

Community Health Implementation Plan

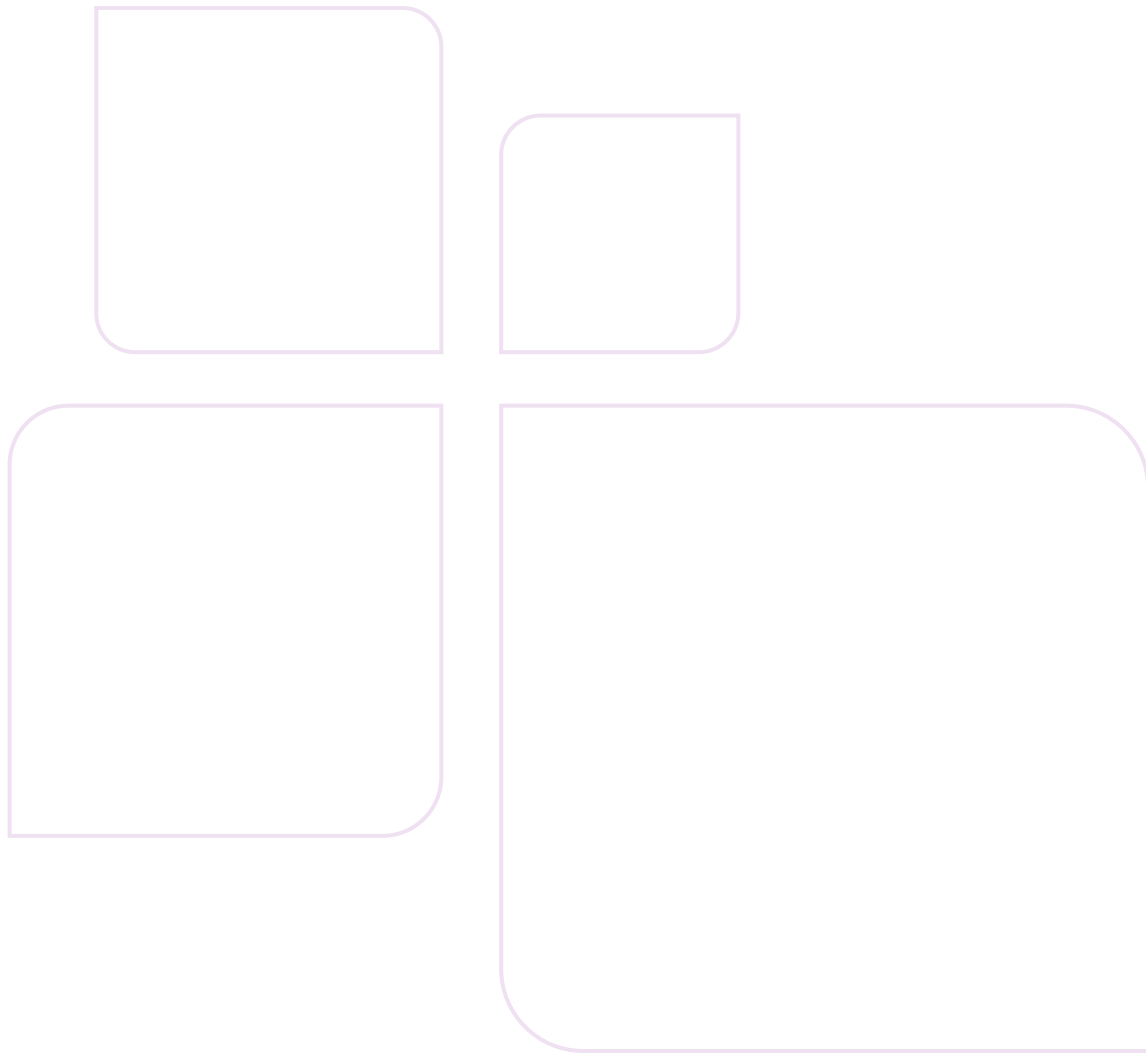
Strategies for responding to the prioritized needs in the community

