
Healthy People



Healthy Communities

Health Equity

Prioritizing Health & Health Equity

Otero County Community Health Assessment - 2019



Acknowledgements

Many community members and organizations participated in our Community Health Assessment.

Our **Advisory Team** provided guidance on community outreach strategies and shared their expertise through key stakeholder interviews:

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Holly Mata and Isabel Latz compiled and organized the data and developed the report. The content, findings and recommendations do not necessarily reflect the views of any of the organizations participating in the Community Health Assessment process.

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Community Support and Participation

We are especially grateful for all the organizations who hosted community forums, completed and/or collected surveys, and promoted participation at community events, meetings, and other venues. Organizations who held community engagement forums and events where surveys were collected include but are not limited to:

Alamogordo Area Ministerial Alliance
Business Impact | Government Relations Committee
Chaparral Youth Committee
Chaparral Community Center
Children, Youth, and Families Department
Cloudcroft Community Center
Cloudcroft Senior Center
Halloween on Granado Street, Tularosa
La Luz Market
Mayhill Community Center
Mayhill Extension Club
Mountain View Baptist Church Community Meal
NAMI of Southern New Mexico
New Mexico Department of Health, Chaparral Office
New Mexico Department of Health, Otero County Office
NMSU–A, Pathways and Career Education (PACE)
Otero County Community Health Council
Otero County Cooperative Extension Service
Otero County Fair, 2019
Otero County DWI Prevention
Otero County Healthcare Services Department
Otero County Sheriff's Office
Pumpkin Patch at Grace United Methodist Church
Recovery and Resilience Event at GCRMC
Sergeant Willie E. Estrada Memorial Civic Center
Shared Table at Grace United Methodist Church
Suicide Prevention Event at NMSU–A
The Counseling Center, Inc.
Timberon Lodge
Transitions of Care | Alamogordo Home Health and Hospice
Village of Tularosa
Weed Community Center
8th Annual Health and Wellness Fair at Inn of the Mountain Gods
49th Medical Group, Holloman AFB

Thank you to the 1200+ community members who participated in the Healthy Communities Survey, a community engagement forum, or both!

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Why a Community Health Assessment?

All people should have a fair opportunity to achieve their full health potential. Identifying inequities in social determinants of health (e.g., income, education, employment, housing stability, transportation, neighborhood safety) and access to healthcare is imperative as we work together to improve policies and environments that support individual and community health.

We all want to live in a healthy community, and we all want our community to thrive. What does a healthy community look like? How do we make sure that all community members have a fair and just opportunity to be as healthy as possible? What are our community health priorities, what are the resources we have to achieve them, and what else do we need to achieve our vision of a healthy community?

We know that interventions that address social determinants of health like income, education, and housing have the greatest potential to improve community health. We also know that the individual behaviors that contribute the most to the burden of disease and disability in the U.S. include poor nutrition and lack of physical activity, tobacco use, excessive alcohol use, and other unhealthy substance use. Compelling evidence suggests that interventions that **change the context to support healthy behaviors** have the greatest impact on public health, but also require substantial support from community members and policymakers.

As we finalize this report, we are in the midst of the COVID-19 pandemic. The health and economic consequences of this crisis are being felt at every level of government and in every community. However, we know that this crisis is already worsening existing inequities. **People and families who were already vulnerable are bearing the burden of higher rates of illness, less access to testing and healthcare, and delayed economic recovery support.**

In New Mexico, Native Americans account for just under **11%** of the state population – but represent **55%** of COVID-19 cases as of June 16, 2020. In Otero County, the median annual income among non-Hispanic White households is **\$49,019** compared to **\$34,690** among Hispanic/Latino households, and **\$32,343** among Native American households.

Now more than ever, we have a responsibility – and an opportunity – to invest in community and policy improvements that support health and health equity for all our residents. We hope this Community Health Assessment is a valuable resource for City and County governments, educational institutions, healthcare organizations, non-profit and other community-based organizations, and community members advocating for health and health equity.

The data in this report and the recommended strategies and resources provide a foundation from which to build a Community Health Improvement Plan. Using local data and community input, policymakers and community stakeholders can prioritize issues, set goals for improvement, and choose evidence-based approaches that are tailored for our community. **We look forward to our collaborative efforts to support health and a healthy community!**

Community Health Assessment: Purpose, Scope, & Process

In June of 2019, the Otero County Healthcare Services Department contracted with The Counseling Center to conduct a comprehensive Community Health Assessment. The Counseling Center partnered with the Otero County Community Health Council and other key stakeholders to gather community input, share existing population health data, and identify community priorities, resources, and strategies to help us improve our community health and healthcare systems. We used a modified *Mobilization for Action through Planning and Partnerships* (MAPP) approach, as recommended by the National Association of County and City Health Officials (NACCHO, 2019). All people should have a fair opportunity to achieve their full health potential. Identifying inequities in social determinants of health (e.g., income, education, employment, housing stability, transportation, neighborhood safety) and access to healthcare is imperative as we work together to improve policies and environments that support individual and community health. Through a combination of existing epidemiological data, resident input through our “Healthy Communities Survey” and community forums, and insight from key stakeholders with expertise in public health, healthcare systems, education, and economic development, we aim to provide relevant data and resources to support health and health equity for all people in our County.

Figure 1. Visualizing health equity.

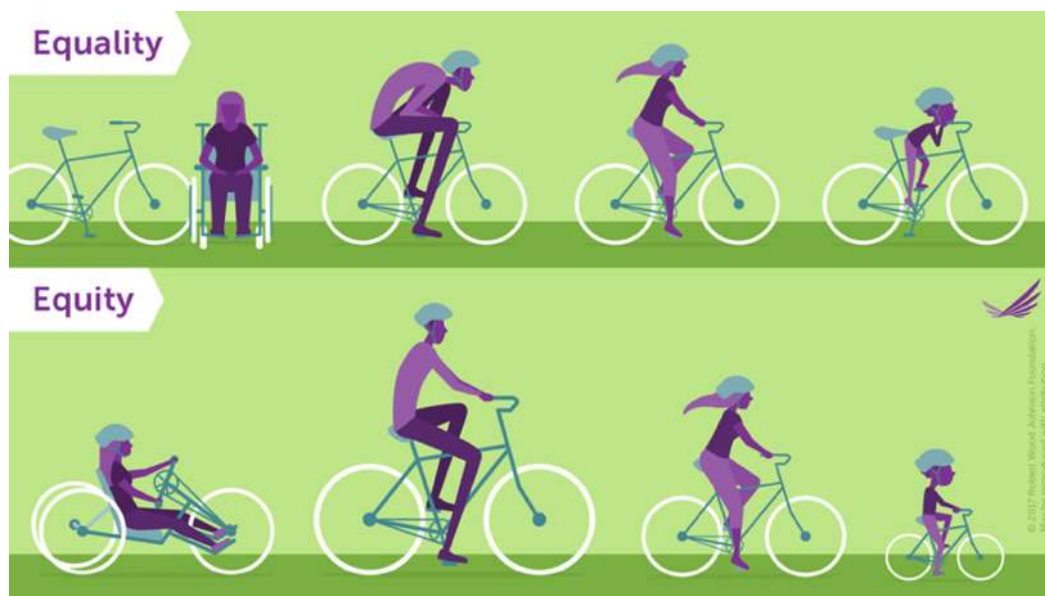


Image Source: Robert Wood Johnson Foundation (RWJF): [Visualizing Health Equity](https://www.rwjf.org/en/about-us/visualizing-health-equity.html)

“Achieving equity in health outcomes depends upon a shared understanding of health disparities among different populations and the factors that create those disparities. Health disparities refer to preventable differences in the quality of health and health care that exist among specific population groups due to systematic inequalities in the social and economic conditions in which people live and work. Health disparities occur across many dimensions, including socioeconomic status, race/ethnicity, age, gender, sexual orientation, disability status, primary language, and location...Accordingly, to improve the overall health of New Mexico residents, the core principles and values of public health must include the advancement of health equity and the elimination of health disparities” – New Mexico Department of Health, 2019

[Health Equity in New Mexico - 13th Edition](#)

County Profile: Selected population characteristics from the U.S. Census Bureau

Otero County has a 2018 population estimate of 66,781 people. This is an increase of about 4.6% from the 2010 Census estimate of 63,797. Otero is one of the largest counties in New Mexico by land area, comprising 6,613 square miles with a population density of just 9.6 people per square mile. The largest community is Alamogordo with an estimated 2018 population of 31,701. Also located within Otero County are the communities of Holloman Air Force Base, Tularosa, Mescalero Apache Tribal homelands, Cloudcroft, La Luz, Bent, Boles Acres, Mayhill, High Rolls/Mountain Park, Orogrande, Piñon, Sacramento, Sunspot, Timberon, Weed, and Chaparral. Chaparral is located in both Otero and Doña Ana Counties and is unincorporated on the Otero side, with a substantial population base (U.S. Census Bureau, 2019).

Race and Hispanic Origin population estimates (see p. 85 for notes on race and ethnicity data):

- **38.7%** Hispanic or Latino
- **48.4%** White, not Hispanic or Latino
- **4%** Black or African American
- **8.5%** American Indian and Alaska Native
- **1.5%** Asian
- **0.3%** Native Hawaiian
- **3.0%** two or more races

Sex and Age

- **48.3%** female
- **6.9%** under 5 years, **23.3%** under 18 years, **17.2%** age 65 and older

Veteran Status

- **16.8%** of the population 18 years and older are veterans; **11.7%** of veterans are women

Foreign-born Persons*

- **11.4%** of the population is foreign-born (anyone who was not a U.S. citizen or a U.S. national at birth). This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens.

Household characteristics*

- **\$108,300** is the median value of owner-occupied housing units
- **\$814** is the median gross rent
- **2.66** is the average persons per household; there are **23,391** households
- **28.1%** of persons age 5+ live in a home where a language other than English is spoken at home
- **84.7%** of households have a computer; **75.4%** have a broadband internet subscription
- **\$42,752** is the median household income; **20.3%** of persons have incomes below the poverty level
- **29.4%** of children live in households with income below the poverty level

Education*

- **83.5%** of persons age 25+ have at least a high school education; **19%** have at least a 4-year degree

Additional data on these indicators is included in subsequent sections of the report

How healthy are we?

Health happens – where we live, love, learn, labor, play and pray! The circumstances and the environments in which we live are often referred to as **social determinants of health**.

Figure 2. Social and Economic Factors Drive Health Outcomes (Source: [Kaiser Family Foundation](#), 2020)

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



“Opportunities to be healthy depend on the living and working conditions and other resources that enable people to be as healthy as possible. A population’s opportunities to be healthy are measured by assessing the determinants of health— e.g., income or wealth, education, neighborhood characteristics, or social inclusion — that people experience across their lives. Individual responsibility is important, but too many people lack access to the conditions and resources that are needed to be healthier and to have healthy choices”

– RWJF, 2017: [What is Health Equity?](#)

These factors and others impact our opportunities to choose healthy behaviors, our access to healthcare, and our health outcomes. In the following sections, we provide local data for selected health outcomes prioritized at state and national levels and social determinants of health that contribute to inequities in these outcomes. Where possible, we have used the most current data from New Mexico’s Indicator-Based Information System (NM-IBIS). For most of the data indicators included in this report, we conducted custom queries in February 2020 in order to access 2018 data. As of June 2020, for most indicators, 2018 data in NM-IBIS were only available through custom query; the *Community Reports* and *Health Indicator Reports* had not yet been updated with 2018 data. We anticipate these updates to occur in mid-2020 and will update this report with a *Community Snapshot* featuring Community Health Status Indicators. A Community Snapshot Report using 2017 data is located on page AP1 of the Appendix. In subsequent versions of this report, it should be possible to access the most current data directly from NM-IBIS which will enhance sustainability and replicability of report indicators.

We have included the NM-IBIS “Why is this important” content with most indicators, with a link to the relevant page. Custom queries were conducted through the datasets available at [NM-IBIS](#). Where 2018 data are not yet accessible (for example, for firearm deaths) we used data from the Health Indicator Reports available at [NM-IBIS](#). Where data are available to highlight county-level disparities and use the same data source, we share graphics from [Healthy Paso del Norte](#). Both of these resources are widely used in New Mexico and the larger Paso del Norte region; we encourage community members to use them to explore data in greater depth. We also rely on the [Health Equity in New Mexico – 13th edition](#) report for much of the information about priorities and disparities related to specific indicators. Additional data sources include the CARES Engagement Network [CHNA resource](#) and the RWJF [County Health Rankings](#), both of which are easily accessible for community members and policymakers.

Leading Causes of Death and Premature Death in Otero County

In this section, we highlight local data for five of the 15 leading Causes of Premature Death (Years of Potential Life Lost) in New Mexico. These include:

- Unintentional Injury
- Cancer
- Heart Disease
- Suicide
- Diabetes Mellitus

Deaths at younger ages are often a result of preventable causes and can be decreased by intervention and education efforts. We also highlight alcohol-related deaths, drug overdose deaths, and firearm deaths, as New Mexico’s death rates for these indicators are consistently among the highest in the nation.

Unintentional Injury

<i>Unintentional Injury: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods</i>			
	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	55.9	54.4	56.6
NM	65.4	66.1	68.4

Context: Between 2014 and 2018, there were 198 deaths due to unintentional injury in Otero County, or 56.6 deaths per 100,000 population.

Why is this important? *From 1999 through 2017, unintentional injury was consistently the leading cause of death among people 1 to 44 years of age in New Mexico and the 3rd leading cause of death for all ages. Poisoning (specifically, drug overdose) was the leading cause of unintentional injury death from 2007 through 2017, followed by motor vehicle traffic-related injury, fall-related injury, and suffocation. Poisoning deaths have been on the decline since 2014, after rising steadily over the previous two decades ([NM-IBIS, Unintentional Injury](#)).*

Cancer

<i>Cancer: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods</i>			
	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	166.7	162.1	161.3
NM	142.2	140.5	138.9

Context: Between 2014 and 2018, there were 662 cancer deaths in Otero County, or 161.3 deaths per 100,000 population. Cancer death rates in Otero County are consistently higher than the NM average.

Why is this important & what can we do? *Cancer is the second leading cause of death in New Mexico and is a major cause of illness and suffering. Every year cancer causes almost 3,500 deaths in New Mexico, which is about one in every five deaths. Many cancers can be cured if detected early and treated promptly, and the detection and treatment of pre-cancerous conditions can actually prevent some cancers from developing. Policies, the physical environment, and health behaviors also play an important role in cancer prevention (NM-IBIS, [Cancer Death](#)).*

Heart Disease

<i>Heart Disease: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods</i>			
	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	165.1	166.9	164.4
NM	144.9	146.0	146.5

Context: Between 2014 and 2018, there were 669 heart disease deaths in Otero County, or 164.4 deaths per 100,000 population. Heart disease death rates in Otero County are consistently higher than the New Mexico average.

Why is this important & what can we do? *In 2017, heart disease was the leading cause of death in New Mexico and accounted for over 20% of all deaths. Risk factors for heart disease include high blood pressure, abnormal cholesterol, prediabetes, diabetes, tobacco use, secondhand smoke exposure, air pollution exposure, physical inactivity, poor nutrition, excessive alcohol consumption, and excess weight. Controlling and preventing these risk factors is crucial in reducing risk of developing heart disease as well as death from heart disease ([NM-IBIS: Cardiovascular Disease](#)). Increasing access to care, culturally relevant health promotion and health education, chronic disease management programs, and community-level improvements like smoke-free policies that support healthy behaviors are all important in reducing risk factors.*

Suicide

<i>Suicide: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods</i>			
	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	22.9	25.7	26.7
NM	21.5	21.9	22.9

Context: Between 2014 and 2018, there were 91 suicide deaths in Otero County, or 26.7 deaths per 100,000 population. This is an increase from previous years and is significantly higher than the U.S. rate.

Why is this important? *Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. Suicide deaths have been increasing in both New Mexico and the United States, with suicide death rates in NM at least 50% higher than U.S. rates over the past 20 years. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide. Other risk factors associated with suicide include a previous suicide attempt, alcohol and substance use, a family history of suicide, a history of child maltreatment, feelings of hopelessness, isolation, barriers to mental health treatment, loss (of relationships, social connections, work, finances), physical illness, and easy access to lethal methods, such as firearms ([NM-IBIS, Suicide Death](#)).*

What can we do? Creating protective environments, promoting connectedness, and increasing access to education, screening, and treatment services are effective prevention strategies.

Figure 3. The Centers for Disease Control & Prevention (CDC) provides a technical package of policies, programs, and practices for [Suicide Prevention](#) designed to support communities in prevention efforts at multiple levels.

Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide

Diabetes

<i>Diabetes: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods</i>			
	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	30.6	32.4	30.7
NM	26.8	26.5	26.2
US	21.0 (in 2016)		

Context: Between 2014 and 2018, there were 126 diabetes deaths in Otero County, or 30.7 deaths per 100,000 population. This is significantly higher than the 2016 U.S. rate.

Why is this important? In 2017, diabetes was the 6th leading cause of death for New Mexicans and the 7th leading cause in the U.S. Diabetes complications, which are costly to individuals, families and to society, include premature death, cardiovascular disease, blindness, end stage kidney disease, and lower extremity amputations. People with diabetes are two to four times more likely to develop cardiovascular disease and stroke; about 65% of deaths in people with diabetes nationwide are due to these conditions. Costs of diabetes extend beyond medical costs, such as costs due to lower productivity, disability, loss of productive life due to premature death, and caretaking by family members ([NM-IBIS, Diabetes Deaths](#)).

What can we do? The Guide to Community Preventive Services ([The Community Guide](#)) provides a summary of evidence-based [diabetes intervention approaches](#) recommended by the Community Preventive Services Task Force (CPSTF). New Mexico resources can be found in the section on diabetes in [Health Equity in New Mexico](#).

Figure 4. Age-adjusted death rate due to Diabetes by race/ethnicity, **Otero County 2014-2018****

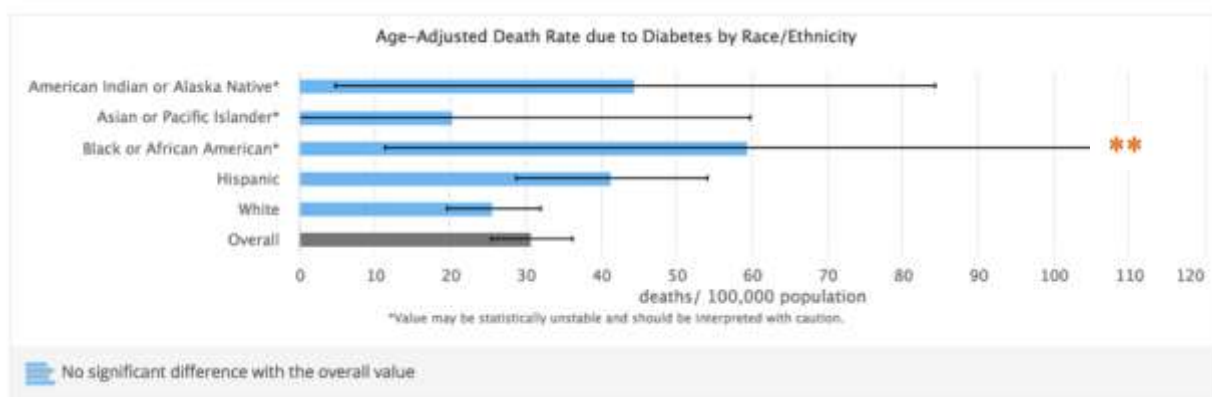


Image source: [Healthy Paso del Norte](#) Data source: [NM-IBIS](#) **See [Confidence Intervals](#) for helpful information

Disparities in diabetes deaths by race/ethnicity at the County level are statistically unstable and should be interpreted with caution. However, diabetes prevalence in NM is significantly higher among American Indian/Alaska Native adults than among Hispanic and White adults and is lowest among adults with at least a college education and among adults living in a household with an annual income of \$50,000 or more ([Health Equity in New Mexico](#)).

Alcohol-related deaths and Drug overdose deaths***Alcohol-related death: Age-adjusted Rates, Deaths per 100,000 Population: 5 year moving time periods and 2018 single value***

	2013-2017	2014-2018	2018 (single year)
Otero County	53.9	56.5	62.0
NM	62.1	65.6	70.3
US	34.0 (US rate is from 2016)		

Context: Between 2014 and 2018, there were 198 alcohol-related deaths in Otero County, or 56.5 deaths per 100,000 population. This is significantly higher than the U.S. rate.

Why is this important? According to the 2020 [New Mexico Substance Use Disorder Treatment Gap Analysis](#), for nearly four decades, New Mexico has ranked among the highest in the nation for alcohol-related death. In 2018, New Mexico recorded its highest ever alcohol-related death rate at 70.3 deaths per 100,000 population. Nationally, one in ten deaths among working age adults (20-64 years) is attributable to alcohol. In New Mexico, this ratio is twice as high at one in five deaths. The alcohol-related death rate in New Mexico and in Otero County has been rising steadily. Strategies to reduce substance-related harm are discussed on pages 19, 20, and 67.

Drug overdose deaths***Drug Overdose: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods***

	2012 - 2016	2013 - 2017	2014 - 2018
Otero County	20.6	20.0	20.6
NM	24.5	24.6	25.5
US	19.8 (2016)	21.7 (2017)	n/a

Context: Between 2014 and 2018, there were 66 drug overdose deaths in Otero County, or 20.6 deaths per 100,000 population.

Why is this important? In 2018, the state recorded its second highest drug overdose death rate at 26.6 deaths per 100,000 population. Overdose deaths involving methamphetamine increased in 2018, overtaking non-fentanyl prescription opioids as the drug most commonly causing drug overdose death in New Mexico. Many overdose deaths involve more than one substance making polysubstance use an important public health issue. Deaths due to substance use disproportionately affect men, and alcohol-related death disproportionately affects the American Indian population in New Mexico. Rural New Mexicans face additional challenges in accessing treatment compared to urban New Mexicans. New Mexico has a long history of high death rates attributable to excessive alcohol consumption and other substance use. **The problem is complex and often driven by underlying social determinants of health, including poverty and historical trauma** ([New Mexico Substance Use Disorder Treatment Gap Analysis](#)).

Firearm injury deaths

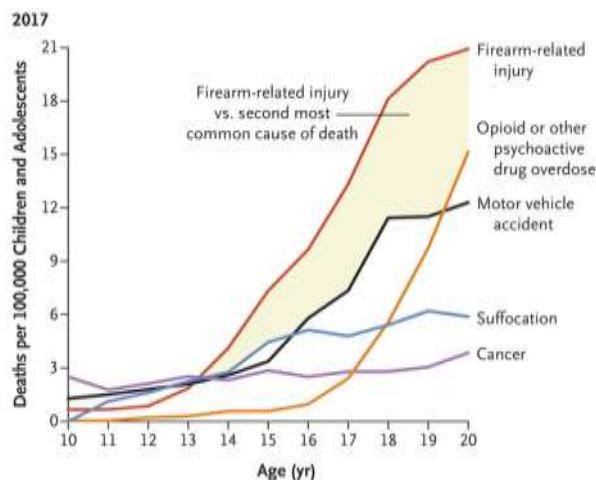
<i>Firearm injury death: Age-adjusted Rates, Deaths per 100,000 Population, 2013 -2017</i>	
Otero County	18.8
NM	17.1
US	11.1

Context: Between 2013 and 2017, there were 66 firearm deaths in Otero County, or 18.8 deaths per 100,000 population. This is significantly higher than the U.S. rate.

Why is this important? *In 2017, New Mexico had the 10th highest age-adjusted firearm injury death rate (18.4 per 100,000) in the U.S. Firearm related violence is associated with significant morbidity and mortality. In the U.S., more than 39,700 persons died of a firearm injury in 2017, an average of 109 deaths per day. In 2017, firearm was the 3rd leading cause of injury death in New Mexico after poisoning (28.2 per 100,000) and motor vehicle traffic (18.5 per 100,000) deaths. Firearm injuries contributed significantly to premature mortality in New Mexico, accounting for 12,283 Years of Potential Life Lost (YPPL) before the age of 75. Suicide due to firearm injuries ranked as the 6th leading cause of premature death (6,961 YPPLs) in the state.*

What can we do? Firearm ownership rates across the United States and rates of firearms in the home are positively associated with firearm mortality rates, which are also associated with state-level firearm laws. States with strong firearm policies had lower firearm mortality rates than states with weaker firearm policies. Several states that have passed Extreme Risk Protection Order laws have experienced reductions in suicide rates (Kivisto & Phalen, 2018). In March 2020, New Mexico adopted an Extreme Risk Protection Order law which allows law enforcement officers to petition a court directly for an extreme risk protection order which temporarily restricts a person's access to firearms. Other proven strategies to reduce firearm deaths include universal background checks, child access prevention laws, and licensing laws.

Figure 5. Leading causes of death among Americans age 14-20, 2017



"Firearms were the leading cause of death among Americans who were 14 to 20 years of age. In 2017, the number of deaths attributed to firearms exceeded those attributed to the second most common cause of death by an average of 66% among adolescents who were 14 to 19 years of age and by as much as 81% among those who were 17 years of age" (Bleyer, 2019).

Image source: New England Journal of Medicine (Bleyer, 2019)

Maternal and Child Health

Prenatal care in the first trimester

Figure 6. Mothers who received prenatal care by age in **Otero County, 2018****

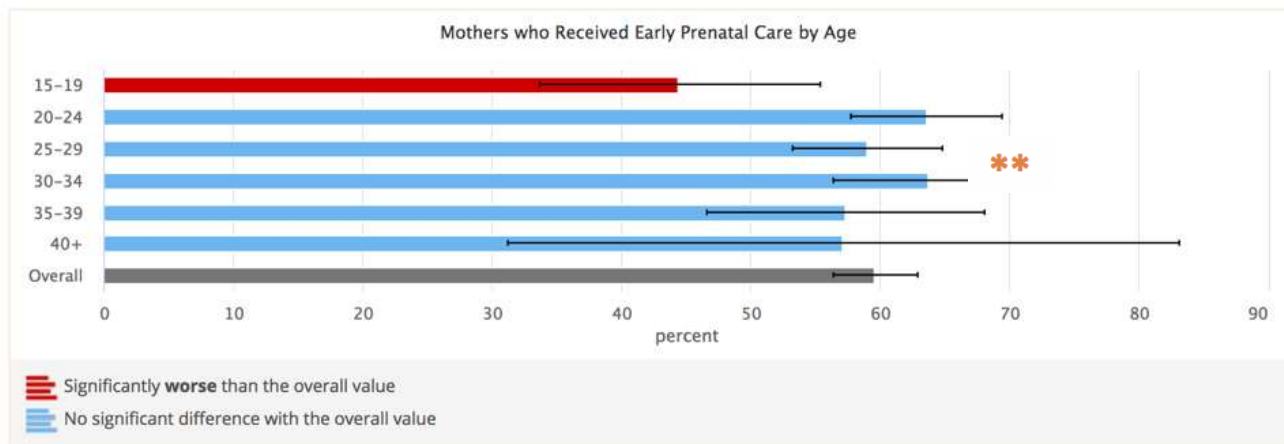


Image source: [Healthy Paso del Norte](#) Data source: [NM-IBIS](#) **See [Confidence Intervals](#) for helpful information

Context: In 2018, **59.6%** of women in Otero County received prenatal care in the first trimester. This is significantly less than both the 2018 NM value (64.9%) and the U.S. value (76.5% in 2013-2017). In Otero County, only **44.4%** of women between the ages of 15-19 received early prenatal care. In New Mexico, Black women and American Indian women are less likely to receive care than White and Hispanic women.

Why is this important? *Prenatal care is the health care a woman gets while she is pregnant. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care reduces the risk of pregnancy-related complications for the mother and infant and increases a woman's chances of having a healthy baby at full term ([NM-IBIS, Prenatal Care](#))*

What can we do? In addition to prenatal health care, access to community-based support services such as WIC programs and Early Childhood Home Visiting programs has been shown to improve prenatal, birth, and early childhood outcomes.

- The New Mexico Women, Infants, and Children (WIC) Program offers free healthy foods, nutrition education, nursing support, and community connections that help families thrive. Locally, the NM Department of Health Public Health Office in Otero County provides WIC at five Otero County Sites: Alamogordo, Holloman, Tularosa, Mescalero, and Chaparral. Qualifying for WIC is based on income, being a resident of Otero County, and having a child or being pregnant.
- The New Mexico Children, Youth, & Families Department offers a variety of services including home visiting programs to support children and families.

Low birth weight

Figure 7. Percentage of babies born with low birth weight in **Otero County, 2018****

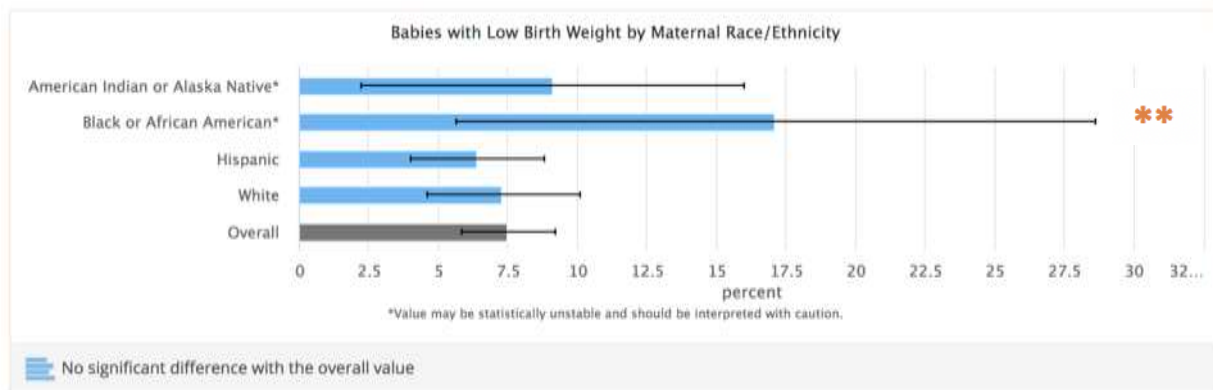


Image source: [Healthy Paso del Norte](#) Data source: [NM-IBIS](#) **See [Confidence Intervals](#) for helpful information

Context: In 2018, 7.5 % of babies born in Otero County in 2018 were low birth weight (LBW: under 2500 grams) compared with 9.1% in New Mexico in 2018 ([NM-IBIS, Low Birthweight](#)). Disparities in LBW by race/ethnicity at the County level are statistically unstable and should be interpreted with caution. However, Black women in NM have a higher percentage of LBW infants than any other race or ethnicity in NM. National research suggests that this is in part due to the negative physiological impact of stress resulting from lifelong experiences of racism and discrimination ([Health Equity in NM](#)).

Why is this important? LBW with preterm birth (<37 weeks) is the single most important factor affecting mortality in the first 28 days of life. Smoking during pregnancy is strongly associated with preterm delivery and is the leading modifiable cause of LBW ([Health Equity in NM](#)).

Infant Mortality (Infant deaths in a given year per 1,000 live births in the same year)

Context: Between 2014-2018, there were 26 infant deaths in Otero County, for an infant mortality rate of 5.6 per 1,000 births compared to 5.7 per 1,000 births in New Mexico. In New Mexico as in the U.S., babies born to Black women experience the highest infant mortality rate. Birth defects are the leading cause of infant deaths (23.1%) while disorders related to short gestation and low birth weight are second (16.2% of deaths). It should be noted that combining all causes during the first year of life obscures the importance of sudden infant death syndrome as the leading cause of death in the postneonatal period ([NM-IBIS, Infant Mortality](#)).

Why is this important and what can we do? *The infant mortality rate is often used as an indicator of the level of health and is a commonly used measure of public health for countries around the world. NMDOH and other partners throughout the state are collaborating to address social determinants of health that will improve birth outcomes, especially for Black mothers and infants. Current areas of focus include reducing poverty, increasing access to paid family leave, and reducing provider bias in prenatal care ([Health Equity in NM](#)).*

Teen pregnancy

Figure 8. Teen birth rate for women ages 15-19 in **Otero County, 2018****

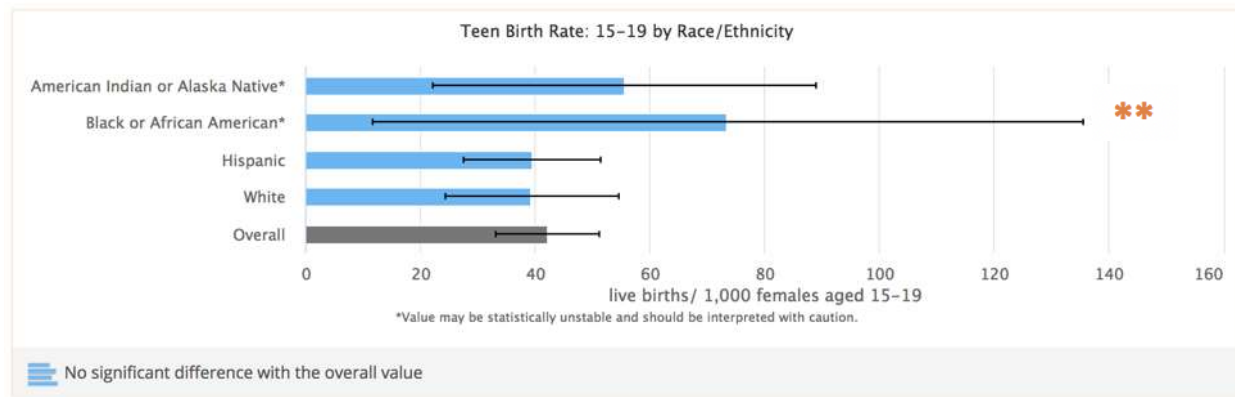


Image source: [Healthy Paso del Norte](#) Data Source: [NM-IBIS](#) **See [Confidence Intervals](#) for helpful information

Context: In 2018, the teen birth rate in Otero County was **42.1** births per 1,000. Although the rate has been declining over time, it is significantly higher than the NM rate of **25.2** in 2018 and the US rate of **20.5** in 2015-2017. In New Mexico, teen birth rates are higher for American Indians and Hispanics, and for teens who live in the border region ([Health Equity in NM](#)).

Why is this important? Poverty is one of the most important contributing factors to teenage pregnancy, and in Otero County, 29.4% of children live in households with incomes below the poverty level. According to the Power to Decide (formerly the National Campaign to Prevent Teen and Unplanned Pregnancy): *“Nearly all teen pregnancies are unplanned - that is, teens themselves say they did not intend to get pregnant or cause a pregnancy. More and more, teens are able to match their intentions with their actions. As a result of many factors, including increased access to and awareness of sexual health information and birth control, the U.S. has seen a 67 percent decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups. Each year, about 210,000 teens still give birth, which is about 20 births for every 1,000 girls. To put it another way, nearly two out of every 100 teen girls will have a child each year. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. Add in the positive impact that preventing teen pregnancy can have on so many other issues: reducing poverty and improving young people's lifelong income, improving health and child welfare, supporting responsible fatherhood, and reducing other risky behaviors, and preventing teen pregnancy becomes not only a reproductive health issue but a national priority”* ([Power to Decide](#), 2018).

What can we do? Reasons for higher teen parenthood include lack of health insurance, high poverty, transportation barriers, lack of access to services, and less access to services. Improving access to and availability of effective contraception and evidence-based programs for prevention of unintended teen pregnancy have contributed to the significant declines in teen pregnancy, and will be crucial to continued progress in reducing teen pregnancy rates ([Health Equity in NM](#)).

Sexually Transmitted Infections (STIs) and HIV

Chlamydia

<i>Chlamydia cases per 100,000 Population, 2017</i>	
Otero County	542.1
NM	645.1
US	528.8

Context: In Otero County in 2017, there were 327 new cases of chlamydia, or 542.1 cases per 100,000 population. This is similar to the US rate and lower than the statewide rate in NM.

Why is this important and what can we do? *Chlamydia is the most common bacterial sexually transmitted infection. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur before a woman ever recognizes a problem. It is the leading preventable cause of infertility, and screening and treatment are the best means of preventing it ([NM-IBIS, Chlamydia Rates](#)).*

Gonorrhea

<i>Gonorrhea cases per 100,000 Population, 2017</i>	
Otero County	182.2
NM	213.7
US	171.9

Context: In Otero County in 2017, there were 120 cases of gonorrhea, or 182.2 cases per 100,000 population. This is similar to both the New Mexico and US rates.

Why is this important? *Gonorrhea is the second most common STI after chlamydia. Many men with gonorrhea are asymptomatic, and most women with gonorrhea are asymptomatic. In New Mexico overall, rates have been increasing since 2010, with higher rates among men. Highest rates are in the 20- to 29-year age group ([NM-IBIS, Gonorrhea Rates](#)).*

HIV

In 2017, there were 61 people age 13+ living with HIV in Otero County (111 per 100,000).

Why is this important & what can we do? Research shows that the success of individual-level behavioral interventions increases substantially when HIV prevention efforts focus on structural factors that influence individual behavior including poverty and wealth, gender, age, policy, and power (Dean & Fenton, 2010; Coates, Richter, & Caceres, 2008). Medications ([pre-exposure prophylaxis](#) [PrEP]) are available that are very effective in reducing HIV infection risk. When people with HIV are diagnosed early, get connected to care, and use antiretroviral medications as prescribed to attain and keep an undetectable viral load they can stay healthy and have very low risk of transmitting HIV to an HIV-negative sex partner (CDC, 2020a; CDC 2020b). **Education, screening, early diagnosis, and linkage to care reduce individual and community risk for STIs and HIV.**

Health Insurance and Healthcare Access

Adults age 18-64 with health insurance coverage

Figure 9. Percentage of adults age 18-64 with health insurance in **Otero County, 2009-2017****

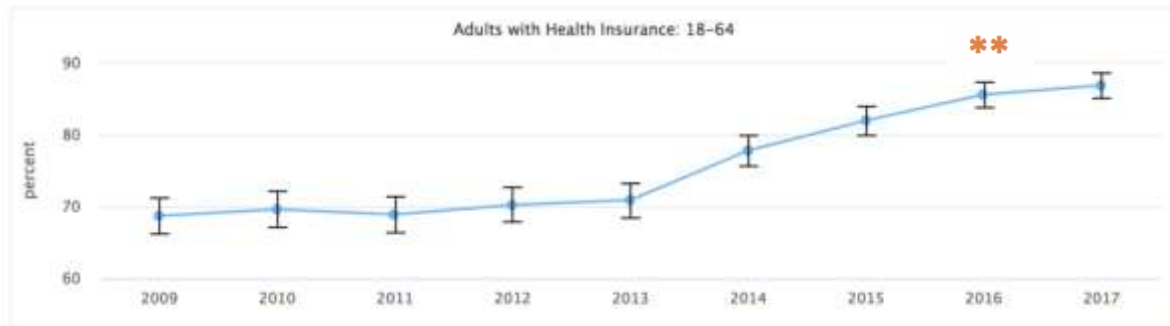


Image source: [Healthy Paso del Norte](#) Data Source: [Small Area Health Insurance Estimates](#) **See [Confidence Intervals](#) for helpful information

Context: In 2017, **86.9%** of adults ages 18-64 in Otero County had health insurance coverage. This is similar to health insurance coverage among adults in New Mexico (86.5%).

