SIERRA VISTA HOSPITAL AND CLINICS

Sierra Vista Hospital and Clinics

Sierra County, New Mexico

2025

Community Health Needs Assessment

Approved by Board: *April 29th, 2025*

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Executive Summary

Sierra Vista Hospital and Clinics ("SVH" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2020 CHNA Assessment and Implementation Strategy efforts;

5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs in Sierra County identified by this assessment are:

- Behavioral Health
- Healthcare Access and Affordability
- Education and Prevention

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

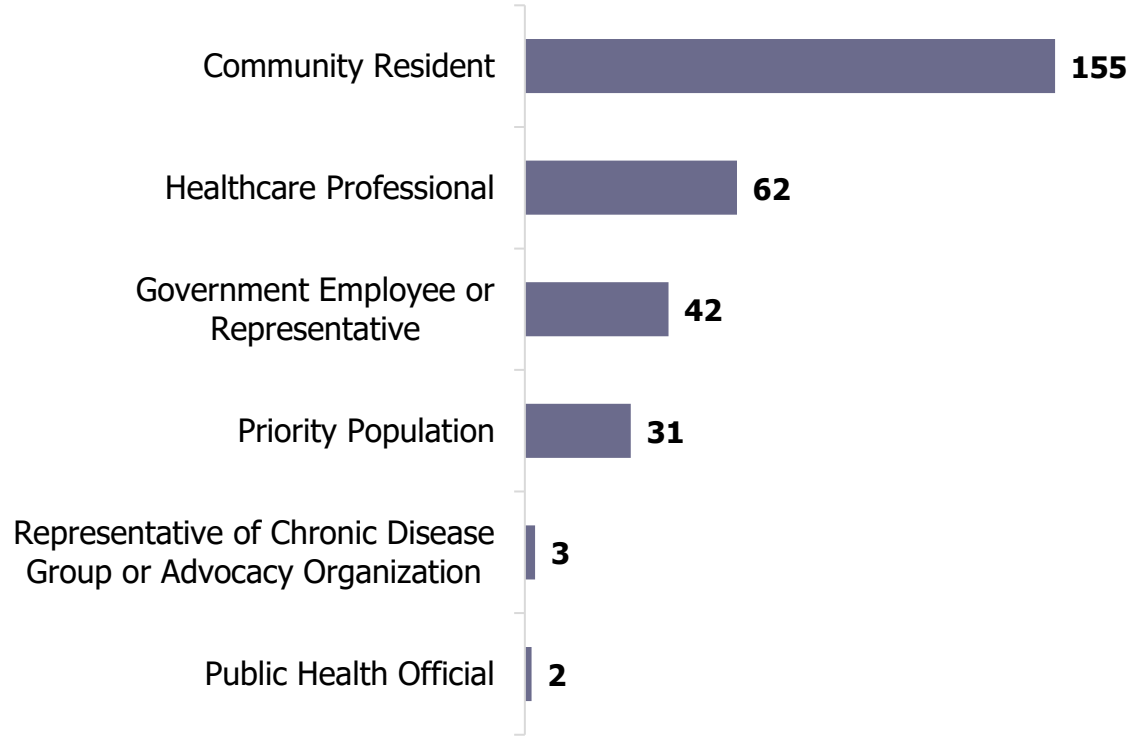
- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. Two-hundred-forty-six (246) survey responses from community members were gathered in December 2024.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

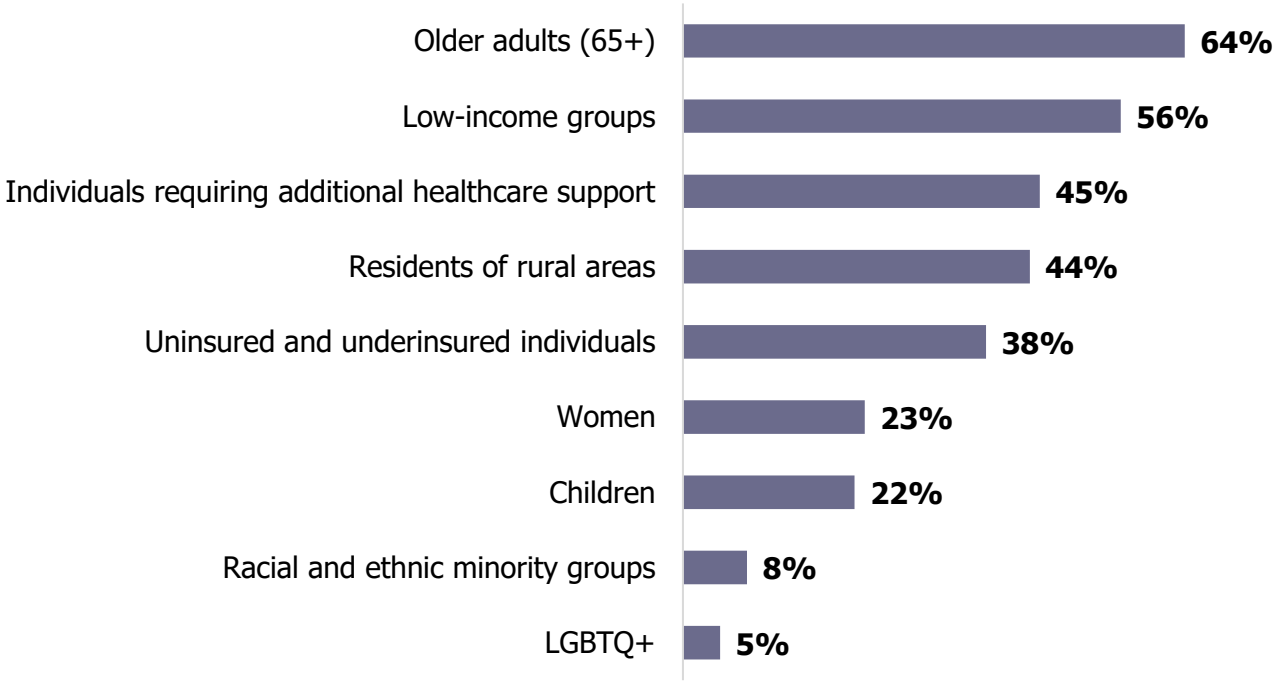
Survey Question: Please select all roles that apply to you (n=243)



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

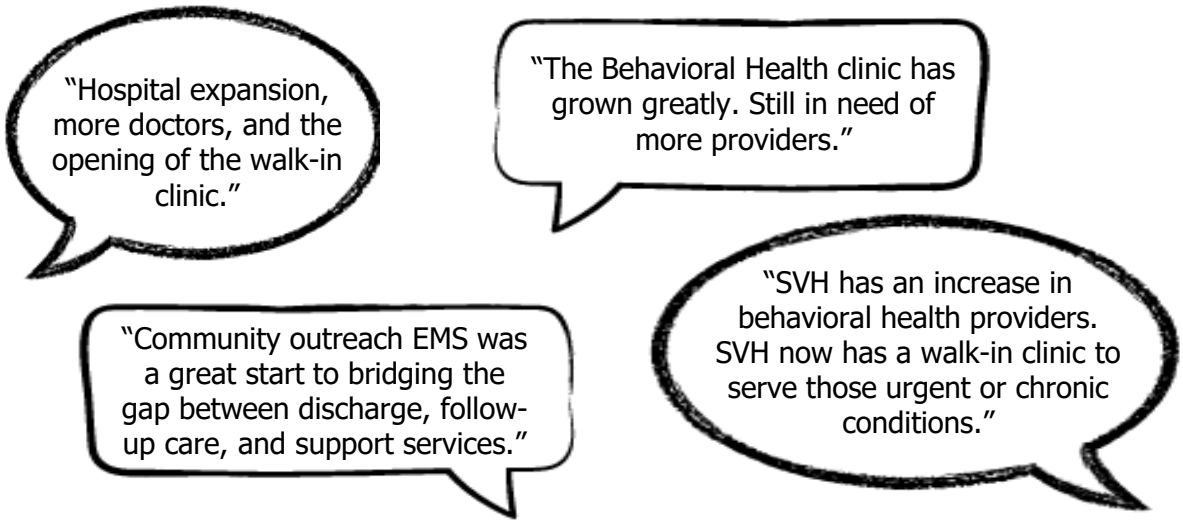
- The top three priority populations identified were older adults (65+), low-income groups, and individuals requiring additional healthcare support.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Health Literacy | Lack of Transportation | Access to Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by SVH since the 2020 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below, along with a selection of survey responses.

- Affordability of Healthcare
- Access to Healthcare
- Behavioral Health
- Preventative Care



Impact of Actions to Address the 2020 Significant Health Needs

- SVH opened the Walk-In Clinic which allows patients to seek timely care with no appointment needed, including access on Saturdays.
- Growth in local providers and service lines including primary care, sleep lab, and behavioral health.
- Community Emergency Medical Services (EMS) was started to bridge the gap between patient discharge and follow-up care to prevent readmissions and improve patient outcomes.
- The Rural Health Clinic has expanded access to behavioral health providers including a psychologist and a Licensed Clinic Social Worker.
- SVH EMS provides community education including CPR, AED, and overdose prevention.