2026 – 2028



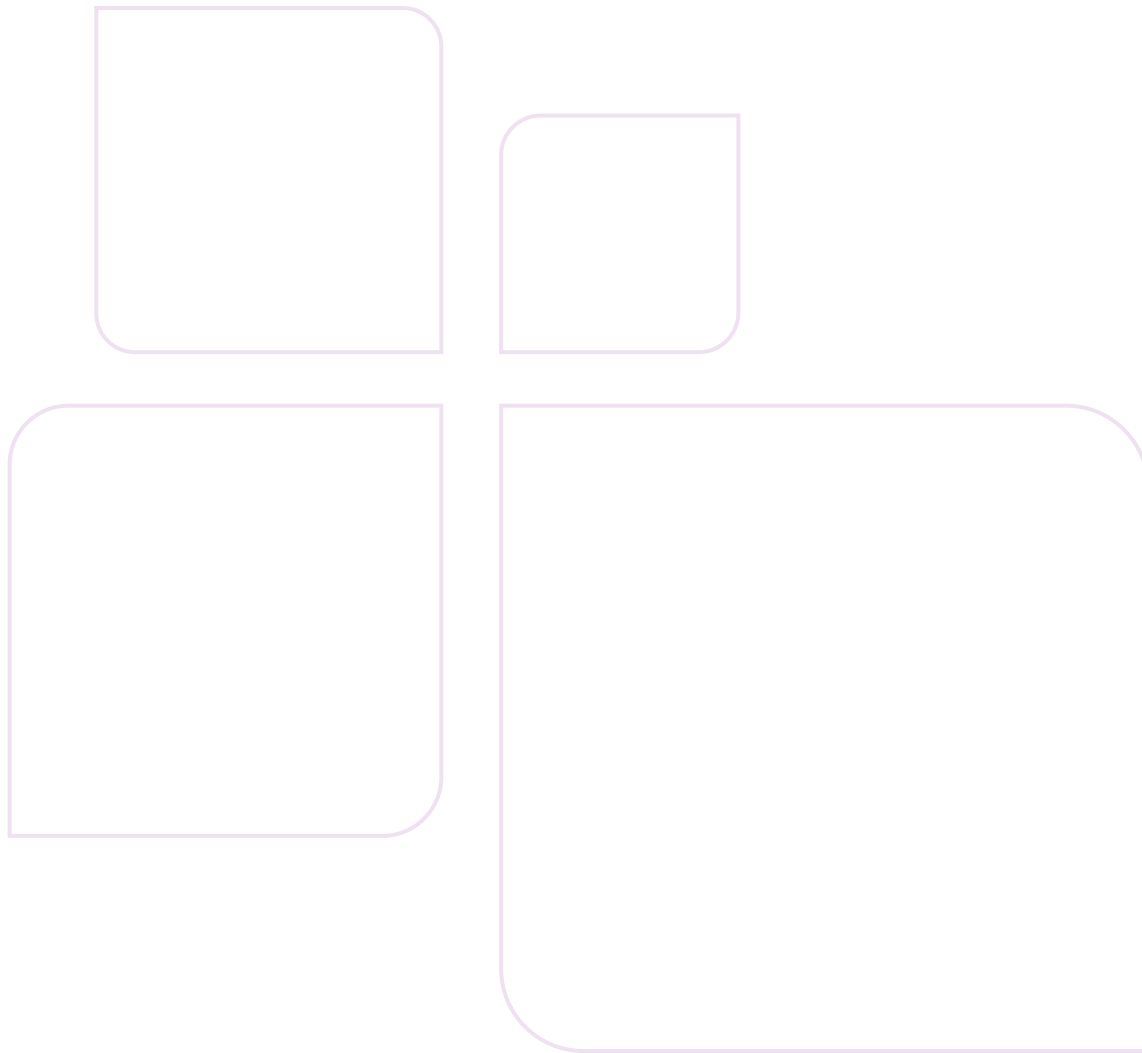
Table of Contents

Chapter 1: Introduction.....	3
Introduction	5
Our Vision.....	5
What This Plan Includes	5
The Communities We Serve	6
Systems of Care Principle.....	6
Our Plan and Our Promise	7
Board Approval	8
Chapter 2: Impact.....	9
Impact from Previous CHNA	11
Community Benefit Investment.....	12
Community Impact Fund	14
Chapter 3: Priorities and Focus.....	17
Priorities and Focus.....	19
The Lifespan Approach.....	19
Prioritization Process.....	20
Lifespan Priority Indicators of 2026-2028	21
Needs That Are Not Being Addressed	22
Chapter 4: Strategies	23
Strategies.....	25
Maternal and Early Childhood Health	26
School-Age Children and Adolescent Health	29
Adult Health	31
Older Adult Health	33
Chapter 5: Conclusion.....	35
Contact Information.....	37



Chapter 1: Introduction





Introduction

CHRISTUS Southern New Mexico Health System has been identifying and addressing our community's health and well-being needs since our founding in 1949. CHRISTUS Southern New Mexico Health System is called to be involved in our community, to contribute 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.

This 2026–2028 Community Health Implementation Plan (CHIP) builds upon the findings of our most recent Community Health Needs Assessment (CHNA). It outlines how CHRISTUS Southern New Mexico Health System will respond to the top health needs identified by the people and partners who live, work and serve in our region.

Our Vision

At CHRISTUS Southern New Mexico Health System, we envision a community where:

- Mothers and babies have access to the care and support needed for healthy pregnancies, childbirth and early development.
- Children are equipped with the care and resources to grow up physically and mentally healthy.
- Adults have access to the services, support and opportunities needed to maintain physical and mental health throughout life.
- Older adults live in environments that promote health, dignity and socioeconomic well-being as they age.
- Community members receive compassionate, high-quality care that honors their dignity, life experiences and unique needs.

What This Plan Includes

The CHIP identifies actionable strategies designed to improve health outcomes across the lifespan. These strategies fall into three categories:

- Hospital direct care strategies: programs led by CHRISTUS Southern New Mexico Health System, such as new service lines, mobile outreach or expanded screenings
- Community benefit funding strategies: investments through our CHRISTUS Fund and local benefit programs to strengthen the safety net and address social determinants of health
- Community partner strategies: collaborations with local nonprofits, schools, coalitions and agencies that advance shared goals through aligned services

Each strategy is aligned with one or more key priorities from the CHNA and is structured by life stage: maternal and early childhood, school age and adolescent, adult and older adult.

The Communities We Serve

As outlined in the CHRISTUS Southern New Mexico Health System Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP), the “community” is defined by the geographic areas that represent the primary service region for our ministry. This typically includes the county or counties where the hospital is located, along with surrounding areas from which patients frequently seek care.

CHRISTUS Southern New Mexico Health System serves as a vital access point for care in Otero County and extends its reach into neighboring counties, particularly in rural or underserved areas where health care options may be limited. Our ministry’s service area reflects both our commitment to addressing the most pressing health needs of our patients and our responsibility to support the well-being of the broader region.

Through the CHNA, CHRISTUS Southern New Mexico Health System has worked with community partners, local organizations and residents to better understand and respond to the unique health needs of the populations we serve. As we move into the 2026-2028 implementation cycle, we remain focused on improving access to high-quality, culturally responsive care and building stronger community connections to ensure every person has the opportunity to live a healthier life — close to home.

Systems of Care Principle

CHRISTUS Southern New Mexico Health System is part of a broader system of care that extends beyond the walls of any single organization. Across southern New Mexico, a diverse network of health care providers, public agencies, community-based organizations, schools, faith communities and local leaders work in alignment to promote health and well-being.

This system of care is built on the understanding that health is shaped by more than medical care. It is influenced by stable housing, safe neighborhoods, transportation, food access, education, employment and social connection. No one institution can meet all these needs alone — but together, we can create a more coordinated, responsive and equitable approach to care.

The system of care model organizes services around key life domains, ensuring that people are supported holistically — not just as patients, but as whole individuals with interconnected needs. It also allows each partner to do what they do best — whether that’s delivering clinical care, offering counseling, preparing meals or advocating for policy change.

CHRISTUS Southern New Mexico Health System embraces this model as part of our mission. By working collaboratively with our patients, neighbors, associates, leaders and our strong community partners, we help reduce service gaps, improve outcomes and create a stronger safety net across our region.

Our Plan and Our Promise

The Community Health Implementation Plan (CHIP) is not just a requirement. It is a reflection of our CHRISTUS Health values in action.

Every three years, CHRISTUS Southern New Mexico Health System conducts a Community Health Needs Assessment (CHNA) to better understand the health priorities, challenges and opportunities across our primary service area. The CHIP is our response to those findings — a forward-looking plan that outlines how we will work with communities to address the most pressing health needs over the next three years.

This plan was shaped through both data and dialogue. Using the Metopio platform and public health datasets, we analyzed dozens of indicators tied to health outcomes and social determinants. But we didn't stop at numbers — we listened deeply through focus groups, community surveys and direct conversations with local leaders, service providers and residents across the region. In particular, we made a focused effort to hear from those whose voices are too often left out: rural families, low-income residents, caregivers, youth and individuals with lived experience navigating health challenges.

What emerged from this process is a clear call to action — and a shared vision for a healthier southern New Mexico.

The CHRISTUS Southern New Mexico Health System's Community Health Implementation Plan includes strategies that fall into three categories. Each strategy, whether a hospital-led initiative, a community benefit investment or a partnership effort, is rooted in lived experience, tied to measurable community needs and designed to advance health equity across the lifespan — from maternal and child health to chronic disease management and aging with dignity.

As we implement this plan, CHRISTUS Southern New Mexico Health System remains deeply committed to:

- Centering community voice in every strategy
- Addressing root causes like poverty, access, housing and education
- Investing in trusted local solutions that build long-term resilience
- Connecting clinical care with community supports
- Working collaboratively across sectors to create lasting change

This plan is more than a list of programs; it is a shared commitment to healing, dignity and justice. Together with our partners, we will continue to build a region where every person, regardless of background, circumstance or zip code, has the opportunity to live a healthier, more dignified life.