Why is this important? *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 preventive services, such as cancer screening and immunizations. New Mexico's uninsured rate (the percentage of persons lacking insurance coverage) has improved in the years since enactment of the Affordable Care Act and state Medicaid expansion. New Mexico's rate is now similar to the U.S. rate ([NM-IBIS, Health Insurance Coverage](#)).*

Percentage of the population age 0-64 with no health insurance

Another indicator of health insurance coverage is the percentage of people including children who have no health insurance coverage. In Otero County, approximately **10.3%** of the population has no health insurance (American Community Survey, 2014-2018):

- 790 children are uninsured
- 5,341 adults age 18-64 are uninsured
- 104 adults age 65+ are uninsured
- American Indian/Alaska Native populations account for 8.3% of the population in Otero County, but 29.7% of the uninsured population

Oral health: Percentage of the population who had a dental visit in the past 12 months

In Otero County, only **54.1%** of adults saw a dentist in the past 12 months compared to **65.1%** of New Mexicans overall ([NM-IBIS, Dental Visit](#)). Oral health is essential to overall health; in New Mexico, barriers to dental care include access and availability of services, lack of awareness of the need for care, cost, distance to providers, and lack of Medicaid providers ([Health Equity in NM](#)).

Mental Distress & Substance Use – Adults

Mental distress

Mental distress is defined as an adult reporting that their mental health was “not good” on six or more of the past 30 days. Mental distress can be used as a valid and reliable indicator of generalized mental distress with strong associations to both diagnosable depressive symptomology and serious mental illness ([Health Equity in NM](#)). In Otero County in 2018, **23.8%** of adults met this definition of mental distress, which is slightly higher than (but not significantly different than) the NM age-adjusted average of 20.7% ([NM-IBIS, BRFSS – Mental Health past 30 days](#)).

In NM in 2017, there were significant disparities in mental distress ([Health Equity in NM](#)):

- Mental distress was highest among people in the 15-24 age group
- Among people 35-44, women reported significantly more mental distress than men
- Adults who are lesbian, gay, or bisexual are more likely to report experiencing mental distress than their heterosexual counterparts
- Respondents who were divorced, separated, or never married were more likely to report mental distress than those who were married
- The prevalence of mental distress was highest among those with the lowest household incomes

Substance use

All of the ten leading causes of death in New Mexico are at least partially attributable to the use of alcohol, tobacco, or other drugs ([NMDOH, NM Substance Use Epidemiology Profile 2020](#)).

In 2018, about **21% of adults in Otero County reported current smoking**, compared to 15% of NM adults overall ([NM-IBIS, Current Cigarette Smoking](#)). The smoking-related death rate in Otero County (118 per 100,000 population) is higher than in NM overall (94.9 per 100,000 population) based on 2014-2018 data ([NMDOH, NM Substance Use Epidemiology Profile 2020](#)).

Why is this important and what can we do? *Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Almost 500,000 people die every year because of tobacco use, and approximately one in eight of those deaths are attributable to secondhand smoke exposure (U.S. Department of Health & Human Services, 2014). In the US, populations with higher risk for tobacco use and secondhand smoke exposure include military and veteran groups, LGBTQ (lesbian, gay, bisexual, transgender, and queer) populations, people living in poverty, people without health insurance, people with a mental illness or substance use disorder, and people living in multiunit housing (CDC, 2015). Statewide tobacco prevention and control priorities reflect best practices for tobacco control and include ([Health Equity in NM](#)):*

- Increase tobacco prices and restrict youth access to tobacco products
- Ensure all patients seen in healthcare settings are screened for tobacco use, receive brief interventions to support cessation, and are offered counseling and cessation medications
- Adopt comprehensive tobacco control laws and policies to reduce secondhand smoke exposure
- Integrate e-cigarette prevention programs/policies into existing initiatives
- Focus tobacco use prevention and cessation efforts on populations at highest risk for tobacco-related health disparities

Alcohol use

Excessive alcohol use is responsible for approximately 88,000 deaths in the United States each year and \$249 billion in economic costs in 2010. Excessive alcohol use includes ([CDC, Preventing Excessive Alcohol Use](#)):

- Binge drinking (defined as consuming 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men)
- Heavy drinking (defined as consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men)
- Any drinking by pregnant women, or by people younger than age 21

In Otero County, about 13% of adults report binge drinking ([NM-IBIS, Binge Drinking](#)), and 7% report heavy drinking ([NM-IBIS, Heavy Drinking](#)).

Why is this important? *According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of falls injury deaths, 29% of drug overdose deaths, and 23% of suicide deaths are alcohol attributable. Likewise, alcohol consumption is the primary causal factor in roughly 46-49% of motor vehicle crash deaths among men aged 20-44, and in more than a third of motor vehicle crash deaths among women aged 20-44. Binge drinking is also associated with a wide range of other social problems, including domestic and sexual violence, crime, and risky sexual behavior. Binge drinking is the most common pattern of excessive drinking* ([NM-IBIS, Binge Drinking](#))

Recent estimates suggest that the costs of excessive drinking in New Mexico alone exceed \$2,232,900,000 (more than \$2.2 billion!) every year. These costs result from losses in **workplace productivity, health care** expenses for treating problems caused by excessive drinking, law enforcement and other **criminal justice** expenses, and losses from **motor vehicle crashes** related to excessive alcohol use ([CDC, Preventing Excessive Alcohol Use](#)).

What can we do? The most effective strategies for preventing excessive alcohol use and reducing alcohol-related harm include ([CDC, Preventing Excessive Alcohol Use](#)):

- Increasing alcohol taxes
- Reducing alcohol outlet density (the number and concentration of alcohol retailers)
- Maintaining limits on hours and days of sale
- Dram shop liability (laws that hold alcohol retail establishments liable for injuries or harms caused by illegal service to intoxicated or underage customers)
- Screening and brief counseling interventions in primary care settings to reduce alcohol misuse
- Enhanced enforcement programs that initiate or increase compliance checks at alcohol retailers for laws prohibiting sales to minors

Emerging evidence also suggests that local civil “social host” policies that hold adults accountable for underage drinking occurring on their home or property help reduce alcohol-related problems in communities ([Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, 2016](#)). **Communities play a vital role in both preventing harmful substance use and related harm, and in ensuring that people with substance use disorders have access to effective treatment and recovery supports.**

Obesity, Nutrition, & Physical Activity – Adults

Obesity

In Otero County, about **32% of adults have obesity** (defined as a Body Mass Index of 30 or higher), which is similar to the overall state prevalence ([NM-IBIS, BMI](#)).

Nutrition

In Otero County, about **16% of adults reported consuming fruits or vegetables five or more times per day**, which is similar to the overall state prevalence ([NM-IBIS, Nutrition – Adult Fruit and Vegetable Consumption](#)).

Physical Activity

In Otero County, **about 53% of adults reported meeting physical activity recommendations** (defined as engaging in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination, and performing muscle-strengthening activities on at least 2 days per week), which is similar to the overall state prevalence ([NM-IBIS, Physical Activity](#)).

Why is this important? *Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer* ([CDC, Adult Obesity Causes & Consequences](#)).

What can we do? Increasing access to appropriate healthcare and chronic disease management programs for people with obesity is vital to improving quality of life and reducing complications from obesity and related health consequences in individuals. Healthy eating and active living (HEAL) are individual health behaviors that can help prevent obesity. There are many scientifically supported strategies that communities can use to support HEAL in different settings. Multi-component obesity prevention interventions are the most effective, and involve combining educational, environmental, and behavioral strategies and activities in various settings ([RWJF, What Works for Health](#) and [CPSTF, Obesity Task Force Findings](#)):

- Schools can implement active recess programs and other physical activity interventions
- Schools and communities can implement programs to reduce recreational sedentary screen time among youth
- Communities can support activity programs for older adults, community fitness programs, and fruit and vegetable incentive programs (e.g., [NM Double Up Food Bucks Program](#))
- Policymakers can support zoning and land use improvements that support physical activity for residents (e.g., recreation centers, playgrounds, “complete street” and other street/sidewalk design features)

Additional Selected Indicators

Indicators in this section highlight issues affecting our community that may be useful in planning programs and adopting policies that support individual and community health. Additional indicators and demographic detail can be found in appendix reports from [CARES Engagement Network](#); updated reports can be accessed by community members from the list of data indicators available [here](#). When accessing data, differences in definitions and methodology are important and indicators from different sources are not necessarily comparable. **Where possible, we encourage consistent use of data sources for tracking trends over time (for example, using NM-IBIS for health indicators).**

Population with Any Disability ([CARES Engagement Network](#))

In Otero County, **16.8%** of the civilian non-institutionalized population has a disability. These estimates include difficulties in the following domains: hearing, vision, cognitive, ambulatory, self-care, and independent living ([US Census Bureau, Disability Data Collection ACS](#)).

- **4%** of the population under 18 have a disability
- **15%** of the population between the ages of 18-64 have a disability
- **42%** of the population over 65 have a disability

Households with No Motor Vehicle ([CARES Engagement Network](#))

- **6%** of households in Otero County have no motor vehicle

Adults 65+ with an Independent Living Difficulty ([Healthy Paso del Norte](#))

- **14.5%** of the population age 65+ encounter challenges performing instrumental activities of daily living (IADLs) due to a physical, mental, or emotional condition
 - **9.5%** of adults 65-74 have an Independent Living Difficulty
 - **21.3%** of adults 75+ have an Independent Living Difficulty

Food Insecurity

In 2017, **17.9%** of residents - and **25.9%** of children - in Otero County experienced food insecurity. Food insecurity refers to [USDA's measure](#) of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Image and Data Source: [Feeding America](#)



Severe Housing Cost Burden

About 26% of households (6,124 households) in Otero County have housing costs that exceed 30% of total household income (CARES Engagement Network, 2020); 11% of households (2,411) have housing costs that exceed 50% of total household income. This makes it difficult to afford other necessities including food, transportation, and medical care (RWJF, 2020).

On-time High School Graduation by District, 2018

On-time high school graduation: Alamogordo, Cloudcroft, & Tularosa School Districts**					
4-year Graduation Rates by District, 2018 cohort: Overall and by Sex, Disability status, and English Learner status					
	Overall	Female	Male	Students with Disabilities	English Learners
Alamogordo Public Schools*	80.5%	82.4%	78.8%	70.4%	66.8%
Cloudcroft Public Schools	91.6%	99.0%	86.4%	***	***
Tularosa Public Schools	69.1%	75.5%	65.8%	53.4%	***

On-time high school graduation: Alamogordo, Cloudcroft, & Tularosa School Districts**			
4-year Graduation Rates by District, 2018 cohort by Military, Housing, and Economic status			
	Active Duty	Experiencing Homelessness	Economically Disadvantaged
Alamogordo Public Schools*	92.2%	65.3%	74.7%
Cloudcroft Public Schools	***	***	85.0%
Tularosa Public Schools	***	***	68.7%

On-time high school graduation: Alamogordo, Cloudcroft, & Tularosa School Districts**					
4-year Graduation Rates by District, 2018 cohort by Ethnicity and by Race**					
	Hispanic	Black	Native American	Asian	Caucasian
Alamogordo Public Schools*	77.6%	79.3%	***	***	82.9%
Cloudcroft Public Schools	***	***	***	***	90.2%
Tularosa Public Schools	81.6%	***	48.5%	***	79.0%

*In some cases, school-level data is available for some student groups; only district-level data is included here.

**Graduation data were obtained from the New Mexico Public Education Department and are available [here](#).

***Data not available for student subgroups

Context: In New Mexico, the statewide 4-year graduation rate was 73.9% in 2018. Nationwide, students who are economically disadvantaged, students with disabilities, students experiencing homelessness or unstable housing, sexual and gender minority students, and students in foster care are less likely to graduate in four years.

What can we do? Recommended strategies to increase on-time graduation rates in NM include tailored support for vulnerable students, support for “Community Schools” that provide services shown to increase academic performance (e.g., school-based health centers, classes for parents, after-school programming), reducing class sizes, revisiting “zero-tolerance” policies to keep youth in school, and raising compensation for teachers, administrators, and support staff (Annie E. Casey Foundation, 2019). See page 71 for more information on Community Schools.

“Policies that set kids up for success – in education and in life generally – are smart strategies for reducing the prevalence of chronic diseases, such as diabetes and heart disease. More education leads to higher earnings that can provide access to healthy food, safer homes, and better health care. And policies in communities can help put children on track for better health and prosperity by strengthening schools, job opportunities, economic growth, safe and affordable housing, and transportation” – Robert Wood Johnson Foundation, 2015

Prioritizing Health, Education, and Equity: School-Based Health Centers

School-based health centers (SBHCs) are recommended by the Community Preventive Services Task Force ([CPSTF](#)) to support health equity. Improved educational outcomes include school performance, grade promotion, & high school completion.

Figure 10. Impact of SBHCs in New Mexico

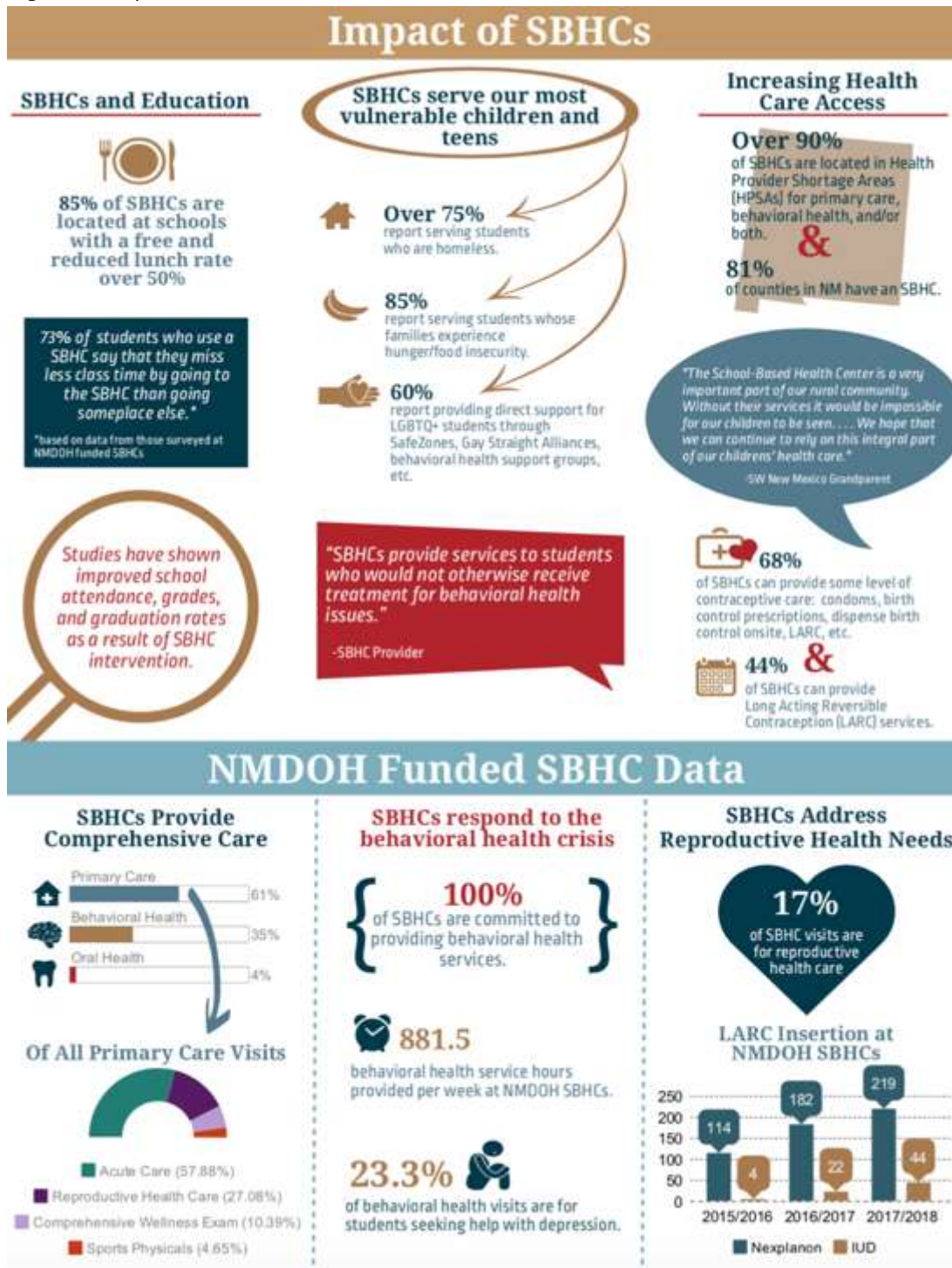


Image source: [New Mexico Alliance for School-Based Health Care](#)

SBHC's have also been shown to increase delivery of vaccinations and other recommended preventive services, increase contraceptive use among sexually active young women, and increase prenatal care and birth weight. SBHC's also reduce asthma morbidity, emergency department and hospital admissions, and other health risks and behaviors.

Figure 11. SBHCs in New Mexico

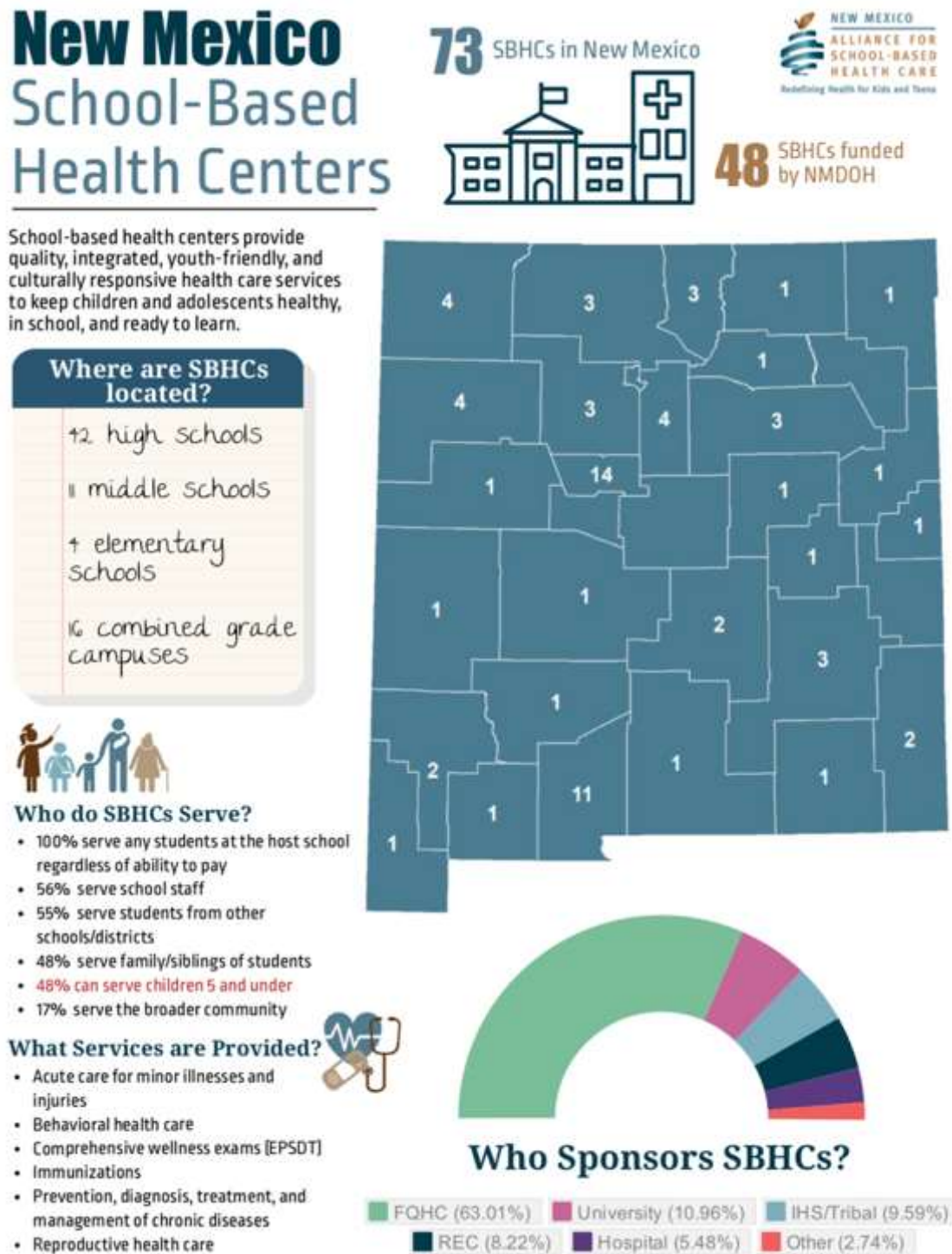


Image source: [New Mexico Alliance for School-Based Health Care](#)

Highlights from the 2017 New Mexico Youth Risk & Resilience Survey

The New Mexico Youth Risk and Resiliency Survey (YRRS) is a tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national [CDC Youth Risk Behavior Surveillance System \(YRBSS\)](#). The survey results have widespread benefits for New Mexico at the state, county, and school district levels.

Topic areas for the YRRS include risk behaviors related to alcohol and drug use, unintentional injury, violence, suicidal ideation and attempts, tobacco use, sexual activity, physical activity, and nutrition; resiliency (protective) factors such as relationships in the family, school, community, and with peers; and health status issues such as body weight and asthma ([NM YRRS](#), 2020).

In the following pages, we've included three fact sheets from the NM YRRS team that convey the extent of disparities and inequities faced by some of our youth. The full Otero County middle and high school reports can be accessed at <http://youthrisk.org/>.

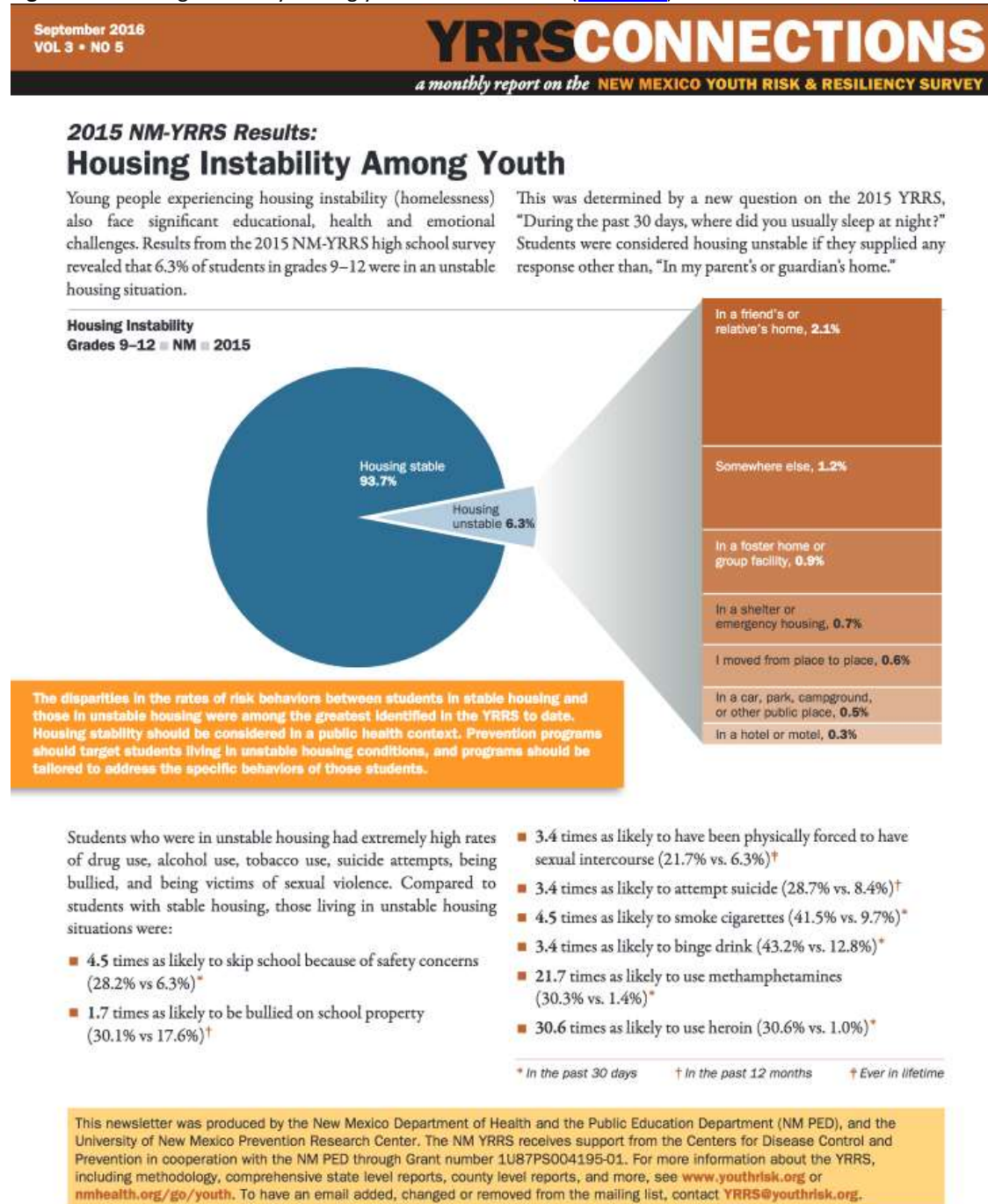
Programs to improve youth health, safety, and resilience should prioritize youth who may be at higher risk for violence and unhealthy behaviors because of social and economic circumstances, community and family risk factors, trauma, or marginalization and discrimination.



Housing Instability

In 2017, **8.6% of Otero County high school students reported housing instability**. As shown below, youth experiencing housing instability in NM are more likely to be victims of physical and sexual violence and are at higher risk for unhealthy substance use.

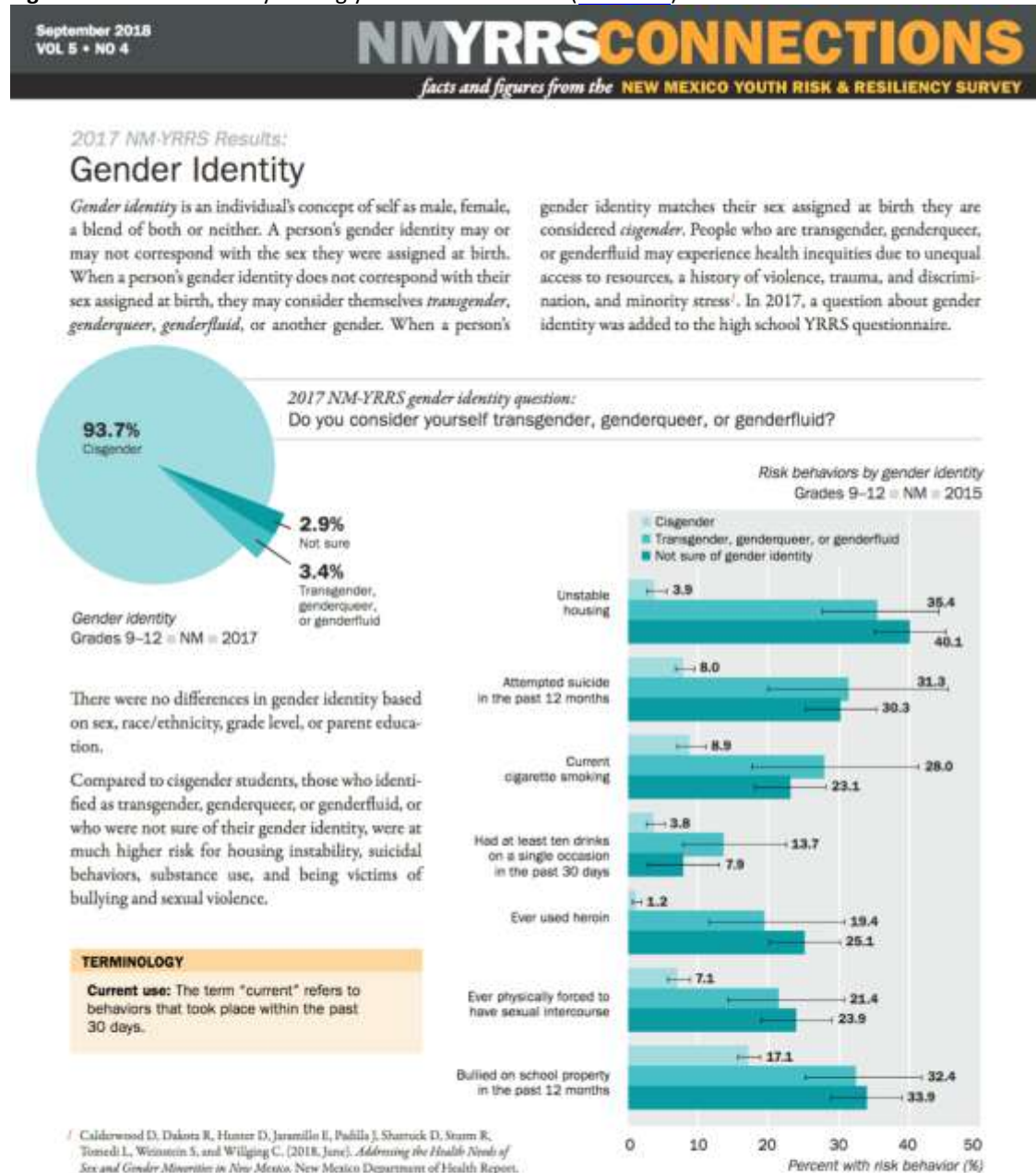
Figure 10. Housing Instability among youth in New Mexico ([NM YRRS](#))



Gender Identity

In 2017, **5.6% of Otero County high school students considered themselves transgender, genderqueer, or genderfluid**. As shown below, NM youth who are transgender, genderqueer, genderfluid, or not sure of their gender identity are at much higher risk for housing instability, suicidal behaviors, substance use, and for being victims of bullying and sexual violence.

Figure 11. Gender identity among youth in New Mexico (NM YRRS)



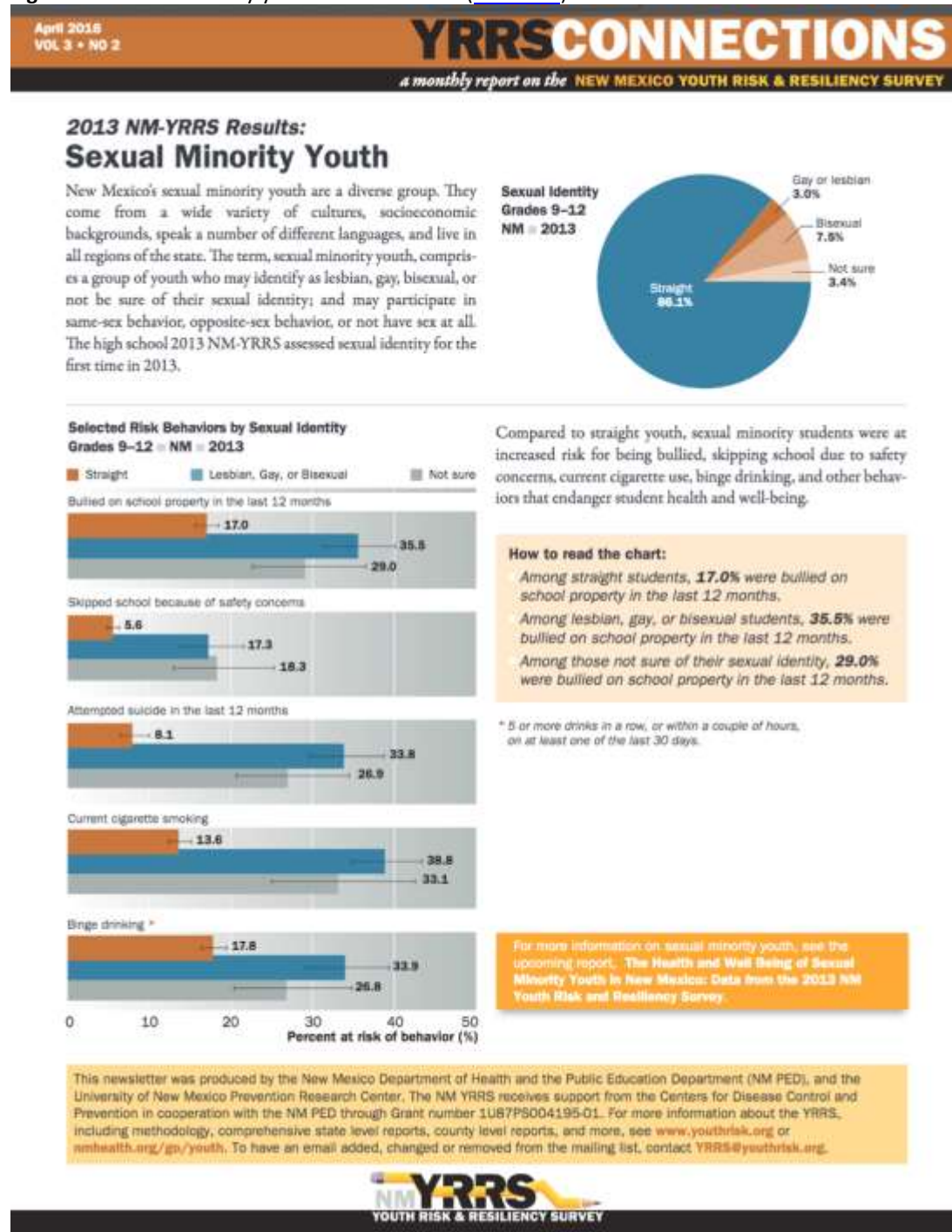
This newsletter was produced by the New Mexico Department of Health, the Public Education Department (PED), and the University of New Mexico Prevention Research Center. The NM-YRRS receives support from the Centers for Disease Control and Prevention in cooperation with the PED through Grant number 1U87PS004195-01. For more information about the YRRS, including methodology, comprehensive state level reports, county level reports, and more, see www.youthrisk.org or nmhealth.org/go/youth. To have an email added, changed or removed from the mailing list, contact YRRS@youthrisk.org.

healthy choices, healthy students

Sexual Identity

In 2017, about **13.4% of Otero County high school students described themselves as lesbian, gay, or bisexual**. As shown below, NM youth who are lesbian, gay, bisexual, or not sure of their sexual identity are at higher risk for being bullied and for current cigarette use, binge drinking, and suicidal behaviors.

Figure 12. Sexual minority youth in New Mexico ([NM YRRS](#))



Community Outreach: Healthy Communities Survey

We developed the *Healthy Communities Survey* to provide community members an opportunity to share input about conditions in the communities in which they live, and their experiences and opinions about healthcare systems/access and overall quality of life. The survey can be found on page AP15 of the appendix. Between August 2019 and January 2020, we promoted and distributed the survey throughout the County through a variety of channels. These included existing community meetings and networks, special events, community and faith-based organizations, County communication channels, and radio, print, and social media.

Who participated in our Healthy Communities Survey?



Place of residence

The Healthy Communities Survey included 858 participants. Of these, 775 participants (90.3%) provided the zip code of their place of residence. As shown below, most of the participants who provided this information lived in a community based in Otero County (92.5%). About half of these participants (52.4%) specified Alamogordo as their place of residence (see next page). The second most common place of residence was Tularosa (10.5%), followed by Mescalero (6.8%). Survey participants specified 13 different communities in Otero County as their place of residence. There were 53 participants from neighboring communities with zip codes outside of Otero County, including, Lincoln, Doña Ana, Luna, and El Paso Counties.

Five participants specified zip codes from communities outside the surrounding region, including Chavez and Valencia Counties in New Mexico, Maricopa County in Arizona, Potter County in Texas, and Lehigh County in Pennsylvania.

Based on input from the team supporting surveys in community settings, people who did not reside in Otero County but completed the survey did so if they worked in Otero County, lived in Otero County for part of the year, or felt connected enough to the community to provide input in at least some of the question domains.

Overview of participants' place of residence

Place of residence	Number of participants	Percent (excluding participants with missing zip codes)	Percent (of all participants)
Otero County	717	92.5%	83.6%
Neighboring communities	53	6.8%	6.2%
Outside surrounding region	5	0.6%	0.6%
Did not provide zip Code	83	-----	9.7%
Total	858		

OTERO COUNTY COMMUNITY HEALTH ASSESSMENT 2019

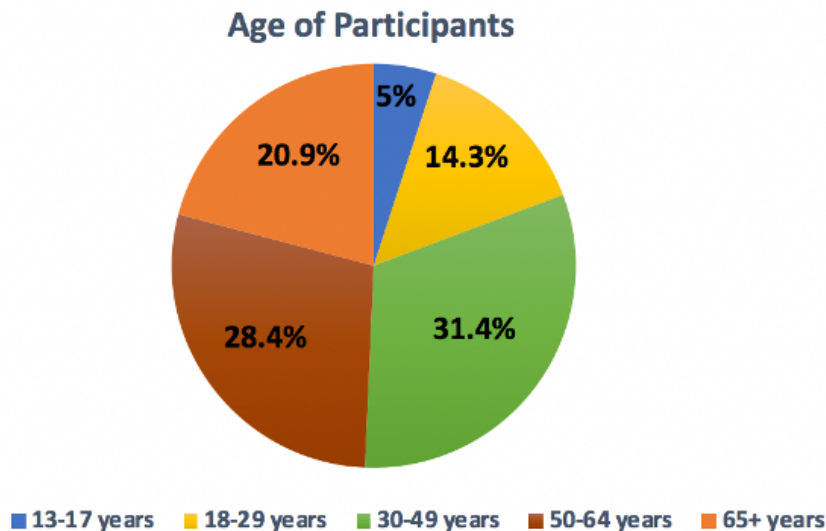
Overview of participant zip code information, corresponding communities in Otero County, neighboring counties, and counties outside the surrounding region

Community	Zip code	Number of participants	Percent (%) of all participants	Percent (%) of participants who provided zip Code	Percent (%) of only Otero County participants
<i>Otero County</i>					
Alamogordo	88310	400	46.6%	51.6%	55.8%
Alamogordo	88311	6	0.7%	0.8%	0.8%
Tularosa	88352	81	9.4%	10.5%	11.3%
Mescalero	88340	53	6.2%	6.8%	7.4%
Cloudcroft	88317	38	4.4%	4.9%	5.3%
La Luz	88337	33	3.9%	4.3%	4.6%
Holloman Air Force Base	88330	24	2.8%	3.1%	3.4%
Timberon	88350	22	2.6%	2.8%	3.1%
Mayhill	88339	13	1.5%	1.7%	1.8%
High Rolls Mountain Park	88325	7	0.8%	0.9%	1.0%
Weed	88354	4	0.5%	0.5%	0.6%
Sacramento	88347	1	0.1%	0.1%	0.1%
Piñon	88344	1	0.1%	0.1%	0.1%
Chaparral	88081	34	4.0%	4.4%	4.7%
<i>Total</i>		<i>717</i>	<i>83.6%</i>	<i>92.5%</i>	
<i>Neighboring Counties</i>					
Lincoln County, Doña Ana County, Luna County, El Paso County	88355, 88348 88346, 88345 88318, 88312 88047, 88030 88021, 88012 88011, 88007 88001, 79938 79936, 79924 79912, 79902	53	6.2%	6.8%	
<i>Counties outside surrounding region</i>					
Chavez County, Valencia County, Maricopa County (AZ), Potter County (TX), Lehigh County (PA)	88203, 87031 85395, 79104 18103	5	0.6%	0.6%	

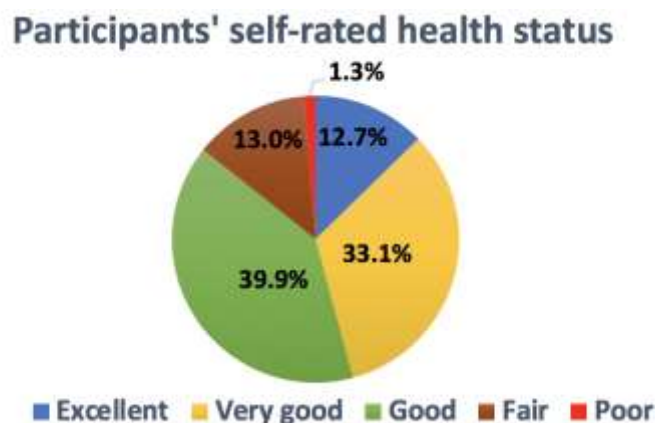


Participant age

Overall, 823 participants (95.9% of the total) provided information about their age. Most of these participants (31.4%) belonged to the 30 to 49 age group, followed by 28.4% of participants who were between the ages of 50 and 64. About 1/5 of participants were aged 65 and above. Participants between the ages of 18 to 29 and 13 to 17 accounted for 14.3% and 5% of survey respondents, respectively.

