Community Health Needs Assessment

2026 – 2028

CHRISTUS® ST. VINCENT
Health System

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Letter to the Community

A Message of Gratitude

As we celebrate and reflect on our 160-year history, CHRISTUS St. Vincent Health System continues to remain deeply committed to fostering the health and well-being of the communities we serve. We draw on the strength and courage of our founders — four brave Sisters of Charity of Cincinnati. We embrace the call to serve — and to keep serving, even beyond our hospital and clinic walls. We recognize that the health and well-being of individuals, families and communities goes beyond clinical care; it encompasses the social, economic, and environmental factors that shape us — individually and collectively.

The CHRISTUS St. Vincent (CSV) tradition is to approach each Community Health Needs Assessment (CHNA) collaboratively. We lean into our partnerships with local and state governments, community organizations and community members to identify priority health indicators. We embrace these diverse perspectives and the expertise of others. It is only through collaboration that we can improve the health and well-being of all our community members.

This 2026-2028 Community Health Needs Assessment outlines our community's evolving health needs at various life stages and identifies cross-cutting "super priorities" that have significant impacts across the lifespan. The CHNA guides our strategies to deepen our impact. CSV is tremendously proud to be part of the fabric of Santa Fe and Northern New Mexico. We are honored and humbled to serve you, your families, and the community as a whole. While our community faces challenges, we remain hopeful. CSV is committed to strengthening partnerships, expanding innovative programs, and advocating for policies that foster health access. By working together, I am confident that we will continue building a healthier and truly empowered community.

Thank you for being part of our journey.

Lillian Montoya
President and CEO
CHRISTUS St. Vincent

Senior Vice President
New Mexico Region
CHRISTUS Health

Statement of Health Access and Serving as an Anchor Institution

At CHRISTUS St. Vincent, our core values of dignity, integrity, excellence, compassion and stewardship guide everything we do. We believe that these values are not just words, but descriptors of the principles that inspire us to serve our community with the utmost care and dedication. Through this Community Health Needs Assessment (CHNA), 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 a health care environment that is inclusive and equitable for everyone, regardless of background or circumstances. 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.

Leo Almazan, PhD
Vice President of
Mission Integration
CHRISTUS St. Vincent

Marcos Pesquera
Chief Diversity Officer
and Vice President of
Community Health
CHRISTUS Health

Board Approval

CHRISTUS St. Vincent Health System's board of directors reviewed, provided input and approved the Community Health Needs Assessment at its April 2025 Board Meeting and throughout the process, ensured that the community's needs were accurately reflected and addressed.

Executive Summary

For 160 years, CHRISTUS St. Vincent has served Santa Fe and Northern New Mexico. The Sisters of Charity of Cincinnati founded St. Vincent's Hospital — New Mexico's first hospital — in 1865. Today, CHRISTUS St. Vincent continues the legacy of providing compassionate, high-quality care to all individuals, regardless of their ability to pay. The CHRISTUS St. Vincent family encompasses more than 2,500 associates — including 150 employed physicians and nearly 400 bedside nurses, as well as over 200 volunteers.

CHRISTUS St. Vincent continues to answer the call to serve, that is, to enhance the health and well-being of Santa Fe and Northern New Mexico residents. CHRISTUS St. Vincent employs Community Health Needs Assessments (CHNAs) to identify and address the most pressing health challenges facing the community. The CHNA is a comprehensive evaluation conducted every three years to understand community health priorities, as well as identify opportunities for intervention.

Santa Fe faces unique challenges influenced by socioeconomic conditions, health care access, and environmental determinants. The CHNA process engages key stakeholders, including health care providers, public health experts, local government officials and community-based organizations, to identify and prioritize health concerns. Through a combination of data analysis, community engagement, and stakeholder collaboration, the CHNA highlights key findings that inform strategic action plans.

The CHRISTUS St. Vincent 2026-2028 Community Health Needs Assessment (CHNA) describes Santa Fe County's health status and prioritizes the most substantial challenges to well-being experienced by its residents. We approach community health and well-being throughout a human lifespan: pregnancy and early childhood health, school-age

children and adolescent health, adult behavioral health, adult physical health, women's health and older adult health. These groupings facilitate a focused and in-depth understanding of the barriers to health experienced at each stage of life. We also acknowledge the strong linkages across the lifespan and know that what happens in one stage of life often impacts or determines what will happen in the next. Additionally, our CHNA examines the impact that inequities and barriers to care have on an individual's health, as well as the health of the overall community.

Lifespan Approach

Pregnancy and Early Childhood Health

Pregnancy and the first months and years of life are key points in development because they set the trajectory for future learning, growth, health and emotional development. Support for babies and families includes having access to affordable and compassionate perinatal care and services that families might need for their new infant and other children in the home. This CHNA prioritizes the following indicators: access to prenatal care, incidence of preterm births and babies born with low birth weights, as well as the prevalence of neonatal abstinence syndrome.

School-Age Children and Adolescent Health

Adolescence is a time of continued development and has specific health needs associated with it. Adolescents develop health and behavior patterns that can impact lifelong health and well-being. Chronic health conditions, including mental illnesses such as depression, can begin in

adolescence. Early interventions can dramatically improve outcomes. This CHNA prioritizes depression and self-harm, substance use, violence and resiliency among adolescents.

Adult Behavioral Health

Our community struggles with problematic substance use and varying levels of mental illness. Deaths as a result of substance use and poor mental health illustrate the severity of mental health and substance use conditions in Santa Fe County, particularly in comparison to state and national rates. The cyclical and intergenerational nature of these issues also highlights why these indicators continue to be high priorities.

Adult Physical Health

Premature death because of heart disease, cancer and diabetes impacts individuals, families, and communities. It causes financial hardship, family strain and emotional distress. Each of these diseases may be treated and sometimes reversed if detected early and treated promptly. Inconsistent access to an adequate amount of nutritious food can have negative impacts on the health of individuals of all ages and can play a role in the development of these diseases. Food and nutrition insecurity, diabetes, heart disease, cancer and other health issues are deeply intertwined and need to be addressed as comorbidities (combined issues).

Women's Health

For many women in violent relationships the decision to leave the violent relationship could lead to homelessness, which puts women at increased risk for assault, injury and illness. Additionally, for unhoused women, maintaining mental and physical health, as well as securing health care needs is challenging.

Older Adult Health

Santa Fe and all the counties in northern New Mexico have a higher percentage of older adults than the rest of New Mexico. The types of services and needs of older adults are varied and require increased attention. Medical complexity brought about by aging, accompanied by loss of functioning, physical inactivity, and growing isolation, can adversely impact the well-being of older adults. Opportunities for meaningful engagement, supportive services, age-appropriate exercise, and health care access can make a significant difference in the quality of life of older adults. This CHNA prioritizes fall-related deaths, social isolation, and cognitive decline.

Super Priorities

In addition to the lifespan priority health indicators included in this report, CHRISTUS St. Vincent also has identified three super priorities: access to healthcare and services, isolation, and behavioral health. Each of these priorities came up in discussions across each life stage. These super priorities were selected because of their "cross-cutting" nature and based on the depth and breadth of their impact on both individual and community health.

CHRISTUS St. Vincent remains steadfast in its commitment to health equity, community empowerment and strategic partnerships to drive meaningful change. The findings from this CHNA serve as a foundation for action, guiding CHRISTUS St. Vincent's efforts to create innovative and sustainable solutions that address the evolving needs of our communities. Through collective action and shared responsibility, CHRISTUS St. Vincent strives to build a future where all individuals, regardless of their circumstances, have the opportunity to live healthier lives.

Key Findings

The chart below summarizes the 2026-2028 Community Health Needs Assessment priority health indicators and illustrates whether trends are improving (+), worsening (-), staying the same (=) or are unclear/present data constraints (?). The italicized phrases on top of every lifespan indicate the desired goal.

LEADING INDICATORS				
Pregnancy and Early Childhood Health			**Adult Physical Health**	
All children from birth to 5 years of age are physically and mentally healthy.			*All adults are physically healthy.*	
Prenatal care	-		Heart disease death	-
Preterm births	-		Cancer death	+
Babies born with low birthweight	-		Diabetes diagnosis and death	+
Neonatal abstinence syndrome (NAS)	+		Food and nutrition insecurity	-
School-Age Children and Adolescent Health			**Women's Health**	
All children are safe and physically and mentally healthy.			*All women are safe and healthy.*	
Depression and self-harm	+		Sexual assault	?
Substance use	+		Domestic violence	?
Violence	?		Homelessness	?
Resiliency	=			
Adult Behavioral Health			**Older Adult Health**	
All adults are mentally and emotionally healthy.			*All older adults are safe, healthy and engaged.*	
Alcohol-related death	-		Fall-related deaths	+
Drug overdose death	-		Isolation	-
Suicide death	=		Cognitive decline	-

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Introduction

CHRISTUS St. Vincent is deeply rooted in the rich history and cultural fabric of Santa Fe, a community shaped by generations of resilient, innovative and transformative people. For thousands of years, the Tanoan indigenous people occupied the area in and around what is now Santa Fe. It was known by the Tewa inhabitants as *Ogha Po'oge* ("white shell water place"). Spain first claimed the Kingdom of New Mexico in 1540. For hundreds of years, Spanish soldiers and people tried to subjugate the Indigenous people of the area. In 1846, the United States declared war on Mexico, and by 1848 the U.S. officially gained New Mexico through the Treaty of Guadalupe Hidalgo. In 1912, New Mexico became a State. Santa Fe, New Mexico, is the oldest capital city in the United States, the oldest European community west of the Mississippi and has the highest altitude of any of the U.S. state capitals, with an elevation of 7,199 feet.

The challenges and strengths of Santa Fe arise from its history and the people who have participated in shaping and forming the community it has become today. While it is the story of the resilience of the people who have struggled and thrived here for generations, intergenerational traumas persist and may give us insight into the root causes of the current health and social issues in Santa Fe and its surrounding communities.

Generational disparities and systemic barriers contribute to health inequities that impact individuals and families across the area. Social determinants of health — including access to healthy foods, transportation, education, housing, income and health care — play a crucial role in shaping overall health outcomes. Additionally, behavioral, genetic and environmental influences further affect both physical and mental health, reinforcing the need for comprehensive, community-centered solutions.

The data presented in this Community Health Needs Assessment (CHNA) tells the story of some of the most pressing health challenges in Santa Fe County and the surrounding communities. This data, used effectively, can direct the path forward. This assessment is intended to support and guide leaders and collaborative partnerships to shift these trends and create a legacy of health and well-being built upon disrupting inequity and building resilience so that every person in our community can thrive.

Overview of the Health System

For 160 years, CHRISTUS St. Vincent has served Santa Fe County and Northern New Mexico. The Sisters of Charity of Cincinnati founded St. Vincent's Hospital, New Mexico's first hospital. From 1865 to 1977, the Sisters of Charity of Cincinnati cared for community members regardless of their ability to pay. In 1977, the current hospital campus opened, and the Sisters turned operations over to lay administrators and the board of directors. In 2008, St. Vincent Hospital partnered with CHRISTUS Health to ensure its long-term viability. In 2023, CHRISTUS Health assumed 100% ownership of CHRISTUS St. Vincent.

CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio, which were founded in 1866. In 2016, the Sisters of the Holy Family of Nazareth became the third sponsoring congregation of CHRISTUS Health. Today, CHRISTUS Health operates hospitals, medical clinics and other related services in Texas, Arkansas, Louisiana, Mexico, Chile and Colombia in addition to New Mexico.

CHRISTUS Health and CHRISTUS St. Vincent share a similar rich history and commitment to serving the sick, the poor and the most vulnerable, as well as contributing to the common good. Strengthening the overall health of our community involves serving individuals experiencing social and economic conditions that place them at society's margins.

Today, CHRISTUS St. Vincent is a regional medical center with a 200-bed hospital and 39 group practices, offering new services and sub-specialties rarely available in communities of our size. A dedicated team of nearly 2,600 associates, including approximately 150 employed physicians and 400 bedside nurses, along with 200 volunteers, provides compassionate, high-quality care to patients, family members and the wider community.

Community Health

Community Health at CHRISTUS St. Vincent 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 St. Vincent collaborates with local organizations, public health agencies and community and civic leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics.

Community Benefit represents CHRISTUS St. Vincent'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.
- **Support for nonprofit organizations:** partnering with local nonprofit organizations working to address critical health disparities and social determinants of health.

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of Santa Fe and guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS St. Vincent 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 allows CHRISTUS St. Vincent 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 specific IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this assessment 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 CHNA serves as a comprehensive resource for understanding the current health landscape in Santa Fe County, 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 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 builds on the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of Santa Fe County. 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.

Through these concerted efforts, CHRISTUS St. Vincent continues to be a leader in advancing health equity, improving population health and fostering a culture of collaboration that empowers individuals and strengthens communities. By integrating clinical care with community-based initiatives, we remain committed to ensuring that all people — regardless of background, circumstances or ability to pay — have the opportunity to live healthier, more fulfilling lives.

The Communities We Serve

CHRISTUS St. Vincent serves a diverse and growing population across Santa Fe County and Northern New Mexico. Guided by IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS St. Vincent defines its primary service area (PSA) as a set of ZIP codes encompassing over 226,063 individuals (Table 1). These ZIP codes represent the region where 80% of hospital utilization occurs, highlighting the communities most directly benefited by CHRISTUS St. Vincent's health care services (Figure 1).

While CHRISTUS St. Vincent remains dedicated to delivering exceptional care to all residents, this Community Health Needs Assessment (CHNA) serves as a roadmap for strategic investments, program development and resource allocation to address the most pressing health concerns within our service area. By leveraging data-driven insights, collaborative partnerships and community engagement, CHRISTUS St. Vincent continues to be a leader, partner and advocate in fostering a healthier, more equitable future for Santa Fe and Northern New Mexico.

CHRISTUS ST. VINCENT PSA			
SANTA FE COUNTY		TAOS COUNTY	
87010	87507	87513	87556
87501	87508	87521	87557
87505	87535	87529	87571
87506	87540	87549	87577
		87553	87580
LOS ALAMOS COUNTY	RIO ARRIBA COUNTY	SAN MIGUEL COUNTY	
87544	87532	87552	
87547		87701	

Table 1. Primary Service Area (PSA) of CHRISTUS St. Vincent
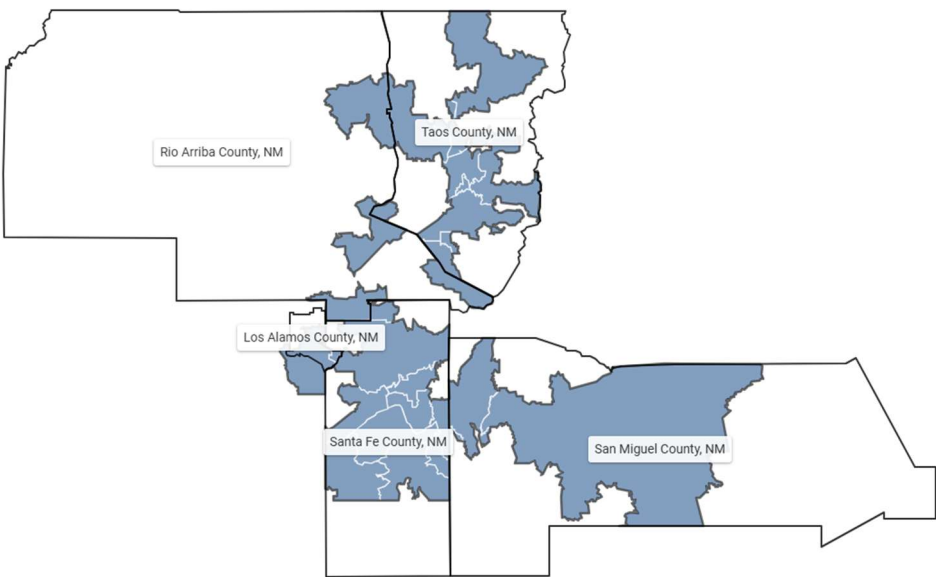

Figure 1. Map of Primary Service Area (PSA) of CHRISTUS St. Vincent

The Strength of Our Communities

The heart of a healthy community is found in the relationships with individuals, neighborhoods, non-profit organizations and local government working together every day to make a positive impact. To the right is a list of *some* of the incredible organizations helping to improve lives across the region.

Santa Fe CONNECT, a joint partnership between the City of Santa Fe and Santa Fe County, was launched with the vision that "All Santa Fe City and County residents, regardless of income, have access to high-quality health care and are linked to the resources they need for health and well-being." CONNECT is a network of over 200 navigators working at 60 clinics, community organizations and city and county related programs. Navigators are community health workers, volunteers or social workers who link people to services and resources in our community. Agencies in the network are connected through a shared technology platform enabling navigators to send and receive secure electronic referrals, address residents' social needs and improve individual and community health.

CONNECT can be accessed at https://www.santafecountynm.gov/community-services/hhsd/ahc or via the QR code.

NAME	DESCRIPTION
City of Santa Fe	Leading initiatives and funding safety net programs with a focus on youth services, homelessness services, older adult services, violence prevention, social determinants of health and much more.
Santa Fe County	Leading initiatives and funding safety net programs with a focus on youth services, behavioral health services, older adult services, violence prevention, social determinants of health and much more.
La Familia Medical Center	Federally Qualified Health Center delivering primary care, pediatrics, OB/GYN, behavioral health and dental services, focused on serving uninsured and Medicaid/Medicare patients.
Kitchen Angels	Preparing and delivering free, nutritious meals to Northern New Mexicans who are homebound and facing life challenging illnesses and medical conditions.
The Sky Center	Offers free family counseling, youth suicide prevention and partnership with CSV for high-risk children and adolescents utilizing the emergency department.
Santa Fe Recovery Center	Certified Community Behavioral Health Clinic providing expanded mental health and substance use treatment, including detoxification services.
Life Circle Day Services	Day services for those living with dementia who require supportive services to enhance their daily lives and provide respite for family caregivers.
Esperanza Shelter	A nonprofit organization supporting victims of domestic abuse through a crisis line, emergency shelter, legal advocacy, counseling, and educational outreach in Santa Fe and surrounding counties.
Solace Sexual Assault Services.	A nonprofit organization supporting victims of sexual assault through crisis services, including SANE (Sexual Assault Nurse Exam), counseling, and educational outreach in Santa Fe and surrounding counties.

Impact

The 2026-2028 CHNA process began with a review and evaluation of the 2023-2025 CHNA priority data indicators. The following chart summarizes the 2023-2025 lifespan priority health indicators and illustrates whether trends are improving (+), worsening (-), staying the same (=) or are unclear/suffer from present data constraints (?).

Pregnancy and Early Childhood Health		Adult Physical Health	
Prenatal care	-	Heart disease death	-
Preterm births	-	Cancer death	+
Babies born with low birthweight	-	Diabetes diagnosis and death	+
Neonatal abstinence syndrome (NAS)	+	Food insecurity and fruit/vegetable consumption	-
School-Age Children and Adolescent health		Women's Health	
Depression and suicide attempts	+	Sexual assault	?
Substance use	+	Domestic violence	?
Obesity	-	Homelessness	?
Resiliency in adolescence	=		
Adult Behavioral Health		Older Adult Health	
Drug overdose death	-	Fall-related unintended injury deaths	+
Alcohol-related death	-	Social isolation	-
Suicide deaths	=	Caregiver burden	-

In addition to the lifespan priority areas, the CHRISTUS St. Vincent board of directors selected three super priorities for 2023-2025 based on the needs that were identified during the CHNA process:

- Behavioral health
- Older adult health
- Health equity, diversity and inclusion

The following is a summary of CHRISTUS St. Vincent initiatives and activities implemented to impact the 2023-2025 Super Priorities.