Board Approval

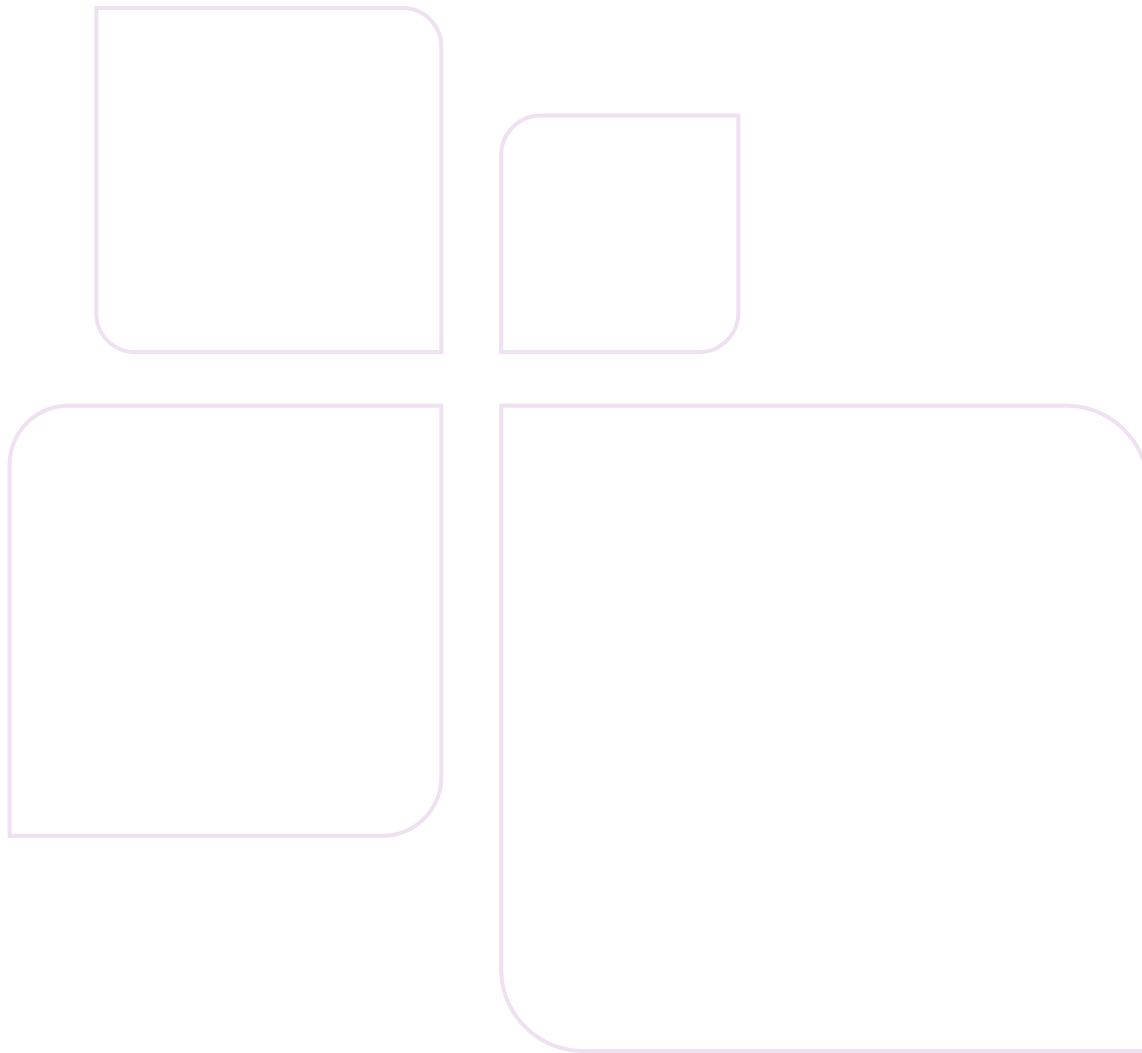
The final Community Health Needs Assessment (CHNA) report was completed, and the ministry CEO/president and executive leadership team of CHRISTUS Southern New Mexico Health System reviewed and approved the CHNA prior to June 30, 2025, with the board of directors' ratification on August 8, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the board of directors on August 8, 2025.

CHRISTUS Southern New Mexico Health System will continue to monitor and evaluate the implementation of these strategies to ensure they are making a measurable, positive impact on the health and well-being of the community.



Chapter 2: Impact





Impact from Previous CHNA

This chapter serves as both a reflection and a celebration of the progress made since the last Community Health Needs Assessment (CHNA) and the corresponding 2023-2025 Community Health Implementation Plan (CHIP). It highlights the measurable impact of our shared efforts to address the most urgent health and social needs identified by our communities and demonstrates how our ministry has turned strategy into action.

Guided by our CHNA priorities, CHRISTUS Southern New Mexico Health System has made strategic investments to improve health outcomes and advance equity — especially for those who experience the greatest barriers to care. These efforts include targeted community benefit contributions across several key areas: charity care and financial assistance, subsidized health services and community-based programs that address the root causes of poor health, such as food insecurity, housing instability and access to behavioral health services.

This chapter also provides a closer look at the CHRISTUS Community Impact Fund, which enables us to support mission-aligned nonprofit partners who are creating change at the local level.

As we prepare to launch the 2026-2028 CHIP, this chapter allows us to pause and reflect on what we've been able to accomplish together. It offers a foundation of progress to build upon — celebrating the lives touched, partnerships strengthened and lessons learned that will guide our next phase of community health strategy.

Community Benefit Investment

As a Catholic, not-for-profit health system, we reinvest our earnings into programs, partnerships and services that improve health outcomes and advance equity for individuals and families across our ministries.

Every year, CHRISTUS Southern New Mexico Health System makes strategic and intentional investments to address the most pressing health and social needs identified in our Community Health Needs Assessment. These community benefit activities are rooted in Catholic social teaching and focus on building healthier, more resilient communities by addressing both immediate clinical needs and long-term social influencers of health.

From FY23 through FY25, our community benefit contributions have supported three core categories:

- Charity care and financial assistance
- Unreimbursed Medicaid and means-tested government programs
- Community health improvement services and community-building activities

In addition to direct care and access, CHRISTUS invested in programs that address upstream drivers of health, such as food insecurity, housing instability and behavioral health access, through outreach, education and partnerships with local organizations. These investments reflect our commitment to equity, stewardship and sustained community impact.



FY23 Community Benefit Landscape



FY24 Community Benefit Landscape



FY25 Community Benefit Landscape

At this time, we are only including data from fiscal years 2023 and 2024 in our reporting on community benefit investments. We have chosen not to include FY2025 data as it remains unaudited and therefore subject to change. To ensure accuracy and maintain the integrity of our reporting, we only publish audited financial data. The audited data for FY2025 will be available in June 2026, at which point it will be incorporated into future reports and submissions.

Community Impact Fund

Established in January 2011, the CHRISTUS Community Impact Fund is the grantmaking arm of CHRISTUS Health. It was created to support initiatives led by nonprofit community agencies that improve the health and well-being of individuals and families across our ministries. Since its inception, the fund has become a catalyst for equity-driven, community-centered innovation — amplifying the voices of those closest to the challenges and investing in those best positioned to create change.

