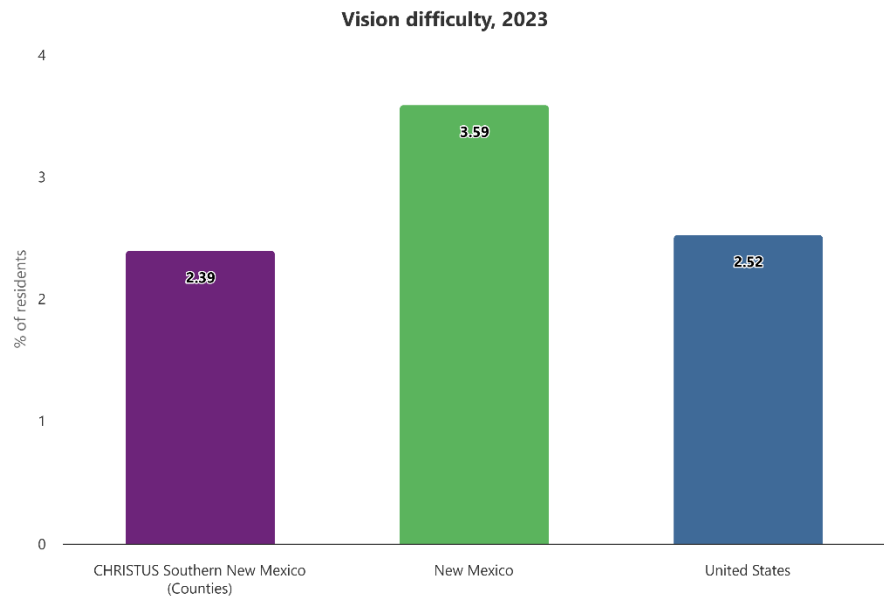


Created on Metopio | metopio.io/ohggshev | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Hearing difficulty: Percent of residents reporting a hearing difficulty.

Vision Difficulty

Vision difficulty is a significant issue across various regions in the United States. In the state of New Mexico, the rate of vision difficulty is notably higher at 3.59%, compared to the national average of 2.52%. The CHRISTUS Southern New Mexico service area, reports a lower rate of 2.39%, indicating a slightly better situation in that specific area.



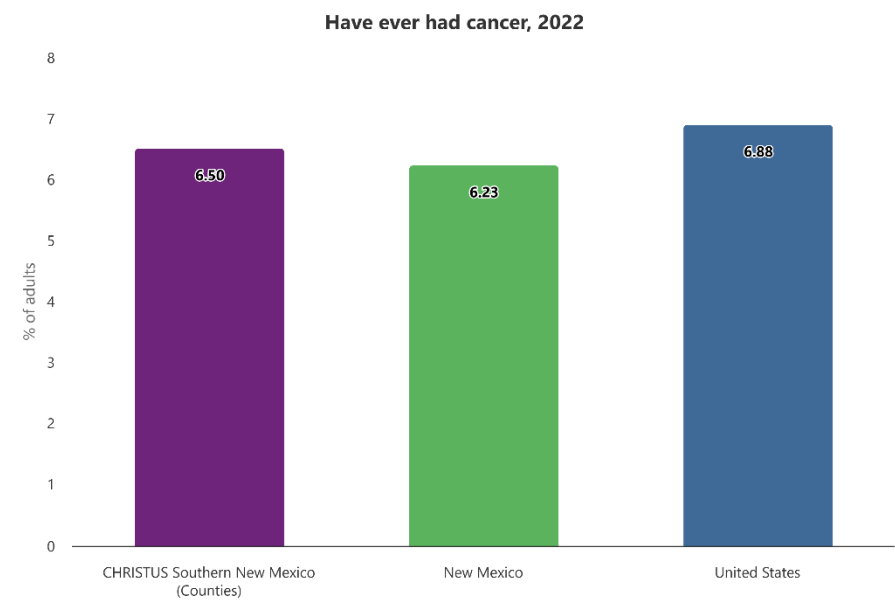
Created on Metopio | metopio.io/ogq1avbm | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Vision difficulty: Percent of residents reporting a vision difficulty.

Cancer

Have Ever Had Cancer

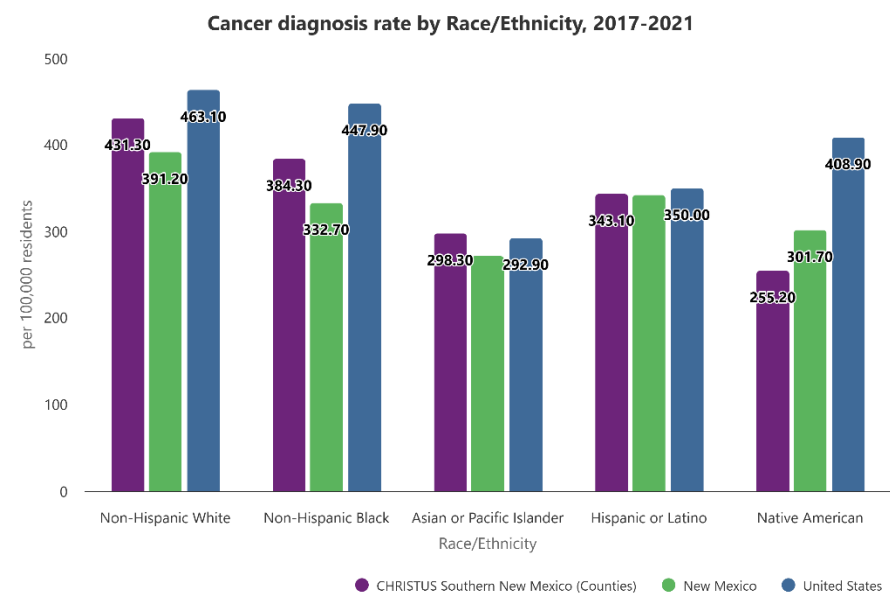
The data indicates the prevalence of individuals who have ever had cancer in various regions. The highest rate is observed in the United States at 6.88%, followed closely by New Mexico at 6.23%. The CHRISTUS Southern New Mexico service area reports a rate of 6.5%. This suggests a slightly lower prevalence in this specific region compared to the national average.



Created on Metopio | metopio.io/5y3qayw | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))
Have ever had cancer: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Cancer Diagnosis Rate by Race and Ethnicity

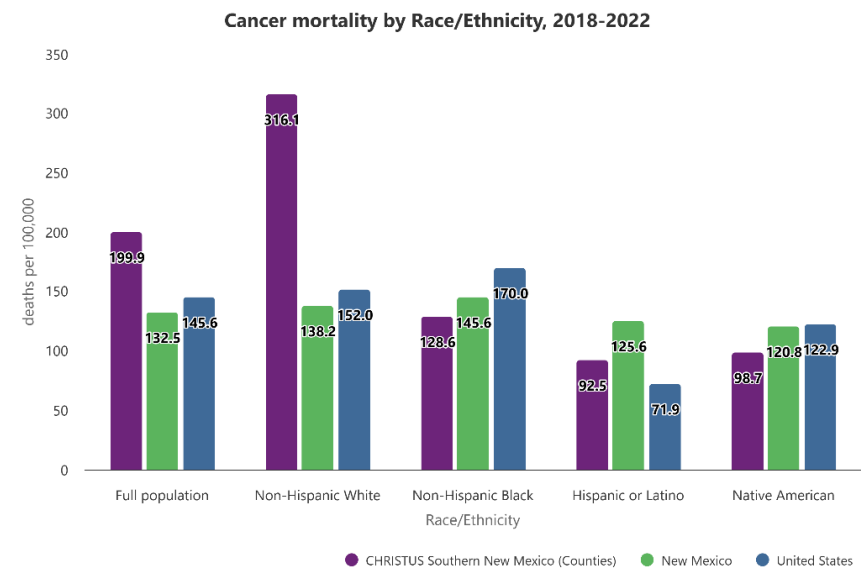
The cancer diagnosis rate varies significantly across different racial and ethnic groups in the United States. In the CHRISTUS Southern New Mexico service area, the rate for Non-Hispanic Whites is notably higher than the national average, while the rate for Native Americans is lower. Nationwide, Non-Hispanic Blacks have a lower diagnosis rate compared to Non-Hispanic Whites, but higher than Asians or Pacific Islanders. Hispanic or Latino individuals have a diagnosis rate closely aligned with the national average.



Created on Metopio | metopio.io/5r5gu8tz | Data sources: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.

Cancer Mortality Rate by Race and Ethnicity

Cancer mortality rates vary significantly across different racial and ethnic groups in the United States. In the CHRISTUS Southern New Mexico service area, the overall rate is 199.94 per 100,000 people, which is higher than the state and national averages. Notably, Non-Hispanic White individuals in this region have a mortality rate of 316.14, more than double the national rate for this group.

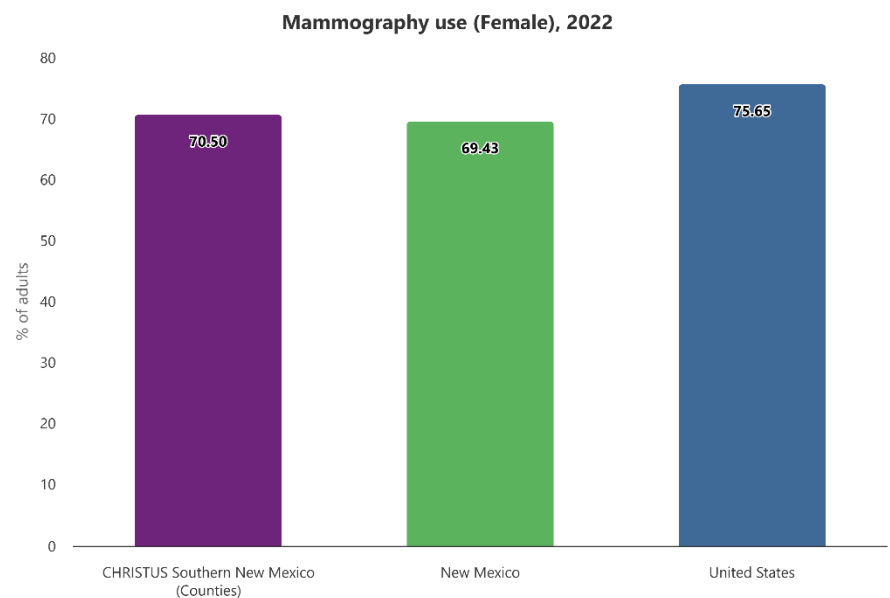


Created on Metopio | metop.io/v/1aejoegj | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)

Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

Mammography Use

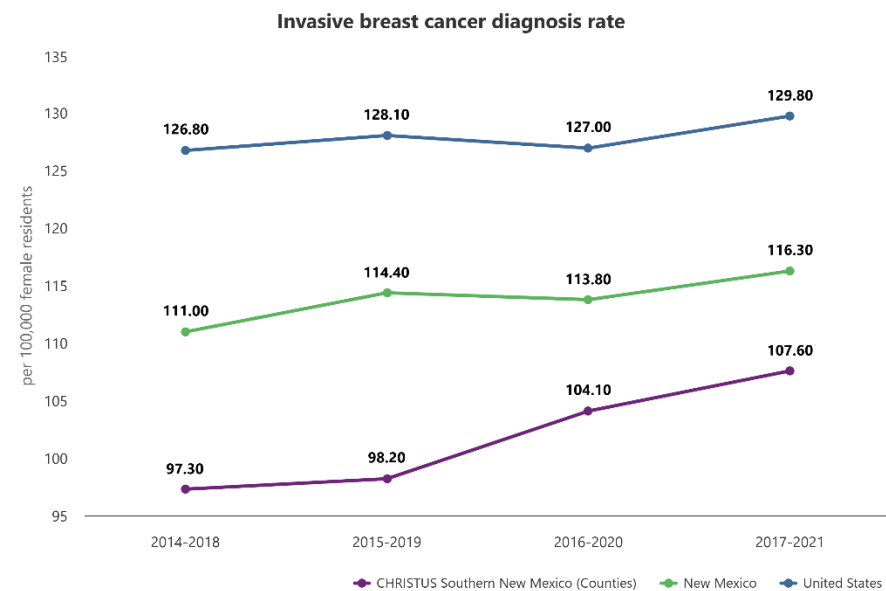
Mammography use in the United States is relatively high, with a national average of 75.65%. In New Mexico, the usage rate is slightly lower at 69.43%. The CHRISTUS Southern New Mexico service area reports a higher usage rate of 70.5%, indicating better performance than the state average but still below the national average.



Created on Metopio | metop.io/i/7ox3ccac | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC), PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive Breast Cancer Diagnosis Rate

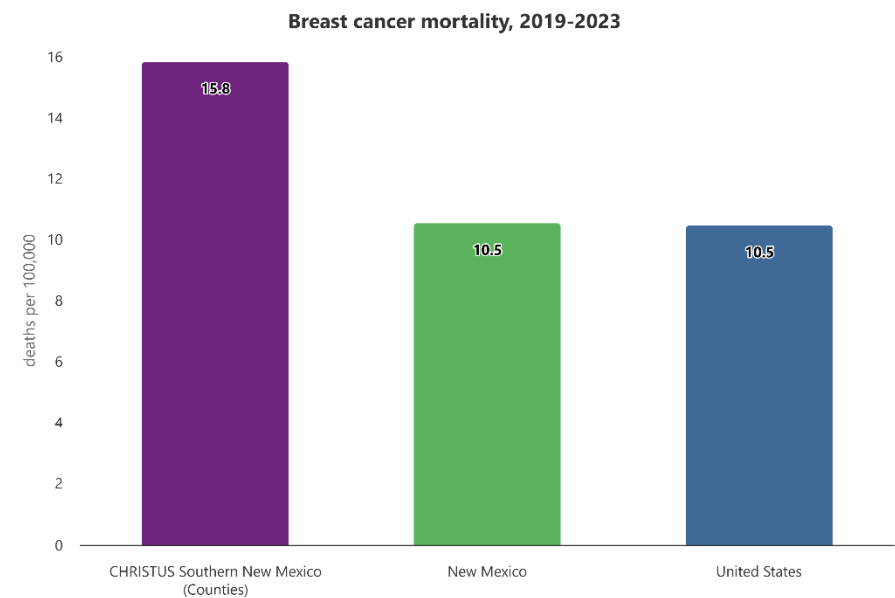
The invasive breast cancer diagnosis rate in the United States has shown a consistent increase from 126.8 in 2014-2018 to 129.8 in 2017-2021. In New Mexico, the rate has fluctuated slightly but remained relatively stable around 114.4 to 116.3. The CHRISTUS Southern New Mexico service area has seen a notable rise in the diagnosis rate, increasing from 97.3 to 107.6 over the same period.



Created on Metopio | metop.io/i/cex4mvs | Data source: National Cancer Institute (NCI); State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

Breast Cancer Mortality

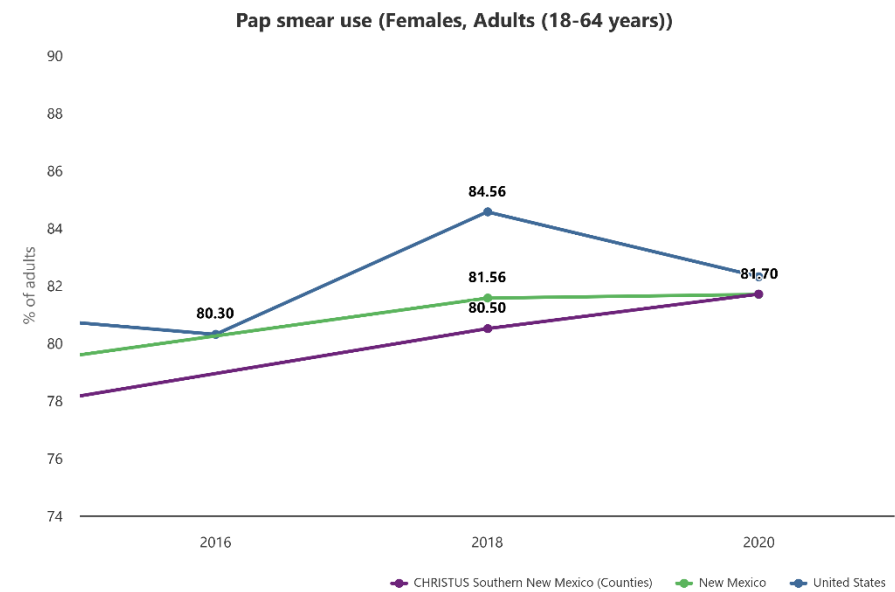
Breast cancer mortality rates vary significantly across different regions. The CHRISTUS Southern New Mexico service area has a notably higher rate at 15.81, compared to the state average of 10.51 and the national average of 10.46. This indicates a concerning disparity in health outcomes within this specific area. Addressing these regional differences is crucial for improving overall health equity and outcomes.



Created on Metopio | metop.io/v/z9ucxnww | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Breast cancer mortality: Deaths per 100,000 residents due to breast cancer (ICD-10 code C50). Includes males; stratify by females to see the female-specific rate.

Pap Smear Use

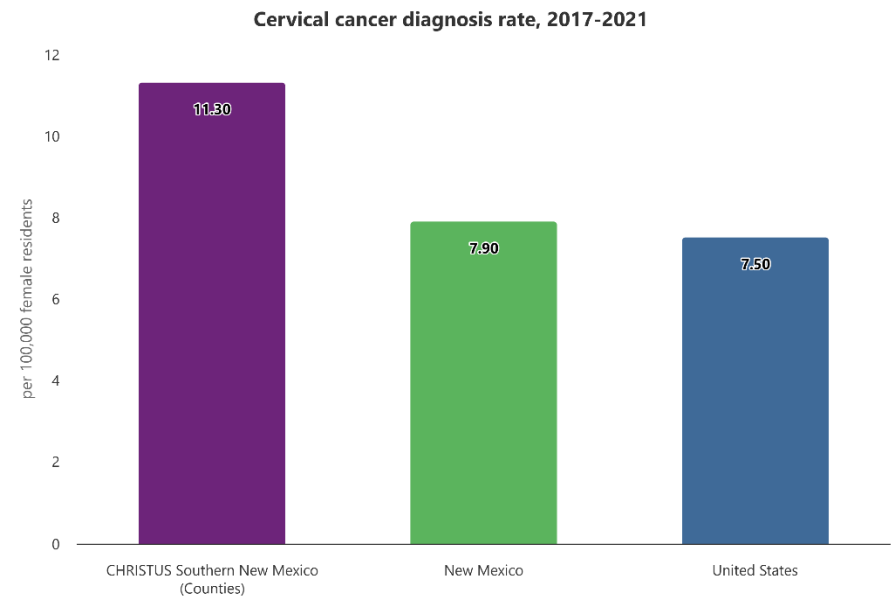
Pap smear use in the CHRISTUS Southern New Mexico service area has increased from 72.7% in 2008 to 81.7% in 2020. This is slightly below the overall New Mexico rate, which rose from 76.2% in 2008 to 81.69% in 2020. The United States has seen a significant increase in Pap smear use, reaching 84.56% in 2018 and 82.3% in 2020.



Created on Metopio | metopio.io/3nnd5a8o | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))
Pap smear use: Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Cervical Cancer Diagnosis Rate

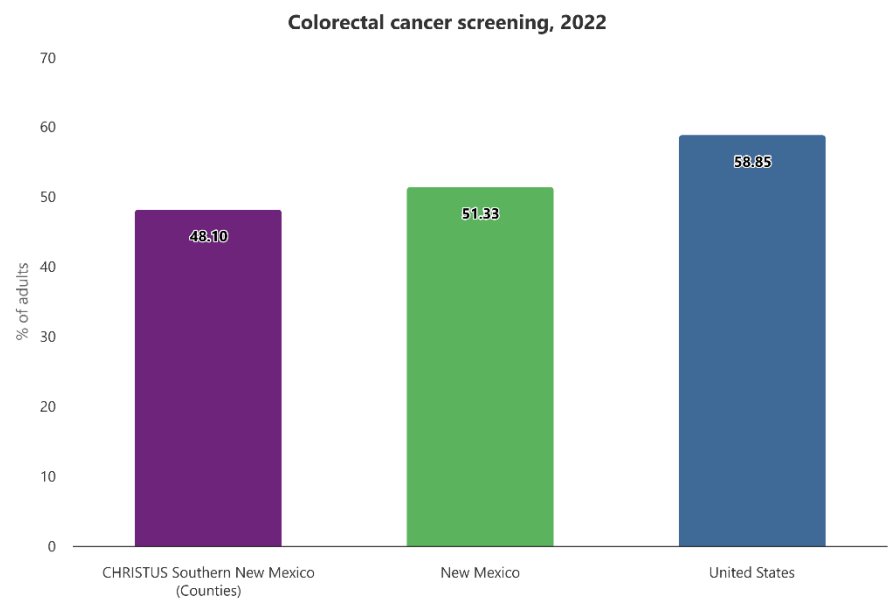
The cervical cancer diagnosis rate in the United States is 7.5 cases per 100,000 women. In New Mexico, the rate is slightly higher at 7.9. The highest rate is found in the counties served by CHRISTUS Southern New Mexico, at 11.3.



Created on Metopio | metopio.io/jw9kt9sd | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cervical cancer diagnosis rate: Annual diagnosis rate for cervical cancer. Ages 15 and over, age-adjusted.

Colorectal Cancer Screening

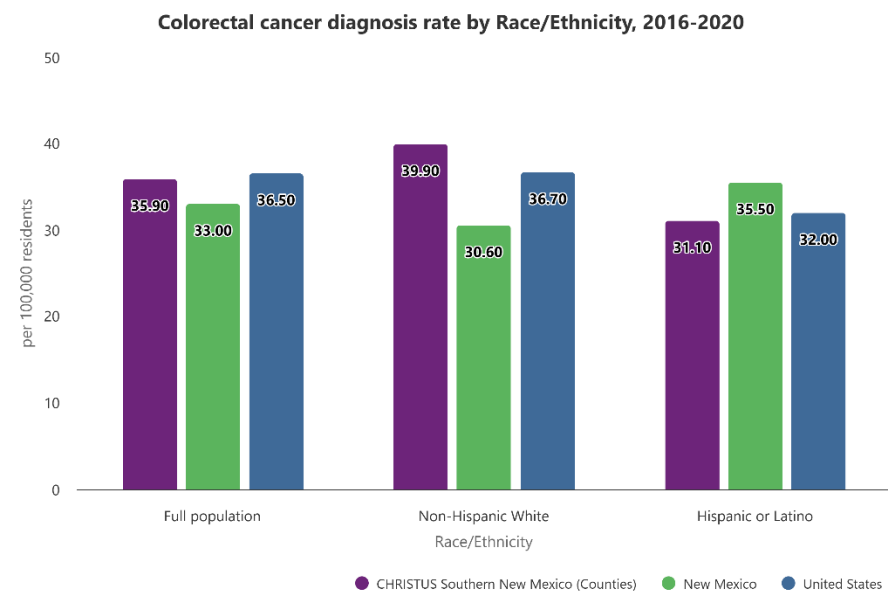
Colorectal cancer screening rates in the United States are significantly higher than in New Mexico. The CHRISTUS Southern New Mexico service area have the lowest screening rate at 48.1%. The national average is 58.85%, indicating a substantial gap in screening rates across different regions.



Created on Metopio | metop.io/43ur8y96 | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Colorectal Cancer Diagnosis Rate by Race and Ethnicity

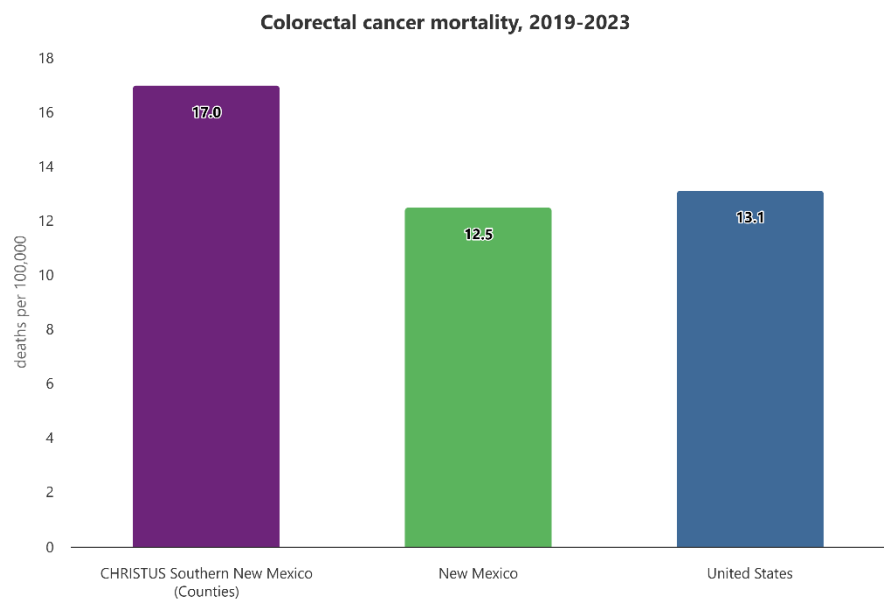
In the CHRISTUS Southern New Mexico service area, the colorectal cancer diagnosis rate is 35.9 per 100,000 residents, which is higher than the state average of 33.0 but lower than the national average of 36.5. Non-Hispanic White individuals in this region have a notably higher diagnosis rate of 39.9, compared to 30.6 in New Mexico and 36.7 nationally. Hispanic or Latino individuals have a lower diagnosis rate of 31.1 in CHRISTUS Southern New Mexico, compared to 35.5 in New Mexico and 32.0 nationally.