Behavioral Health

- Continued nine-bed behavioral health inpatient unit and eight-person behavioral observation unit within the emergency department
- Continued hospital-wide psychiatric consult service.
- Provided chemical dependency consultations for hospital patients
- Implemented SBIRT (screening, brief intervention and referral to treatment) in the emergency department
- Participated in secondary prevention of suicide program in the emergency department with the New Mexico Department of Health
- Added an adolescent behavioral health crisis counselor in the emergency department
- Referred high risk adolescents utilizing behavioral services in the CSV emergency department to an outpatient behavioral health provider offering free family counseling to ensure ongoing care (Adolescent HUGS)
- Continued outpatient behavioral health care, including prescribing psychologists in primary clinics

- Expanded High Utilizer Group Services (HUGS): individualized, intensive wrap around case management services for individuals with a serious mental illness.
- Offered access to prescribing psychologists in primary clinics.
- Participated in community collaboratives and committees, including:
  - Santa Fe County DWI Taskforce
  - Santa Fe County Behavioral Health Leadership Council
- Provided grants (either through the Community Health Funder Alliance or CHRISTUS Health Impact Fund) to organizations providing behavioral health services, including:
  - Esperanza Shelter and Supportive Services
  - The Friendship Club of Santa Fe
  - Gerard's House
  - Las Cumbres Community Services
  - Many Mothers
  - The Mountain Center
  - Sky Center
  - Santa Fe Recovery Center
  - Solace Sexual Assault Services
  - Tierra Nueva Counseling Center

Older Adult Health

- Opened the CSV Center for Healthy Aging
- Achieved IHI Age-Friendly Designation
- Implemented American Geriatrics Society CoCare HELP program to prevent both delirium and functional decline.
- Expanded volunteer services to include visitation with patients with prolonged lengths of stay

- Senior Chronic Care Management Program for patients of CSV primary care clinics
- Continued as a Medicare "Accountable Care Organization" focused on quality and higher value care for seniors throughout the System of Care
- Participated in community collaboratives and committees, including:
  - Santa Fe Eldercare Network
  - City of Santa Fe Age-Friendly Advisory Committee
- Provided grants (either through the Community Health Funder Alliance or CHRISTUS Health Impact Fund) to organizations providing services to older adults, including:
  - Coming Home Connection
  - Kitchen Angels
  - Life Circle Day Services
  - Memory Care Alliance
  - The Villages of Santa Fe

Health Equity, Diversity and Inclusion

- Screened for social determinants of health, both inpatient and outpatient
- Provided patient navigation to Native American cancer patients
- Expanded High Utilizer Group Services (HUGS): individualized, intensive wrap-around case management services for individuals with a serious mental illness
- Piloted produce prescription programs for diabetes educator patients
- Earned Health Equality Index High Performer designation from the Human Rights Campaign Foundation
- Reduced CSV's impact on the environment through green team initiatives

- Participated in Santa Fe CONNECT: a network of navigators at clinics, community organizations and city and county programs. Agencies in the network are connected through a shared technology platform, allowing navigators to send and receive secure electronic referrals, address individuals' social needs and improve individual and community health
- Collaborated with New Mexico Legal Aid in a Medical-Legal Partnership to provide non-criminal legal aid services to CSV patients
- Provided grants (either through the Community Health Funder Alliance or CHRISTUS Health Impact Fund) to organizations addressing the social determinants of health and organizations serving underserved communities, including:
  - Growing Up New Mexico
  - La Familia Medical Center
  - Las Cumbres Community Services
  - Adelante
  - Casa Milagro
  - Dream Tree Project
  - Espanola Pathways Shelter
  - Interfaith Shelter
  - St. Elizabeth Shelter
  - Santa Fe Farmer's Market Institute
  - Youth Shelter and Family Services

CHNA Process

Data Collection Process

CHRISTUS St. Vincent collected both quantitative and qualitative data from a variety of sources by 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 significant insight into the social, economic and environmental conditions that impact health.

The data collection steps included the following:

- **Data Sets**
  Gathered population-level data from local, state, and national data sources.
- **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 that are aligned with community priorities.
- **Community Focus Groups**
  Brought together diverse voices to contextualize the data and validate findings through lived experience.
- **Key Informant Interviews**
  Conducted when deeper insight was needed on issues not fully captured in focus groups. These interviews drew on the expertise of individuals with deep knowledge of underserved populations and community health challenges.

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 St. Vincent is called to serve. The following paragraphs detail the data collection methods used.

Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected from state and national sources, including the New Mexico Department of Health's Indicator-Based Information System or IBIS (https://ibis.doh.nm.gov/) to deliver comprehensive and accurate health-related data. This system contains several data sources, including:

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

Additional data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Central repositories from statewide law enforcement agencies
- United States Department of Agriculture (USDA)
- New Mexico Adult Survivor Database
- New Mexico Interpersonal Violence Data Repository
- New Mexico Office of the Medical Investigator

The quantitative data is comprised of population-level statistics for Santa Fe County, New Mexico, and the United States — providing context for how Santa Fe is doing compared to state and national data. Some data is represented by individual years and other data shows trends across multiple years. This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

Qualitative Data Collection

Qualitative data was gathered to provide context and a deeper understanding of the quantitative findings. This data provides insights into the root causes behind the statistics. It draws on the lived experiences, knowledge and expertise of community members. The following is a description of each qualitative data collection method.

Community Survey

1,848
Survey Respondents

CHRISTUS St. Vincent, along with other CHRISTUS Health ministries, worked with Metopio, a data analytics company, to develop and distribute a community survey. The survey was offered online and on paper, in English, Spanish, Vietnamese and Marshallese, to reach as many people as possible. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across 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

50
Participants

The community indicator work groups brought together community members and partners to discuss, select and prioritize population health indicators at each stage of the lifespan. A participatory process, informed by data, guided the selection of the 2026-2028 priority indicators. The group also discussed health needs that exist across the lifespan, making recommendations for super priorities.

Community Focus Groups and Conversations

113
Participants

To better understand local health needs, CHRISTUS St. Vincent hosted or participated in community focus groups and conversations to help tell the story behind the data. Using the identified priority health indicators as a starting point, participants shared how the data "show up" in their lives and communities. Their stories added depth and context to the indicator data, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward. Participants included Santa Fe Family Leadership Council members, Santa Fe County Teen Court participants, Mountain Center's NM Gender and Sexualities Alliance Network staff, Santa Fe Elder Care Network members and participants at a convening of local government, law enforcement, judiciary and community organizations focused on behavioral health.

Key Informant Interviews

2
Participants

In addition to focus groups, one-on-one interviews were conducted. The one-on-one interviews provided additional insights into intimate partner violence in the community, as well as additional information about Native American health. Information gathered focused both on challenges faced by individuals and the systemic challenges that exist. These interviews added valuable context to the data and will help shape a more responsive and inclusive Community Health Implementation Plan.

Lifespan Areas and Priority Indicators

To better understand and address community health needs, CHRISTUS St. Vincent (CSV) employs an approach centered on six life stages: pregnancy and early childhood health, school-age children and adolescent health, adult behavioral health, adult physical health, women's health and older adult health. This process enables the identification of specific priorities in each area of the lifespan, as health needs evolve throughout life.

Using Results-Based Accountability (RBA), each potential indicator was carefully reviewed to ensure it was meaningful, measurable and reflective of the community's priorities. The indicators were selected based on their ability to communicate needs, represent broader health concerns and be backed by reliable data. The following indicators, chosen in our Community Indicator Workgroup meetings and approved by the CHRISTUS St. Vincent Board of Directors, will guide our efforts to improve health outcomes over the next three years.

The following highlights the priority health indicators selected to guide the 2026–2028 Community Health Implementation Plan (CHIP).

PRIORITY INDICATORS	
Pregnancy And Early Childhood Health	**Adult Physical Health**
All children from birth to five are physically and mentally healthy.	*All adults are physically healthy.*
Prenatal care	Heart disease death
Preterm births	Cancer death
Babies born with low birthweight	Diabetes diagnosis and death
Neonatal abstinence syndrome (NAS)	Food and nutrition insecurity
School-Age Children And Adolescent Health	**Women's Health**
All children are safe and physically and mentally healthy.	*All women are safe and healthy.*
Depression and self-harm	Sexual assault
Substance use	Domestic violence
Violence	Homelessness
Resiliency	
Adult Behavioral Health	**Older Adult Health**
All adults are mentally and emotionally healthy.	*All older adults are safe, healthy and engaged.*
Alcohol-related death	Fall-related deaths
Drug overdose death	Isolation
Suicide death	Cognitive decline

2026-2028 Super Priorities

Community needs exceed the capacity of local government, community organizations or CHRISTUS St. Vincent alone. It is only through coordinated collaborations and partnerships that we can begin to "turn the curve" on the challenges our population faces. To maximize impact, the CSV board of directors has approved three super priorities for 2026-2028.

The criteria used to select these super priorities include:

- It has a significant impact on population and patient health, particularly for those most in need and marginalized.
- It affects the level of human suffering and quality of life.
- It is quantifiable through data and/or is supported by additional state or national research.
- It expresses the desires of the community and leadership.
- Current efforts are underway between partners, and/or funding from other community funders is available.

CHRISTUS St. Vincent 2026-2028 Super Priorities:

Access to Care and Services

Behavioral Health

Social Isolation

Data Limitations

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

- **Timeliness of data:** Population health data is often delayed, which means that the most recent trends may not be fully understood.
- **Data gaps in specific health issues:** Issues like domestic violence, sexual assault and homelessness remain underreported.
- **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, offer a comprehensive understanding of Santa Fe's health needs.

Community Demographics

This section highlights key demographics for Santa Fe County. A community's demographics shape its unique strengths and opportunities. The following is a snapshot of some Santa Fe County and New Mexico demographics.

	SANTA FE COUNTY	NEW MEXICO
Population	157,765	2,130,256
% New Mexico population	7.3%	100%
Land area (square miles)	1,910.38	121,312.75
Persons per square mile	81	17.5
Resident live births	1,082	20,643
Resident deaths	1,586	22,241
Households	69,348	825,021
Persons per household	2.2	2.51
Persons in poverty	12.2%	17.8%
% of children under 18 years old who live in poverty	23%	25.3%
% of adults 65 years+ who live in poverty	9%	13.7%
Sources: U.S. Census – QuickFacts, Santa Fe County, New Mexico; New Mexico, New Mexico Department of Health Bureau of Vital Records and Health Statistics, American Community Survey, 1-year estimates, 2023		

Age

The median age in Santa Fe County is 49.3 years old, about 20% higher than New Mexico's median age (39.2 years old) and the United States' median age (38.9 years old). Nearly half (49.2%) of Santa Fe County's population is aged 50 years and older, and 29.1% of Santa Fe County residents are 65 years and older and this segment of the population continues to grow. It is anticipated that more than 32% of Santa Fe County's population will be over the age of 60 by 2030.

Santa Fe County Population By Age

- Birth to 17
- 18-24
- 25-39
- 40-49
- 50-64
- 65-79
- 80+
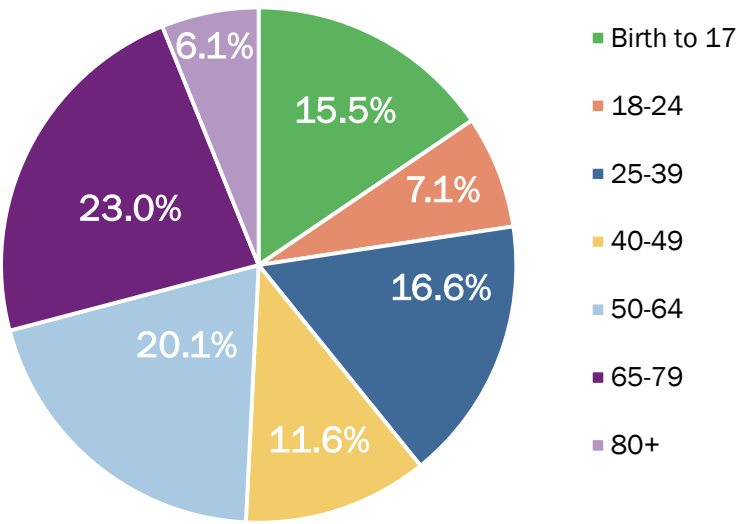
Source: U.S. Census, American Community Survey 1-Year Estimates, 2023

Sex and Gender

Santa Fe County has slightly more females (51%), than males (48.7%).

Santa Fe County Population By Gender

- Female
- Male
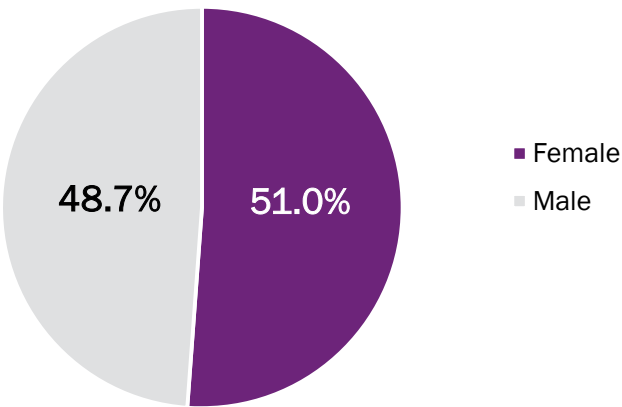
Source: U.S. Census-QuickFacts, Santa Fe County, New Mexico - 2023

Race and Ethnicity

New Mexico and Santa Fe County are both minority-majority areas. This means that most of the population identifies as a racial or ethnic minority. In Santa Fe County, nearly 48% of residents identify as Hispanic and 4.4% identify as American Indian or Alaska Native. Just over 45% of Santa Fe County residents identity as non-Hispanic white.

Santa Fe County Population by Race and Ethnicity

Category	Percentage
Hispanic	47.7%
White (Non-Hispanic)	45.8%
American Indian or Alaska Native	4.4%
Asian or Pacific Islander	1.8%
Black or African American	1.4%
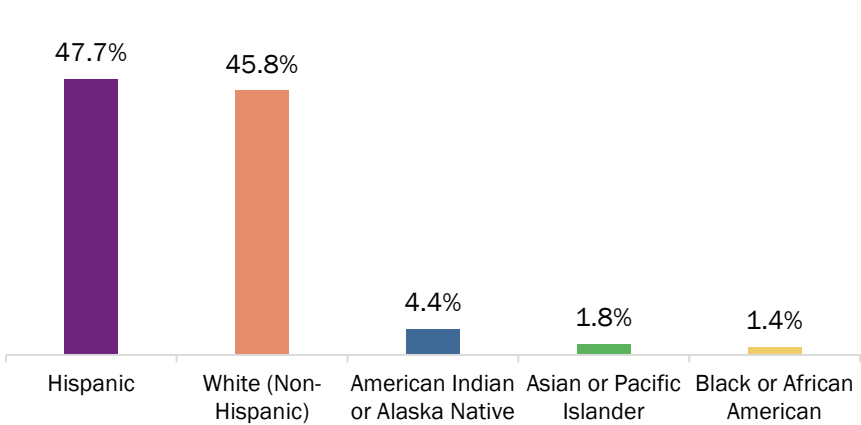
Source: U.S. Census-QuickFacts, Santa Fe County, New Mexico - 2023

Foreign Born Population

Santa Fe County's diverse community includes 23,714 individuals who were born in a country other than the United States. This diversity notably impacts community dynamics, influencing cultural exchange, economic contributions and the need for inclusive services and policies to accommodate a diverse community.

Foreign-Born Population

Location	Percentage
Santa Fe	15.5%
New Mexico	10.2%
United States	13.9%
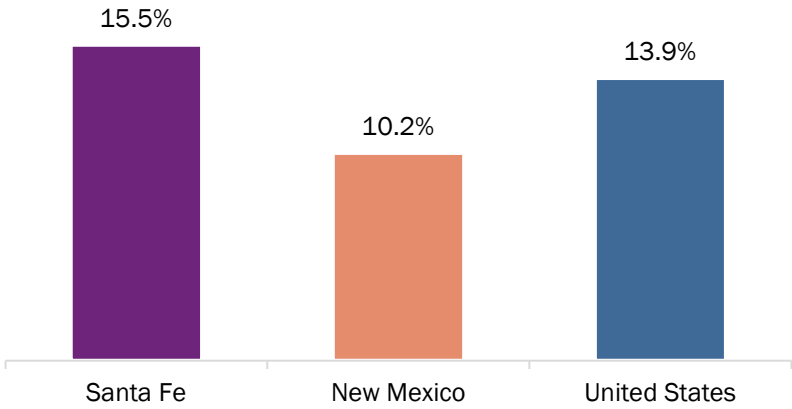
Source: U.S. Census, American Community Survey 1-Year Estimates, 2023

Economics

Living in poverty and housing cost burden negatively influence health outcomes. Like many New Mexico communities, Santa Fe County struggles with poverty. There are nearly 19,000 individuals living in poverty in Santa Fe County (12.2%). While the median income for Santa Fe County is $74,689, the per capita income in 2024 was $49,908.

Housing costs for both renters and homeowners in Santa Fe County are incredibly high. Over 15% of Santa Fe County households (both renters and owners) experience severe housing cost burden, defined as spending more than 50% of their income on housing.

The accompanying graph illustrates how it requires just over 80 hours a week at a minimum wage job to afford a two-bedroom apartment at fair market rent in Santa Fe County.

Weekly minimum wage hours needed to afford 2 bedroom at fair market rent

Santa Fe County, NM and comparison

hours per week

	2020	2021	2022	2023	2024
Santa Fe County, NM	67.2	66.0	66.0	68.0	80.9
New Mexico	72.8	66.0	61.0	66.0	72.7

Created on Metopio | metop.io | Data source: National Low Income Housing Coalition (NLIHC): Out of Reach

Weekly minimum wage hours needed to afford 2 bedroom at fair market rent: Represents the weekly hours of work at minimum wage required (working 52 weeks a year) in order to afford the fair market rent for a two-bedroom rental home, without paying more than 30% of income. Fair market rent is determined by the Department of Housing and Urban Development.

Education

Education remains a key component to financial security, and in turn, plays an important role in health and well-being. Over 90% of Santa Fe County residents aged 25 years and older have at least a high school diploma, and over 45% have at least a bachelor's degree. Educational attainment reduces the chances of living in poverty.

% of Population 25+ Living in Poverty by Educational Attainment

- Less than high school: 18.5%
- High school graduate/GED: 17.4%
- Some college/Associate's degree: 10.1%
- Bachelor's degree or higher: 4.8%
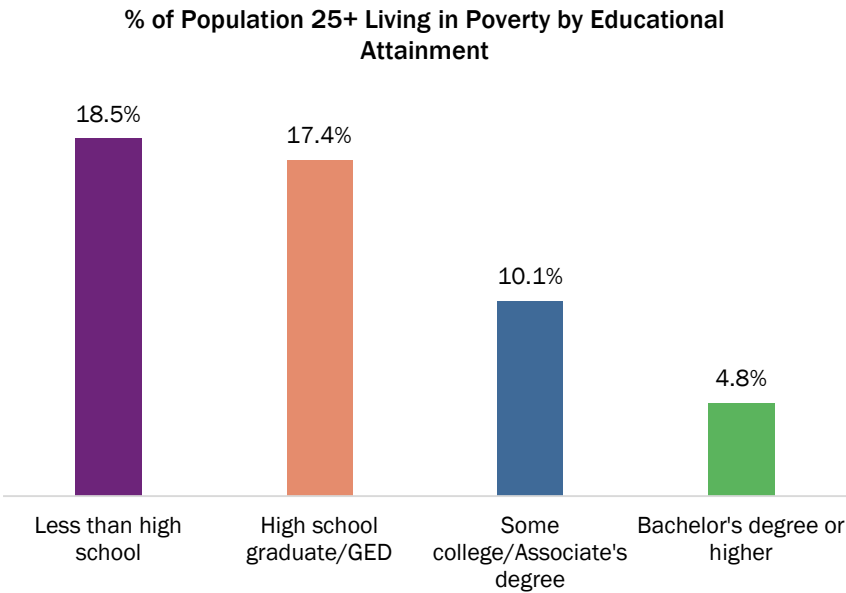
Source: U.S. Census, American Community Survey 1-Year Estimates, 2023

Mortality

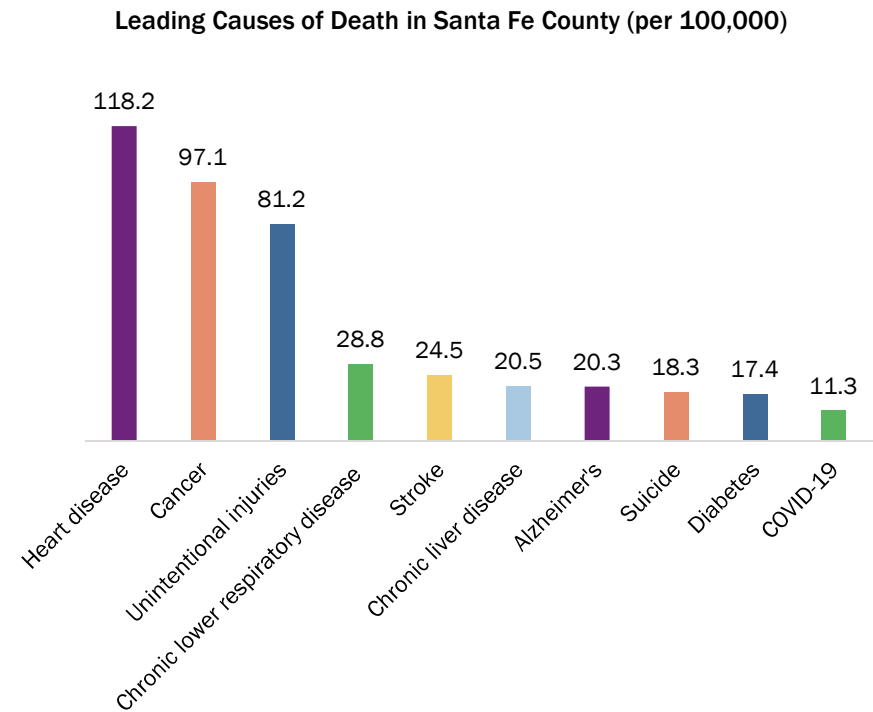In Santa Fe County, the top two causes of death are heart disease and cancer. The following graph highlights the 10 leading causes of death. Unintentional injury deaths include a range of events, such as motor vehicle crashes, unintentional poisoning (including drug overdose), falls, suffocation, drowning, accidental firearm injuries and burns.