Each year, the CHRISTUS Community Impact Fund provides grants to organizations that align with the priorities identified through the Community Health Needs Assessment (CHNA). These investments support programs that:

- Expand access to care and essential social services
- Promote mental health and emotional well-being
- Prevent and manage chronic disease
- Address the root causes of poor health, including food insecurity, housing and transportation
- Strengthen community leadership, advocacy and capacity

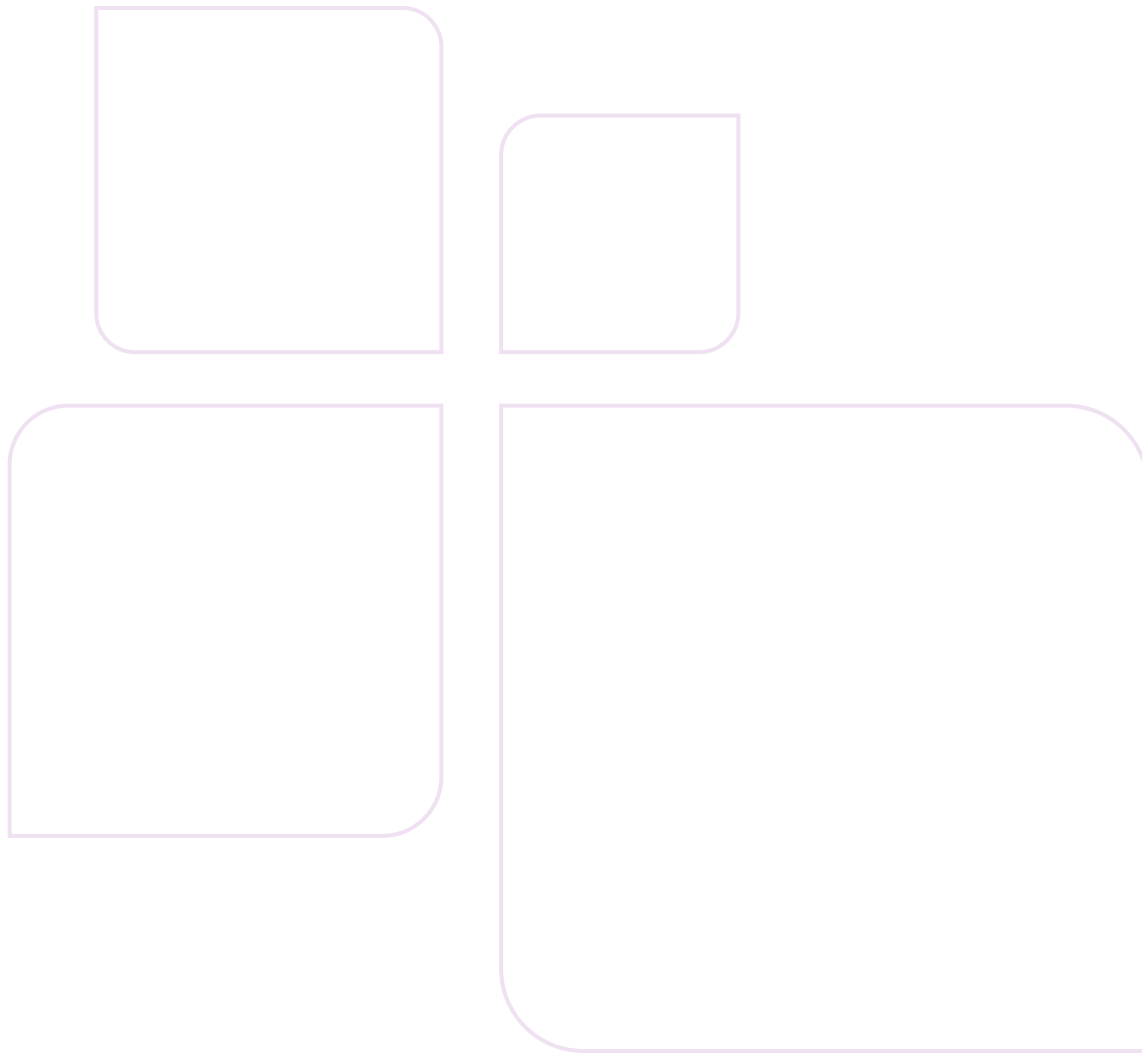
Starting in FY25, CHRISTUS Southern New Mexico Health System awarded Community Impact Fund grants to trusted, mission-aligned partners across the region. These organizations serve as the hands and feet of our shared vision — delivering culturally responsive programs, fostering community trust and driving measurable health improvements where they are needed most.

The following pages highlight the diverse grantees supported over the past three years, underscoring CHRISTUS Health's commitment to sustained and collaborative community impact.