Created on Metopio | metop.io/43ur8y96 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Colorectal cancer diagnosis rate: Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.

Colorectal Cancer Mortality

Colorectal cancer mortality rates per 100,000 residents are presented for the CHRISTUS Southern New Mexico service area, New Mexico and the United States. The mortality rate in the CHRISTUS Southern New Mexico service area is significantly higher at 16.98, compared to the state average of 12.49 and the national average of 13.08. This indicates a notable health disparity in this region, suggesting potential issues with health care access or lifestyle factors that need to be addressed.

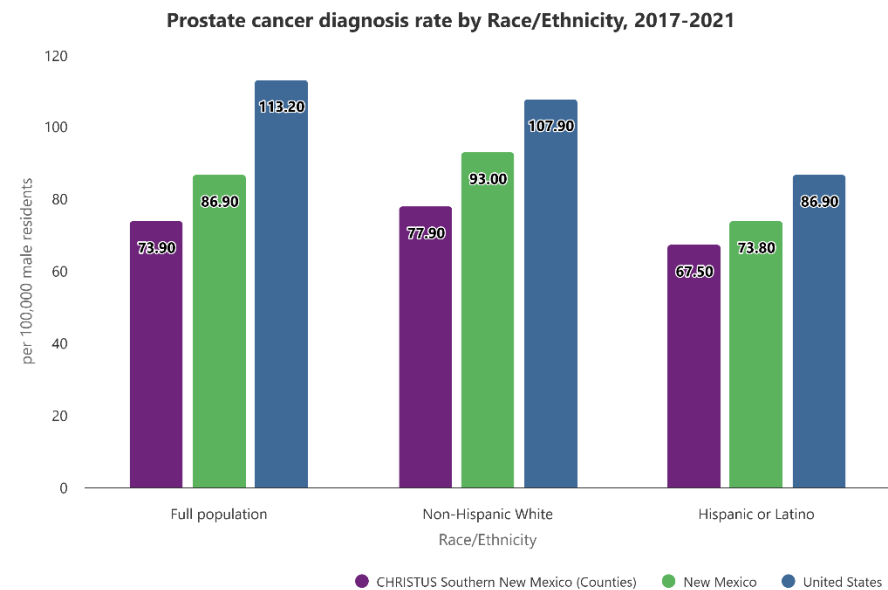


Created on Metopio | metopio.io/qk2v2ghu | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate by Race and Ethnicity

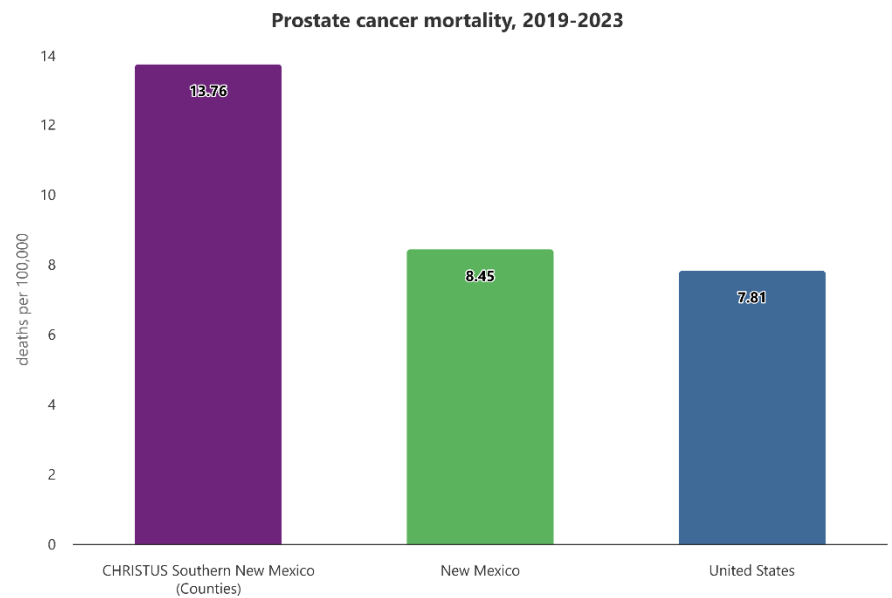
Prostate cancer diagnosis rates vary significantly across different racial and ethnic groups in the United States. In the CHRISTUS Southern New Mexico service area, the rate for the full population is 73.9 diagnosis per 100,00 male residents, with Non-Hispanic Whites at 77.9 and Hispanic or Latino at 67.5. Nationally, the diagnosis rate is highest among the full population at 113.2, indicating disparities in health care access and outcomes.



Created on Metopio | metopio.io/pcs3c1zd | Data source: National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Prostate Cancer Mortality Rate

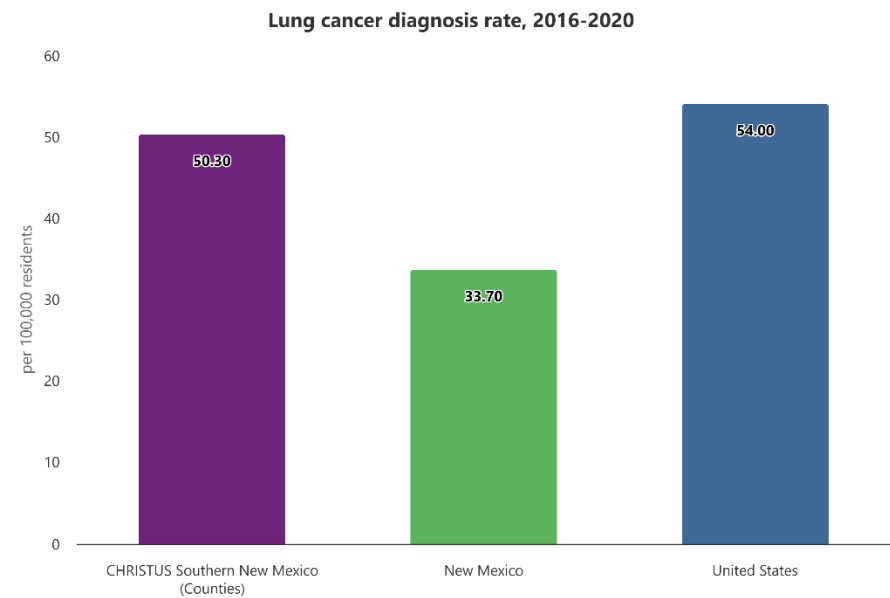
Prostate cancer mortality rates vary significantly across different regions. In the CHRISTUS Southern New Mexico service area, the mortality rate is notably higher at 13.76 deaths per 100,000, compared to the state average of 8.45 and the national average of 7.81. This indicates a localized health concern that may require targeted intervention and further investigation into contributing factors.



Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Prostate cancer mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 code C61).

Lung Cancer Diagnosis Rate

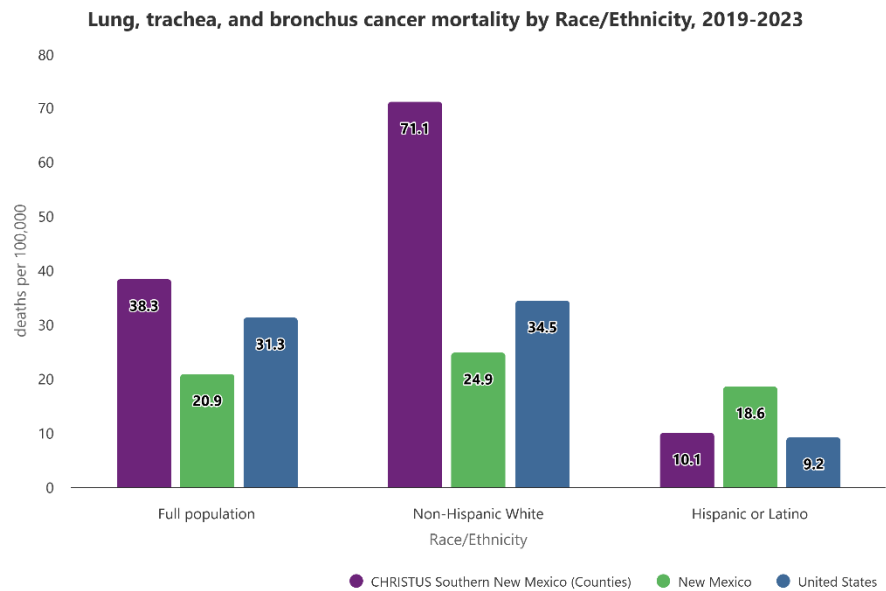
The lung cancer diagnosis rate in the United States is 54.0 per 100,000 people. The CHRISTUS Southern New Mexico service area has a rate of 50.3 per 100,000 residents, which is slightly lower than the national average. In contrast, the state of New Mexico has a significantly lower rate of 33.7. This indicates a notable disparity in lung cancer diagnosis rates within the state compared to the national average.



Created on Metopio | metopio.io/u6n6qqz7 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

Lung, trachea and bronchus cancer mortality rates vary significantly across different regions and racial/ethnic groups. In the United States, the overall mortality rate is 31.29 per 100,000 people. However, in the CHRISTUS Southern New Mexico service area, the rate is much higher at 38.34, with Non-Hispanic Whites having the highest rate at 71.15, while Hispanic or Latino individuals have a much lower rate at 10.08.

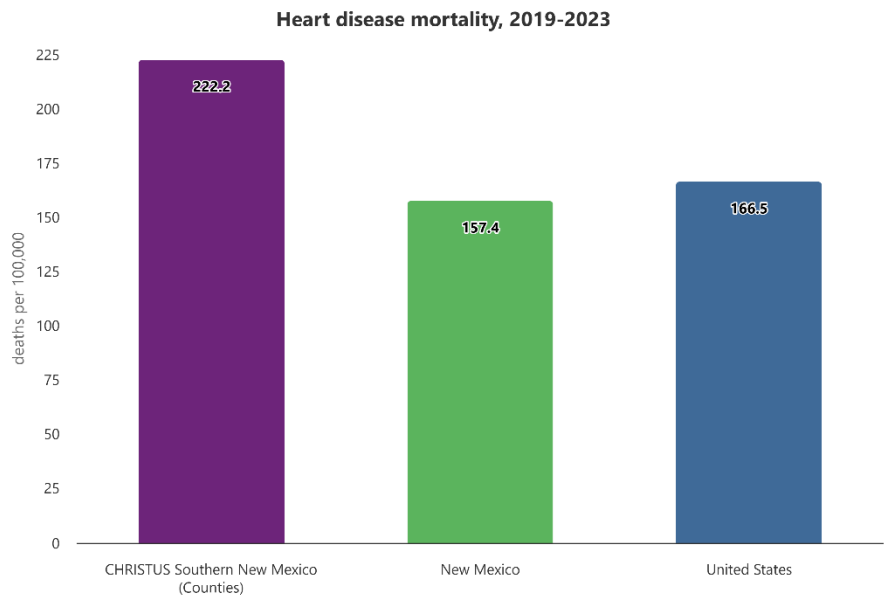


Created on Metopio | metopio.io/xguotwad | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease

Heart Disease Mortality

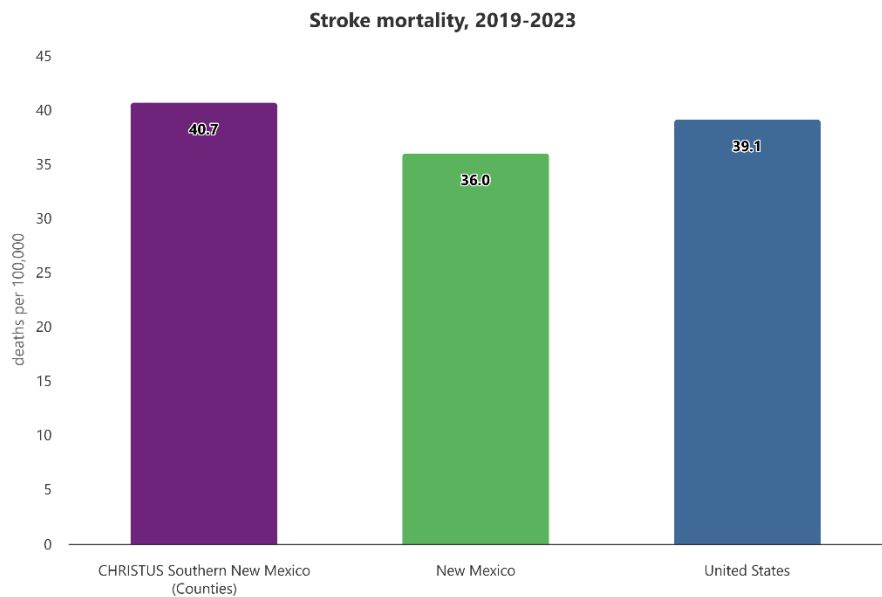
Heart disease mortality rates are presented for CHRISTUS Southern New Mexico counties, New Mexico, and the United States. The mortality rate in CHRISTUS Southern New Mexico counties is 222.16 deaths per 100,000 residents, significantly higher than the state average of 157.45 and the national average of 166.48. This indicates a higher prevalence of heart disease-related deaths in these counties compared to the broader regions.



Created on Metopio | metopio.io/i/2ro1tgv | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Stroke Mortality

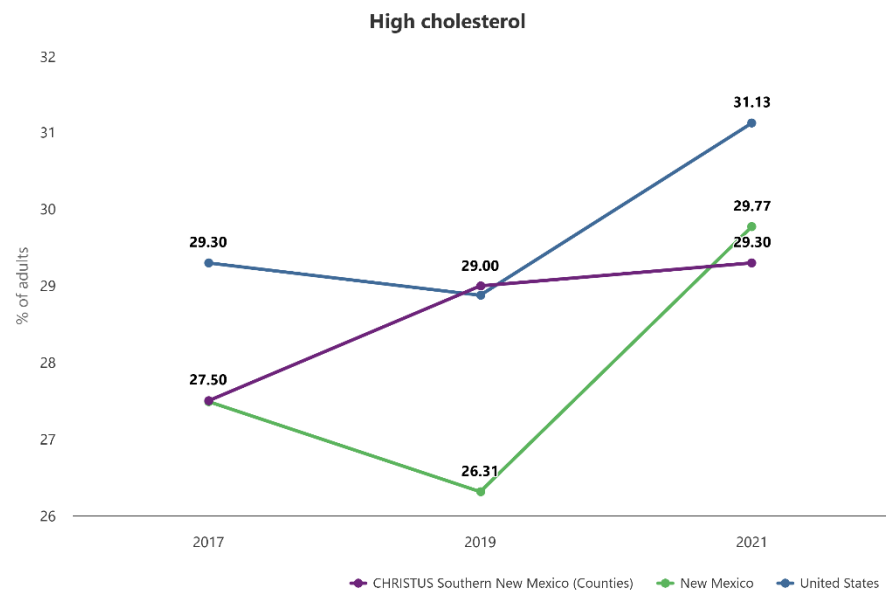
Stroke mortality in the United States is 39.05 per 100,000 residents. In the CHRISTUS Southern New Mexico service area has a higher stroke mortality rate of 40.68, while the state of New Mexico has a slightly lower rate of 35.98. This indicates a significant regional variation within the state, with the counties served by CHRISTUS Southern New Mexico experiencing higher mortality rates.



Created on Metopio | metopio.io/i/ancawzqk | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

High Cholesterol

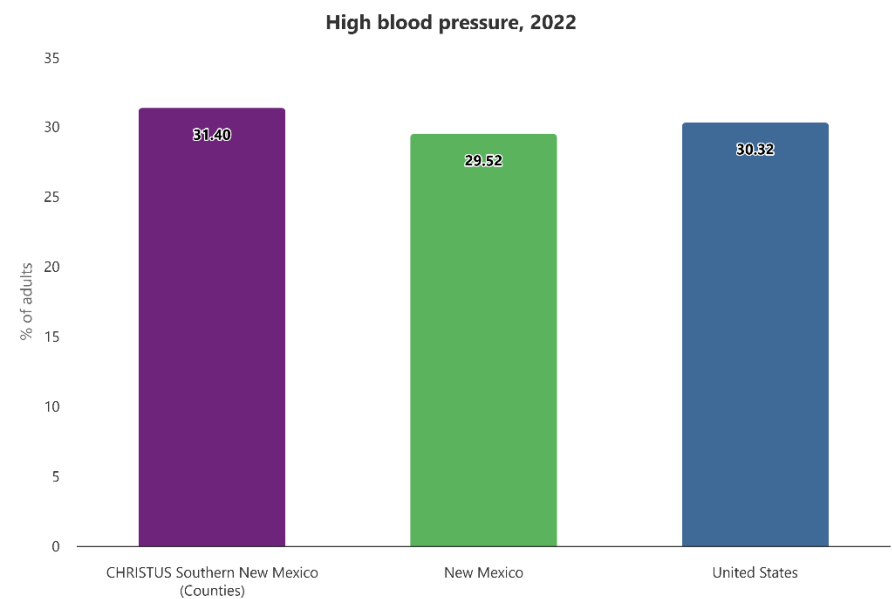
High cholesterol levels in the CHRISTUS Southern New Mexico service area have shown a slight increase from 27.5% in 2017 to 29.3% in 2021. In contrast, New Mexico's state average has fluctuated, starting at 27.49% in 2017, decreasing to 26.31% in 2019, and rising again to 29.77% in 2021. Nationwide, high cholesterol levels have also increased, rising from 29.3% in 2017 to 31.13% in 2021.



Created on Metopio | metop.io/16j3xyt7e | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High cholesterol: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

High Blood Pressure

The data reveals that the prevalence of high blood pressure in the CHRISTUS Southern New Mexico service area is 31.4%. This rate is higher than both the state average of 29.52% and the national average of 30.32%. These figures indicate a significant health concern in the region, surpassing broader trends.



Created on Metopio | metop.io/16j3xyt7e | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

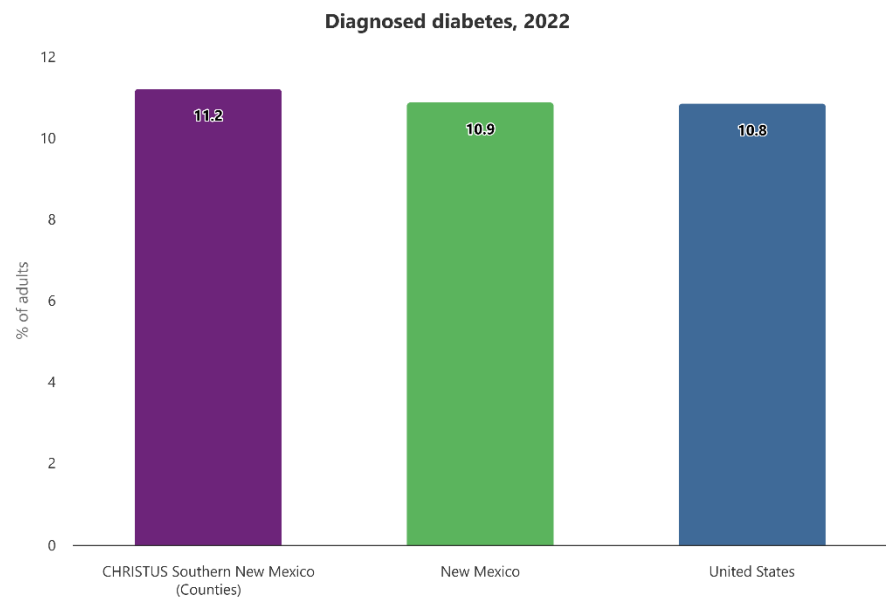
Diabetes

Diagnosed Diabetes

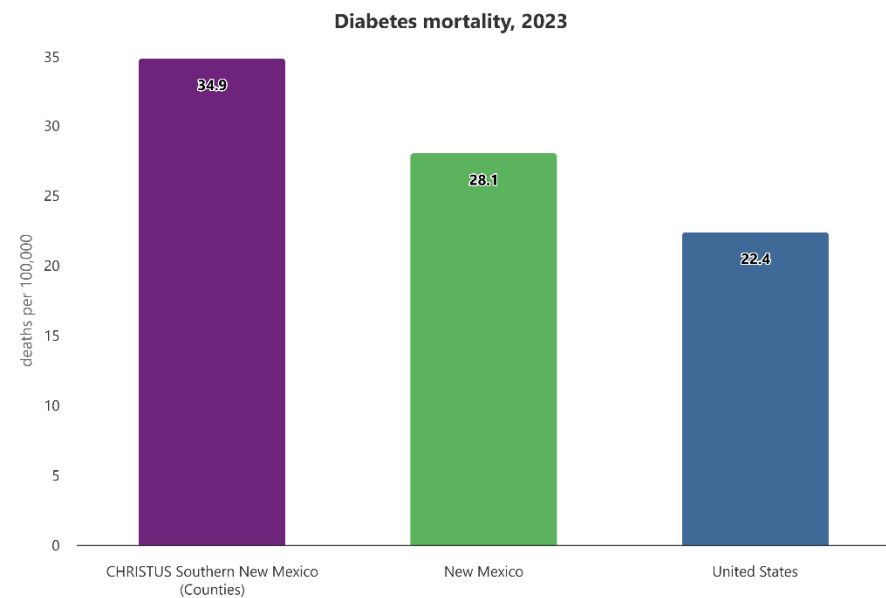
Diagnosed diabetes rates are presented for the CHRISTUS Southern New Mexico service area, the state of New Mexico and the United States. The rate in CHRISTUS Southern New Mexico is 11.2%, which is higher than both the state and national averages of 10.87% and 10.84%, respectively. This indicates a localized increase in diagnosed diabetes within this specific service area compared to broader regions.

Diabetes Mortality

Diabetes mortality rates in CHRISTUS Southern New Mexico service area is significantly higher than both the state and national averages. In this region, the rate is 34.87 per 100,000 people, compared to New Mexico's 28.06 and the United States' 22.4. This indicates a critical health concern in CHRISTUS Southern New Mexico that requires targeted intervention and health care improvements.



Created on Metopio | metopio.io/8ckfmgw3 | Data sources: Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)
Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for zip, tracts and smaller layers are raw.

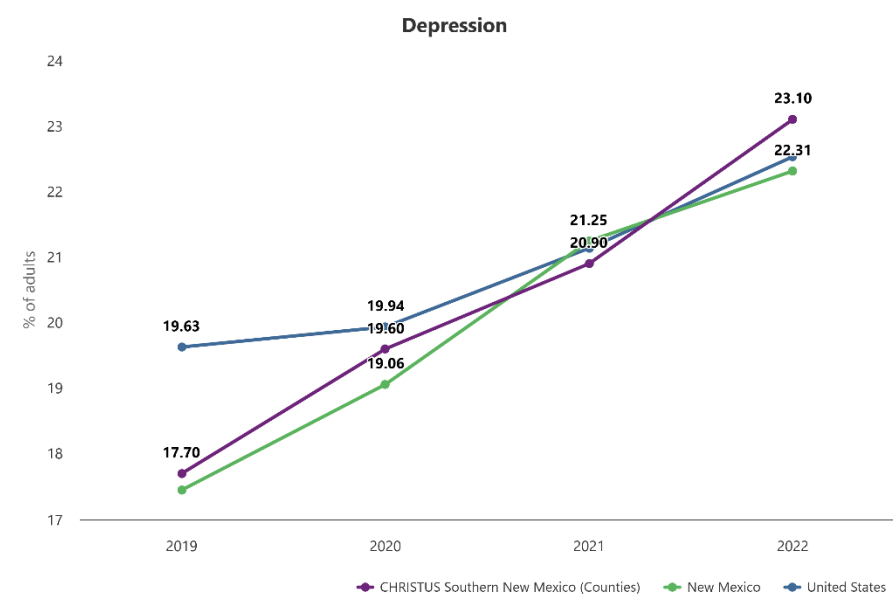


Created on Metopio | metopio.io/mbtkykbnw | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Mental Health

Depression

Depression rates in the CHRISTUS Southern New Mexico service area have been consistently lower than the national average, but have been on the rise for the past few years. In 2019, the rate was 17.7%, compared to 17.45% in New Mexico and 19.63% in the United States. By 2022, the rate had increased to 23.1%, while the national rate was 22.53% and the state rate was 22.31%.