Leading Causes of Death in Santa Fe County (per 100,000)

- Heart disease: 118.2
- Cancer: 97.1
- Unintentional injuries: 81.2
- Chronic lower respiratory disease: 28.8
- Stroke: 24.5
- Chronic liver disease: 20.5
- Alzheimer's: 20.3
- Suicide: 18.3
- Diabetes: 17.4
- COVID-19: 11.3

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics – Age-Adjusted, 2023

Hospital Utilization Data

The following tables highlight the primary diagnoses in the CHRISTUS St. Vincent outpatient, primary care and pediatric clinics; emergency department; inpatient hospitalization; and behavioral health unit.

TOP DIAGNOSES IN OUTPATIENT CLINICS
Immunization
Hypertension
Annual wellness exam (adult)
Annual wellness exam (child)
Mixed hyperlipidemia
Type 2 diabetes
Vitamin D deficiency
Chronic pain
Prediabetes
Hypothyroidism

Source: CHRISTUS St. Vincent, FY24

TOP HOSPITALIZATION DIAGNOSES
Sepsis
Single liveborn infant
NSTEMI myocardial infarction
Acute kidney failure
Hypertensive heart disease with heart failure
Pneumonia
COVID-19
Palliative care
Acute respiratory failure with hypoxia
Post-term pregnancy

Source: CHRISTUS St. Vincent, CY24

TOP EMERGENCY DEPARTMENT DIAGNOSES
Chest pain
Sepsis
COVID-19
Nausea and vomiting
Upper respiratory infection
Dizziness and giddiness
Encounter for administrative examination
Other chest pain
Headache
Syncope and collapse

Source: CHRISTUS St. Vincent, CY24

TOP BEHAVIORAL HEALTH UNIT DIAGNOSES
Schizophrenia, unspecified
Major depressive disorder, recurrent severe without psychotic features
Schizoaffective disorder, bipolar type
Bipolar disorder, current episode manic severe with psychotic features
Depression, unspecified
Paranoid schizophrenia
Suicidal ideation
Bipolar disorder, unspecified
Major depressive disorder, recurrent, severe with psychotic features symptoms
Unspecified mood disorder

Source: CHRISTUS St. Vincent, CY24

Health Access and Barriers to Care

Health equity is achieved when every person in a community can live to their full health potential despite social and economic position or socially determined circumstances.[1] Health and wellness are not experienced the same across a community. Different groups experience the world differently and that impacts their health. This section is intended to provide an introductory overview of health disparities and barriers to care.

Social, Structural and Environmental Drivers of Health

Social, structural and environmental determinants of health are conditions or factors in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.[2] A person's health status is determined by genetics, environment, behavior, financial status, education, the social and community context in which they live and access to health care or lack thereof. Poverty limits access to healthy foods which impacts health even if other positive behaviors are present. Similarly, safe and stable housing positively impacts health outcomes, and education is a predictor of better health outcomes.[3, 4, 5]

Examining the social, structural and environmental determinants of health can help us understand disparities in population health outcomes.[6] Differences in health outcomes are striking when comparing communities with unstable housing, low income, unsafe neighborhoods or substandard education with communities of more affluence, safety and educational attainment.

One of the most persistent social determinants of health that Santa Fe County grapples with is housing. Identified housing needs include expanded housing for the homeless, affordable housing for renters and homeowners, including options for lower-income families and the local workforce. A significant number of people who work in Santa Fe must commute from other communities because of the high price of housing.
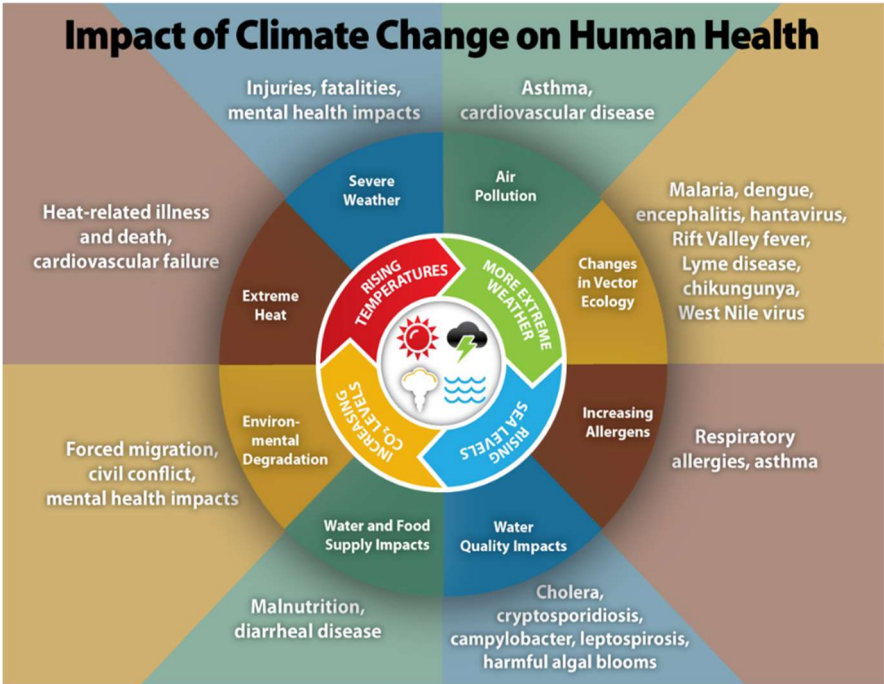
Homelessness has devastating consequences on individuals', families', and communities' health and well-being. Lack of stable housing is a significant barrier to improved health status among those identified as high utilizers of hospital care and people with behavioral health conditions. Often these individuals are struggling with co-occurring issues of severe mental illness and substance abuse, complicated by complex social determinant of health needs. Repeatedly, these individuals grapple with the realities of lack of transportation, language barriers, not having a phone and an inability to follow up and attend appointments due to brain injuries, mental illness and/or difficulty maintaining sobriety. Access to care for those community members who have the most complex range of social and environmental challenges continues to be an area of concern.

We also see the impact of unstable housing and homelessness on our community's youth. Homeless youth are almost five times more likely to report attempting suicide, four times more likely to report experiencing sexual violence and three times more likely to get mostly Ds and Fs at school, than students who are not homeless. Additionally, homeless youth are 40 times more likely to report heroin use than youth with stable housing.

The disparities between neighborhoods are apparent when looking at different census tracts and zip codes. The map below highlights the differences between three Santa Fe County neighborhoods: Agua Fria Village, Hopewell Street/Triangle District and Southeast/Museum Hill.
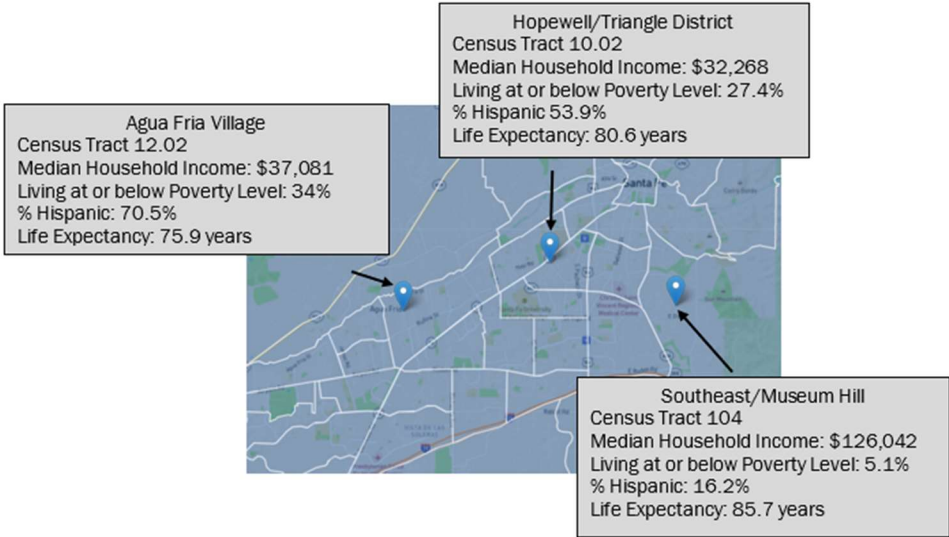
Climate change, together with other natural and human-made health stressors, influences health and disease in numerous ways. Some existing health threats will intensify, and new health threats will emerge.[10] The accompanying graphic highlights the impact that climate change has on human health.

Hopewell/Triangle District
Census Tract 10.02
Median Household Income: $32,268
Living at or below Poverty Level: 27.4%
% Hispanic 53.9%
Life Expectancy: 80.6 years

Agua Fria Village
Census Tract 12.02
Median Household Income: $37,081
Living at or below Poverty Level: 34%
% Hispanic: 70.5%
Life Expectancy: 75.9 years

Southeast/Museum Hill
Census Tract 104
Median Household Income: $126,042
Living at or below Poverty Level: 5.1%
% Hispanic: 16.2%
Life Expectancy: 85.7 years

Impact of Climate Change on Human Health

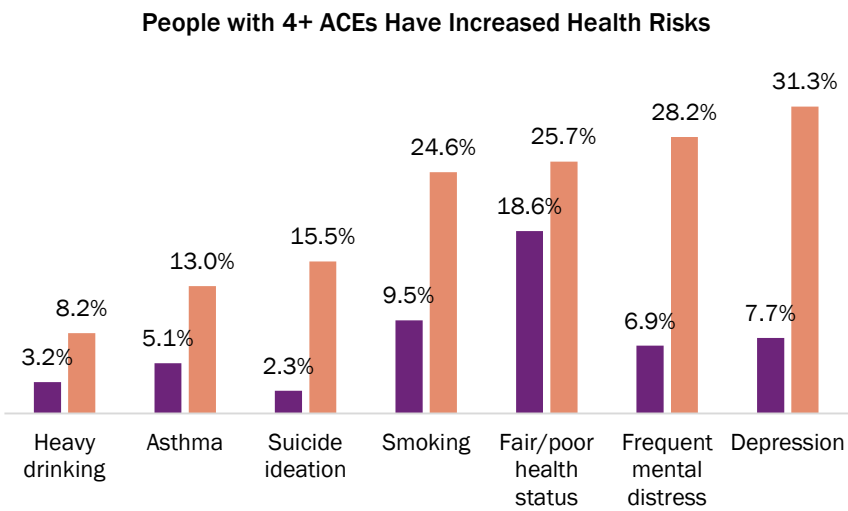*Source: U.S. Center for Disease Control and Prevention*

Adverse Childhood Experiences

Adverse childhood experiences (ACES) are traumatic and stressful events that children experience before the age of 18 and can directly impact health outcomes later in life. There is an association between traumatic childhood events such as childhood abuse and subsequent adult health risk behaviors and disease. The effects of ACES can be seen as early as childhood and adolescence. The more ACES a child experiences, the more likely they are to experience other negative consequences later in life including substance use, heart disease, interpersonal violence, depression, suicide and early initiation of smoking, to name a few.[12, 13, 14]

These experiences in childhood can interrupt brain development due to elevated stress hormones in the body and brain. When large quantities of the stress hormone, cortisol, continue to be produced over long periods of time, the child's brain becomes less able to respond to stressful social situations appropriately.[15, 16] According to the latest Annie E. Casey Foundation's Kids Count Data Book, New Mexico children experience ACES at higher percentages compared to the United States. Fifty percent of New Mexico children have experienced one or more ACE, compared with 40% of children nationwide.[49]

Adverse childhood experiences (ACES) are not always obvious in survivors. Therefore, ACES should be considered when working with people in health care, behavioral health or social service settings. Behavioral Risk Factor Surveillance System (BRFSS) data indicates that 67.6% of New Mexico adults have had at least one ACE compared to 39.8% of U.S. adults.[17] In Santa Fe County, over 70% of adults report at least one adverse childhood experience, and nearly a quarter (22.6%) report four or more adverse childhood experiences.[18]

The more ACEs someone has, the greater risk of future poor health outcomes including chronic diseases, mental illness, addictions, violence or other unhealthy behaviors. Understanding ACES helps to link behaviors to something experienced by the individual rather than something that is "wrong" with the individual or purely biological in nature. Additionally, many people who have experienced ACES develop automatic responses to stress that are based on childhood experiences and may struggle to regulate their emotions when stress is triggered.

People with 4+ ACEs Have Increased Health Risks

Category	Purple	Orange
Heavy drinking	3.2%	8.2%
Asthma	5.1%	13.0%
Suicide ideation	2.3%	15.5%
Smoking	9.5%	24.6%
Fair/poor health status	18.6%	25.7%
Frequent mental distress	6.9%	28.2%
Depression	7.7%	31.3%

Source: New Mexico Behavior Risk Factor Surveillance Survey, 2019

Race and Ethnicity

Native American Community Members

Santa Fe County includes four federally-recognized tribal communities – Tesuque Pueblo, Nambe Pueblo, Pojoaque Pueblo and San Ildefonso Pueblo. The broader CSV service area includes several other pueblo tribes including San Felipe, Santo Domingo, Santa Clara, Ohkay Owingeh and Taos Pueblo. The main source of primary health care for our Native American population is the Indian Health Service (IHS) and Tribal 638 Health Centers. Both are chronically underfunded and under-resourced.

Santa Fe draws Native Americans and Alaskan Natives from across the country. This provides challenges because this large percentage of Native Americans living off their pueblo or reservation homelands, coined "Urban Indians," are not included in the IHS facilities budget that is derived from the count of local Pueblo residents and does not include funding from the originating tribes of those who have relocated to Santa Fe County. This places a strain on existing limited resources. According to the National Council of Urban Indian Health, approximately 78% of Native Americans reside in urban areas, but only 1% of the IHS budget is allocated for Urban Indian Health.[20]

It should not be surprising that Native Americans experience worse health outcomes when you consider the lack of financial investment into key health systems. Native Americans and Alaskan Natives face significant health disparities when compared to the general U.S. population. This is especially apparent in behavioral and mental health, with adjusted death rates from alcoholism that are 520% greater for Native Americans than the general population.[21]

Additionally, Native Americans and Alaska Natives have a 91% higher risk of dying by suicide than the rest of the United States population.[50]

The New Mexico Behavioral Risk Factor Surveillance System (BRFSS) data reports that Native Americans/Alaska Natives (33.3%) had a higher percentage of four or more ACES compared to White (22.0%) and Hispanic (23.7%) adults in New Mexico. As previously discussed, there is a strong correlation between the number of ACES an individual has experienced and the prevalence of harmful health behaviors and negative health outcomes.[17]

Native American adults experience higher rates of diabetes death in Santa Fe County than Hispanic and White adults.

Diabetes Death Rate by Race/Ethnicity in Santa Fe County (per 100,000)
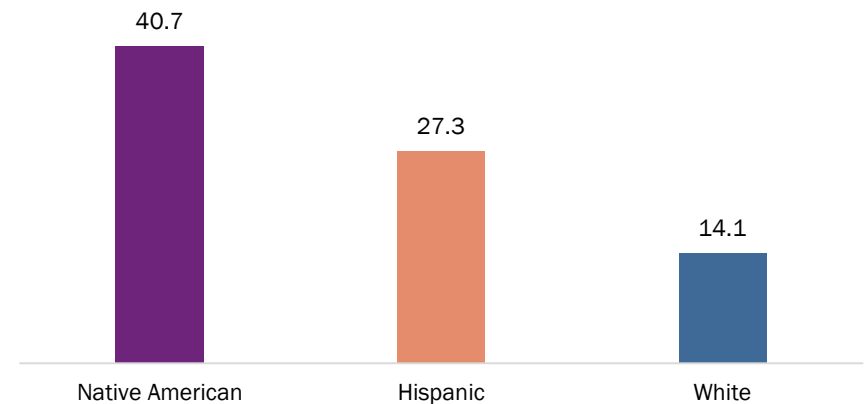
Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics – Age-Adjusted, 2023

Native Americans adults in Santa Fe have higher rates of "deaths of despair" (suicide, drug overdose, and deaths 100% attributable to alcohol) than both Hispanic and White adults in Santa Fe.
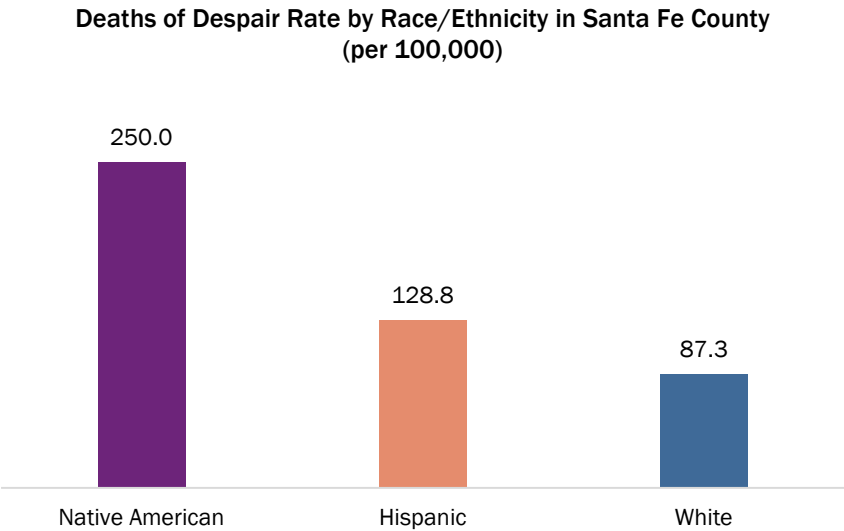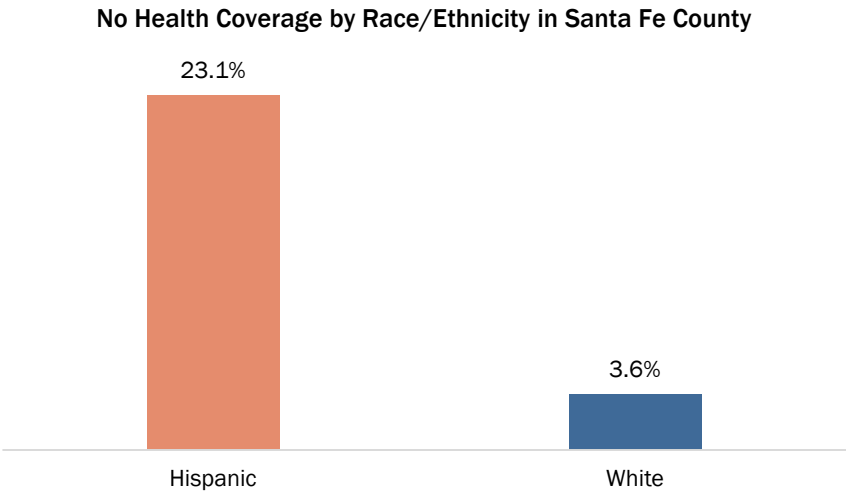
Deaths of Despair Rate by Race/Ethnicity in Santa Fe County (per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics – Age-Adjusted, 2023

Additional barriers to accessing health care include the cost and challenges of accessing insurance coverage when seeking services outside of IHS. Limited culturally competent health care providers and distrust of medical establishment also limit access to care.

Hispanic Community Members

Health disparities based on race and ethnicity, beyond what exists for Native American residents, persist in Santa Fe, in New Mexico and in the Unites States. Across several health indicators, Hispanic residents have worse health outcomes than White residents in Santa Fe County. Additionally, Hispanic residents in Santa Fe County are more likely to report (20.9%) that their general health is fair or poor than White residents (14.3%).[25]

Influencing reports of poor health outcomes is that a greater percentage of Hispanic residents do not have health coverage compared to White residents.