**Participant self-rated health status**

Participants were asked about their health status with the question: *“In general, would you say your health is:”* and with response options *“excellent”, “very good”, “good”, “fair”, or “poor”*. Almost all participants, 825 out of 858 (96.2%), responded to this question. Most participants (39.9%) described their health as “good” and about 1/3 of participants considered their health to be “very good”. An additional 12.7% reported “excellent” health. On the other hand, 13% of participants described their health as “fair” and 1.3% as “poor”.



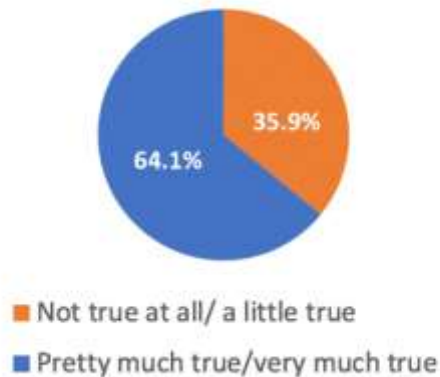
In the following pages, we provide responses, comments organized by theme, and a summary for each of the 13 questions, followed by a brief snapshot of all survey responses.

The first 9 questions asked for general opinions about the community.

1. People and families in my community have strong support networks

845 participants responded to this question.

People and families in my community have strong support networks



Selected comments from participants responding “pretty much true” or “very much true”

Support from church	<p><i>“Churches do care & help their members”</i></p> <p><i>“I came from Carlsbad, NM & didn’t have no one until I started attending church”</i></p>
Supportive neighborhood / community	<p><i>“Friends and neighbors care for people here who don’t have family around”</i></p> <p><i>“Our neighborhood has a very welcoming community”</i></p> <p><i>“Military community is very close and helpful at all times”</i></p>
Other available resources	<p><i>“The resources are here as well as the support structures: People just have to ask about them”</i></p> <p><i>“Alamogordo has a lot of reliable outreach and support programs more than any town I’ve ever lived in”</i></p>
Neighbors watching out for each other	<p><i>“Most neighbors will check in on each other, watch over properties, take people to get groceries, doctor appointments”</i></p>
Small town culture	<p><i>“Small town, everyone knows each other which makes it easier for the community to be united”</i></p>

People and families in my community have strong support networks

Selected comments from participants responding “not at all true” or “a little true”

Lack of closeness between neighbors/ community members	<p><i>“We have lived in our community for 1+ years and know no one”</i></p> <p><i>“Very few neighbors talk”</i></p>
Limited support for families	<p><i>“Need more resources for family supports without alcohol being served by the city”</i></p> <p><i>“Very few family-oriented organizations”</i></p> <p><i>“Need more support groups or options for the people and families”</i></p>
Limited support for youth and the elderly	<p><i>“Many of our elderly are living solo without close friends or family”</i></p> <p><i>“They need a lot more things for kids to do... that way they don't get in trouble - start doing drugs or drinking”</i></p>
Uneven support	<p><i>“I work with foster families, children in foster care & their parents - they don't have a lot of support systems”</i></p> <p><i>“Due to sexual orientation my family is at times excluded/shunned from certain things”</i></p>
Limited information	<p><i>“Not well advertised unless we research online - many do not have a computer”</i></p> <p><i>“The faith community has a lot of different options. I wish it was more advertised on base”</i></p>

Summary – Support Networks

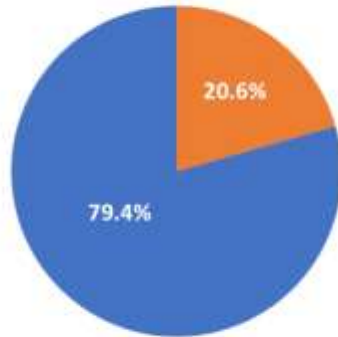
- People may not be aware of existing community supports
- Tailored community support for people & families is important
- Some residents feel marginalized



2. My community is a good place to raise a family

840 participants responded to this question.

My community is a good place to raise a family



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Community safety

“Families know each other to keep it safe”

“Our community is safe and that is the most important thing”

The people

“It’s a people community”

“Everyone is willing to help ones in need”

Small-town values & family-friendly

“Small town values, knowing community members, and good schools help us raise our family”

“Very family and children friendly”

Positive experiences

“After we moved here my daughter thrived. She finished school (H.S.), got promoted at her full time job, now is living independently and enrolled in college”

My community is a good place to raise a family

Selected comments from participants responding “not at all true” or “a little true”

Limited resources & activities for youth	<p><i>“Our young people do leave the area due to lack of jobs/education”</i></p> <p><i>“There are no real activities or locations for children to go and hang out”</i></p>
Need for improvements to education / schools	<p><i>“The community itself seems to be great, but the quality of schools is a little concerning”</i></p> <p><i>“School resources need more support”</i></p>
Concerns about safety and crime	<p><i>“I worry about the dangers/risks for children as they become teenagers”</i></p> <p><i>“Gang activity concerns me”</i></p> <p><i>“Drugs have changed the community. There is more problems associated with drug use”</i></p>
Limited activities and resources	<p><i>“There could be more options for families with younger children (such as: activities & more businesses)”</i></p>
Need for environmental improvements	<p><i>“There is nothing for kids to do safely. The park is run down, broken, dirty. can't safely walk, ride a bike, etc. along the roads without being dangerously close to vehicle traffic. Sidewalks would be nice.”</i></p>
Limited employment opportunities/ wages	<p><i>“The wages are very low here”</i></p> <p><i>“There are not many jobs that pay well”</i></p>

Summary – Raising a Family

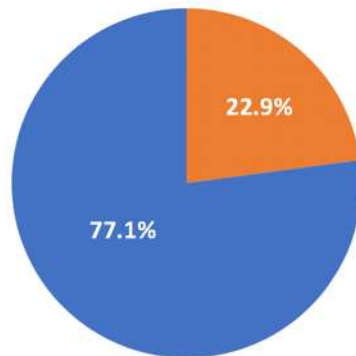
- Perceptions of safety and availability of resources vary widely
- Some communities lack basic amenities (sidewalks, parks, etc.)
- Many people value and share a sense of community



3. My community is a good place to grow old

842 participants responded to this question.

My community is a good place to grow old



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Resources for seniors	<p><i>“The senior center is wonderful – offering a wide range of services”</i></p> <p><i>“Senior centers are a good place for the older people to mingle and get a decent, cheap meal and stay active”</i></p>
Affordability	<p><i>“Housing is inexpensive and lifestyles are simplistic.”</i></p> <p><i>“Low tax rates make senior living affordable.”</i></p>
Safety & transportation	<p><i>“I think this is safe enough for older people and has Z-trans”</i></p>
General satisfaction	<p><i>“There's a laid back feeling to the community and there are great areas to purchase a home and retire”</i></p> <p><i>“It's a great retirement community”</i></p> <p><i>“We have been here 31 years and it is still an amazing place, Holloman, Alamogordo, Otero County”</i></p>

My community is a good place to grow old

Selected comments from participants responding “not at all true” or “a little true”

Limited access to medical care & need for improvements	<p><i>“It seems as though we have to travel out of town for procedures. Senior care seems limited as well.”</i></p> <p><i>“Medical care is limited. We travel to Las Cruces, Alamogordo, El Paso, Phoenix, and other places for our health needs.”</i></p>
Limited resources for the elderly	<p><i>“Seems there are very limited options for senior care here (nursing home & assisted living). The few we have seem to be of fairly low quality.”</i></p> <p><i>“Not many resources for elderly who are disabled”</i></p>
Limited transportation	<p><i>“We need better transportation to other towns (i.e., for doctors) for those of us who can’t/don’t drive”</i></p>
Other dissatisfaction	<p><i>“Health care availability, crimes & drugs do not entice me to settle down in this area.”</i></p> <p><i>“Job opportunities are low that offer reasonable pay & benefits to raise a family & retire here.”</i></p>

Summary – Growing Old

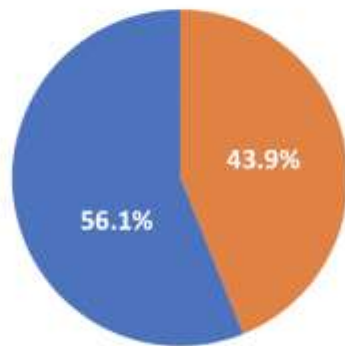
- Many people choose to retire here because of low cost of living and amenities
- Some people struggle with accessing healthcare, transportation, and support services



4. People in my community have a voice in making our community a better place to live

821 participants responded to this question.

People in my community have a voice in making
our community a better place to live



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Opportunities to express ones voice	<i>“You can take part in county and city meetings”</i>
	<i>“The chamber meetings are a good place to speak up to community leaders”</i>
	<i>“Yes, there are many avenues to make your concerns and voices heard”</i>
Community engagement	<i>“There is a neighborhood committee which is a good thing”</i>
	<i>“People pretty much keep in touch with each other and we have several community meetings each year”</i>
	<i>“The community has a lot of opportunity to voice concerns and opinions”</i>
Community kindness	<i>“Very kind, helpful community”</i>

People in my community have a voice in making our community a better place to live

Selected comments from participants responding “not at all true” or “a little true”

Dissatisfaction with responsiveness of elected officials	<p><i>“Elected officials do not seek community feedback and do not listen to the people when they do voice concerns/opinions”</i></p> <p><i>“I feel commissioners help the people in their circles but don't reach out to their districts for the overall popular vote”</i></p> <p><i>“Even when we ask questions or demand anything we get told “we are working on it”, “it's in the budget””</i></p>
Limited expression of voices/participation	<p><i>“It would be good to have additional community involvement from people who don't usually participate”</i></p> <p><i>“There seems to be a significant amount of roadblocks thrown up for people with new/innovative ideas for our community but also a significance lack of people willing to get involved to make a change/difference”</i></p>
Controlled by a few/powerful interests	<p><i>“It seems your voice being heard depends on who you know, who has power, or who knows “people”</i></p> <p><i>“Locals have little say & are not heard over the voice of “business”. This hinders quality of life. We need more codes & then enforce them (noise, lights, junk in yards, etc...)”</i></p> <p><i>“Very often it seems that only a given few have a true voice. We need to see how to mobilise and make everyone feel heard”</i></p>
Limited information/opportunities to express voice	<p><i>“I don't think many are aware of how to make their voices heard”</i></p> <p><i>“We have very few forums, water board & tourism”</i></p> <p><i>“I hear very little about city & county commission meetings. I think [these] should be more widely advertised so the public would be encouraged to attend”</i></p>

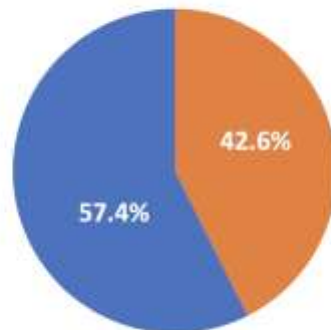
Summary – Having a Voice

- Some people find it easy to participate and provide input
- Barriers include not being able to participate in scheduled meetings and perception that decisions are made with little community input



5. In general, people in my community have the transportation they need
 802 people responded to this question.

In general, people in my community have the transportation they need



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Satisfaction with Z-trans	<p><i>“Z-trans has been a great asset to the community”</i></p> <p><i>“Zia offers a nice bus schedule”</i></p>
General availability of transportation	<p><i>“Most people have cars or are able to access modes of transportation, especially because used cars are easy to come by and town is small”</i></p>
Community helps with transportation	<p><i>“Neighbors offer transportation for people who cannot for whatever reasons, health or no car”</i></p>
Easy to get around due to size of community	<p><i>“Size of community makes everything within walking or biking distance”</i></p> <p><i>“Everything in the area is close, people can walk or take a bus”</i></p>

In general, people in my community have the transportation they need

Selected comments from participants responding “not at all true” or “a little true”

Need for expansion of current public transportation	<p><i>“No public transportation between communities”</i></p> <p><i>“Z-trans is great but there are more needs not covered such as evenings, weekends, rural areas”</i></p> <p><i>“The Z-Trans goes to basic places but not doctors and other necessary places”</i></p>
Need for transportation for seniors, veterans, persons with disabilities	<p><i>“Seniors on the mountain need some kind of public transportation daily”</i></p> <p><i>“Veterans/disabled individuals need help getting to and from appointments”</i></p>
Need for different modes of transportation & infrastructure for walking/biking	<p><i>“A bus system is in place, but the use of UBER or LYFT would help”</i></p> <p><i>“You need your own car for everything, public transportation is deficient. We need more sidewalks and bike paths”</i></p>
Need for better transportation between cities/towns	<p><i>“Mountain folk do not have bus service into town”</i></p> <p><i>“There is a regional bus service but no transportation for services (social) to/from El Paso/Las Cruces”</i></p>

Summary – Transportation

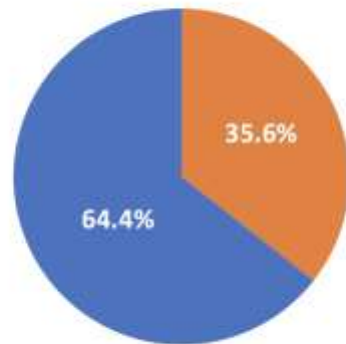
- People in some areas find our transportation system sufficient
- Especially in mountain and other rural areas of the County, the hours and scope of public transportation is limited
- Some neighborhoods lack adequate sidewalks and bike paths



6. There are good schools and educational opportunities in my community

800 participants responded to this question.

There are good schools and educational opportunities in my community



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Availability of schools/education

“We have a community college, general elementary schools, 2 middle schools and 2 high schools. The college also offers adult education classes.”

“There is good proximity to 4-year universities in NMSU and UTEP”

General satisfaction with schools/education

“Cloudcroft has one of the best schools in the state”

“My school supports and motivates me in doing my best”

“Tularosa is the best place”

Signs of improvements in schools/education

“Yes, my husband is a teacher at the high school. They have made great strides this last year”

“It is improving by the STEM and the variety of classes being offered”

“Fortunate to have NMSU-A. Schools are progressing”

There are good schools and educational opportunities in my community

Selected comments from participants responding “not at all true” or “a little true”

General dissatisfaction with schools/education

“Middle schools are crumbling, teachers are underpaid, curriculum does not value quality or rigor. Students often do not meet state standards, No four year institution is available at all. Private schools are all religious-based and overpriced. No charter schools are available.”

Need for higher standards in schools/education and better skills training

“People are coming out of schools unprepared to fill out job applications & unable to successfully handle job interviews”

Need for greater availability of schools/education

“There needs to be another High school. This one is crowded + under-managed. A technical school would be an asset.”

Need for improved special education

“Lacking in placement and screening for kids with special needs”

Summary – Educational Opportunities

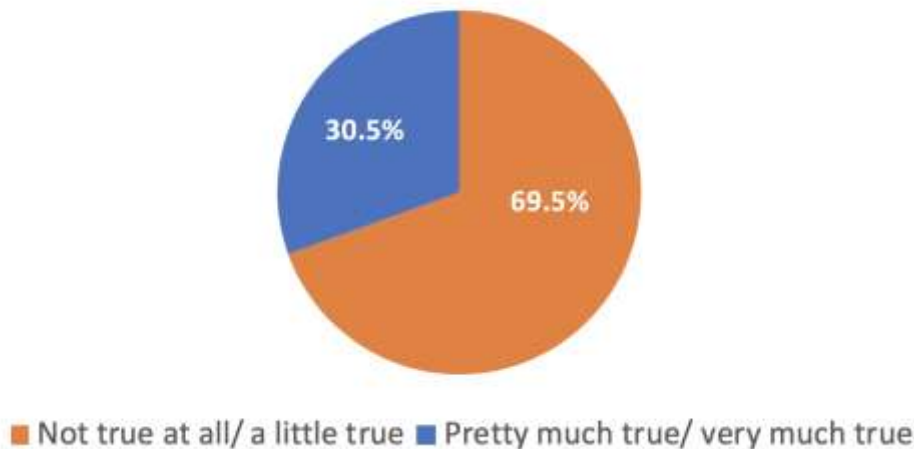
- Perception that we have a wide range of quality educational opportunities
- Some people perceive the educational system as not meeting specific needs and/or not providing all students with the resources they need to succeed



7. There are good jobs and economic opportunities for people in my community

813 participants responded to this question.

There are good jobs and economic opportunities
for people in my community



Selected comments from participants responding “pretty much true” or “very much true”

Availability of job opportunities	<i>“Lots of job opportunities”</i>
	<i>“I found a job when I needed one”</i>
	<i>“If you are not very picky when it comes to work, because sometimes we have to humble ourselves until we get the job that we are qualified for. Which sometimes means taking less pay. Anyone that wants a fresh start, they have opportunity”</i>
Advertisement for jobs in the community	<i>“It seems many companies are seeking workers”</i>
	<i>“There are a lot of places advertising for employees, most are in the fast food industry”</i>
Signs of improvement of job opportunities	<i>“Lots of growth and new jobs”</i>
	<i>“Jobs are getting better – new opportunities”</i>

There are good jobs and economic opportunities for people in my community

Selected comments from participants responding “not at all true” or “a little true”

Limited availability of local jobs	<p><i>“Most of us go work in Las Cruces or El Paso”</i></p> <p><i>“If you are not military, nurse, working for GCRMC, or seeking minimum wage, the opportunities are extremely low”</i></p> <p><i>“The word I would use is ‘stagnant’: when it comes to job opportunities for people moving here who are not connected with Holloman or don’t already have a job”</i></p>
Need for better paying jobs	<p><i>“Pay is low, no job opportunities to support a middle class”</i></p> <p><i>“The pay scale is 10 years behind current pay rates in other locations, but the cost of living is not lower”</i></p>
Limited employment opportunities for youth	<p><i>“Many of our young people graduate from high school or college and move out of town or state for jobs”</i></p> <p><i>“Not enough well-paying jobs to keep the young ones here”</i></p>
Need for better skills training	<p><i>“We need more education on trades for young people coming out of high school and young adult ages”</i></p> <p><i>“There seems to be people trained and educated but not necessarily a good fit for jobs available”</i></p>

Summary – Economic Opportunity

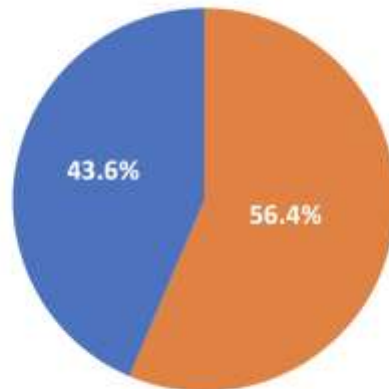
- Perception that jobs are available but not all are desirable
- Job training and education should improve to align more with local workforce needs
- Perception that jobs outside of government and healthcare systems lack adequate compensation and benefits



8. Quality housing is affordable in my community

807 participants responded to this question.

Quality housing is affordable in my community



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Availability of affordable housing	<i>“I’ve always managed to find good housing and know others (low income) that have as well”</i>
	<i>“Cost of housing is low compared to other counties”</i>
Variety of affordable housing	<i>“There seems to be a variety of homes in different price ranges”</i>
Availability of affordable houses to buy	<i>“Outstanding housing prices, many affordable choices”</i>
	<i>“Real estate does cost less here”</i>
Low cost of living	<i>“I feel cost of living here in Alamogordo is very affordable”</i>

Quality housing is affordable in my community

Selected comments from participants responding “not at all true” or “a little true”

<p>Housing not affordable with local wages</p>	<p><i>“Quality housing is affordable if you work elsewhere or come with funds to buy real estate. Quality housing is not affordable for those who work here”</i></p>
	<p><i>“Housing cost tends to exceed the median income of many Otero County residents”</i></p>
<p>Poor quality of housing</p>	<p><i>“Quality is the key word here. There is housing but many people with low or fixed income struggle and have to live in poor housing conditions”</i></p>
<p>Limited availability of different types of housing</p>	<p><i>“Need more housing (Apts., townhomes), rent prices don’t match the area at all”</i></p>
	<p><i>“Temporary housing, homeless facilities are non-existent. We need to address this”</i></p>
<p>High cost</p>	<p><i>“Nice houses are very expensive here, much more so than other places I’ve lived”</i></p>
	<p><i>“Not affordable for the young ones – rent very expensive & many homes for sale are overpriced”</i></p>
	<p><i>“Rental rates for homes in safe areas is very high”</i></p>

Summary – Housing

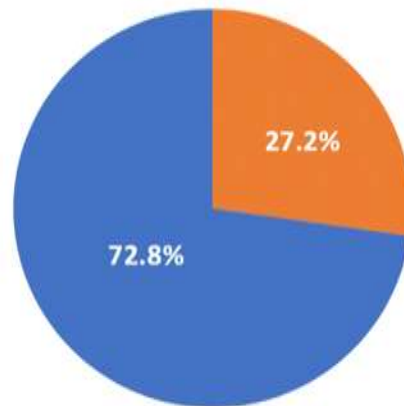
- Some people find high quality and affordable housing easily
- Many people struggle to find safe and affordable housing
- Few options to support people experiencing homelessness



9. In general, people feel safe in my community

822 people responded to this question.

In general, people feel safe in my community



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

General sense of safety

“I would say people including myself feel very safe, there is little to no crime here at all, and that is very nice, especially when raising a family”

“I believe for the most part being a smaller town it feels safe”

Satisfaction with police, fire department, 1st responders

“I have lived in Alamogordo for 62 years and am exactly where I want to be. I love this community and this state and have seen so much growth and improvement.”

“I am proud of our police department, fire department, 1st responders and Ambulance service! Hats off to those who service. It's a tough job.”

“A very responsive and helpful police force”

Community safety

“Small town people look out for each other”

In general, people feel safe in my community

Selected comments from participants responding “not at all true” or “a little true”

Need for additional law enforcement	<p><i>“Not enough well-trained law enforcement, shortage of police in this community/county”</i></p> <p><i>“City does not provide enough support to law enforcement”</i></p>
Problems with substance use	<p><i>“In recent years, there is an increase in drug usage...with an influx of state, city, and border patrol in close proximity many citizens have had run-ins with the law”</i></p>
Variation in safety by location	<p><i>“In most areas it is safe, however in some areas...it is difficult for people to feel safe. Also, there are little resources available to people who struggle with homelessness and addiction”</i></p>

Summary – Safety

- Most people perceive their community as safe
- High appreciation for law enforcement and first responders
- Perceptions of safety vary depending on location
- Concern that City and County do not provide adequate support for law enforcement

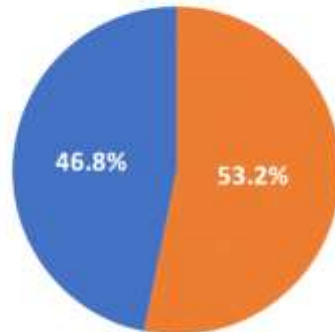


The next 4 questions asked participants about their own experience in their community.

1. I am satisfied with the overall healthcare system – including mental health services – in my community

811 participants responded to this question.

I am satisfied with the overall healthcare system -
incl. mental health services - in my community



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

General satisfaction with healthcare services	<i>“Very happy with GCRMC”</i>
	<i>“Las Cruces has wonderful medical facilities”</i>
	<i>“Urgent care I attended had a much shorter wait time than others I visited in California”</i>
Satisfaction with availability of healthcare services	<i>“There are a lot of great resources offered in Otero County”</i>
	<i>“A lot of clinics”</i>
Satisfaction with mental health services	<i>“My daughter has mental health issues and so far, the services that she has received have been excellent including doctors, counseling, etc.”</i>
	<i>“I have received EXCELLENT mental health care here – it’s made a huge difference in my mental health”</i>

I am satisfied with the overall healthcare system – including mental health services – in my community

Selected comments from participants responding “not at all true” or “a little true”

Limited availability of medical services & physicians locally	<p><i>“To receive adequate services there’s a need to travel to El Paso, Anthony, Las Cruces”</i></p> <p><i>“Too many Drs. don’t take new patients – we have to go out of town for a lot of medical”</i></p>
Limited availability of mental health services	<p><i>“Mental health services (with various approaches especially) are lacking and/or non-existent”</i></p> <p><i>“Need mental health Services for family and in school, a lot of mental health concerns due to behavior and family concerns”</i></p> <p><i>“Could use more therapists for teens & children, also domestic violence therapists”</i></p> <p><i>“More mental health & treatment and a need for substance use treatment facilities”</i></p>
Negative experiences and lack of trust in providers	<p><i>“Healthcare is hit and miss in this area, especially for those with chronic but not life-threatening conditions”</i></p> <p><i>“Specialty care is not available here for many folks. Many are referred to El Paso, Las Cruces, Albuquerque”</i></p>
Lack of local specialty care	<p><i>“Very few specialized services for children. Not all providers accept all Medicaid companies.”</i></p> <p><i>“Insurance tends to send me to clinics far out of town”</i></p>
High costs & limited insurance coverage	<p><i>“The charges are outrageous (even with insurance) after co-pays and deductibles met”</i></p>

Summary – Healthcare systems

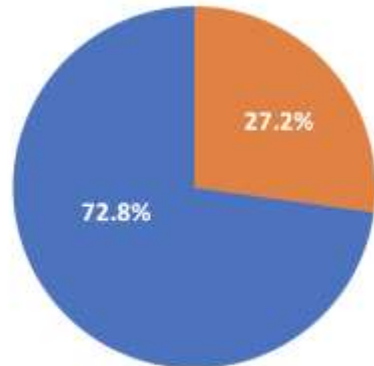
- Some people have extremely positive experiences, while others had negative experiences or perceive gaps in local healthcare services
- Many people lack access to mental health/substance use disorder treatment
- Some people have challenges with insurance coverage and limitations



2. I am able to get healthcare when I need it

828 participants responded to this question.

I am able to get healthcare when I need it



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

General satisfaction & positive experiences

“Yes, when me and my kids moved back to NM, we had no problems with getting healthcare”

“I can usually get the care I need within a week or two. Specialists take longer due to needing pre-authorization for care”

Satisfaction with health insurance

“I have great insurance, so I am blessed”

“I have good private health insurance”

Local availability of healthcare

“There are clinics within 30 minutes from where I live”

Satisfaction with providers

“The community has very good and concerned Drs”

I am able to get healthcare when I need it

Selected comments from participants responding “not at all true” or “a little true”

Limited availability of local healthcare	<p><i>“I can drive 60 miles or so to Las Cruces or El Paso for healthcare that is unavailable here. Therefore, I am able to get healthcare, but it is quite an obstacle at times”</i></p> <p><i>“Some specialists are not available or long waiting periods to get appointments”</i></p>
High costs	<p><i>“Fortunately I have a job w/insurance but my out of pocket is too high. Many people have nothing, no access”</i></p> <p><i>“Even with insurance costs in our area are high with poor availability”</i></p>
Long wait times	<p><i>“Appointments are always months out”</i></p>
Limited insurance coverage	<p><i>“Not much hospital works on our health insurance, especially dental”</i></p> <p><i>“It always comes down to battles with insurance”</i></p>

Summary – Able to get healthcare when I need it

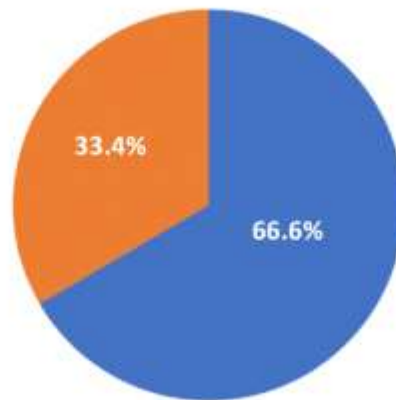
- Many people are able to access healthcare when needed, although some perceive a limited availability of local providers and specialists
- Satisfaction with local providers
- Limited insurance coverage and costs are barriers



3. Because of the cost, I sometimes delay or avoid getting the healthcare I need

811 participants responded to this question.

Because of the cost, I sometimes delay or avoid getting the healthcare I need



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “not true at all” or “a little true”

Note: Due to the inverse wording of this question compared to the other questions, “not true at all”/“a little true” responses are depicted in blue and “pretty much true”/“very much true” responses are in orange

Satisfaction with health insurance

“THANK GOD my employers offer health insurance – covers a good portion. Prior to that when I had to self-insure/seek my own insurance, I would avoid health care regularly because of costs”

“I am on Medicare and wish everyone was!”

Access through military (Tricare)

“Because I have Tricare as Active Duty. I actually am more likely to get help now.”

“I do have Tricare Prime though, so I don't have to pay”

No issues with costs

“Cost is not a factor”

“I didn't have any problems with the cost of health insurance”

Because of the cost, I sometimes delay or avoid getting the healthcare I need

Selected comments from participants responding “pretty much true” or “very much true”



Summary – Delaying or Avoiding Healthcare due to cost

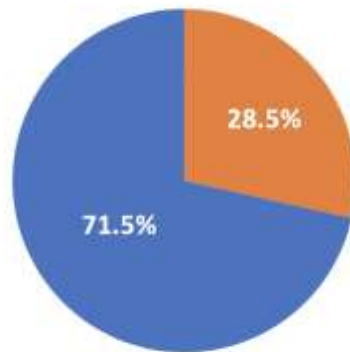
- People with Tricare and Medicare report no barriers due to cost
- Many people with private insurance or no insurance report substantial financial barriers
- Some people have difficulty accessing & affording specialty care



4. I am satisfied with the overall quality of life in my community

835 participants responded to this question.

I am satisfied with the overall quality of life in my community



■ Not true at all/ a little true ■ Pretty much true/ very much true

Selected comments from participants responding “pretty much true” or “very much true”

Overall satisfaction/ contentment	<i>“I love my community; I have no problems”</i>
	<i>“Yes, I love living in Alamogordo. I love the small-town camaraderie and sense of community values”</i>
	<i>“Small town life is so satisfying, church-wise, shopping-wise, restaurants, etc.”</i>
	<i>“I love living here in Otero County”</i>
Enjoyment of the location & nature	<i>“The peace & quiet makes up for a lot”</i>
	<i>“I appreciate the quiet nature”</i>
	<i>“Love the mountain”</i>
Satisfaction with retirement and family- friendly community	<i>“Great place to retire, very law enforcement minded community”</i>
	<i>“Good place to raise kids or retire”</i>

I am satisfied with the overall quality of life in my community

Selected comments from participants responding “not at all true” or “a little true”

<p>Limited local recreational/cultural activities</p>	<p><i>“Citizens must travel outside of the city for recreational activities, shopping, and other leisure”</i></p> <p><i>“Wish there were more outdoor activities and free things for children and families”</i></p> <p><i>“Need more cultural experiences & entertainment that does not just target tourists”</i></p>
<p>Need for environmental improvements / social infrastructure / clean-ups</p>	<p><i>“Alamogordo still has some eyesore neighborhoods and rundown buildings that either need to be cleaned up or bulldozed. Including weeds/trash around businesses”</i></p> <p><i>“Many improvements could be made to transportation systems for walkability. Parks & recreation opportunities could be improved.”</i></p>
<p>Limited employment opportunities</p>	<p><i>“[Lack of] work opportunities and pay is a barrier to a better quality of life”</i></p> <p><i>“More business opportunities would help so that so many people in the local area do not have to travel outside of this area to get needs & wants for their families”</i></p>
<p>Other areas of dissatisfaction</p>	<p><i>“Homelessness, crime, drugs, and violence is high in this area”</i></p> <p><i>“Sometimes I really want to move due to the way life is in Otero County w/ hospitals, doctors, schools”</i></p>

Summary – Overall Quality of Life

- Many people report high quality of life
- Some areas need environmental improvements
- Some people would like more recreational, business, and entertainment opportunities



Additional Comments

Participants also had the opportunity to provide comments in response to the following:

“Thank you very much for participating! Is there anything else you would like to add or share? Please use this page for any additional thoughts you have about health and a healthy community.”

A total of 90 participants responded with additional comments, many of which repeated comments made in response to previous questions. Detailed comments focused mostly on the need for increased mental health services, substance use disorder treatment, and supportive housing, as highlighted below:



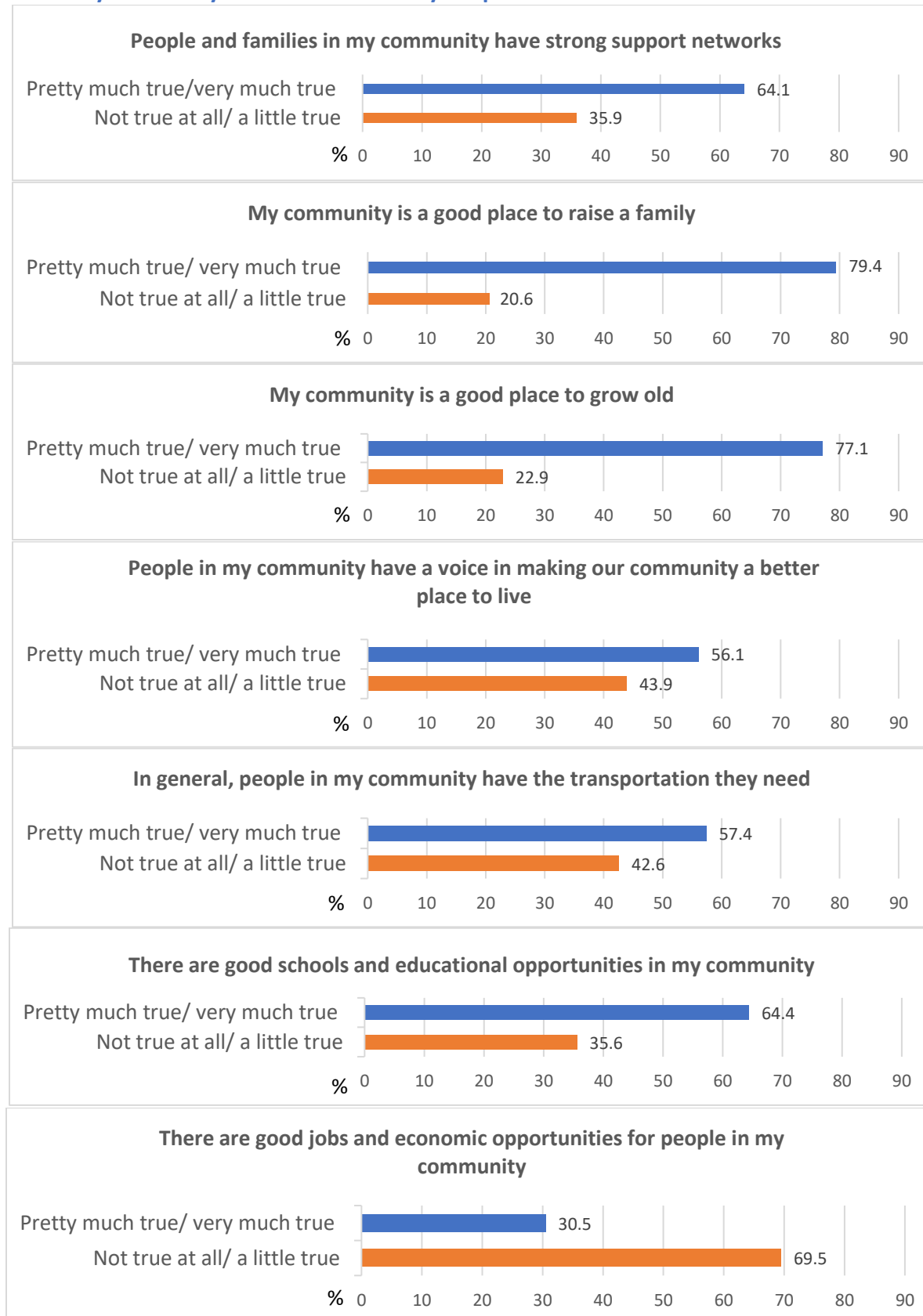
“One area that needs more attention is availability of programs for people who are homeless who often struggle to access basic living, substance use services, and mental health services - sometimes due to not having transportation to get to services”

“There is no resource for housing emergencies, transitional housing, chronic homelessness, supportive housing. There is a homeless population here and the decision makers choose to ignore this humanitarian need. Also, decision makers blindly ignore gun safety/violence prevention measures - for instance, becoming a "2nd Amendment Sanctuary" instead of respecting State lawmakers”

“There needs to be housing for homeless, temporary at best for bad weather, animal accommodating, and programs to help people improve themselves & circumstances w/o so much criteria, as it makes it harder for them, unreachable goal in their mind / The college needs to reach out to the community to let people know that you don't have to be enrolled in order to use their services. / More community gardens open to anyone who needs food. Using/utilizing sidewalk sides for growing fruit trees & veggies”

A snapshot summary of the Healthy Communities Survey appears on the next two pages.