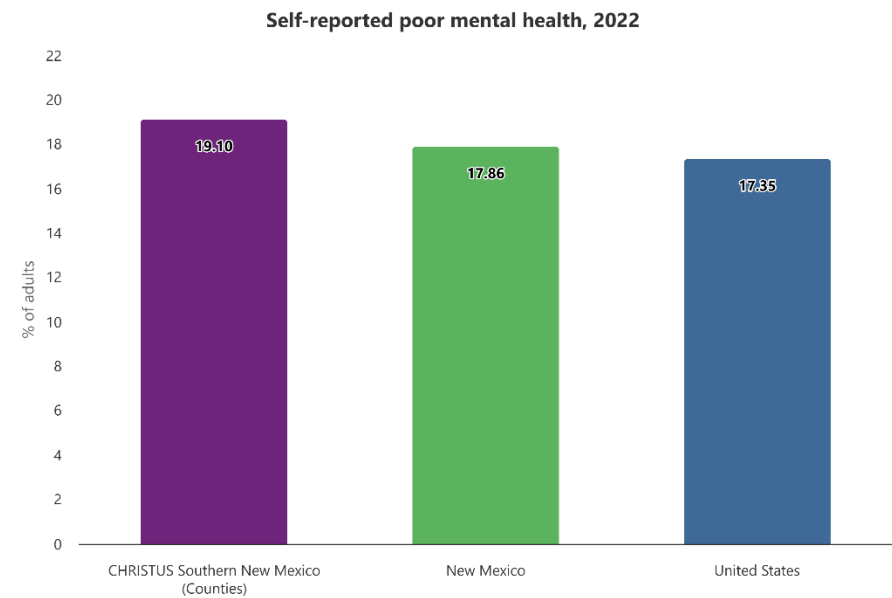


Created on Metopio | metopio.io/iru9oto2 | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-Reported Poor Mental Health

Self-reported poor mental health in the United States is a significant concern. The national average stands at 17.35%. In New Mexico, the rate is slightly higher at 17.86%. The CHRISTUS Southern New Mexico service area reports the highest rate at 19.1%.

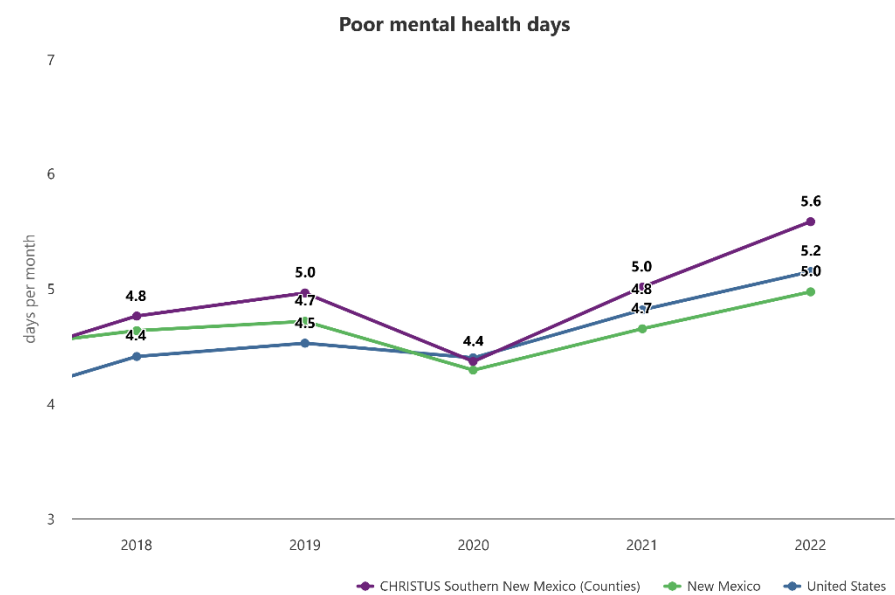


Created on Metopio | metopio.io/cxals83n | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

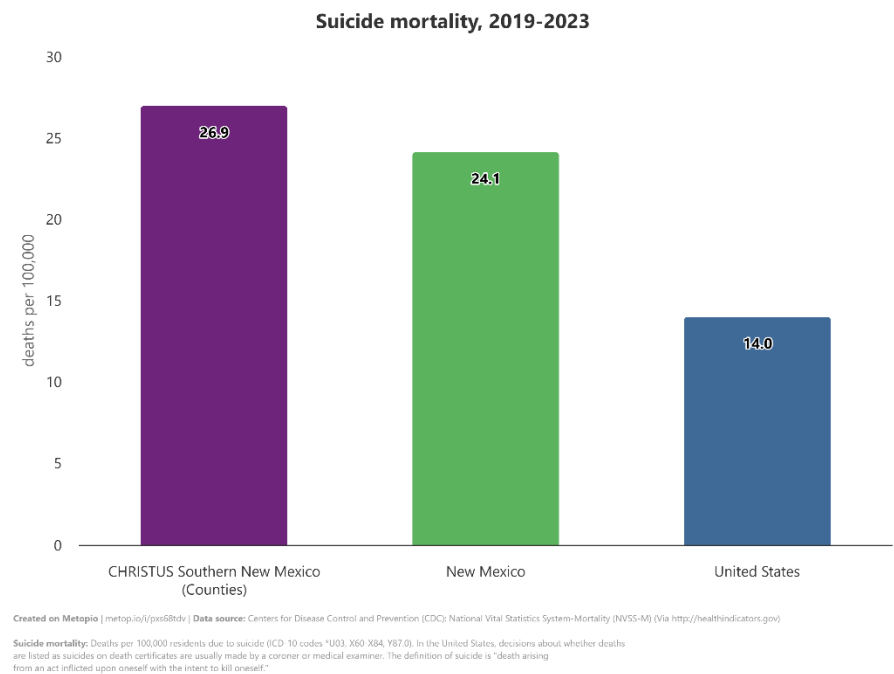
Poor Mental Health Days

Poor mental health days have been a concern across the United States, with the CHRISTUS Southern New Mexico service area showing higher rates compared to both the state and national averages. In 2022, the rate in this region reached 5.59 days, significantly higher than the national average of 5.15 days. The data indicates a general upward trend in poor mental health days over the years, reflecting a growing mental health crisis.



Suicide Mortality

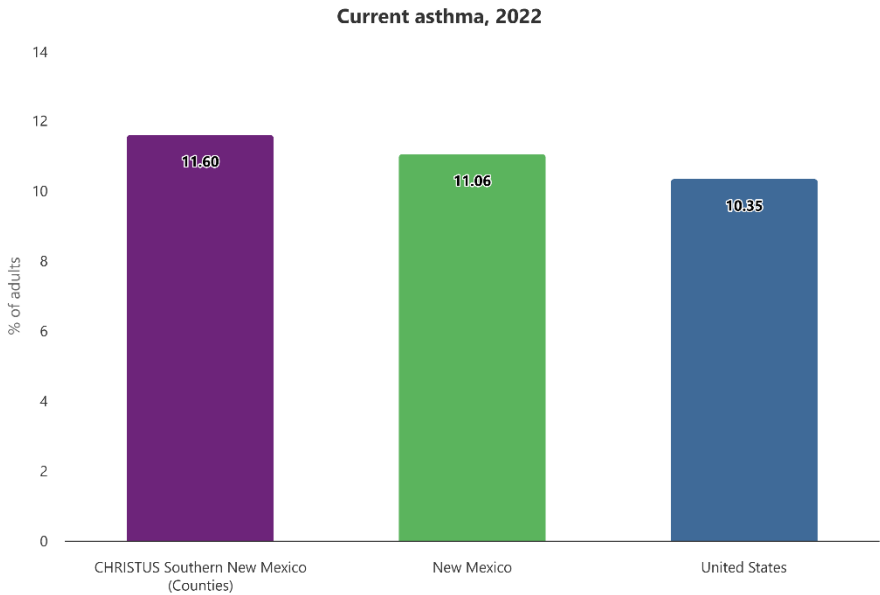
Suicide mortality rates in the CHRISTUS Southern New Mexico service area are significantly higher than both the state of New Mexico and the United States as a whole. The rate in these counties is 26.93 per 100,000 people, compared to 24.13 in New Mexico and 13.98 nationwide. This indicates a critical need for targeted mental health interventions in this region.



Respiratory Illness

Current Asthma

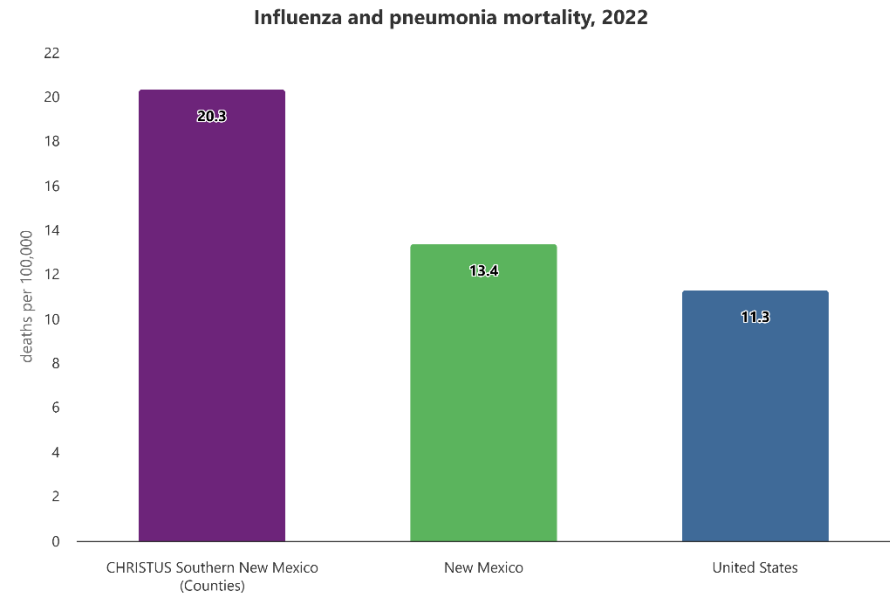
Current asthma rates in the CHRISTUS Southern New Mexico service area are higher than the state and national averages, at 11.6%. New Mexico's overall rate is slightly lower at 11.06%, while the United States has a rate of 10.35%. This indicates a notable prevalence of asthma in the specified counties compared to broader regions.



Created on Metopio | metopio.io/viBehm14 | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)). Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Influenza and Pneumonia Mortality

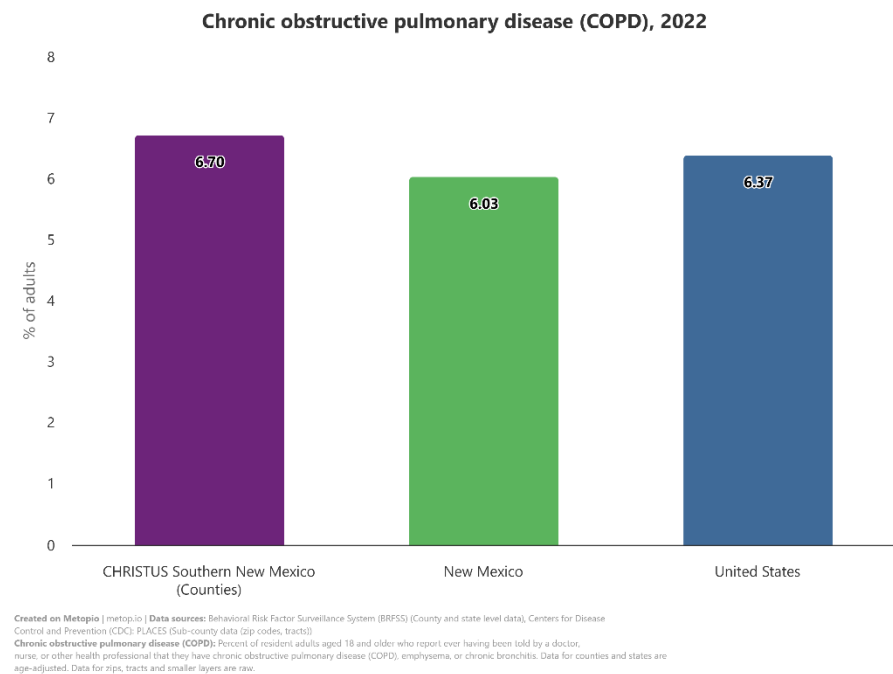
Influenza and pneumonia mortality rates vary significantly across different regions. The CHRISTUS Southern New Mexico service area reports the highest rate at 20.34. In comparison, the overall mortality rate for New Mexico is 13.37, while the United States has a lower rate of 11.3. These disparities highlight the regional differences in health outcomes related to influenza and pneumonia.



Created on Metopio | metopio.io/viBehm14 | Data sources: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Chronic Obstructive Pulmonary Disease

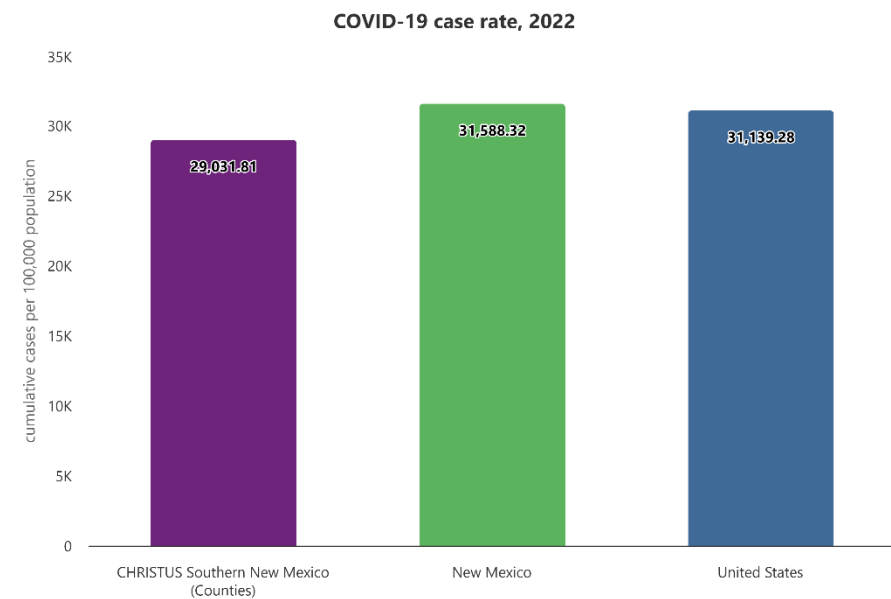
Chronic obstructive pulmonary disease (COPD) prevalence is depicted in the data. The highest rate is observed in the CHRISTUS Southern New Mexico service area at 6.7%. New Mexico and the United States have slightly lower rates at 6.03% and 6.37%, respectively. This indicates a higher prevalence in the specified counties compared to the national average.



COVID-19

COVID-19 Case Rate

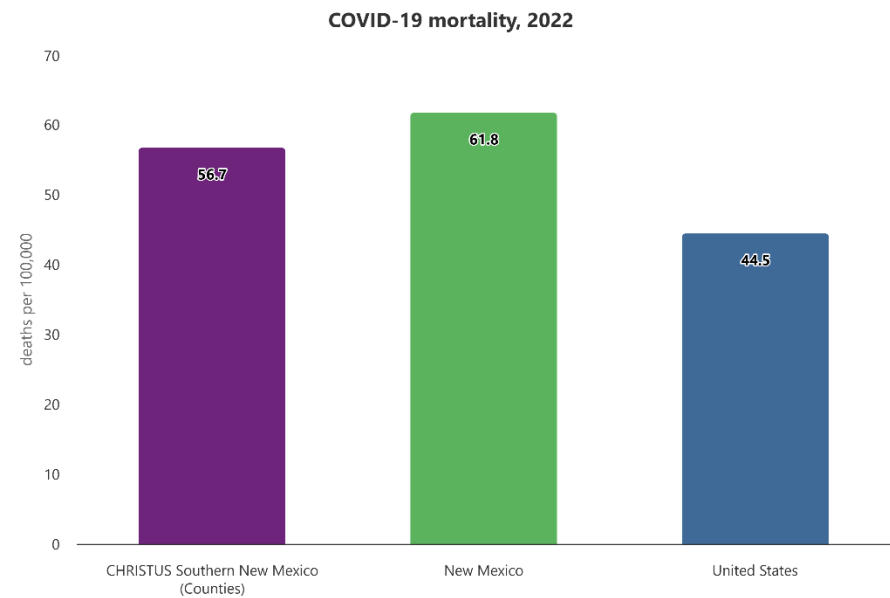
The COVID-19 case rate for the CHRISTUS Southern New Mexico service area is 29,031.81 per 100,000 people. This rate is lower than the overall COVID-19 case rate for New Mexico, which stands at 31,588.32 per 100,000 people. The national COVID-19 case rate in the United States is 31,139.28 per 100,000 people.



Created on Metopio | metopio.io/profile/5nd | Data sources: The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards).
COVID-19 case rate: Confirmed COVID-19 cases from the SARS-CoV-2 virus per 100,000 residents, as of 10/10/2022. Cumulative cases, includes those who have recovered or died. These case counts are extremely biased by where testing and resources are available. Rates are not age-adjusted because of a lack of detailed age data. Data may be updated at any time; for the most recent available data, please see the cited

COVID-19 Mortality

The COVID-19 mortality rate in the United States is 44.45 per 100,000 people. In New Mexico, the rate is higher at 61.82. The CHRISTUS Southern New Mexico service area has the highest rate among the identified places, at 56.67.



Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)
COVID-19 mortality: Deaths per 100,000 residents with an underlying cause of COVID-19 (SARS-CoV-2).

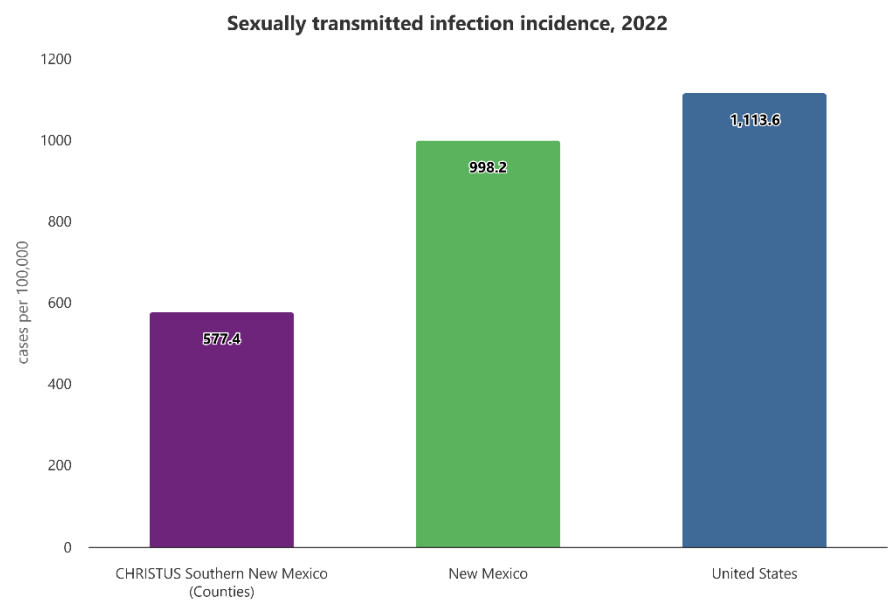
STI

Sexually Transmitted Infection Incidence

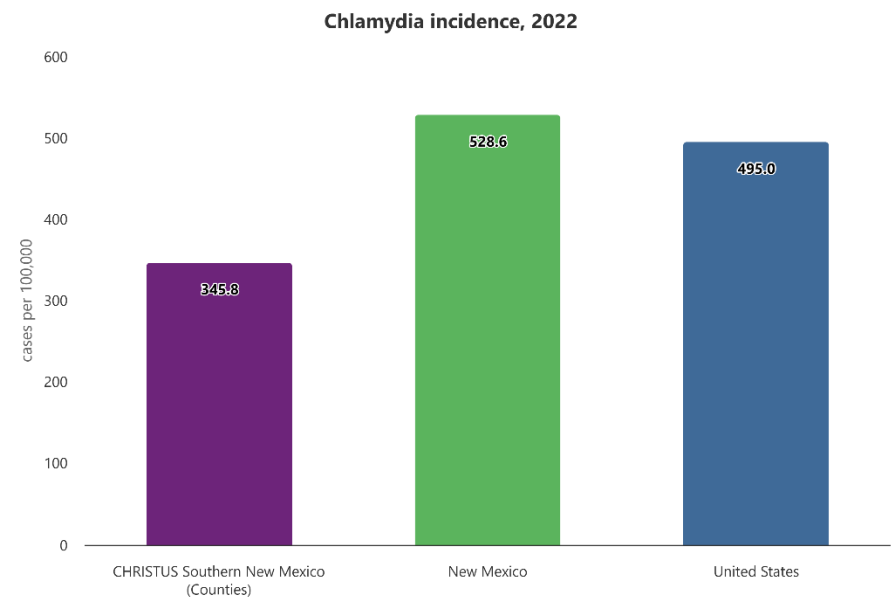
Sexually transmitted infection incidence varies significantly across different regions. The CHRISTUS Southern New Mexico service area has a notably lower incidence rate of 577.4 per 100,000 people compared to the state average of 998.2. The national incidence rate is even higher at 1113.6, indicating a substantial disparity between local and national rates. This suggests that regional health initiatives in CHRISTUS Southern New Mexico may be more effective in controlling STI spread.

Chlamydia Incidence

The data points relate to chlamydia incidence rates. The CHRISTUS Southern New Mexico service area has a rate of 345.8 per 100,000 people. New Mexico's rate is higher at 528.6, while the United States' rate is 495.0. This indicates that chlamydia incidence in New Mexico is above the national average, with CHRISTUS Southern New Mexico having a comparatively lower rate.



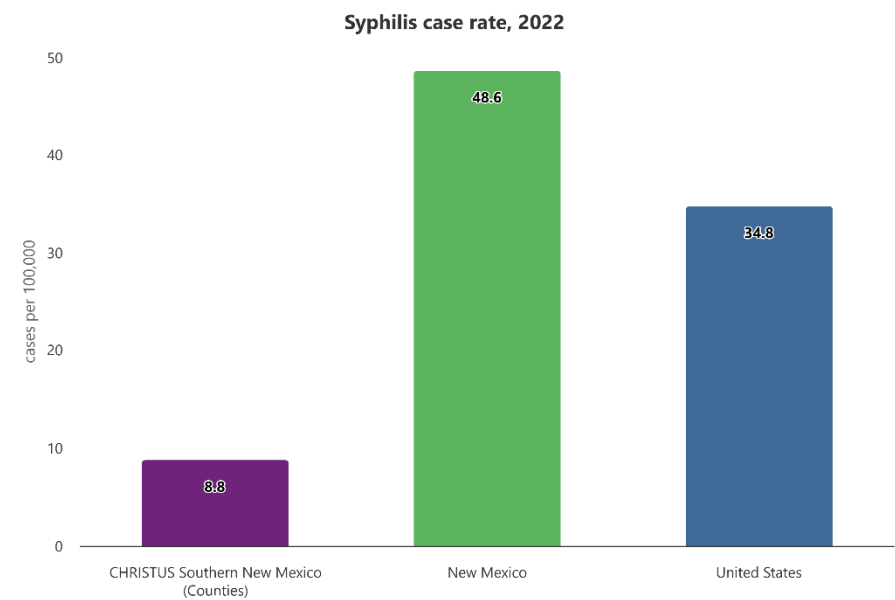
Created on Metopio | metopio.io/ovylkclik | Data source: Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via <http://healthindicators.gov>)
Sexually transmitted infection incidence: The number of sexually transmitted infections per 100,000 residents. Includes chlamydia, gonorrhea, syphilis, and HIV/AIDS cases. More than half of these cases are from chlamydia alone.



Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via <http://healthindicators.gov>)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

Syphilis Case Rate

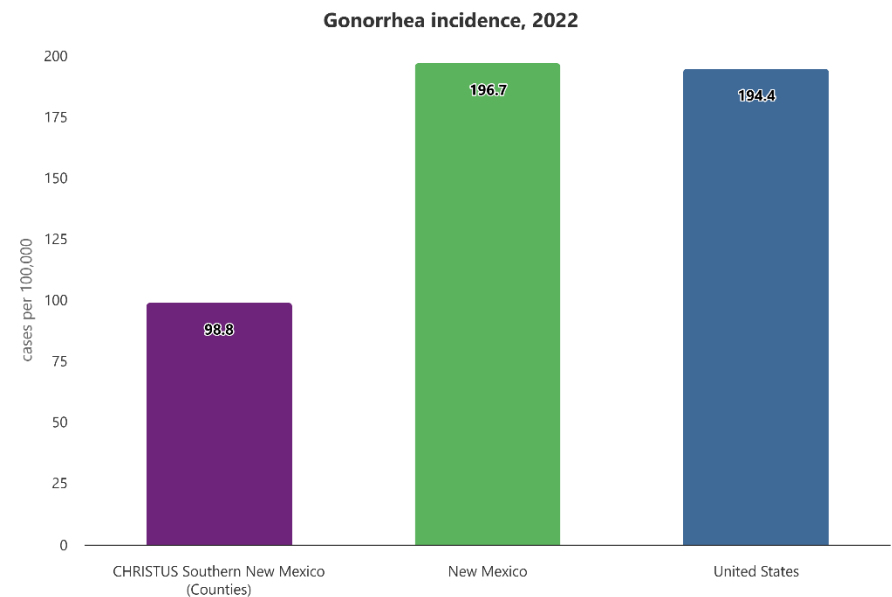
The syphilis case rate in the United States is 34.8 per 100,000 people. The CHRISTUS Southern New Mexico service area has a notably lower rate of 8.8. In contrast, the state of New Mexico has a significantly higher rate of 48.6. This indicates a substantial variation in syphilis case rates within different regions of New Mexico.