No Health Coverage by Race/Ethnicity in Santa Fe County

Source: New Mexico Behavior Risk Factor Surveillance Survey – Age-Adjusted, 2023

In Santa Fe, Hispanic adults have a higher death rate from unintentional injuries (accidents, overdose, falls, etc.) than White residents.
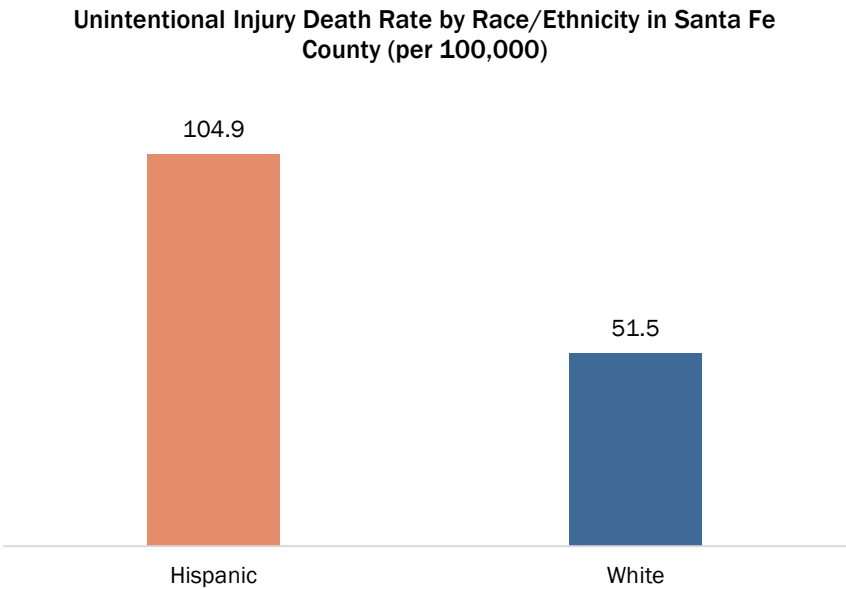
Unintentional Injury Death Rate by Race/Ethnicity in Santa Fe County (per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics – Age-Adjusted, 2023

A greater percentage of Hispanic adults have been diagnosed with high blood pressure than White adults, and the rate of heart disease death is also higher for Hispanic adults compared to White adults.
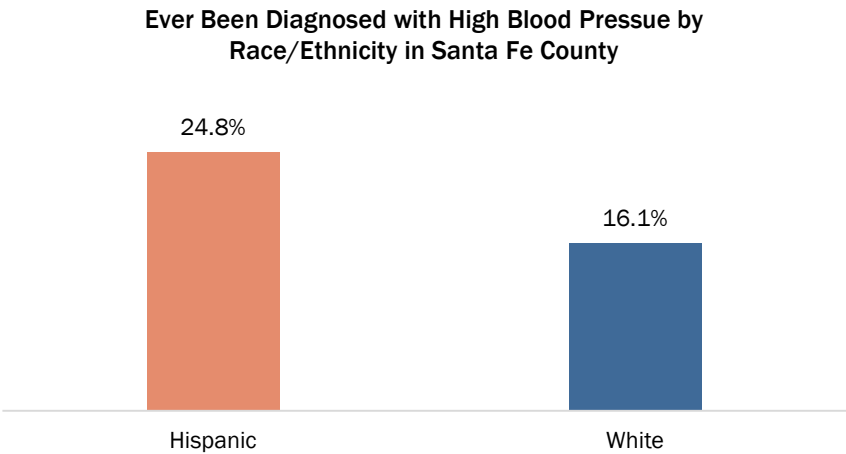
Ever Been Diagnosed with High Blood Pressue by Race/Ethnicity in Santa Fe County

Source: New Mexico Behavior Risk Factor Surveillance Survey – Age-Adjusted, 2023

Heart Disease Death Rate by Race/Ethnicity in Santa Fe County (per 100,000)
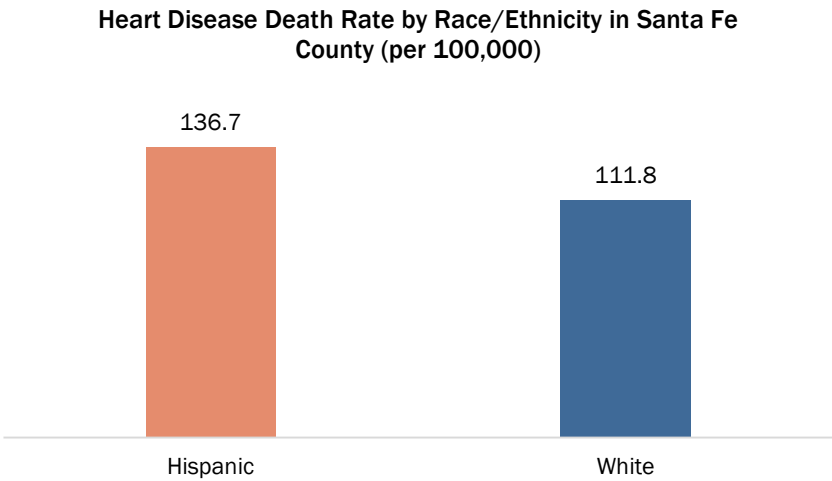
Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics – Age-Adjusted, 2023

LGBTQIA+ Community Members

Individuals who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual and other sexual identity or sexual orientation) are members of every community. They are diverse and include people of all races and ethnicities, all ages, and all socioeconomic statuses. While there is not specific data for Santa Fe County, approximately 5% of New Mexico adults identify as LGBTQIA+.[45,46] Over 12% of high school students in Santa Fe and 14.1% in New Mexico identified as lesbian, gay or questioning in the 2023 NM Youth Risk and Resiliency Survey.[37] The inclusion of LGBTQIA+ perspectives and needs must be considered in public health efforts to improve the overall health of every person and eliminate health disparities.

Members of the LGBTQIA+ community are at increased risk for a number of health threats. Social and structural inequities, such as stigma and discrimination, may result in less-than-optimal health outcomes for many LGBTQIA+ individuals. Social inequality is often associated with poor health status, and sexual orientation has been associated with multiple health threats.[28]

Adults who identify as members of a sexual or gender minority often report the following health disparities:

- Difficulty accessing preventative care services (including HIV testing, mammograms, and other cancer screenings)
- Discrimination from health care providers
- Higher likelihood of disabilities
- Increased risk for mental health issues, including depression and suicidal ideation.
- Increased use of tobacco, excessive drinking, and other substance use
- Heightened risk of cardiovascular disease and more days of poor physical health
- Higher rates of sexually transmitted infections[29]

There is a need for culturally competent and responsive health care and other community services to ensure that all members of our community have access to high quality care that meets their individual needs.

Community Survey

CHRISTUS St. Vincent, along with other CHRISTUS Health ministries, partnered with Metopio, a data analytics company, to develop and distribute a community survey. The survey was available both online and in paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese, and Marshallese.
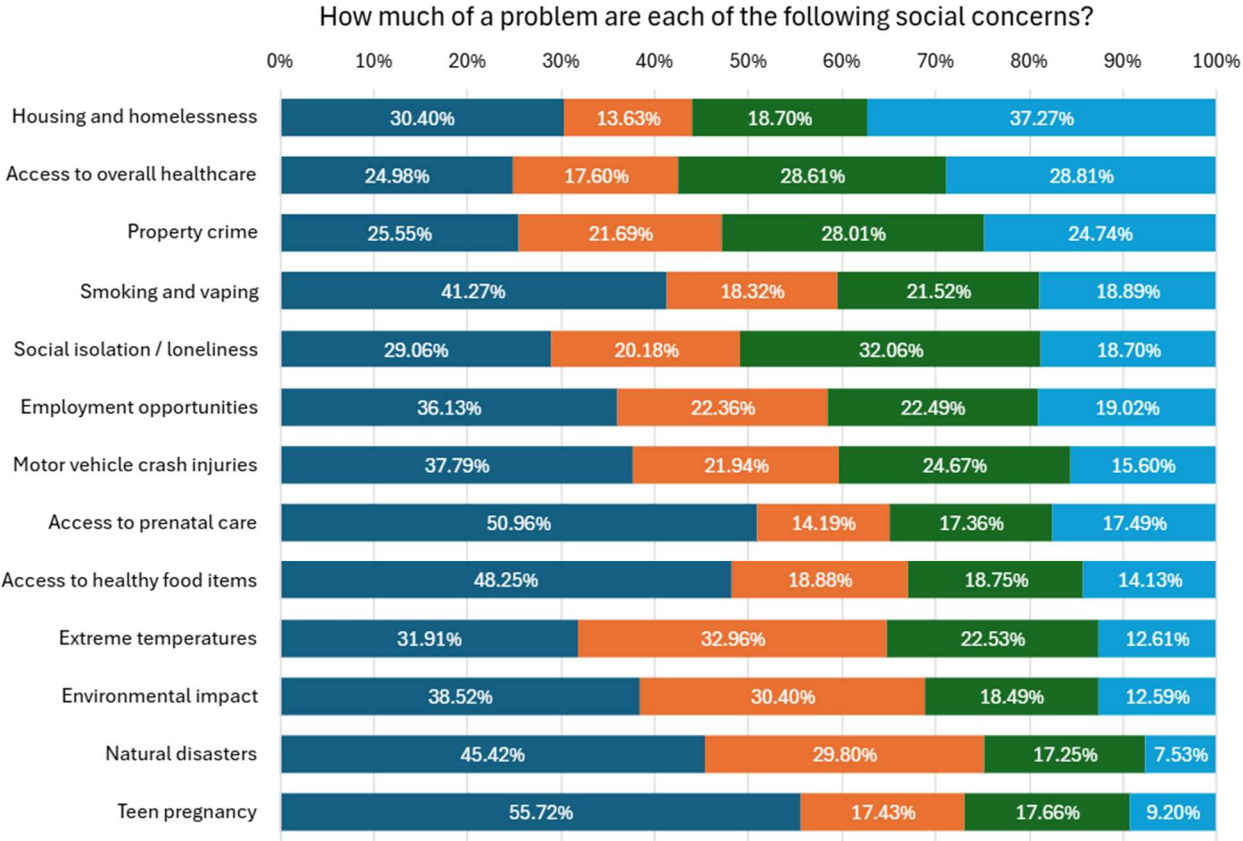
A total of 1,848 surveys were completed by individuals in the CHRISTUS St. Vincent service area. While the survey data is not statistically representative or significant, it ensures that additional community voices were included in the assessment. The following highlight the social and health concerns shared by respondents.

Social Concerns

This chart illustrates how CHRISTUS St. Vincent's survey respondents rated various social concerns. Over 50% of respondents answered that housing and homelessness, health care access, property crime and social isolation/loneliness are "moderate" or "serious" problems in the community.

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

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

How much of a problem are each of the following social concerns?

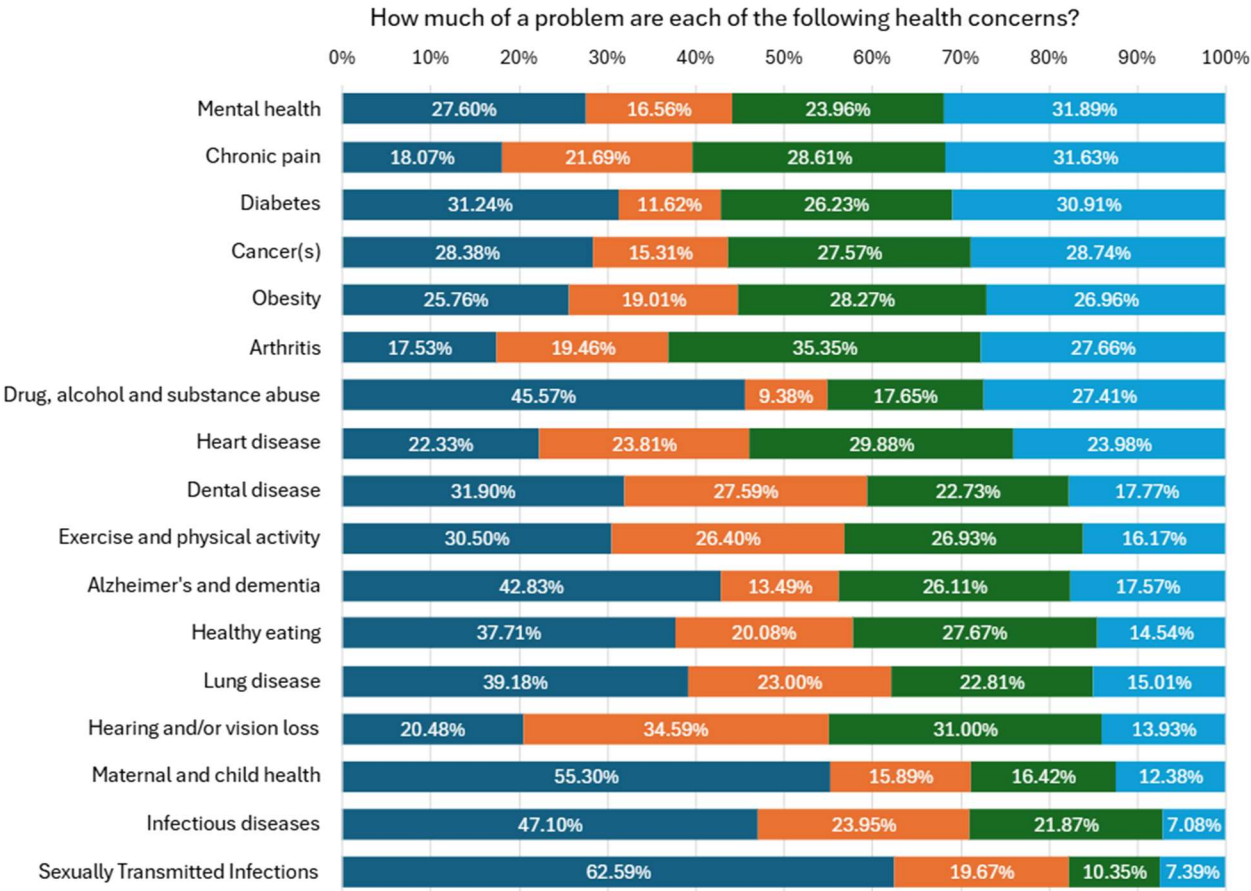| Concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Housing and homelessness	30.40%	13.63%	18.70%	37.27%
Access to overall healthcare	24.98%	17.60%	28.61%	28.81%
Property crime	25.55%	21.69%	28.01%	24.74%
Smoking and vaping	41.27%	18.32%	21.52%	18.89%
Social isolation / loneliness	29.06%	20.18%	32.06%	18.70%
Employment opportunities	36.13%	22.36%	22.49%	19.02%
Motor vehicle crash injuries	37.79%	21.94%	24.67%	15.60%
Access to prenatal care	50.96%	14.19%	17.36%	17.49%
Access to healthy food items	48.25%	18.88%	18.75%	14.13%
Extreme temperatures	31.91%	32.96%	22.53%	12.61%
Environmental impact	38.52%	30.40%	18.49%	12.59%
Natural disasters	45.42%	29.80%	17.25%	7.53%
Teen pregnancy	55.72%	17.43%	17.66%	9.20%

Health Concerns

Based on responses from the CHRISTUS St. Vincent's Community Health Survey, this chart highlights how residents perceive a range of health concerns. Mental health, chronic pain, and diabetes were among the top issues rated as "serious problems." Additionally, over 50% of respondents rated cancer, obesity, arthritis, and heart disease as "moderate" or "serious" problems.

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

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

How much of a problem are each of the following health concerns?

Health Concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Mental health	27.60%	16.56%	23.96%	31.89%
Chronic pain	18.07%	21.69%	28.61%	31.63%
Diabetes	31.24%	11.62%	26.23%	30.91%
Cancer(s)	28.38%	15.31%	27.57%	28.74%
Obesity	25.76%	19.01%	28.27%	26.96%
Arthritis	17.53%	19.46%	35.35%	27.66%
Drug, alcohol and substance abuse	45.57%	9.38%	17.65%	27.41%
Heart disease	22.33%	23.81%	29.88%	23.98%
Dental disease	31.90%	27.59%	22.73%	17.77%
Exercise and physical activity	30.50%	26.40%	26.93%	16.17%
Alzheimer's and dementia	42.83%	13.49%	26.11%	17.57%
Healthy eating	37.71%	20.08%	27.67%	14.54%
Lung disease	39.18%	23.00%	22.81%	15.01%
Hearing and/or vision loss	20.48%	34.59%	31.00%	13.93%
Maternal and child health	55.30%	15.89%	16.42%	12.38%
Infectious diseases	47.10%	23.95%	21.87%	7.08%
Sexually Transmitted Infections	62.59%	19.67%	10.35%	7.39%

Community Strengths and Opportunities

Survey participants were asked to share their perspectives on the community's strengths and available resources, as well as opportunities for services and resources. The responses highlight several strengths within the Santa Fe community. Common themes include a strong sense of community and family, natural beauty, cultural and artistic events, supportive neighbors, and resources, such as the Santa Fe Public Library and senior services.

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

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

Responses also highlight several recurring themes regarding the additional services needed. A significant number of participants emphasized the need for more affordable housing and solutions to address homelessness. There is also a strong demand for improved access (both availability and affordability) to health care, including more primary care physicians, and mental health services. Additionally, there is a call for better public transportation, especially for seniors and those with disabilities, as well as enhanced support for the elderly, including affordable senior care and home health services. Other notable themes include the need for better public safety measures, more job opportunities and improved educational resources. Overall, the responses indicate a need for comprehensive and inclusive community support systems that address housing, health care, transportation, and safety.

Chapter 7: CHNA Results – The Life Span

Pregnancy and Early Childhood Health

Result: *All children from birth to five are physically and mentally healthy.*

Indicators:

- Prenatal care
- Preterm births
- Babies born with low birthweight
- Neonatal abstinence syndrome (NAS)

Why Is This Important?

In 2023, there were 1,082 live births in Santa Fe County, and 3.6% of the Santa Fe County population (5,725) were under the age of five.[8]

An individual's future success is strongly correlated with a strong and healthy start in life.[32] Prenatal care is the foundation of a healthy pregnancy, labor and delivery. Early and regular prenatal care is important to the health of both the baby and the mother. Regular visits to health care providers can allow them to identify and treat complications as soon as possible.[33] **Babies of mothers who do not get prenatal care are *three times* more likely to have a low birth weight and *five times* more likely to die than those born to mothers who do get care.**[34] Early prenatal visits also allow doctors to share information about how to give unborn babies a healthy start in life.[34] The U.S. Healthy People 2030 sets a target of 80.5% of pregnant women who will receive early and adequate prenatal care by said date.

Premature births and babies born with low birthweight are interrelated. Newborns who are born too soon, too small or who become sick are at a greatest risk of death and disability.[35] The U.S. Healthy People 2030 goal is that only 9.4% of all births be considered preterm.

Babies born under 5.5 pounds are at an increased risk for health problems including neurodevelopmental disabilities and respiratory disorders. They also can have lifelong issues with social functioning, behavioral health and additional challenges.[35, 36] Risk factors linked to low birthrates include the age of the mothers, especially those under 16 or over 40, lack of prenatal care, social disadvantage, maternal stress, smoking, environmental pollution in the home or outside and lack of weight gain during pregnancy.[38, 39]

Exposure to drug and alcohol use during pregnancy also can have lifelong ramifications. Neonatal abstinence syndrome (NAS) is a group of conditions that result from a baby's withdrawal from certain drugs they were exposed to in the womb before birth. NAS is most often caused when a woman takes opioids during pregnancy. But it also can be caused by antidepressants, barbiturates or benzodiazepine use.[40] Babies born with NAS are at heightened risk of being born with low birthweight and jaundice, often requiring intensive care.[41, 42, 43, 44] Babies born with NAS may have problems breathing, sleeping and feeding, excessive crying, body shakes and seizures, an unhealthy attachment to caregivers and fever.[41] As they grow older, they may have developmental problems with speech, language, hearing loss and learning. They also may need early intervention services to help them walk, talk, and interact with others.[40]

Poverty in the early years of a child's life has especially harmful effects on continuing healthy development and well-being, including developmental delays and infant mortality. Children born into poverty are less likely to have regular health care, proper nutrition and opportunities for mental stimulation and enrichment.
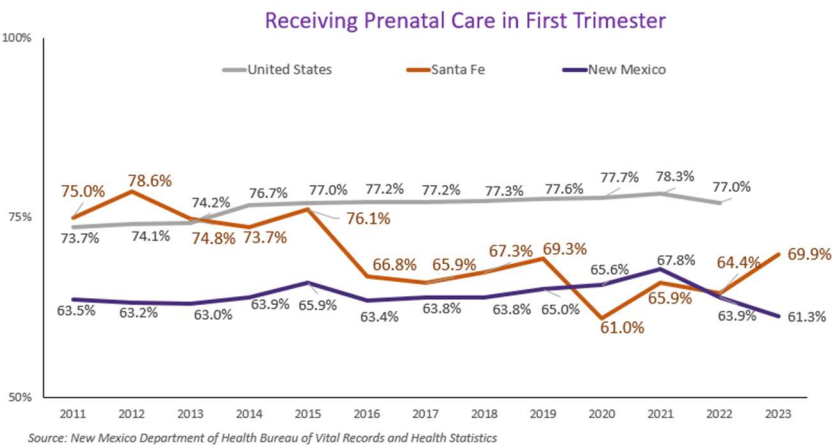
Support for babies and their families includes having access to affordable and compassionate prenatal care, services families might need for their new infant and their other children, nutrition, and accessible, high-quality pediatric care and childcare.
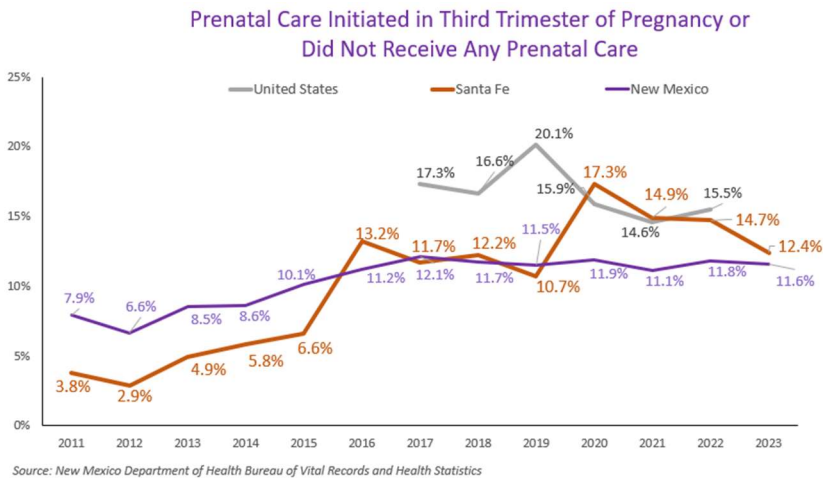
How Are We Doing?