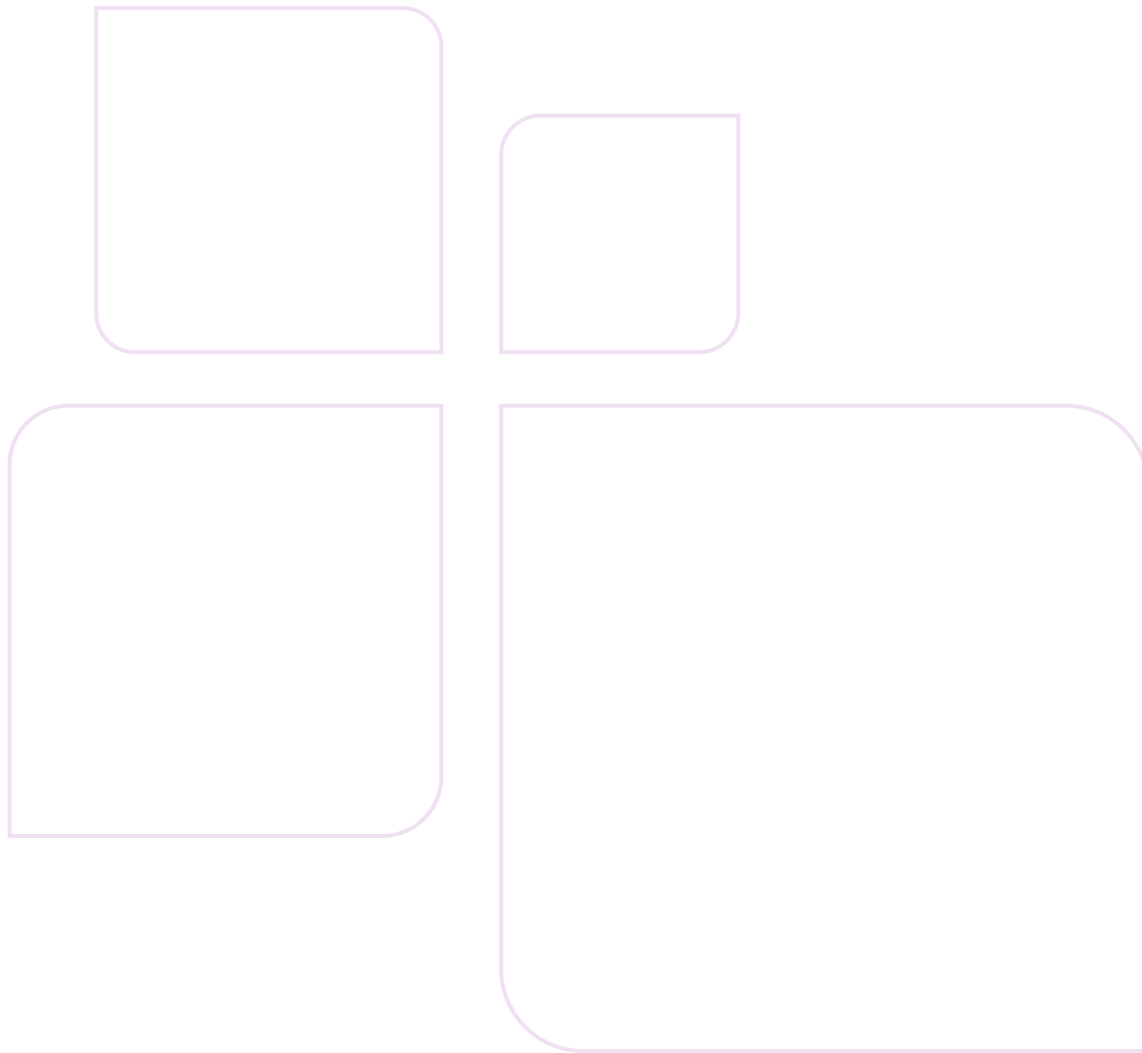
FY25 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Big Brothers Big Sisters of Central New Mexico	Build resilient communities and improve social determinants	Education	WellMentor: Guiding Youth to Greater Health and Success	To provide one-to-one and group mentoring, with an emphasis on reading, to youth
Center of Protective Environment	Build resilient communities and improve social determinants	Safe housing	COPE	To provide comprehensive support services such as shelter, counseling, case management, job and housing assistance and transportation assistance to survivors of domestic violence and/or sexual assault
Love Inc. of Otero County	Build resilient communities and improve social determinants	Education	Community Transformational Classes	To develop a curriculum that provides tools and strategies to help individuals create financial, physical and emotional independence
Runners Refuge Ministries	Build resilient communities and improve social determinants	Healthy food access	Runners Refuge Ministries Alamogordo	To provide food, clothing, hygiene items and refuge to those who are homeless and underserved
With Many Hands	Build resilient communities and improve social determinants	Healthy food access	With Many Hands Cultivating Community Urban Farmer Institute	To provide beginner farmer training to empower 500 individuals to launch small-scale farms
100% Otero	Build resilient communities and improve social determinants	Education	Family Resource Center	To implement a Family Resource Center that will provide wrap-around services to over 3,000 individuals in Otero County
Total CHRISTUS Community Impact Fund investment:			\$305,000.00	



Chapter 3: Priorities and Focus





Priorities and Focus

The Lifespan Approach

To understand and respond to the evolving needs of the communities we serve, CHRISTUS Southern New Mexico Health System structured its Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) using a *lifespan approach*. This framework organizes data, priorities and strategies by key stages of life, recognizing that health needs — and the factors that influence them — shift as individuals grow, age and move through different phases of life.

CHRISTUS Southern New Mexico Health System identifies three to five leading health indicators within each of the following four life stages:

- Maternal and early childhood (pregnancy through age 4)
- School-age children and adolescents (ages 5–17)
- Adults (ages 18–64)
- Older adults (ages 65 and up)

By segmenting our focus in this way, we can ensure that interventions are age-appropriate, culturally relevant and responsive to developmental and social needs unique to each stage. At the same time, we acknowledge that the health and well-being of one life stage can influence and be influenced by another — for example, how maternal health affects infant outcomes, or how early trauma can impact chronic disease in adulthood.

Using this life course perspective allows CHRISTUS Southern New Mexico Health System and its partners to deliver more precise, equitable and coordinated responses across the continuum of care — ultimately creating healthier communities today and for generations to come.



Prioritization Process

To determine the most pressing community health needs for the 2026-2028 Community Health Implementation Plan (CHIP), CHRISTUS Southern New Mexico Health System used a data-informed and community-driven approach grounded in the Results-Based Accountability (RBA) framework. This method ensures that decisions are rooted in both quantitative data and the lived experiences of community members.

A series of community indicator workgroups — organized by life stage — brought together residents, partners and subject matter experts to discuss what good health looks like across the lifespan:

- Maternal and early childhood
- School-age children and adolescents
- Adults
- Older adults

During these workgroups, participants reviewed existing CHNA data, discussed emerging health trends and assessed indicators from the prior implementation cycle. They explored local conditions and asked key questions to guide prioritization:

- Can we trust the data?
- Is the indicator easy to explain and understand?
- Does it represent a larger community condition?

This process included tools from the RBA model, including the concept of “turn the curve,” which focuses on using trend data to understand whether community conditions are improving over time. Rather than focusing on year-to-year fluctuations, this model assesses progress based on whether strategies are starting to shift long-term trends in the right direction.

Based on these discussions, each workgroup identified three to five leading health indicators for their respective life stage. These indicators highlight the areas of greatest need, concern and opportunity for impact. They now serve as a shared focus for CHRISTUS Southern New Mexico Health System's strategies, investments and partnerships over the next three years, ensuring that improvement efforts are both targeted and measurable.



Lifespan Priority Indicators of 2026-2028

The following table summarizes the leading indicators selected through the community indicator workgroups and approved by the CHRISTUS Southern New Mexico Health System's board of directors. These indicators represent the most urgent and actionable health and social needs for each stage of life, based on both community input and data analysis conducted during the Community Health Needs Assessment (CHNA) process.

These leading indicators will serve as a foundation for the 2026-2028 Community Health Implementation Plan (CHIP), guiding program strategies, investments and partnerships that aim to “turn the curve” on health outcomes across the lifespan.

For a detailed explanation of each indicator, including baseline data, trend analysis and community context, please refer to the CHRISTUS Southern New Mexico Health System's Community Health Needs Assessment, available at:

CHRISTUShealth.org/connect/community/community-needs

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

Needs That Are Not Being Addressed

The CHRISTUS Southern New Mexico Health System's 2026-2028 Community Health Needs Assessment (CHNA) identified a broad range of important health and social needs across our service area. However, not all of these needs fall within the direct scope of services or resources that the CHRISTUS Southern New Mexico Health System can lead or sustain independently. Some community issues require the specialized focus, infrastructure or mission alignment of other organizations, agencies or collaborative groups better positioned to lead efforts in those areas.