Created on Metopio | metopio.io/vjgnbllmqj | Data source: Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus.
Syphilis case rate: Reported syphilis cases per 100,000 residents, including primary and secondary syphilis (the initial stages of the disease) and early latent syphilis (the stage with no symptoms). Syphilis is a sexually-transmitted disease that progresses through a series of clinical stages and can cause long-term complications if not treated correctly.

Gonorrhea Incidence

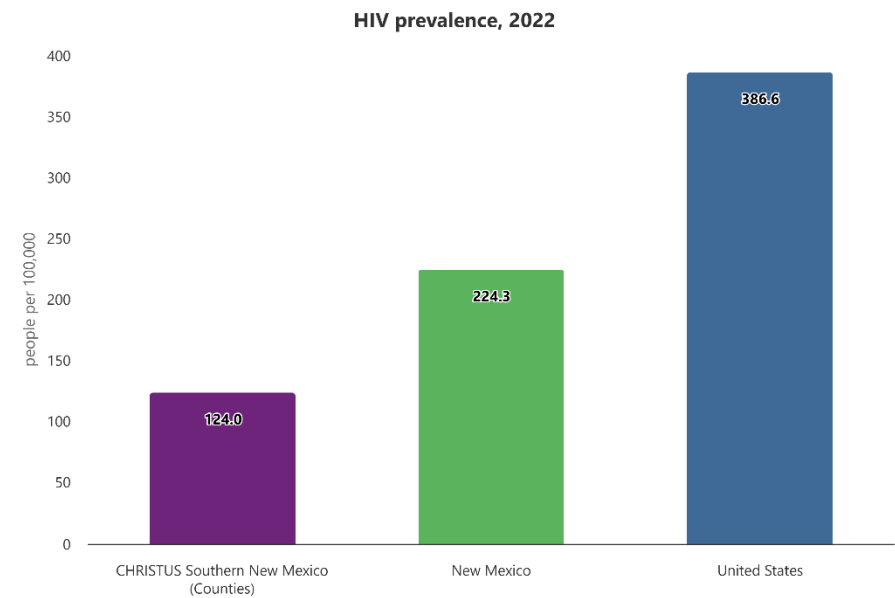
Gonorrhea incidence in the United States is 194.4 cases per 100,000 people. The state of New Mexico has a higher incidence rate of 196.7. The CHRISTUS Southern New Mexico service area has the lowest incidence rate at 98.8.



Created on Metopio | metopio.io/vq2uvzky | Data source: Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus.
Gonorrhea incidence: Reported gonorrhea cases per 100,000 residents. Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults.

HIV Prevalence

HIV prevalence in the CHRISTUS Southern New Mexico service area counties is 124.0 per 100,000 people. This is lower than the statewide prevalence of 224.3 in New Mexico and significantly lower than the national prevalence of 386.6 in the United States. The data indicates a substantial variation in HIV prevalence across different regions.

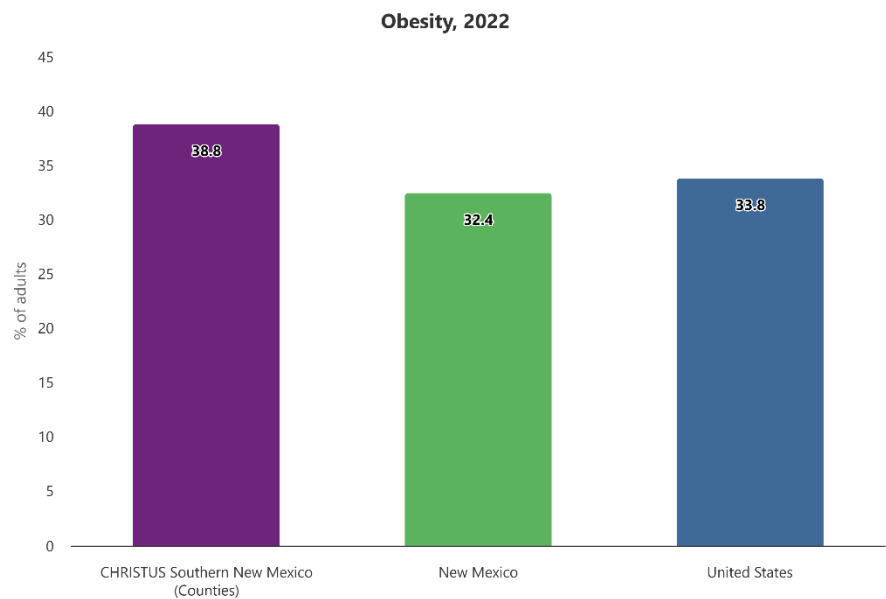


Created on Metopia | metopia.io/7ss4tc5q | Data source: Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
HIV prevalence: Reported cases of adolescents and adults aged 13 years and older, per 100,000, living with HIV (human immunodeficiency virus), an incurable viral infection which leads to AIDS. This indicator is the prevalence (people living with HIV), not the incidence (new diagnoses of HIV). It increases with newly diagnosed cases and decreases with deaths (whether caused by AIDS or not).

Obesity

Obesity

Obesity rates in the United States are alarmingly high, with a national average of 33.83%. The state of New Mexico has a slightly lower rate of 32.4%, while the CHRISTUS Southern New Mexico service area has the highest rate of 38.8%. These figures highlight the urgent need for effective interventions to address obesity in these regions.



Created on Metaplo | metoplo/9956n49v | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC), PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

Clinical utilization data offers a valuable window into the health issues most affecting our communities. By examining hospital and clinic diagnoses across outpatient, emergency, inpatient and behavioral health settings, we gain insight into the conditions driving care needs; highlighting where prevention, chronic disease management or improved access may be needed.

This section summarizes the most common diagnoses across CHRISTUS Southern New Mexico's facilities from 2022 to 2025, including outpatient and pediatric visits, emergency department use, hospital admissions and behavioral health encounters. These data reflect the realities of care delivery on the ground and help identify where community resources and system efforts can be better aligned to improve health outcomes. With these insights, we can better respond to the community and meet people where they are, building a healthier future together.

Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS HEALTH - ALAMOGORDO
Childbirth
Sepsis
Heat/circulatory
Pneumonia
Respiratory system
Urinary tract infection
Kidney failure/disease
Infections
Maternal care
Cardiorenal disease

What This Data Tells Us

Hospital admission data from Christus Southern New Mexico highlights a diverse range of health challenges affecting the region. The top reasons for inpatient care reflect both acute medical needs and chronic health conditions, underscoring the importance of targeted interventions, preventive care and community-based health strategies.

Childbirth and maternal care: As the leading cause of hospital admission, childbirth points to a high demand for maternal and perinatal services. This trend emphasizes the need for continued investment in prenatal care, labor and delivery support. Beyond routine childbirth, maternal care admissions for complications highlight the need for specialized obstetric services, high-risk pregnancy monitoring and maternal mental health support.

Sepsis and infections: Frequent admissions for sepsis indicate gaps in early infection detection and outpatient management. These cases often stem from preventable infections that escalate due to delayed care. A

broad category of infections continues to drive hospitalizations, reinforcing the need for community hygiene initiatives, antibiotic stewardship and access to timely outpatient care.

Heat and circulatory conditions: Admissions related to heat exposure and circulatory issues reflect the region’s extreme climate and its impact on vulnerable populations, especially the elderly.

Pneumonia and respiratory system disorders: Respiratory-related admissions, including pneumonia, suggest a need for improved vaccination coverage, air quality monitoring and chronic disease management programs for conditions like asthma and COPD.

Urinary tract infections and kidney disease: Recurring hospitalizations for UTIs and kidney-related conditions point to the importance of early screening, especially among older adults and individuals with diabetes. Strengthening outpatient nephrology services and patient education can reduce these preventable admissions.

How Our Emergency Rooms Are Being Used

CHRISTUS HEALTH - ALAMOGORDO
Urinary tract infections
Respiratory infection
Chest pain
Abdominal pain
COVID-19
Influenza
Head injury
Gastroenteritis
Other viral infections

What This Data Tells Us

Hospital admission data from CHRISTUS Southern New Mexico Health System reveals a pattern of acute and preventable conditions driving inpatient care. These trends highlight opportunities to strengthen primary care access, improve health literacy and enhance community-based prevention strategies.

- **Urinary tract infections:** Frequent admissions suggest a need for earlier outpatient treatment and better infection prevention, especially among older adults.
- **Respiratory infections:** These cases point to seasonal surges and chronic conditions, reinforcing the importance of vaccinations and respiratory care access.
- **Chest and abdominal pain:** Common but often non-specific, these symptoms highlight the need for better diagnostic access and patient education to reduce unnecessary admissions.

- **COVID-19 and influenza:** Ongoing viral threats continue to impact vulnerable populations, underscoring the need for sustained vaccination and public health outreach.
- **Head injuries and gastroenteritis:** These acute conditions reflect the need for injury prevention and hygiene education, particularly in high-risk groups.
- **Other viral infections:** Continued viral illness admissions point to the importance of surveillance, early care and community health education.

How Our Outpatient Clinics Are Being Used

CHRISTUS HEALTH - ALAMOGORDO
General adult medical examination
Hypertension
Sleep apnea
Hyperlipidemia
Mammogram
Diabetes
Hypothyroidism
Osteoporosis
Radiation therapy
Other preprocedural examination

- **Mammograms:** High utilization reflects effective breast cancer screening outreach. Maintaining access and follow-up care is key to early intervention.
- **Diabetes and hypothyroidism:** These chronic conditions require consistent monitoring and patient education. Integrated care models can help improve outcomes and reduce complications.
- **Osteoporosis:** Outpatient visits for bone health highlight the importance of fall prevention and early screening, especially among aging populations.
- **Radiation therapy:** Ongoing outpatient cancer treatments underscore the need for supportive oncology services and care coordination.
- **Other preprocedural exams:** These visits reflect preparation for surgeries or procedures, emphasizing the importance of streamlined care pathways and patient readiness.

What This Data Tells Us

Outpatient visit trends at CHRISTUS Southern New Mexico Health System reflect a strong focus on chronic disease management, preventive care and preprocedural evaluations.

- **General adult medical exams:** High volumes of routine checkups indicate strong engagement in preventive care, offering a foundation for early detection and chronic disease management.
- **Hypertension and hyperlipidemia:** Frequent visits for these conditions point to the ongoing burden of cardiovascular risk factors. Continued focus on lifestyle counseling and medication adherence is essential.
- **Sleep apnea:** Regular outpatient care for sleep disorders suggests growing awareness and diagnosis, with opportunities to expand access to sleep studies and CPAP support.

How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS HEALTH - ALAMOGORDO
Schizoaffective disorder
Depressive disorder
Alcohol dependency
Bipolar disorder
Epilepsy
Dementia
Cannabis abuse

Behavioral health data underscores the urgent need for expanded access to psychiatric care, substance use treatment and integrated support services — especially in rural and underserved communities.

What This Data Tells Us

Behavioral health visit patterns at CHRISTUS Southern New Mexico Health System reflect a growing need for integrated mental health and substance use services across the region.

- **Schizoaffective and bipolar disorders:** Frequent visits for depression point to widespread mental health needs and the importance of accessible counseling, therapy and early intervention services.
- **Alcohol dependency and cannabis abuse:** These visits suggest ongoing substance use challenges and the need for expanded addiction treatment, harm reduction strategies and community education.
- **Epilepsy:** While neurological, epilepsy often overlaps with behavioral health due to psychosocial impacts. Coordinated care between neurology and mental health providers is essential.
- **Dementia:** Care for dementia reflects the need for geriatric mental health services, caregiver support and long-term care planning.

Community Survey

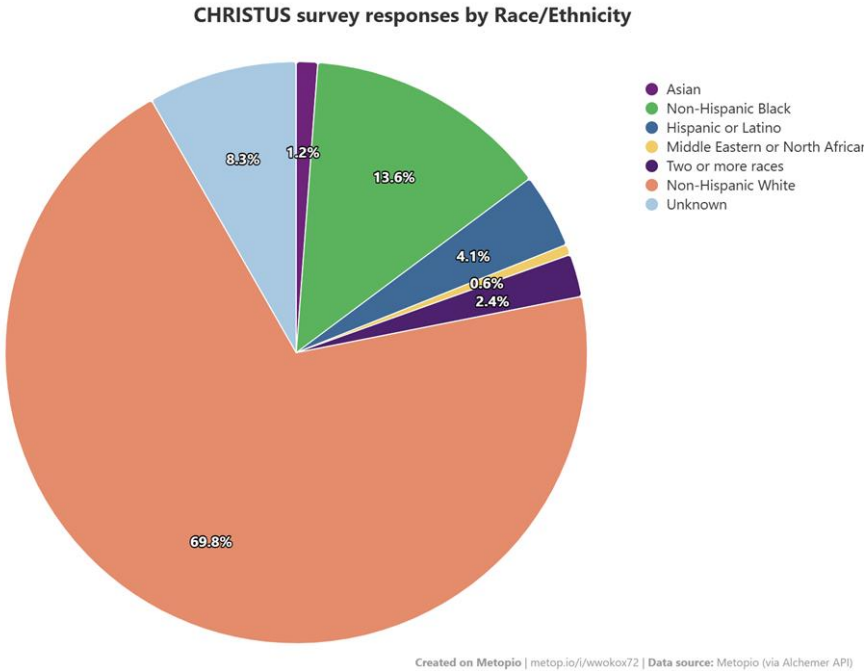
As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available in both online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. This year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access and ability to pay for medical care.

A total of 198 surveys were completed by Associates, community residents and patients within the communities that the CHRISTUS Southern New Mexico Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.



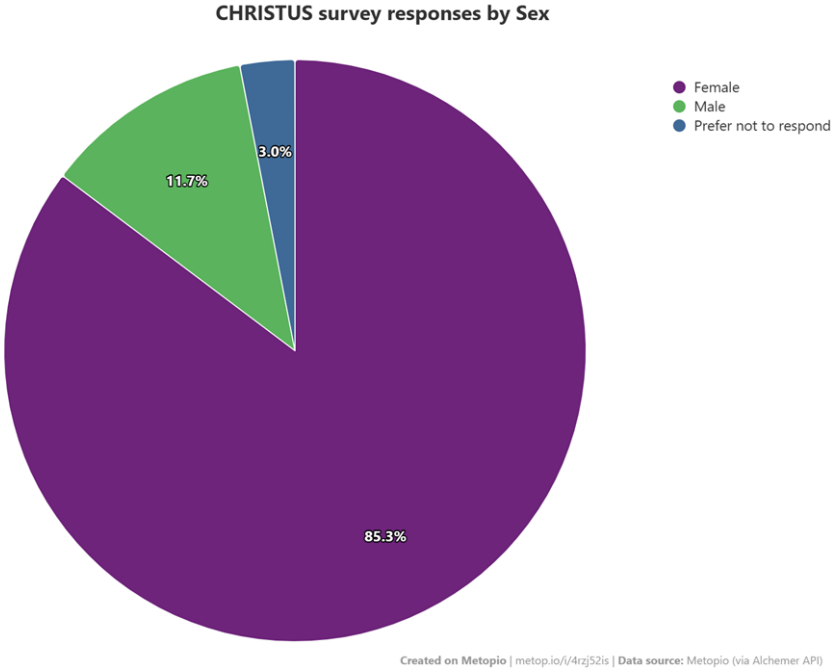
Responses by Race and Ethnicity

The data represents survey responses categorized by race/ethnicity for the CHRISTUS Southern New Mexico service area. The majority of respondents are Non-Hispanic White, with 118 responses, followed by Non-Hispanic Black with 23 responses. Asian and Hispanic or Latino respondents are less represented, with two and seven responses respectively. Additionally, there are a few responses from individuals of two or more races, Middle Eastern or North African descent and those with unknown race/ethnicity.



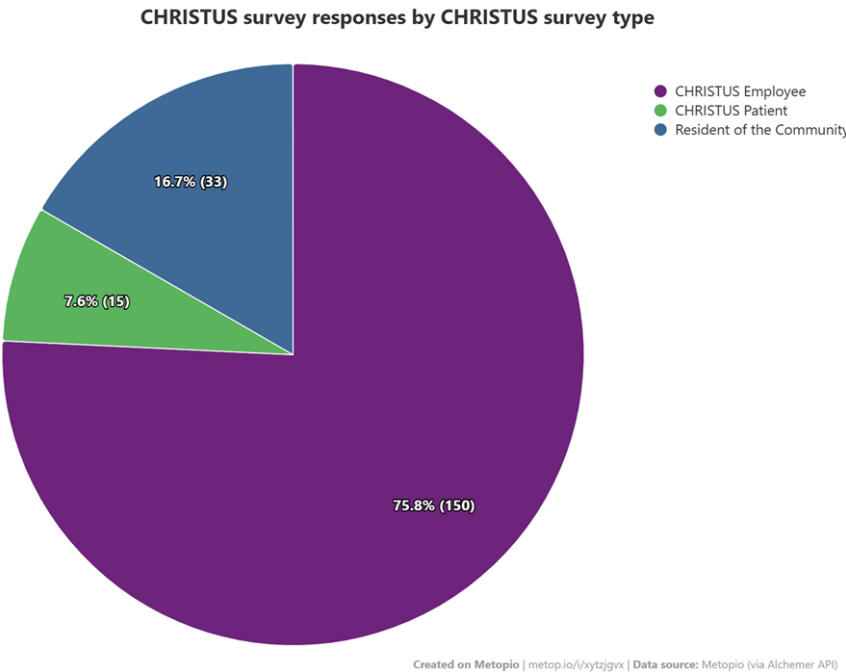
Responses by Sex

The primary area of focus for this chart is CHRISTUS Southern New Mexico, specifically within its zip codes. The data indicates that the majority of survey respondents in this region are female, with 168 responses, while 23 respondents are male. Additionally, six respondents preferred not to disclose their gender. This suggests a significant gender disparity in the survey responses from this area.



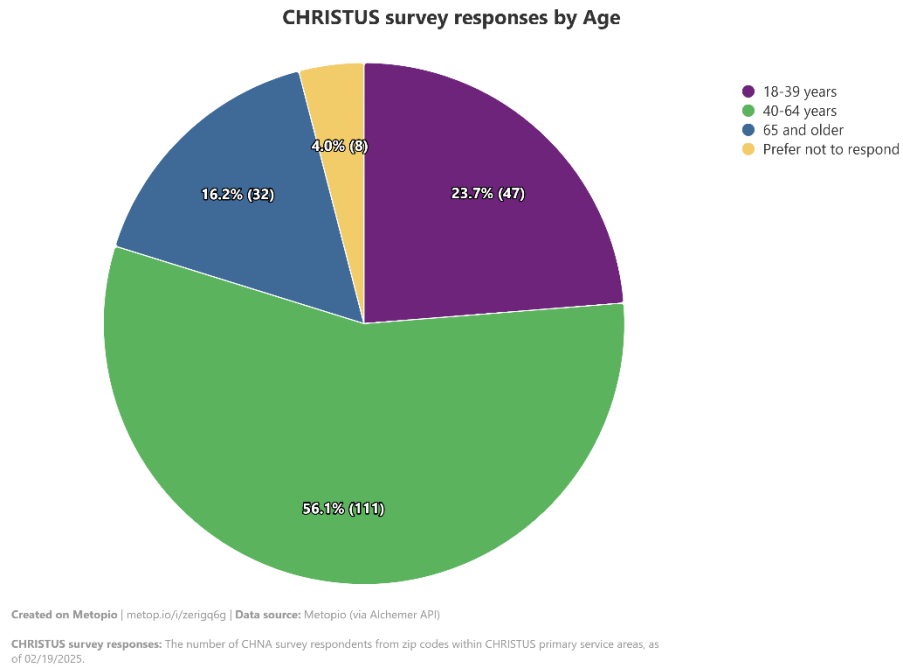
Responses by Type of Survey

The data represents the distribution of survey responses by type in the CHRISTUS Southern New Mexico service area. The majority of responses, 150, came from CHRISTUS employees. Residents of the community contributed 33 responses, while only 15 responses were from CHRISTUS patients.



Responses by Age

The data represents survey responses the CHRISTUS Southern New Mexico service area, focusing on age distribution. The majority of respondents fall within the 40-64 years age group, accounting for 111 responses. Younger adults (18-39 years) and older adults (65 and older) are less represented, with 47 and 32 responses respectively.

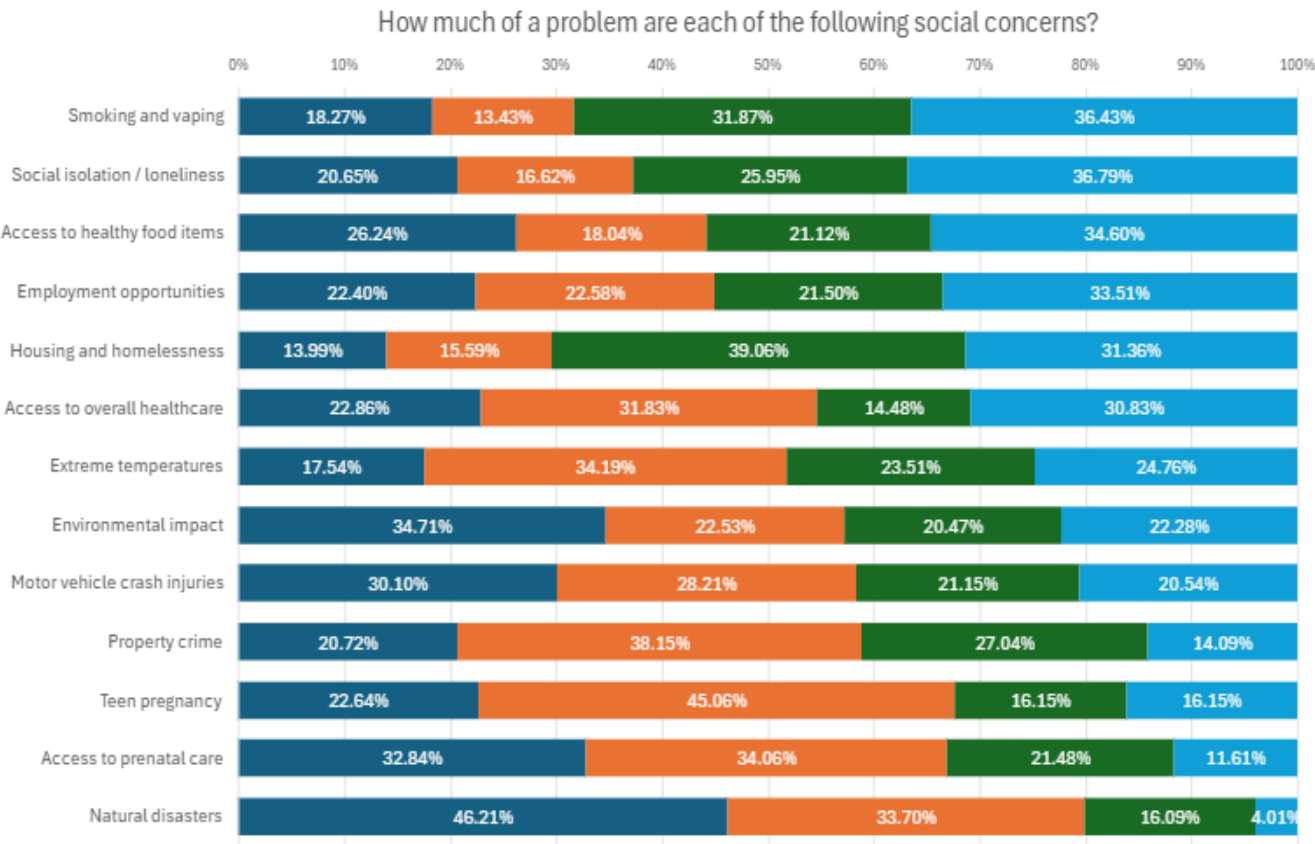


Social Concerns

The social concerns data from CHRISTUS Southern New Mexico show that smoking and vaping, social isolation, food access and employment opportunities were commonly rated as significant problems. Housing, health care access and environmental stressors — especially extreme temperatures — also stood out as serious concerns. These insights reflect the intertwined effects of socioeconomic and environmental factors on community health.