Santa Fe County and New Mexico struggle with poor maternal and early childhood health measures — continuing to perform below national levels and goals. The Annie E. Casey Foundation's 2024 Kids Count Data Book ranked New Mexico 50th for Overall Childhood Wellbeing.[22]
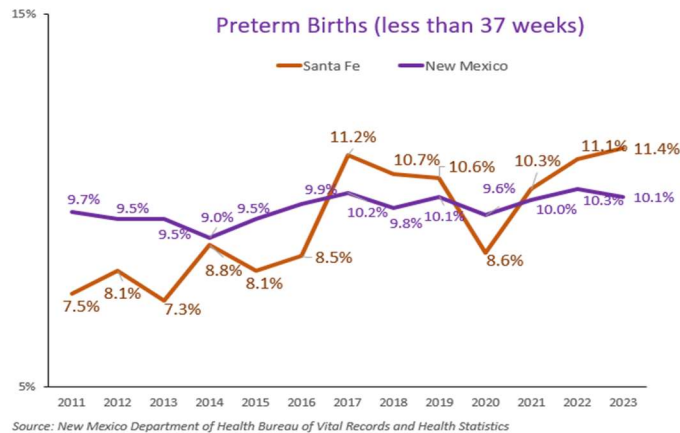
Unfortunately, fewer women in Santa Fe are accessing prenatal care compared to those in the nation. Santa Fe is still nearly 10 points below the national average (77%) and below the U.S. Healthy People 2030's goal of 80.5% of individuals having access to prenatal care in the first trimester.

In Santa Fe County, 27.2% of children under the age of five years old live in poverty, compared to approximately 16.8% in the U.S in 2023.

Receiving Prenatal Care in First Trimester

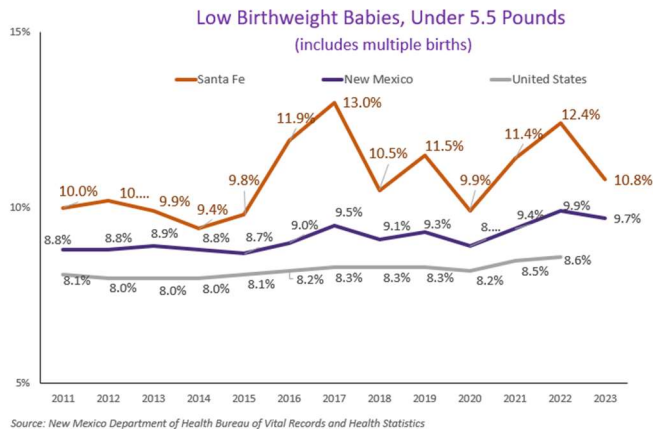Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

In addition to not meeting prenatal care goals in the first trimester, Santa Fe also has experienced an increase in the percentage of those delaying care until the third trimester or not receiving any prenatal care: from 3.8% in 2011 to 12.4% in 2023.

Prenatal Care Initiated in Third Trimester of Pregnancy or Did Not Receive Any Prenatal Care

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics
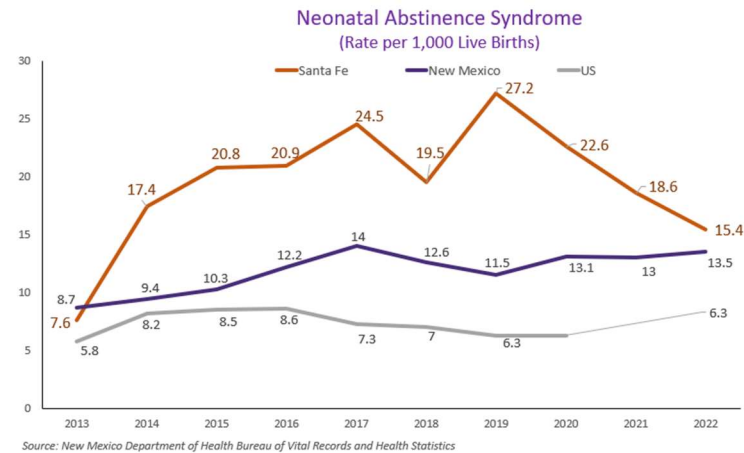
While most babies born in Santa Fe County are considered to be born full-term, 11.4% of Santa Fe babies were born preterm in 2023. Since 2017, Santa Fe has consistently performed worse than the U.S. Healthy People 2030's goal of no more than 9.4% of all births being preterm.

Preterm Births (less than 37 weeks)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

Preterm birth is correlated to the percentage of babies born with a low birth weight. Santa Fe continues to perform worse than the state in the percentage of low birthweight births, and both Santa Fe and New Mexico perform worse than the national average. In 2023, 10.8% of all births in Santa Fe County were considered low birth weight.

Low Birthweight Babies, Under 5.5 Pounds
(includes multiple births)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

While drug and alcohol misuse continue to plague Santa Fe County, there is encouraging data in the neonatal abstinence syndrome (NAS) rates. In 2022, 15.4% of babies born per 1,000 live births in Santa Fe had neonatal abstinence syndrome (NAS) the lowest rate since 2013. After years of increasing rates and reaching a high of 27.2% in 2019, it is a relief to see this sustained decline.

Neonatal Abstinence Syndrome
(Rate per 1,000 Live Births)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

What Is the Story Behind the Data?

When New Mexico expanded Medicaid eligibility in 2014, it significantly expanded coverage to New Mexicans, particularly for pregnant women and children. The expansion increased access to prenatal and postnatal care. Despite this increase in access, barriers to care remain.

Disparities exist for women and their children based on the mother's age and race/ethnicity. Pregnant women under 25 years old are less likely to receive prenatal care in their first trimester than other age groups. Native American residents are the less likely to receive prenatal care in the first trimester (43.6%), compared to Hispanic residents (69.7%) and White residents (73.5%).[9] Other factors that limit access to prenatal care in the first trimester include financial difficulties regardless of income, not knowing about the pregnancy, difficulty getting an initial appointment, transportation or an undesired pregnancy.[47]

Focus group participants shared that for some, especially immigrant families, there is confusion and fear about how the medical system works and uncertainty about the cost of care, even if they have medical insurance. They also shared that since the COVID-19 pandemic, they have found it increasingly difficult to schedule medical appointments because of limited numbers of available providers. For some, there are cultural traditions and considerations that can delay the start of care.

Participants also shared that more prenatal education and resources are needed for expectant parents to understand the causes of preterm births and what they can do to increase their chances of delivering a full-term baby. When discussing low birth weight, focus group participants shared that accessing affordable, good quality and healthy foods is a barrier. Many families reduce their grocery budget so they can pay other bills. Focus group participants also speculated that those struggling with substance use disorders, serious mental illness and/or homelessness would likely struggle to properly take care of themselves and that could result in a baby's low birth weight.

The reasons behind the decline in neonatal abstinence syndrome (NAS) rates are likely multifaceted as NAS birth rates are influenced by social and economic factors, availability of health care, as well as local and state policies.[11] In January 2023, the federal requirement for practitioners to submit the X-waiver to prescribe buprenorphine for opioid use disorder (OUD) was removed. While the change aims to expand access to buprenorphine treatment for opioid use disorder, which can prevent NAS in pregnant women, studies have shown limited impact on buprenorphine dispensing and prescribing.[19] At this time, it has not been definitively shown to improve neonatal abstinence syndrome (NAS) rates. More focus on prenatal substance abuse and its impact on babies has led to increased awareness and prevention efforts.

Efforts are being made to address many of the early childhood health issues previously listed. Santa Fe has an active multidisciplinary Early Childhood Steering Committee dedicated to improving access to programs and services for babies and children, including high quality childcare. In 2020, New Mexico officially launched its Department of Early Childhood Education and Care. Its mission is to optimize the health, development, education and well-being of babies, toddlers, and preschoolers through a family-driven, equitable, community-based system of high-quality prenatal and early childhood programs and services. The future health of Santa Fe is inextricability linked to the health and well-being of today's babies and children and their families.

School-Age Children and Adolescent Health

Result: *All children are safe and physically and mentally healthy.*

Indicators:

- Depression and self-harm
- Substance use
- Violence
- Resiliency

Why Is This Important?

Adolescents develop health and behavior patterns that can impact lifelong well-being. The selected priority indicators are each linked to long-term health outcomes and offer insights into opportunities for interventions that can create a healthier future. Youth flourish when they learn meaningful skills, are given opportunities to use them and are recognized by others for applying those skills as they transition into adulthood.[48] The effects of adverse childhood experiences (ACES) can been seen as early as adolescence — underscoring the importance of prevention and early intervention.

Chronic health conditions, including mental illnesses such as depression, can begin in adolescence, and early interventions can dramatically improve outcomes. Causes of mental illness often are due to complex interactions between a person's genes and their environment. Studies indicate social inequities, such as discrimination and poverty, also are related to developing mental illness.[51] Mental instability makes everyday life including school and socializing difficult.[52] National studies demonstrate that stigma prevents people from seeking help for mental illness.[53] Acknowledging the emotional and mental health needs of youth, providing access to mental health treatment, and addressing the underlying conditions, as well as tackling stigma can improve health outcomes.

Substance use among adolescents has multiple ramifications.

- It affects the growth and development of teens, especially brain development.
- It occurs more frequently with other risky behaviors, such as unprotected sex and dangerous driving.
- It contributes to the development of adult health problems, such as heart disease, high blood pressure and sleep disorders.

Additionally, the earlier a teen starts using substances, the greater their chances of continuing to use substances and developing substance use problems later in life.[54]

Exposure to violence in families, schools or communities increases risks for depression, anxiety, behavioral problems, and health-risk behaviors. Understanding the relationships between exposure to violence and immediate and long-term mental health symptoms is important — especially since approximately one in four youth in the United State have witnessed violence in their home or community over the past year.[22]

Resiliency helps buffer and protect young people from negative situations or conditions.[55, 56] Caring adults add to the resiliency of children and youth by supporting them, expressing care and concern for their well-being, and letting them know they believe in their success. Examining the positive impact that protective measures have on the trajectory of individual lives can guide how we curb or prevent unsafe and unhealthy behaviors. It can be a roadmap to creating healthy experiences for children and adolescents.
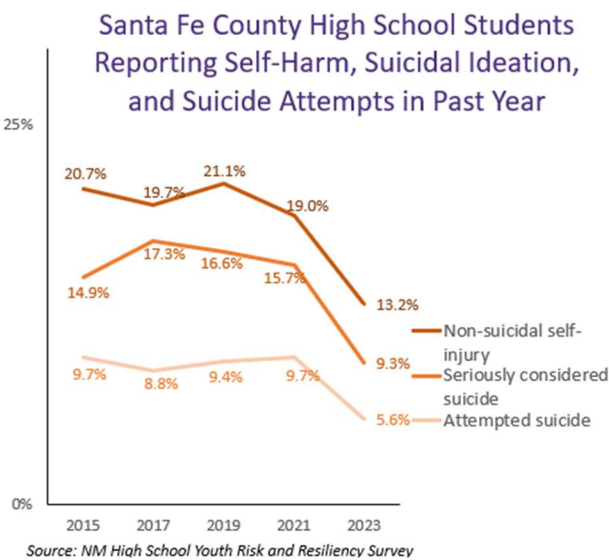
How Are We Doing?

Research continues to indicate that youth need long-lasting relationships with caring adults; access to essentials such as food, mental and physical health care, and stable housing; and a sense of safety and belonging in their communities to thrive. Yet, New Mexico's children and youth are not necessarily having these vital needs filled. A staggering 50% of New Mexican children have experienced one or more adverse childhood experiences, compared to 40% of United States children overall.[22]

In the 2023 New Mexico Youth Risk and Resiliency Survey (YRRS), 30% of responding high school students in Santa Fe County reported that in the past 12 months, they had felt sad or hopeless almost every day for two or more consecutive weeks. While the most recent data marks the first time since 2011 that Santa Fe data is better than the New Mexico and national data, it remains a concerning high percentage of students experiencing prolonged sadness.
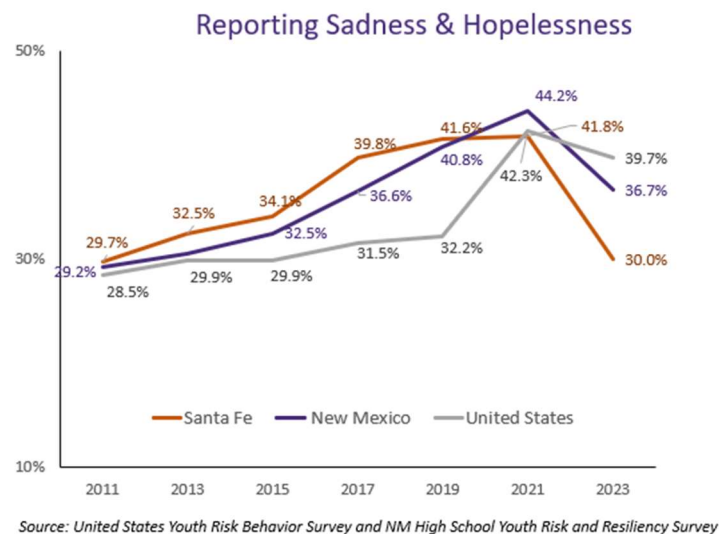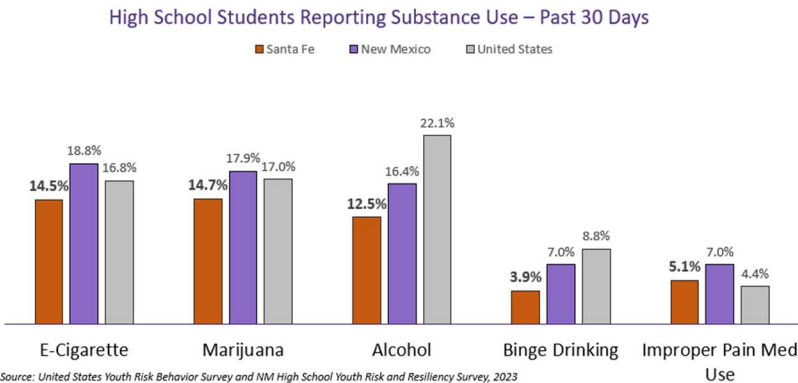
Self-harm and suicide continue to be concerns in Santa Fe and New Mexico. In New Mexico, there were 40 suicides among youth 19 and under in 2023. The second highest number of suicides since 2014. Suicide deaths were more common among young males (85%) and gunshot wounds were the most common method (65%) of suicide.[23]

The latest YRRS data on reported non-suicidal self-injury, serious consideration of suicide and attempted suicides demonstrate substantial improvement. Despite the improvements, the percentages of high school students harming or thinking of harming themselves, however, remain concerning.

Reporting Sadness & Hopelessness

Source: United States Youth Risk Behavior Survey and NM High School Youth Risk and Resiliency Survey

Santa Fe County High School Students Reporting Self-Harm, Suicidal Ideation, and Suicide Attempts in Past Year

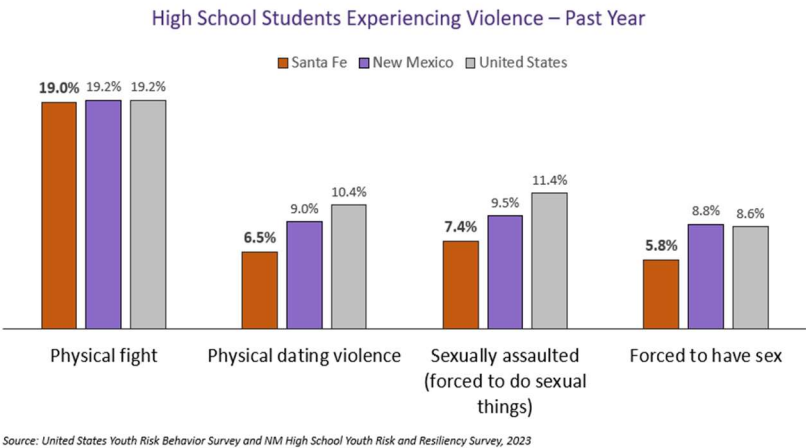Source: NM High School Youth Risk and Resiliency Survey

Substance use among high school students in Santa Fe is relatively common. The three most frequently used substances reported by high school students are e-cigarettes, marijuana, and alcohol.

High School Students Reporting Substance Use – Past 30 Days

■ Santa Fe ■ New Mexico □ United States

	E-Cigarette	Marijuana	Alcohol	Binge Drinking	Improper Pain Med Use
Santa Fe	14.5%	14.7%	12.5%	3.9%	5.1%
New Mexico	18.8%	17.9%	16.4%	7.0%	7.0%
United States	16.8%	17.0%	22.1%	8.8%	4.4%

Source: United States Youth Risk Behavior Survey and NM High School Youth Risk and Resiliency Survey, 2023
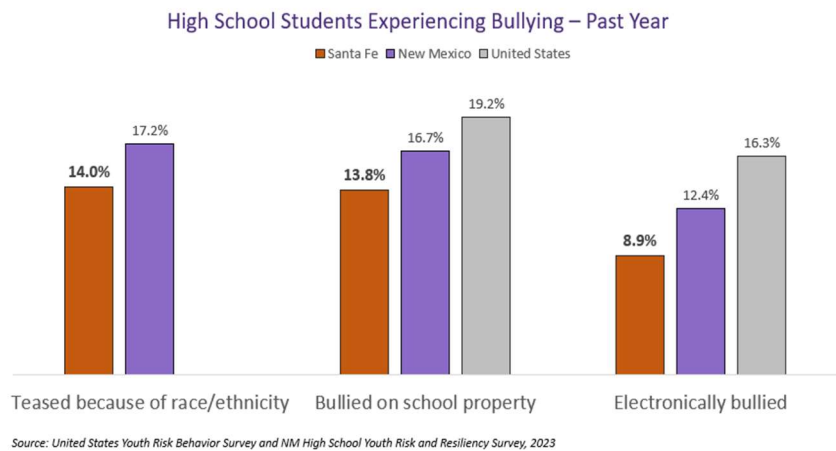
Violence of all types is a continued concern for New Mexico and Santa Fe youth. In New Mexico, The total number of youth (19 years old and under) homicides increased from 38 homicides in 2022 to 44 in 2023 — the most since 2014. Homicide deaths among youth tended to be male (77.27%). Firearms played a role in 40 homicides (90.91% of youth homicides).[23]

Nearly 20% of Santa Fe County high school students reported being in a physical fight. Physical dating violence, sexual assault and being forced to have sex were reported by more than 5% of high school students in Santa Fe County.

High School Students Experiencing Violence – Past Year

■ Santa Fe ■ New Mexico □ United States

	Physical fight	Physical dating violence	Sexually assaulted (forced to do sexual things)	Forced to have sex
Santa Fe	19.0%	6.5%	7.4%	5.8%
New Mexico	19.2%	9.0%	9.5%	8.8%
United States	19.2%	10.4%	11.4%	8.6%

Source: United States Youth Risk Behavior Survey and NM High School Youth Risk and Resiliency Survey, 2023
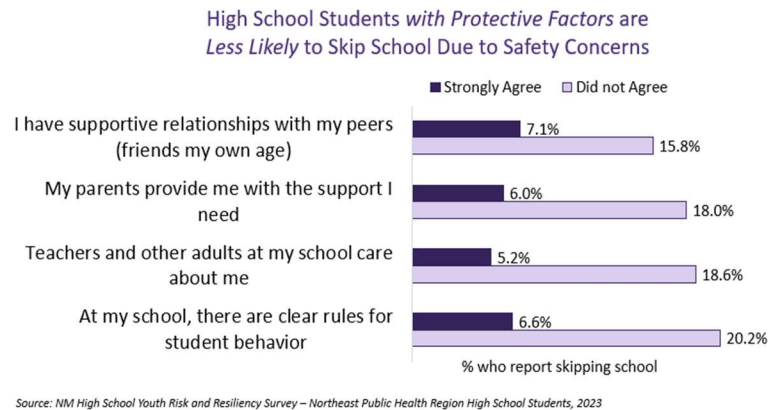
Bullying is a concern at the elementary, middle, and high school levels. Nearly 15% of high school students reported being teased because of their race/ethnicity. Over 10% of high school students reported being bullied on school property, and nearly 9% reported being electronically bullied.