Community Served

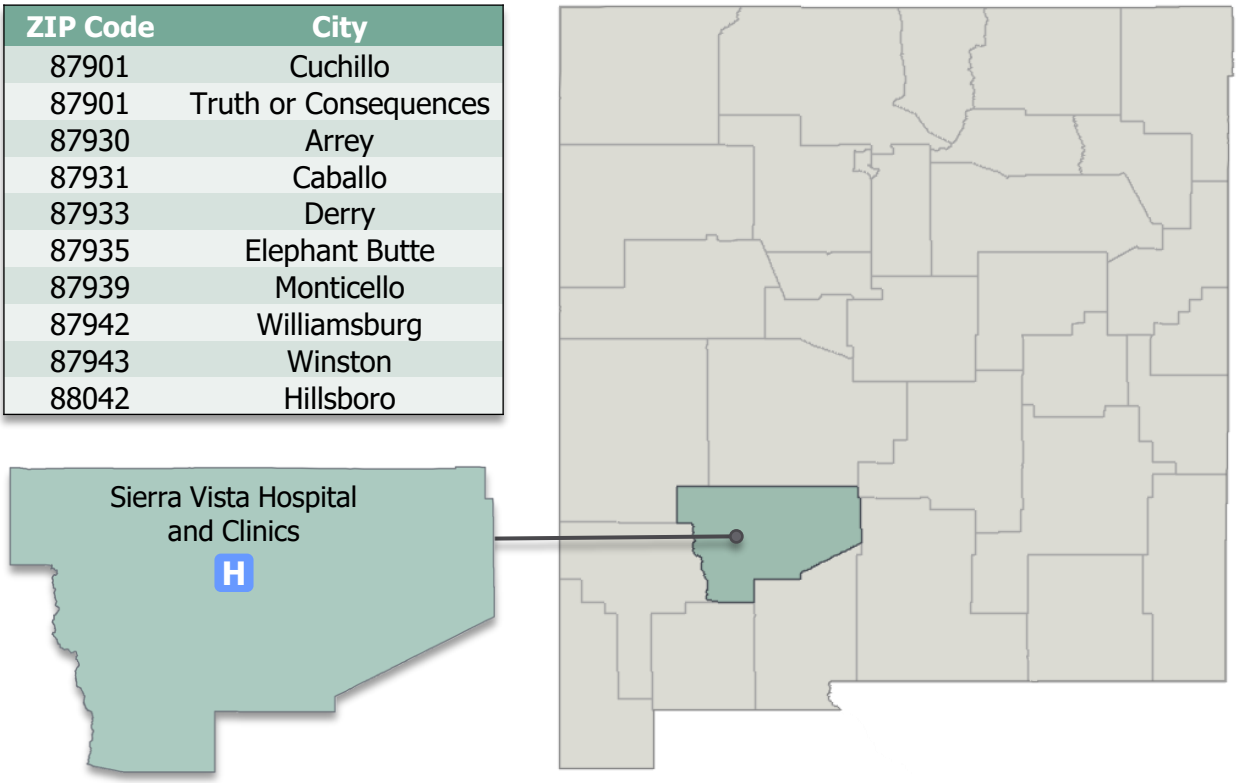
The service area in this assessment is defined as Sierra County, New Mexico. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, SVH is centrally located within Sierra County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

Service Area

Sierra County, New Mexico

Total Population: **11,436**

ZIP Code	City
87901	Cuchillo
87901	Truth or Consequences
87930	Arrey
87931	Caballo
87933	Derry
87935	Elephant Butte
87939	Monticello
87942	Williamsburg
87943	Winston
88042	Hillsboro



Source: County Health Rankings 2024 Report

Service Area Demographics

	Sierra County	New Mexico
Demographics		
Total Population	11,436	2,113,344
Age		
Below 18 Years of Age	16%	22%
Ages 19 to 64	47%	59%
65 and Older	37%	19%
Race & Ethnicity		
Non-Hispanic White	62%	36%
Non-Hispanic Black	1%	2%
American Indian or Alaska Native	3%	11%
Asian	1%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	33%	50%
Gender		
Female	50%	50%
Male	50%	50%
Geography		
Rural	33%	25%
Urban*	67%	75%
Income		
Median Household Income	$40,420	$59,842

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

246 surveys completed by community members

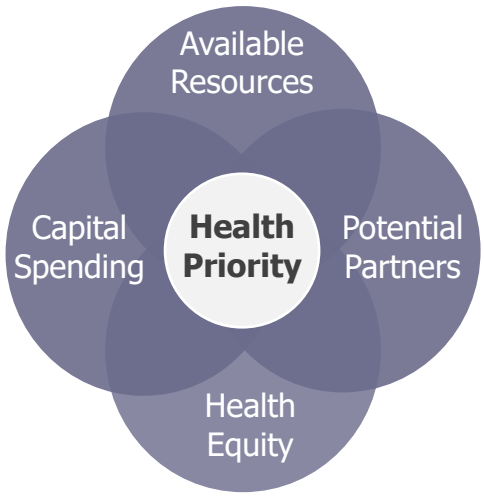
Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

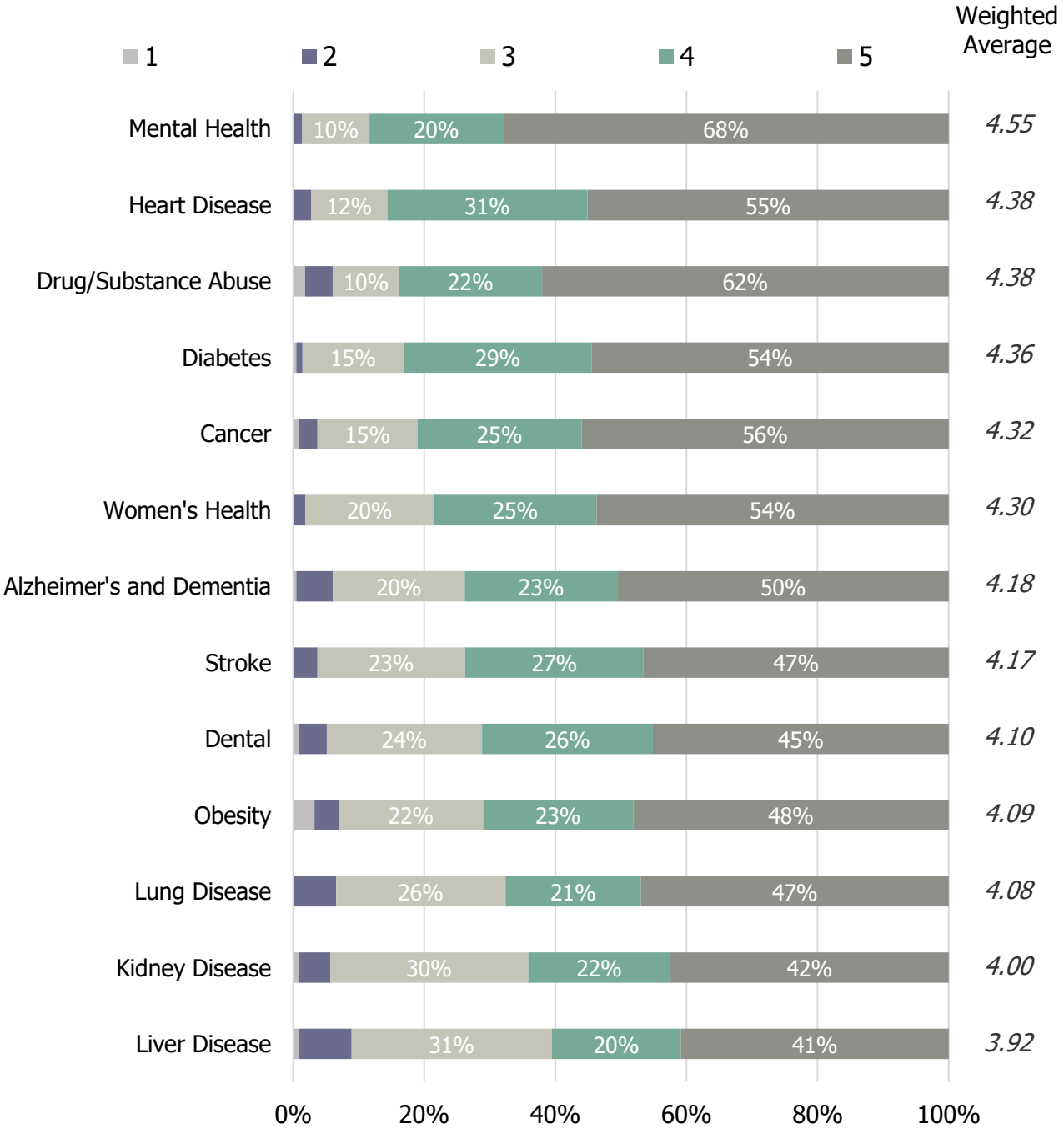
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

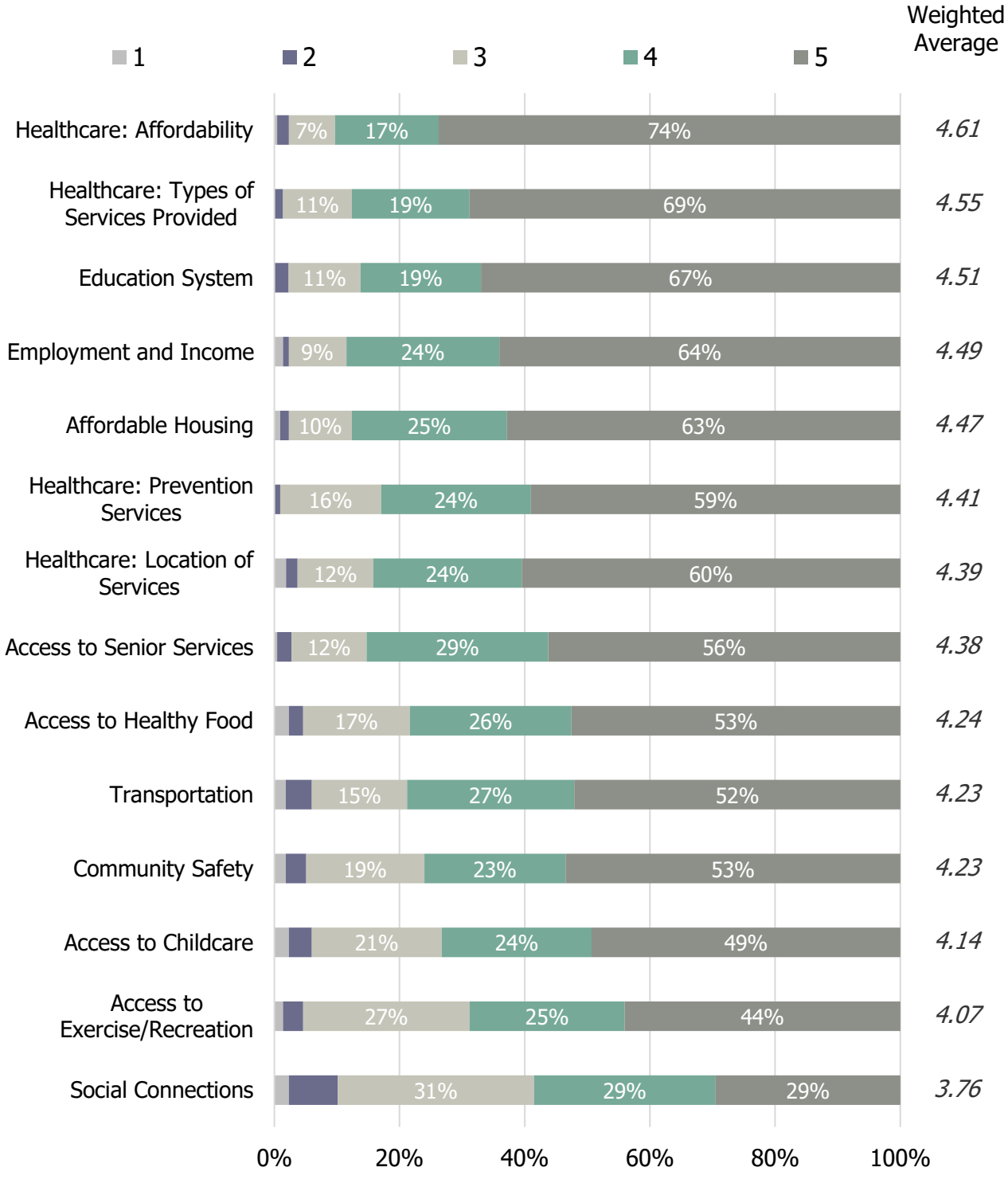
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