Summary of Healthy Communities Survey Responses



Healthy Community Survey Responses, continued



¹Note: Due to the inverse wording of this question compared to the other questions, “not true at all”/“a little true” responses are depicted in blue and “pretty much true”/ “very much true” responses are in orange

Community Engagement Forums & Key Stakeholder Interviews

Community Engagement Forums. Between March 2019 and December 2019, we held community engagement forums in diverse settings throughout the County. We held **seven open public forums** (Alamogordo, Tularosa, Chaparral, Weed, Timberon, Mayhill, and Cloudcroft) that were promoted through paid radio and newspaper advertising and targeted social media promotion; we also held **twenty community engagement sessions** (see acknowledgment page for list of sessions) and collected Healthy Community Surveys at a variety of existing community meetings, events, and public locations. We also promoted the surveys through city and county government meetings and websites and provided people the opportunity to return surveys in person, by mail, or by email.

Examples of community forum promotions

YOUR VOICE MATTERS!
What does a healthy community look like?

Healthy People | Healthy Communities | Health Equity

November 7, 2019: Join us anytime between 2pm - 7pm
Sgt. Willie Estrada Memorial Civic Center, 800 E. 1st St., Alamogordo
More info? <https://co.oteronm.us/374/Community-Health-Assessment>

YOUR VOICE MATTERS!
What does a healthy community look like?

Healthy People | Healthy Communities | Health Equity

December 9, 2019: Join us anytime between 11am - 2pm
Light refreshments provided
Otero County Electric Co-op
404 Burro Avenue
Cloudcroft, NM 88317
More info? <https://co.oteronm.us/374/Community-Health-Assessment>

YOUR VOICE MATTERS!
What does a healthy community look like?

Healthy People | Healthy Communities | Health Equity

November 6, 2019: Join us anytime between 2-7pm
Otero County Community Health Council & Behavioral Health LC 12
November 6, 2019 • 3
Hello everyone and happy rainy Wednesday!
Otero County is conducting a Community Health Assessment - and we want your input! Just drop by any time between 2-7pm! Please help spread the word.
There will be light refreshments. The whole family is welcome - coloring pages for kids.
Your voice matters.
TOMORROW
Thursday November 7th anytime between 2 and 7pm at the Sgt. Willie Estrada Memorial Civic Center, at 800 1st Street Alamogordo.
It will only take a few minutes to share your thoughts about what a healthy community means to you!

YOUR VOICE MATTERS!
What does a healthy community look like?

Healthy People | Healthy Communities | Health Equity

Tuesday, December 10, 2019: Join us anytime between 3pm - 7pm
Light refreshments provided
Chaparral Community Center
472 Ace Ryan St., Chaparral, NM 88011
More info? <https://co.oteronm.us/374/Community-Health-Assessment>

Core Team members facilitated discussions using guiding questions from the Visioning Survey (see page AP23 in the Appendix). Participants provided input on what a healthy community means to them and what they would change to help everyone reach their full health potential.

We also invited local experts to participate in Key Stakeholder Interviews in person or by email. Respondents included community members with expertise in public health, healthcare administration and clinical care, mental health, law enforcement, education, juvenile justice, and ministry. On the following 2 pages, we provide an overview of responses from 27 Community Engagement Forums and 8 Key Stakeholder Interviews.

Community Engagement Sessions: Overview of Common Themes and Responses

Common themes	What makes a healthy community? What would help everyone to reach their full health potential?
Health & access to medical care	<ul style="list-style-type: none"> Improved access to physicians and medical facilities, including dentists, pharmacies, and emergency services Greater local availability of medical providers & specialists Better access to mental health/substance use treatment in the community More affordable health care, medications & insurance options Community health center, resources, & free/sliding scale services
Environmental conditions	<ul style="list-style-type: none"> Maintenance of clean air and water Trash removal, sanitation, and a clean environment Safe parks, forests & hiking trails for families and elderly
Entertainment & social/recreational programs	<ul style="list-style-type: none"> More community programs, such as for substance use prevention & recovery, after school programs for youth, programs for seniors, cooking classes, nutrition education More retail/shopping options Better access to affordable gyms and indoor pools More community events, including faith-based events
Transportation/infrastructure	<ul style="list-style-type: none"> Safe walking paths/improved walkability & safe bike trails Better transportation for rural/mountain communities Better transportation to medical appointments and stores Expanded public transportation (e.g., hours and service areas)
Community resources	<ul style="list-style-type: none"> More affordable childcare and after school programs Services for senior citizens (e.g., Senior Center, assisted living) More community gardens and farmer's markets Better public information about resources Affordable utilities (including lighting, gas, water)
Nutrition & healthy food	<ul style="list-style-type: none"> More affordable, healthy food in schools/stores/restaurants w/nutrition information Access to food banks and meals on wheels Addressing food deserts & malnutrition
Employment	<ul style="list-style-type: none"> More job opportunities, including jobs with benefits & training Fair & decent wages More opportunities & support for people with a felony record
Education	<ul style="list-style-type: none"> Educational opportunities for young people (e.g., college, Tech/Trade schools), adult education, community education More support from schools for mental health and family needs
Housing	<ul style="list-style-type: none"> More quality, safe, affordable housing including permanent supportive housing Temporary housing for people experiencing homelessness, including families, and persons with mental or substance use disorders Day housing & hygiene opportunities
Crime & safety	<ul style="list-style-type: none"> More law enforcement, reduction of violent crime & drug use
Social & community conditions	<ul style="list-style-type: none"> Friendliness, kindness, support of elderly and children, neighbors who care, and community service, charity & volunteerism Importance of faith-based communities & connections
Government	<ul style="list-style-type: none"> Leaders showing interest in communities (e.g., attend community meetings); provide more opportunities for community members to be involved in decision-making

Key Stakeholder Interview Summaries by Theme

Common themes	<i>What makes a healthy community & what changes would help community members reach their full health potential?</i>
Health & access to medical care	<ul style="list-style-type: none"> Local medical and behavioral services for everyone - regardless of socio-economic status Access to affordable and quality medical and mental health care Universal health care for all with health/well-being classes (including childcare) Prevention-based strategies & outreach to thwart health issues before they occur "Traveling specialists" so care could be delivered closer to home Addressing fear of doctor/diagnosis & perception that issue is "not that serious yet" Addressing difficulty getting medical appointments Lowering/assisting with insurance co-pays for appointments and medication Addressing low health literacy & confusion about behavioral health service providers
Social/community conditions	<ul style="list-style-type: none"> Strong stakeholder collaboration A friendly and caring community with active citizens helping and encouraging each other Addressing poverty - healthy choices are few when money is limited Addressing cultural norms that do not promote healthy living
Community & public resources & services	<ul style="list-style-type: none"> Childcare and support services for grandparents Community schools & resources for families in need Improved understanding of available services in the area Coordinated public services and public service announcements
Nutrition & healthy food	<ul style="list-style-type: none"> Access to affordable healthy foods, including restaurant options
Employment	<ul style="list-style-type: none"> Access to employment opportunities Attraction of large industry to positively influence culture & job opportunities
Housing	<ul style="list-style-type: none"> Safe housing/shelters for everyone - regardless of socio-economic status, including individuals, families & youth experiencing homelessness
Social/recreational opportunities	<ul style="list-style-type: none"> Access to wellness and recreation opportunities, e.g., safe parks, walking paths, sidewalks
Education	<ul style="list-style-type: none"> Access to good educational opportunities, including vocational training Support for Community Schools
Transportation	<ul style="list-style-type: none"> Access to transportation, especially for rural communities

Aligning What Works to Improve Health with Community Input and Priorities

Based on community input (forums, surveys, key stakeholder interviews) and existing data, several priorities for supporting health and health equity in our community emerge as timely opportunities to support healthy people and families. We know that interventions that address social determinants of health like income, education, and housing have the greatest potential to improve community health. We also know that the individual behaviors that contribute the most to the burden of disease and disability in the U.S. include poor nutrition, lack of physical activity, tobacco use, excessive alcohol use, and other unhealthy substance use. Compelling evidence suggests that interventions that **change the context to support healthy behaviors** have the greatest impact on public health (Frieden, 2010), but also require substantial support from community members and policymakers.

“Shifting our conversations from “what can individuals do” to “what can communities do” is key in our efforts to advocate for policies that not only reduce unhealthy substance use but also support healthy eating and active living, educational attainment, economic improvements, and other key social determinants of health”

-Roe & Mata, 2019

In this section, we highlight opportunities and scientifically supported recommendations that build on current community efforts and identified priorities, and have the most potential to support healthy behaviors and improve health outcomes in our community. We begin with strategies, opportunities, and recommendations to increase healthy eating and active living and to reduce unhealthy substance use.



We then provide strategies, opportunities, and recommendations to support health and health equity in the context of each of the social determinants of health addressed through the Healthy Community Survey: social networks and support, civic engagement, transportation, education, economic opportunity, housing, safety, and healthcare. ***Improving programs and policies in these areas creates environments that support healthy behaviors, healthy people and families, and healthy communities.***

As we finalize this report, we are in the midst of the COVID-19 pandemic. The health and economic consequences of this crisis are being felt at every level of government and in every community. **Now more than ever, we have a responsibility – and an opportunity – to invest in community and policy improvements that support health and health equity for all our residents.**

Recommendations to support HEAL and reduce unhealthy substance use

Supporting Healthy Eating & Active Living (HEAL)

Community-level strategies to support HEAL that are **scientifically supported** (tested in multiple studies with consistently positive results) or have **some evidence** of positive results in several studies include:

- Community-based places for physical activity
- Activity programs for older adults
- Community fitness programs
- Multi-component obesity prevention interventions that combine educational, environmental, and behavioral activities
- Screen-time interventions for children that promote time away from TV and other media
- School breakfast and additional meal programs
- Prescriptions for physical activity with tailored exercise plans
- Community-based restaurant interventions to promote healthy eating
- Farmer's markets and incentivizing healthy food purchases in various settings
- Healthy food initiatives in food banks



Recommendations based on evidence, community input, and priorities

- Support existing community efforts that increase availability/affordability of healthy foods and nutrition education throughout the County
- Support community-based places (e.g., community centers, senior centers) throughout the County that provide activity programs for older adults and multi-generational physical activity programs that are accessible and affordable for all residents
- Prioritize building and maintaining safe parks and playgrounds in communities with fewer resources
- Leverage resources and partnerships to create community environments that support HEAL and reduce sedentary time
- Advocate for increased SNAP benefits to support families with low incomes



For more information on what works to improve health: [What works for Health](#) and [What works? Strategies to Improve Rural Health](#)

Reducing Unhealthy Substance Use

Scientifically supported strategies to reduce alcohol and tobacco use, other unhealthy substance use, and substance-related harm are highlighted on pages 19 and 20. All of us – community members, health professionals, and policymakers – have important roles to play in creating environments that prevent unhealthy substance use, support recovery from substance use disorders, and reduce substance-related harm (see [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, & Health](#)). As a community, we can:



- Build awareness of substance use as a public health problem
- Invest in evidence-based prevention interventions and recovery supports
 - For every \$1 invested in prevention, up to \$10 is saved in treatment for alcohol and other substance-related costs/harms
- Implement and support interventions to reduce harms associated with substance use

"Everyone has a role to play in addressing substance use disorders and in changing the conversation around substance use, to improve the health, safety, and well-being of individuals and communities across our nation"
 -[Facing Addiction in America](#)

What would this look like in our community?

- People who need help feel comfortable seeking it; "no wrong door" for accessing health services
- Communities are willing to invest in prevention services, knowing that such investment pays off over the long term, with a wide range of benefits for everyone
- Health care professionals treat substance use disorders with the same level of compassion and care as they would any other chronic disease, such as diabetes or heart disease
- People are celebrated for their efforts to get well and for their steps in recovery
- Everyone knows that their care and support can make a meaningful difference in someone's recovery

Recommendations based on evidence, community input, and current priorities

- Advocate for and support scientifically supported policies to reduce alcohol & tobacco use
- Support substance-free community events to ensure that all people and families can participate
- Promote community harm reduction initiatives and recovery supports
- Advocate for criminal justice reforms – substance use disorders and addiction should be treated as a public health issue rather than a criminal issue
- Advocate for increased access to healthcare including substance use disorder treatment for people of all ages (see page 76 for specific recommendations related to healthcare systems)

Recommendations to improve Social Support, Civic Engagement, Transportation, Economic Opportunity, Housing, Safety, Justice, & Healthcare Access

Social Networks and Support

Community-level strategies to increase family and social support that are **scientifically supported** (tested in multiple studies with consistently positive results), have **some evidence** (positive results in several studies), or are based on **expert opinion** (recommended by credible, impartial experts based on initial or limited studies) include:

- Activity centers for older adults
- Community centers that facilitate residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek counseling or support services
- Early childhood home visiting programs that provide expectant parents and families with information, support, and training regarding child health, development, and care from prenatal stages through early childhood
- Group-based parenting programs that teach parenting skills in a group setting using a standardized curriculum, often based on behavioral or cognitive-behavioral approaches
- Nurse-Family Partnership programs that provide home visiting services to low income, first time mothers and their babies, starting during pregnancy and continuing through a child's second birthday
- Support and strengthen residents and communities and address effects of community trauma (e.g., poverty, violence, structural racism, etc.) via a comprehensive, multi-stakeholder, and multilevel approach (RWJF, [What works for Health](#))



Recommendations based on evidence, community input, and current priorities

- Support the "100% Community" Initiative in Otero County
- Invest in and support community centers in all County areas
- Improve inter-agency collaboration (e.g., between local, state, and county governments)
- Consider developing a collaborative system for grant proposals and oversight
- Increase participation of rural communities in resource allocation and distribution
- Support Otero County Community Health Council Action Plan priorities



"If we ensure that all our families and community residents have access to the five surviving services and the five thriving services, we will increase self-sufficient family households, higher educational achievement, job readiness, employment and healthy residents of all ages"

- [New Mexico 100% Community Initiative](#)

See page 71 for more information on Community Schools and the NM 100% Community Initiative

Civic Engagement

Civic engagement, civic participation, and civic health are common terms that encompass a variety of community indicators including voting, volunteering, and group activity participation. Higher levels of civic participation are associated with both higher levels of community well-being and higher levels of individual health (Healthy People 2020, [Civic Participation](#)). In the November 2018 General Election, **52%** of eligible voters in Otero County voted; voting by county in NM ranged from **41%** in Lea County to **73%** in Los Alamos County (NM Secretary of State, 2018).

“Civic health” is defined as the way that communities are organized to define and address public problems. Communities with strong indicators of civic health have higher employment rates, stronger schools, better physical health, and more responsive governments.
-National Conference on Citizenship, 2019

Community events like the NMSU–A panel discussion during Black History Month highlight voting rights and the benefits of strong voter participation. They also increase awareness of proven strategies to increase voter registration and participation in local, state, and federal elections. Proven strategies to increase voter participation include (Center for American Progress, 2018):

- Automatic voter registration
- Same-day voter registration
- Pre-registration
- “No excuse” absentee voting
- Early voting
- Vote-at-home (vote-by-mail) with community vote centers
- Strengthen civics education in schools
- Invest in voter education and outreach
- Ensure that people who were formerly incarcerated are aware of the process in NM to get their voting rights restored

African-Americans and the Vote



February 13, 2020 6:00 - 7:00pm

At the Rohovec Theatre on the NMSU–A campus (Doors open at 5:45)
 A panel discussion on the history and future of African-American voting rights which affects all Americans

Recommendations based on evidence, community input and current priorities

- Advocate for proven strategies to increase voter participation at the state level
- Increase early voting opportunities in Chaparral and mountain communities
- Promote nonpartisan efforts to increase voter registration and participation
- Encourage local elected officials to hold frequent “town hall” meetings in their districts and promote increased outreach in Chaparral and mountain communities

Transportation

Access to safe, affordable and reliable transportation – especially public transportation – is a complex issue, especially in regions with both urban and rural communities. Strong public transportation systems and well-designed street, sidewalk, and trail systems promote individual health, social mobility, and community well-being.

“Creating and adopting policies that support active travel and encourage shared transportation can not only help to increase physical activity and reduce obesity, but also reduce traffic-related injuries and deaths and improve the quality of our environment”

-RWJF, County Health Rankings - Housing & Transit

Recommended community-level strategies to improve transportation systems, active transit (e.g., walking or biking), and access include:

- Expanding transportation options that are available to the public and run on a scheduled timetable
- Investing in transportation services for areas with low population densities using publicly funded buses and vans on a set schedule, dial-a-ride transit, volunteer ridesharing, etc.
- Enhancing streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures, and other design elements

Recommendations based on evidence, community input, and current priorities

- Increase funding and support for public transportation, especially in Chaparral and mountain communities
- Incentivize use of public transportation through free or discounted fares and/or support for employers who incentivize use of public transportation
- Prioritize infrastructure projects that enhance walkability, sidewalk connectivity, bicycle use, and park access



For more information on what works to improve health: [What works for Health](#) and [What works? Strategies to Improve Rural Health](#)

Education

Education is a community responsibility. Elected officials, school administrators, teachers, parents, families, and other community members all have a role to play in supporting quality educational opportunities across the lifespan. Universal early childhood education programs including Early Head Start, universal pre-K, and pre-school programs with family support services are vital in ensuring a healthy start for all young children. Scientifically supported strategies to improve high school graduation rates include:

- Alternative high schools
- Integrated Career & Technical Education and/or Career Academies
- Mentoring programs and support services for students and families
- “Community Schools” that build on community assets and prioritize a shared vision for student and school success (RWJF, [What works for Health](#))

Community schools create conditions necessary for *all* students to thrive. Community schools promote health and educational equity, and improve student, family, and community outcomes.

“Community schools are efficient and cost-effective. They coordinate the delivery of services to avoid duplication and maximize student supports. Studies find that every \$1 invested in a community schools strategy results in up to a \$15 return to the community.”

– [Learning Policy Institute](#), 2017

Figure 13. Survival Services and Thriving Services: [NM 100% Community Initiative](#)

Survival Services



Food



Housing



Medical/Dental Care



Behavioral Health Care



Transportation

Thriving Services



Parent Supports



Early Childhood Learning



Community Schools



Youth Mentors



Job Training

To address and reduce Adverse Childhood Experiences (ACEs) - and to support a “100% Community” model locally – a diverse group of community members and organizations formed the “100% Community Otero” action team in 2019. Aligning educational, economic, and public health efforts, the group joins a growing number of NM counties building opportunity, resilience, and equity for all residents.

Recommendations based on evidence, community input, and current priorities

- Support specific recommended strategies to increase on-time high school graduation, especially for groups with lower graduation rates (see page 23)
- Support the “100% Community Otero” initiative through local policy and funding
- Align local, state, and federal funding resources to invest in Community Schools
- Promote college, career, and continuing education offered locally through NMSU–A (including Pathways and Career Education–PACE), Otero County Extension, and dual credit and career programs through local school districts

Economic Opportunity

A strong local economy is closely linked to lower rates of poverty and unemployment. In many rural areas, poverty and unemployment rates are higher than in urban and suburban areas. Our unique location between the Sacramento Mountains and White Sands National Park, our proximity to and strong relationships with Holloman Air Force Base and White Sands Missile Range, and our quality educational, medical, and public health systems all contribute to a thriving economy for many residents.

However, we know there are significant inequities in terms of access to resources, educational attainment, and income in our County (U.S. Census Bureau, 2019).

- The percentage of the population below the poverty level varies by ZCTA (a general representation of USPS zip codes by the US Census Bureau) and ranges from **0% to 43.7%**
- **40%** of Hispanic children in Otero County live in households with income below the poverty level, compared with **16%** of non-Hispanic White children in Otero County
- **27%** of Native Americans and **31%** of Hispanic adults aged 25+ in Otero County do not have a high school diploma, compared with **15%** of non-Hispanic White adults age 25+
- **81%** of households in Otero County have access to high-speed internet, which is lower than the rest of NM (**86%**) and the US (**94%**)



“Employers, educational institutions, and community members can work together to increase job skills for residents, enhance local employment opportunities, and set children on a path towards academic and financial success”

– RWJF: [What works? Strategies to Improve Rural Health](#)

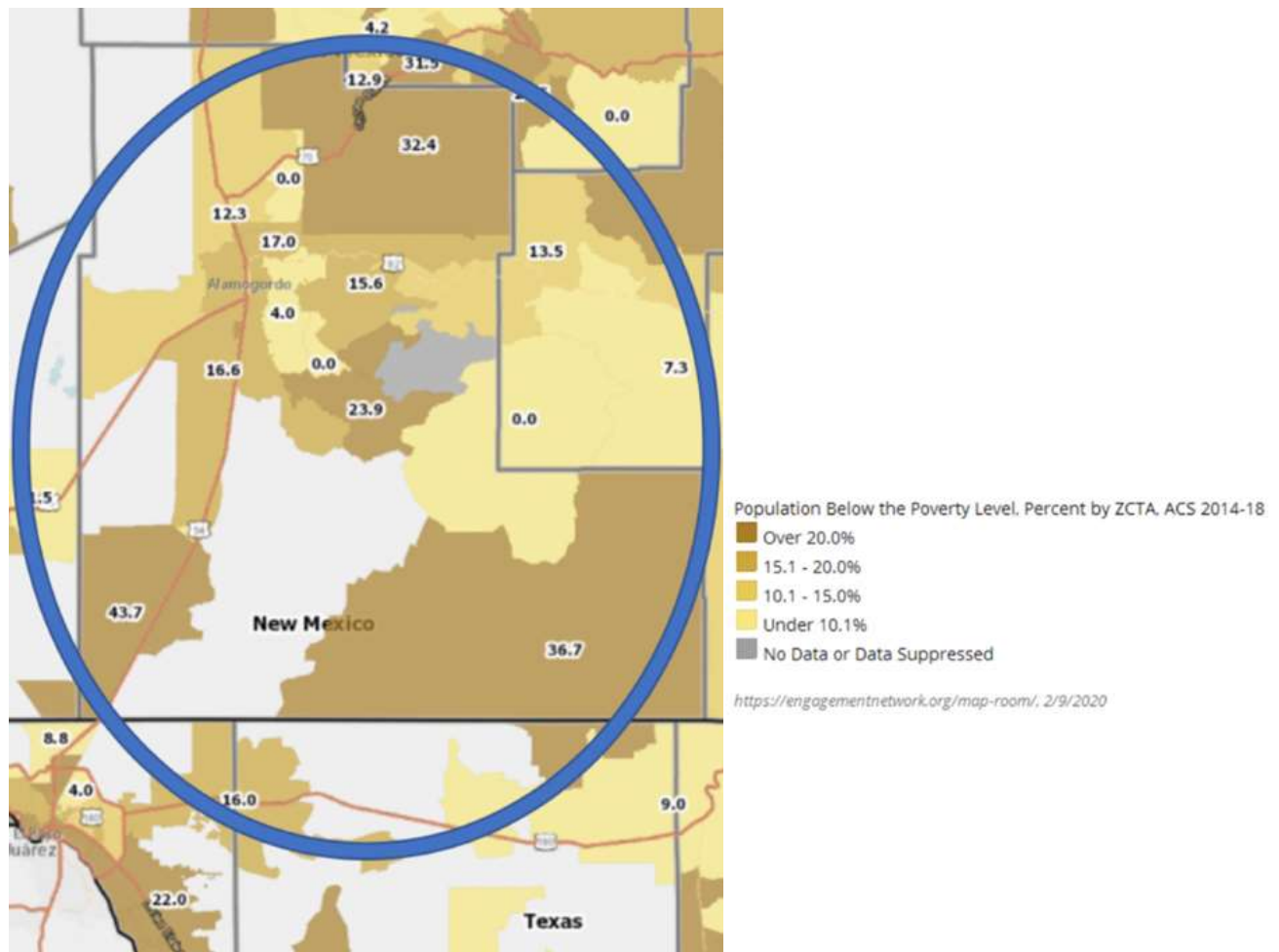
Recommendations based on evidence, community input, and current priorities

- Support time-limited, subsidized, paid job opportunities that provide a bridge to unsubsidized employment
- Align career and vocational educational and training opportunities with needs of regional employers within specific sectors
- Recruit and attract employers who provide paid sick leave and paid family leave to their employees
- Advocate for policies that mandate paid sick leave for all employees
- Advocate for policies that increase minimum wage
- Leverage existing relationships with tribal, medical, military, and educational organizations to improve regional educational, employment, and transportation access
- Promote local organizations that provide training and support to small businesses

Spotlight on Poverty

As indicated on the preceding page, poverty levels in Otero County vary by race/ethnicity and location within the community, in addition to a variety of other factors. **Improving community-level outcomes depends on improving outcomes for populations who historically have had fewer opportunities, less access to resources, and worse health outcomes.**

Figure 14. Population below the poverty level, percent by ZCTA 2014-2018 – Otero County



"An increase in opportunities to be healthier will benefit everyone, but more focus should be placed on groups that have been excluded or marginalized in the past"

— RWJF: [What works? Strategies to Improve Rural Health](#)

Housing

There have been significant community-driven efforts over the past several years to address homelessness, housing insecurity, and a lack of adequate affordable housing in Otero County. These are persistent issues in our community, which impact health and quality of life.

Scientifically supported strategies to ensure access to housing include:

- Housing Choice Voucher Programs that provide eligible low and very low-income families with vouchers to help cover the costs of rental housing
- Service-enriched housing – also known as **Permanent Supportive Housing (PSH)** – that provides permanent, basic rental housing with social services available onsite and/or by referral (often designated for low income families, seniors, veterans, or people with disabilities - including mental health conditions and/or substance use disorders)
- Rapid Re-housing programs that transition people experiencing homelessness into permanent housing quickly, often with support such as short-term financial assistance, case management, landlord negotiations, etc. (RWJF, [What works for Health](#))
- Low Income Housing Tax Credits that support development costs of low-income housing

Recently, Alamogordo has made significant progress towards making PSH a reality for the community. PSH is based on a “housing first” principle in which people are likely to experience quality of life improvements in areas such as health and employment once their housing needs are addressed. In turn, this positively impacts the entire community, saves government money, and enhances public safety. Local efforts build upon a foundation of work by the Coalition to End Homelessness in Otero County (CEHOC) and many others who have been advocating for sustainable and equitable solutions to homelessness and housing instability.

“A system of rapid rehousing and permanent supportive housing will prevent much homelessness while assisting people experiencing homelessness to quickly get back into housing”
 – New Mexico Coalition to End Homelessness: [What's Needed to House Everyone](#)

Housing instability is a complex and deep-rooted problem, requiring creative and collaborative solutions. Local and county governments, non-profit and community organizations, faith-based organizations, healthcare providers, and business development organizations all have important roles to play in addressing emergency and long-term housing needs.

Recommendations based on evidence, community input, and current priorities

- Support existing community-based “housing first” and PSH initiatives
- Leverage funds and obtain specific property commitments for PSH
- Leverage funds and obtain property commitments for day shelters with facilities
- Support local Community Schools efforts to provide hygiene and laundry facilities for families
- Collaborate with local housing advocacy groups to obtain commitments for on-site services and referrals for PSH programs

Community Safety, Community Justice

Safe communities are healthier communities. Communities can prevent violence and reduce accidents and injuries through a wide range of policies and programs, many of which have been discussed in previous sections of this report (e.g., policies to reduce alcohol-related harm and firearm deaths, Community Schools initiatives, and mentoring programs). Key stakeholders are working together to improve our community-based continuum of care to support people living with mental illness and/or substance use disorders. Improving officer and community safety while reducing the number of people with mental illness in our jails is an ongoing and collaborative effort, as is meeting the needs of local youth with justice involvement through community-based programs, support, and supervision instead of detention.



The Alamogordo CIT Team was featured in [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#), the first comprehensive guide for communities starting and sustaining CIT programs. Alamogordo is featured in *Chapter 1: Case Study: Building Relationships in Alamogordo, New Mexico* on pages 21-23.

“As coronavirus sweeps our nation it has brought deep-seated health inequities, including those linked to incarceration, to the forefront...Incarceration has profound and far-reaching effects on health and health equity, not only for prisoners themselves but also for their families and communities”

— RWJF: [Incarceration Rates – A Key Measure of Health for America](#)

New Mexico’s total incarceration (jails, prisons, other detention facilities) rate of **829** people per 100,000 is higher than the national average (Prison Policy Initiative, 2020). People and communities of color are disproportionately impacted by harmful incarceration policies. In Otero County, the jail population rate among Black residents age 15-64 is **1,080** per 100,000 population compared to **628** per 100,000 among Hispanic/Latino residents and **461** per 100,000 White residents.



Recommendations based on evidence, community input, and current priorities

- Support current CIT initiatives to reduce incarceration among people with mental illness
- Advocate for state and federal policies to reduce mass incarceration
- Support local problem-solving and treatment courts
- Support local Community Schools efforts to improve mentoring and support services
- Support community-based alternatives to youth detention through Otero County Juvenile Justice Board initiatives (e.g., Restorative Justice, school-based mentoring programs)
- Develop sustainable plans to attract, train, and retain law enforcement, first responder, and other public safety personnel with competitive compensation

Healthcare

Access to high quality, affordable healthcare for all people is vital to community health and wellbeing. Healthcare systems in Otero County benefit from the unique partnership between Holloman AFB and Gerald Champion Regional Medical Center, the leadership, services, and support from New Mexico Department of Health, the Mescalero Indian Health Service, and several Federally Qualified Health Centers (FQHCs) within the County. Our proximity to Las Cruces, Albuquerque, and El Paso, TX also enables residents to access additional specialty and higher-level care. However, some residents lack insurance coverage or transportation, and many people dealing with substance use disorders are not able to access the treatment they need locally. Otero County is a designated Health Professional Shortage Area (HPSA), having fewer primary care physicians (4.2 per 10,000 population), dentists (2.1 per 10,000), and mental health providers (26 per 10,000) than NM and US averages ([County Health Rankings](#) and [Rural Health Information Hub](#) [RHI]). There are 7.8 nurse practitioners per 10,000 population, which increases primary care availability. Our local hospital system and our FQHCs continuously strive to attract and retain healthcare providers to meet community needs, but as in other HPSAs, this is an ongoing challenge.

Recommendations based on evidence, community input, and current priorities

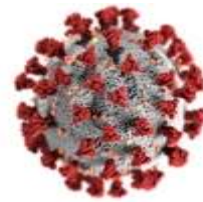
- Integrate mental health and substance use screening into primary care and other health settings
- Prioritize innovative approaches to improve access to healthcare in rural areas of the County (e.g., telehealth services, transportation between communities)
- Expand existing medical residency and graduate education programs in local healthcare settings
- Increase use of Community Health Workers and Peer Recovery Support Specialists in healthcare and other community settings
- Ensure that all people in our County including people without health insurance, undocumented immigrants, and people experiencing homelessness have access to healthcare
- Expand and improve access to dental health services
- Advocate for state and federal policies that expand access to health insurance coverage (e.g., Medicaid buy-in programs at the state level)
- Support Community Schools efforts to increase availability of services in school settings
- Improve communication and collaboration between local, state, and tribal healthcare systems to meet the needs of all residents
- Improve the continuum of care to close the substance use disorder (SUD) treatment gap
 - Provide additional support to rural healthcare providers and mental health therapists to facilitate SUD screening and treatment
 - Increase availability of SUD treatment – including medication treatment for opioid use disorder – at all points of entry including but not limited to primary care, emergency departments, syringe service programs, and corrections facilities
 - Dedicate resources for treatment of alcohol use disorders and the growing misuse of methamphetamine ([New Mexico Substance Use Disorder Treatment Gap Analysis](#))

Importance of Access to Healthcare for all Community Members

Compared to U.S. citizens, non-citizens regardless of their legal status are less likely to have health insurance due to eligibility restrictions, cultural and linguistic barriers, or lack of information about health insurance coverage options (Kaiser Family Foundation, 2019; Khullar & Chokshi, 2019). Immigration and enforcement policies, including recent changes to the so-called “Public Charge rule”, constitute additional barriers to health care for certain groups of immigrants. Under the new rule (in effect since February 24, 2020), the use of non-cash benefits such as SNAP/food stamps, certain Medicaid, and housing benefits, is considered a negative factor in permanent residency/green card and some temporary visa applications (Immigration Legal Resource Center, 2019).

According to research at the University of Texas at El Paso in 2018, health, social, and legal service providers in El Paso and Doña Ana counties noticed a decrease in service utilization due to fear-related service avoidance and uncertainty about the influence of immigration policy changes on individuals’ service eligibility, even prior to this rule change. On the other hand, providers observed an increased need among their clients and patients for public education about immigration policy changes, eligibility for services for different immigration statuses, and civil rights (Latz, Lusk, & Heyman, 2019). A separate study showed that among 211 Hispanic adult residents with different immigration statuses in the U.S. Paso del Norte region (including El Paso, Hudspeth, Luna, Otero, and Doña Ana Counties), 59% reported some or a lot of fear of deportation for themselves, a close friend, or family member; participants who reported this fear were more likely to experience psychological distress. In addition, participants with legal temporary or undocumented immigration status reported lower utilization of health care services; they reported fewer medical checkups for blood sugar, blood pressure, or cholesterol, compared to participants with permanent residency or citizenship (Latz, 2019).

The current COVID-19 pandemic exposes the risks for the entire population when members of the community have lower access to medical testing, treatment, and preventive care. Between 20 and 31% of people with COVID-19 in the U.S. were hospitalized and between 4.9 and 11.5% were admitted to ICU units between February 12 and March 16, 2020. This highlights the need for medical intervention for a substantial proportion of cases (CDC COVID-19 Response Team, 2020).



In addition, a lack of universal paid sick leave in the U.S. forces some workers to choose between losing a job or working despite illness, especially in agricultural, service, and hospitality industries in which employees are disproportionately Hispanic and may have vulnerable immigration statuses (Page, Venkataramani, Beyrer, & Polk, 2020; Scheltens, 2020). Avoidance of medical care could thus not only increase risks of severe morbidity and mortality among those hesitant to seek care, but also heighten the risks of community spread when individuals continue to work out of fear of losing their employment.

Strengths and Limitations of this Assessment

Throughout this report, we have used reliable, accessible sources for health indicators that are publicly available and that are updated regularly. Additional information about reliability and stability of specific indicators is easily accessed through the source links within the report and through the data source tables below.

Our Healthy Communities Survey was a non-probability sample and is thus not necessarily representative of or generalizable to the entire County population. We reported only summary results for all participants and did not analyze responses by age group, zip code, or health status. However, our intensive outreach efforts in diverse settings throughout the County, our attempts to include people from all areas of the County, and the large number of people and organizations who participated are all strengths of this assessment.

For community stakeholders who are interested in obtaining additional health indicator data from sources listed in this report for specific populations (e.g., by sub-County level geography, race/ethnicity, sex, age, or other demographic) please contact Holly Mata at mata.holly@gmail.com for suggestions and guidance, or use the sources below to access contacts/support for these resources. See Appendix for additional indicator data.