High School Students Experiencing Bullying – Past Year

■ Santa Fe ■ New Mexico ▢ United States

- Teased because of race/ethnicity: 14.0% (Santa Fe), 17.2% (New Mexico)
- Bullied on school property: 13.8% (Santa Fe), 16.7% (New Mexico), 19.2% (United States)
- Electronically bullied: 8.9% (Santa Fe), 12.4% (New Mexico), 16.3% (United States)

Source: United States Youth Risk Behavior Survey and NM High School Youth Risk and Resiliency Survey, 2023
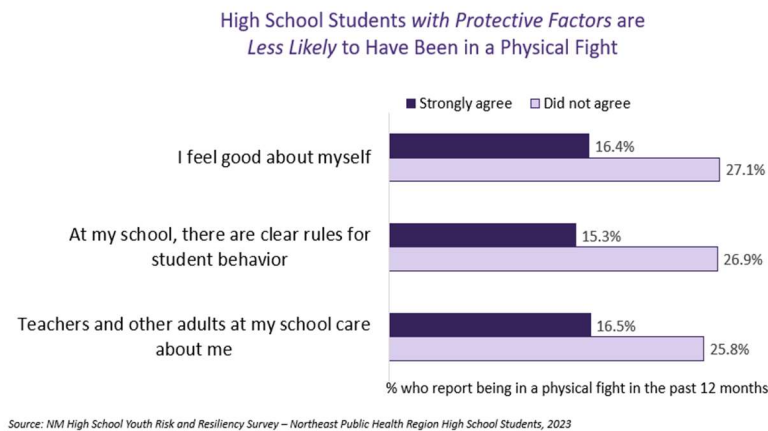
Poor mental and physical health can result in an inability to navigate life stressors and overcome challenges. Building and strengthening resiliency among youth can lead to improvement in other health outcomes.
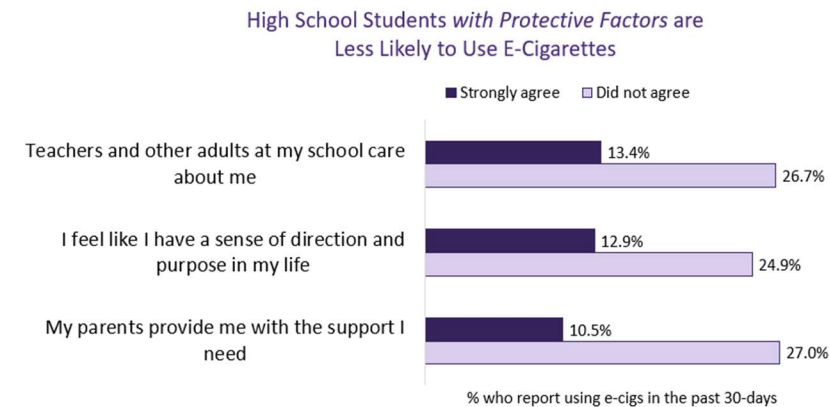
Students who strongly agree that they have positive relationships, support and clear expectations report being less likely to skip school because of safety concerns than those who did not agree with those statements.

High School Students *with Protective Factors* are *Less Likely* to Skip School Due to Safety Concerns

■ Strongly Agree ▢ Did not Agree

- I have supportive relationships with my peers (friends my own age): 7.1% (Strongly Agree), 15.8% (Did not Agree)
- My parents provide me with the support I need: 6.0% (Strongly Agree), 18.0% (Did not Agree)
- Teachers and other adults at my school care about me: 5.2% (Strongly Agree), 18.6% (Did not Agree)
- At my school, there are clear rules for student behavior: 6.6% (Strongly Agree), 20.2% (Did not Agree)

% who report skipping school

Source: NM High School Youth Risk and Resiliency Survey – Northeast Public Health Region High School Students, 2023

Students who report positive self-image, having adults at school that care, and clear rules were less likely to be in a physical fight than those who report not having those factors.

High School Students *with Protective Factors* are *Less Likely* to Have Been in a Physical Fight

■ Strongly agree ▢ Did not agree

- I feel good about myself: 16.4% (Strongly agree), 27.1% (Did not agree)
- At my school, there are clear rules for student behavior: 15.3% (Strongly agree), 26.9% (Did not agree)
- Teachers and other adults at my school care about me: 16.5% (Strongly agree), 25.8% (Did not agree)

% who report being in a physical fight in the past 12 months

Source: NM High School Youth Risk and Resiliency Survey – Northeast Public Health Region High School Students, 2023

Students reporting that they had caring adults at school, supportive parents and a sense of purpose were less likely to use e-cigarettes than those who did not report having those factors.

High School Students *with Protective Factors* are Less Likely to Use E-Cigarettes

■ Strongly agree   □ Did not agree

	Strongly agree	Did not agree
Teachers and other adults at my school care about me	13.4%	26.7%
I feel like I have a sense of direction and purpose in my life	12.9%	24.9%
My parents provide me with the support I need	10.5%	27.0%

% who report using e-cigs in the past 30-days

Source: NM High School Youth Risk and Resiliency Survey – Northeast Public Health Region High School Students, 2023

What Is the Story Behind the Data?

Teen focus group participants shared that there is a lack of activities for young people, particularly free or affordable recreational activities in Santa Fe. This can negatively impact physical and mental health. It also decreases the opportunity for young people to have a positive adult (e.g., coaches, instructors, etc.) in their life. This can diminish resiliency factors. Not being able to access productive activities can increase boredom and provide opportunities to engage in risky activities like vandalism, as well as drug and alcohol use.

Teen focus group participants also shared that day-to-day life is stressful. Some reported feeling lonely and isolated — this impacts their mood, ability to feel connected and their participation in activities. There was a mixed response when asked if they had an adult they could go to if they had a problem or needed to talk. Some felt their parents were not accessible either because of their work schedules and other

responsibilities, and others shared that their parents had their own problems.

Parent focus group participants echoed that parents are not as available as they want to be for their children. They shared that many parents have to work long hours to support their families and as a result, they are not able to spend as much time with their children as they would like.

Parents also shared that bullying starts early. They see it amongst their elementary-aged children. They feel it would be beneficial to have more social and emotional learning opportunities in schools to guide and support students. Members of the Mountain Center staff concurred that bullying, particularly identity-based (ethnicity, gender, sexual orientation, etc.), is an ongoing problem in our community.

Teen focus group participants shared that physical fighting in their schools is commonplace. They noted that some fights start over social media and then turn into physical altercations at school. Even when not turning physical, a lot of fighting and/or bullying happens on social media. Teen participants shared that vaping (e-cigarettes) is common among their peers, including at school and even in classrooms. They also stated that drinking in excess is common for many, and showing up to school "high" is routine for some of their classmates.

Of additional concern are youth who are not connected to school or work. In Santa Fe County, 11% of teens and young adults (age 16-19) were neither working nor in school, slightly higher than the New Mexico percentage of 10% and 7% in the United States.[57] Many of these young people are facing various challenges, such as poverty, homelessness or involvement in the justice system. It is important to consider the multi-faceted needs of these youth when developing strategies to improve health outcomes.

Adult Behavioral Health

Result: *All adults are mentally and emotionally healthy.*

Indicators:

- Alcohol-related death
- Drug overdose death
- Suicide death

Why Is This Important?

Behavioral health encompasses mental health and substance use disorders, as well as overall psychological well-being.[58] Mental health is an important part of a person's overall health and well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life.[59] Substance use disorder (SUD) is a complex condition where there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a substance(s) to the point where the person's ability to function in day-to-day life becomes impaired.[60]

A person may experience multiple mental health conditions at the same time — they can be present for a short period of time or last for a long time. There is no single cause for developing a mental illness. People living with a mental illness can get better, recover, and thrive. Treatments are available for mental health conditions, and treatment can help reduce the symptoms and severity of mental health conditions. Some mental health disorders also can be prevented.[59]

Mental health conditions are among the most common health issues in the United States. Common conditions include major depressive disorder, attention deficit hyperactivity disorder, panic disorder and others.[59]

Mental and physical health can be interdependent on each other. Depression, for example, increases the risk for many types of physical health problems, including chronic and long-lasting conditions like **diabetes and heart disease**. Similarly, the presence of chronic conditions can increase the risk for mental illness.[59] Additionally, many people experience substance use disorder along with another psychiatric disorder. Alcohol and drug use are two of the leading causes of preventable illnesses and premature death nationwide.[60] Mental illnesses are among the most common health conditions in the United States and are among the most common causes of disability.[59]

Alcohol is the most common substance used among people 12 and older in the United States. Excessive alcohol use is responsible for **more than 178,000 deaths in the United States each year,** These deaths shorten the lives of those who die by an average of almost 24 years, for a total of 4 million years of potential life lost.[62]

Alcohol-related deaths are due to health effects from drinking too much over time and include various types of cancer, liver disease and heart disease, among others. It also includes the impact of consuming a large amount of alcohol in a short period of time, including deaths due to poisonings that involved another substance in addition to alcohol (i.e. drug overdoses), suicide and motor vehicle crashes.[62] Many factors may have contributed to increases in alcohol-related deaths. These include the availability of alcohol, increases in people experiencing mental health conditions and challenges in accessing health care.[62]
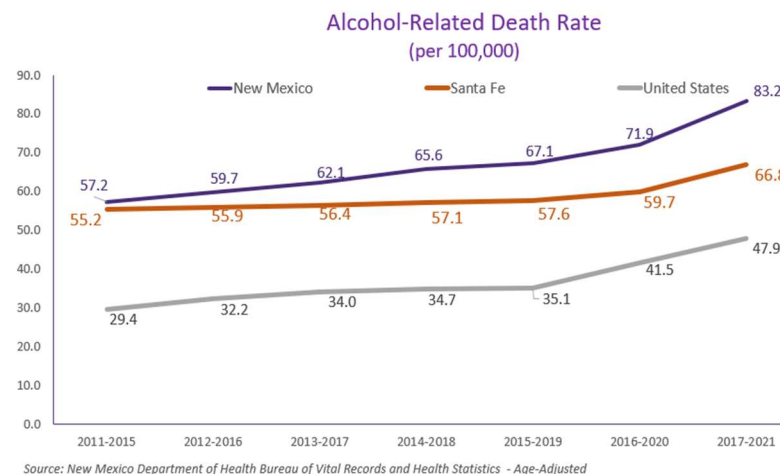
New Mexico has had some of the highest death rates from alcohol and drugs in the country, and the problem persists. **Since 1990, drug overdose deaths in New Mexico have increased by 572% and alcohol-related deaths have increased by 165%.**[63]

In 2020, a New Mexico Department of Health gap analysis estimated 204,000 New Mexicans were living with a substance use disorder, and only one in three people were receiving treatment. The gap analysis estimated the largest gaps in people not receiving treatment exists among people with alcohol and people with benzodiazepine use disorder (14,000 New Mexicans).[65]

Suicide and suicide attempts cause serious emotional, physical, and economic impacts.[64] When people die by suicide, their surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety and may even experience thoughts of suicide themselves. The financial toll of suicide on society is also costly. In 2020, suicide and nonfatal self-harm cost the nation **over $500 billion** in medical costs, work loss costs, value of statistical life and quality of life costs.

How Are We Doing?

New Mexico has historically had the highest alcohol-related deaths in the nation — nearly double the national rate — as shown in the following graph. Santa Fe's rate is nearly 40% higher than the national rate. Alcohol-related deaths are largely attributed to chronic liver disease and injury (motor vehicle crashes). Long-term heavy drinking increases risk for chronic liver disease and binge drinking is strongly associated with alcohol-related injury.

Alcohol-Related Death Rate
(per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

While updated national and county-specific data has not yet been made available, the New Mexico Department of Health (NMDOH) reports that alcohol-related deaths decreased in 2023 for the second consecutive year, marking progress in the state's efforts to combat alcohol misuse. The state has achieved a 17.3% decline in the age-adjusted rate of 102.3 deaths per 100,000 in 2021 to 84.5 deaths per 100,000 in 2023.
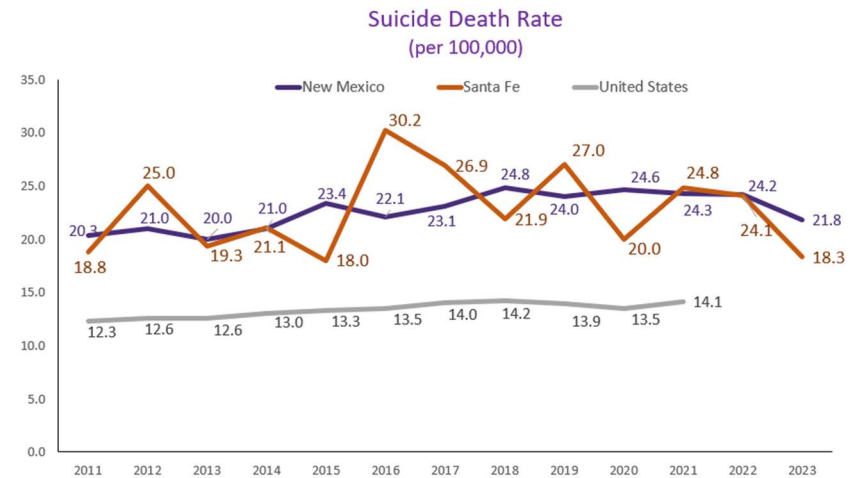
Santa Fe's drug overdose rate is higher than the New Mexico average and is nearly double the national average. Santa Fe County's rate increased by more than 16%, jumping from 50.4 fatal overdoses per 100,000 people in 2022 to 58.7 in 2023. This increase occurred even though the state as a whole saw an 8% decline in overdose deaths for the same period.
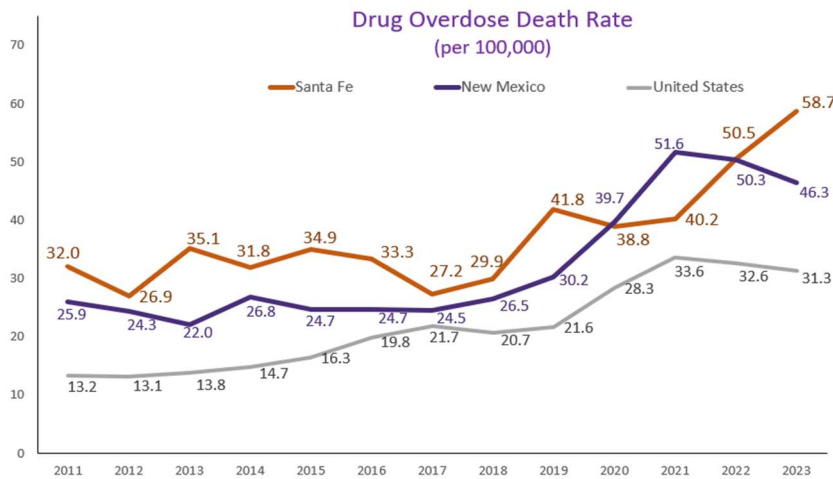
Drug Overdose Death Rate
(per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

Suicide Death Rate
(per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics and CDC WONDER – Age-Adjusted

The highest rates of drug overdose deaths in Santa Fe County are among people aged 25 to 44 years, particularly due to opioid overdoses. Fentanyl, the potent synthetic opioid, is a major driver of overdose deaths, being involved in 65% of overdose fatalities in New Mexico in 2023. Methamphetamine, a stimulant, is also a significant contributor, involved in 51% of overdose deaths in the state in 2023.

Santa Fe and New Mexico's suicide death rates have decreased since 2021 and are now almost at the level they were in 2011. While the decreases are reason for cautious optimism, New Mexico continues to rank among the top five states in the nation for suicide deaths. New Mexico and Santa Fe consistently have suicide rates that are above the United States rate. While suicide is the eighth leading cause of death among Santa Fe County adults, it is the third leading cause for adults aged 25-44 years. Male suicide rates are three to four times higher than females' rates largely because males use firearms more often than females.

What Is the Story Behind the Data?

Abuse, neglect and substance abuse in the home are defined as adverse childhood experiences (ACES).[63] Research links ACES with future drug use problems. Children in New Mexico experience childhood trauma at one of the highest rates in the nation. The Centers for Disease Control and Prevention (CDC) believe **prevention of ACES could reduce heavy drinking by up to 24%.**[63]

The overdose epidemic is a widespread public health emergency, contributing to an increase in emergency department visits, non-fatal overdoses and widespread outbreaks of infectious diseases linked to intravenous drug use. It burdens public health and health care systems with heavy economic costs from death, lost productivity, and avoidable expenditures.[61]

New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades. New Mexico's death rate has more than tripled since 1990. Deaths due to illicit drugs have remained steady during the past decade. Deaths due to methamphetamine and fentanyl have increased dramatically. In addition to the high death rates, drug abuse is one of the costliest health problems in the United States.

Substance use disorder is often multigenerational and is driven by complex underlying issues, including poverty and trauma. In addition to the human toll of substance use, the social and economic costs of substance use continue to rise every year. Drug overdoses place a heavy burden on health care resources, including emergency rooms, treatment facilities and first responders. Additionally, Department of Health reports New Mexico's persistent substance use challenges contribute to the rise in poverty, crime, unemployment, and domestic violence.[63]

Alcohol use disorder and substance use disorder have debilitating effects on families and long-lasting consequences for children. The effects of untreated substance use disorder contribute to poor outcomes for the state, including high rates of child maltreatment. **In 2020, the two leading caregiver risk factors for child maltreatment in New Mexico were drug and alcohol use.**

Adequate access to treatment is essential to solving the problem, and presently, access is limited in Santa Fe and New Mexico. Consistent feedback from focus group participants included the limited ability for individuals to access mental health and substance use treatment and services — including outpatient care, inpatient rehabilitation, transitional care services, etc. There are not enough mental health providers in Santa Fe County to meet the increasing demand — especially bilingual and bicultural providers. Additional barriers to care are accessible, reliable, and affordable transportation. Services and intervention

Focus group participants of all ages conveyed concerns about the increase in isolation and accompanying feelings of loneliness and depression that have been on the rise since the COVID-19 pandemic, and how they connect with problematic alcohol and substance use, as well as mental health distress — including suicide.

programs to prevent substance use disorders are also needed to comprehensively address the problem.[63]

A recent CDC report highlights the complexity of suicide. While a mental health condition may be a contributing factor for many people, the report notes that "many factors contribute to suicide among those with and without known mental health conditions." A relationship problem was the top factor contributing to suicide, followed by a recent crisis and problematic substance use.[66] About half (54%) of people who died by suicide did not have a known mental health condition, according to CDC. However, many of them may have been dealing with mental health challenges that had not been diagnosed or known to those around them.

The CDC report recommends a comprehensive public health approach to suicide prevention, and it identifies several strategies that states and communities can undertake, including such measures as teaching coping and problem-solving skills to help people manage challenges, expanding options for temporary assistance for those in need and connecting people at-risk to effective and coordinated mental and physical health care.[66]

Adult Physical Health

Result: *All adults are physically healthy.*

Indicators:

- Heart disease death
- Cancer death
- Diabetes diagnosis and death
- Food and nutrition insecurity

Why Is This Important?

Chronic diseases are leading causes of death and disability in the United States. They are also leading drivers of the nation's $4.5 trillion in annual health care costs. Six in 10 Americans have at least one chronic disease, and four in 10 have two or more chronic diseases. Many preventable chronic diseases are caused by a brief list of risk behaviors: smoking, poor nutrition, physical inactivity, and excessive alcohol use.[68]

In 2023, heart disease was the leading cause of death in Santa Fe County, and cancer was the second leading cause of death. Diabetes was the ninth leading cause of death.

While some risk factors (age, race/ethnicity, or family history) for heart disease cannot be controlled, many can. Several health conditions and lifestyle factors that increase the risk for heart disease or cardiovascular disease include obesity, high blood pressure, high cholesterol, diabetes, unhealthy diet, alcohol consumption, smoking and inactivity.[69]

It is usually not possible to know exactly why one person develops cancer and another does not. However, research has shown that certain risk factors may increase a person's chances of developing cancer. Cancer risk factors include exposure to chemicals or other substances. They also include things people cannot control, like age and family history.

Limiting exposure to avoidable risk factors may lower the risk of developing certain cancers. Some of the most studied avoidable risk factors are alcohol consumption, diet, obesity, tobacco, exposure to radiation and sunlight.[70]
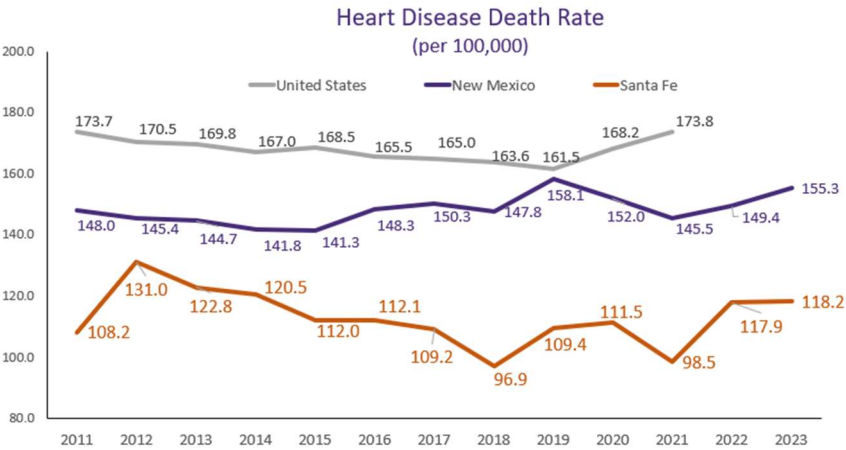
Another chronic health problem in Santa Fe is diabetes, a disease that occurs because the body is unable to use blood sugar (glucose) properly. The exact cause of this malfunction is unknown, but genetic and environmental factors play a part. Risk factors for Type II diabetes include obesity, high levels of cholesterol, high blood pressure, and depression. Poor nutrition and lack of exercise also may contribute to type II diabetes. A diet high in calories, fat and cholesterol increases the body's resistance to insulin. Exercise makes muscle tissue respond better to insulin.[71] This is why regular aerobic exercise and resistance training can lower diabetes risk. Having diabetes is a risk factor for heart disease and other chronic health conditions.

Premature death because of heart disease, cancer and diabetes impacts families and communities. It causes financial hardship, family strain and emotional distress. Each of these diseases may be treated and sometimes can be cured or reversed if detected early and treated promptly. The detection and treatment of precancerous conditions can prevent some cancers from developing.