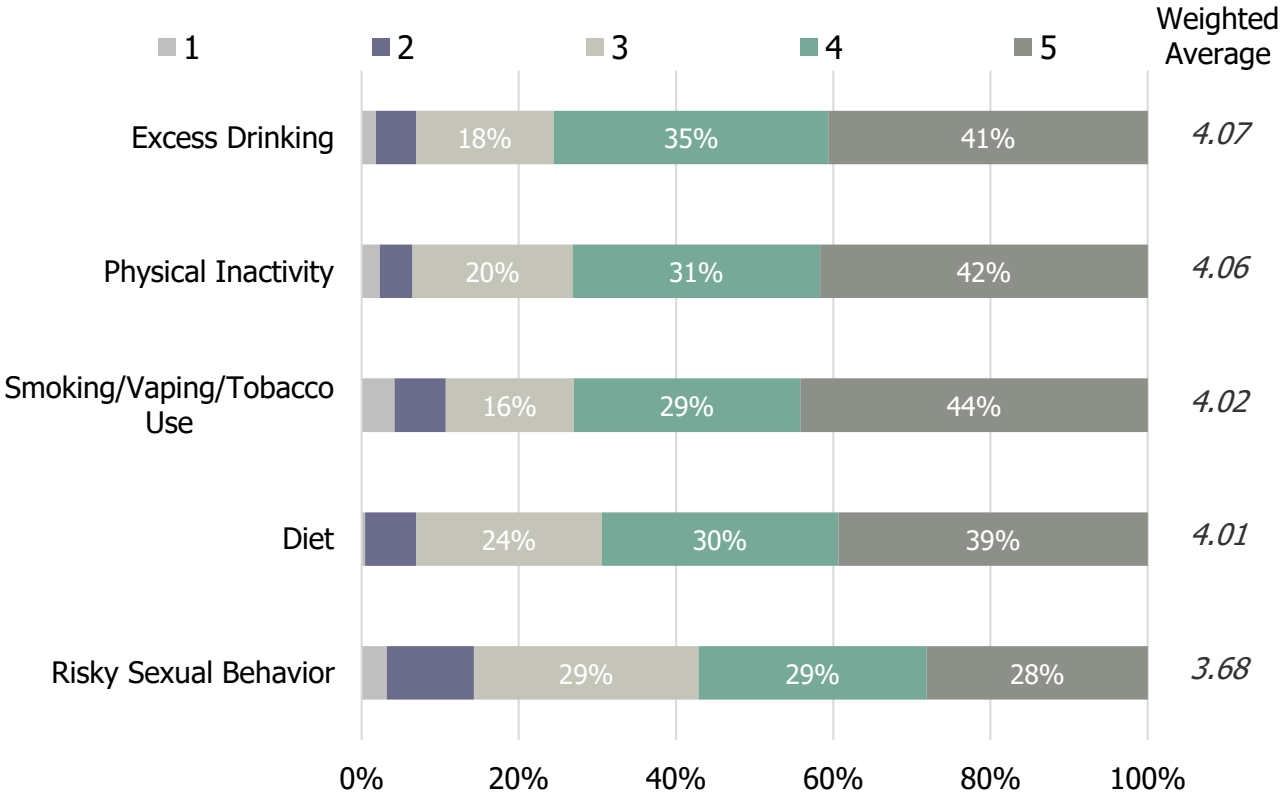
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.61	90.3%
Mental Health	4.55	88.4%
Healthcare: Types of Services Provided	4.55	87.6%
Education System	4.51	86.2%
Employment and Income	4.49	88.5%
Affordable Housing	4.47	87.6%
Healthcare: Prevention Services	4.41	83.0%
Healthcare: Location of Services	4.39	84.2%
Drug/Substance Abuse	4.38	83.8%
Heart Disease	4.38	85.7%
Access to Senior Services	4.38	85.3%
Diabetes	4.36	83.1%
Cancer	4.32	81.0%
Women's Health	4.30	78.5%
Access to Healthy Food	4.24	78.3%
Community Safety	4.23	76.0%
Transportation	4.23	78.8%
Alzheimer's and Dementia	4.18	73.8%
Stroke	4.17	73.7%
Access to Childcare	4.14	73.3%
Dental	4.10	71.2%
Obesity	4.09	71.0%
Lung Disease	4.08	67.6%
Access to Exercise/Recreation	4.07	68.8%
Excess Drinking	4.07	75.6%
Physical Inactivity	4.06	73.2%
Smoking/Vaping/Tobacco Use	4.02	73.0%
Diet	4.01	69.4%
Kidney Disease	4.00	64.2%
Liver Disease	3.92	60.6%
Social Connections	3.76	58.5%
Risky Sexual Behavior	3.68	57.1%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Sierra County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Sierra County to that of New Mexico can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #2 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Sierra County is 36.3 which is higher than the New Mexico average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Sierra County	New Mexico
Suicide Mortality Rate per 100,000 (2022)	36.3	25.0
Poor Mental Health Days past 30 days (2022)	5.2	4.7
Population per 1 Mental Health Provider (2023)	408:1	224:1

Source: CDC Final Deaths, County Health Rankings 2024 Report

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #9 priority with 84% of survey respondents rating it as an important factor to address in the community. Additionally, 76% of respondents think excessive drinking and 73% think that smoking and tobacco use are major issues in the community.

Sierra County has a higher rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than New Mexico's (12% and 16% respectively) and its smoking rate is higher than the state's (18% and 14% respectively).

	Sierra County	New Mexico
Drug-Related Overdose Deaths per 100,000 (2020-2022)	60.3	38.5
Excessive Drinking (2022)	12%	16%
Alcohol-Impaired Driving Deaths (2017-2021)	30%	29%
Adult Smoking (2022)	18%	14%

Source: County Health Rankings 2024 Report, New Mexico Department of Health

Chronic Diseases

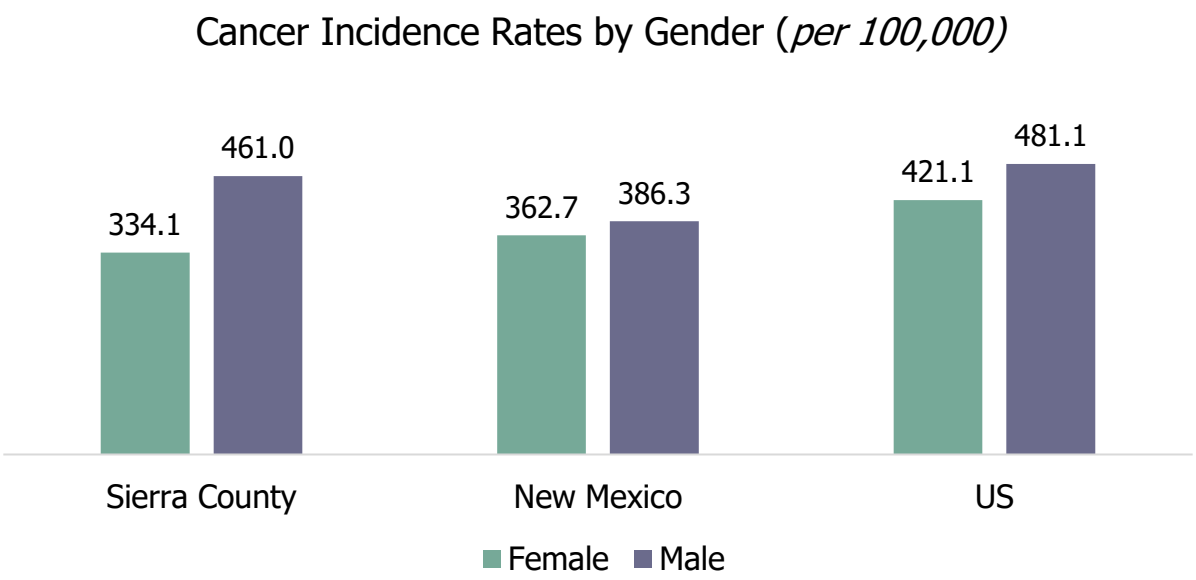
Cancer

Cancer was identified as the #13 community health issue with 81% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Sierra County (CDC Final Deaths). Additionally, 42% of survey respondents said they would like to see additional access to cancer care in Sierra County.

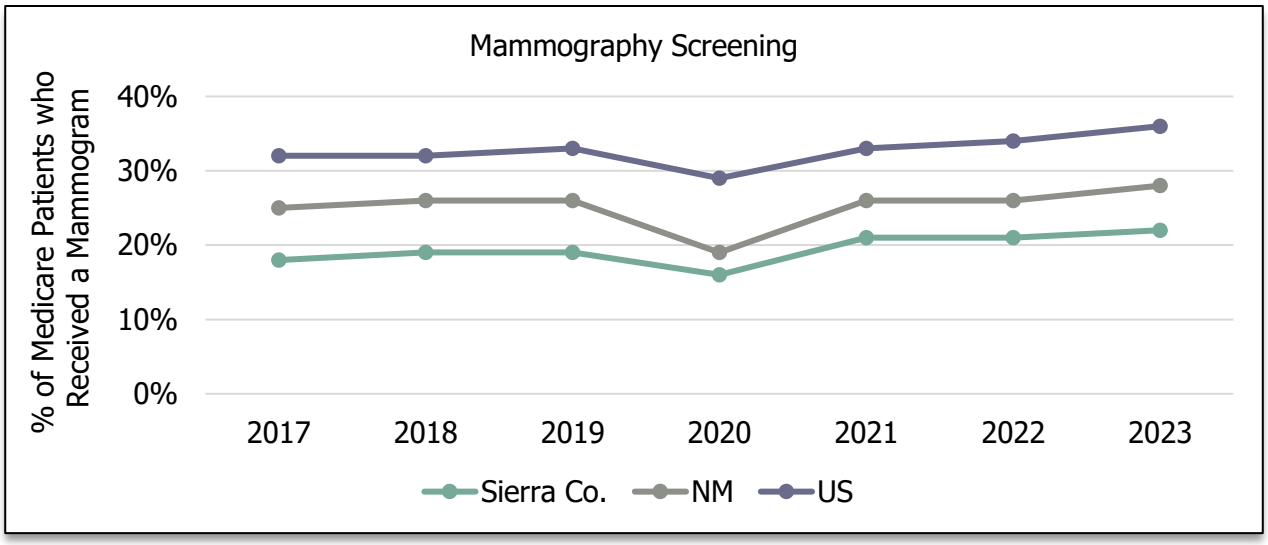
The cancer incidence rate is higher in Sierra County compared to New Mexico. When looking across genders, men have higher incidence rates of cancer compared to women, though the disparity is significantly greater in Sierra County compared to the state and US overall. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