Data Sources

Sources for demographic and health indicator data repositories cited in this report

Source	Available here
Selected health indicators from the CARES Engagement Network	CARES Engagement Network https://engagementnetwork.org/data-indicator-list/
Population data and community health information	Healthy Paso del Norte http://www.healthypasodelnorte.org/
Disparities Dashboard Health disparities by race, ethnicity, age, and gender	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/dashboard?module=indicators&controller=index&action=dashboard&id=83017179230228502&card=0&localeId=1866
New Mexico Substance Use Disorder Treatment Gap Analysis (alcohol-related deaths, drug overdose deaths)	New Mexico Department of Health https://nmhealth.org/publication/view/marketing/5596/
New Mexico's Indicator-Based Information System (NM-IBIS): New Mexico's Public Health Data Resource	NM-IBIS https://ibis.health.state.nm.us
NM Community Health Status Indicators (Risk/Resiliency Factors, Healthcare Services/Systems, Health Outcomes, & Population Characteristics)	NM-IBIS https://ibis.health.state.nm.us/indicator/CHSI.html
Rural Health Information Hub	https://www.ruralhealthinfo.org/data-explorer
Selected health behaviors and protective factors from the NM Youth Risk & Resiliency Survey	NM YRRS http://youthrisk.org/

Existing reports/assessments with sources for data and evidence-based policies to support health and health equity cited in this report and/or sources for data and resources

CDC: Preventing Suicide: A technical package of policy, programs, and practices https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf
ChangeLab Solutions: Blueprint for Changemakers https://www.changelabsolutions.org/product/blueprint-changemakers
Community Preventive Services Task Force, Health Equity: School-Based Health Centers - Summary of CPSTF Findings https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers
Community Preventive Services Task Force: What works to promote healthy communities: The Community Guide https://www.thecommunityguide.org/
Double Up Food Bucks: Double Up Food Bucks Program (Double your SNAP EBT dollars at New Mexico farmers' markets, grocery stores, and farm stands) http://www.doubleupnm.org
Gerald Champion Regional Medical Center Community Health Assessment 2018 https://www.gcrmc.org/wp-content/uploads/2018/06/06.29.18-CHNA-FINAL-Gerald-Champion-1.pdf
Henry J. Kaiser Family Foundation: Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity http://files.kff.org/attachment/issue-brief-beyond-health-care
National Association of County and City Health Officials (NACCHO): Mobilization for Action through Planning and Partnerships (MAPP) approach https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
New Mexico Alliance for school-based health care: School-based health centers https://www.nmasbhc.org/school-based-health-centers/
NM Health Equity Report 2019 https://nmhealth.org/publication/view/report/2045/
NM Sexual & Gender Minority Health Needs 2018 https://nmhealth.org/publication/view/report/4514/
NM Substance Use Epidemiology Profile Report 2018 https://nmhealth.org/data/view/substance/2201/
Power to Decide: Why it matters https://powertodecide.org/what-we-do/information/why-it-matters
Robert Wood Johnson Foundation: Education: It matters more to health than ever before www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf409883
Robert Wood Johnson Foundation County Health Rankings: What works for Health? Programs and Policies to Support Health and Health Equity http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
Robert Wood Johnson Foundation (RWJF): What works? Strategies to Improve Rural health https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health
The State of Health in New Mexico 2018 https://ibis.health.state.nm.us/report/soh/Introduction.html
The State of Mental Health in New Mexico 2018 https://nmhealth.org/data/view/general/2193/
United States Department of Agriculture Economic Research Service: Food Security in the U.S. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx
U.S. Department of Health and Human Services: Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

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Sources for specific demographic & health indicators data & information cited in this report

Source	Available here
2018 New Mexico Kids Count Data Book	Annie E. Casey Foundation https://www.nmvoices.org/wp-content/uploads/2019/01/NM-KidsCount-DataBook2018-web.pdf
Pre-exposure prophylaxis (PrEP)	CDC https://www.cdc.gov/hiv/basics/prep.html
Preventing Excessive Alcohol Use	CDC https://www.cdc.gov/alcohol/fact-sheets/prevention.htm
Adult Obesity Causes & Consequences	CDC https://www.cdc.gov/obesity/adult/causes.html
CPSTF Findings for Diabetes	Community Preventive Services Task Force https://www.thecommunityguide.org/content/task-force-findings-diabetes
CPSTF Findings for Obesity	Community Preventive Services Task Force https://www.thecommunityguide.org/topic/obesity
Food Insecurity in Otero County	Feeding America https://map.feedingamerica.org/county/2017/overall/new-mexico/county/otero
Adults 65+ with an Independent Living Difficulty	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=4315&localeId=1866
Adults with health insurance (aged 18-64) in Otero County	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=83&localeId=1866
Babies with low birth weight for Otero County	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=172&localeId=1866&localeChartIdxs=1%7C2%7C3
Mothers who received early prenatal care for Otero County	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=325&localeId=1866&localeChartIdxs=1%7C2%7C3
Teen Birth Rate (ages 15-19) for Otero County	Healthy Paso del Norte http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=430&localeId=1866&localeChartIdxs=2&comparisonId=7191
Graduation data	New Mexico Public Education Department https://webnew.ped.state.nm.us/bureaus/accountability/graduation/
Health Indicator Report of Health Insurance Coverage - Estimates from U.S. Census Bureau	NM-IBIS https://ibis.health.state.nm.us/indicator/view/HlthInsurCensus.Age0-64.Year.NM_US.html
How Disability Data are Collected from The American Community Survey	U.S. Census Bureau https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html
Otero County Quick Facts (population estimates & sociodemographic characteristics)	U.S. Census Bureau https://www.census.gov/quickfacts/fact/dashboard/oteroountynewmexico/IPE120218#IPE120218
Small Area Health Insurance Estimates	U.S. Census Bureau https://www.census.gov/programs-surveys/sahie/data/datasets.html

Sources for specific health indicators data cited from NM-IBIS

Source	Available here
Cardiovascular Disease - Heart Disease Deaths: Deaths per 100,000 Population, Age-adjusted, 2015-2017 for Otero County	https://ibis.health.state.nm.us/community/highlight/profile/CardioVasDiseaseHeartDeath.Cnty/GeoCnty/35.html
Health Indicator Report of Cancer Deaths – Overall (nationally, by state, by county)	https://ibis.health.state.nm.us/indicator/view/CancerDeath.Rate.Year.NM_US.html
Health Indicator Report of Diabetes Deaths (nationally, by state, by county)	https://ibis.health.state.nm.us/indicator/view/DiabetesDeath.Year.NM_US.html
Health Indicator Report of Chlamydia Rates	https://ibis.health.state.nm.us/indicator/view/Chlamydia.Cnty.html
Health Indicator Report of Gonorrhea Rates	https://ibis.health.state.nm.us/indicator/view/Gonorrhea.Year.NM_US.html
Health Indicator Report of Infant Mortality	https://ibis.health.state.nm.us/indicator/view/BirthEPHTInfMort.Cause.html
Health Indicator Report of Nutrition - Adult Fruit and Vegetable Consumption	https://ibis.health.state.nm.us/indicator/view/NutritionAdultFruitVeg.Cnty.html
Health Indicator Report of Physical Activity - Adult Prevalence	https://ibis.health.state.nm.us/indicator/view/PhysicalActAdult.Year.NM_US.html
Health Indicator Report of Prenatal Care in the First Trimester	https://ibis.health.state.nm.us/indicator/view/PrenatalCare.RacEth.html
Injury - Unintentional Injury Death: Deaths per 100,000 Population, Age-adjusted, 2013-2017 for Otero County	https://ibis.health.state.nm.us/community/highlight/profile/InjuryUnintenDeath.Cnty/GeoCnty/35.html
Suicide Death: Deaths per 100,000 Population, Age-adjusted, 2013-2017 for Otero County	https://ibis.health.state.nm.us/community/highlight/profile/SuicDeath.Cnty/GeoCnty/35.html
Query Results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Body Mass Index (BMI) Category	https://ibis.health.state.nm.us/query/result/brfss/BMIAnyCat/BMIAnyCatCrude11_.html
Query Results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Chronic Heavy Drinking	https://ibis.health.state.nm.us/query/result/brfss/AlcoholChrnHvy/AlcoholChrnHvyCrude11_.html
Query Results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Current Cigarette Smoking	https://ibis.health.state.nm.us/query/result/brfss/SmokeCurrent/SmokeCurrentCrude11_.html
Query Builder for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Dental Visit in Last Year	https://ibis.health.state.nm.us/query/builder/brfss/OralDentVisit/OralDentVisitCrude11_.html
Query Results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Episodic Heavy Drinking (Binge Drinking)	https://ibis.health.state.nm.us/query/result/brfss/AlcoholBinge/AlcoholBingeCrude11_.html
Query Results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data - Mental Health Past 30 Days (6 or more days not good), Age-adjusted	https://ibis.health.state.nm.us/query/result/brfss/MentHlth6/MentHlth6AA11_.html
Query Builder for New Mexico Birth Data - Adolescent Births, Girls Age 15-19	https://ibis.health.state.nm.us/query/builder/birth/BirthCntyAdol/AdolBirth15_19.html
Query Builder for New Mexico Birth Data - Percentage of All Low Birth Weight Infants (less than 2500 grams)	https://ibis.health.state.nm.us/query/builder/birth/BirthCntyBrthWt/BirthWtLowVLow.html
Query Builder for New Mexico Birth Data - Percentage With Prenatal Care in the First Trimester	https://ibis.health.state.nm.us/query/builder/birth/BirthCntyPNC/PNCTri1.html

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Important data notes on Race and Ethnicity

Information about race and ethnicity data from the US Census Bureau American Community Survey (and additional indicators from CARES Engagement Network found in the Appendix):

*Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. Total population counts are reported in the ACS public use files by combined race and ethnicity; **social and economic data are reported by race or ethnicity alone.***

Information about race and ethnicity data from the New Mexico Department of Health (most of the health indicators included in this report):

*The New Mexico Department of Health has defined state standards for presentation of Race and Ethnicity. Data systems in New Mexico collect race and ethnicity data using the 1997 OMB standard, but for the purposes of presentation, **race and ethnicity are presented together using the following five major categories/labels:***

Presentation Categories for the NMDOH Race and Ethnicity Presentation Standard

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic
- White

For more information, please see the *Race and Ethnicity Reporting and Presentation* information from NM – IBIS, here:

<https://ibis.health.state.nm.us/resource/RacEth.html#Section2d>

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Community Health Status Indicators from New Mexico's Indicator-Based Information System (NM-IBIS)

Weblink: <https://ibis.health.state.nm.us/community/snapshot/report/CommunityInd/GeoCnty/35.html?PageName=>

- Outcomes -					
Indicator	Community Data			Comparison values	
	Count/Rate	Confidence Interval*	Compared to NM	New Mexico	U.S.
Percentage of Live Born Infants With Low Birthweight, 2015-2017 <i>(Percentage Low Birthweight)</i> Low birthweight infants are those weighing less than 2,500 grams (about 5.5 pounds). The low birthweight rate is the number of live births under 2,500 grams divided by the total number of live births over the same time period.	7.6%	(6.6% - 8.5%)	✓	9.0%	8.3%
Teen Birth Rate for Girls Age 15-19, 2015-2017 <i>(Births per 1,000 Girls in the Population)</i> Teen Birth Rate is the number of births to females in the age group per 1,000 of the age group female population.	47.1	(41.5 - 52.7)	!	30.2	20.5
Asthma Hospital Discharges Among Children (0-17 Year-old), 2013-2017 Combined <i>(Hospitalizations per 10,000 Population)</i> An asthma hospitalization is a hospital discharge that occurs in state with asthma listed as the primary (first-listed) diagnosis of a New Mexico resident 0 to 17 year-old. A diagnosis of asthma includes the ICD-9 codes 493.0-493.92 and the ICD-10 code J45.	3.5	(2.2 - 4.8)	✓	14.4	DNA
Alcohol-related Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Alcohol-related death is defined as the total number of deaths attributed to alcohol per 100,000 population, age-adjusted to the U.S 2000 Standard Population. The alcohol-related death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website https://nccd.cdc.gov/DPH_ARDI/default/default.aspx	54	(46.1 – 61.9)	✓	62.2	34
Alcohol-related Chronic Disease Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Alcohol-related chronic disease death is defined as the number of chronic disease deaths attributed to alcohol per 100,000 population. The alcohol-related chronic disease death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website https://nccd.cdc.gov/DPH_ARDI/default/default.aspx	29	(23.3 – 34.8)	≈	32.8	**
Alcohol-related Injury Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Alcohol-related injury death is defined as the number of injury deaths attributed to alcohol per 100,000 population. The alcohol-related death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website https://nccd.cdc.gov/DPH_ARDI/default/default.aspx	25	(19.5 – 30.5)	≈	29.3	**

Indicator	Community Data			Comparison values	
	Count/ Rate	Confidence Interval	Compared to NM	New Mexico	U.S.
Deaths due to Drug Overdose, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Drug overdose death is defined as the number of deaths caused by drug overdose per 100,000 population. Drug overdose deaths are those in which drug overdose is the primary cause, whether unintentional or intentional. Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14 for underlying cause of death.	20	(14.9 – 25.1)	≈	24.6	DNA
Heart Disease Deaths per 100,000 Population, 2015-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Diseases of the heart include a variety of conditions that may affect different parts of the heart, including the blood supply, the heart muscle, the internal lining and valves, the conduction system, and the membrane that surrounds the heart. Common causes of death from diseases of the heart include myocardial infarction (heart attack), heart failure, and cardiac arrest.	170.8	(154.2 – 187.5)	!	147.3	165.5
Stroke Deaths per 100,00 Population, 2015-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Stroke Deaths per 100,000 population in New Mexico	33.3	(25.9 – 40.7)	≈	34.0	37.3
Diabetes Death Rates, 2015-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> The diabetes death rate: the number of deaths attributed to diabetes per 100,000 people, age-adjusted to the 2000 U.S. population.	29.7	(22.7-36.7)	≈	26.0	21.0
Hospitalizations with Diabetes, 2015-2017 <i>(Hospitalizations per 10,000 Population, Age-adjusted)</i> The number of hospital inpatient discharges for diabetes per 10,000 population, ICD9-CM code 250 and, after October 1, 2015, ICD10-CM codes E10-E14.	10.8	(9.3 – 12.2)	✓	13.8	DNA
Average Annual Female Breast Cancer Deaths per 100,000 Females, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Female Breast Cancer Deaths per 100,000 population (females) in New Mexico	21.6	(14.8 – 28.4)	≈	19.2	20.3
Average Annual Lung Cancer Deaths per 100,000 Population, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Lung Cancer Deaths per 100,000 population in NM	37.9	(31.9 – 43.8)	!	28.1	40.1
Influenza and Pneumonia Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Deaths from influenza and pneumonia (underlying cause with ICD10: J09-J18) per 100,000 population, age-adjusted.	11.9	(8.4 – 15.4)	≈	14.2	13.5
Invasive Pneumococcal Disease - Persons Aged 65 Years and Older, 2012-2016 <i>(Cases per 100,000 Population)</i> Rate per 100,000 of invasive pneumococcal disease in adults aged 65 years and older in New Mexico. Number of "Streptococcus pneumoniae" in New Mexico adults aged 65 years and older divided by the population of New Mexico residents adults aged 65 years and older x 100,000.	35.6	(19.6 – 51.7)	≈	33.2	25

Indicator	Community Data			Comparison values	
	Count/ Rate	Confidence Interval	Compared to NM	New Mexico	U.S.
Chlamydia Cases per 100,000 Population, 2017 <i>(Cases per 100,000 Population)</i> Chlamydia cases reported in the state of New Mexico per 100,000 population.	542.1	(486.0 – 598.2)	✓	645.1	528.8
Pertussis Cases per 100,000 Population, 2013-2017 <i>(Cases per 100,000 Population)</i> The number of probable and confirmed cases of Pertussis per 100,000 population (person-years at risk).	2.1	(0.6 – 3.7)	✓	15.1	5.8
Unintentional Injury Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> Deaths due to all causes of unintentional injury	54.4	(46.4 – 62.4)	✓	66.1	47.4
Motor Vehicle Traffic Crash Death Rates, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> The number of unintentional injury deaths due to motor vehicle traffic crashes per 100,000 population.	13.7	(9.7 – 17.7)	≈	16.8	11.01
Fall-related Unintentional Injury Death Among Adults 65+ Years of Age, 2013-2017 <i>(Deaths per 100,000 Population)</i> Fall-related death rate is the number of unintentional injury deaths due to falls in persons age 65 years or older, per 100,000 population age 65 years or older.	66.9	(45.0 – 88.7)	✓	91.1	59.4
Suicide Deaths, 2013-2017 <i>(Deaths per 100,000 Population, Age-adjusted)</i> The suicide death rate is defined as the number of deaths attributed to suicide per 100,000 population.	25.7	(20.1 – 31.3)	≈	21.9	13.5
Child Abuse Victims, 2017 <i>(Abuse Victims per 1,000 Population)</i> The child abuse victims per 1,000 children under age 18.	17	(15 – 19.1)	≈	17.6	DNA
General Health Status: Self-reported Fair or Poor Health, 2015-2017 <i>(Percentage in Fair/Poor Health)</i> Percentage of adults aged 18 years and older who reported fair or poor general health.	19.8%	(16.4% - 23.6%)	≈	20.6%	15.9%
Life Expectancy From Birth, 2015-2017 <i>(Number of Years)</i> Life expectancy is an estimate of the expected average number of years of life (or a person's age at death) for individuals who were born into a particular population. Life expectancy is sensitive to deaths to younger persons, such as infant mortality and injury deaths.	77.9	(77.7 – 78.0)	!	78.3	78.6
Adult Mental Distress, 2017 <i>(Percentage with Mental Distress (6+ days))</i> Percentage of NM residents 18 years or older experiencing "Mental Distress", defined as answering 6 days or more to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?"	21.1%	(14.7% - 29.2%)	≈	20.2%	DNA
Youth with Persistent Feelings of Sadness and Hopelessness in the Past Year, Grades 9-12, 2017 <i>(Percentage Feeling Sad/Hopeless)</i> Percentage of students grades 9-12 in a NM public school who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.	38.8%	(31.9% - 46.2%)	≈	35.8%	31.5%

- Risk and Resiliency Factors -					
Indicator	Community Data			Comparison values	
	Count/ Rate	Confidence Interval	Compared to NM	New Mexico	U.S.
Adults With Recommended Physical Activity, 2013, 2015, 2017 <i>(Percentage with Recommended Activity)</i> Among adults, the proportion who meet aerobic physical activity recommendations of at least 150 minutes/week of moderate intensity, or 75 minutes/week of vigorous intensity, or an equivalent combination.	53.3%	(48.3% - 58.2%)	≈	54.0%	50.6%
Adolescent Physical Activity, 2017 <i>(Percentage with Daily Activity)</i> Students who were physically active for a total of at least 60 minutes per day	29.5%	(23.6% - 36.1%)	≈	29.2%	26.1%
Percentage of Adults Who Reported Consuming 5+ Fruits and Vegetables Each Day, 2013, 2015, 2017 <i>(Percentage Consuming Five a Day)</i> Percentage of adults who report consuming fruits and vegetables five or more times per day.	16.2%	(12.9% - 20.1%)	≈	16.9%	DNA
Percentage of Adolescents Who Ate Five or More Servings of Fruits and Vegetables Daily, 2017 <i>(Percentage Consuming Five a Day)</i> Percentage of high school students who ate five or more servings of fruits or vegetables per day	17.1%	(12.1% - 23.5%)	≈	19.8%	DNA
Obesity Among Adults, 2015-2017 <i>(Percentage Who Were Obese)</i> The adult obesity prevalence is reported as the percent of BRFSS respondents whose self-reported height and weight corresponds to a Body Mass Index (BMI) equal to or greater than 30.0.	30.7%	(26.2% - 35.6%)	≈	28.5%	31.3%
Obesity Among Adolescents, 2017 <i>(Percentage Youth Who Were Obese)</i> The percentage of YRRS respondents whose self-reported height and weight corresponding to a Body Mass Index (BMI) equal to or greater than the 95th percentile for their age and sex.	17.0%	(12.6% - 22.6%)	≈	15.9%	14.8%
Food Insecurity Rate, 2017 <i>(Percentage in Food Insecure Households)</i> Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.	17.9%		DNA	15.5%	12.5%
Adult Smoking Prevalence, 2015-2017 <i>(Percentage Current Smokers)</i> A current smoker is defined as a person 18 years or older who has smoked more than 100 cigarettes in his or her lifetime and currently smokes every day or some days.	18.4%	(14.9% - 22.6%)	≈	17.2%	DNA
Youth Cigarette Smoking Prevalence, Grades 9-12, 2017 <i>(Percentage Current Smokers)</i> A current smoker is defined as a youth in grades 9-12 in a NM public high school who smoked cigarettes on one or more days in the past month.	17.6%	(9.4% - 30.4%)	≈	10.6%	8.8%
Youth with a Caring and Supportive Relationship in the Family, 2017 <i>(Percentage with Caring and Supportive Relationship)</i> Students in grades 9-12 who reported that they had a parent or.	87.9%	(79.0% - 93.3%)	≈	90.8%	DNA

- Services and Systems					
Indicator	Community Data			Comparison values	
	Count/ Rate	Confidence Interval	Compared to NM	New Mexico	U.S.
Health Insurance Coverage, 2013-2017 <i>(Percentage Uninsured)</i> The percentage of New Mexicans without health insurance coverage at the time of the survey	16.0%	(12.9% - 19.6%)	≈	18.1%	12.7%
Prenatal Care in the First Trimester, 2017 <i>(Percentage with First Trimester Prenatal Care)</i> The percentage of live births in the reporting period for which prenatal care was received in the first trimester.	57.4%	(54.3% - 60.5%)	!	63.8%	77.3%
Immunization - Influenza Vaccination, Adults Age 65+, 2013-2017 <i>(Percentage Immunized)</i> The estimated percentage of New Mexico adults age 65 and older with a current influenza immunization as reported by the Behavioral Risk Factor Surveillance System (BRFSS).	52.0%	(46.4% - 57.5%)	≈	56.4%	DNA
Medicaid Enrollment, Average Monthly Medicaid Enrollment as a Percentage of the Population, 2018 <i>(Percentage of Persons)</i> The monthly percentage of the population enrolled in Medicaid, averaged over the months in the measurement period.	32.8%	(32.4% - 33.2%)	n/a	40.0%	22.7%
Estimated Percentage of Women Ages 50-74 Years Who Have Had a Mammogram Within the Past Two Years, 2012, 2014, 2016 <i>(Percentage with Mammography)</i> Estimated percentage of New Mexican women ages 50-74 years who have had a mammogram in the past two years (i.e., current with breast cancer screening recommendations). A mammogram is an X-ray picture of the breast. Health care providers use a mammogram to look for early signs of breast cancer.	71.5	(63.8 – 78.0)	≈	72.2	77.6
Percentage of Persons with a Primary Medical Provider, 2013-2017 <i>(Percentage with a Primary Medical Provider)</i> The percentage of New Mexicans with and without a primary medical provider.	76.0%	(72.5% - 79.2%)	✓	71.5%	76.8%
Percentage of Adults Who Had a Dental Visit in the Past 12 Months, 2014 & 2016 (Combined) <i>(Percentage Who Had a Dental Visit)</i> Percentage of adults who last visited a dentist or a dental clinic in the last 12 months. Visits may have been for any reason, including visits to dental specialists, such as orthodontists.	60.6%	(55.0% - 65.8%)	≈	61.7%	66.4%

- Population Characteristics -					
Indicator	Community Data			Comparison values	
	Count/ Rate	Confidence Interval	Compared to NM	New Mexico	U.S.
Percentage of Children Under Age 18 Living in Poverty, 2017 <i>(Percentage of Children Age 0-17 in Poverty)</i> The estimated number and percentage of children under age 18 living in households with income below the federal poverty level.	29.4%	(20.5% - 38.3%)	≈	25.9%	18.4%
Percentage Non-White (American Indian + Asian + Black + Hispanic), 2017 <i>(Percentage Non-White)</i> The percentage of the population by race/ethnicity categories.	50.1%	(49.7% - 50.5%)	n/a	61.8%	38.2%
New Mexico High School Graduation Rates, 2016-2017 Four Year Cohort <i>(Graduation Rate)</i> The rate of students who began high school as a 9th grader and who then proceeded to graduate from high school 4 years later. In the case of transfers between school districts, a student's outcome was proportionally distributed among all school districts contributing to that student's outcome. The New Mexico Public Education Department calls this the Shared Accountability model.	70.5%	(67.2% - 73.8%)	≈	67.9%	84.0%
The Percentage of Adults Age 25 or Over Who Have a Bachelor's Degree or Higher, 2013-2017 <i>(Percentage of Adults Age 25+ with Bachelor's Degree or Higher)</i> The percentage of adults age 25 years and older who have a bachelor's degree or higher.	18.3%	(16.5% - 20.1%)	!	26.9%	30.9%
Percentage Unemployed, 2017 <i>(Percentage Unemployed)</i> The average annual percentage of the civilian labor force that was not employed and seeking employment (averaged across months). See Data Interpretation Issues for more information about the definition of employed versus unemployed persons.	6.1%	(5.8% - 6.4%)	≈	6.1%	4.4%
Percentage of the Population Age 65 and Over, 2017 <i>(Percentage Age 65+)</i> The percentage of the population that is older adults.	16.8%	(16.6% - 17.1%)	n/a	16.9%	15.6%

Key to Symbols

* For information on confidence intervals, see the NM-IBIS glossary in the "Resources and Help" section.

** Data were suppressed to protect privacy.



The community is performing BETTER than the state, and the difference is statistically significant.



The community value is the same or ABOUT THE SAME as the state. Differences are not statistically significant.



The community is performing WORSE than the state, and the difference is statistically significant.

DNA Either the comparison value or confidence interval data are not available.

n/a Not Applicable: This indicator has no target direction.

Important information from NM – IBIS

The community value is considered statistically significantly different from the state value if the state value is outside the range of the community's 95% confidence interval. If the community's data or 95% confidence interval information is not available, a blank gauge image will be displayed with the message, "missing information."

NOTE: In this report, the assessment of whether a community is better or worse is based solely on the statistical difference between the community and state values. When selecting priority health issues to work on, a community should take into account additional factors such as how much improvement could be made, the U.S. value, the statistical stability of the community number, the severity of the health condition, and whether the difference is clinically significant.

Otero County Community Health Council: Action Teams and Current Action Plans

New Mexico's County and Tribal Health Councils were established in 1991, by passage of the Maternal and Child Health Plan Act enacted by the New Mexico Legislature. New Mexico Health Councils have played a key role in the state's public health system by identifying local health needs, establishing community priorities and plans, and implementing local solutions. Statewide, Health Councils have leveraged millions of dollars in funding since their inception, in support of programs and services to improve the health of NM communities.

The Otero County Community Health Council (OCCHC) has existed as a community health information and action hub in Otero County since 1996. OCCHC has evolved to meet needs over the years, growing with new issues and trends. OCCHC also meets in conjunction with the local Behavioral Health Collaborative (BHC). Together these are a consortium of local agencies, organizations, and individuals who have an interest in improving community and population health. The Counseling Center serves as the fiscal agent for the OCCHC.



OCCHC's mission is to assess, promote, and enhance the health and wellbeing of county residents by encouraging broad-based community involvement. For many years, OCCHC has met and continues to meet on the first Tuesday each month, from 11:30am to 1:00pm, at Presbyterian Medical Services Behavioral Health, 1900 10th Street in Alamogordo. All are welcome. Meetings usually include a health-relevant presentation, short business meeting, and round table sharing. The emphasis is on community health, mental health, current issues in the community, health equity, policy advocacy opportunities, promoting awareness of local resources, and community collaboration. The following action teams also meet monthly:

Behavioral Health Collaborative and the Substance SAFE Team serves as a hub for community-wide collaboration in support of behavioral health services, resources, and advocacy. This group also focuses on substance use trends, community-level prevention strategies, recovery and resilience support, and advocacy to reduce substance-related harm.

Healthy Eating Active Living (HEAL) committee focuses on increasing access to healthy foods and supporting physical activity. HEAL hosts community walks and partners with community organizations to support physical activity events in the community. In addition, the HEAL committee fostered two initiatives: Eat Well Otero, a restaurant partnership program and Tulie Trails (based in Tularosa). Eat Well Otero (2016 – present) received three years of funding from the Paso del Norte Health Foundation to support healthier restaurant menu options and provide nutrition education through media and community events. The Tulie Trails initiative (2016- 2018) encouraged walking and conducted a survey, submitting a recommendation to Tularosa Village Trustees to develop a walking path at the Senior Center.

CARE team focuses on improving outcomes for children, youth, and families with behavioral health challenges through education, engagement, and outreach,

For more information or meeting times, please contact occhc.coordinator@gmail.com

Together, the OCCHC and BHC have supported numerous collaborative community initiatives over the past several years including:

- Crisis Intervention Team Training for law enforcement officers
- Mobile Crisis Response Team development with Alamogordo Police Department
- Recovery and Resiliency Programming – outreach to the community
- Suicide Prevention Programming - outreach to the community
- Support of initiatives to address housing insecurity and food insecurity
- Otero County Juvenile Justice Board and Restorative Justice Circles
- Anna Age Eight / 100% Communities Initiative
- Prescription Drug Overdose Prevention (PDOPS)

Previous programs for which the OCCHC has advocated over the years include the Prescription Trails Guide, Medicaid dentistry, Trauma Summit, GRADS program, and food bank resources. OCCHC has been able to support, promote, or develop these and other health promotion initiatives through collaboration and leveraging of volunteer time, grant funding, and technical assistance from members.

The contact email for the OCCHC is: occhc.coordinator@gmail.com Additionally, the NM Department of Health has a state staff person whose role is dedicated in part to technical support of the Health Council. That position is the Otero County Health Promotion Specialist, housed at the local Public Health Office. This person can be reached at (575) 437-9340 extension 5.

Action plans for the OCCHC and the BHC and HEAL action teams are found on the following pages.

FY 20 Otero County Community Health Council (OCCHC) Action Plan

- 1. Please provide a general overview of the initiatives the health council plans on achieving this year and how those may relate to prior health council initiatives that have already begun.**

- Improving our community continuum of care for people dealing with mental health conditions and/or substance use disorders; support of prevention, treatment and recovery resources
- HEAL events and support of Eat Well Otero, our healthy restaurant partner initiative

Both of these efforts have strong support within the community and have been in progress for 3+ years; we have leveraged external funding and partnerships to advance our goals within these priority areas.

- 2. Please explain why the health council has chosen this particular initiative. Is it evidence-based? Is it a best practice?**

The models and programs we are prioritizing are promising practices and evidence-based. Both our Crisis Intervention Team (CIT) training and our Eat Well Otero initiative leverage resources and emphasize stigma reduction, social support, and policy advocacy.

- 3. Please provide detailed steps on the activities to occur each month from the start of the initiative until it is completed.**

See attached Action Plans for HEAL and the Behavioral Health Collaborative (BHC).

- 4. Who are the partners, subcommittee members, health council members, stakeholders, champions etc. who will be involved in the process of completing deliverables for the health council Scope of Work (SOW)?** Partners include: OCCHC members; members of Behavioral Health Collaborative/ SAFE, HEAL, and CARE committees; and The Counseling Center. Other local organizations and agencies supporting these efforts include but are not limited to: APD Crisis Intervention Team, Otero County Juvenile Justice Board, Alamogordo Public Schools, Coalition to End Homelessness in Otero County, faith-based communities, and regional advocacy groups.

- 5. Briefly explain the organizational structure and role of the health council and its members (refer to health council bylaws)**

OCCHC membership is open to anyone interested. There are about 55 people on the roster and about 170 people receiving emails. We hold monthly meetings. There is an Executive Committee made up of: President, Vice-President, Secretary/ Treasurer, plus committee chair-people; the Coordinator, and the Fiscal Agent CEO as ex-officio and DOH Health Promotion Specialist as ex-officio. The Health Council Coordinator is a part time position reporting to the fiscal agent. Annual meeting is held in October. By-laws are reviewed annually by Executive Committee; last revised in 2016.

- 6. Please explain how the health council will measure short term/long term successes in the coming year.**

See attached Action Plans for HEAL and the Behavioral Health Collaborative.

Behavioral Health Collaborative – 2019-2021 Action Plan

Note: in 2019 *SAFE Committee* and *Behavioral Health LC 12* merged for efficiency and streamlining. This group is now known as the Behavioral Health Collaborative (BHC) and works seamlessly with the Otero County Community Health Council (OCCHC).

Our mission: *Serving as a hub for community-wide collaboration in support of behavioral health services, resources, and advocacy.*

Goal 1: Improve our community continuum of care to support people living with mental illness and/or substance use disorders

Objective 1.1: Support the APD CIT Strategic Implementation Plan

Strategies/Action Steps: Participate in all aspects of the Implementation Plan

Time frame: Ongoing

Who's responsible/leading: Jeanette/Kimmie as CIT mental health co-leads; Maureen, Holly, Jim (OCCHC/BHLC); Carolyn (CYFD/JPO) – All members of the BHC are part of the CIT Core Team

Objective 1.2: Advocate for Supportive Housing in collaboration with the Coalition to End Homelessness

Strategies/Action Steps: Schedule Catholic Charities and Developer to present at BHLC/Coordinate community advocacy efforts for property options

Time frame: June 2019 initial BHC presentation; subsequent meetings as needed

Who's responsible/leading: BHC members in collaboration with Coalition to End Homelessness

Objective 1.3: Support existing problem-solving courts

Strategies/Action Steps: Provide technical assistance and support as requested to problem-solving courts (currently Mental Health Court, Juvenile Drug Court; eventually Veterans Court)

Time frame: Ongoing

Who's responsible/leading: All BHC members

Objective 1.4: Empower/Engage Peer Support Specialists and Treatment Guardians throughout our continuum of care

Strategies/Action Steps: Coordinate funding application efforts to include peer support specialists in APD Mobile Crisis Response Team development/Advocate for continuing education and training opportunities in Otero and Doña Ana Counties/Recruit and train local Treatment Guardians

Time frame: 2019 proposals include PdNHF and others TBA/Ongoing connection to existing state-sponsored training opportunities and development of tailored regional training opportunities in collaboration with Empower Change

Who's responsible/leading: CIT Core Team – PdNHF/Kimmie and Holly – training opportunities

Goal 2: Increase community capacity to advocate for programs and policies that promote health and health equity *

**where all people have a fair opportunity to achieve their full health potential*

Objective 2.1: Provide updates on 2019 legislative priorities/opportunities to improve behavioral health systems at the state and local levels

Strategies/Action Steps: Provide updates at least quarterly at OCCHC and action group meetings

Time frame: Ongoing

Who's responsible/leading: Holly/Maureen/John/Kimmie/Jim

Objective 2.2: Provide advocacy support (information, contact info, etc.) to OCCHC/BHC members, affiliates, and other community groups

Strategies/Action Steps: Share local and state advocacy opportunities and resources through email, social media, & meetings

Time frame: ongoing

Who's responsible/leading: OCCHC Coordinator, Maureen, Kimmie, Holly

Objective 2.3: Provide at least one "Advocacy 101" training through OCCHC/ BHC in 2020

Strategies/Action Steps: Provide advocacy training at both OCCHC/LC 12/SAFE

Time frame: Spring 2020

Who's responsible/leading: Holly

Goal 3: Leverage system and agency resources to obtain additional funding to identify system gaps in behavioral health services

Objective 3.1: Apply for financial support to pilot a Mobile Crisis Unit in collaboration with APD

Strategies/Action Steps: Support APD with proposal writing, dedicated time commitments, & technical assistance

Time frame: Spring 2019 (Update: Funding received from PdNHF, notified in 10/2019)

Who's responsible/leading: Holly/CIT Team

Goal 4: Reduce stigma and negative bias associated with mental illness

Objective 4.1: Increase access to and participation in evidence-based educational and peer/family support programs (MHFA, NAMI, CIT, QPR, etc)

Strategies/Action Steps: Promote participation in existing community programs

Time frame: Ongoing

Who's responsible/leading: Kimmie, Jeanette, Maureen, CIT core team, local NAMI leadership, TCC

Objective 4.2: Increase local capacity to "train the trainer" in evidence-based educational and peer/and family support programs/groups (MHFA, NAMI, CIT, QPR, etc)

Strategies/Action Steps: BHLC members participate in 40 - hour CIT training and "Train the Trainer" training with PRA/BHLC members; Support community trainings & support groups through providing space, providing time

Time frame: January 28th-31st and October 21st – 24th 2019 for CIT training; March 6th-8th 2019 for Train the Trainer. Future training dates to be determined.

Who's responsible/leading: CIT Core Team/Local NAMI leadership/ The Counseling Center, Alamogordo Police Department; Maureen (QPR), and others participating in training opportunities

Objective 4.3: Continue media presence and advocacy

Strategies/Action Steps: Publish quarterly guest columns in the Alamogordo Daily News on topics related to mental health and mental health policy advocacy

Time frame: Ongoing every 3 months

Who's responsible/leading: Maureen/Holly/other OCCHC and BHC members

Healthy Eating Active Living (HEAL) 2019-2021 - Action Plan

A Committee of Otero County Community Health Council (OCCHC)

Our mission: Improving community policies, systems, and environments to support healthy eating and active living opportunities for all people in Otero County

Goal 1: Create a community environment that supports and promotes healthy eating

Objective 1.1: Support Eat Well Otero (EWO)

Strategies/Action Steps: Promote EWO restaurants in our personal & professional networks

Time frame: October 2019- October 2021

Who's responsible/leading: HEAL Committee members – Point of Contact (POC) Kelly and Maureen

Benchmarks: Review Eat Well Otero evaluations as completed by coordinator and intern, from 2019-2020. Social media metrics, committee member input, and restaurant representative feedback.

Objective 1.2: Support efforts to address food insecurity in our community

Strategies/Action Steps:

- Solicit food donations and volunteer time in support of relevant local and state agencies addressing food insecurity such as NMSUA, Love INC, community garden, Roadrunner Food Bank, and local food banks/ community meals.
- Help inform policy and procedures to focus on inclusion of more nutrient dense foods and fewer empty calorie foods

Time frame: October 2019- October 2021

Who's responsible/leading: HEAL Committee – POC Kayla and Maureen

Benchmarks: review at 1-year mark to evaluate partnerships built and amount of food donated, or any policies improved

Objective 1.3: Host a nutrition education event/program/campaign related to “National Nutrition Month”

Strategies/Action Steps: Plan, host & evaluate event

Time frame: planning December – February; hold event March 2020

Who's responsible/leading: HEAL Committee – POC Kelly and Lee Ann

Benchmarks: Event held, number of participants, feedback from participants, social media metrics

Goal 2: Create a community environment that promotes physical activity and reduces sedentary behavior

Objective 2.1: Support revision and dissemination of “Prescription Trails” guide

Strategies/Action Steps: Provide input and support to UNM- Prevention Research Center working on the Guide

Time frame: 2019-2020

Who's responsible/leading: UNM- Prevention Research Center and NMDOH, POC Maureen

Benchmarks: Identifying trails for inclusion; guide completed and distributed

Objective 2.2: Advocate for addition of signs to enhance an existing trail or greenspace to encourage increased use

Strategies/Action Steps: Promote the “desert critters trail” idea or similar by finding a local partner to cover costs of signage; once completed promote use of the trail and host an event on-site

Time frame: 2020-2021

Who’s responsible/leading: HEAL Committee – POC Kayla and Maureen

Benchmarks: creation of enhanced trail or feature at local park, quantify use if possible with trail steward

Objective 2.3: Support partner efforts related to worksite wellness

Strategies/Action Steps: support existing and developing worksite wellness programs

Time frame: ongoing

Who’s responsible/leading: HEAL Committee – POC Kelly

Benchmarks: N/A

Objective 2.4: Host / partner to support community walks (e.g., “walking book club”, Diabetes walk, other outdoor activities)

Strategies/Action Steps: Social support, continue HEAL Fourth Friday walks and other awareness walks. Look for partners and support existing physical activity events by promoting, marketing, attending, tabling with information.

Time frame: ongoing

Who’s responsible/leading: HEAL committee

Benchmarks: number of walks organized, hosted, and supported. Number of participants.

Goal 3: Leverage resources and partnerships to help implement community youth events, programs, activities in support of HEAL Goals 1 & 2

Objective 3.1: Build partnerships, enhance or create more youth focused events

Strategies/Action Steps: support existing events, seeking partners such as: 4-H, GCRMC, Boys & Girls Club, PreK, APS, Head Start, Family Recreation Center, Kiwanis, etc. to hold youth events with a physical activity or HEAL focus. Use CATCH curriculum owned by Cooperative Extension office (evidence-based). Consider creating/ using scholarships to help more children participate in activities. Consider co-hosting a Community Play Day.

Time frame: October 2019 – October 2021

Who’s responsible/leading: HEAL committee

Benchmarks: new partnership creation, number of events supported, number of participants.

Thank you for participating in our Community Health Assessment! Your input is very important. This survey does not ask you for any identifying information, and your responses will remain anonymous.

The first 9 questions are asking for **your general opinion about the community in which you live**. For each question, please add any comments you have about that topic.



How true do you feel each of the following statements are for you? **Please circle your response for each question** (and please add any comments you'd like to share)

1. In my community, people and families have **strong support networks** (for example neighbors, support groups, faith communities, community organizations)

Not true at all A little true Pretty much true Very much true

Comments:

2. My community is a **good place to raise a family**

Not true at all A little true Pretty much true Very much true

Comments:

3. My community is a **good place to grow old**

Not true at all A little true Pretty much true Very much true

Comments:

4. People in my community **have a voice** in making our community a better place to live

Not true at all A little true Pretty much true Very much true

Comments:

5. In general, people in my community have the **transportation** they need

Not true at all A little true Pretty much true Very much true

Comments:

6. There are **good schools and educational opportunities** (k-12, career, college) in my community

Not true at all A little true Pretty much true Very much true

Comments:

7. There are **good jobs and economic opportunities** for people in my community

Not true at all A little true Pretty much true Very much true

Comments:

8. Quality **housing is affordable** in my community.

Not true at all A little true Pretty much true Very much true

Comments:

9. In general, **people feel safe** in my community.

Not true at all A little true Pretty much true Very much true

Comments:

The next 4 questions are asking for **your opinion about your own experience in your community**.
Please circle your response for each question (and please add any comments you'd like to share)

1. I am satisfied with the overall **healthcare system – including mental health services –** (clinics, hospitals, etc.) in my community

Not true at all A little true Pretty much true Very much true

Comments:

2. I am **able to get healthcare** when I need it

Not true at all A little true Pretty much true Very much true

Comments:

3. Because of the cost, I sometimes **delay or avoid getting healthcare** that I need

Not true at all A little true Pretty much true Very much true

Comments:

4. I am satisfied with the overall **quality of life** in my community

Not true at all A little true Pretty much true Very much true

Comments:

The next 3 questions will help us get a general idea of who participated in this survey

In general, would you say that your health is (please circle one):

Excellent Very good Good Fair Poor

What is the zip code where you live? _____

How old are you? ____13-17 ____18-29 ____30-49 ____50-64 ____65+

If you have additional comments please add on the next page

Thank you very much for participating! Is there anything else you would like to add or share? Please use this page for any additional thoughts you have about health and a healthy community.