Inconsistent access to an adequate amount of nutritious food can have negative impacts on the health of individuals of all ages and can play a role in the development of these diseases. Healthy habits, access to routine health care including preventative testing, early detection and access to innovative and effective treatment all play a role in decreasing deaths from heart disease, cancer, and diabetes.

How Are We Doing?

Santa Fe typically has a lower rate of heart disease deaths than New Mexico and the United States. However, heart disease is the leading cause of death in Santa Fe County.

Heart Disease Death Rate
(per 100,000)

United States — New Mexico — Santa Fe

United States: 173.7, 170.5, 169.8, 167.0, 168.5, 165.5, 165.0, 163.6, 161.5, 168.2, 173.8

New Mexico: 148.0, 145.4, 144.7, 141.8, 141.3, 148.3, 150.3, 147.8, 158.1, 152.0, 145.5, 149.4, 155.3

Santa Fe: 108.2, 131.0, 122.8, 120.5, 112.0, 112.1, 109.2, 96.9, 109.4, 111.5, 98.5, 117.9, 118.2

Years: 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

The prevalence of heart disease death is experienced differently based on race/ethnicity. In 2023, the data illustrates that Hispanic individuals have higher rates of heart disease than White individuals in Santa Fe County.

Heart Disease Death Rate by Race/Ethnicity
Santa Fe County, 2023
(per 100,000)

Hispanic: 136.7
White: 111.8
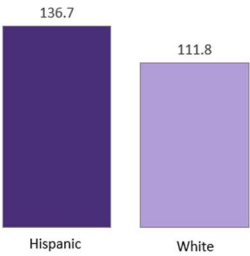
Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

Cancer was the second leading cause of death in Santa Fe County in 2023. Deaths from cancer are lower in Santa Fe than in New Mexico and the United States. Cancer death rates have been declining since 2011. Fortunately, there have been numerous advances in available cancer treatments that make living with cancer more manageable and less of a life-threatening condition.
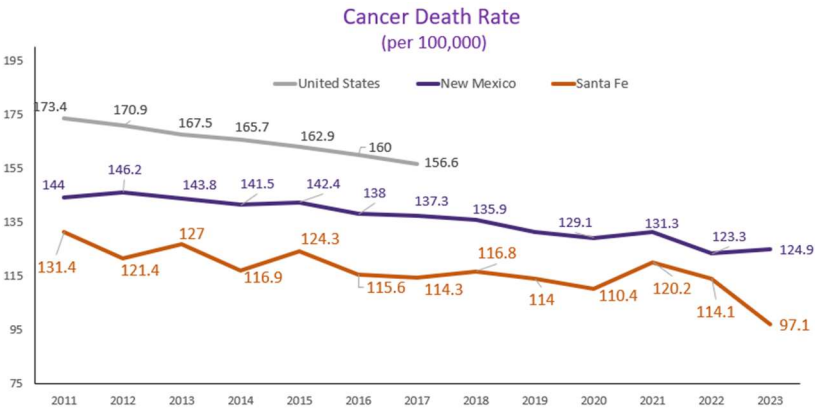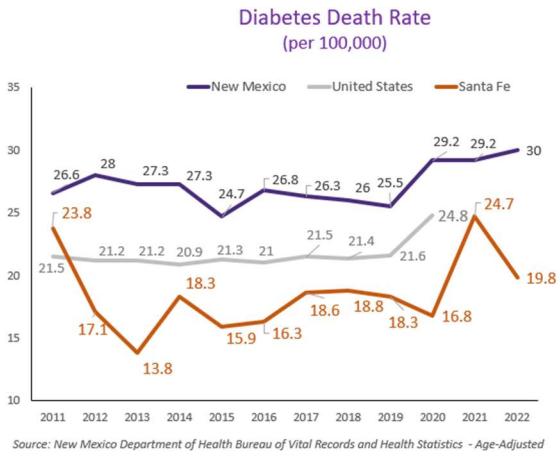
Cancer Death Rate
(per 100,000)

United States — New Mexico — Santa Fe

United States: 173.4, 170.9, 167.5, 165.7, 162.9, 160, 156.6

New Mexico: 144, 146.2, 143.8, 141.5, 142.4, 138, 137.3, 135.9, 129.1, 131.3, 123.3, 124.9

Santa Fe: 131.4, 121.4, 127, 116.9, 124.3, 115.6, 114.3, 116.8, 114, 110.4, 120.2, 114.1, 97.1

Years: 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted
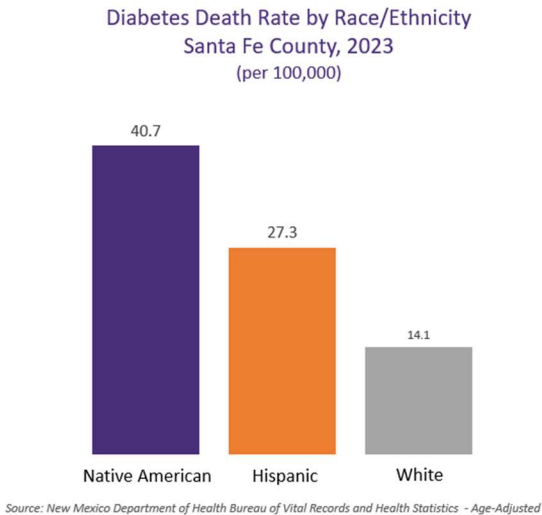
Typically, Santa Fe has lower rates of diabetes diagnosis and death than New Mexico and the nation. But it is still the ninth leading cause of death in Santa Fe County.

Diabetes Diagnosis
(Percent of Adults Reporting Ever Being Diagnosed by a Doctor)
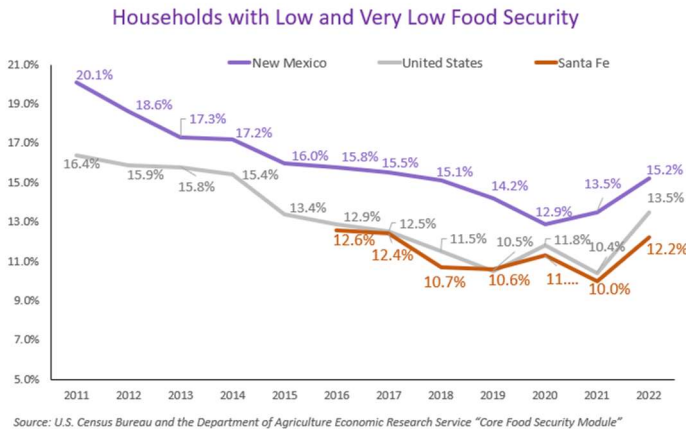

Source: Behavioral Risk Factor Surveillance Systems
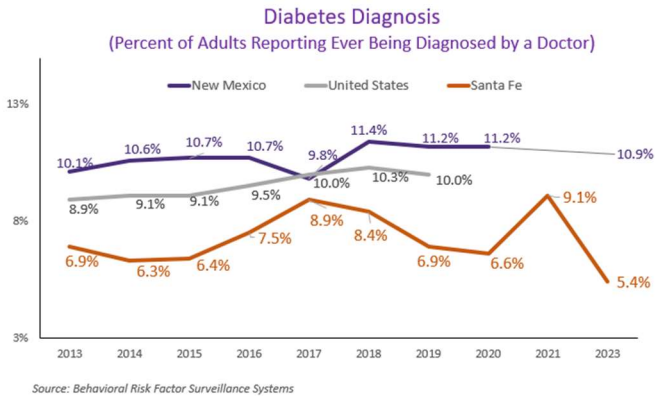
Available 2023 data illustrates that there are disparities in the prevalence of diabetes by racial and ethnics groups. The prevalence of diabetes was highest among Native American adults, 19.2%, which is statistically significantly higher than that of Hispanic adults and White adults. The Native American adult rate was nearly three times the rate of White adults (7.3%). The prevalence rate among Hispanic adults was twice the White adult rate, which is also statistically significant.

Diabetes Death Rate
(per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

Disparities by race/ethnicity also are evident in the diabetes death rates in Santa Fe. The diabetes death rate for Native American adults is more than three times the White adult rate. The Hispanic adult diabetes death rate is almost two times the White adult rate.[67]

Diabetes Death Rate by Race/Ethnicity
Santa Fe County, 2023
(per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

While Santa Fe's food insecurity percentage is similar to the United States' percentage, it is not as high as New Mexico's percentage. Since 2011, households with food insecurity have been declining and continue to do so recently. However, data from 2022 illustrates an increase in food insecurity rates for Santa Fe, New Mexico, and the United States. This is expected to continue as food costs continue to climb.

Households with Low and Very Low Food Security

Source: U.S. Census Bureau and the Department of Agriculture Economic Research Service "Core Food Security Module"

Nutrition insecurity is a growing problem in Santa Fe and New Mexico as well as across the nation. Daily consumption of five or more fresh fruits and vegetables among Santa Fe adults has been steadily declining since 2011 and dramatically declining since 2015.

Adults Consuming Five or More Servings of Fruits/Vegetables Daily

Source: Behavioral Risk Factor Surveillance Systems
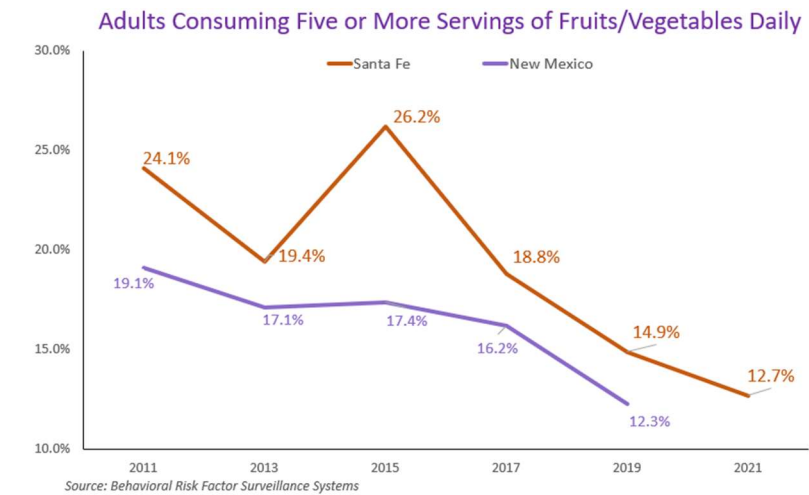
Not surprisingly, our community does not experience food security equally. The following table illustrates how only viewing the Santa Fe County data can obscure the levels of food insecurity in different communities.

% of households on Supplemental Nutrition Assistance Program (SNAP — food stamps) 2023	
Santa Fe County (overall)	10.62%
Agua Fria Village	30.79%
Triangle District/Hopewell Area	25.70%

Source: American Community Survey, 2023

What Is the Story Behind the Data?

An individual's likelihood to develop numerous chronic diseases, including heart disease, cancer, and diabetes, is a combination of genetic, environmental and lifestyle factors — including the impact of adverse childhood experiences. Prevention, early detection and diagnosis and/or early interventions may play a critical role in whether a disease occurs and the course it takes. Access to health care and related services is essential.

Unfortunately, the ability to limit risk factors is not equitable among community members. Individuals and families with limited income are more likely to live in areas where there are environmental concerns than those who can afford to move away from such factors. Additionally, many risk factors are interdependent on an individual's ability to access a healthy diet and activities. Moreover, access to preventative care and early treatment and diagnosis is dependent on whether a person has health insurance. Many people with health insurance struggle to afford required copays and deductibles. While some individuals may have access to various "charity care" programs, they might presume they are not eligible and not try to access these services.

Lack of health insurance coverage has been associated with delayed access to health care and increased risk of chronic disease and mortality. People without health insurance are much less likely than those with insurance to receive recommended preventative health care. Sixteen percent of Santa Fe County adults aged 18 to 39 years old do not have health insurance, and 13% of adults 40 to 64 years old do not have insurance. Not having insurance is a barrier to early detection and treatment.[73] Additionally, 21% of Santa Fe County residents live at or below 150% of the poverty line.[74] These realities delay detection and treatment, which can have a profound impact on health outcomes.

For some individuals, chronic diseases have a root in intergenerational trauma. Having family members who have struggled with a chronic illness that eventually may have resulted in significant disability or death can often create an aversion to going to the doctor or receiving preventative care. In turn, this can delay identifying and effectively addressing potential health concerns.

Attending routine health exams and receiving preventative screenings such as mammograms, pap smears and colonoscopies can help catch early signs and symptoms. There have been significant advances in cancer treatment and its availability to patients. This may have impacted the overall decline in cancer deaths since, presently, a diagnosis of cancer is not necessarily a death sentence when caught and treated early.

Type two diabetes and its complications often can be prevented or delayed. The great majority of those diagnosed with diabetes are diagnosed with type II. Proper management of all forms of diabetes can prevent or delay complications. People who are diagnosed with diabetes or prediabetes need to learn about their condition and build the skills and confidence necessary to successfully take care of themselves, with the help of their health care team and community resources. About one-quarter of people with diabetes and most people with prediabetes do not know they have it. Unfortunately, people who are undiagnosed cannot take steps to manage their condition.[72]

Food insecurity may reflect a household's need to make a trade-off between important basic needs, such as housing or medical bills versus purchasing and preparing nutritionally adequate foods. Poverty is directly linked to not having enough food or only having access to less healthy foods of convenience. While there are programs for food assistance in the community, it often requires transportation for food pickup and time to prepare the ingredients. Delivery services may be limited based on age or disability and fee-based delivery services are often a luxury people cannot afford.

There are neighborhoods in the Santa Fe area that are considered food deserts. The USDA defines a food desert as an area lacking fresh fruits, vegetables, and other healthy whole foods, usually found in impoverished areas due to a lack of grocery stores, farmers' markets, and healthy food providers within a mile. In Santa Fe County, 9% of residents live in a food desert.[75] Additionally, some community members may not live in an official food desert but reaching the grocery store involves a half mile walk and crossing a busy six lane road or taking a longer route to access crosswalks. For example, residents of the Hopewell neighborhood have close access to grocery stores, but the location of safe crosswalks means a pedestrian might have to walk over a mile in each direction to safely cross St. Michael's Drive.

Food insecurity, nutrition, obesity, diabetes, heart disease, cancers and other health issues are deeply intertwined. Food insecurity should be understood as a sign of heightened needs and risk because of its connection to other factors that negatively impact health outcomes.
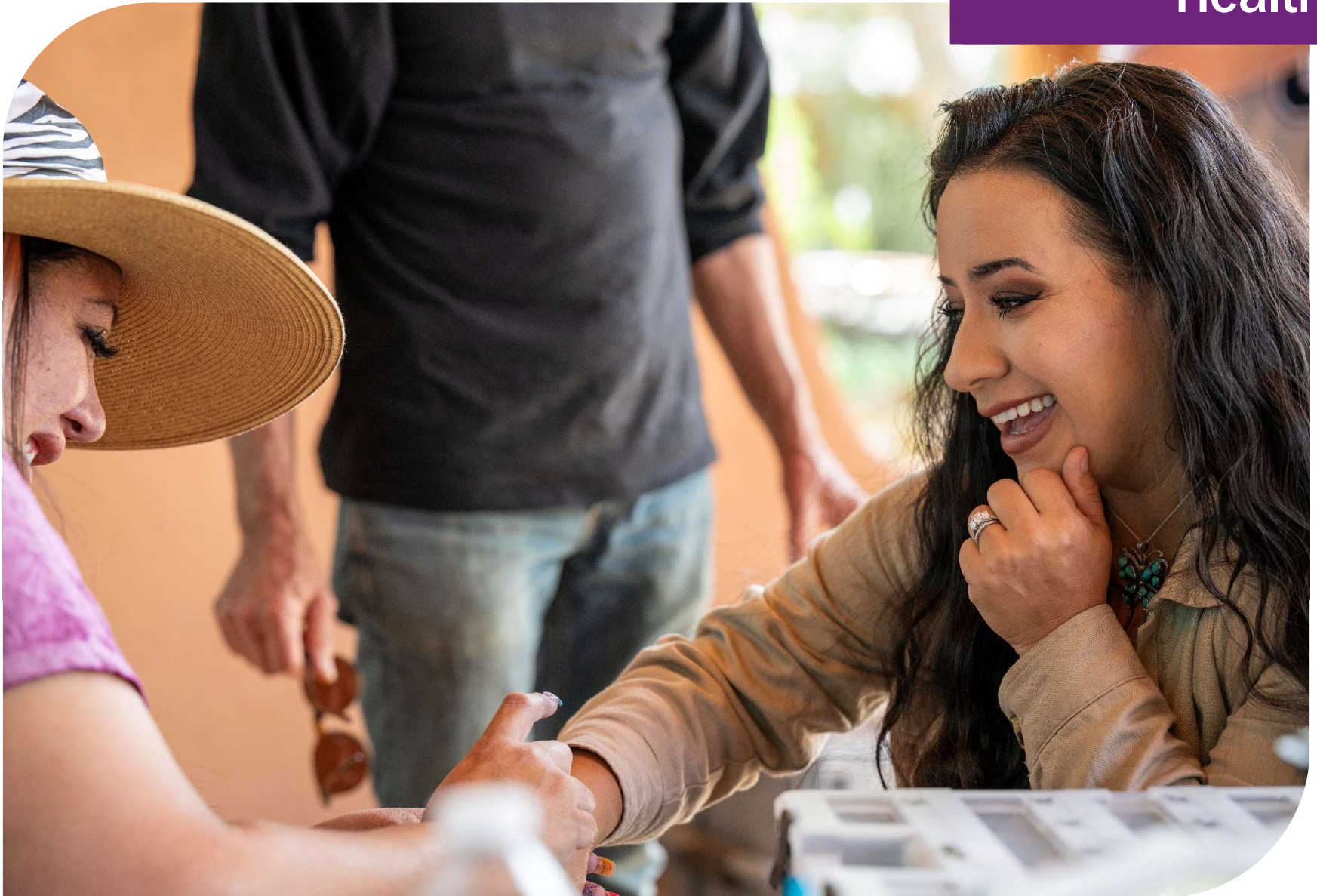
Women's Health

Result: *All women are safe and healthy.*

Indicators:

- Sexual assault
- Domestic violence
- Homelessness

Why Is This Important?

Gender based disparities impact health across generations. Inequality of power based on gender increases women's and girls' experiences of physical, sexual, and emotional violence.[76] In Santa Fe, like many other places nationally and globally, women's health is significantly impacted by poverty. According to the National Women's Law Center, women are more likely than men to experience poverty.[77] Poverty and violence are linked with decreased utilization of preventative care services, improper nutrition, and homelessness.

The Centers for Disease Control and Prevention recognize violence as an urgent public health problem. From infants to the elderly, it affects people in all stages of life and can lead to extensive physical, emotional and economic problems.[78] Women are disproportionately victimized by both intimate partner and sexual violence. Physical injuries, chronic pain, and depression, as well as other mental health issues are prevalent among women who endure violent relationships.[79]

Intimate partner violence is connected to other forms of violence and serious health and economic consequences. In addition to death and injury, physical violence is associated with cardiovascular, gastrointestinal, endocrine, and immune system conditions largely due to the chronic stress resulting from violence in the home. About one in five adult women report having experienced severe physical violence from an intimate partner in their lifetime, and one in six have experienced sexual violence from an intimate partner.[80]

Research shows large overlaps with domestic violence and child abuse and neglect.[81] Exposure to domestic violence is considered a form of child abuse due to the long-lasting trauma experienced by children who have witnessed violence in the home. The trauma of such experiences on women and children can have lasting effects and impact entire families and communities.

Sexual violence in the United States is pervasive. Rape, Abuse, & Incest National Network (RAINN), the nation's largest anti-sexual violence organization, shares the following troubling statistics: [82]

- Every 68 seconds an individual is sexually assaulted in the United States.
- One out of every six American women has been the victim of an attempted or completed rape in her lifetime.
- Nine out of 10 sexual assault victims are women.

The impact of sexual violence is far reaching and includes numerous physical, emotional and psychological effects such as unwanted pregnancy and sexually transmitted infections, sleep disorders, panic attacks, post-traumatic stress disorder, depression, self-harm and suicide.[82] A 2022 New Mexico Epidemiology Report found that among those who reported experiencing sexual assault in the previous 12 months, 47% also reported depression during the same timeframe; 31% has thoughts of suicide; and 9% had made a suicide attempt.[84]

Violence and homelessness are connected. Women and families represent a growing segment of the homeless population. For many women in violent relationships, the decision to leave could lead to homelessness. Maintaining mental and physical health is challenging
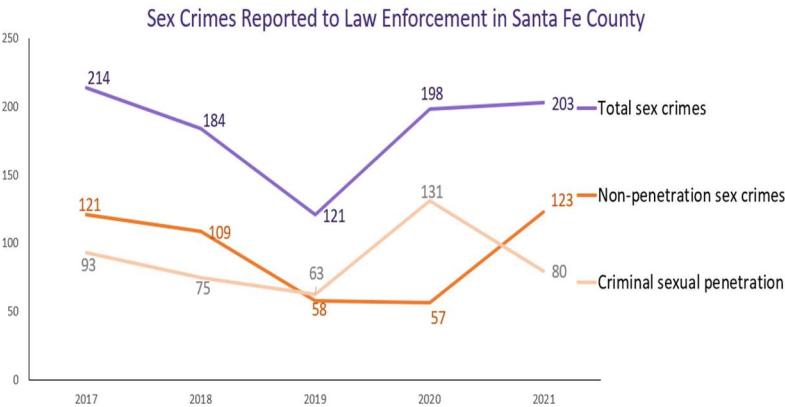
while experiencing homelessness.[83] Homelessness is associated with preventable deaths, injuries, and illness. Safe and stable housing is a key social determinant of health.[87]
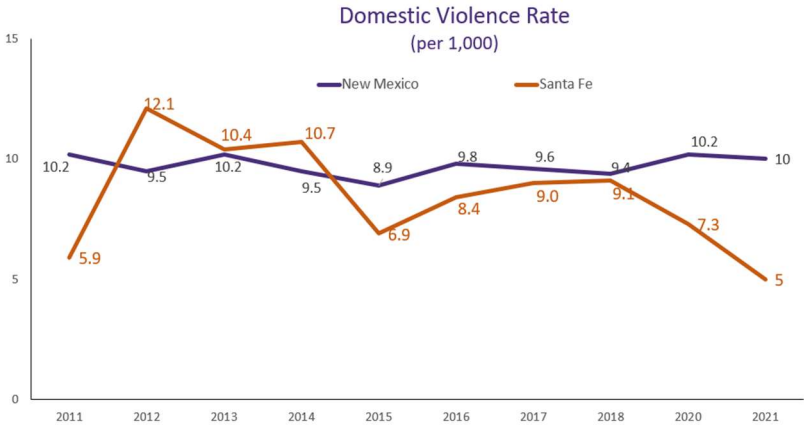
How Are We Doing?