Examples of these needs may include, but are not limited to:

- Poverty
- Child care
- Domestic violence
- Housing instability

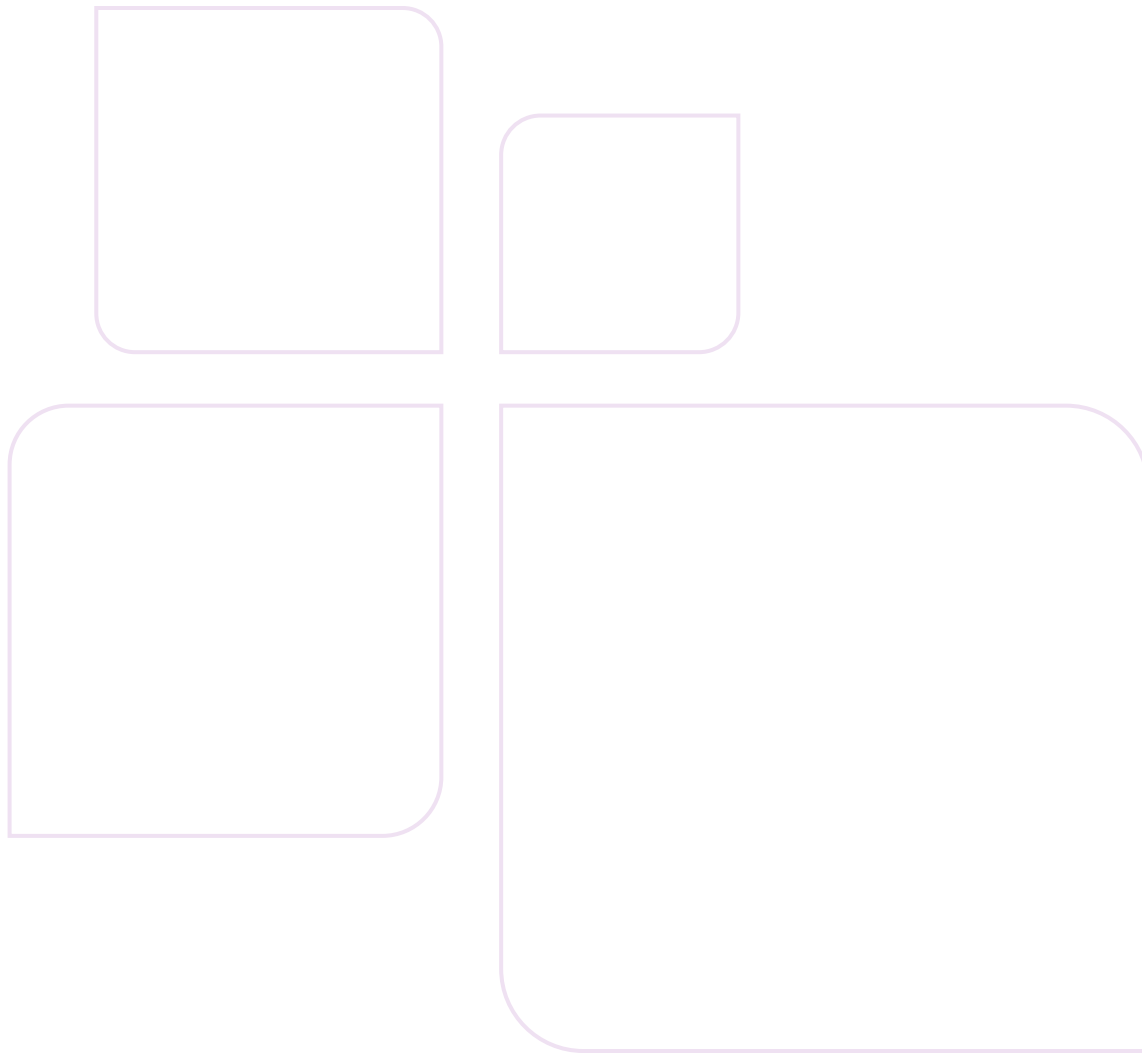
Although CHRISTUS Southern New Mexico Health System will not serve as the primary lead on these issues, we recognize their direct impact on health outcomes and the overall well-being of our patients and communities. For this reason, we remain deeply committed to collaborating with community partners who address these needs, participating in coalitions, supporting aligned initiatives and ensuring that our strategies complement and enhance their work.

The "Strategies" section that follows will highlight where CHRISTUS Southern New Mexico Health System is playing a supportive or collaborative role on these issues, including how we are coordinating with trusted organizations and multi-sector partners. These collaborative efforts are essential to building a more comprehensive, equitable and effective system of care across our region.



A group of people are gathered in a meeting room. One person is standing and presenting to a group of people seated around tables. There are whiteboards and a projector screen in the background. The room has a drop ceiling with fluorescent lights. The people are dressed in business casual attire. The presentation appears to be a formal meeting or a training session.





Strategies

The implementation strategies in the following sections are organized according to the lifespan stages identified in the 2026-2028 Community Health Needs Assessment. Each section details the approaches that CHRISTUS Southern New Mexico Health System will use to address priority health indicators, which are clearly categorized into three distinct strategy types: hospital direct care strategies, community funding strategies and community partner strategies.

As you review the leading health indicators across each life stage, identify existing or planned programs and strategies that address these specific community needs. These interventions will fall within one of three categories:

Hospital direct care strategies ("We lead"): initiatives led directly by CHRISTUS Southern New Mexico Health System, typically aligned with hospital and clinical operations; examples include implementing cardiovascular clinic programs and expanding sports medicine offerings

Community funding strategies ("We fund"): efforts supported financially by CHRISTUS through grants and community benefit funds; this includes grant-making programs, such as the CHRISTUS Fund, or local community benefit investments, designed to address community needs and fill gaps in care

Community partner strategies ("They lead"): collaborative efforts where community organizations take the lead, with CHRISTUS playing a supportive role through active participation, advisory board membership or joint initiatives; examples include involvement in community health collaboratives, United Way boards and other strategic partnerships

Through these coordinated strategies, CHRISTUS Southern New Mexico Health System commits to community benefit initiatives annually. These include supporting treatment services, safety net programs, addressing social determinants of health and offering direct community benefits such as free flu vaccinations and health screenings. Additionally, ongoing collaboration with community partners ensures aligned efforts to improve public policy, coordinate programs, expand outreach and develop new initiatives aimed at addressing the priority health needs of the communities served.



Maternal and Early Childhood Health

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

LEAD INDICATORS

- Healthy births
- Behavioral health
 - Substance abuse
- Domestic violence
- Poverty
- Childcare
- Food insecurity

DATA MEASURES

- Poverty rate
- Difficulty accessing childcare
- Incidents of domestic violence
- Low birth weight
- Neonatal abstinence syndrome (NAS) trends
- Food insecurity

MATERNAL AND EARLY CHILDHOOD HEALTH STRATEGIES

Hospital direct care strategies	Community funding strategies	Community partner strategies
"We lead"	"We fund"	"They lead"
• Maternal/child department: five labor/delivery/recovery suites where mothers can labor and deliver, featuring the latest medical equipment in a comfortable home-like setting; special care nursery for infants who need special attention, rooming-in with nurse support 24 hours a day and infant hearing screen testing • Baby-Friendly Certified: This international recognition program means we are committed to practices that encourage bonding, support successful breastfeeding and promote the health of both mother and baby.	2025-2026 CHRISTUS Community Impact Fund ○ COPE (Center of Protective Environment) – domestic violence support ○ Runner's Refuge – homeless food pantry, meals and some services ○ 100% Otero Family Resource Center ○ Big Brothers Big Sisters Community Benefit Fund	• Board/committee chair representation: ○ Presbyterian Medical Services (PMS) ○ Sacramento Mountains Foundation ○ THRIVE (Previously United Way) ○ Otero County Community Health Council ○ 100% Otero Medical/Dental Sector • Grace United Methodist Church Shared Table: Quarterly, one Saturday meal prepared and served by Associates; In 2026 expanding meal to monthly • Personal Care Services: programs initiated with local private in-home care services for children specifically