The chart’s legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem

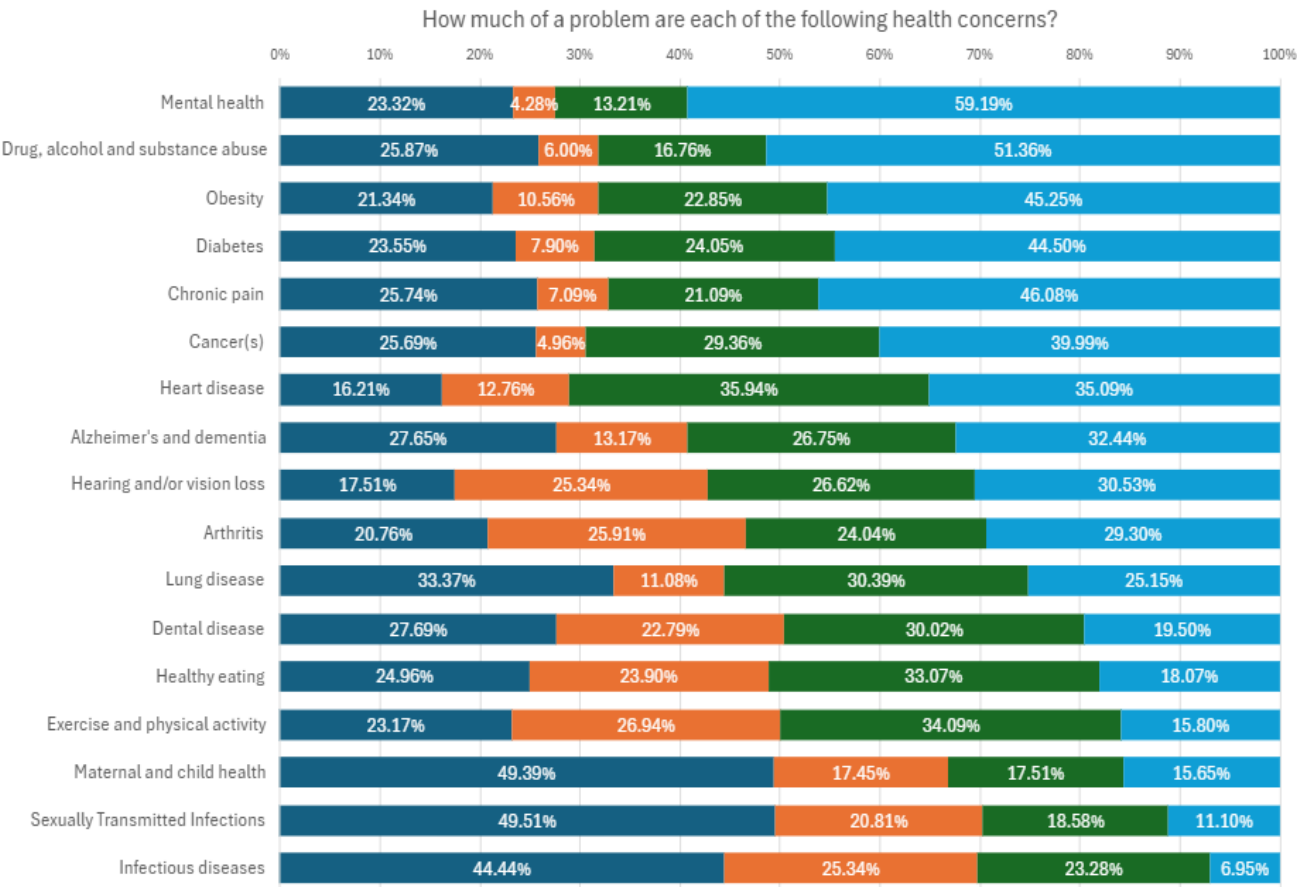


Health Concerns

Survey responses from the CHRISTUS Southern New Mexico region indicate that mental health, substance use and obesity are among the most pressing health concerns, with a majority of participants rating them as “serious” problems. Diabetes, chronic pain and cancer also ranked high, while issues like STIs and maternal and child health were viewed as less concerning. These results point to ongoing challenges in behavioral health and chronic disease management across the region.

The chart’s legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem



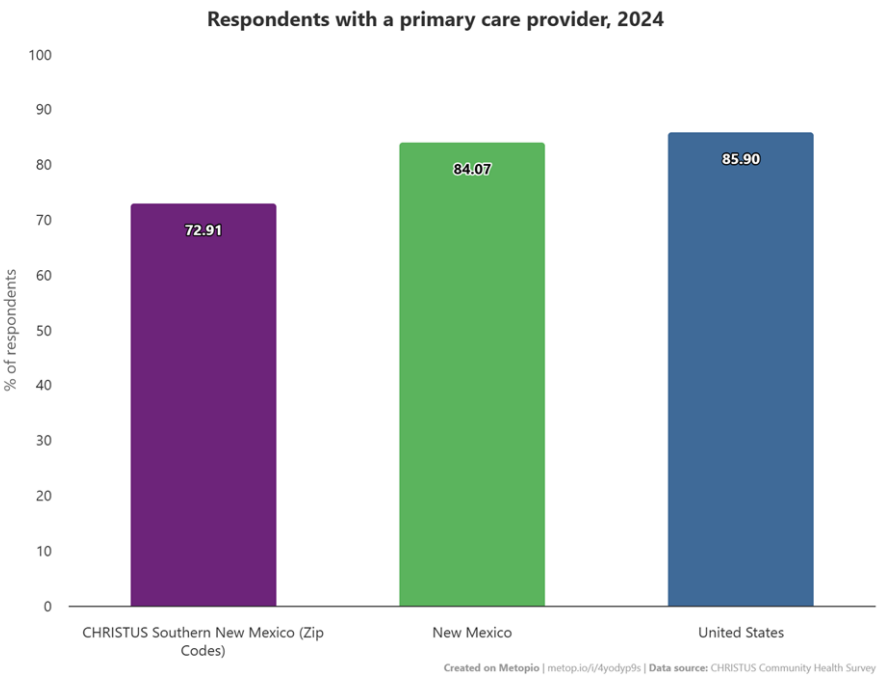
The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes regarding health and social issues in the neighborhood. A significant concern is the lack of access to health care, including timely appointments with physicians, specialists and mental health services, particularly for pediatric and adolescent care. Transportation barriers further exacerbate access issues, especially for the elderly and those in rural areas. Economic challenges such as low wages, poverty and the high cost of living, including health care, are prevalent. There is also a noted shortage of affordable child care and recreational activities for children and youth. Social issues include a high prevalence of homelessness, drug addiction and violent crime, with inadequate law enforcement response. The community also faces challenges related to discrimination, political divide and insufficient resources for the elderly and those with disabilities. Additionally, there is a call for more educational and job opportunities to support community growth.



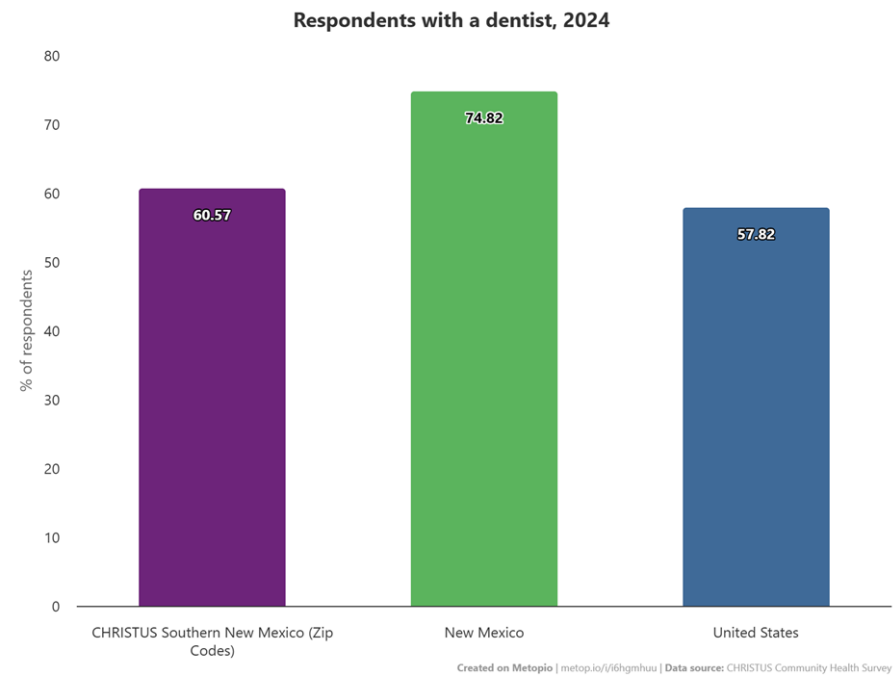
Primary Care Provider

Respondents with a primary care provider in the United States have a high rate, reaching 85.9%. In New Mexico, the rate is slightly lower at 84.07%. The lowest rate is found in the CHRISTUS Southern New Mexico zip codes, at 72.91%.



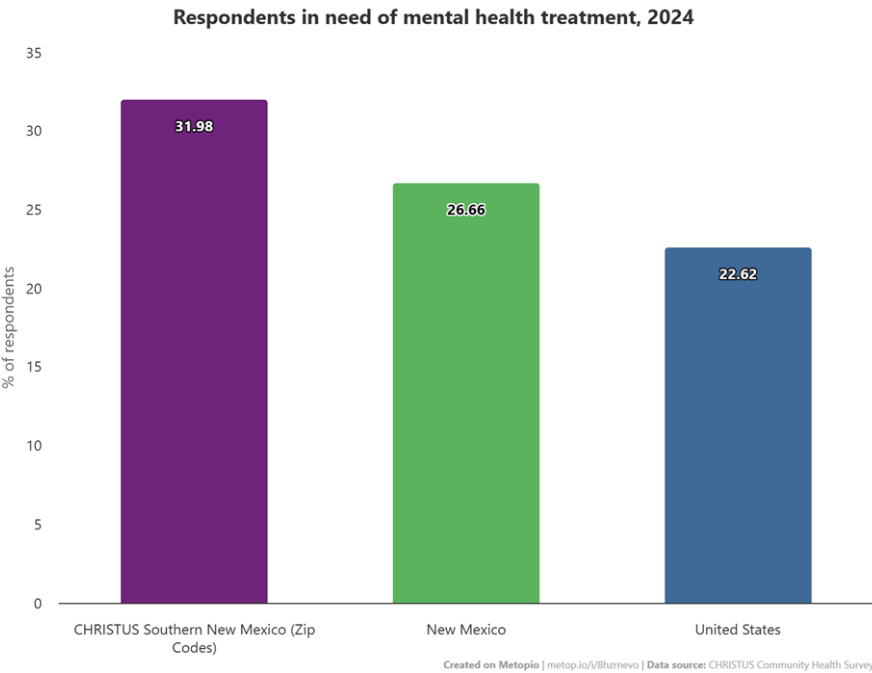
Dentist

Respondents with a dentist were reported across various locations in the United States. In the State of New Mexico, 74.82% of respondents indicated having a dentist. This is higher than the national average of 57.82%. However, in the specific ZIP codes associated with CHRISTUS Southern New Mexico, the percentage was lower at 60.57%.



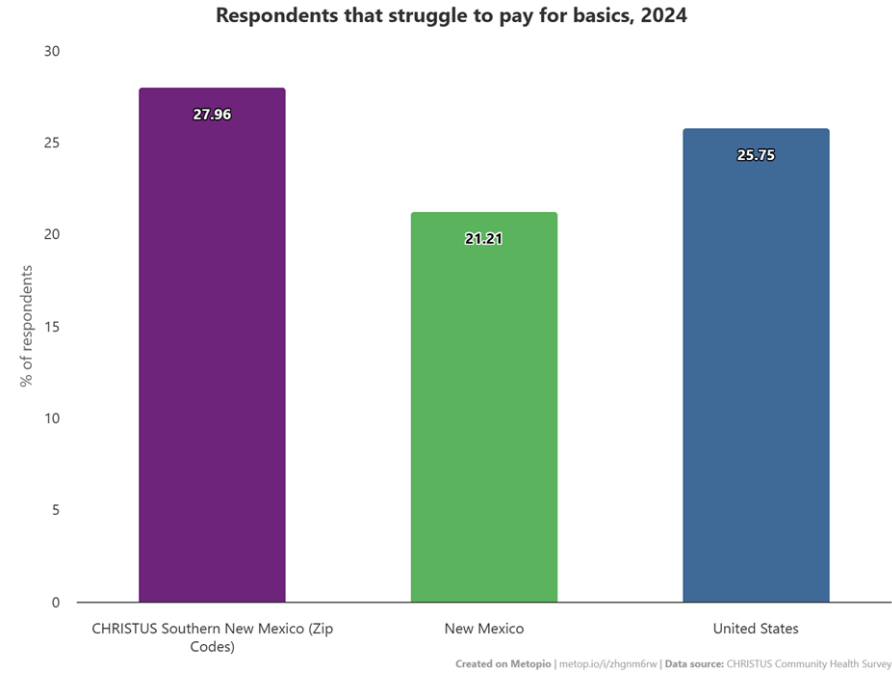
Mental Health

Respondents in need of mental health treatment were identified across various regions. CHRISTUS Southern New Mexico, covering specific zip codes, reported the highest percentage at 31.98%. This was followed by New Mexico at 26.66% and the United States overall at 22.62%, indicating a higher prevalence of mental health needs in these areas.



Basic Needs

Respondents that struggle to pay for basics are represented in the data. The highest percentage is in CHRISTUS Southern New Mexico, with 27.96%. New Mexico and the United States have lower percentages, at 21.21% and 25.75% respectively.

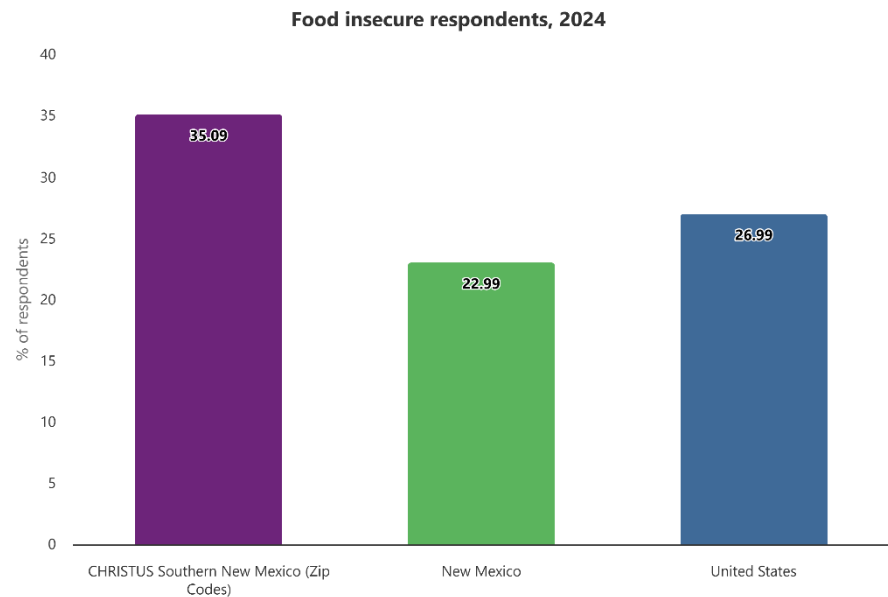


Food Insecurity

Food insecurity is a significant issue across various regions in the United States, with CHRISTUS Southern New Mexico, identified by its zip codes, having the highest percentage of food insecure respondents at 35.09%. Louisiana follows closely behind with 33.67%, indicating a substantial prevalence of food insecurity in the state. Nationwide, the United States has an average of 26.99% food insecure respondents, highlighting the widespread nature of this challenge. These figures underscore the urgent need for targeted interventions to address food insecurity in these areas.

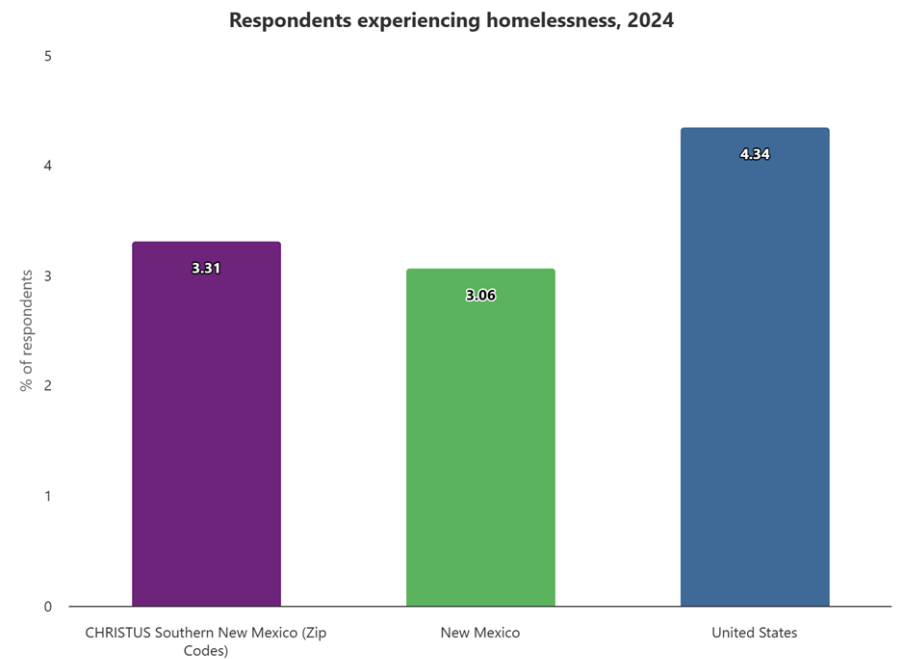
Homelessness

The data indicates the percentage of respondents experiencing homelessness across different regions. CHRISTUS Southern New Mexico, identified by its zip codes, has a rate of 3.31%, slightly higher than the overall rate for New Mexico, which is 3.06%. The United States has a higher rate of homelessness among respondents, at 4.34%. This suggests that homelessness is a significant issue both locally and nationally, with New Mexico showing slightly lower rates compared to the national average.



Created on Metopio | metop.io/f/s8rftv68r | Data source: CHRISTUS Community Health Survey

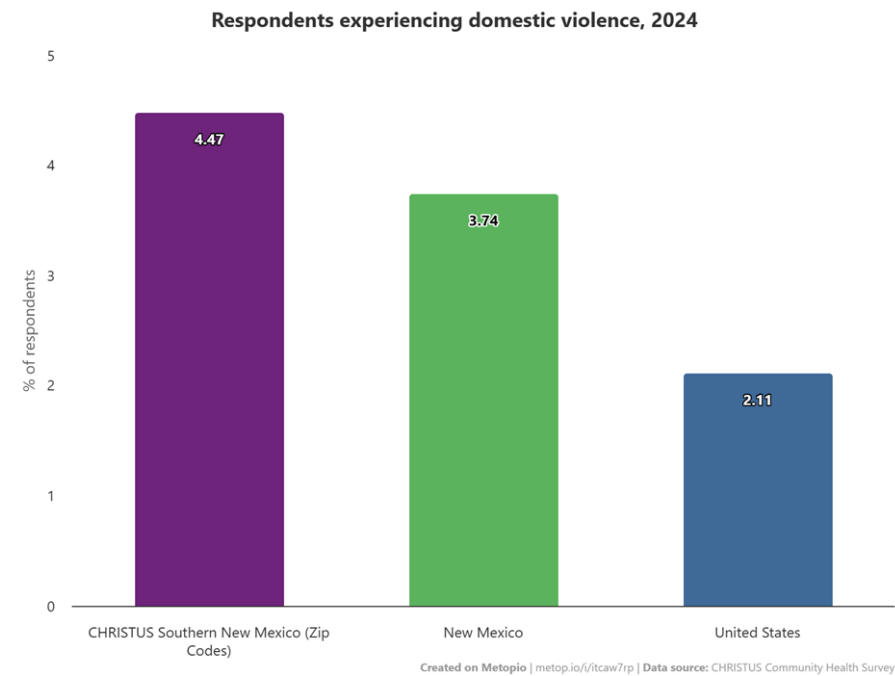
Food insecure respondents: Percent of respondents answering 'Often true' or 'Sometimes true' to the statement: Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.



Created on Metopio | metop.io/f/hmbvtf4s | Data source: CHRISTUS Community Health Survey

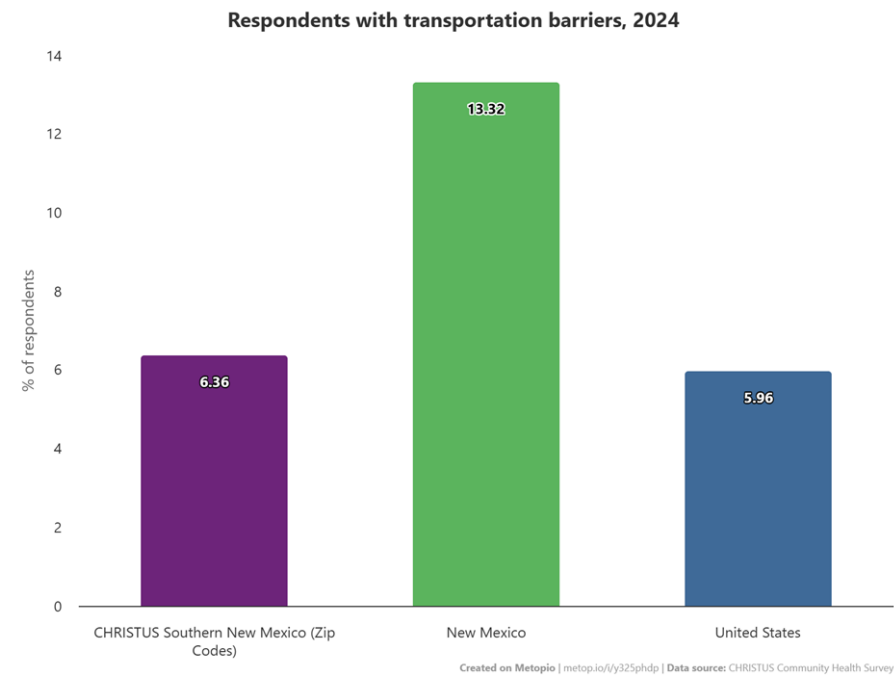
Domestic Violence

Respondents experiencing domestic violence in the United States is 2.11%. In New Mexico, the rate is higher at 3.74%. CHRISTUS Southern New Mexico, identified by zip codes, has the highest rate at 4.47%. This indicates a significant issue in this specific area compared to the national average.



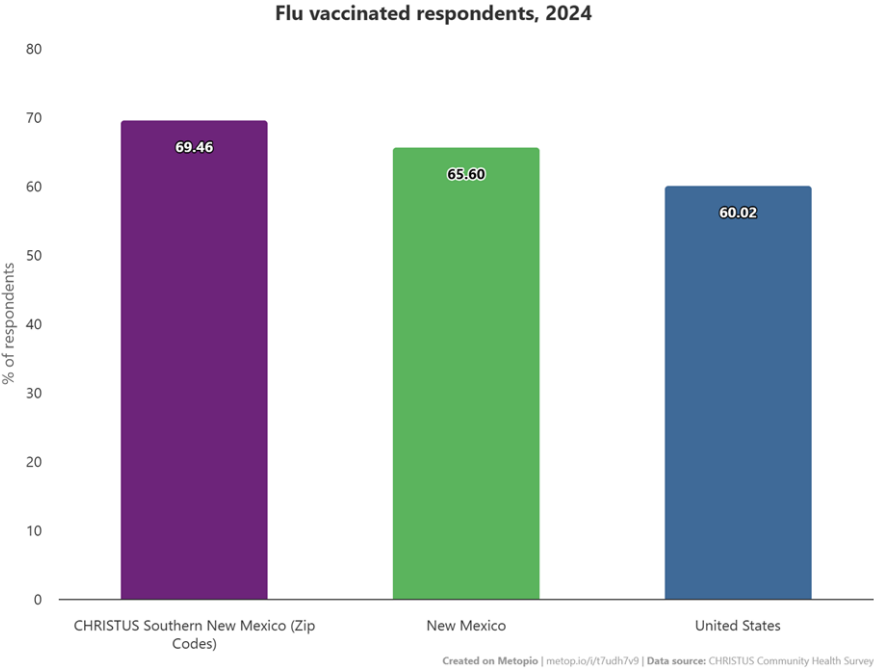
Transportation Barriers

Respondents with transportation barriers are represented in the data. The highest percentage is found in New Mexico, with 13.32%, followed by CHRISTUS Southern New Mexico, with 6.36%. The United States has a lower percentage, at 5.96%. This indicates a significant disparity in transportation barriers across different regions.