Sexual violence, domestic violence and counts of unhoused persons are persistently underreported. Additionally, data sources for sexual violence and domestic violence primarily have come from law enforcement. Retrospective data, as well as program data from area community providers, helps fill in the gaps.

While both men and women are victims of sexual violence, women are disproportionately impacted. New Mexico ranks seventh in the United States for rates of sexual violence. Available data shows there were 203 sex crimes (not female specific) reported to law enforcement in Santa Fe in 2021. Meanwhile, Solace Sexual Assault Services in Santa Fe County served a total of 787 individuals in its Clinical Services and Child Advocacy Center/Sexual Assault Services programs in 2024.[86]

In 2021, Santa Fe's domestic violence rate was 5 per 1,000 compared to New Mexico's rate of 10 per 1,000 (not female specific). These rates are considered to be lower than actual experiences due to underreporting. According to the New Mexico Department of Health, approximately one in four adults report experiencing domestic violence during their lifetime.[85] In the first nine months of 2024, Santa Fe Police Department dispatchers received 1,118 domestic disturbance calls — the highest number of calls in the last four years.[85]
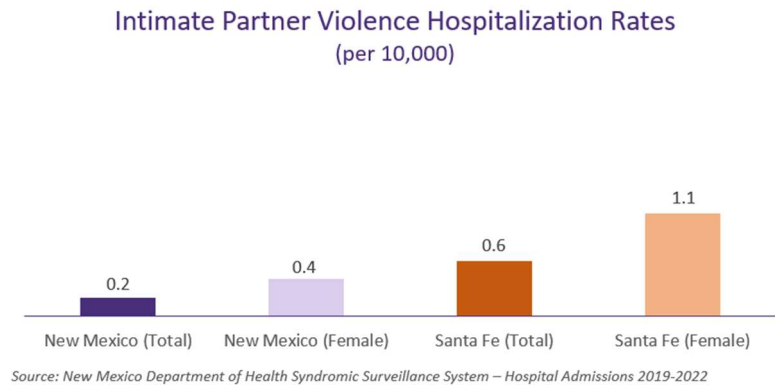
Domestic Violence Rate
(per 1,000)

Source: New Mexico Department of Health & New Mexico Interpersonal Data Central Repository

Sex Crimes Reported to Law Enforcement in Santa Fe County

Source: Sex Crimes in New Mexico XIX – 2021 Interpersonal Injury Data Central Repository

Santa Fe County has about three times the intimate partner violence hospitalization rates than New Mexico as a whole.

Intimate Partner Violence Hospitalization Rates
(per 10,000)

Source: New Mexico Department of Health Syndromic Surveillance System – Hospital Admissions 2019-2022
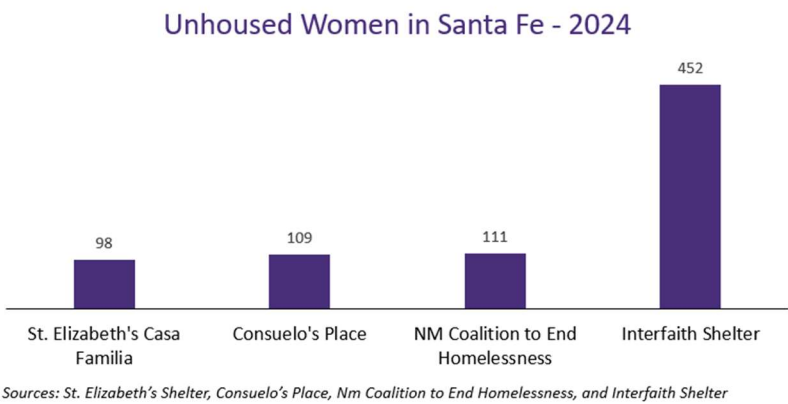
Esperanza Shelter, the domestic violence shelter primarily serving Santa Fe County and the eight Northern Pueblos, reported serving 431 participants (367 non-residential and 64 residential) in 2024. They also fielded 572 crisis calls and 373 information/referral calls in 2024.

The following graphic highlights various factors in domestic violence incidents in New Mexico and Santa Fe. Nearly 60% of reported incidents in Santa Fe County resulted in a victim's injury, and 25% involved drugs or alcohol.

Factors in Domestic Violence Incidents

Source: NM Interpersonal Violence Data Central Repository, 2021
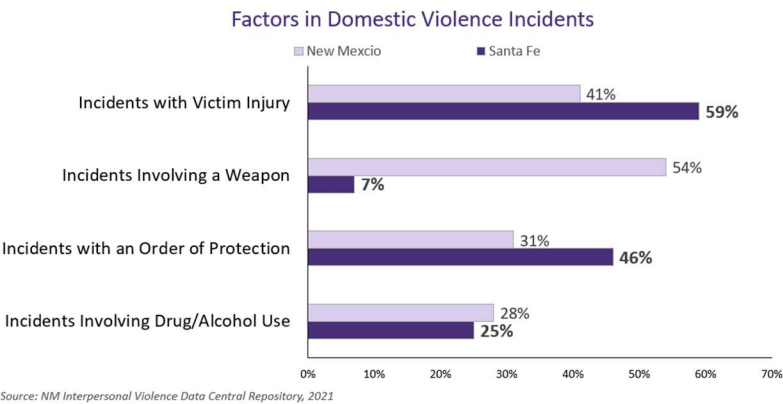
Gathering accurate counts on unhoused individuals also is an ongoing challenge for our communities. While the following graph illustrates unduplicated counts from each three local shelters and the count from the NM Coalition to End Homelessness, they should *not be added* for a total count as there are likely some duplications *between* the organizations. Nevertheless, the data demonstrates that there are a significant number of unhoused women in Santa Fe County.

Unhoused Women in Santa Fe - 2024

Sources: St. Elizabeth's Shelter, Consuelo's Place, Nm Coalition to End Homelessness, and Interfaith Shelter

What Is the Story Behind the Data?

As previously stated, domestic violence and sexual assault cases are vastly underreported. Leila Kelly, BAIS, LCSW, domestic violence advisor to the City of Santa Fe, shares that one challenge to understanding domestic violence is that "we primarily use criminal justice data to attempt to understand a public health problem." Many women are afraid to report any type of sexual or physical assault, especially if they are at risk for homelessness. Domestic violence situations are complex, and survivors often make decisions based on many considerations beyond their own personal safety. For many women, the primary reason for staying in a domestic violence situation is housing.

The intersection of domestic violence and homelessness is "incredibly high" in Santa Fe according to Jan McCray, the President and CEO of Esperanza Shelter. Data from the National Network to End Domestic Violence shows approximately 53% of unmet requests for services in New Mexico were for emergency shelter, hotels/motels, transitional housing and other housing. National data from Safe Housing Partnerships highlights that 80% of unhoused mothers previously experienced domestic violence and 57% of all unhoused women that reported domestic violence was the immediate cause of their homelessness. Lack of affordable housing in Santa Fe amplifies the intersection of domestic violence and homelessness.[85]

Most of the women who seek domestic violence services, such as shelter and/or other services, have low incomes or no income at all. For women who report returning to a domestic violence situation "for the children" or because they are "scared," finances and lack of resources are often the core fears behind their return.[88] This highlights the role that economics play in an individual's vulnerability to living in violence.

Greater emphasis must be placed on providing basic housing, food, clothing, transportation and access to employment and health care for survivors and their families to allow them to leave and stay away from a violent environment.[88] Since there is no way to capture the number of survivors with financial means who access private services, and/or who travel out of state for services, it is not possible to determine the true proportion of survivors who are considered "poor."[88]

Similarly, most individuals accessing sexual assault services are low-income. More than 90% of the individuals serviced by Solace Sexual Assault Services are considered low to extremely low income. The Centers for Disease Control and Prevention recognizes poverty as a risk factor for sexual violence.[78] Poverty can increase an individual's chances of being in environments that put them at an increased risk for sexual assault — including homelessness, living in under resourced/higher crime neighborhoods, etc.

In addition to violence, the inability to pay rent, untreated mental health, substance use disorders or a serious medical incident leaving women unable to work can all lead to homelessness.[89, 90, 91] For many women experiencing homelessness, violence becomes a routine part of their lives as they are vulnerable to perpetrators and the nature of their living situation puts them in risky positions.

Older Adult Health

Result: *All older adults are safe, healthy, and engaged.*

Indicators:

- Fall-related deaths
- Isolation
- Cognitive decline

Why Is This Important?

The United States is experiencing a historic surge of individuals who are turning 65 years old. More than 4.1 million Americans will turn 65 years old each year through 2027 — that is over 11,200 individuals each day.[24]

This surge will be felt even more intensely in New Mexico. New Mexico's population of people aged 65 and older is expected to increase dramatically, with a projected growth of 122% between 2020 and 2030. By 2030, New Mexico is projected to have the third-largest percentage of people 65+ in the nation. This indicates a significant aging trend in the state's population. The U.S. Census Bureau projects that New Mexico's population of those age 60 years and older will increase to 32.5% by the year 2030, compared to 25% for the country overall. If the current trends continue, Santa Fe County will have an even higher percentage of those 60 years and older than the projection of 32.5% for New Mexico in 2030.

Presently, New Mexico is ranked 13th in the nation for percentage of population 65 years of age and over. From 2010 to 2020, New Mexico's total population increased by **3%,** while the population of people ages 65+ increased by 44%.[26]

New Mexico's older adult population currently comprises 19.9% of the total population of the state, compared to 18% of the nation. Santa Fe and the counties in northern New Mexico have a higher percentage of older adults than the state. Currently, 47.6% of Santa Fe residents are 50 and older. Those 65 years and older in Santa Fe County represent 29.1% of the population.

The types of services and needs of older adults are varied and require increased attention. Medical complexity brought about by aging, accompanied by loss of function and growing isolation, can adversely impact the well-being of older adults. Opportunities for meaningful engagement, supportive services and health care access can make a significant difference in the quality of life of older adults.

Population 65 years +, 2023

29.1% — Santa Fe
19.9% — New Mexico
18% — United States
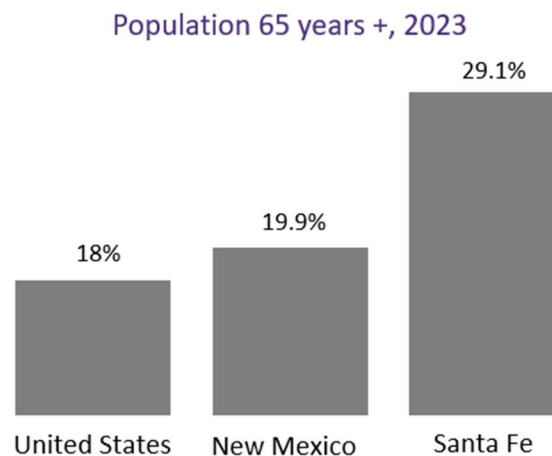
Source: American Community Survey, 1-year Estimates, 2023

Falls among adults aged 65 and older are common, costly, and preventable. Falls are the leading cause of fatal and nonfatal injuries among older adults. Fall-related injury and death among older adults can be addressed by screening for fall risk and intervening to address risk factors such as use of medicines that may increase fall risk, or poor strength and balance.[26]

How Are We Doing?

In the United States, falls are the leading cause of injury for adults ages 65 years and older. Over 14 million, or one in four older adults, report falling every year. Falls are the leading cause of injury-related deaths, hospitalizations, and emergency department visits for this age group in New Mexico.
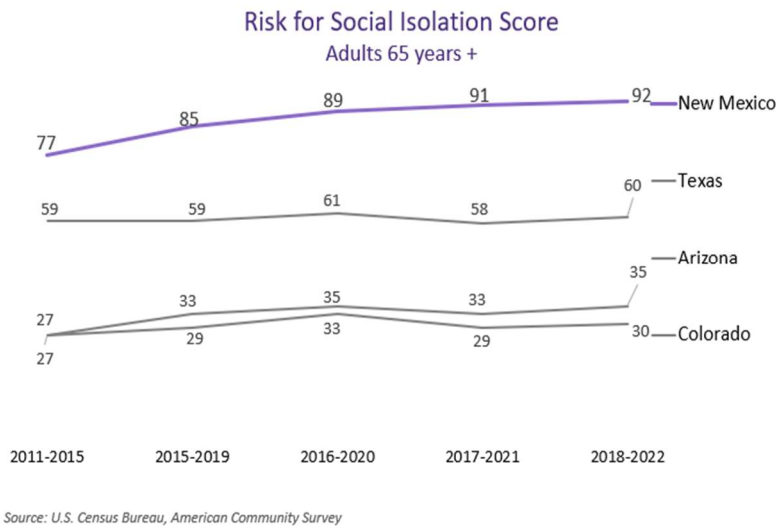
Since 2011, Santa Fe's and New Mexico's fall-related death rates have been consistently higher than the rate for the United States until 2021 and 2022, respectively. In recent years, New Mexico and Santa Fe City and County, as well as private partners, have collectively prioritized and invested in decreasing fall-related death rates. The current data could suggest the positive impact of those collaborative efforts.
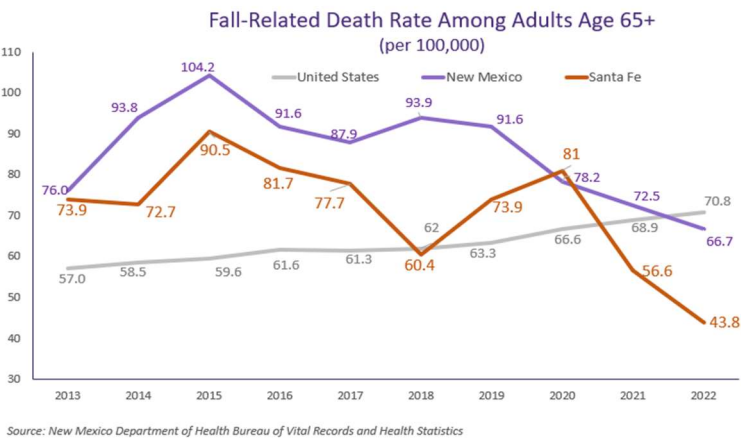
Millions of older Americans suffer from persistent loneliness — **32 % of people ages 60 through 69 and 25% of those age 70 and older reported feeling lonely.**[27]

New Mexicans aged 65 years and older are at significant risk for social isolation. The U.S. Census Bureau calculates a social isolation score for those aged 65 and older who are at risk for social isolation if they live in poverty, have a disability, live alone, are divorced, are separated, are widowed, are never married and have difficulty living independently.

New Mexico's score for older adults at risk for social isolation is an alarming 92. The closer the score is to 100, the greater the risk. The graph below highlights the fact that New Mexico's older adults are at a much greater risk than those in our neighboring states.

Fall-Related Death Rate Among Adults Age 65+ (per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

Risk for Social Isolation Score
Adults 65 years +

Source: U.S. Census Bureau, American Community Survey

Cognitive decline in all of its forms, including all types of dementia, has a significant impact on overall health and well-being. The impact of dementia, including Alzheimer's, is projected to rise, as the most recent data from the Alzheimer's Association shows:[30]

- 46,000 people aged 65 and older are living with Alzheimer's in New Mexico.
- 20.2% of people aged 45 and older have subjective cognitive decline.
- 67,000 family caregivers bear the burden of the disease in New Mexico.
- Caregivers provide 119 million hours of unpaid care.
- $2.5 billion is the value of unpaid care.
- $303 million is the cost of Alzheimer's to the state Medicaid program.

Alzheimer's Disease is the seventh leading cause of death in Santa Fe County.
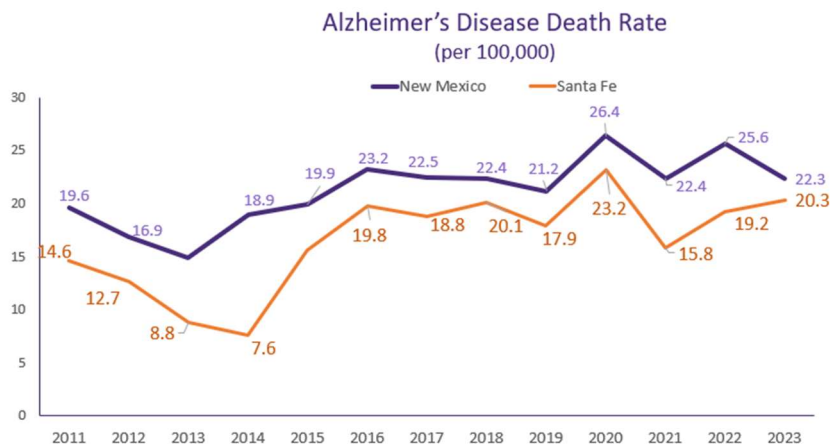
Alzheimer's Disease Death Rate (per 100,000)

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics - Age-Adjusted

What Is the Story Behind the Data?

Adults do not all experience aging the same way. In addition to individual genetic factors and existing health conditions, social determinants also influence the aging process. Some of those include:

- Previous and current household income
- Precarious vs. stable housing
- Access to health care
- Access to healthy food
- Past psychological trauma or behavioral health diagnosis
- Social relationships — friends and family
- Location/proximity to resources

Of Santa Fe County's adults aged 65 years and older, 12% live in poverty.[92] Individuals experiencing poverty or that are classified as low-income are more likely to experience adverse health outcomes, including shorter life expectancy and higher death rates.[93]

Research has identified many conditions that contribute to falling. These risk factors can be changed or modified to help prevent falls. They include:[31]

- Lower body weakness
- Vitamin D deficiency (that is, not enough vitamin D in the body)
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants; even some over-the-counter medicines can affect balance and how steady people are on their feet.
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers including broken or uneven steps and throw rugs or clutter that can be tripped over.

Most falls are caused by a combination of risk factors. The more risk factors a person has, the greater their chances of falling. The good news is that by addressing risk factors and promoting activity, falls can be prevented.

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions including high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease and even death.[95] The effects of isolation are compounded as home care agencies have long waiting lists due to staff shortages, and for some individuals, the cost of receiving home health services is prohibitive.

In these situations, those needing services are "lucky" if they have friends or family who can provide some of the needed services. The level of needs and time commitment required can be too much for many friends and family. For some people, they are juggling providing care to the older adult as well as working a full-time job while raising a young family. For others, they also are older adults, and the help required can be physically taxing.

Barriers for older adults who are trying to access the needed care include transportation, difficulty navigating multiple service entities, financial burdens, competing family responsibilities and lack of social support. Currently, there are not enough services to assist the existing older population. Increased capacity is needed to support today's older adults and to meet the growing demand as this segment of the population grows. Improving social determinants of health for people of all ages — with different backgrounds and abilities — can positively affect health and well-being in the later stages of life.[94]

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 assessment not only is a regulatory requirement, but it is 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 Santa Fe's 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 (CHIP). Our next steps include:

- Sharing findings with internal teams, community members and key stakeholders
- Collaborating across sectors to implement 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.

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 numerous individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

CHNA Report Preparation Team

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

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Community Indicator Workgroups

We extend our sincere appreciation to the individuals who participated in the community indicator workgroups. Dozens of community organizations were represented, as well as the City of Santa Fe and Santa Fe County. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

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.

Community Focus Groups

We thank our focus group participants for sharing their personal experiences and their professional expertise. Your participation deepened our understanding of our community's health needs.

Key Informants

Thank you to the key informants who generously gave their time and shared their expertise. You strengthened the community context of this assessment.

Grantee Partners

We deeply appreciate our Community Health Funder Alliance Grantees, as well as our CHRISTUS Health Impact Grantees. Their dedication to serving our community through high-quality care and programs is essential to improving our community's health.

Board of Directors

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

Contact Information

We are grateful to the hospital Associates, advocacy leaders, government officials, policymakers, community partners and community residents who have expressed appreciation for easy access to previous CHNAs, which provide comprehensive data on local community health status, needs and issues. 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 comments, 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

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