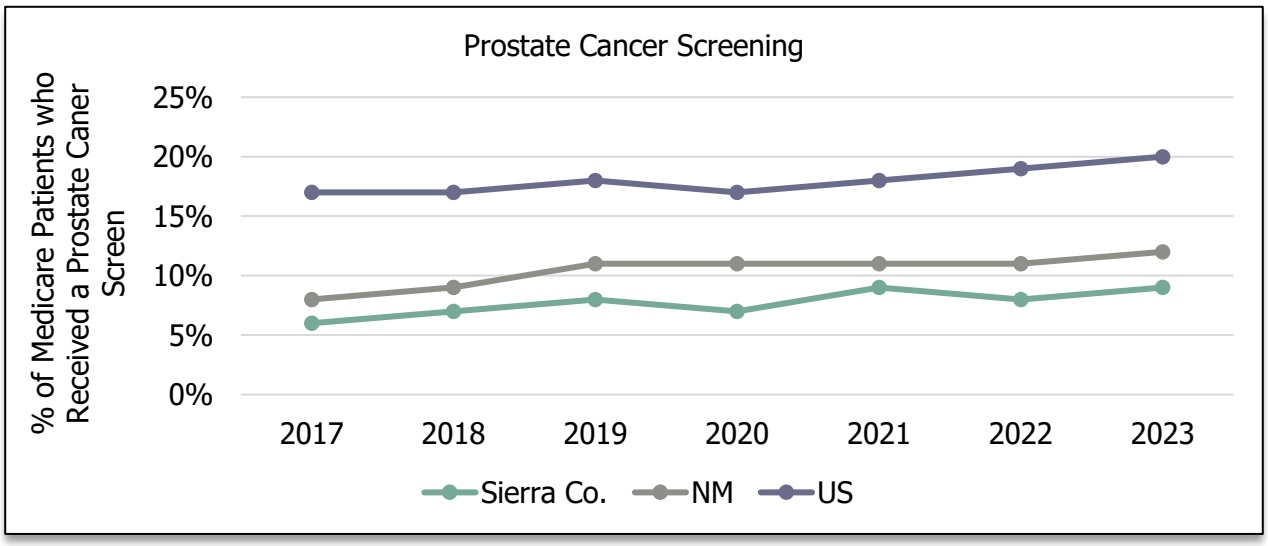
	Sierra County	New Mexico
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	397.9	370.7
Cancer Mortality Rate per 100,000 (2022)	193.6	137.3

Source: CDC, National Cancer Institute



The rate of Medicare enrollees (women age 65+) in Sierra County who have received a mammogram in the past year is lower than the New Mexico and US averages. These rates have been slowly increasing over the past decade with a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Sierra County has had a lower prostate cancer screening rate in the past year compared to both the state and the US overall though rates have been slightly increasing in recent years.



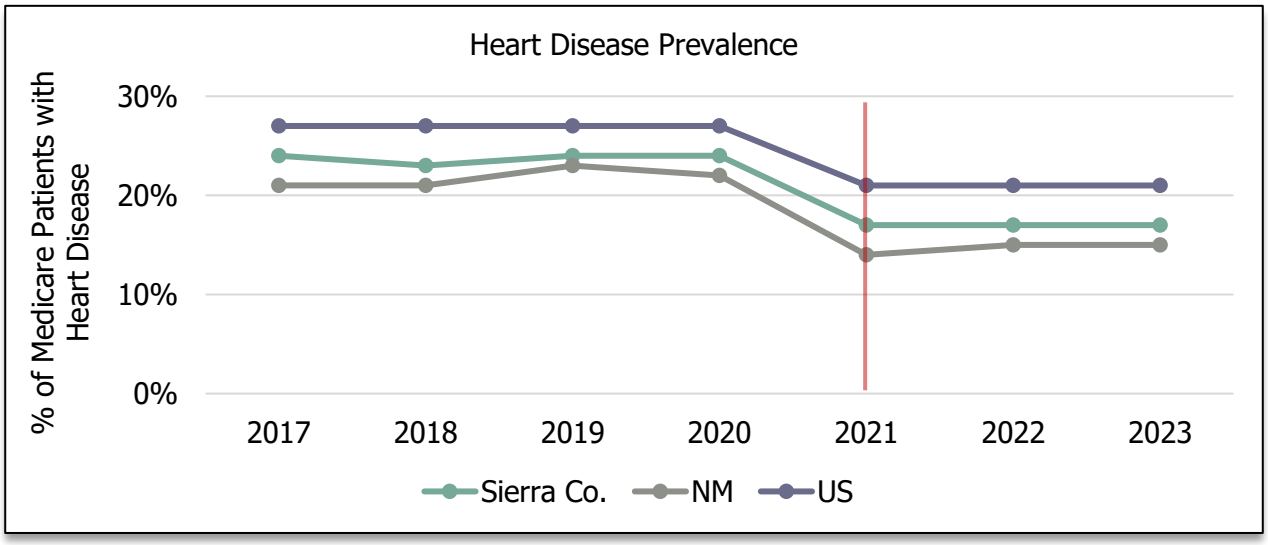


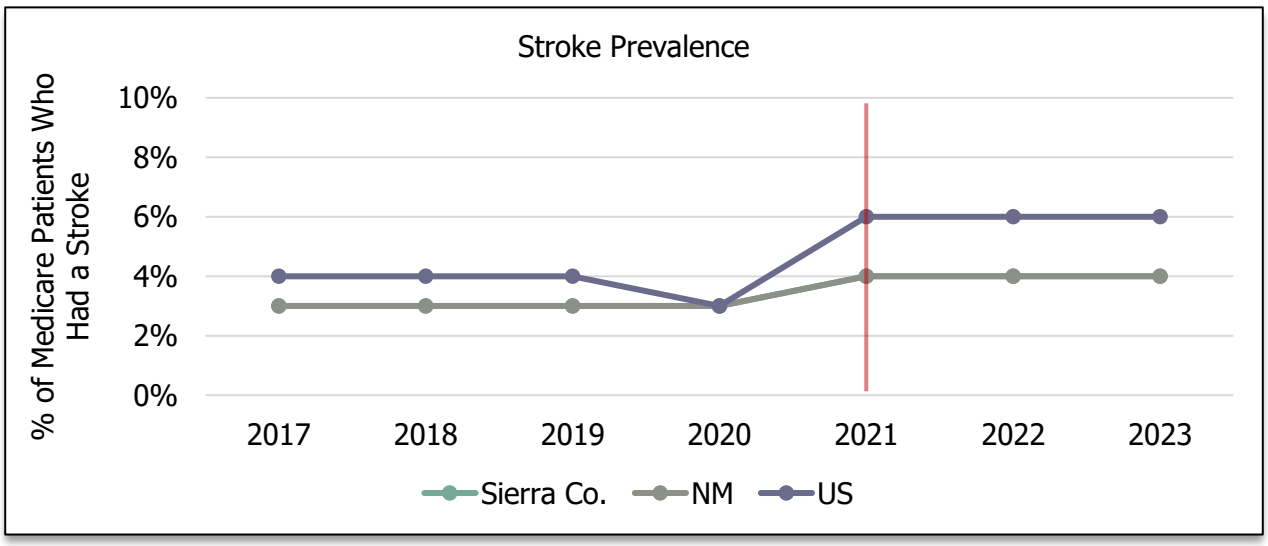
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Sierra County and the county has a mortality rate higher than the state (224.2 compared to 156.5 per 100,000 respectively). Stroke is the 5th leading cause of death in Sierra County with a mortality rate of 40.3 per 100,000 compared to 37.2 in the state (CDC Final Deaths).

In the Medicare population, Sierra County has a higher prevalence of heart disease than New Mexico while the prevalence of stroke is the same as the state. In the community survey, 58% of respondents said they would like to see cardiology services available in Sierra County.





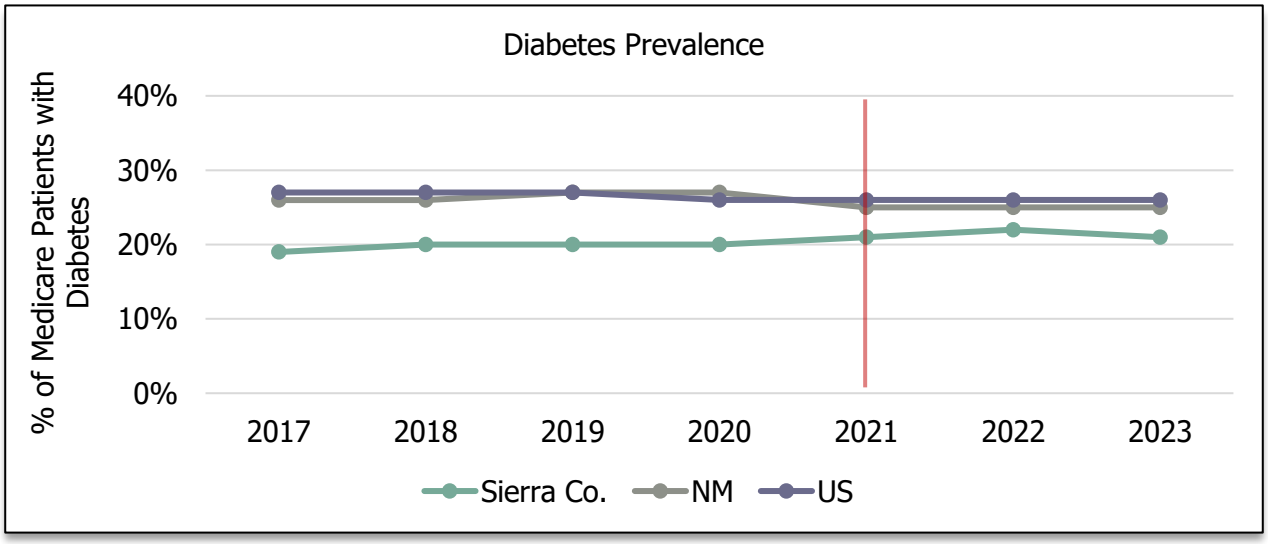
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Sierra County is lower than in New Mexico though the county sees a diabetes mortality rate higher than the state (CDC Final Deaths). When evaluating the Medicare population, Sierra County has a lower prevalence of diabetes compared to the state and rates have been stable over the past decade.