Comments:

¡Gracias por participar en nuestra Evaluación de Salud Comunitaria! Sus respuestas son muy importantes. Esta encuesta no pide ninguna información de identificación y sus respuestas serán anónimas



Las primeras 9 preguntas **piden su opinión general de la comunidad en donde usted vive. Para cada pregunta, por favor agregue cualquier comentario que usted tenga sobre el tópico.**

¿Que ciertas son cada de las siguientes declaraciones para usted? Por favor circule sus repuestas para cada pregunta (y agregue comentarios que le gustaría compartir).

1. En mi comunidad, personas y familias tienen **fuerte sistemas de apoyo** (por ejemplo, vecinos, grupos de apoyo, parroquias, y organizaciones comunitarias)

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

2. Mi comunidad es un **buen lugar para criar a una familia**

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

3. Mi comunidad es un **buen lugar para envejecer**

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

4. Los miembros de mi comunidad **tienen voz** para hacer un mejor lugar para vivir

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

5. Generalmente, la gente en mi comunidad tiene la **transportación** necesaria

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

6. Hay **buenas escuelas y oportunidades en educación** (K-12, carreras, colegio) en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

7. Hay **buenos trabajos y oportunidades económicas** para la gente en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

8. **Viviendas de buena calidad son económicamente accesibles** en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

9. Generalmente, **la gente se siente segura** en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

Las próximas 4 preguntas piden **su opinión sobre sus propias experiencias en su comunidad. Por favor circule sus respuestas para cada pregunta** (y por favor agregue cualquier comentario que le gustaría compartir)

1. Estoy satisfecho/a con el sistema de salud médica- incluyendo servicios de salud mental- (clínicas, hospitales, etc.) en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comments/Comentarios:

2. Puedo **recibir cuidado médico** cuando lo necesite

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

3. Por el costo, yo a veces **retraso o evito recibir el cuidado medico** que necesito

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

4. Estoy satisfecho/a con la **calidad de vida** en mi comunidad

Totalmente falso No completamente falso Bastante cierto Muy cierto

Comentarios:

**** Las próximas 3 preguntas nos ayudaran a darnos una idea general de quien participa en esta encuesta****

¿Generalmente, como calificara su propia salud?

Excelente Muy Buena Buena Justa Mal

¿Cuál es el código donde usted vive? _____

¿Qué edad tiene? ___ 13-17 ___ 18-29 ___ 30-49 ___ 50-64 ___ 65+

¡Muchas gracias por participar! ¿Hay algo más que quiere compartir? Por favor use esta página para cualquier idea u opiniones que usted tenga sobre la salud y una comunidad saludable.

Comentarios:



1. I live in _____ (city, town, or village)

Vivo en _____ (ciudad o pueblo)

2. What are 3 things you think of when you think of a healthy community?

¿Cuándo usted piensa en una comunidad saludable, cuáles son las 3 cosas que tiene en mente?

3. Thinking of your community, what are some things that *support* health and a healthy community?

¿Pensando de su comunidad, cuales son algunas de las cosas que apoyan la salud y a una comunidad sana?

4. Thinking of your community, what are some things that *get in the way* of health and healthy behaviors?

¿Pensando de su comunidad, cuales son algunas cosas que impiden la salud y comportamientos saludables?

5. If you could change one thing in your community to help everyone reach their full health potential, what would it be?

¿Si pudiera hacer un cambio en su comunidad para ayudar a los demás alcanzar su máxima potencial de salud, cuál sería?

Date _____ Location _____ Facilitator _____

OTERO COUNTY RESOURCE GUIDE

Updated Oct 2019

Public Health Services

Otero County Health Office, 437-9340, 1207 E. 8th St.

Closed 12-1 for lunch daily

- **Women, Infant, Children Food Supplement (WIC)**
- **Family Planning, STD testing; immunizations**
- **Children's Medical Services;**
- **Breast & cervical cancer screening for uninsured**
- **Birth certificates *Mondays only 9-4, closed for lunch***
- **Families First, Alamo & Tularosa 585-2280**

WIC in **Alamogordo** 437-9093 Open M - F 8 - 5

WIC in **Holloman** 572-7369, 741 W. NM Ave, HAFB

Open M, W, F 8:30 – 4:30

WIC in **Tularosa** 585-2163, 404 Fresno T, Th 8:30 – 4:30

WIC in **Mescalero** 464-0932, Wed 9 – 4

At Apache Empowerment Center

Chaparral WIC office: 575-824-4701

“BrdsNBz” free text for sexual health, text 66746 get free advice from Registered Nurse, within 24 hours.

Pre-natal Care

Women's Health Center, 2559 Medical Dr Suite D

(575) 434-2229 (by GCRMC)

Ben Archer Medical Center 443-8133

2150 S. Hwy 54, Alamogordo

Pregnancy Help Center 434-5525

Pregnancy Tests, Limited Sonograms

Pregnancy Verifications for Medicaid

Building Blocks Program

Parent Power Workshops

24/7 Dads Group

Pediatrics

Pediatrics of Alamogordo GCRMC

2559 Medical Dr Suite A 434-1500

1212 9th St. Ste A (Thunderbird Plaza) 439-9997

Ben Archer Medical Center 443-8133;

2150 S. Hwy 54, Alamogordo

Bloom & Grow Pediatrics, Cloudcroft

575-682-2002; 1315 Burro Ave

(the following see pediatrics but do not specialize in):

Presbyterian Medical Services

Alamogordo 1501 East 10th Street 434-2960

Cloudcroft James Cnyn (Hwy 82) 682-2542

Tularosa 111 Central Avenue 585-1250

Chaparral 204 Angelina Boulevard 824-8100

Dr. Dan Moezzi & Dr. Kay Banikarim

2474 Indian Wells 443-0339

White Mountain Medical 575-630-8350

121 El Paso Rd, Ruidoso

Breastfeeding Assistance

WIC in **Alamogordo** 437-9093

Mommy Café, 1st Thursday/ month 4:30-6:30pm

GCRMC, contact: 443-7652

Childbirth Classes

GCMC OB Floor (575) 443-7640

LCMC OB Floor (575) 257-8275

NM Doulas (575) 495-2545 nmdoulas@gmail.com

Parenting Classes

CHINS Circle of Security 434-3011

Ben Archer - Welcome Baby, Families First 443-8133

Hospitals:

Gerald Champion Regional Medical (GCRMC) 439-6100

2669 Scenic Drive, Alamogordo

Lincoln County Medical Center (LCMC) 575-257-8200

211 Sudderth, Ruidoso

Sliding Scale Clinics – Federally Qualified Health Ctrs.

Ben Archer Medical Center 443-8133, 2150 S. Hwy 54;

Presbyterian Medical Services (PMS) clinics:

Alamogordo 1501 East 10th Street 434-2960

Cloudcroft Hwy 82, west side of town 682-2542

Tularosa 111 Central Avenue 585-1250

Materials or financial assistance:

Income Support Division 437-9260

2000 Juniper Ave, also: 1-800-826-4468

Southwest Community Action Corp. 437-1364

906 Adams in Alamogordo -Rental, mortgage, utility, prescription assistance

Love INC 439-5683 *Call for appointment*

2826 Indian Wells Road -Professional clothes;

furniture; PNM fund; food pantry.

Paula's Amazing Grace 415-1388

VSSG 489-3465 303 B Canal Street

Health Insurance exchange: 1-833-862-3935

<https://www.bewellnm.com/>

Financial Assistance for healthcare

Otero County Health Services (575) 437-7427

1101 New York Ave

(Also - disposition of indigent deceased persons.)

Counseling & Support

NM CRISIS & Access Line 855 662-7474 anytime

PMS Behavioral Services 437-7404

GCRMC Behav. Health out-patient 446-5303

GCRMC in-patient 446-5300

Blue Sky Counseling 443-6166

CHINS – children's counseling 434-3011

Open Minds Healing & Recovery 489-4616

Pregnancy Crisis Center 434-5525

Canyon Light Substance Abuse Counseling 437-2453

Warm line – certified peer support 855 466-7100

Inpatient addiction recovery Mesilla Valley Hospital -

800-877-3500

Sexual Assault Exam (SANE)

24 hour Hotline 430-9485

AP24

Domestic Violence

COPE Hotline 24-hour 437-2673 (437-COPE)
New Mexico Coalition Against Domestic Violence
(Albuquerque) (505) 246-9240

Diabetes Education 437-0231, Otero Cooperative
Extension Services - call for dates and information

Diabetes Management

VDex – 2427 Indian Wells Rd. 488-2720
evila.garcia@vdexdiabetes.com
Dr. Lancaster at GCRMC, 2579 N Scenic Dr 446-5100

Adolescent Life Planning and Juvenile Justice Support

The Counseling Center (575) 488-2500
501 24th Street. **Also provide tutoring.**

Child Care Assistance

CYFD 434-9770
CHINS 434-3011

Early Childhood Intervention

Alamogordo Headstart 434-6313
Tularosa Headstart 585-4818
La Luz Headstart 437-4485
Zia Therapy Center 439-4900
Behavior Change Institute, (575) 415-1249
1200 White Sands Blvd - Suite 121
www.BehaviorChangeInstitute.com

Car Seats

Ben Archer 575-443-8133 or 575-373-3088 for
appointment; small donation required.
APD Car Seat clinic – once per month, call for date &
time: 439-4325 x136

Housing Assistance

Housing Authority 437-5621; 104 Avenida Amigos,
Alamogordo
Habitat for Humanity 437-6562; 1109 10th St,
Alamogordo
HUD voucher program, (575) 622-0881
Las Rosas, 1513 Fairview, Tularosa 585-9848
Villa De Tularosa 1205 Monte Vista 585-2859
Weatherization Assistance Program (575) 523-1639 or
1-800-657-8967 website: swnm.org

Transportation Services

Z-Trans – ask for schedule. 439-4971,
<http://www.ztrans.org/>
Z-Trans also provides **Para Transit** door-to-door
Blue Cross & Blue Shield. Questions and cancellations
(1-866) 418-9829 hearing impaired.
TTY (1-866) 288-3133 Must call 72 hours in advance and
24 hours for cancelation.

Epilepsy Foundation local contact:

Text: 575-322-6227 or email: ef4alamo@outlook.com

Medicaid Dentists

Kids Kare 439-5439
Ben Archer Medical Center 443-8133
Smiles Forever We Care 437-8994

Adult Education Services

PACE at NMSU-A 439-3812 Group & individual
instruction preparation for diploma equivalency exams;
English as a second language (ESL); college prep.
NMSU-Alamogordo 575-439-3600 <https://nmsua.edu/>

Aging & Disability Resource Center 800-432-2080

Independent Living Resource Center

439-1112 v/tty; 9th & Cuba Ave. Advocacy for persons
with disabilities and Medicaid Assisted Services Program

Special Needs/ Developmentally Delayed

Zia Therapy Center, 439-4900; 900 1st Street
Preschool services; services for developmentally delayed
or disabled clients, respite. Early Intervention screening.
<http://www.ziatherapy.org/>

Parents Reaching Out (Albuquerque- serves all of New
Mexico) (800) 524-5176 family support with special
needs, information, referrals, support.

Children Youth Families Department (CYFD)

434-5950 Adoption, counseling, day care subsidy,
Information & referral. Protective services for children,
youth services, critical care in-home. Foster care.
Child Protective Services hotline (855) 333-7233
or #7233 from cell phone

Support Groups

Alcoholics Anonymous 430-9502 (Otero & Lincoln hotline)
Groups in Alamogordo, Tularosa, Cloudcroft, Mayhill.
For up-to-date meeting days/ times/ locations:
<https://nm-aa.org/> or call 430-9502.
Al-a-Non support group: Our Savior Church, 437-2970
Thursdays noon, 1212 Washington, Alamogordo
Bethel Baptist Church, 437-7311, Mon. & Thurs. 7pm
1316 Scenic, Alamogordo
Over-eaters Anonymous Bethel Baptist, Thurs. 5:45 pm
Grief Support Group Bethel Baptist; Sundays 6pm
except 1st Sunday/ month.
Type 1 Diabetes – Facebook “Club T1 Alamogordo”
Meets 2nd Tuesday, 6pm
Post-partum support group: 2nd & 4th Monday 10am @
GCRMC conf room 1&2. contact: (915) 637-6114
NAMI Family Support Group, 921-2773; 1st and 3rd
Mondays 530pm @ GCRMC conf room 3 & 4
Caregiver Support Group; (503) 929-7892; 4th Thursday
11am @ GCRMC conf room 3 & 4
Gay Straight Alliance at Alamogordo High School,
contact: Kaitlyn McCoy, 812-6500

Senior Centers & Meals

Alamogordo 439-4150; 2201 Puerto Rico Ave

Information, services, Meals on Wheels and group meals

Tularosa Senior Center

(575) 585-4532; 35 Radio Road, Tularosa

Sacramento Mountains Senior Center (Three locations)

682-3022 <http://www.mtnseniors.com/>

Commodity Supplemental Food Program (CSFP)

575-622-8700 Available in Alamogordo, Tularosa & Mescalero. **Seniors only**, over age 60

Self Help - legal referrals

Self Help walk-in program 437-7310 x 146 & 147

Courthouse, 1000 New York Ave, 2nd floor. M – F 8-5

UNM 24-hour Nurse Advice Line 1-877-925-6877

Centennial Care Nurse advice lines

Presbyterian 1-888-730-2300

Western Sky 1-844-543-8996

Centennial Member Services

Presbyterian 1-888-977-2333

BCBS 1-866-689-1523

Western Sky 1-844-543-8996

Help lines/ Hot Lines

Adult Protective Services (866) 654-3219

COPE Crisis Line Domestic Abuse (575) 437-2673

NM Crisis & Access Line (855) 662-7474

NM Peer warm line (855) 466-7100

PMS Behavioral Health (575) 437-7404

CYFD Child Protective Services (855) 333-SAFE

or #7233 from cell phone

NM Child Support help line (800) 288-7207

American Diabetes (800) 232-3472

CDC AIDS Hotline (800) 232-4636

National Child Abuse Hotline (800)-422-4453

National Drug Abuse Hotline (800)-662-4357

National Poison Control (800)-222-1222

Suicide.org (866) 435-7166

Agora Crisis Ctr. (866) 435-7166 or (505) 277-3013

Chat line: www.crisischat.org

National Suicide Hotline (800) 273-8255

Sexual Assault Nurse Exam Hotline (575) 430-9485

12th Judicial Victim Assist. (575) 437-3640

Child Support Hotline 1-800-288-7207

Legal Aid 1-833-545-4357

LGBTQ+ support website pflag.org

Suicide prevention training:

QPR training: Maureen Schmittle at local Health Office, 437-9340 ext 5

<https://www.forwardflag.org/about.html>

Department of Veterans' services: 437-4635

411 10th Street, room 107

VA Primary Care Clinic – Alamogordo

437-9195 White Sands Mall

Veteran's housing assistance:

Operation Homefront 877-264-3968,

<http://www.operationhomefront.org/>

Housing Assistance for Veterans (HAVEN)

<https://www.fhlb.com/community/Pages/Housing-Assistance-for-Veterans-Program.aspx>

(call for availability of funds)

Lowe's Home Improvement 442-4000

Home Depot 443-8015

USDA program for rehab grant

<https://www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants>

Vision needs/ eye-glass assistance

Lions Club - application can be picked up at Twice Blest Thrift Shop, 2920 N White Sands Blvd.

Other Services

Lost Medicaid card 1-888-997-2583

NM Workforce Connection 437-9210

901 Alaska Ave

Baby's First Wish Newsletter 437-0231

Social Security Admin 1-800-772-1213

Notes:

Area code (575) when not specified.

Location Alamogordo when not specified.

For a complete list of **Behavioral Health Providers**, please request the "Community Mental Health Guide" printed by Alamogordo Public Schools. Most recent update available: July 2019.

For a complete list of community meals and area food pantries, see the "**Food Pantry and Meal Guide**" or contact Maureen at 437-9340 ext. 5 or email maureen.schmittle@state.nm.us

For **resource information in Chaparral NM**, contact Jazmine Saenz at (575) 824-3454 x106 or jazmine.saenz@state.nm.us

Call 437-9340 ext. 5 or email

maureen.schmittle@state.nm.us to update information on this list, or to request electronic copies.

Servicios de Salud Pública

Oficina de Salud Pública del condado de Otero,
437-9340, 1207 E. 8th St.

Cerrado de 12-1 diariamente por almuerzo

- Programa para Mujeres, Infantes, Niños (WIC)
- Planificación Familiar, pruebas ETS; vacunas
- Servicios Médicos para Niños;
- Evaluaciones de cáncer de seno y cérvix para personas sin seguro médico
- Certificados de nacimiento – Solamente *Lunes 9-4*, cerrado durante la hora de almuerzo

• *Families First, Alamo & Tularosa* 585-2280

WIC en **Alamogordo** 437-9093 Abierto L - V 8 – 5

WIC en **Holloman** 572-7369, 741 W. NM Ave, HAFB
Abierto L, Mi, F 8:30 – 4:30

WIC en **Tularosa** 585-2163, 404 Fresno Ma y J 8:30 – 4:30

WIC en **Mescalero** 464-0932, Mi 9 – 4

En Apache Empowerment Center

Oficina WIC Chaparral 575-824-4701

“BrdsNBz” textos sobre salud sexual, envíe texto 66746 para consejería por una enfermera. Respuesta en 24 horas.

Cuidado Prenatal

Women’s Health Center, 2559 Medical Dr Suite D
(575) 434-2229 (por GCRMC)

Ben Archer Medical Center 443-8133

2150 S. Hwy 54, Alamogordo

Centro de Ayuda de Embarazos 434-5525

Pruebas de Embarazo, Sonogramas Limitados

Verificaciones de Embarazos por Medicaid

Programa *Building Blocks*

Talleres *Parent Power*

Grupos para Papás 24/7

Pediátricos

Pediatrics of Alamogordo GCRMC

2559 Medical Dr Suite A 434-1500

1212 9th St. Ste A (Thunderbird Plaza) 439-9997

Ben Archer Medical Center 443-8133

2150 S. Hwy 54, Alamogordo

(Ver pediátricos pero no se especializan en):

Servicios Médicos Presbyterian

Alamogordo 1501 East 10th Street 434-2960

Cloudcroft James Cnyn (Hwy 82) 682-2542

Tularosa 111 Central Avenue 585-1250

Chaparral 204 Angelina Boulevard 824-8100

Dr. Dan Moezzi & Dr. Kay Banikarim

2474 Indian Wells 443-0339

White Mountain Medical 575-630-8350

121 El Paso Rd, Ruidoso

Asistencia de Amamantamiento

WIC en **Alamogordo** 437-9093

Mommy Café, 1^{er} Jueves de cada mes 4:30-6:30pm

GCRMC, contacte al: 443-7652

Clases de Parto

Piso GCMC OB (575) 443-7640

Piso LCMC OB (575) 257-8275

NM Doulas (575) 495-2545 nmdoulas@gmail.com

Clases de Crianza

CHINS Circle of Security 434-3011

Ben Archer- Welcome Baby, Families First 443-8133

Hospitales:

Gerald Champion Regional Med Center (GCRMC)

439-6100, 2669 Scenic Drive Alamogordo

Lincoln County Medical Center, Ruidoso (575) 257-8200

Clínicas con Escala Móvil – Centros de Salud

Cualificados Federalmente

Ben Archer Medical Center 443-8133, 2150 S. Hwy 54;

Clínicas de Servicios Médicos Presbyterian (PMS):

Alamogordo 1501 East 10th Street 434-2960

Cloudcroft James Cnyn (Hwy 82) 682-2542

Tularosa 111 Central Avenue 585-1250

Asistencia Financiera y materiales:

División de Apoyo al Ingreso 437-9260

2000 Juniper Ave, también: 1-800-826-4468

Southwest Community Action Corp. 437-1364

906 Adams in Alamogordo

Asistencia con renta, hipoteca, utilidades y medicinas

Love INC 439-5683 Llame para hacer cita

2826 Indian Wells Road

Vestimenta profesional; muebles; fondo PNM; alacena de alimentos

Paula’s Amazing Grace 415-1388

VSSG 489-3465 303 B Canal Street

Asistencia Financiera para Servicios del Cuidado de la Salud

Servicios de Salud del Condado de Otero (575) 437-7427

1101 New York Ave, Alamogordo.

(También – disposición de cuerpos de personas indigentes muertas).

Seguro de salud: Health Insurance exchange: 1-833-862-3935 <https://www.bewellnm.com/>

Consejería y Apoyo

NM CRISIS & Access Line 855 662-7474 en cualquier momento (consejeros profesionales y apoyo de companeros)

Servicios del Comportamiento PMS 437-7404

Servicios del Comportamiento ambulatorios GCRMC 446-5303

GCRMC hospitalizado 446-5300

CHINS – consejería infantil 434-3011
Blue Sky Counseling 443-6166
Open Minds Healing & Recovery 489-4616
Centro de Crisis en el Embarazo 434-5525
Consejería de Abuso de Sustancias Canyon Light 437-2453

Warm line – apoyo de compañeros certificados 855-466-7100

Recuperación de adicción hospitalizada Mesilla Valley Hospital- 800-877-3500

Exámen de Asalto Sexual (SANE) Línea 24 horas 430-9485

Violencia Doméstica

COPE Línea 24 horas 437-2673 (437-COPE)
Coalición Contra la Violencia Doméstica de Nuevo México (Albuquerque) (505) 246-9240

Educación de diabetes 437-0231, Servicios de Extensión Cooperativa de Otero- llame para fechas e información

Manejo de la Diabetes

VDex- 2427 Indian Wells Rd. 488-2720
evila.garcia@vdxdiabetes.com
Dr. Lancaster at GCRMC, 2579 N Scenic Dr 446-5100

Apoyo de Planificación de la Vida Adolescente y Justicia Juvenil

The Counseling Center (575) 488-2500
501 24th Street. También se ofrece tutoría.

Asistencia de Cuidado Infantil

CYFD 434-9770
CHINS 434-3011

Intervención Temprana Infantil

Alamogordo Headstart 434-6313
Tularosa Headstart 585-4818
La Luz Headstart 437-4485
Zia Therapy Center 439-4900
Behavior Change Institute, (575) 415-1249
1200 White Sands Blvd - Suite 121
www.BehaviorChangeInstitute.com

Asientos de Seguridad para Autos

Ben Archer 575-443-8133 or 575-373-3088 para citas; pequeña donación requerida
Clínica de asientos de seguridad APD – una vez al mes, llamar para fechas y horarios: 439-4325 x136

Asistencia de Vivienda

Autoridad de Viviendas 437-5621; 104 Avenida Amigos, Alamogordo
Habitat for Humanity 437-6562; 1109 10th St, Alamogordo

Programa de boletas HUD, (575) 622-0881
Las Rosas, 1513 Fairview, Tularosa 585-9848
Villa De Tularosa 1205 Monte Vista 585-2859
Programa de Asistencia Climatológica (575) 523-1639 o 1-800-657-8967 website: swnm.org

Servicios de Transportación

Z-Trans – llame para citas. 439-4971,
<http://www.ztrans.org/>
Z-Trans también ofrece **Para Transit** de puerta a puerta **Blue Cross & Blue Shield**. Preguntas y cancelaciones (1-866) 418-9829 para personas con discapacidades auditivas.
TTY (1-866) 288-3133 Tiene que llamar con 72 horas de antelación y 24 horas para cancelación.

Contacto de la Fundación Local de Epilepsia:

Texto: 575-322-6227 o email: ef4alamo@outlook.com

Dentistas Medicaid

Kids Kare 439-5439
Ben Archer Medical Center 443-8133
Smiles Forever We Care 437-8994

Servicios de Educación para Adultos

PACE at NMSU-A 439-3812 Instrucción grupal e individual para la preparación de los exámenes del diploma de equivalencia; Inglés como Segundo Idioma (ESL); preparación para la universidad.
NMSU-Alamogordo 575-439-3600 <https://nmsua.edu/>

Envejecimiento y Discapacidad

Centro de Recursos 800-432-2080
Centro de Recursos de Vivienda Independiente 439-1112 v/tty; 9th y Cuba Ave. Abogacía para personas con discapacidades y Programa de Servicios Asistidos Medicaid

Necesidades Especiales/ Retraso del Desarrollo

Centro de Terapia Zia, 439-4900; 900 1st Street
Servicios prescolares; servicios para clientes con retraso del desarrollo o discapacidad respito. Evaluaciones de Intervención Temprana.
<http://www.ziatherapy.org/>

Parents Reaching Out (Albuquerque- sirviendo todo Nuevo México) (800) 524-5176 apoyo a las familias con necesidades especiales, información, referidos, apoyo.

Departamento de Niños, Jóvenes, Familias (CYFD)

434-5950 Adopción, consejería, subsidio de cuidado diurno para niños, evaluaciones médicas, información y referidos. Servicios de protección para niños, servicios para la juventud, cuidado crítico en el hogar. Orfanato.
Línea 24 horas de Servicios Protectores de Niños (855) 333-SAFE o #7233 desde un celular

Grupos de Apoyo

Alcohólicos Anónimos 430-9502 (Línea Otero & Lincoln)
Grupos en Alamogordo, Tularosa, Cloudcroft, Mayhill.

Para fechas/días/localidades de las reuniones:

<https://nm-aa.org/> o llame al 430-9502.

Grupos de apoyo Al-a-Non para los familiares de alcohólicos *Our Savior Church*, 437-2970 Jueves al mediodía, 1212 Washington, Alamogordo
Bethel Baptist Church, 437-7311, L y J. 7pm
1316 Scenic, Alamogordo

Over-eaters Anonymous Bethel Baptist Church

Se reúnen los Jueves. 5:45 pm

Grupo de Apoyo de Aflicción Baptist Church 437-7311; Se reúnen los Domingos 6pm excepto 1^{er} Domingo de cada mes.

Diabetes Tipo 1 – Facebook “Club T1 Alamogordo”

Se reúnen los 2^{dos} Martes, 6pm

Grupo de apoyo posparto: 2do y 4to Lunes 10am @

Salón de Conf. 1y2 GCRMC. contacte: (915) 637-6114

Grupo de Apoyo Familiar NAMI, 921-2773; 1er y 3er

Lunes 5:30pm @ Salón de Conf. 3 y 4 GCRMC

Grupo de Apoyo de Tutores; (503) 929-7892; 4to Jueves

11am @ Salón de Conf. 3 y 4 GCRMC

Centro de Envejecientes y Alimentos

Alamogordo 439-4150; 2201 Puerto Rico Ave

Información, servicios, Alimentos y comidas en grupo

Centro de Envejecientes de Tularosa

(575) 585-4532; 35 Radio Road, Tularosa

Centro de Envejecientes Sacramento Mountains (Tres localidades)

682-3022 <http://www.mtnseniors.com/>

Programa Suplementario de Productos de Alimentación (CSFP)

575-622-8700 Disponible en Alamogordo, Tularosa y Mescalero. **Solamente personas mayores**, sobre 60

Auto Ayuda – referidos legales

Programa de auto ayuda sin cita 437-7310 x 146 y 147

Corte Judicial, 1000 New York Ave, 2^{do} piso. M – F 8-5

Línea de Ayuda por Enfermeros UNM 24 horas

1-877-925-6877

Líneas de Ayuda Centennial Care Nurse

Presbyterian 1-888-730-2300

Western Sky 1-844-543-8996

Servicios para Miembros Centennial Member

Presbyterian 1-888-977-2333

BCBS 1-866-689-1523

Western Sky 1-844-543-8996

Líneas de Ayuda/Apoyo

Servicios Protectores de Adultos (866) 654-3219

Línea de Crisis de Abuso Doméstico COPE (575) 437-2673

NM Crisis & Access Line (855) 662-7474

NM Peer warm line (855) 466-7100

Salud del Comportamiento PMS (575) 437-7404

Servicios Protectores de Niños CYFD (855) 333-SAFE

o #7233 desde un celular

Línea de Ayuda *NM Child Support* (800) 288-7207

American Diabetes (800) 232-3472

Línea de Ayuda CDC SIDA (800) 232-4636

Línea de Ayuda Nacional de Abuso de Niños (800)-422-4453

Línea de Ayuda Nacional de Abuso de Drogas

(800)-662-4357

Control Nacional de Envenenamiento (800)-222-1222

Suicide.org (866) 435-7166

Agora Crisis Ctr. (866) 435-7166 o (505) 277-3013

Línea de charla: www.crisischat.org

Línea de Apoyo Nacional de Suicidio (800) 273-8255

Línea de Apoyo de Asalto Sexual (575) 430-9485

12th Judicial Victim Assist. (575) 437-3640

Asistencia Legal 1-833-545-4357

Sitio web de apoyo LGBTQ+ <https://pflag.org>

Entrenamiento para Prevención de Suicidios

<https://www.forwardflag.org/about.html>

Entrenamiento QPR: Maureen Schmittle en Oficina Local de Salud Pública, 437-9340 ext 5

Servicios del Depto. de Veteranos: 437-4635

411 10th Street, Sala 107

Clínica de Cuidado Primario VA – Alamogordo

437-9195 White Sands Mall

Asistencia de Vivienda a veteranos:

Operation Homefront 877-264-3968,

<http://www.operationhomefront.org/>

Asistencia de Vivienda a Veteranos (HAVEN)

[https://www.fhhlb.com/community/Pages/Housing-](https://www.fhhlb.com/community/Pages/Housing-Assistance-for-Veterans-Program.aspx)

[Assistance-for-Veterans-Program.aspx](https://www.fhhlb.com/community/Pages/Housing-Assistance-for-Veterans-Program.aspx)

(Llame para disponibilidad de fondos)

Lowe's Home Improvement 442-4000

Home Depot 443-8015

Subvención para programa de rehabilitación USDA

<https://www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants>

Necesidades de la vision/ asistencia con lentes

Club de Leones- aplicación puede ser recogida en Twice

Blest Thrift Shop, 2920 N White Sands Blvd. **AP29**

Otros Servicios

Si perdió la tarjeta de Medicaid 1-888-997-2583
Conexión con la Fuerza Laboral NM 437-9210
901 Alaska Ave
Boletín Informativo Baby's First Wish 437-0231
Administración del Seguro Social 1-800-772-1213

Notas:

Código de área (575) si no se especifica.
En Alamogordo cuando no se especifica.

Para un listado completo de los **Proveedores de la Salud del Comportamiento**, solicite "Community Mental Health Guide" impreso por las Escuelas Públicas de Alamogordo. El ejemplar más reciente fue hecho en julio de 2019.

Para un listado completo de los alimentos comunitarios y almacenes de alimentos, vea "**Food Pantry and Meal Guide**" o contacte a Maureen por email a maureen.schmittle@state.nm.us

Para **información de recursos en Chaparral, NM**, contacte a Jazmine Saenz al (575) 824-3454 x106 o jazmine.saenz@state.nm.us

email maureen.schmittle@state.nm.us para actualizar la información en este listado, o para solicitar copias electrónicas.

Health Indicators Report

Location

Otero County, NM

Demographics

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Note: This section is provided as an example of data easily accessible to community stakeholders. It provides additional demographic detail on a range of indicators, and is continually updated with additional data. For more information and to download a customizable report, please see CARES Engagement Network CHNA reports at <https://engagementnetwork.org/assessment/>

Total Population

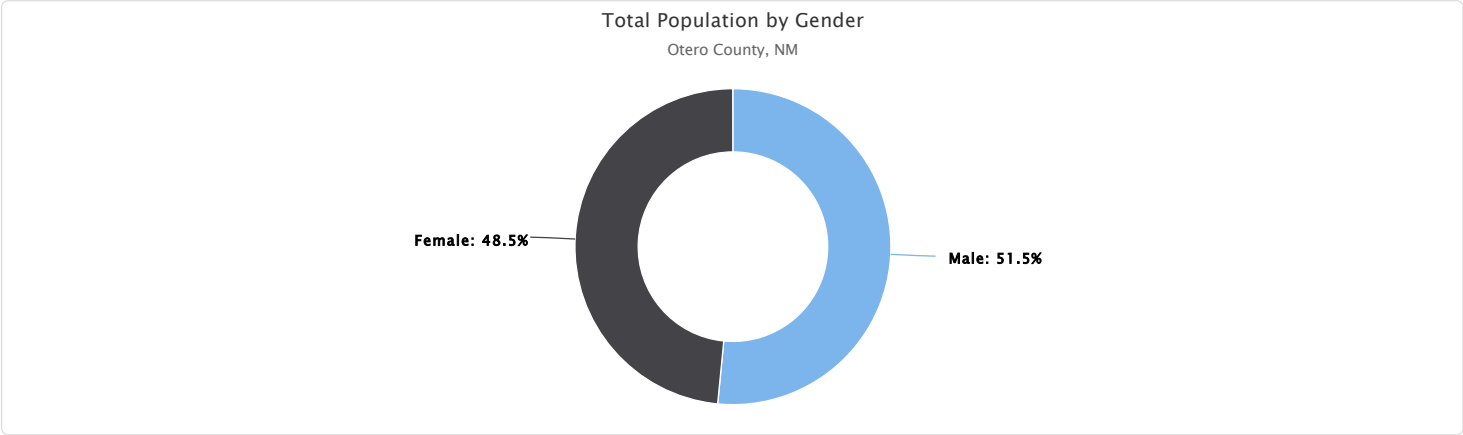
A total of 65,745 people live in the 6,612.56 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2014-18 5-year estimates. The population density for this area, estimated at 9.94 persons per square mile, is less than the national average population density of 91.42 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Otero County, NM	65,745	6,612.56	9.94
New Mexico	2,092,434	121,301.47	17.25
United States	322,903,030	3,532,068.58	91.42

Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract

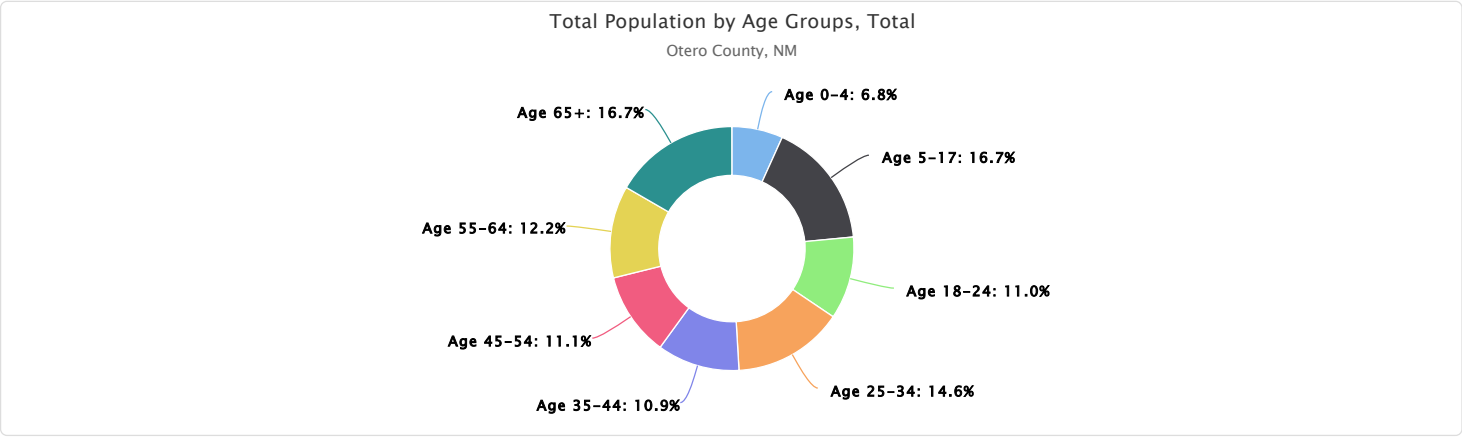
Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Otero County, NM	33,886	31,859	51.54%	48.46%
New Mexico	1,035,850	1,056,584	49.50%	50.50%
United States	158,984,190	163,918,840	49.24%	50.76%



Total Population by Age Groups, Total

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Otero County, NM	4,441	10,999	7,203	9,623	7,192	7,315	8,020	10,952
New Mexico	128,357	365,807	203,990	280,659	247,254	252,403	272,449	341,515
United States	19,836,850	53,716,390	30,903,719	44,567,976	40,763,210	42,589,573	41,286,731	49,238,581

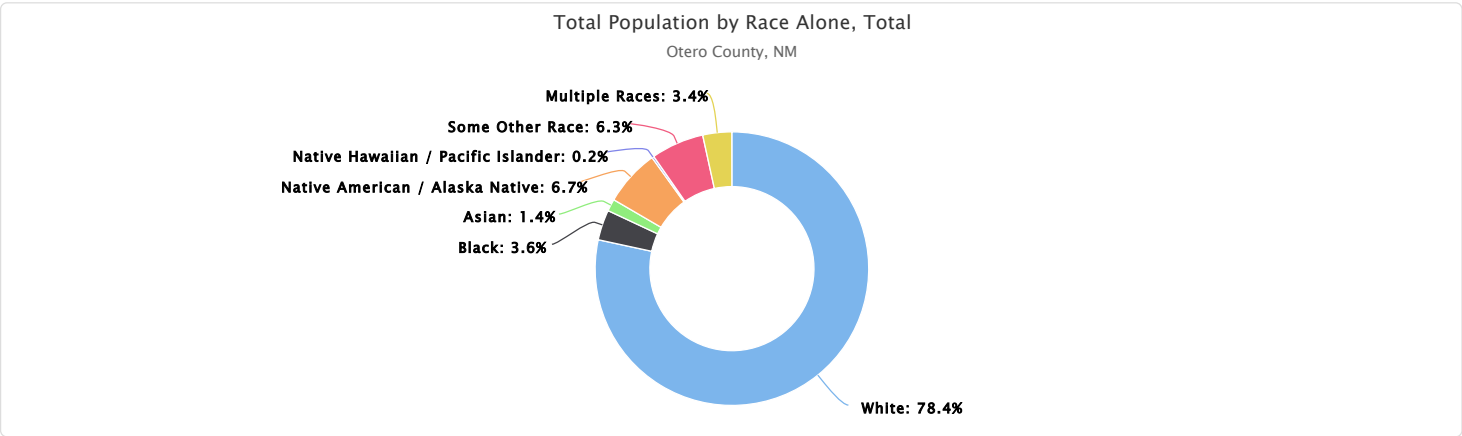


Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Otero County, NM	6.75%	16.73%	10.96%	14.64%	10.94%	11.13%	12.20%	16.66%
New Mexico	6.13%	17.48%	9.75%	13.41%	11.82%	12.06%	13.02%	16.32%
United States	6.14%	16.64%	9.57%	13.80%	12.62%	13.19%	12.79%	15.25%