• Women's health clinic: comprehensive gynecologic and maternity care from physician specialists who are board-certified in obstetrics and gynecology; from routine, preventive gynecologic care to pregnancy to gynecologic illness, our physicians provide compassionate, expert care at one convenient location. • Pediatric clinic: full pediatric services including immunizations, well-child visits and sports physicals for children and adolescents by pediatricians who are board-certified or board-eligible and/or Fellows of the American Academy of Pediatrics • Community health RN at pediatric clinic: Provides education and resources to families with children with disabilities, foster care and challenging diagnoses • Behavioral health outpatient clinics in Alamogordo and Ruidoso: Emergency mental health evaluations, crisis intervention, outpatient therapy services for mothers with mental health diagnoses with ability to refer to inpatient setting if needed • Additional leadership positions to support maternal and neonatal health • Child safety and wellness initiatives: ○ Safe Baby Haven Baby Box Drop Off ○ Screenings for babies, including hearing checks ○ Education on shaken baby syndrome – especially to foster families who may be caring for shaken babies	○ subsidize Presbyterian Medical Services (PMS): FQHC providing services to children and moms ○ Annual THRIVE donation provides funding for above organizations as well as: ○ Dolly Parton's Imagination Library ○ Kid's Inc Child Advocacy Center ○ CASA (Court Appointed Special Advocates) ○ The Counseling Center Youth Circles Program ○ Subsidize Z Trans: Local public transportation system to increase access to care ○ In kind donations to support New Mexico Head Start program ○ Supply facility and salary subsidy for Sexual Assault Nurse Examiner (SANE) Program ○ Charity Care: Assistance with hospital expenses for patients who meet criteria	• La Luz Food Pantry: provide turkeys during Thanksgiving and Associates organize a food drive • Contracted reduced rate with local hotel for CSNM families and patients with planned procedures
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○ Free car seat safety checks ● Community connections: community health worker and Community Peer Support program reducing barrier to health care ● Transportation: provide transportation for discharged patients, as well as to appointments ● 340B Drug Pricing Programs: allows for patients to take advantage of discounted pharmacy pricing ● Launching Grief Support Group		
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School-Age Children and Adolescent Health

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

LEAD INDICATORS

- Behavioral health
 - Mental health
 - Substance abuse
- Poverty
- Housing instability

DATA MEASURES

- Rate of people experiencing homelessness
- Mental health and suicide behaviors
- Substance abuse amongst students
- Poverty rate

SCHOOL-AGE CHILDREN AND ADOLESCENT HEALTH STRATEGIES		
Hospital direct care strategies	Community funding strategies	Community partner strategies
"We lead"	"We fund"	"They lead"
• Pediatric clinic • Community health RN at pediatric clinic: Provides education and resources to families with children with disabilities, foster care and challenging diagnoses • Behavioral health outpatient clinics in Alamogordo and Ruidoso: Emergency mental health evaluations, crisis intervention, outpatient therapy services for mothers with mental health diagnoses with ability to refer to inpatient setting if needed • Community connections: community health worker and community peer support program reducing barriers to health care	2025-2026 CHRISTUS Community Impact Fund • COPE • Runner's Refuge • 100% Otero Family Resource Center • Big Brothers Big Sisters Community Benefit Fund • Subsidize Presbyterian Medical Services (PMS): FQHC providing services to children of all ages • Scholarships for the New Mexico Museum of Space History's Summer Space Camp	• Board/committee representation: • Presbyterian Medical Services (PMS) • Sacramento Mountains Foundation • THRIVE • Otero County Community Health Council • 100% Otero Medical/Dental Sector • 100% Other Housing Sector • Alamogordo Drug Free Communities Coalition (ADFCC) • Collaborate with and refer to KIDS Inc.: child advocacy center • Personal care services: programs initiated with local private in-home care services for children specifically

• Pediatric telehealth program at Alamogordo Public Schools: This service allows the pediatrician to conduct a remote visit with the child while still at school, with the assistance of a school nurse. • Transportation: provide transportation for discharged patients as well as to appointments • 340B Drug Pricing Programs: allows for patients to take advantage of discounted pharmacy pricing • Launching Grief Support Group	• Subsidize Z-Trans: local public transportation system to increase access to care • Flickinger Center for the Performing Arts: Financial support for youth programs. • Funding for nutrition programs in Cloudcroft and Alamogordo Charity Care: Assistance with hospital expenses for patients who meet criteria	• Alamogordo Public Schools Weekend Meal Program: provide food for school backpack program • McKinney-Vento Program: provide food and clothing to students • La Luz Food Pantry: provide turkeys during Thanksgiving and Associates organize a food drive • Grace United Methodist Church Shared Table: Quarterly, one Saturday meal prepared and served by Associates; in 2026, expanding meal to monthly • Contracted reduced rate with local hotel for CSNM families and patients with planned procedures
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Adult Health

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

LEAD INDICATORS

- Access to care
- Behavioral health
 - Mental health
 - Substance abuse
 - Suicide
- Poverty
- Housing instability

DATA MEASURES

- Housing cost burden
- Depression
- Suicide mortality
- Drug overdose mortality
- Poverty rate
- Uninsured residents
- Physician use delayed due to cost
- Difficulty accessing medical care

ADULT HEALTH STRATEGIES		
HOSPITAL DIRECT CARE STRATEGIES	COMMUNITY FUNDING STRATEGIES	COMMUNITY PARTNER STRATEGIES
"We lead"	"We fund"	"They lead"
• Family Medicine Residency Program: Received ACGME initial accreditation in October 2019 with a 1 + 2 format with the first year completed at Memorial Medical Center in Las Cruces and second and third years at CHRISTUS • Provider recruitment program • Behavioral health outpatient clinics in Alamogordo and Ruidoso: Emergency mental health evaluations, crisis intervention, outpatient therapy services for adolescents with mental health	• 2025-2026 CHRISTUS Community Impact Fund • COPE • Runner's Refuge • 100% Otero Family Resource Center • Love Inc. • With Many Hands • Community Benefit Fund	• Board/committee representation: • Presbyterian Medical Services (PMS) • Sacramento Mountains Foundation • THRIVE • Otero County Community Health Council • 100% Otero Medical/Dental Sector • 100% Other Housing Sector • Alamogordo Drug Free Communities Coalition (ADFCC) • NMSU-A Advisory Board • Grace United Methodist Church Shared Table: Quarterly, one Saturday meal

diagnoses with ability to refer to inpatient setting if needed • Community connections: community health worker and Community Peer Support program reducing barriers to health care • • Transportation: provide transportation for discharged patients, as well as to appointments • 340B Drug Pricing Program: allows for patients to take advantage of discounted pharmacy pricing • Provide discharge medications when needed • Provide tents and sleeping bags to homeless • Dementia Caregivers Support Group • Launching Grief Support Group	• Subsidize Presbyterian Medical Services (PMS): FQHC providing services to all ages • Hotel stays: traveling patients and discharged transitioning homeless • New Mexico State University-Alamogordo: Nursing Program receives financial and teaching support • Subsidize Z-Trans: local public transportation system to increase access to care • Financial assistance for guardianship for those in the inpatient setting. Charity Care: Assistance with hospital expenses for patients who meet criteria	prepared and served by Associates; in 2026, expanding meal to monthly • La Luz Food Pantry: provide turkeys during Thanksgiving and Associates organize a food drive • Contracted reduced rate with local hotel for CSNM families and patients with planned procedures
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Older Adult Health