	Sierra County	New Mexico
Diabetes Mortality Rate per 100,000 (2022)	35.1	31.0
Diabetes Prevalence (2022)	11%	12%

Source: CDC Final Deaths, County Health Rankings 2024 Report



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Sierra County, adults have slightly lower rates of obesity than in New Mexico on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Sierra County	New Mexico
Adult Obesity (2022)	34%	35%
Limited Access to Healthy Foods (2019)	15%	13%
Physical Inactivity (2022)	25%	22%
Access to Exercise Opportunities (2023)	74%	75%

Source: County Health Rankings 2024 Report

Healthcare Access

Access & Affordability

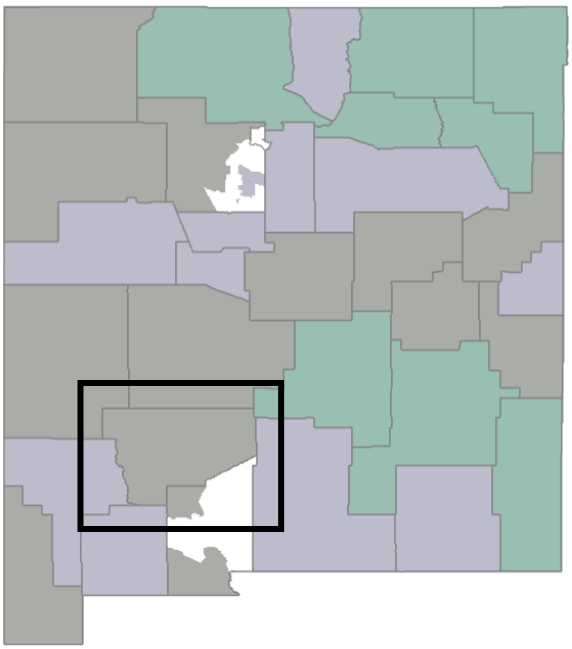
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Sierra County has a lower household income than the New Mexico average and also has a lower uninsured population than the state. Additionally, Sierra County has less access to primary care physicians and mental health providers as shown in the following provider ratios and health professional shortage areas (HPSA) on the next page.

	Sierra County	New Mexico
Uninsured Population (2022)	11%	13%
Median Household Income (2022)	$40,420	$59,842
Population per 1 Primary Care Physician (2022)	2,300:1	1,344:1
Population per 1 Dentist (2022)	1,430:1	1,436:1

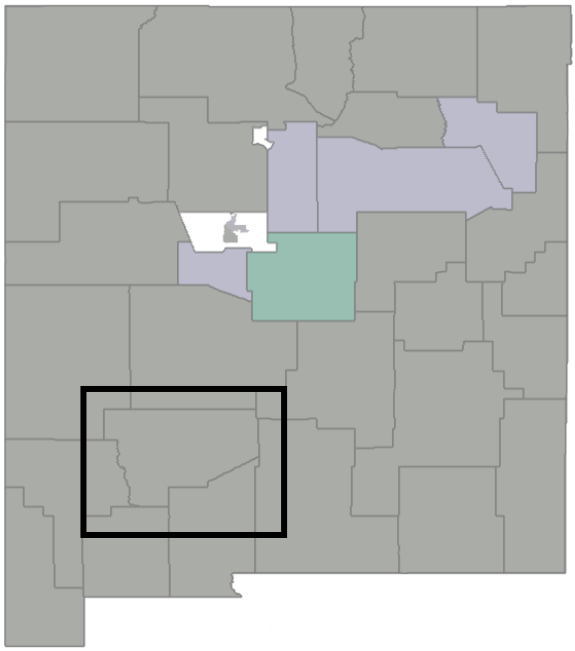
Source: County Health Rankings 2024 Report

New Mexico Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



HPSA Population: *a shortage of services for a specific population subset within an established geographic area*

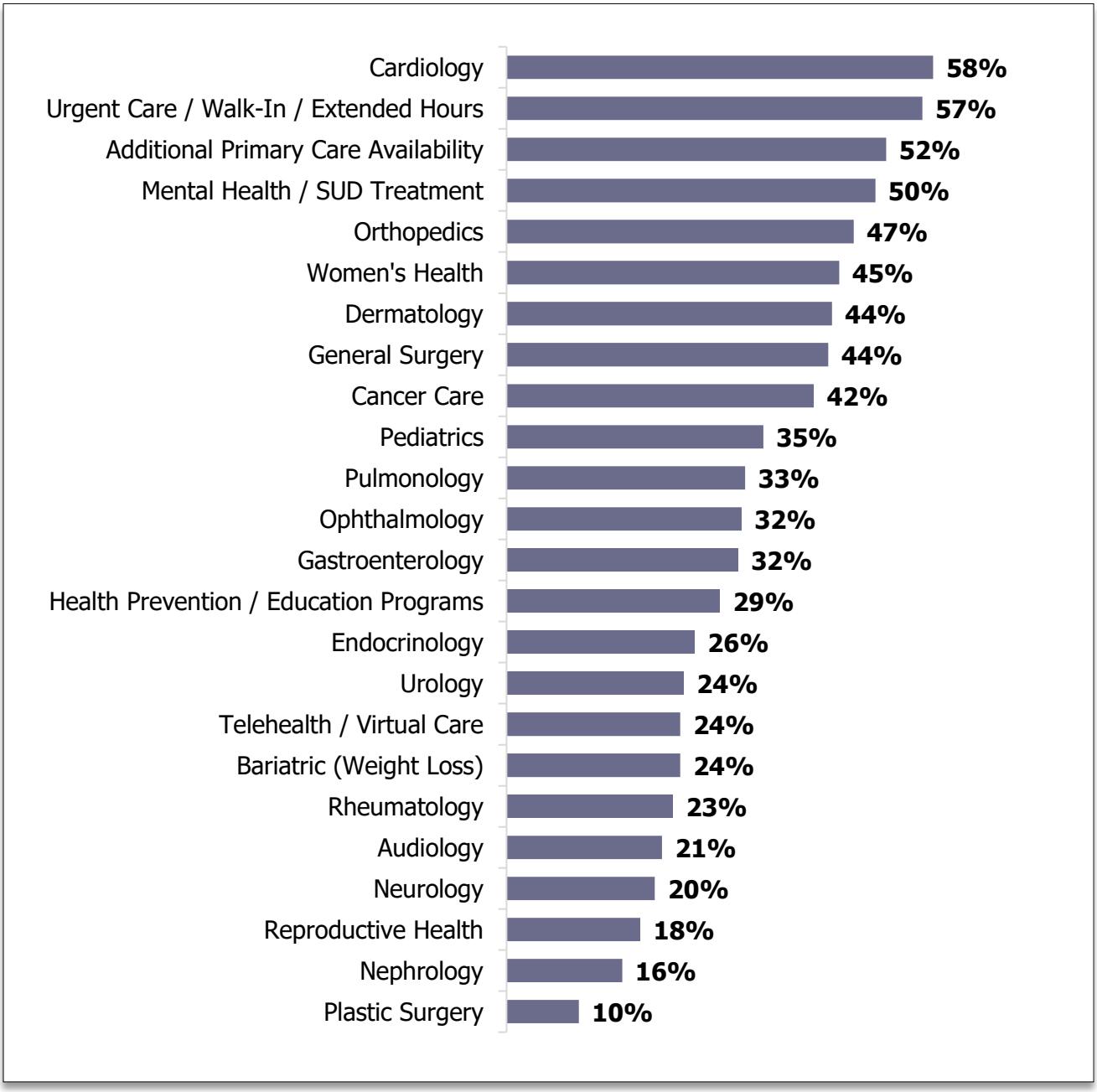
Geographic HPSA: *a shortage of services for the entire population within an established geographic area*

High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

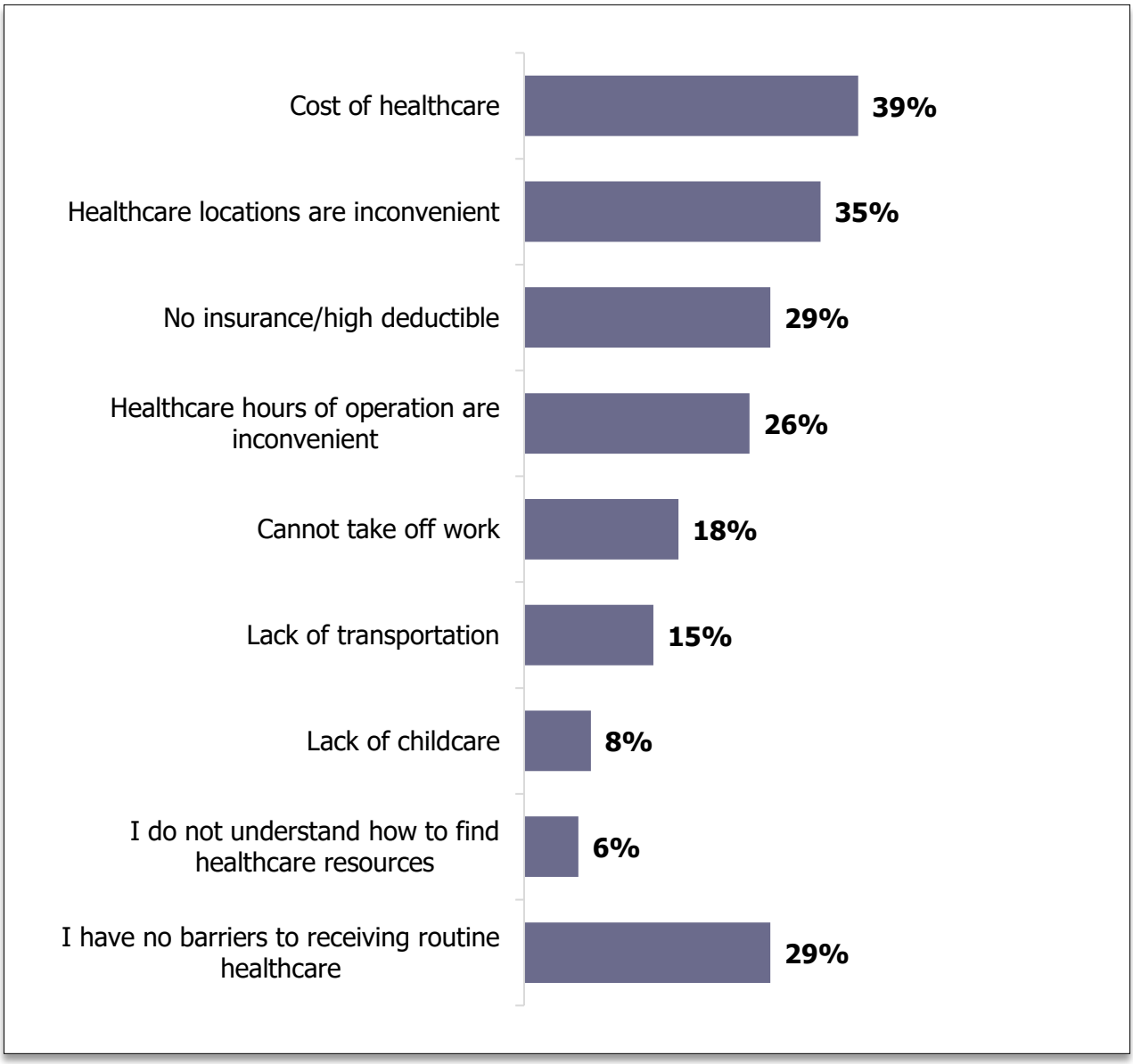
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Cardiology was the top identified service need with 58% of respondents saying they would like to see it available in Sierra County followed by urgent care/walk-in/extended hours (57%) and additional primary care availability (52%).