Total Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	51,539	2,358	941	4,385	152	4,121	2,249
New Mexico	1,558,886	43,006	31,513	199,896	1,514	190,111	67,508
United States	234,904,818	40,916,113	17,574,550	2,699,073	582,718	15,789,961	10,435,797

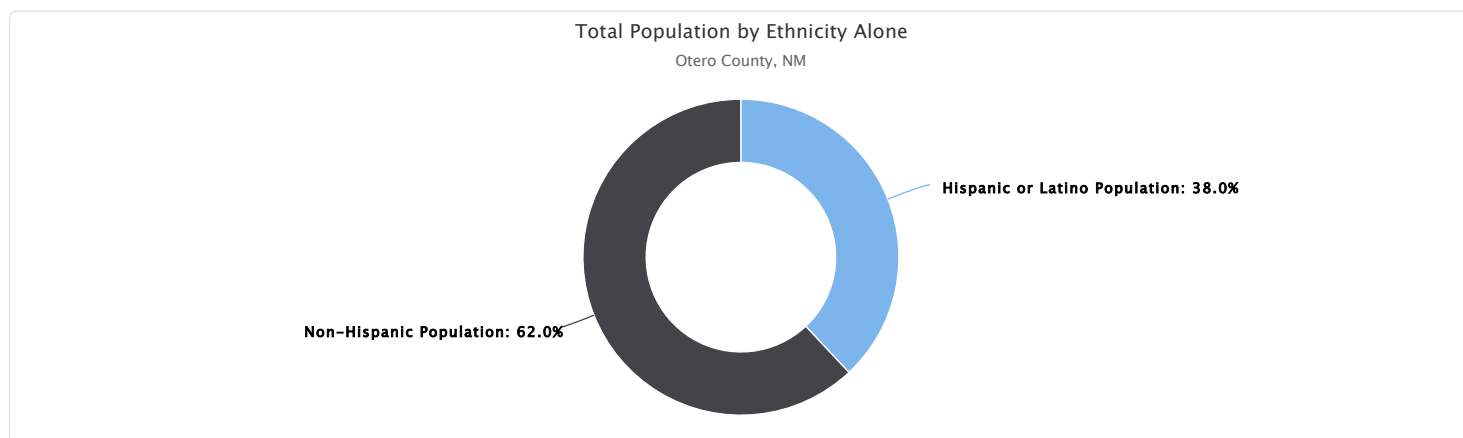


Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	78.39%	3.59%	1.43%	6.67%	0.23%	6.27%	3.42%
New Mexico	74.50%	2.06%	1.51%	9.55%	0.07%	9.09%	3.23%
United States	72.75%	12.67%	5.44%	0.84%	0.18%	4.89%	3.23%

Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Otero County, NM	65,745	24,999	38.02%	40,746	61.98%
New Mexico	2,092,434	1,015,751	48.54%	1,076,683	51.46%
United States	322,903,030	57,517,935	17.81%	265,385,095	82.19%

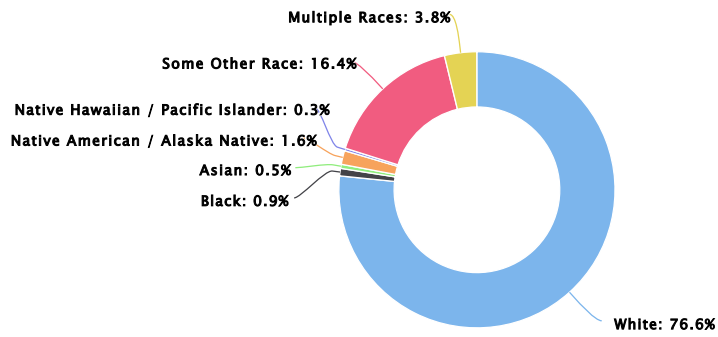


Hispanic Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	19,152	221	118	400	76	4,089	943
New Mexico	770,578	4,990	1,942	16,488	468	186,055	35,230
United States	37,723,641	1,200,196	207,381	563,594	57,616	15,035,465	2,730,042

Hispanic Population by Race Alone, Total

Otero County, NM



Hispanic Population by Race Alone, Percent

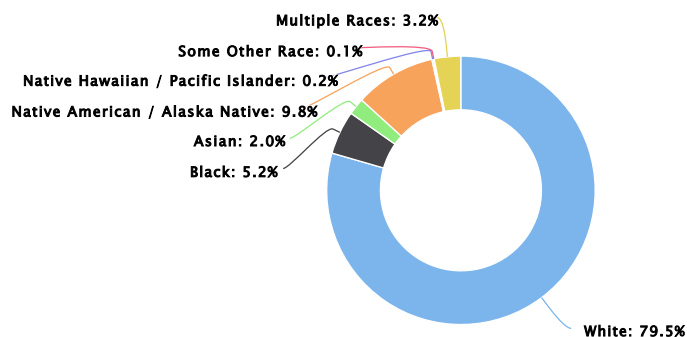
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	76.61%	0.88%	0.47%	1.60%	0.30%	16.36%	3.77%
New Mexico	75.86%	0.49%	0.19%	1.62%	0.05%	18.32%	3.47%
United States	65.59%	2.09%	0.36%	0.98%	0.10%	26.14%	4.75%

Non-Hispanic Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	32,387	2,137	823	3,985	76	32	1,306
New Mexico	788,308	38,016	29,571	183,408	1,046	4,056	32,278
United States	197,181,177	39,715,917	17,367,169	2,135,479	525,102	754,496	7,705,755

Non-Hispanic Population by Race Alone, Total

Otero County, NM



Non-Hispanic Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	79.49%	5.24%	2.02%	9.78%	0.19%	0.08%	3.21%
New Mexico	73.22%	3.53%	2.75%	17.03%	0.10%	0.38%	3.00%
United States	74.30%	14.97%	6.54%	0.80%	0.20%	0.28%	2.90%

Change in Total Population

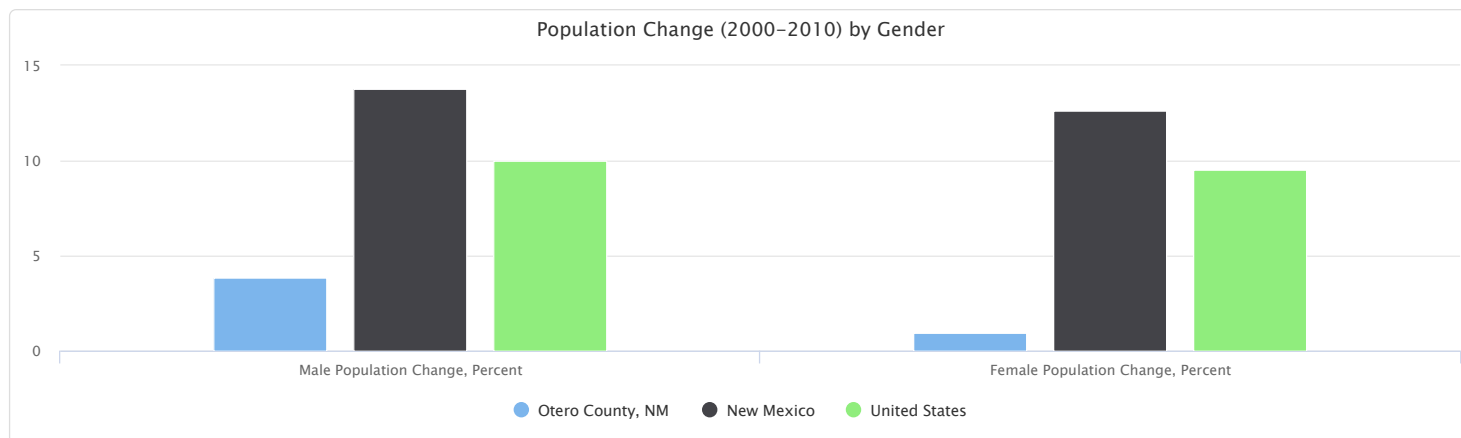
According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 1,499 persons, a change of 2.41%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Otero County, NM	62,298	63,797	1,499	2.41%
New Mexico	1,819,044	2,059,179	240,135	13.2%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, [Decennial Census, 2000 - 2010](#). Source geography: Tract

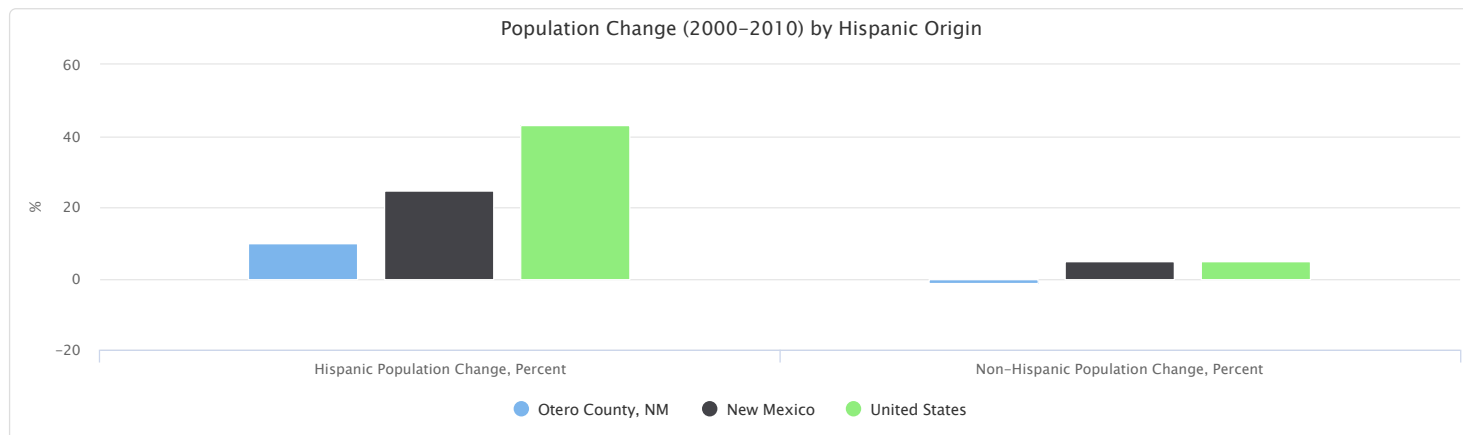
Population Change (2000-2010) by Gender

Report Area	Male Population Change, Total	Male Population Change, Percent	Female Population Change, Total	Female Population Change, Percent
Otero County, NM	1,200	3.87	299	0.96
New Mexico	123,106	13.77	117,031	12.66
United States	13,738,020	10.02	13,601,733	9.55



Population Change (2000-2010) by Hispanic Origin

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Otero County, NM	1,993	9.95%	-494	-1.17%
New Mexico	188,017	24.56%	52,117	4.95%
United States	15,152,943	42.93%	12,099,099	4.92%

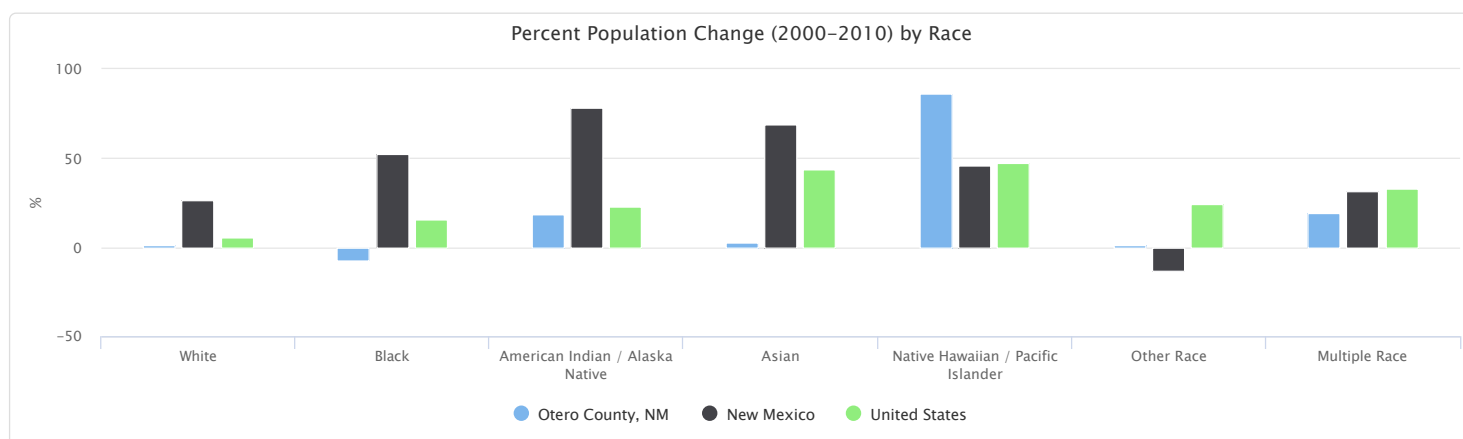


Total Population Change (2000-2010) by Race

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Otero County, NM	433	-189	657	21	71	79	427
New Mexico	296,914	14,686	84,791	11,501	569	-46,564	18,507
United States	12,199,518	5,189,316	521,420	4,433,864	141,446	3,703,567	2,190,889

Percent Population Change (2000-2010) by Race

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Otero County, NM	0.94%	-7.75%	18.18%	2.88%	86.59%	1.09%	19.05%
New Mexico	26.73%	52.71%	78.2%	68.84%	45.85%	-13.11%	31.63%
United States	5.8%	15.43%	22.56%	43.72%	47.37%	24.2%	32.61%



Population Under Age 18

An estimated 23.48% of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2014-18 5-year estimates. An estimated total of 15,440 youths resided in the area during this time period. The number of persons under age 18 is relevant because this population has unique health needs which should be considered separately from other age groups.

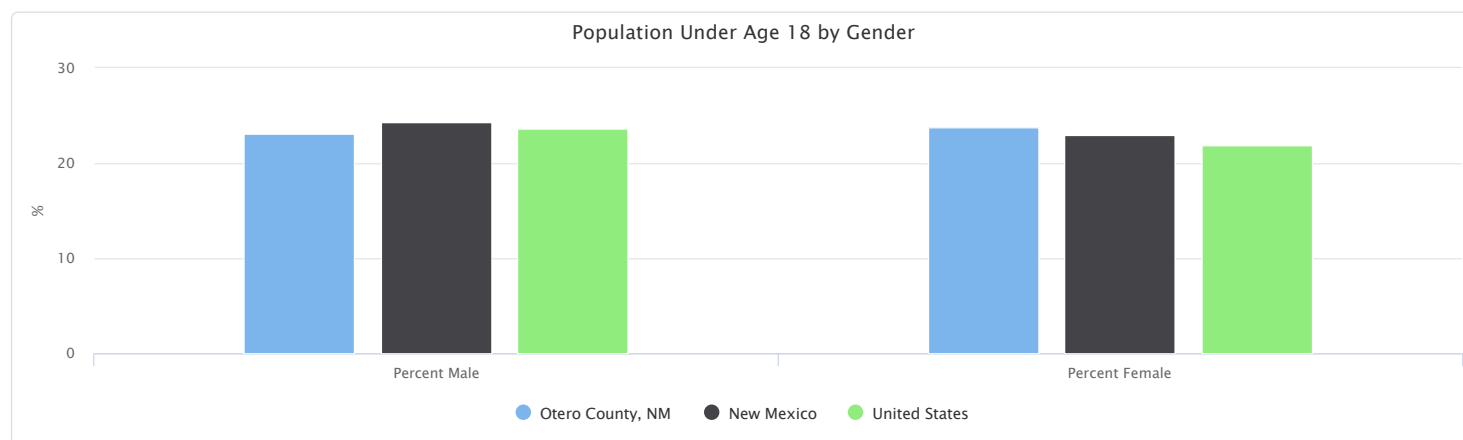
Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Otero County, NM	65,745	15,440	23.48%
New Mexico	2,092,434	494,164	23.62%
United States	322,903,030	73,553,240	22.78%

Data Source: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract

Population Under Age 18 by Gender

This indicator reports the percentage of population that is under age 18 by gender.

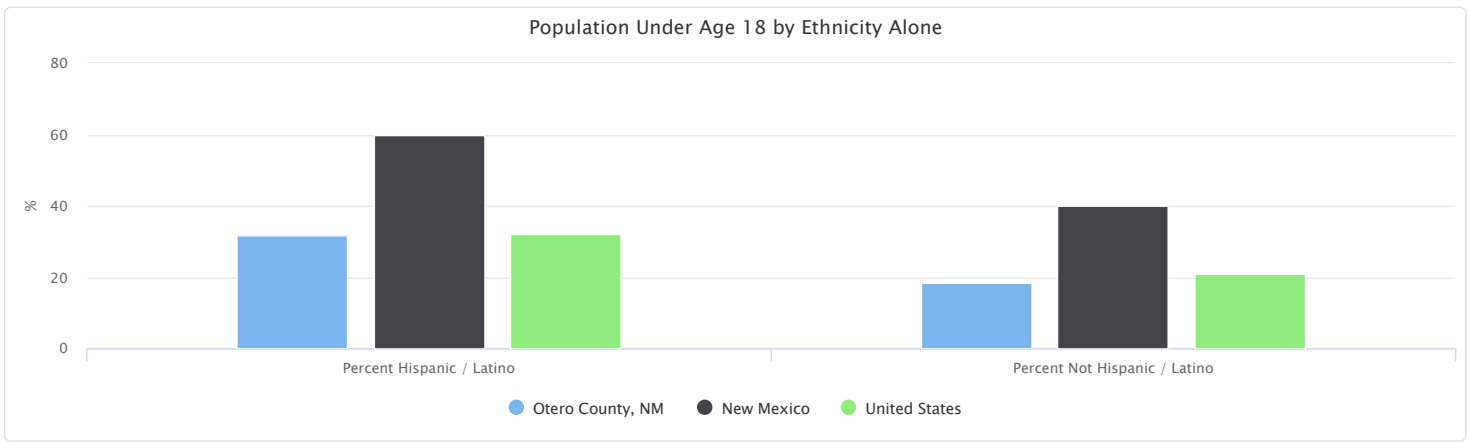
Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	7,847	7,593	23.16%	23.83%
New Mexico	251,966	242,198	24.32%	22.92%
United States	37,585,573	35,967,667	23.64%	21.94%



Population Under Age 18 by Ethnicity Alone

This indicator reports the percentage of population that is under age 18 by ethnicity alone.

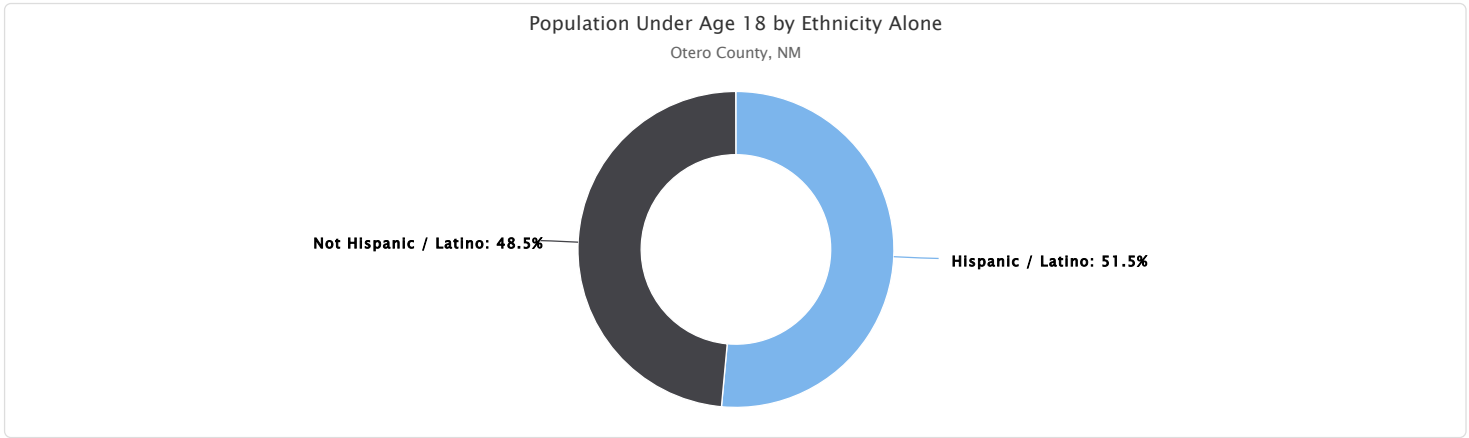
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	7,946	7,494	31.79%	18.39%
New Mexico	296,231	197,933	59.95%	40.05%
United States	18,347,823	55,205,417	31.90%	20.80%



Population Under Age 18 by Ethnicity Alone

This indicator reports the proportion of the population aged 0 to 17 that is Hispanic or Latino.

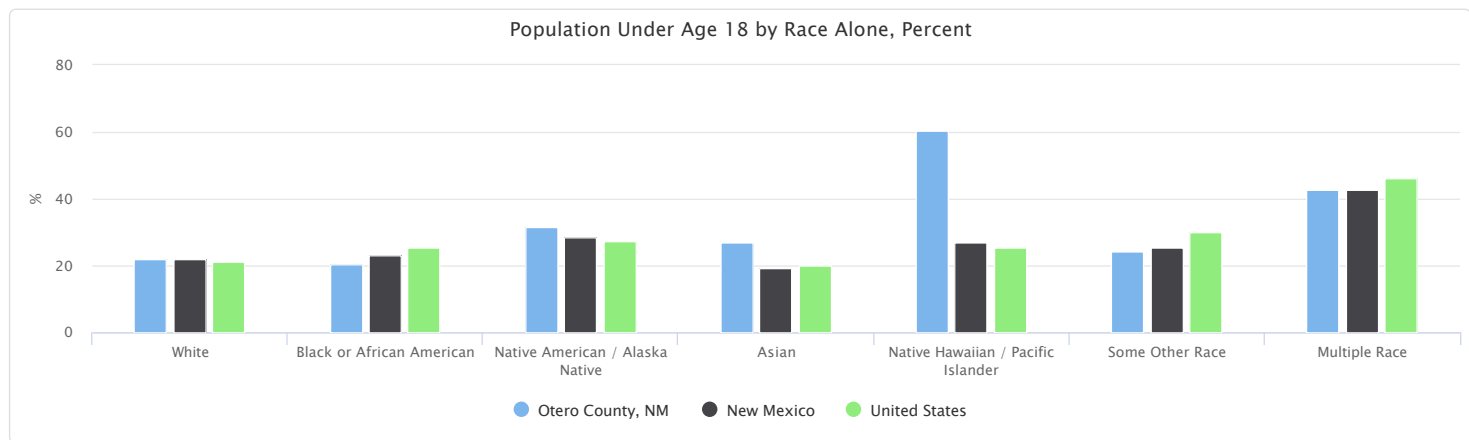
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	7,946	7,494	51.46%	48.54%
New Mexico	296,231	197,933	59.95%	40.05%
United States	18,347,823	55,205,417	24.94%	75.06%



Population Under Age 18 by Race Alone, Percent

This indicator reports the percentage of population that is under age 18 by race alone.

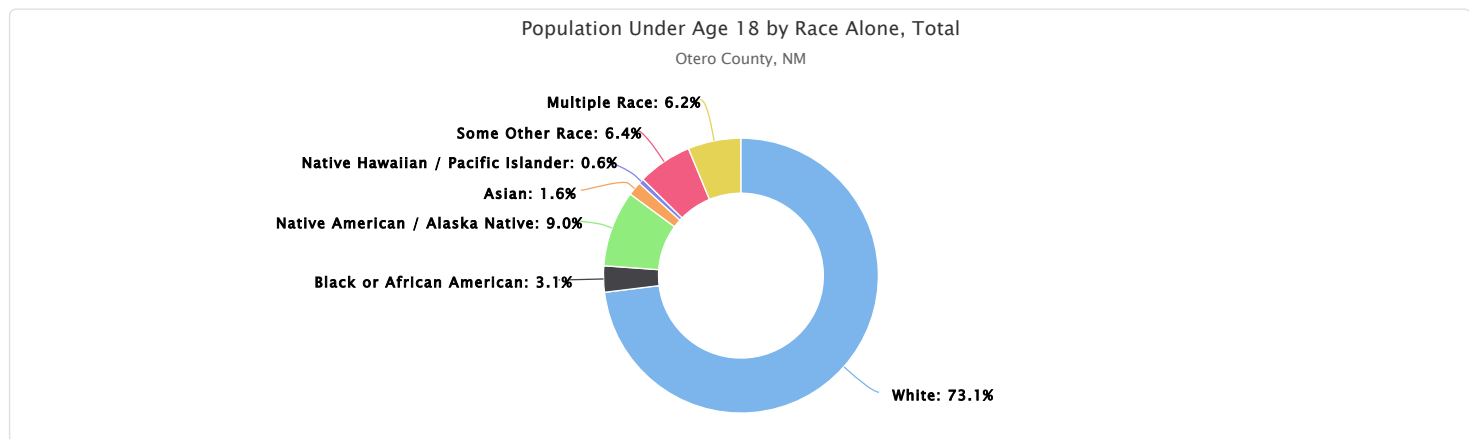
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	21.89%	20.27%	31.52%	26.99%	60.53%	24.05%	42.77%
New Mexico	22.08%	23.03%	28.45%	19.08%	26.82%	25.25%	42.57%
United States	21.00%	25.26%	27.15%	19.97%	25.25%	29.83%	45.98%



Population Under Age 18 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population under age 18.

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	11,281	478	1,382	254	92	991	962
New Mexico	344,237	9,905	56,863	6,012	406	48,004	28,737
United States	49,319,083	10,335,967	732,763	3,509,294	147,127	4,710,700	4,798,306



Median Age

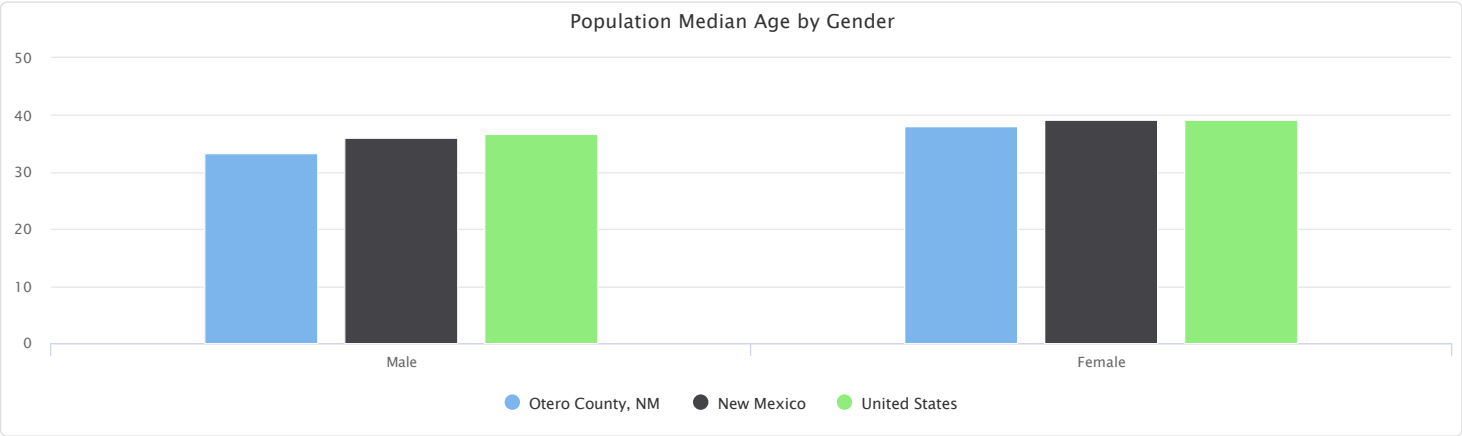
This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age
Otero County, NM	65,745	35.60
New Mexico	2,092,434	37.50
United States	322,903,030	37.90

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

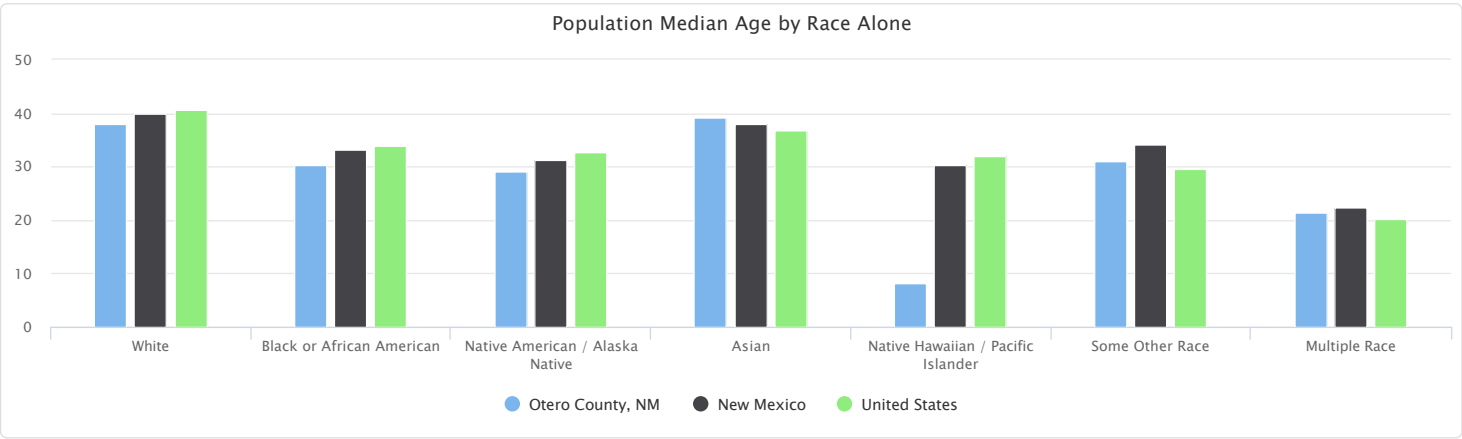
Population Median Age by Gender

Report Area	Male	Female
Otero County, NM	33.3	38.0
New Mexico	36.1	39.1
United States	36.6	39.3



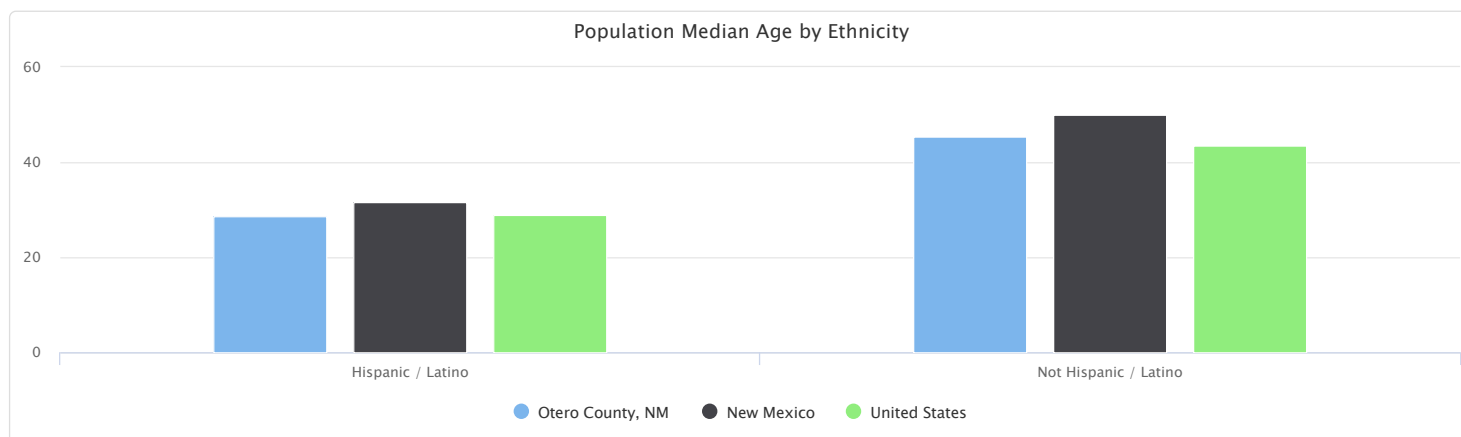
Population Median Age by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	38.1	30.4	29.2	39.3	8.2	31.1	21.3
New Mexico	40.0	33.2	31.3	38.1	30.4	34.2	22.3
United States	40.6	33.9	32.8	36.8	31.9	29.6	20.1



Population Median Age by Ethnicity

Report Area	Hispanic / Latino	Not Hispanic / Latino
Otero County, NM	28.6	45.4
New Mexico	31.7	50.0
United States	28.9	43.4



Population Age 18-64

This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

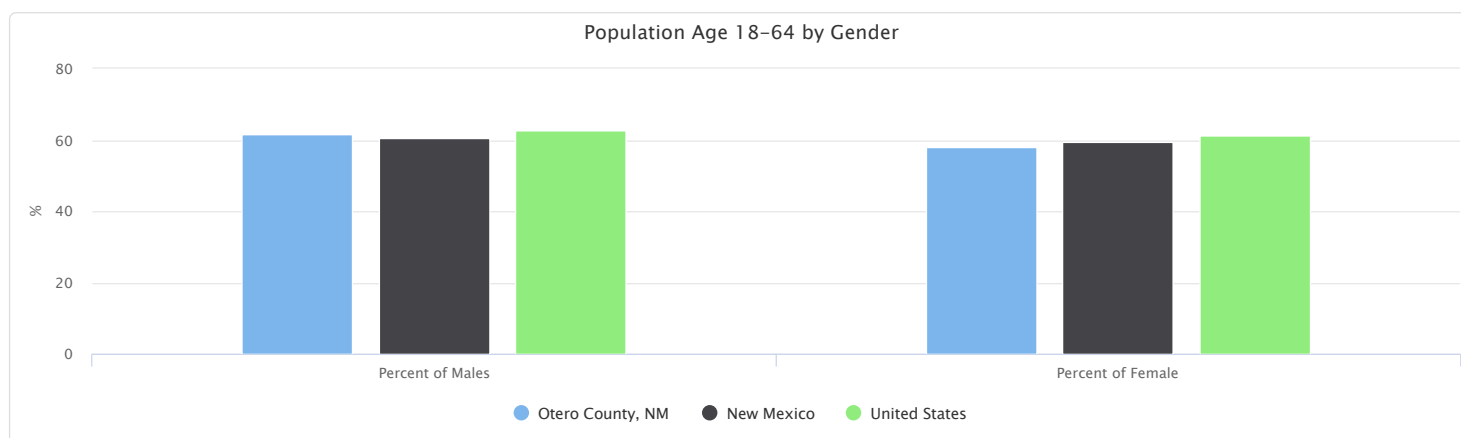
Report Area	Total Population	Population Age 18-64	Percent Population Age 18-64
Otero County, NM	65,745	39,353	59.86%
New Mexico	2,092,434	1,256,755	60.06%
United States	322,903,030	200,111,209	61.97%

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Population Age 18-64 by Gender

This indicator reports the percentage of population that are at age 18 to 64 by gender. In the report area, 61.49% of male population are at age 18-64, and 58.12% of female population are at age 18-64.

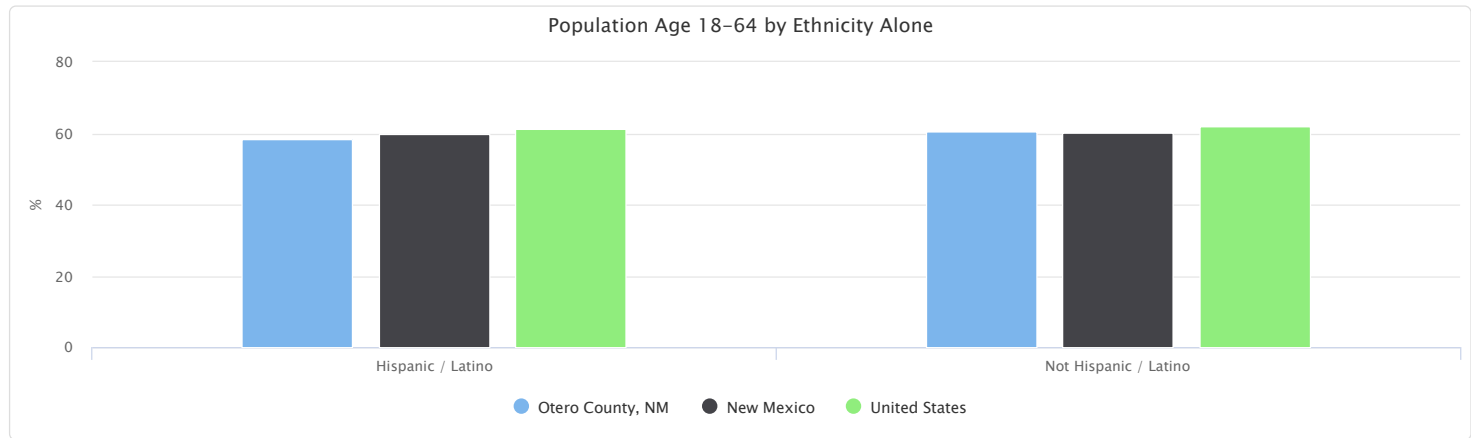
Report Area	Males Age 18-64	Females Age 18-64	Percent of Males Age 18-64	Percent of Females Age 18-64
Otero County, NM	20,836	18,517	61.49%	58.12%
New Mexico	628,160	628,595	60.64%	59.49%
United States	99,617,317	100,493,892	62.66%	61.31%



Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population that are at age 18 to 64 by ethnicity alone. In the report area, 58.44% of Hispanic / Latino population are at age 18-64, and 60.72% of non Hispanic / Latino population are at age 18-64.