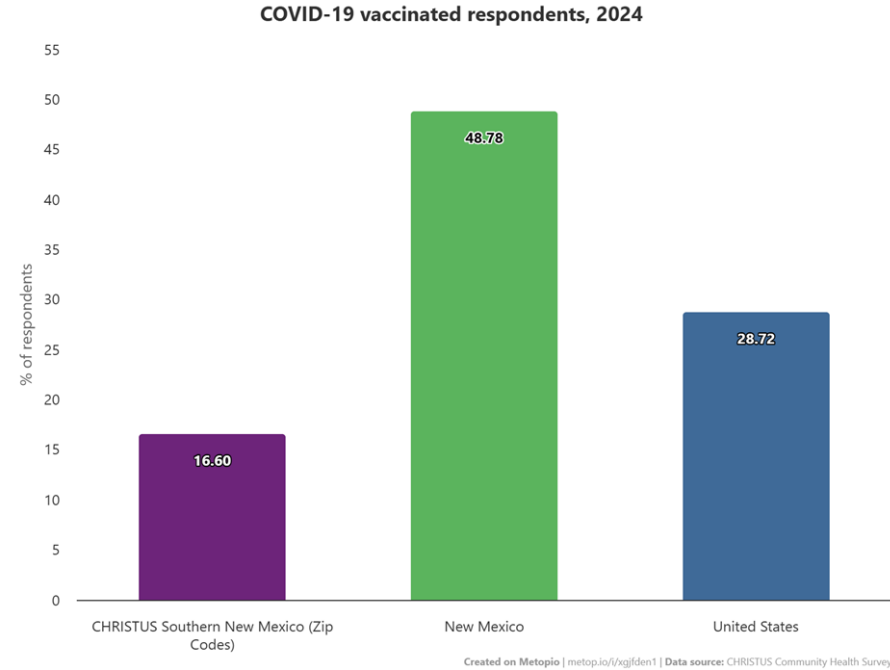
Flu Vaccination

Flu vaccination rates among respondents are highest in the CHRISTUS Southern New Mexico service area, with 69.46% vaccinated. This is followed by the state of New Mexico at 65.6%, and the United States overall at 60.02%. The data indicates a higher rate of flu vaccination in the specified service area compared to both the state and national averages.



COVID-19 Vaccination

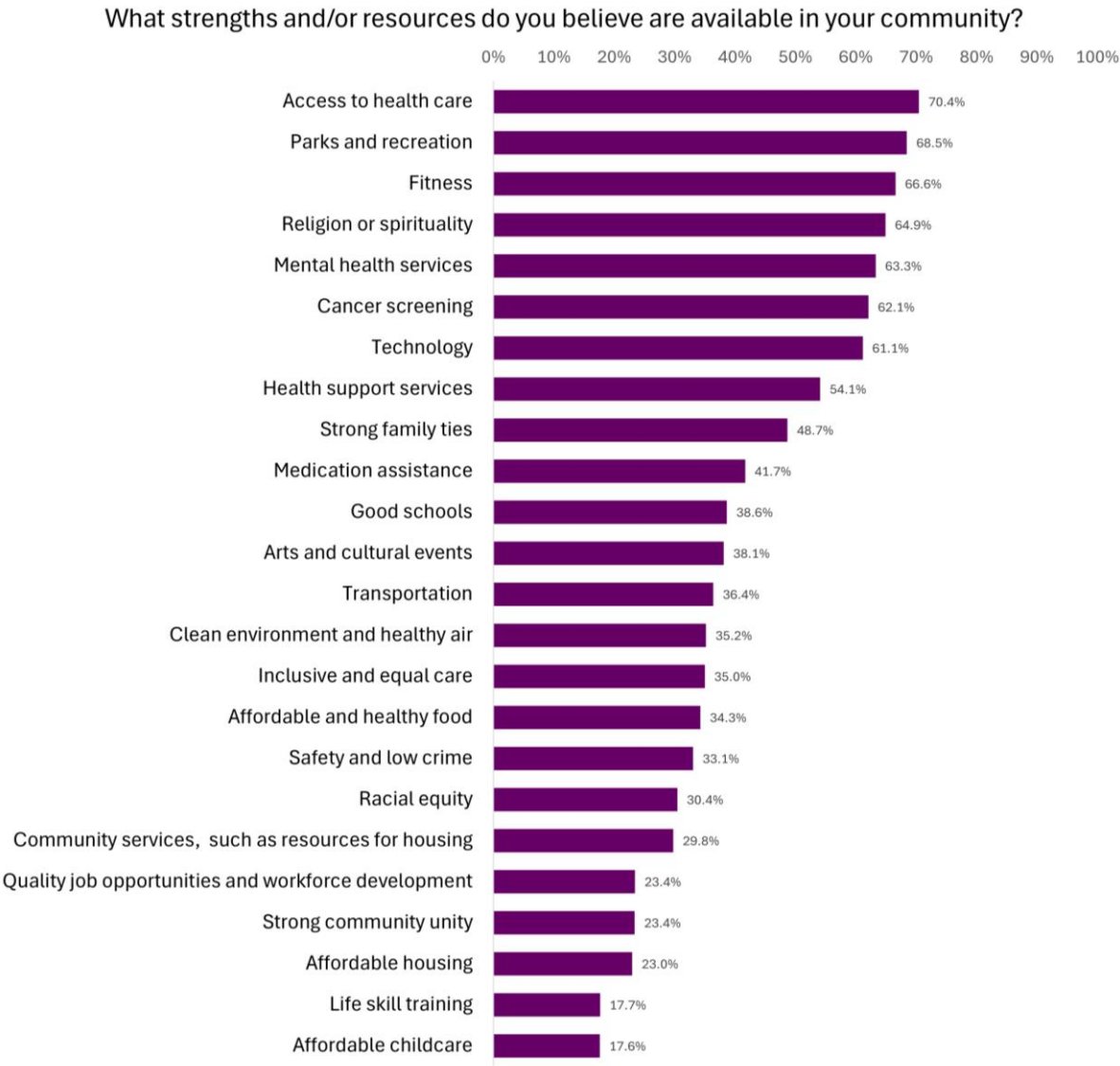
The data shows COVID-19 vaccination rates among respondents in various regions. CHRISTUS Southern New Mexico, identified by its zip codes, has a vaccination rate of 16.6%. In contrast, the overall vaccination rate in New Mexico is significantly higher at 48.78%, while the United States has a rate of 28.72%. This indicates a notable disparity in vaccination rates between CHRISTUS Southern New Mexico and the broader regions.



Strengths and Resources Available

Common themes identified in the survey responses include a favorable climate, the presence of community institutions such as churches and facilities catering to older adults, like a senior center. These elements suggest a neighborhood with supportive community structures and an environment conducive to outdoor activities.

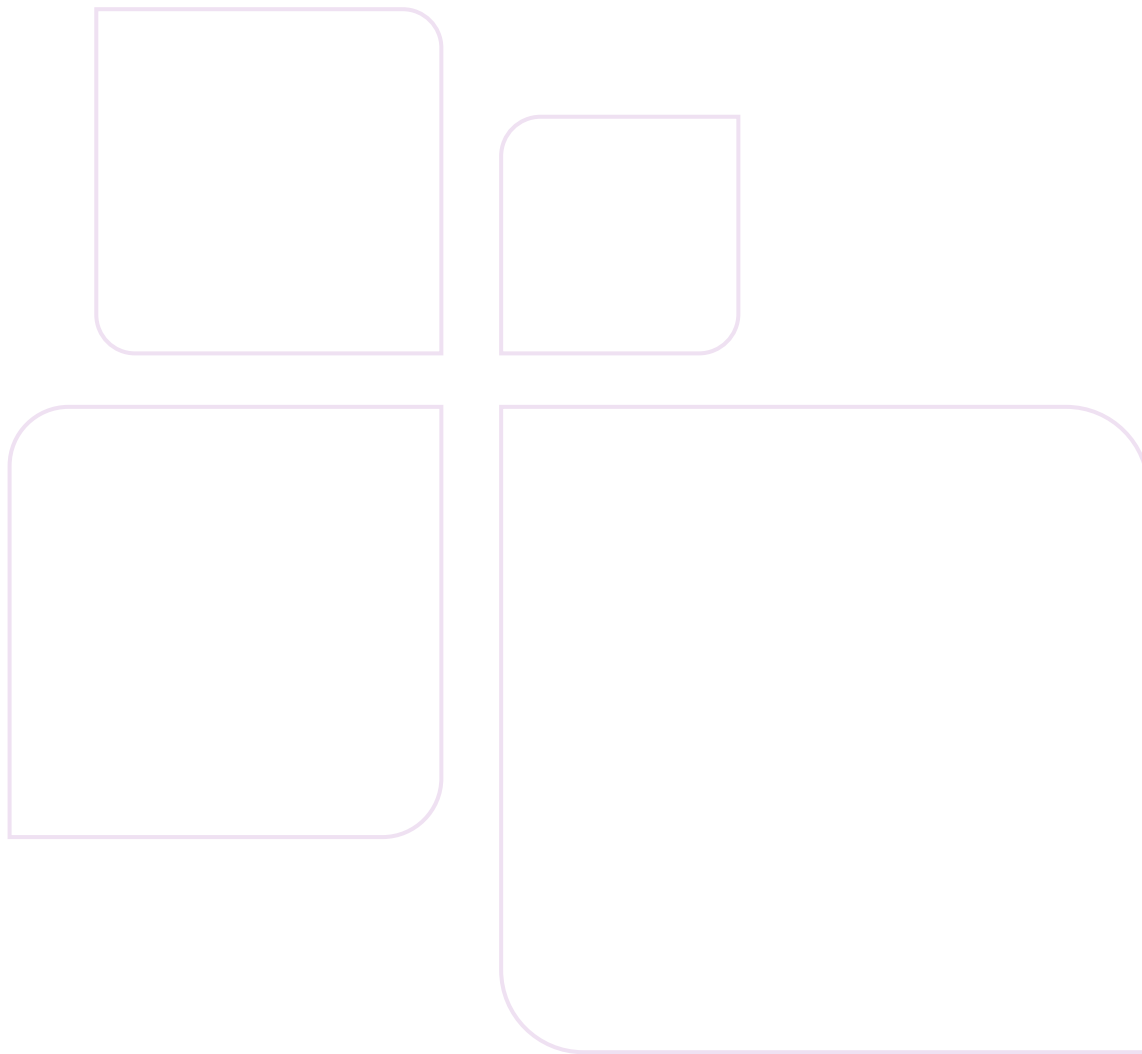
What strengths and/or resources do you believe are available in your community?



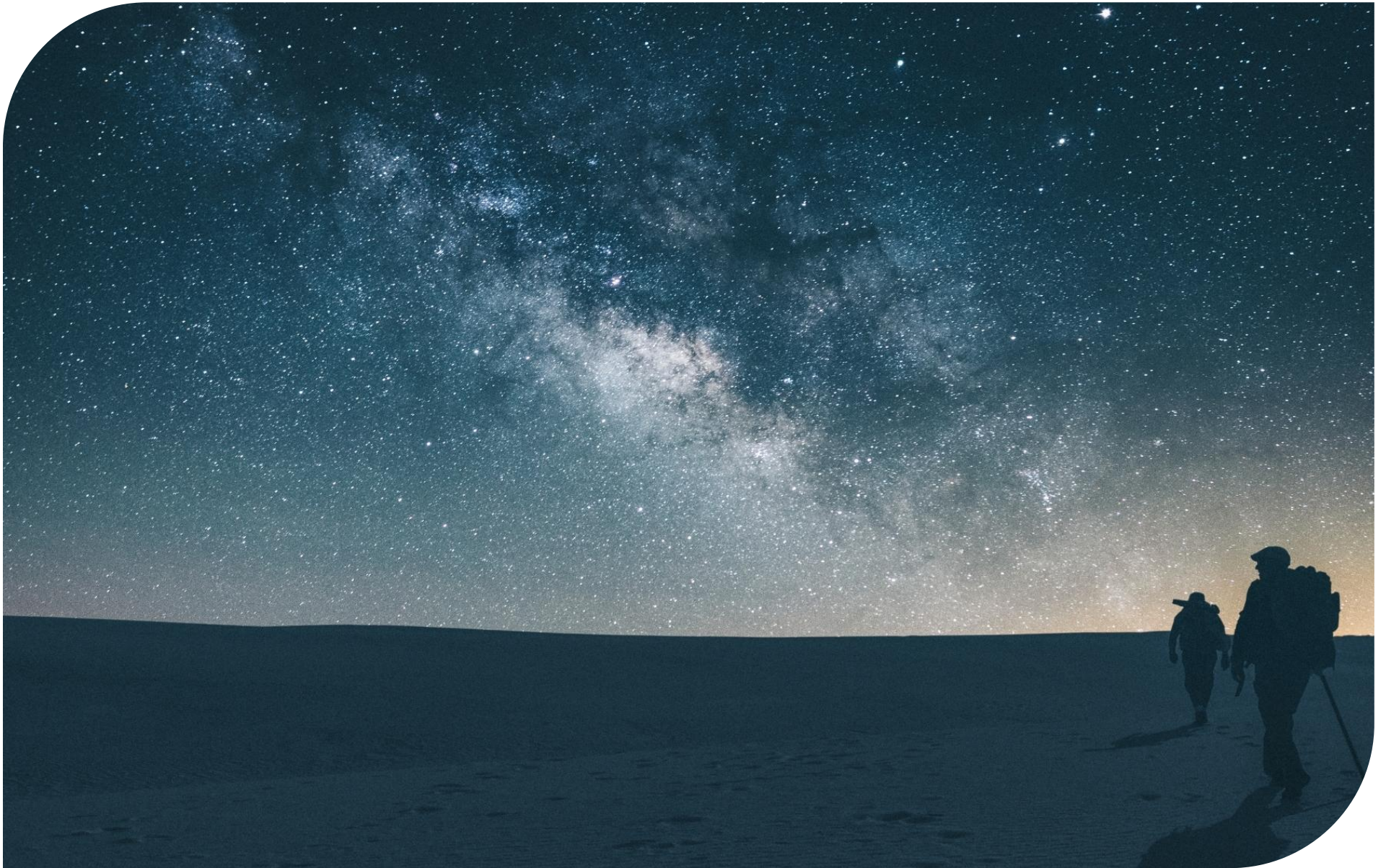
Opportunities for Services or Resources

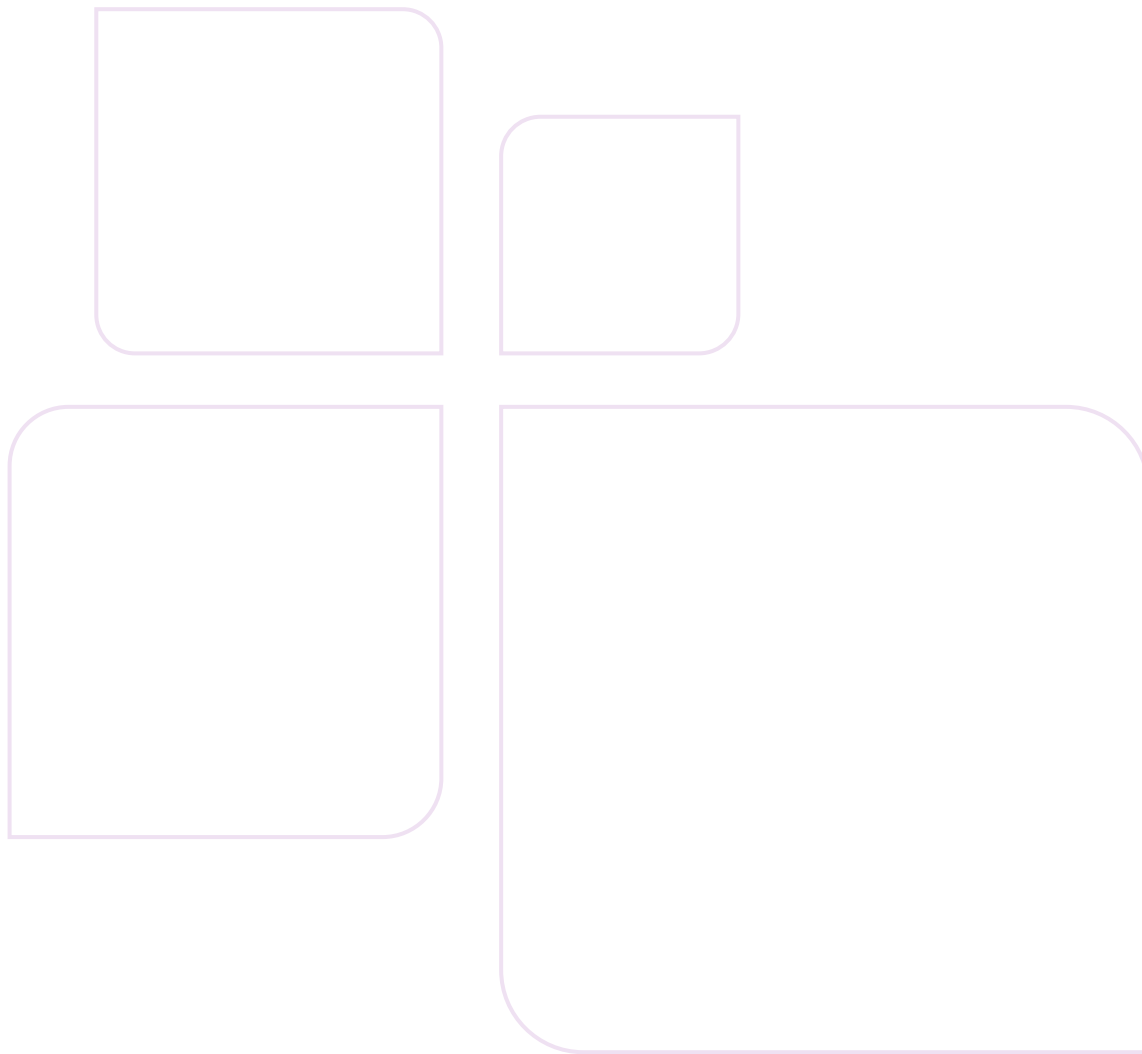
Are there any additional services or resources you want in our community to help residents maintain or improve their health?

The survey responses highlight several recurring themes regarding the need for additional services in the neighborhood. A significant demand exists for more affordable housing and reduced wait times for housing access. Mental health services are frequently mentioned, with calls for more facilities, support for behavioral issues and resources for individuals with disabilities, including autism and intellectual disabilities. There is also a strong desire for expanded social programs to reduce isolation among the elderly and more activities and safe spaces for young people to prevent them from engaging in trouble. Transportation, particularly for rural and elderly populations, is another common concern. Respondents also emphasize the need for more community resources, such as walking and biking paths, affordable fresh food options, child care and support for the homeless, including shelters and job training. Additionally, there is a call for more inclusive community engagement, addressing issues like racism and bias and providing more educational and recreational opportunities for all age groups.



Chapter 7: The Lifespan





Understanding the health of a community requires more than just examining illness; it also requires looking at people across every stage of life. This chapter explores the key health and social factors that impact individuals at four critical life stages: maternal and early childhood, school-age children and adolescents, adult and older adults. By focusing on each stage, we gain deeper insight into how early conditions shape long-term health, how prevention and support opportunities vary across age groups and how health systems and communities must evolve to meet changing needs.

Each stage of life brings distinct challenges and opportunities. The foundation for lifelong health is established before birth and in the earliest years, making maternal and early childhood support a powerful investment. As children transition into adolescence, they encounter new social and emotional pressures that shape their behaviors and future health. In adulthood, chronic disease, mental health needs and systemic barriers like cost and access become more prominent. For older adults, priorities shift toward managing complex conditions, maintaining independence and aging with dignity.

In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state and national data. Each graph, where possible, includes data from the CHRISTUS Southern New Mexico Health System's primary service area (PSA) counties, allowing comparisons to broader state and national benchmarks. While not all indicators contain data for all three geographic levels, this comparative approach helps illustrate the unique realities and disparities facing each community. Community voices and narratives are also included throughout to bring lived experience and local context to the numbers.

This life stage framework not only supports the development of targeted strategies and equitable interventions but also reinforces a central truth: healthier communities begin when we recognize and respond to the unique needs of people across the full span of their lives.



Maternal and Early Childhood Health



Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.

A child's lifelong health journey begins long before their first steps. The maternal and early childhood life stage encompasses three critical phases — pregnancy, newborns, infants and toddlers — each representing foundational opportunities to influence a child's well-being and a family's future stability.

Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

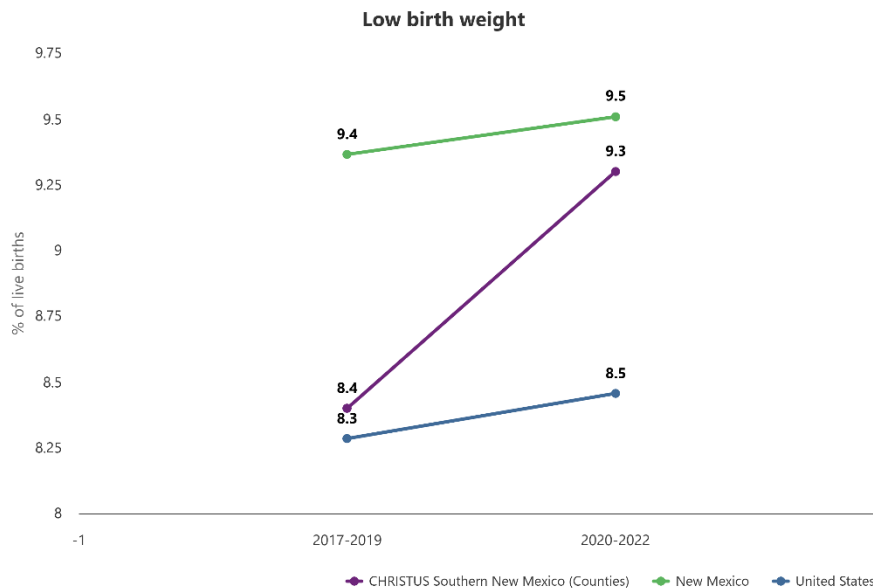
- Healthy births
- Behavioral health: substance abuse
- Domestic violence
- Poverty
- Child care
- Food insecurity

These indicators not only reflect current health outcomes but also illuminate systemic challenges and opportunities for upstream intervention. Investing in the earliest stages of life — when brain development is most rapid, and families are forming critical bonds — can profoundly shape educational achievement, chronic disease risk and emotional resilience later in life. Addressing maternal and early childhood health is not just a health care imperative; it's a commitment to ensuring every child has a strong, healthy start and every parent has the support they need to thrive.

How Are We Doing?

Low Birth Weight

The data pertains to the rate of low birth weight in the CHRISTUS Southern New Mexico service area, the state of New Mexico and the United States. From 2017-2019, the CHRISTUS Southern New Mexico service area had a low-birth-weight rate of 8.4%, which was lower than the state's rate but higher than the national rate. In the period from 2020-2022, the rate in CHRISTUS Southern New Mexico increased to 9.3%, approaching the state's rate of 9.51% and surpassing the national rate of 8.46%. This indicates a worsening trend in low-birth-weight rates in this specific region compared to broader areas.



Domestic Violence

In 2021, Otero County was ranked 6th in the state for the number of interpersonal violence survivors and dependents served.

In 2021, 344 survivors and dependents were served by domestic violence shelters/services.

Source: New Mexico Health and Human Services Data Book; New Mexico Children Youth and Families Department, direct facility reporting via online surveying, State Fiscal Year 2021. | Interpersonal violence survivors and dependents served.

In 2021, Otero County ranked 6th in the state for the number of interpersonal violence survivors and their dependents served by domestic violence shelters and support services. That year alone, 344 individuals — including survivors and their children — sought safety and assistance through these critical resources.

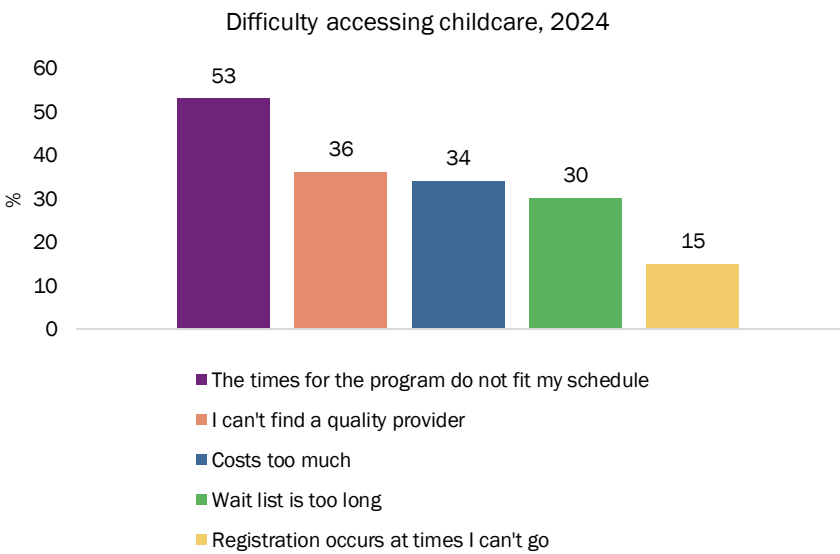
This data signals a concerning level of family and partner violence within the community, a reality that directly impacts maternal health, child development and long-term well-being. Exposure to violence can increase the risk of trauma-related health issues, disrupt early childhood bonding and create barriers to accessing prenatal and pediatric care. For CHRISTUS Southern New Mexico Health System, this highlights the urgent need to strengthen trauma-informed care, build partnerships with shelters and advocacy organizations and integrate violence prevention and mental health supports into maternal and early childhood services.