Survey Question: What additional services/offerings would you like to see available in Sierra County? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 39% of respondents, followed by inconvenient healthcare locations with 35% of respondents.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



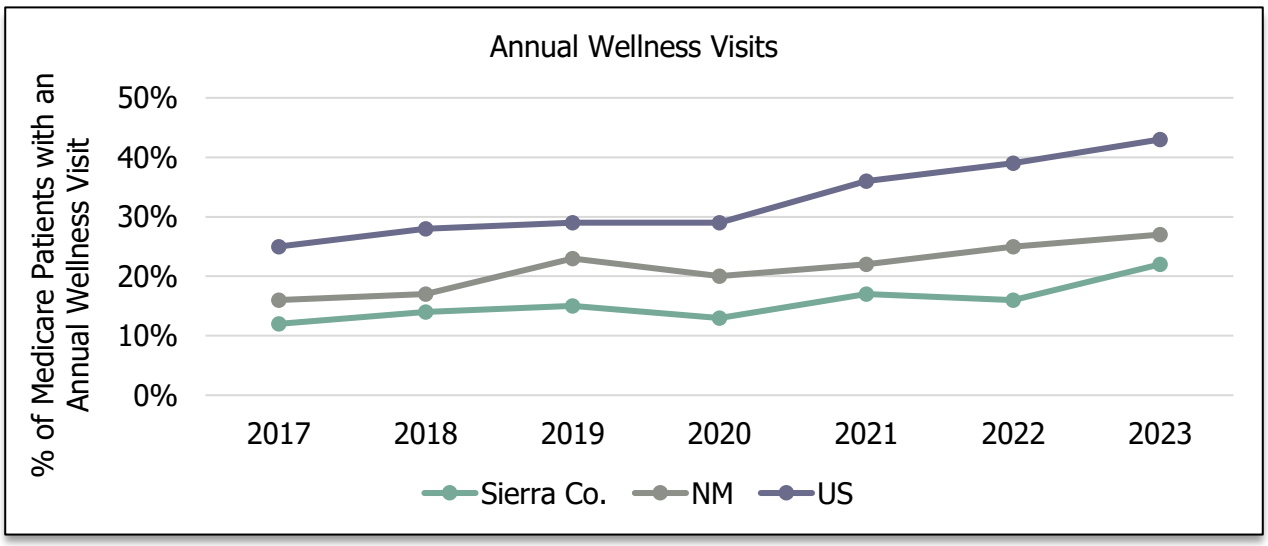
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 29% of respondents said they would like to see additional health prevention and education programs available in the community.

Sierra County has lower annual mammography screening and lower flu vaccine adherence rates than the state. Sierra County has a lower rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) than the state. This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, while the rate of annual wellness visits in the Medicare population is lower in Sierra County compared to the state, rates have been improving in recent years.

	Sierra County	New Mexico
Preventable Hospital Stays per 100,000 (2022)	1,773	1,905
Mammography Screening (2022)	27%	35%
Flu Vaccination (2022)	19%	37%

Source: County Health Rankings 2024 Report



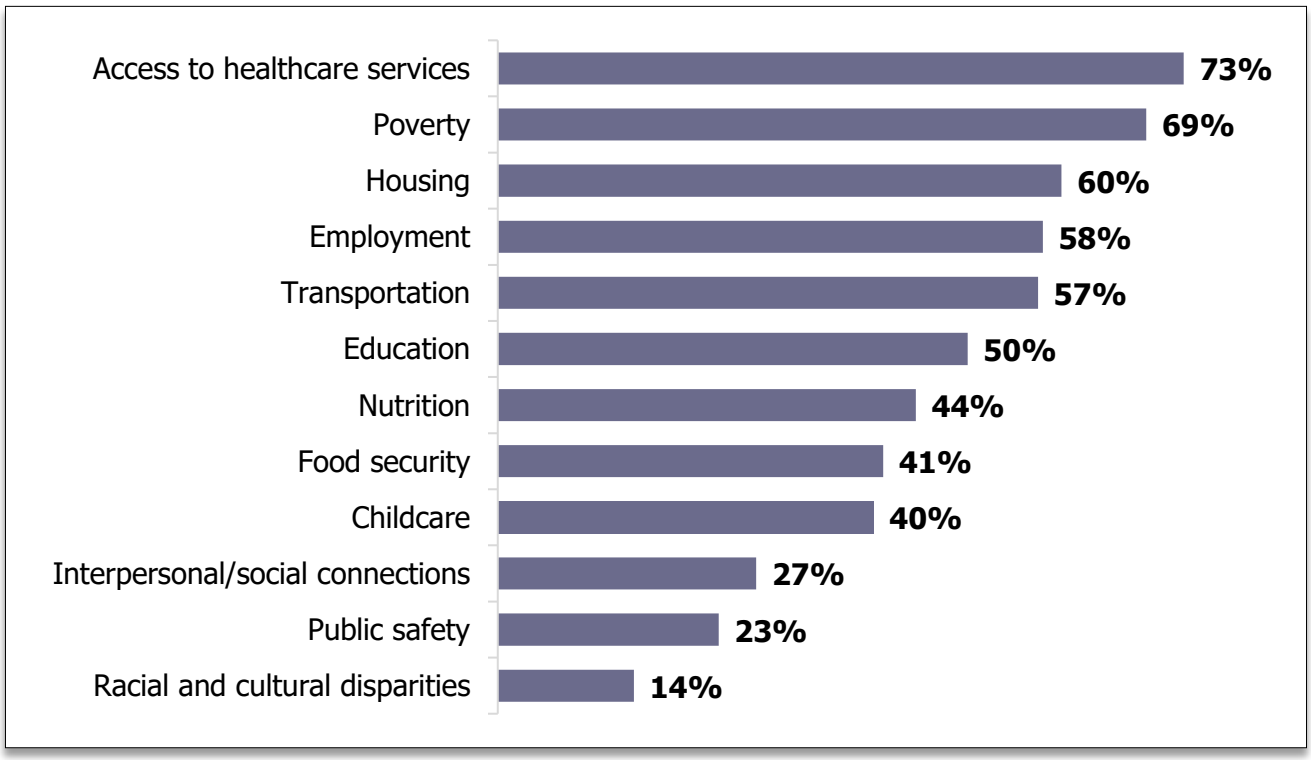
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Sierra County. The top SDoH identified was access to healthcare services with 73% of survey respondents identifying it as negatively impacting the community's health followed by poverty, housing, and employment.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Sierra County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 12% of Sierra County residents spend 50% or more of their household income on housing.

	Sierra County	New Mexico
Severe Housing Problems (2016-2020)	14%	17%
Severe Housing Cost Burden (2018-2022)	12%	14%
Broadband Access (2018-2022)	77%	82%

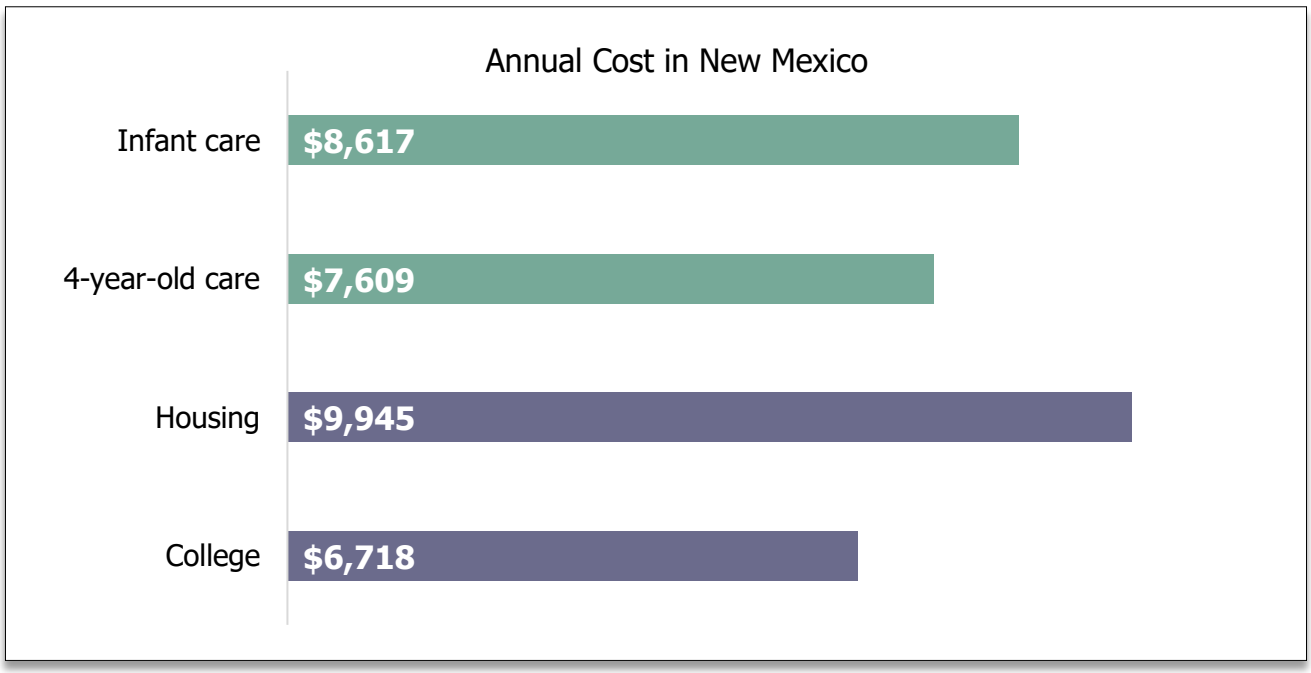
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in New Mexico is $8,617. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Sierra County, 33% of household income is required for childcare expenses and there are 12 childcare centers for every 1,000 children under age 5 in the county compared to 11 in the state.