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

LEAD INDICATORS

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

DATA MEASURES

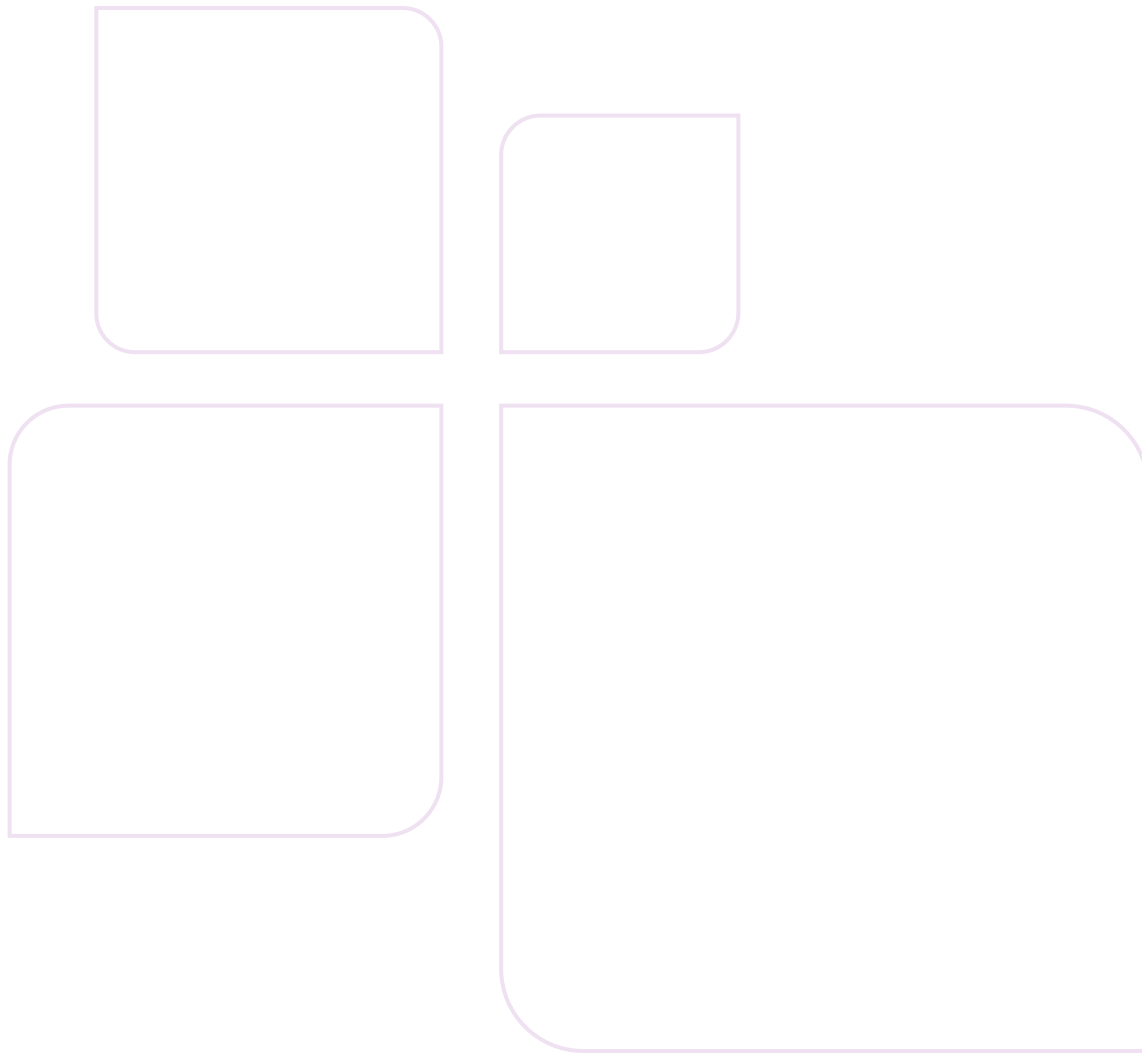
- Skilled nursing facility certified beds per capita
- Alzheimer's disease mortality
- Low food access
- Independent living difficulty
- Caregiver burden

OLDER ADULT HEALTH STRATEGIES		
Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
"We lead"	We fund"	"They lead"
• Family Medicine Residency Program: Received ACGME initial accreditation in October 2019 with a 1 + 2 format with the first year completed at Memorial Medical Center in Las Cruces and second and third years at CHRISTUS • Inpatient and Outpatient Behavioral Medicine program: emergency mental health evaluations, crisis intervention, inpatient and outpatient therapy services for older adults • Provider recruitment	• 2025-2026 CHRISTUS Community Impact Fund • Runner's Refuge • 100% Otero Family Resource Center • Love Inc. • With Many Hands Community Benefit Fund • Subsidize Presbyterian Medical Services (PMS): FQHC providing services to older adults • Sarah's Seniors: Christmas gift program for seniors	• Board/committee representation: • Presbyterian Medical Services (PMS) • Sacramento Mountains Foundation • THRIVE • Otero County Community Health Council • 100% Otero Medical/Dental Sector • 100% Other Housing Sector • NMSU-A Advisory Board • Monthly office hours with Aging and Long-term Services: insurance advisement

• Community connections: community health worker and Community Peer Support program reducing barriers to health care • Transportation: provide transportation for discharged patients, as well as to appointments • 340B Drug Pricing Program: allows for patients to take advantage of discounted pharmacy pricing • Provide discharge medications when needed • Launching Grief Support Group	• Financial assistance for guardianship for those in the inpatient setting. • Hotel stays: traveling patients and discharged transitioning homeless Charity Care: Assistance with hospital expenses for patients who meet criteria	• Grace United Methodist Church Shared Table: quarterly, one Saturday meal prepared and served by Associates; in 2026, expanding meal to monthly • La Luz Food Pantry: provide turkeys during Thanksgiving and Associates organize a food drive • Contracted reduced rate with local hotel for CSNM families and patients with planned procedures
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Chapter 5: Conclusion





Contact Information

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An electronic version of this Community Health Implementation Plan is publicly available at:

CHRISTUS Health's website

CHRISTUShealth.org/connect/community/community-needs