Created on Metopio | metopio.com/5 | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org/>), Health Resources & Services Administration; Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder Health) | Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.

Difficulty Accessing Child Care

Accessing reliable childcare remains a major challenge for families in Otero County. According to the 2024 100% Otero County Survey, the most common barrier reported was program hours that don't align with family schedules (53%). Other top concerns included inability to find quality providers (36%), high costs (34%) and long waitlists (30%). It is important to note that New Mexico became the first state to offer universal childcare with no income requirements, effective November 1, 2025 so this barrier will improve. Additionally, logistical issues like inconvenient registration times (15%) created obstacles for families trying to secure care for their children.

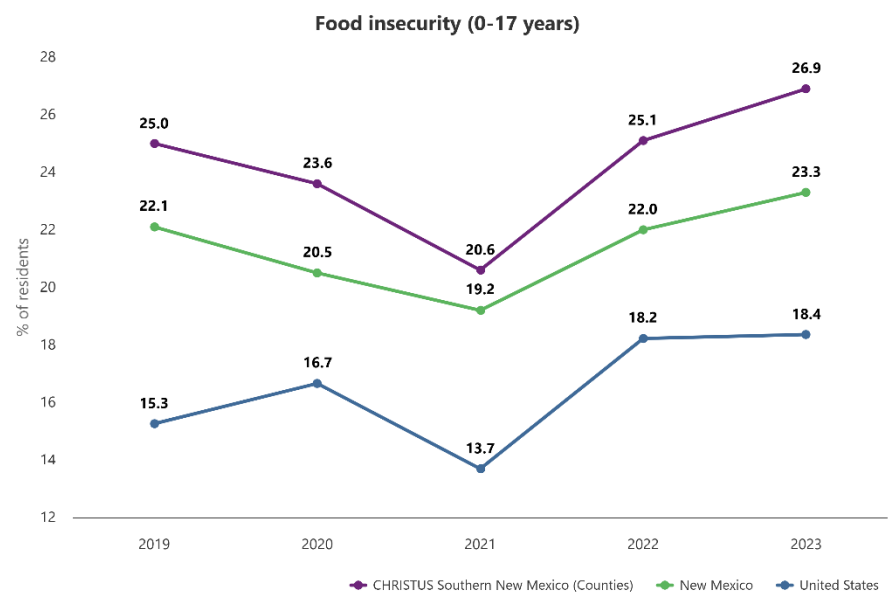
These barriers significantly affect working parents — especially mothers — by limiting employment opportunities, increasing stress and reducing the stability that young children need to thrive. For CHRISTUS Southern New Mexico Health System, this data underscores the importance of supporting cross-sector strategies that expand childcare access, affordability and quality.



Source: 100% Otero County Survey Report 2024 | Difficulty accessing child care: Percentage of residents who reported difficulty accessing medical care and the reasons.

Food Insecurity (0-17 Years)

Food insecurity in the CHRISTUS Southern New Mexico service area has consistently been higher than the state and national averages from 2019 to 2023. The region saw a decrease in food insecurity in 2020 and 2021, aligning with national trends, but experienced a significant increase in 2022 and 2023. Despite these fluctuations, food insecurity in the CHRISTUS Southern New Mexico service area remains notably above the state and national levels, highlighting a persistent issue in the region.



Created on Metopio | metopio.io/4/3gnsb58c | Data source: Feeding America: Map the Meal Gap

Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

What's the Story Behind the Data?

Community members traced many early-life health problems back to persistent poverty and gaps social service coverage. Participants noted that “families were getting extra SNAP and WIC during COVID, then it all dropped off,” leaving new mothers again struggling to buy staples such as formula and diapers.

Beyond material hardship, the groups highlighted gaps in prenatal and infant care. Many expectant parents don't know the resources exist and transportation barriers make it hard to reach the two local Federally Qualified Health Centers (FQHCs). Substance use during pregnancy, especially methamphetamine and alcohol, was flagged as a rising concern. Participants asked for more home visiting nurses, on-site WIC enrollment and reliable public transit to appointments.

Mental health support for new and expectant mothers was identified as severely lacking. Many women experience symptoms of depression or anxiety during and after pregnancy but avoid seeking help due to stigma or concerns about child welfare involvement. There is a need for culturally competent, judgment-free perinatal mental health care integrated into routine prenatal and postpartum services.

Focus group participants described a shortage of accessible early childhood development services, including home visits, developmental screenings and early learning programs. Long waitlists and confusing eligibility requirements prevent many children from receiving timely interventions. Children entering kindergarten without exposure to early education were reported to struggle significantly with social and academic skills.

Parenting education and support services were also discussed as critical needs. Many young or first-time parents lack guidance on nutrition, child

development and navigating health care systems. Participants expressed interest in expanding programs that offer parenting classes, peer mentors and community-based family navigation support.

Community engagement strategies were emphasized as essential for improving maternal and early childhood outcomes. Participants suggested increasing outreach through trusted local institutions such as churches, schools and food distribution centers. Using community health workers who share linguistic and cultural backgrounds with families was seen as a key strategy to build trust and improve utilization of services.

School-Age Children and Adolescent Health



Children will be well-equipped with the care and support to grow up physically and mentally healthy.

School-age children and adolescents represent the future of every community. This life stage marks a period of critical development — physically, mentally, emotionally and socially. As children transition through school and adolescence, they begin forming lifelong habits, establishing their identities and encountering new pressures and environments that shape their health and well-being.

Recognizing the importance of this stage, priority indicators were identified to reflect the health status and needs of youth in our communities:

- Behavioral health: mental health
- Behavioral health: substance abuse
- Poverty
- Housing instability

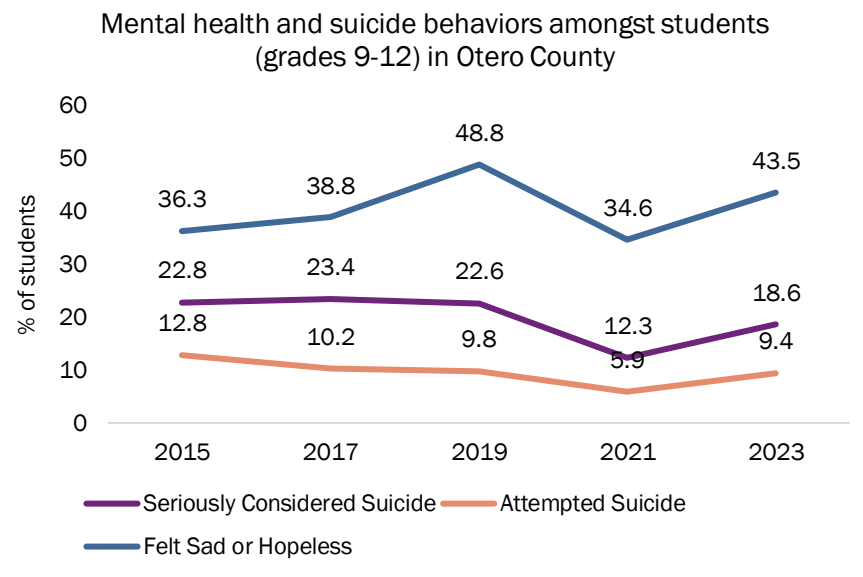
Adolescents have distinct health needs that differ from both younger children and adults. Unfortunately, not all youth have equal access to the protective factors that foster resilience, such as supportive relationships, safe environments and accessible behavioral health care. Concerning trends persist in areas such as mental health, obesity and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this life stage, we have an opportunity to intervene early — supporting not just better health outcomes for young people, but long-term benefits for families, schools and the broader community.

How Are We Doing?

Mental Health and Suicide Behaviors Amongst Students

Mental health challenges continue to deeply impact high school students in Otero County. In 2023, 43.5% of students in grades 9–12 reported feeling sad or hopeless — an increase from 34.6% in 2021, and nearing the 2019 high of 48.8%. Additionally, 18.6% of students reported seriously considering suicide and 9.4% said they had attempted suicide in the past year.

These trends reflect the growing emotional distress among adolescents and the need for timely, accessible and culturally responsive mental health services in schools and communities. The rise in these indicators since the COVID pandemic further emphasizes the long-term impact of isolation, academic disruption and economic instability on youth mental health. For CHRISTUS Southern New Mexico Health System and its partners, these findings call for urgent collaboration with school districts, behavioral health providers and families to expand prevention, early intervention and crisis response services.



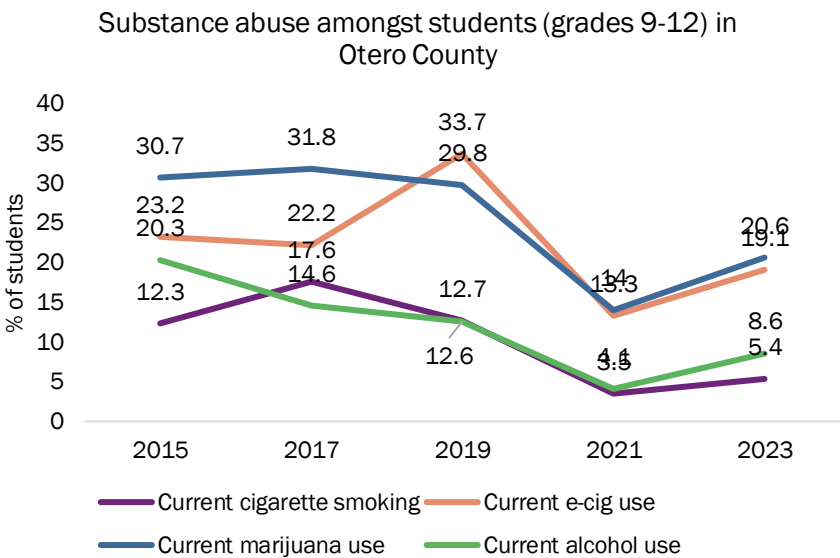
Source: New Mexico Youth Risk and Resiliency Survey | Mental health and suicidal behaviors: Mental health and suicidal behaviors by year, Otero County, grades 9-12, 2013-2023

Substance Abuse Amongst Students

Substance use among high school students in Otero County has shown mixed trends over the past decade. While there were encouraging declines across all substances between 2019 and 2021, the most recent data from 2023 suggests a rebound in usage. In 2023, 20.6% of students reported current marijuana use, 19.1% reported current e-cigarette use, 8.6% reported alcohol use and 5.4% reported cigarette smoking.

These numbers are particularly concerning when viewed in light of the sharp increases in e-cigarette use between 2017 and 2019 and the resurgence following the pandemic-era drop. The persistent rates of marijuana use and the re-emergence of nicotine consumption through vaping indicate the need for renewed efforts in prevention and education, particularly around the health risks of emerging products.

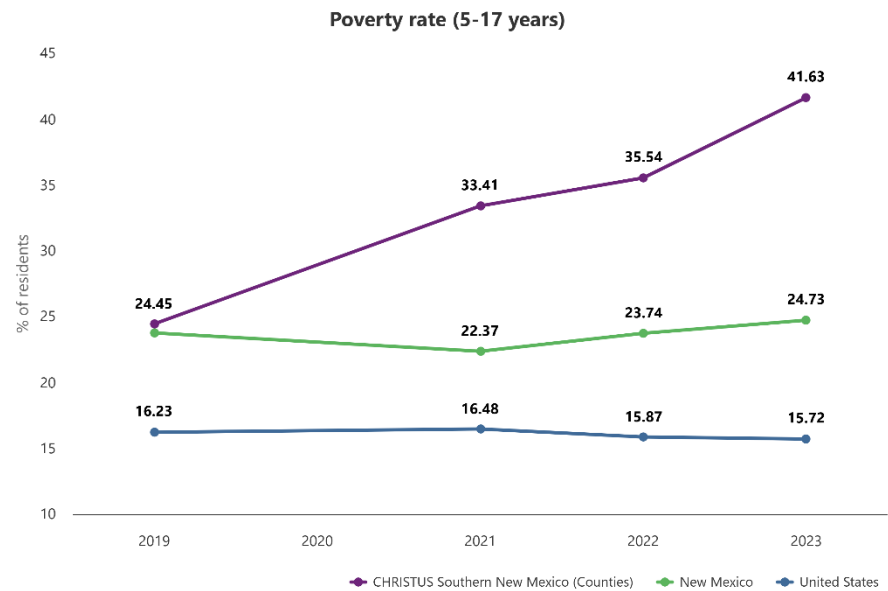
For CHRISTUS Southern New Mexico Health System and its community partners, these trends underscore the importance of youth-focused outreach, school-based intervention programs and coordinated strategies that address both the supply and social drivers of teen substance use.



Source: New Mexico Youth Risk and Resiliency Survey | Substance abuse amongst students (grades 9-12) in Otero County: Substance use behaviors by year, Otero County, grades 9-12, 2013-2023

Poverty Rate (5-17 Years)

The poverty rate in the United States has generally decreased from 16.23% in 2019 to 15.72% in 2023. However, the CHRISTUS Southern New Mexico service area has seen a significant increase in its poverty rate, rising from 24.45% in 2019 to 41.63% in 2023. This is in contrast to the overall trend in New Mexico, where the poverty rate has remained relatively stable, fluctuating between 22.37% and 24.73% over the same period. The data indicates a concerning trend in the CHRISTUS Southern New Mexico service area, which is experiencing increasing poverty rates unlike the national and state trends.



Created on Metopio | metop.io/i/58v2d6dh | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Housing Instability

As of March 2025, there are **196 students** in the Alamogordo School District who qualify as homeless under the McKinney-Vento Homeless Assistance Act.

Source: Otero County 2025 PIT Count Report | Homeless Children & Youth in Alamogordo School District: Children and youth who lack a fixed, regular, and adequate nighttime residence, including those who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason; staying in motels, trailer parks, or camp grounds due to the lack of an adequate alternative; staying in shelters or transitional housing; or sleeping in cars, parks, abandoned buildings, substandard housing, or similar settings.

As of March 2025, 196 students in the Alamogordo School District were identified as homeless under the McKinney-Vento Homeless Assistance Act. These students are living in unstable conditions — doubling up with other families, residing in motels or shelters or staying in places not meant for habitation, such as cars or parks.

This level of housing instability has serious implications for student health, academic performance and emotional well-being. Without a stable home, children face increased barriers to learning, regular attendance and access to food, health care and safe spaces for development. For CHRISTUS Southern New Mexico Health System and its partners, these numbers highlight a critical area of need that intersects health, education and housing — and call for increased collaboration with schools, housing authorities and community organizations to support vulnerable youth and families.

What's the Story Behind the Data?

Behavioral and emotional health concerns were at the forefront of the discussion about school-aged children. Focus group participants noted an increase in anxiety, aggression and trauma-related behavior among students. Many children are coping with unstable home environments, including domestic violence, substance use and economic hardship, which impacts their learning and socialization at school.

Access to mental health services for children was described as inadequate. Schools often lack the capacity to provide sufficient support due to limited staff and funding. Outside providers have long waitlists, and services are often unaffordable or geographically inaccessible for many families. Participants highlighted the importance of embedding mental health services directly within schools to reduce barriers to care.

Nutrition and basic needs continue to affect children's ability to succeed academically. Many students depend on school meals as their primary source of nutrition, and chronic food insecurity was linked to attention, behavior and energy level issues. Participants also noted the connection between unstable housing and absenteeism, as frequent moves disrupt routines and access to care.

Academic performance is further affected by systemic inequities. Some children arrive at school without the foundational skills needed to thrive, particularly if they lacked access to early learning opportunities. Parents who are overworked or facing their own health challenges may be unable to fully support their children's educational needs.

Positive social environments and structured activities were seen as crucial for development and resilience. After-school programs, mentorship opportunities and sports or arts programs were cited as protective factors that keep children engaged and connected. However,

availability of such programs is limited, particularly in rural or low-income areas.

Finally, participants emphasized the need to involve families in supporting children's health and well-being. Schools and health programs should foster two-way communication with caregivers and provide information in accessible, culturally appropriate formats. Building trust between families and institutions was seen as essential to increasing engagement and improving outcomes for children.

Adult Health



Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.

Adults form the core of our communities — raising families, supporting local economies and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early career to retirement, and is shaped by evolving responsibilities, stressors and health risks.

To better understand the needs of this population, priority indicators were identified to represent adult health across our communities:

- Access to care
- Behavioral health: mental health
- Behavioral health: substance abuse
- Behavioral health: suicide
- Poverty
- Housing instability

The cumulative impact of earlier life experiences and social conditions often influences an individual's health in adulthood. While many adults report good health, disparities persist. Chronic diseases often emerge or progress during this stage, and mental health challenges, including anxiety, depression and substance use, are commonly reported.

Addressing adult health requires a focus on prevention, early detection and equitable access to services that support physical, emotional and social well-being. By investing in the health of adults today, we strengthen families, workplaces and the fabric of our communities for generations to come.

How Are We Doing?

Access to Care

In 2019-2023, the average number of uninsured residents in Otero County was **5,547**.

In 2024, the health system provided over **\$1.5M** in charity care.

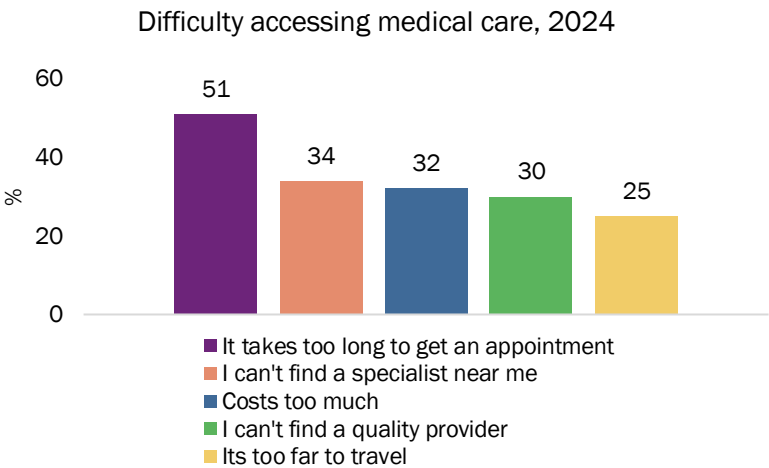
Between 2019 and 2023, an average of 5,547 residents in Otero County lived without health insurance — limiting their ability to access routine care, manage chronic conditions or afford necessary treatments. In response to this persistent gap, CHRISTUS Southern New Mexico Health System provided over \$1.5 million in charity care in 2024 to help uninsured and underinsured individuals receive essential health services.

This data reflects both the scale of need and the health system’s ongoing commitment to serving the most vulnerable. However, the high number of uninsured residents underscores the importance of expanding affordable coverage options, improving enrollment assistance and continuing to invest in safety-net care. Strengthening access to care is critical for improving health outcomes, reducing avoidable emergency visits and advancing health equity across the region.

Difficulty Accessing Medical Care

Access to timely, affordable and nearby medical care remains a significant challenge for many residents in Otero County. According to the 2024 100% Otero County Survey, 51% of respondents reported that it takes too long to get an appointment. Other notable challenges included lack of nearby specialists (34%), high costs (32%), difficulty finding a quality provider (30%) and transportation barriers (25%).

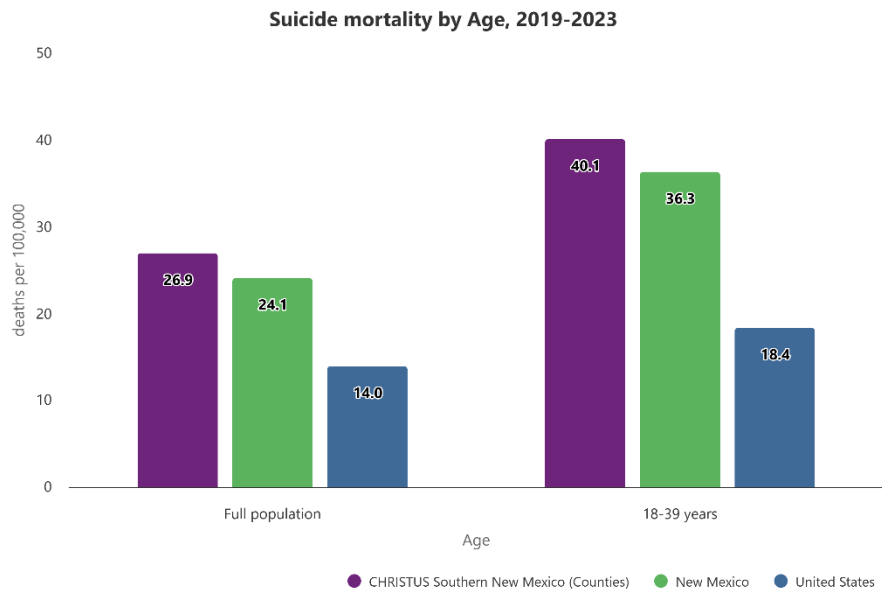
These findings point to fragmented access to health care, where even insured residents may struggle to receive the care they need. For CHRISTUS Southern New Mexico Health System, this underscores the importance of expanding provider availability, investing in care coordination and telehealth and addressing affordability through community partnerships and charity care programs.



Source: 100% Otero County Survey Report 2024 | Difficulty accessing medical care: Percentage of residents who reported difficulty accessing medical care and the reasons.

Suicide Mortality

Suicide mortality rates in the CHRISTUS Southern New Mexico service area are significantly higher than both the state of New Mexico and the United States as a whole. The age group most affected is 18-39 years, with a rate of 40.13 per 100,000 people, compared to 36.32 in New Mexico and 18.36 in the United States. Overall, the suicide mortality rate in this region is 26.93, which is also higher than the state's rate of 24.13 and the national rate of 13.98.

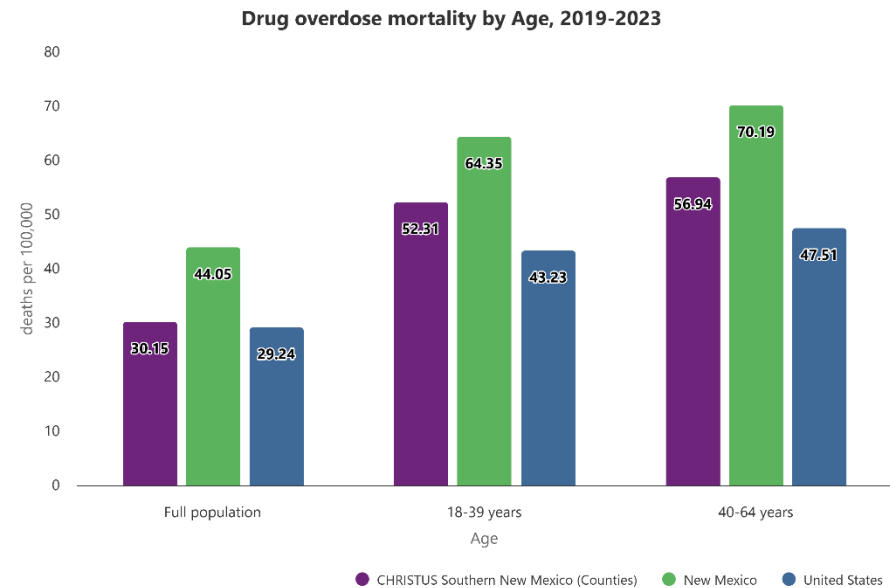


Created on Metapio | metapio.io/ly/hgy/hcq | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD 10 codes U03, X60 X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different age groups and regions in the United States. In the United States, the overall drug overdose mortality rate is 29.24 per 100,000 people. However, in New Mexico, this rate increases to 44.05, with the highest rate observed in in the CHRISTUS Southern New Mexico service area at 56.94 for the 40-64 age group. The 18-39 age group in CHRISTUS Southern New Mexico counties also has a notably high rate of 52.31, compared to the national average of 43.23 for the same age group.