	Sierra County	New Mexico
Children in Single-Parent Households (2018-2022)	39%	30%
Child Care Cost Burden - % of HHI used for childcare (2023)	33%	30%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	12	11

Source: County Health Rankings 2024 Report



Source: Economic Policy Institute (2020)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Sierra County	New Mexico
High School Completion (2018-2022)	90%	87%
Some College – includes those who had and had not attained degrees (2023)	48%	63%
Unemployment (2023)	6%	4%
Children in Poverty (2022)	32%	23%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Equity

Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Healthcare: Affordability	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Healthcare: Types of Services Provided	✓	✓	✓	✓
Education System		✓		✓
Employment and Income	✓	✓		✓
Affordable Housing	✓	✓		✓
Healthcare: Prevention Services	✓	✓	✓	✓
Healthcare: Location of Services	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

SVH determined the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources. SVH has focused this action plan on the health care needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and childcare.

Behavioral Health

Relevant Needs Addressed: Mental Health, Drug/Substance Use

Goal: Improve mental health and substance use disorder in the community through access to behavioral health services, including early intervention, therapy, and crisis management.

Healthcare Access and Affordability

Relevant Needs Addressed: Healthcare: Affordability, Types of Services Provided, Location of Services

Goal: Enhance access to healthcare services locally through physician recruitment, expansion of services, and reducing financial barriers to care.

Education and Prevention

Relevant Needs Addressed: Prevention Services, Heart Disease

Goal: Reduce the onset of illness and disease through effective and equitable screening, education, and prevention services.

Behavioral Health

SVH Services and Programs Committed to Respond to This Need

- Licensed behavioral health workers are on staff at SVH, including a Psychologist, two Psychiatric Nurse Practitioners, and a Licensed Clinical Social Worker (LCSW) who provide services for anxiety, depression, PTSD, trauma, and substance abuse
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) program implemented in the emergency department (ED) to connect patients to services for substance use disorder
- The Emergency Medical Services team provides community education for drug overdose response
- SVH is engaged with NM Bridge to deploy a Medication to treat Opioid Use Disorder (MOUD) program in the ED

Goals and Future Actions to Address this Significant Health Need

Goal: Improve mental health and substance use disorder in the community through access to behavioral health services, including early intervention, therapy, and crisis management.

- Explore opportunities to expand behavioral health services, including trauma-informed care, medication management, and additional PTSD care
- Continuously recruit behavioral health providers with a focus on LCSWs to provid therapy services

Impact of Actions and Access to Resources

- Improve behavioral health outcomes in the community by increasing access to local services and behavioral health providers
- Reduce overdose and death from substance use through community education, prevention, and ED intervention

Other Local Organizations Available to Respond to This Need

- Ben Archer Health Center: https://bahcnm.org/site/torc.php
- New Horizons Counseling Center
- Sierra County Public Health Office
- Sierra County Behavioral Health and Wellness Collaborative
- The Olive Tree: https://www.olivetreenm.org/

Healthcare Access and Affordability

SVH Services and Programs Committed to Respond to This Need

- A range of specialty service offerings are available locally at SVH to limit patients' need to travel for care, including general surgery, sleep studies, rehabilitation services, and more
- The Rural Health Clinic provides access to primary care services to patients of all ages
- SVH Walk-In Clinic provides access to care with no appointment needed and with extended hours including evenings and weekends
- Emergency Medical Services (EMS) provides 24/7 emergency medical care to the community, including Community Emergency Medical Services that assist discharged patients in education, care plans, and follow-up care
- Financial Assistance Program provides services for those who cannot afford care including assistance in applying for Medicaid, Charity Care, Indigent Care, Sliding Fee Discount, and more
- SVH leadership continuously engages with state legislative representatives to discuss issues facing New Mexico's rural hospitals, including access to services, behavioral health, and provider recruitment
- Grow Your Own scholarship program provides scholarship funding, guidance, and an internship or entry-level position to high school graduates to promote the local workforce

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access to healthcare services locally through physician recruitment, expansion of services, and reducing financial barriers to care.

- Focus SVH facility expansion planning on growing access to local services and provider recruitment for key service lines, including behavioral health, cardiology, orthopedics, and more
- Continue to recruit and retain the local workforce to provide high-quality care and community economic development by participating in job fairs, providing education scholarships, and bolstering the SVH internship program

Impact of Actions and Access to Resources

- Reduce barriers to care through local access to specialty services, community EMS, and expanded access to primary care availability at the Walk-In Clinic
- Increase community knowledge of community and financial assistance resources with the utilization of Financial Counselors

Other Local Organizations Available to Respond to This Need

- Ben Archer Health Center: https://bahcnm.org/site/torc.php
- Sierra County Public Health Office

Education and Prevention

SVH Services and Programs Committed to Respond to This Need

- State-of-the-art radiology and diagnostic imaging services, including 3D mammography, bone density scans, ultrasound, MRI, CT scan, nuclear medicine, and x-ray
- Let's Talk Series is hosted by SVH providers to discuss common health topics with the community for free
- Partnership with Matthew 25 Food Pantry to provide a monthly food distribution service at the hospital with access to fresh produce and non-perishable items
- A range of health education and promotion events held throughout the year, including a 5k Walk/Run to Benefit Breast Cancer, life jacket fittings, and hosting educational booths at community events
- Promotion of health education classes, including CPR training, Yoga, and Water Aerobics

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce the onset of illness and disease through effective and equitable screening, education, and prevention services.

- Grow the Chronic Care Management Program through integration with Community EMS to better coordinate patient care and ensure adequate screening and education
- Continue to develop community partnerships to provide hospital facility space for community events, education, and expanding wellness programs

Impact of Actions and Access to Resources

- Decrease onset and prevalence of chronic diseases
- Increase community participation in educational events and health screening programs

Other Local Organizations Available to Respond to This Need

- Ben Archer Health Center: https://bahcnm.org/site/torc.php
- Sierra County Public Health Office
- Sierra County Behavioral Health and Wellness Collaborative

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. New Mexico's Top 15 Leading Causes of Death are listed in the tables below in Sierra County's rank order. Sierra County's mortality rates are compared to the New Mexico state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

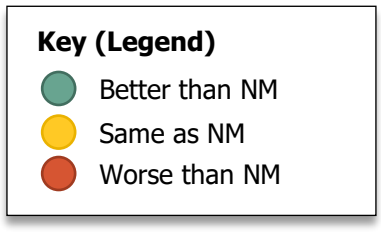
	Sierra County	New Mexico	U.S.
Heart Disease	224.2	156.5	173.8
Cancer	193.6	137.3	146.6
Lung	91.2	36.9	34.7
Accidents	88.5	101.4	64.7
Stroke	40.3	37.2	41.1
Suicide	36.3	25.0	14.1
Diabetes	35.1	31.0	25.4
Liver	22.4	41.1	14.5
Flu - Pneumonia	22.0	11.5	10.5
Kidney	16.6	12.7	13.6
Alzheimer's	14.2	24.6	31.0
Homicide	11.9	15.4	8.2
Blood Poisoning	10.4	9.3	10.2
Parkinson's	7.9	9.4	9.8
Hypertension	4.4	7.3	10.7

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Sierra	New Mexico	Top US Performers	US Overall
Length of Life				
Premature Death*	**15,827**	11,558	6,000	8,000
Life Expectancy*	**71**	75	81	79
Quality of Life				
Poor or Fair Health	**19%**	18%	13%	14%
Poor Physical Health Days	**3.9**	3.3	3.1	3.3
Poor Mental Health Days	**5.2**	4.7	4.4	4.8
Low Birthweight*	**9%**	9%	6%	8%
Health Behaviors				
Adult Smoking	**18%**	14%	14%	15%
Adult Obesity	**34%**	35%	32%	34%
Limited Access to Healthy Foods	**15%**	13%	17%	12%
Physical Inactivity	**25%**	22%	20%	23%
Access to Exercise Opportunities	**74%**	75%	90%	84%
Excessive Drinking	**12%**	16%	13%	18%
Alcohol-Impaired Driving Deaths	**30%**	29%	10%	26%
Drug Overdose Deaths*	**60.3**	38.5	42	23
Sexually Transmitted Infections*	**252**	588	152	496
Teen Births *(per 1,000 females ages 15-19)*	**40**	24	9	17
Clinical Care				
Uninsured	**11%**	13%	6%	10%
Primary Care Physicians	**2300:1**	1344:1	1,030:1	1,330:1
Dentists	**1430:1**	1436:1	1,180:1	1,360:1
Mental Health Providers	**408:1**	224:1	230:1	320:1
Preventable Hospital Stays*	**1,773**	1,905	1,558	2,681
Mammography Screening	**27%**	35%	52%	43%
Flu Vaccinations	**19%**	37%	53%	46%
Social & Economic Factors				
High School Completion	**90%**	87%	94%	89%
Some College	**48%**	63%	74%	68%
Unemployment	**5.9%**	4.0%	2.3%	3.7%
Children in Poverty	**32%**	23%	10%	16%
Children in Single-Parent Households	**39%**	30%	13%	25%
Injury Deaths*	**184.6**	121.1	64	80
Child Care Cost Burden *(% of HHI used for childcare)*	**33%**	30%	36%	27%
Child Care Centers *(per 1,000 under age 5)*	**12**	11	13	7
Physical Environment				
Severe Housing Problems	**14%**	17%	8%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	**8%**	28%	17%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	**12%**	14%	15%	14%
Broadband Access	**77%**	82%	90%	87%

Per 100,000 Population



Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

1) Public Health Official – Persons with special knowledge of or expertise in public health
2) Government Employee or Representative – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	January 2025	2013-2022
CDC Final Deaths	15 top causes of death	January 2025	2022
Bureau of Labor Statistics	Unemployment rates	January 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	February 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	February 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	February 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	February 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	February 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	February 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	February 2025	2015
Child Care Aware	Childcare costs	February 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	February 2025	2022

Survey Results

Based on 246 survey responses gathered between November and December 2024.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	63.8%	155
Healthcare Professional	25.5%	62
Government Employee or Representative	17.3%	42
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	12.8%	31
Representative of Chronic Disease Group or Advocacy Organization	1.2%	3
Public Health Official	0.8%	2
	Answered	243
	Skipped	3

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	83.5%	203
Hispanic or Latino	18.1%	44
Asian or Asian American	2.1%	5
American Indian or Alaska Native	1.2%	3
Black or African American	0.4%	1
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	2.5%	6
	Answered	243
	Skipped	3

Q3: Age group

Answer Choices	Responses	
18-24	2.9%	7
25-34	6.2%	15
35-44	13.5%	33
45-54	19.3%	47
55-64	26.2%	64
65+	32.0%	78
	Answered	244
	Skipped	2

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
87901	51.2%	126
87935	27.6%	68
87942	9.8%	24
87931	3.3%	8
87930	1.6%	4
88012	1.6%	4
88005	1.2%	3
87939	0.8%	2
23850	0.4%	1
42240	0.4%	1
87031	0.4%	1
87108	0.4%	1
87937	0.4%	1
87941	0.4%	1
88042	0.4%	1
	Answered Skipped	246 0

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Older adults (65+)	63.7%	149
Low-income groups	55.6%	130
Individuals requiring additional healthcare support	45.3%	106
Residents of rural areas	44.0%	103
Uninsured and underinsured individuals	38.5%	90
Women	23.1%	54
Children	21.8%	51
Racial and ethnic minority groups	8.1%	19
LGBTQ+	4.7%	11
	Answered	234
	Skipped	12

What do you believe to be some of the needs of the groups selected above?

- Lack of available healthcare resources
- Behavioral health services, minor surgery services, follow up services. Many residents have primaries out of town, but the follow up and other support services can be accomplished at SVH.
- Awareness of health needs
- Accessibility to care; quality of care; information provided regarding care; follow up care
- More access to local quality health care.
- Cost of coverage, lack of current medical understanding, lack of options for medical care
- These groups more likely to have chronic conditions that need to be addressed and preventative action available
- Living in a rural community it is hard to travel to some health care facilities. Often times those facilities have long wait times to get in to see a specialist/doctor.
- We have a lot of low income people in the community that have a difficult time getting to appointments out of town
- Specialists, urgent care facility with evening & night hour availability plus 7 day a week access.
- Education, outreach, inclusion
- People without transportation often do not seek healthcare, same with under insured
- Lack of knowledge for help in getting assistance with healthcare insurance and coverage

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	3	22	44	146	215	4.55
Drug/Substance Abuse	4	9	22	47	134	216	4.38
Heart Disease	0	6	25	66	119	216	4.38
Diabetes	1	2	33	61	116	213	4.36
Cancer	2	6	33	54	121	216	4.32
Women's Health	0	4	42	53	115	214	4.30
Alzheimer's and Dementia	1	12	43	50	108	214	4.18
Stroke	0	8	49	59	101	217	4.17
Dental	2	9	51	56	97	215	4.10
Obesity	7	8	47	49	103	214	4.09
Lung Disease	0	14	55	44	100	213	4.08
Kidney Disease	2	10	64	46	90	212	4.00
Liver Disease	2	17	65	42	87	213	3.92
Other (please specify)						21	
						Answered	217
						Skipped	29

Comments:

- Orthopedic
- Dermatologist
- Preventative measures for many of the above diseases.
- Pain management
- Digestion and anything else that a human can have issues with.
- Pediatric
- Woman’s health
- Health education to prevent disease
- Pediatrics
- I understand many people need specialized medical care and they are not found up here
- Trauma mental health. Someone to talk too
- Eye doctor

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	1	4	16	36	160	217	4.61
Healthcare: Types of Services Provided	0	3	24	41	150	218	4.55
Education System	0	5	25	42	146	218	4.51
Employment and Income	3	2	20	53	139	217	4.49
Affordable Housing	2	3	22	54	137	218	4.47
Healthcare Services: Prevention	0	2	35	52	128	217	4.41
Healthcare: Location of Services	4	4	26	51	130	215	4.39
Access to Senior Services	1	5	26	63	122	217	4.38
Access to Healthy Food	5	5	37	56	114	217	4.24
Community Safety	4	7	41	49	116	217	4.23
Transportation	4	9	33	58	113	217	4.23
Access to Childcare	5	8	45	52	107	217	4.14
Access to Exercise/Recreation	3	7	58	54	96	218	4.07
Social Connections	5	17	68	63	64	217	3.76
Other (please specify)						12	
						Answered Skipped	218 28

Comments:

- No resources available
- Transportation to Las Cruces and Albuquerque for medical appointments.
- Continuity of service. If a patient doesn't come in within 2 years you automatically start over again.
- Access to health information, screening, and specialty services
- This is a food desert. Everyone should have access to healthy food.
- We need more restaurants that serve healthy foods such as Mediterranean and vegetarian

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	4	11	38	76	88	217	4.07
Physical Inactivity	5	9	44	68	90	216	4.06
Smoking/Vaping/Tobacco Use	9	14	35	62	95	215	4.02
Diet	1	14	51	65	85	216	4.01
Risky Sexual Behavior	7	24	62	63	61	217	3.68
Other (please specify)						7	
						Answered Skipped	217 29

Comments:

- Drug abuse
- Pot smoking
- Drug use
- Suicide prevention. The young adult and youth suicide rate is so sad in this community
- Mental health and childcare need to be the priority
- Schizophrenia. Bipolar

Q9: please provide feedback on any actions you've seen taken by SVH to address the 2020 significant health needs in your community and what additional actions you would like to see.

- I was encouraged to see that the Rural healthcare clinic now has urgent care, so that you don't always need to go to the emergency room. I would like to see increased hours for this clinic.
- SVH has brought in more doctors, though more specialists are needed.
- Hospital expansion, more doctors, and the opening of the walk-in clinic.
- Sierra county is a retirement community but not all residents are retired there should be more for the younger children. Without having to miss an entire day of school because they have to travel out of town to get care they need.
- It would be fantastic to have visiting specialists for dermatology, heart, and orthopedics.
- I was impressed that we had a "no appt. needed" clinic visit yesterday and was impressed that they were professional and helpful ...that is so needed in our community, especially since it is so difficult to even get an appointment set up for a week or two.
- I see more non-medical emergency transportation vehicles around. The shuttle to LC. Unsure of any others
- BH clinic has grown greatly. Still in need of more providers.
- Very pleased with the OT and PT services offered to those in the hospital.
- Community outreach, collaborating with EMS; Health fair - ability for people in the community to come have vitals checked, educate on importance of maintenance screening
- Walk In Clinic opened. More hours & days made available for public. Need transportation services available for seniors for medical appointments in Las Cruces. Hours could be increased as needed. Charges for this certainly should be considered.
- Increase in behavioral health services available. Same day visits more accessible when walk-in is open.
- More behavior health providers available at the RHC. Additional providers in the clinic and a walk-in clinic which has opened up earlier availability to see a provider without driving out of town or going to the emergency room.
- Chronic Disease management offered but not all accepted due to the co-pay. It would be great to see support groups formed which meet monthly for support and education.
- SVH started walk in Clinic recently, Provider care for children, reinstated surgery and cardiology services. Expanding Behavioral health services, expanded telehealth services.
- Having community transportation though EMS for access transportation to/from SVH.

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Access to healthcare services	72.6%	146
Poverty	68.7%	138
Housing	59.7%	120
Employment	57.7%	116
Transportation	57.2%	115
Education	49.8%	100
Nutrition	44.3%	89
Food security	40.8%	82
Childcare	39.8%	80
Interpersonal/social connections	27.4%	55
Public safety	23.4%	47
Racial and cultural disparities	14.4%	29
Other (please specify)	8.5%	17
	Answered Skipped	201 45

Comments:

- Lack of specialist
- Cost of insurance
- The wide range of drug abusers in this area which affect the children.
- Lack of medical staff continuity
- Lack of available specialty providers locally
- Lack of clean, fresh water (from the tap)
- Domestic violence shelter is needed.
- Lack of decent healthcare
- Anti-lgbtq sentiments
- This county has a really bad drug addiction epidemic

Q11: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
Cost of healthcare	39.0%	80
Healthcare locations are inconvenient	34.6%	71
No insurance/high deductible	28.8%	59
I have no barriers to receiving routine healthcare	28.8%	59
Healthcare hours of operation are inconvenient	26.3%	54
Cannot take off work	18.1%	37
Lack of transportation	15.1%	31
Lack of childcare	7.8%	16
I do not understand how to find healthcare resources	6.3%	13
Other (please specify)	16.6%	34
	Answered	205
	Skipped	41

Comments

- Lack of specialized services. Many residents travel out of town for advanced services and as a convenience continue routine services as well
- I travel out of town for most of my family's appointments.
- Mainly the cost to me with insurance
- Always have to leave town, always specialist
- Long wait times for appointments
- Lack of specific healthcare needs that don't require a person to drive out of the county. As well as too small of a town to feel comfortable utilizing any counseling services.
- Location of the exam rooms is too far from the entrance of the hospital.
- Not enough specialists available
- Don't trust medical / doctors
- The lack of good healthcare and specialist
- Lack of providers
- SVH doesn’t provide all levels of care causing us to go to cruces

Q12: What additional services / offerings would you like to see available in Sierra County? (select all that apply)

Answer Choices	Responses	
Cardiology	58.1%	118
Urgent Care / Walk-In / Extended Hours	56.7%	115
Additional Primary Care Availability	51.7%	105
Mental Health / Substance Abuse Treatment	50.3%	102
Orthopedics	47.3%	96
Women's Health	45.3%	92
Dermatology	44.3%	90
General Surgery	43.8%	89
Cancer Care	41.9%	85
Pediatrics	35.0%	71
Pulmonology	32.5%	66
Ophthalmology	32.0%	65
Gastroenterology	31.5%	64
Health Prevention / Education Programs	29.1%	59
Endocrinology	25.6%	52
Urology	24.1%	49
Bariatric (Weight Loss)	23.7%	48
Telehealth / Virtual Care	23.7%	48
Rheumatology	22.7%	46
Audiology	21.2%	43
Neurology	20.2%	41
Reproductive Health	18.2%	37
Nephrology	15.8%	32
Plastic Surgery	9.9%	20
Other (please specify)	8.4%	17
	Answered	203
	Skipped	43

Comments

- Pain management
- Dialysis
- Chronic pain management
- Gerontology, aging healthy specialist. For those of us who are healthy overall but aging.
- SLP and OT Services
- Eye Dr

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	78.4%	160
Website/Internet	51.5%	105
Family or Friends	27.0%	55
Hospital	19.1%	39
Word of Mouth	18.1%	37
Social Media	16.7%	34
Workplace	13.7%	28
Newspaper/Magazine	10.3%	21
School/College	8.3%	17
Television	3.9%	8
Radio	1.0%	2
Other (please specify)	10.8%	22
	Answered	204
	Skipped	42

Comments:

- Medical journals
- Books, practice
- I use health sites like Mayo Clinic, WebMD
- Several health-related newsletters
- Doctor on Zoom meeting
- Research
- Science journal's holistic studies
- Support groups
- There are not even any helpful pamphlets like most hospitals have.
- The Library
- Lots of research
- Health newsletters
- Ongoing research, experience, medical school training