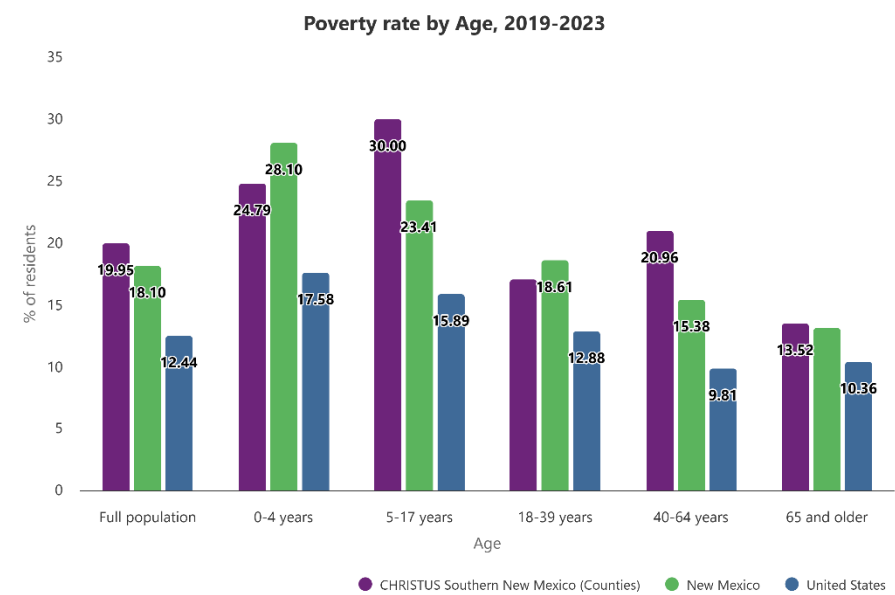


Created on Metapio | metapio.io/ly/hgy/hcq | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Poverty Rate

The poverty rate in the United States is 12.44% for the full population. However, the poverty rate is significantly higher in in the CHRISTUS Southern New Mexico service area at 19.95%. The highest poverty rates are observed among children and teenagers, with 30.0% for those aged 5-17 years and 24.79% for those aged 0-4 years in the CHRISTUS Southern New Mexico service area. In contrast, the poverty rate is lowest among those aged 65 and older, at 13.52% in the CHRISTUS Southern New Mexico service area.



Created on Metopio | metop.io//dq69b3iv | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

What's the Story Behind the Data?

Adults in the community face a wide range of health issues, many of which stem from or are worsened by social determinants such as poverty, job insecurity and limited access to care. Long specialty wait-times surfaced repeatedly. Even primary care wait times can be “a month to six months” away, pushing people to the ED for chronic issues. Depression and anxiety compound these barriers. One patient story recounted by a nurse was discussed: *“I’m working 60 hours, have three kids, and still can’t make ends meet — I don’t know what I’m going to do.”*

Mental health was identified as a major, under-addressed need. Many adults are coping with stress, trauma and depression but are unable or unwilling to access support due to cost, stigma or limited provider availability. Participants reported that even when services exist, they often lack cultural relevance or are offered in ways that don’t fit with people’s work schedules or transportation options.

Transportation remains one of the most consistent structural barriers to health. Adults without personal vehicles often miss appointments, forgo follow-up care or delay picking up prescriptions. Public transportation is limited in coverage and reliability, particularly in rural areas and alternatives like ride-sharing are cost-prohibitive for many.

Participants also discussed challenges related to navigating complex health systems. Many adults struggle to understand insurance coverage, referrals and care plans, especially if English is not their first language or they have low health literacy. The fragmentation of care across different providers and systems adds to this confusion, particularly for those with multiple chronic conditions.

Economic pressures were described as shaping every health-related decision. Adults often prioritize work, child care or housing over medical care. Even low-cost services may be inaccessible if they conflict with work hours or require out-of-pocket expenses. Participants stressed the importance of bringing services to convenient locations and hours that fit working people’s lives.

Participants connected mental health challenges to rising rents, stagnant wages and the end of pandemic relief dollars. They asked for same-day behavioral triage, expanded sliding-scale primary care and employer-partnered wellness programs that address both physical and financial stress.

Older Adult Health



Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.

Older adults are the wisdom-keepers, caregivers and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems.

To better understand and address these needs, key indicators were identified to represent older adult health across the communities we serve:

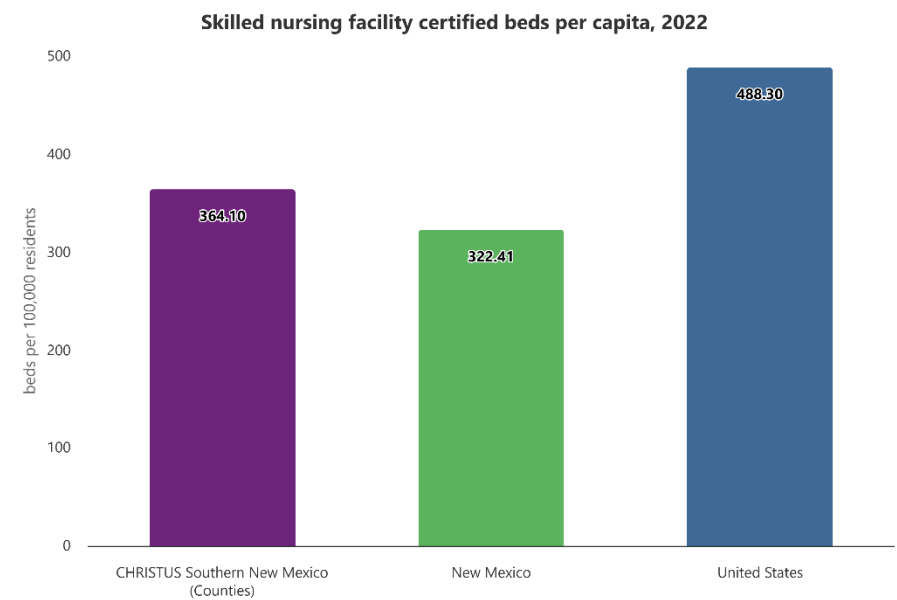
- Access to care: long-term care
- Behavioral health: Alzheimer's and dementia
- Behavioral health: caregiver burnout
- Inability to perform activities of daily living
- Food insecurity

Health in older adulthood is deeply influenced by a lifetime of experiences, shaped by social, economic and environmental factors. Many older adults live with multiple chronic conditions, mobility limitations or cognitive changes, and they often face barriers such as social isolation, transportation challenges and fixed incomes. Access to coordinated care, affordable medications, safe housing and supportive services becomes increasingly essential in this stage of life. By focusing on the well-being of older adults, we honor their contributions and ensure that our communities remain inclusive, age-friendly and responsive to the needs of every generation.

How Are We Doing?

Skilled Nursing Facility Certified Beds per Capita

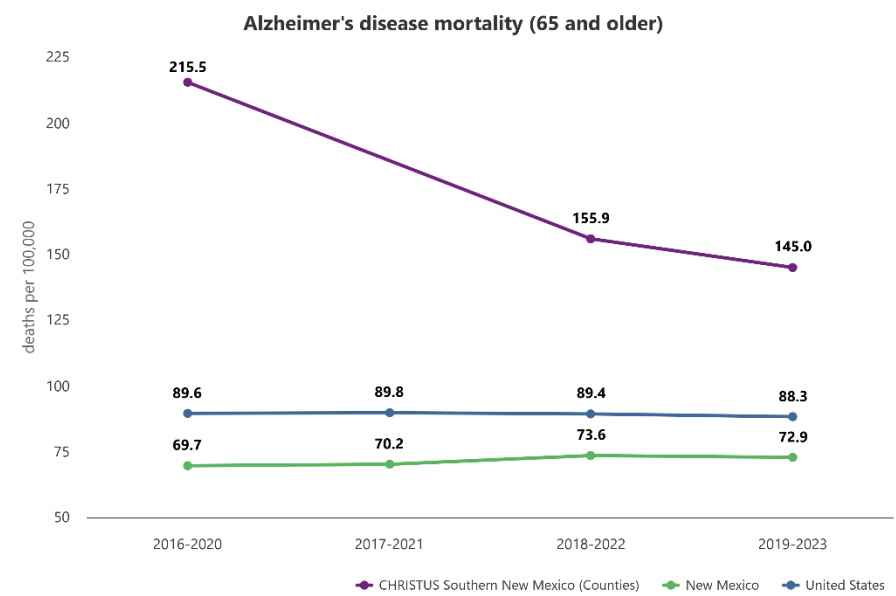
The data compares the skilled nursing facility certified beds per capita in the CHRISTUS Southern New Mexico service area, the state of New Mexico and the United States. The CHRISTUS Southern New Mexico service area has a rate of 364.1 per capita. New Mexico's state average is slightly lower at 322.41 per capita. The United States has the highest average at 488.3 per capita.



Created on Metopio | metopio.io/t/mwcyggy | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (CMS Provider of Services via Area Health Resources File)
Skilled nursing facility certified beds per capita: Skilled Nursing Facilities provide inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services but they do not provide the level of care available in a hospital. Skilled nursing care can only be performed by a licensed nurse, either a registered nurse or a licensed practical nurse.

Alzheimer's Disease Mortality

Alzheimer's disease mortality rates in the CHRISTUS Southern New Mexico service area are significantly higher than both the state and national averages. Over the period from 2016 to 2020, the rate was 215.46 per 100,000 people, compared to 69.69 in New Mexico and 89.61 in the United States. Although the rate in the CHRISTUS Southern New Mexico service area decreased to 155.94 by 2018-2022, it remains much higher than the state and national figures. The mortality rate in the United States has slightly declined, while New Mexico's rate has increased.



Created on Metopio | metopio.io/t/twoz9b9m | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

Independent living difficulty in the United States has shown a general trend of decline from 2015 to 2023. The national average decreased from 14.24% in 2015-2019 to 13.32% in 2019-2023. In New Mexico, the rate also declined, although it remained consistently higher than the national average. The CHRISTUS Southern New Mexico service area had the highest rates of independent living difficulty, peaking at 19.27% in 2017-2021.



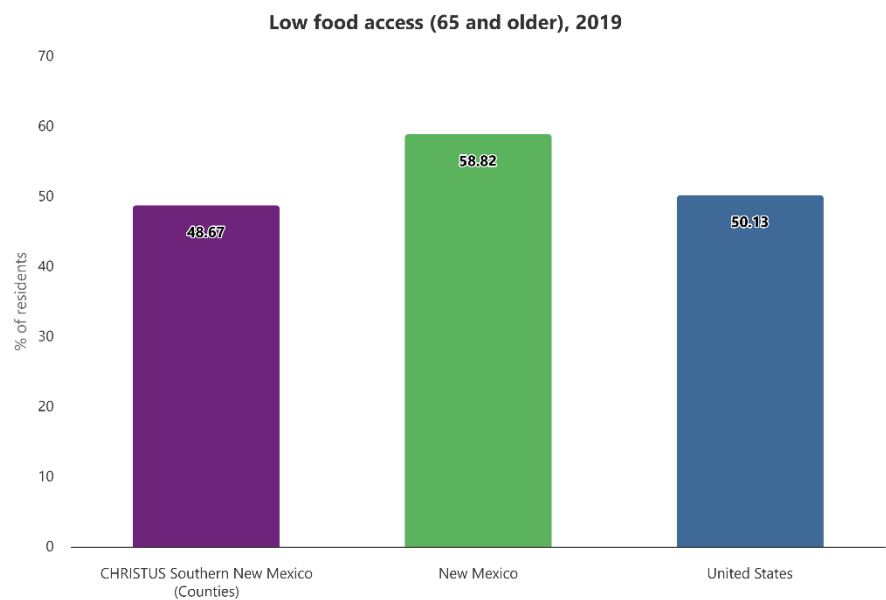
Independent living difficulty: Percent of residents reporting difficulty doing errands alone such as visiting a doctor's office or shopping.

Source: U.S. Bureau of Labor Statistics | Caregiver burnout: Average hours per day eldercare providers spent providing care on days they engaged in eldercare by selected characteristics, 2021-2022.

This level of unpaid caregiving, while essential, places individuals at risk for burnout, emotional stress and declining physical health. For CHRISTUS Southern New Mexico Health System, these findings highlight the urgent need to expand caregiver support programs, integrate respite care options and ensure that older caregivers have access to the services and community resources they need to sustain their vital role.

Low Food Access (65 and Older)

The data highlights low food access across various regions, with the CHRISTUS Southern New Mexico service area having them second highest rate at 48.67%. New Mexico as a whole at 58.82%, while the United States has a lower rate of 50.13%. This indicates a significant disparity in food access within the state compared to the national average. Addressing these disparities could help reduce the prevalence of low food access and improve overall community health.



Created on Metopio | metopio.io/hjasp2vu | Data source: US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas.
Low food access: Percent of residents who have low access to food, defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area.

What's the Story Behind the Data?

Discussion around seniors focused on isolation, chronic disease management and the shortage of long-term care options. Care coordinators noted that Medicare beneficiaries can wait “*weeks to line up home health or a rehab bed,*” and many families shoulder complex care alone. As one focus group participant put it, “The toll falls on the caretakers — my parents aged ten years while my grandmother’s Alzheimer’s progressed.”

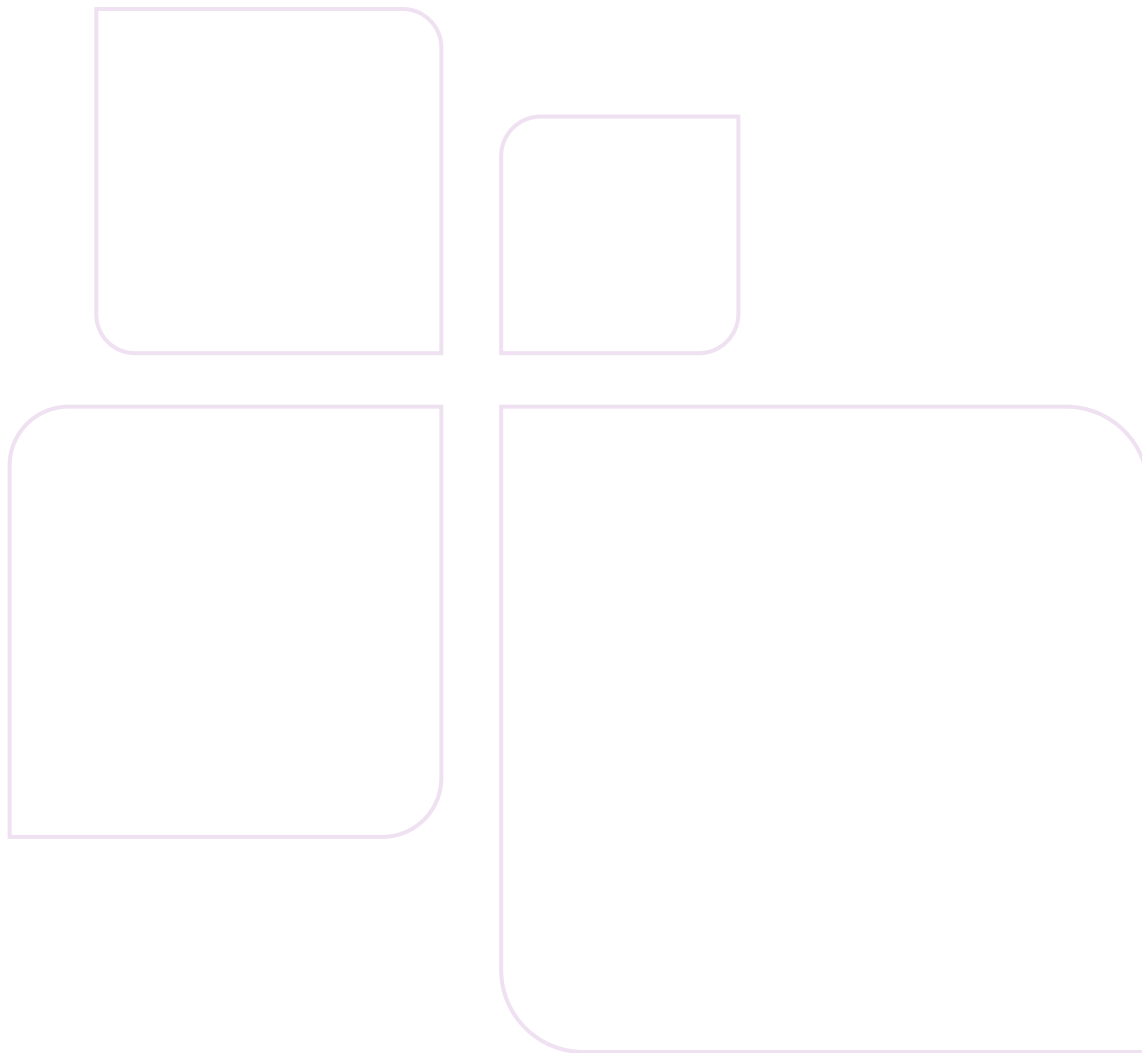
Chronic health conditions such as diabetes, arthritis and dementia are widespread, and focus group participants noted that many older adults lack the in-home or outpatient support needed to manage these conditions effectively. Gaps in home health services, personal care aides and caregiver training contribute to higher risk of hospitalization or premature institutionalization.

Limited transportation exacerbates problems: some elders skip specialty visits or pharmacy trips because “*medical transport has to be booked a week out,*” while rural roads make volunteer driving programs hard to

scale. Priorities identified for this age group included caregiver respite services, community paramedic check-ins to prevent readmissions and senior center programming that rebuilds social ties eroded during the pandemic.

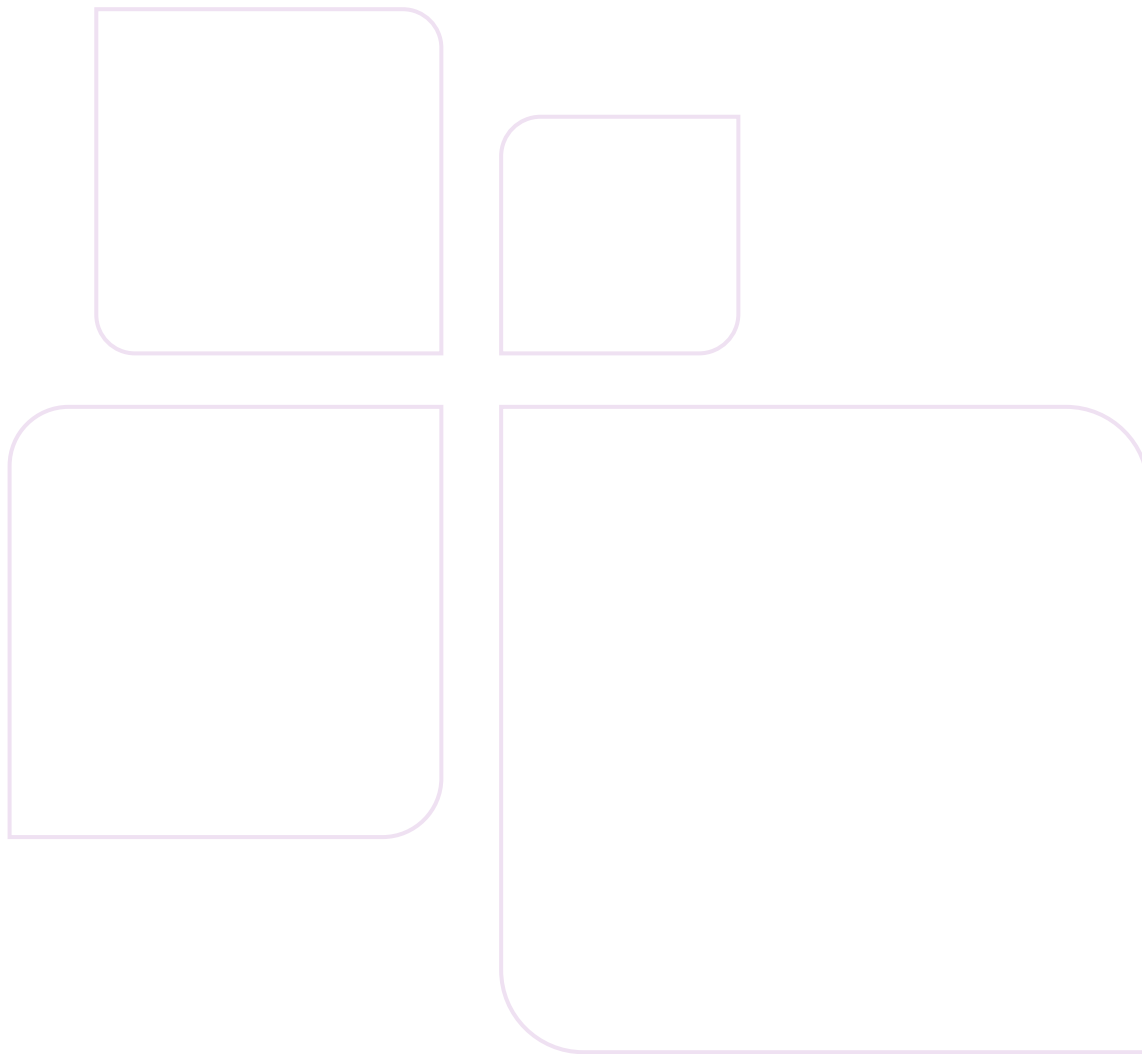
Mental health stigma remains a barrier among older adults. Many seniors are reluctant to acknowledge or seek help for depression, grief or anxiety, and providers may not routinely screen for these conditions. Community-based outreach programs, especially those tied to faith institutions or senior centers, were recommended as strategies to reduce stigma and increase access.

Participants also emphasized the importance of meaningful engagement for seniors. Volunteer opportunities, intergenerational programs and accessible community events were cited as effective ways to improve older adults’ mental health and sense of purpose. However, many of these programs are under-resourced or not widely promoted, limiting their reach and impact.



Chapter 8: Conclusion





Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude for the many individuals and organizations who contributed their time, expertise and lived experience to this community-driven process. This CHNA reflects the shared commitment of CHRISTUS Health, internal teams and local partners to understand and address the root causes of health disparities across our communities.

This assessment is not only a regulatory requirement, but also a reflection of our mission to extend the healing ministry of Jesus Christ by engaging with those we serve, listening deeply to their experiences and responding with compassion, clarity and action. Across multiple phases — from surveys and focus groups to data analysis and community-led workgroups — diverse voices guided our understanding of health needs and helped shape the priorities for the next three years. The process was grounded in the Results-Based Accountability (RBA) framework to ensure that our strategies and metrics are meaningful, measurable and mission-driven. It is our hope that the insights shared in this report not only inform action plans but also deepen relationships and build stronger, more equitable systems of care.



Looking Ahead

As we move from assessment to action, the findings in this CHNA will directly inform the development of the 2026–2028 Community Health Implementation Plan. Our next steps include:

- Sharing findings with internal teams, community members and key stakeholders
- Collaborating across sectors to design evidence-based, community-centered strategies
- Aligning programs and investments with the identified health priorities
- Tracking impact using the RBA framework to ensure accountability and transparency

With continued partnership, we remain committed to creating healthier, more equitable communities across every stage of life. We are grateful for all those who walk with us and look forward to what we can achieve together in the years ahead.

Acknowledgements

This CHNA was made possible by the collective effort of countless individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

CHRISTUS Southern New Mexico Health System Leadership Team

We extend our sincere gratitude to the CHRISTUS Southern New Mexico Health System leadership team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS Southern New Mexico Health System's mission integration department and CHRISTUS Health's community health and health equity team. The following individuals played key roles in data collection, analysis, writing and editing:

- Father Dennis Lewandowski, Vice President of Mission Integration
- Lillie Lewis, Director of Patient Experience
- Cheri Moore, Financial Analyst
- Jennifer Gruger, Manager of Community Health
- Kathy Armijo-Etre, AE Consulting
- Marcos Pesquera, Chief Diversity Officer and Vice President of Community Health
- Chara Abrams, System Director, Community Health & Health Equity
- Nadine Nadal Monforte, Director, Community Health

- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu, Morgan Smith, AmeriCorps VISTA Members
- Omarielis Irizarry, Community Health Extern
- Sarah Vanausdall, Annie Elliott and Jessica Post, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the community indicator workgroup. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

Data Dictionary Work Sessions

The data dictionary work sessions provided essential guidance in defining and refining the key indicators for the assessment. Your feedback ensured that our data is both accessible and meaningful. We extend our appreciation to the individuals who contributed to this effort.

Community Survey Workgroup and Distributors

We are grateful to the members of the survey workgroup who reviewed, disseminated and analyzed community surveys. Your efforts helped us accurately capture the voices of our communities. Special thanks to our distribution partners who expanded the survey's reach.

Community Focus Groups

We are especially thankful for the residents, faith leaders, students, front-line workers and others who shared their experiences during focus groups. Your stories brought depth and humanity to our findings.

Community Partners

To our community partners — thank you for walking with us throughout this process. Your commitment to collaboration and equity made this work possible.

Board of Directors

We are grateful to the board of directors for your ongoing support, leadership and alignment with our mission. Your guidance helps ensure we remain responsive to evolving community needs.

Subject Matter Experts and Consultants

We appreciate the contributions of consultants and technical experts who provided research support, data analysis and facilitation of the CHNA process. Their expertise has been instrumental in ensuring a comprehensive and data-driven assessment.

Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs and issues. We hope the collaborative nature of the 2026 – 2028 CHNA is valued as an enhanced asset. We invite all members of the community to submit questions and feedback regarding this collective assessment.

To request a print copy of this report, or to submit your comment, please contact:

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An electronic version of this Community Health Needs Assessment is publicly available at:

CHRISTUS Health's website:

CHRISTUShealth.org/connect/community/community-needs