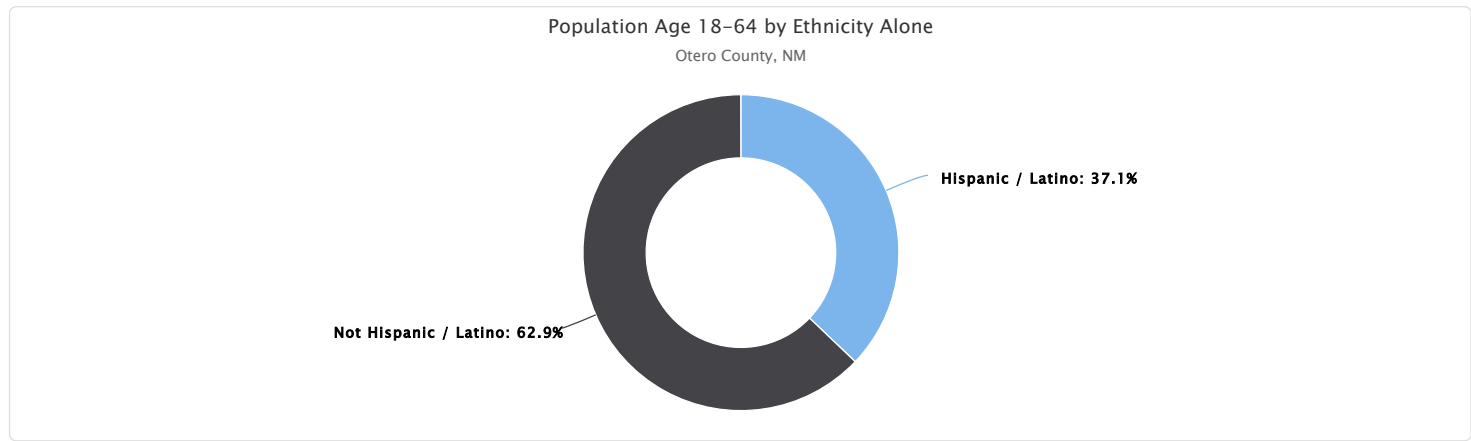
Report Area	Hispanic / Latino Age 18-64	Not Hispanic / Latino Age 18-64	Percent Hispanic / Latino Age 18-64	Percent Not Hispanic / Latino Age 18-64
Otero County, NM	14,610	24,743	58.44%	60.72%
New Mexico	608,092	648,663	59.87%	60.25%
United States	35,214,538	164,896,671	61.22%	62.13%



Population Age 18-64 by Ethnicity Alone

This indicator reports the proportion of the adult population aged 18 to 64 that is Hispanic or Latino.

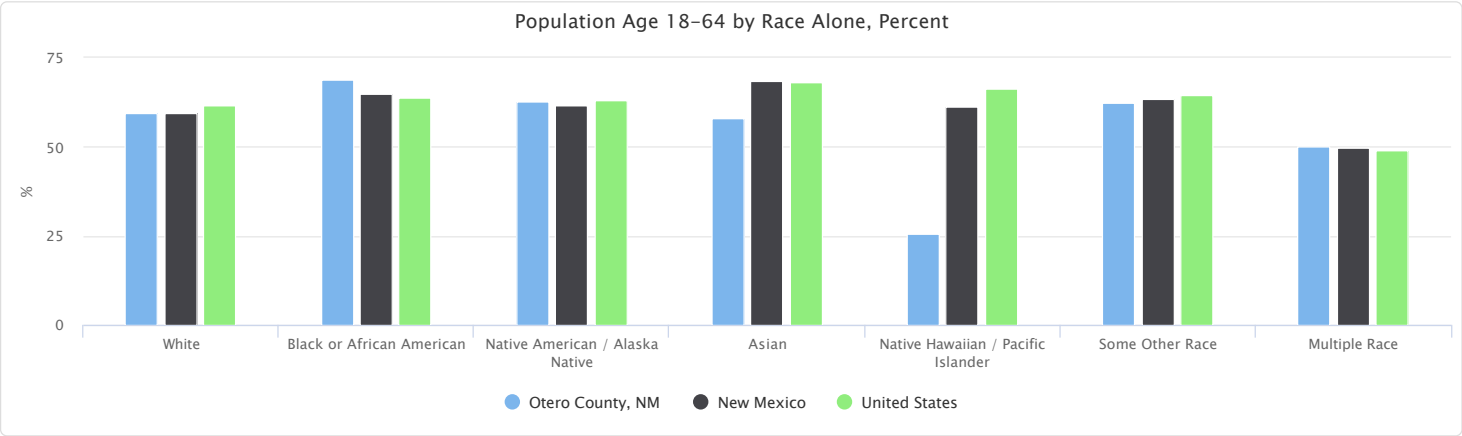
Report Area	Hispanic / Latino Age 18+	Not Hispanic / Latino Age 18+	Percent Hispanic / Latino Age 18+	Percent Not Hispanic / Latino Age 18+
Otero County, NM	14,610	24,743	37.13%	62.87%
New Mexico	608,092	648,663	48.39%	51.61%
United States	35,214,538	164,896,671	17.60%	82.40%



Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population that are at age 18 to 64 by race alone.

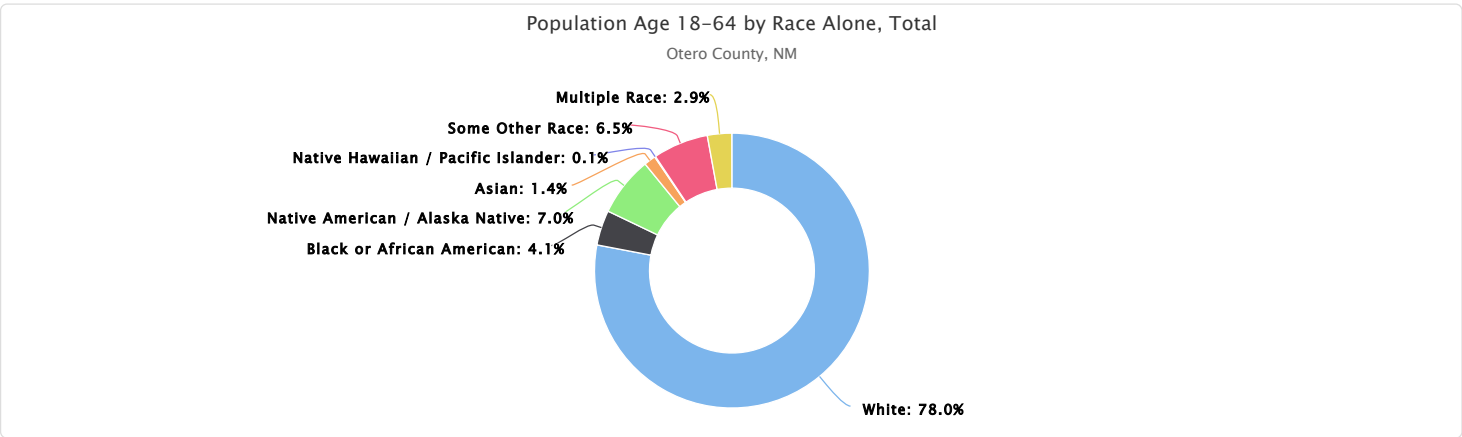
Report Area	White Age 18-64	Black or African American Age 18-64	Native American / Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian / Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Otero County, NM	59.55%	69.00%	62.78%	57.92%	25.66%	62.31%	50.16%
New Mexico	59.54%	64.79%	61.81%	68.66%	61.43%	63.57%	49.92%
United States	61.57%	63.86%	62.96%	68.03%	66.38%	64.63%	48.96%



Population Age 18-64 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 18 to 64.

Report Area	White Age 18-64	Black or African American Age 18-64	Native American / Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian / Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Otero County, NM	30,693	1,627	2,753	545	39	2,568	1,128
New Mexico	928,224	27,865	123,551	21,637	930	120,851	33,697
United States	144,625,680	26,128,386	1,699,376	11,956,623	386,792	10,205,157	5,109,195



Population Age 65+

An estimated 16.66% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2014-18 5-year estimates. An estimated total of 10,952 older adults resided in the area during this time

AP43

period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

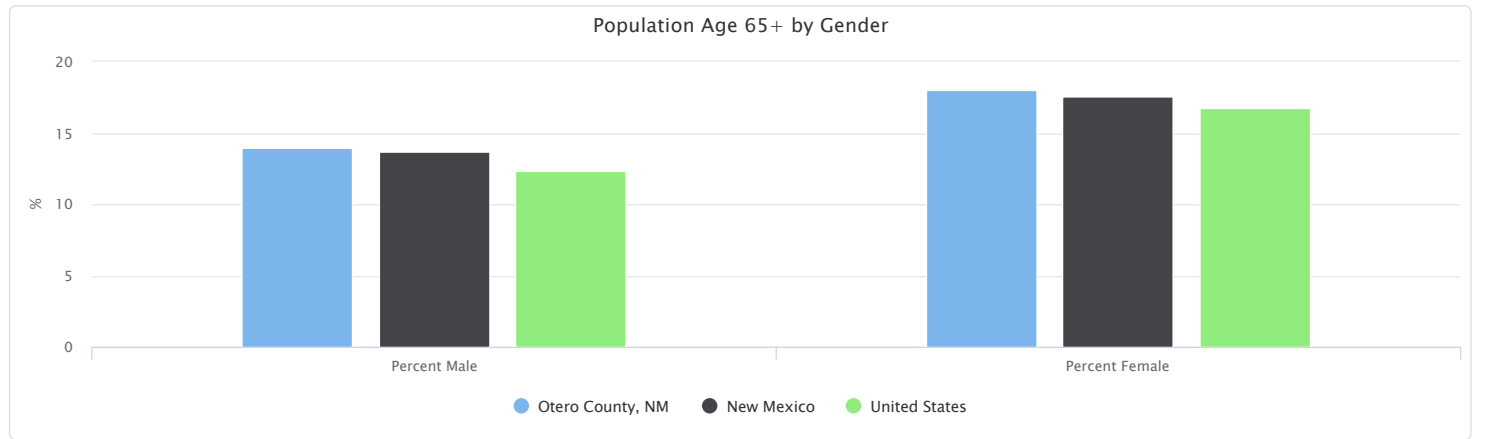
Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Otero County, NM	65,745	10,952	16.66%
New Mexico	2,092,434	341,515	16.32%
United States	322,903,030	49,238,581	15.25%

Data Source: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract

Population Age 65+ by Gender

This indicator reports the percentage of population that are at age 65+ by gender. In the report area, 13.93% of male population are at age 65+, and 18.05% of female population are at age 65+.

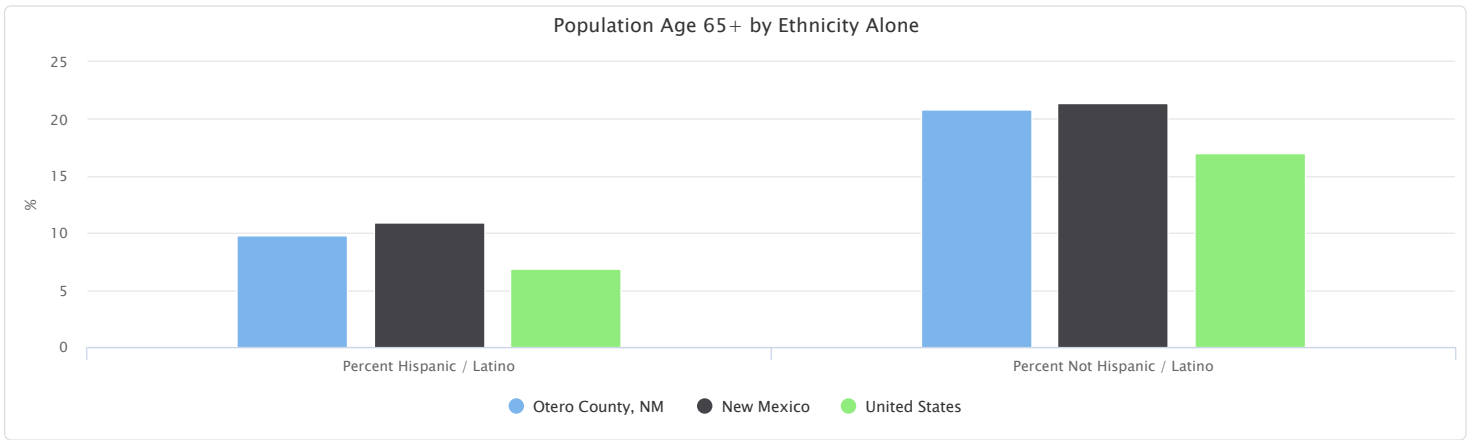
Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	4,719	5,749	13.93%	18.05%
New Mexico	141,582	185,791	13.67%	17.58%
United States	19,630,586	27,457,281	12.35%	16.75%



Population Age 65+ by Ethnicity Alone

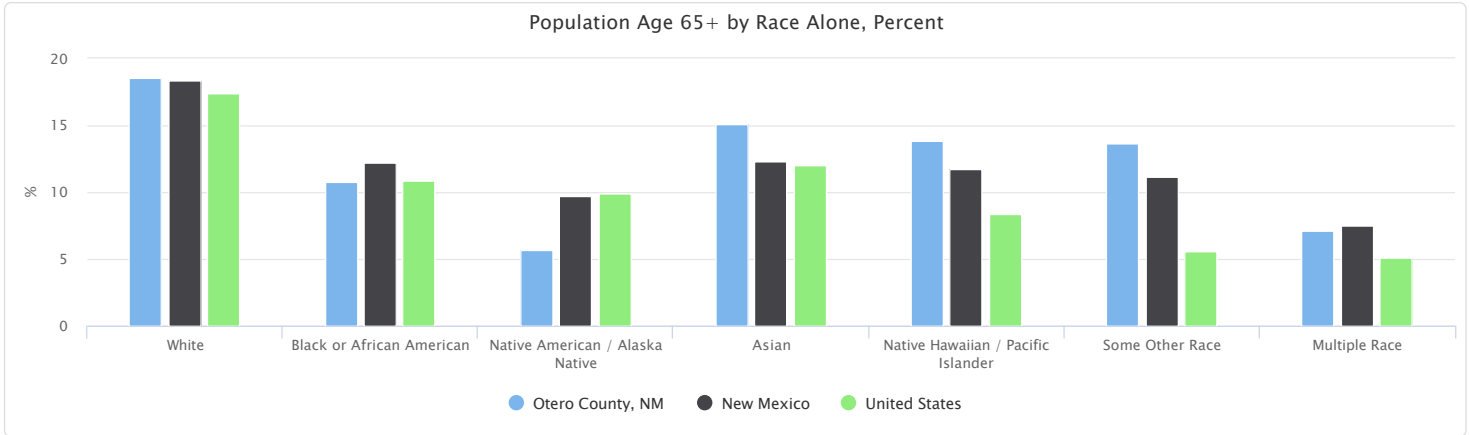
This indicator reports the percentage of population that are at age 65+ by ethnicity alone. In the report area, 9.77% of Hispanic / Latino population are at age 65+, and 20.88% of non Hispanic / Latino population are at age 65+.

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	2,443	8,509	9.77%	20.88%
New Mexico	111,428	230,087	10.97%	21.37%
United States	3,955,574	45,283,007	6.88%	17.06%



Population Age 65+ by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	18.56%	10.73%	5.70%	15.09%	13.82%	13.64%	7.07%
New Mexico	18.37%	12.18%	9.75%	12.26%	11.76%	11.18%	7.52%
United States	17.44%	10.88%	9.89%	12.00%	8.37%	5.54%	5.06%

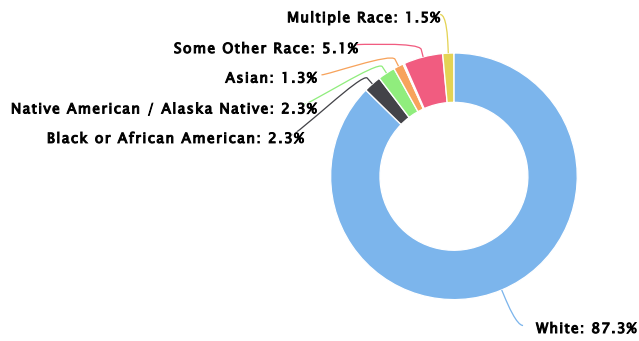


Population Age 65+ by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	9,565	253	250	142	21	562	159
New Mexico	286,425	5,236	19,482	3,864	178	21,256	5,074
United States	40,960,055	4,451,760	266,934	2,108,633	48,799	874,104	528,296

Population Age 65+ by Race Alone, Total

Otero County, NM

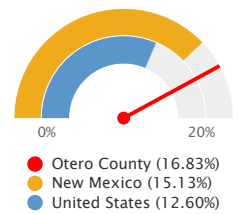


Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Otero County, NM	60,523	10,187	16.83%
New Mexico	2,057,526	311,365	15.13%
United States	317,941,631	40,071,666	12.60%

Percent Population with a
Disability



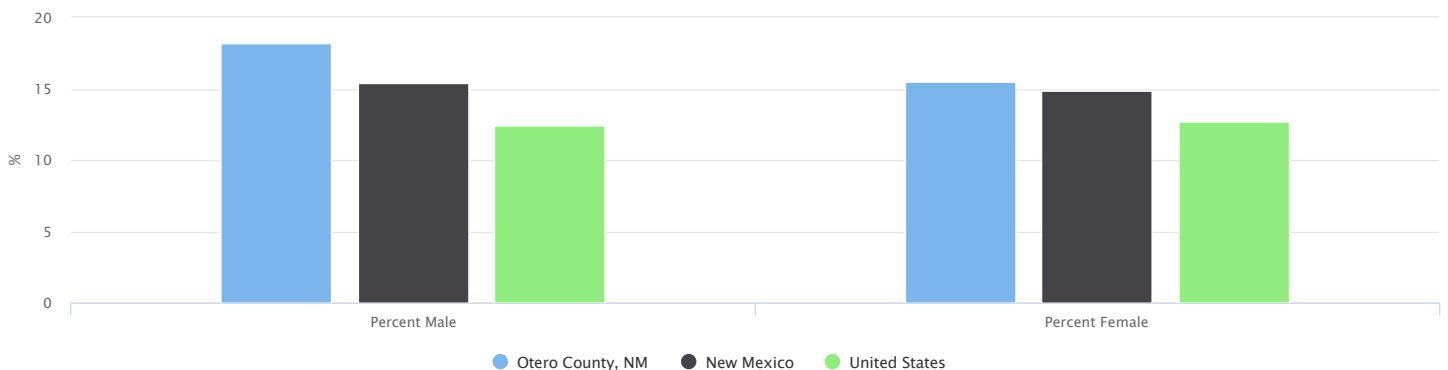
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Population with Any Disability by Gender

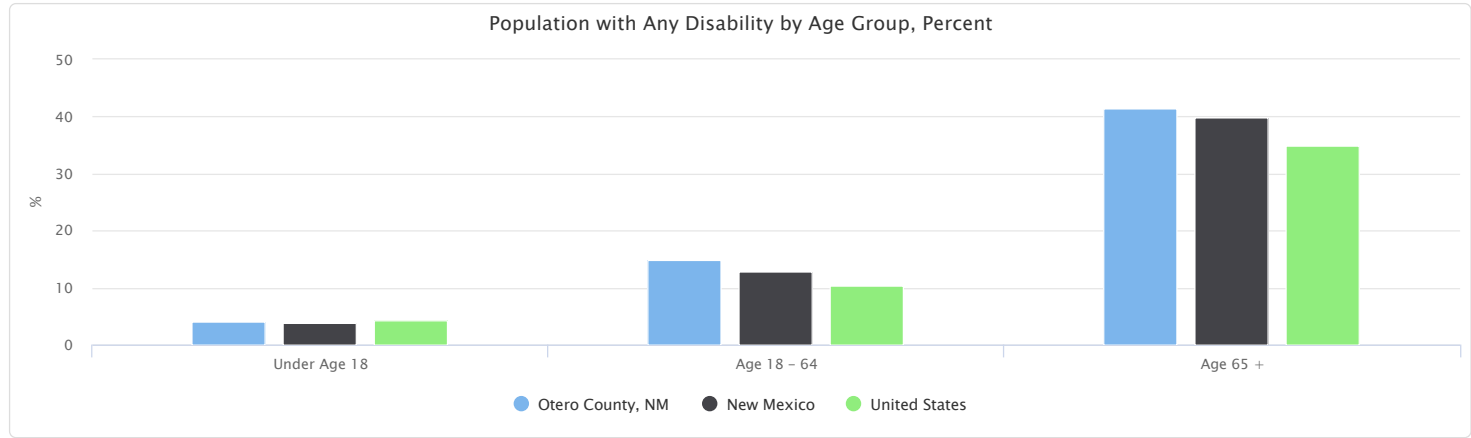
Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	5,356	4,831	18.22%	15.52%
New Mexico	155,339	156,026	15.41%	14.87%
United States	19,374,640	20,697,026	12.47%	12.73%

Population with Any Disability by Gender



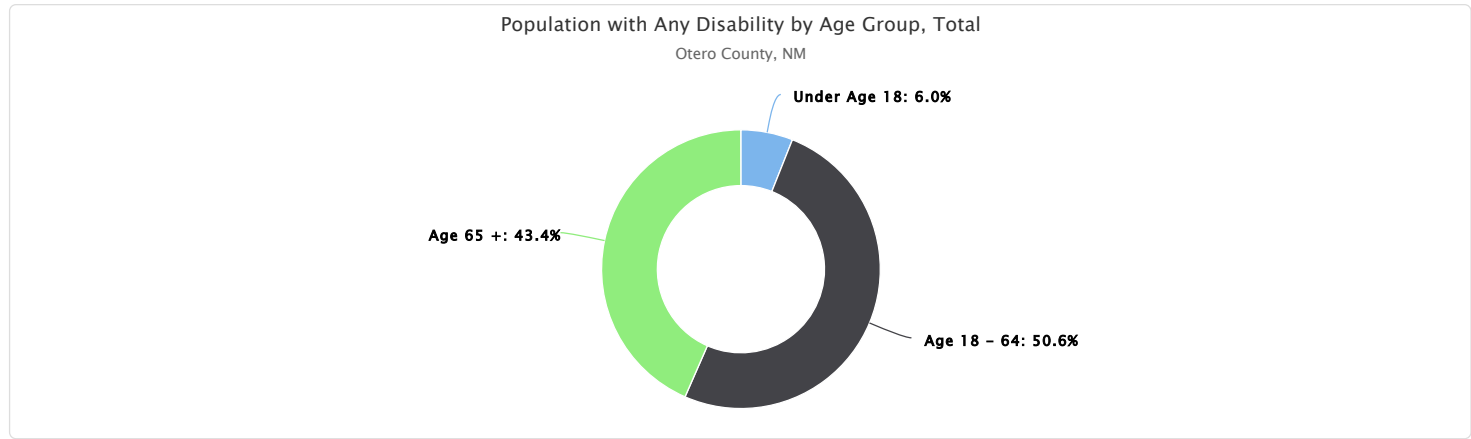
Population with Any Disability by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Otero County, NM	3.98%	14.95%	41.50%
New Mexico	3.84%	12.90%	39.85%
United States	4.17%	10.30%	34.97%



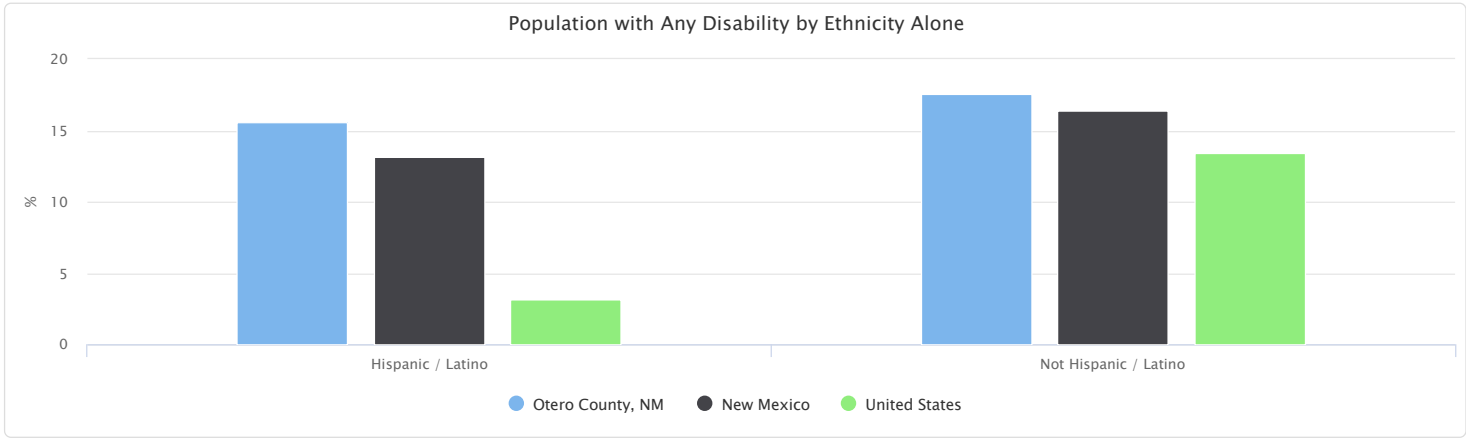
Population with Any Disability by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Otero County, NM	614	5,150	4,423
New Mexico	18,923	158,425	134,017
United States	3,065,179	20,240,504	16,765,983



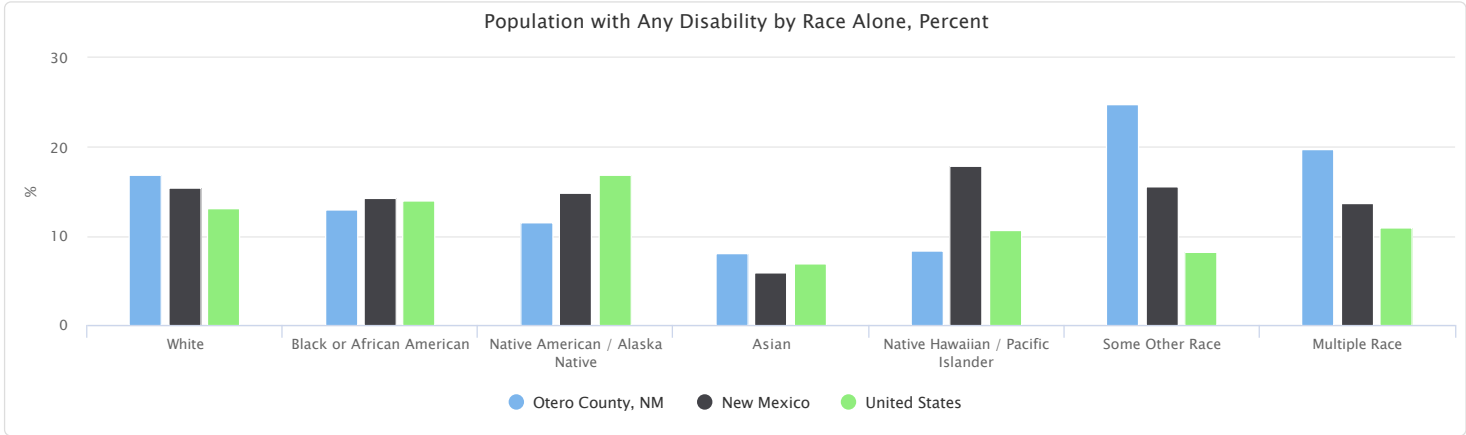
Population with Any Disability by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	3,529	6,658	15.58%	17.58%
New Mexico	138,289	173,076	13.18%	16.36%
United States	5,067,077	35,004,589	3.12%	13.40%



Population with Any Disability by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	16.89%	13.05%	11.58%	8.04%	8.33%	24.82%	19.75%
New Mexico	15.38%	14.29%	14.88%	5.98%	17.85%	15.60%	13.69%
United States	13.12%	13.95%	16.83%	6.98%	10.73%	8.23%	10.93%

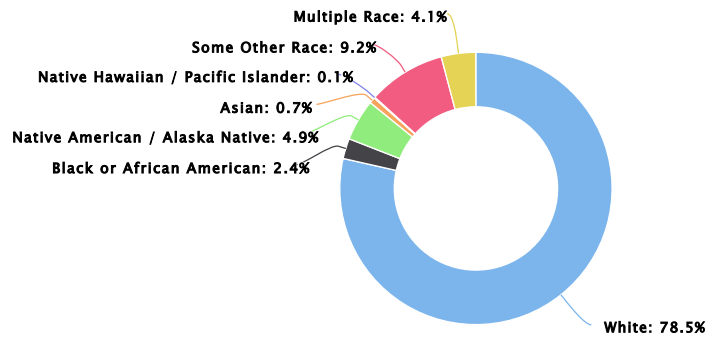


Population with Any Disability by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	8,001	244	501	73	12	939	417
New Mexico	235,969	5,796	29,363	1,871	266	29,003	9,097
United States	30,406,200	5,535,003	443,140	1,219,941	61,092	1,283,869	1,122,421

Population with Any Disability by Race Alone, Total

Otero County, NM



Population in Limited English Households

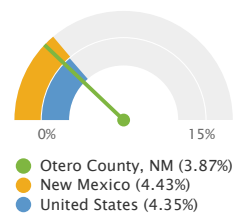
This indicator reports the percentage of the population aged 5 and older living in Limited English speaking households. A “Limited English speaking household” is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” This indicator is significant as it identifies households and populations that may need English-language assistance.

Report Area	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Otero County, NM	61,304	2,371	3.87%
New Mexico	1,964,077	87,008	4.43%
United States	303,066,180	13,181,780	4.35%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Percent Linguistically Isolated Population



Renter-Occupied Housing

Tenure provides a measurement of home ownership, which has served as an indicator of the nation’s economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.³

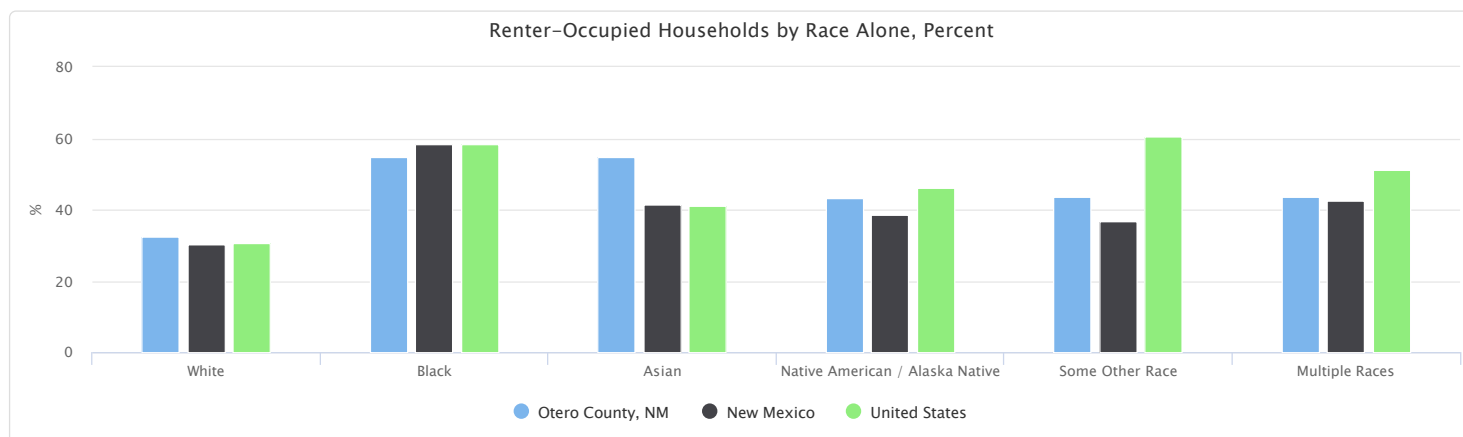
Renter-Occupied Housing

All occupied housing units that are not owner occupied, whether they are rented or occupied without payment of rent, are classified as renter occupied.

Report Area	Total Occupied Housing Units	Renter-Occupied Housing Units	Percent Renter-Occupied Housing Units
Otero County, NM	23,391	8,111	34.68%
New Mexico	775,651	251,409	32.41%
United States	119,730,128	43,285,318	36.15%

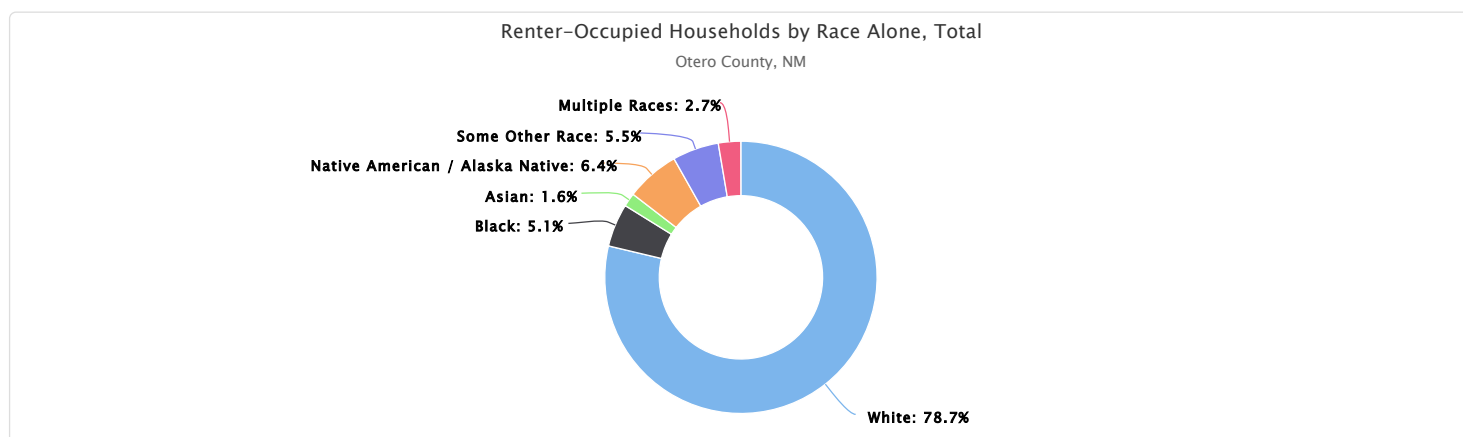
Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Report Area	White	Black	Asian	Native American / Alaska Native	Some Other Race	Multiple Races
Otero County, NM	32.43%	54.81%	54.62%	43.08%	43.64%	43.64%
New Mexico	30.26%	58.21%	41.57%	38.59%	36.93%	42.69%
United States	30.67%	58.24%	41.04%	45.99%	60.69%	51.32%



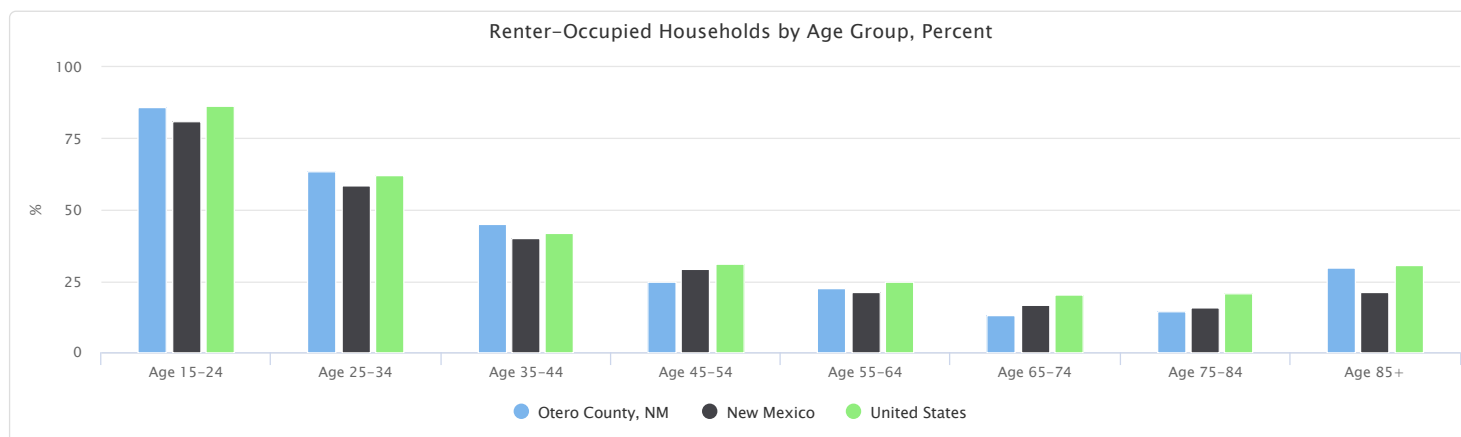
Renter-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Some Other Race	Multiple Races
Otero County, NM	6,378	416	130	517	446	216
New Mexico	185,441	9,135	4,200	21,558	23,319	7,525
United States	28,161,955	8,552,346	2,284,604	400,111	2,558,150	1,235,442



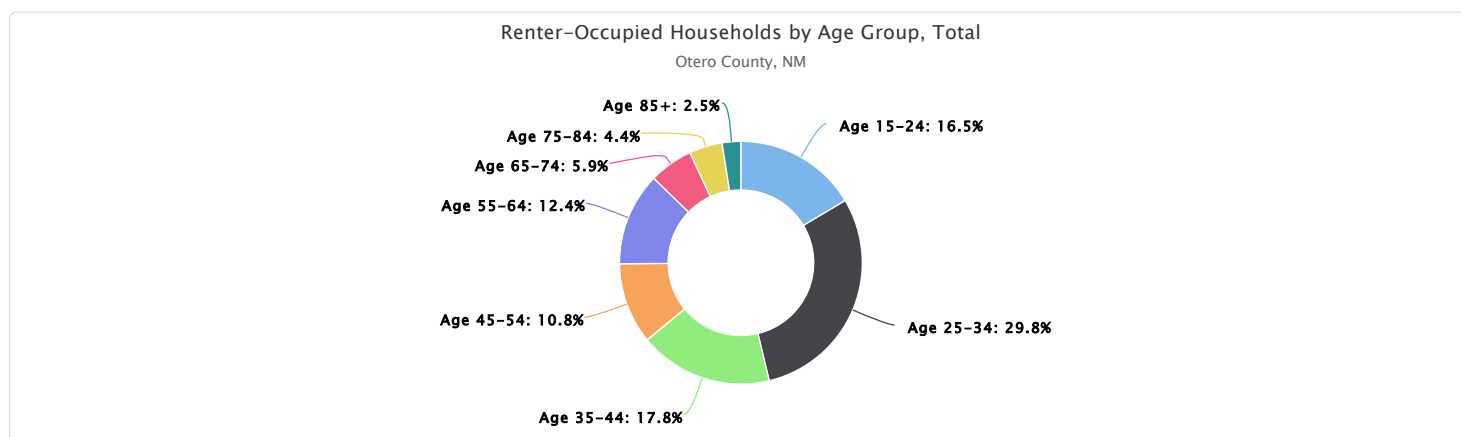
Renter-Occupied Households by Age Group, Percent

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Otero County, NM	86.24%	63.48%	45.15%	24.91%	22.51%	12.86%	14.42%	29.62%
New Mexico	81.05%	58.35%	40.04%	29.18%	21.19%	16.85%	15.83%	21.26%
United States	86.41%	61.95%	42.09%	31.14%	24.65%	20.22%	20.72%	30.76%



Renter-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Otero County, NM	1,335	2,418	1,442	877	1,004	476	357	202
New Mexico	27,275	65,842	48,890	39,648	33,505	20,980	10,354	4,915
United States	3,862,720	11,308,267	8,669,582	7,153,044	5,763,693	3,471,817	1,876,192	1,180,003



Household Composition

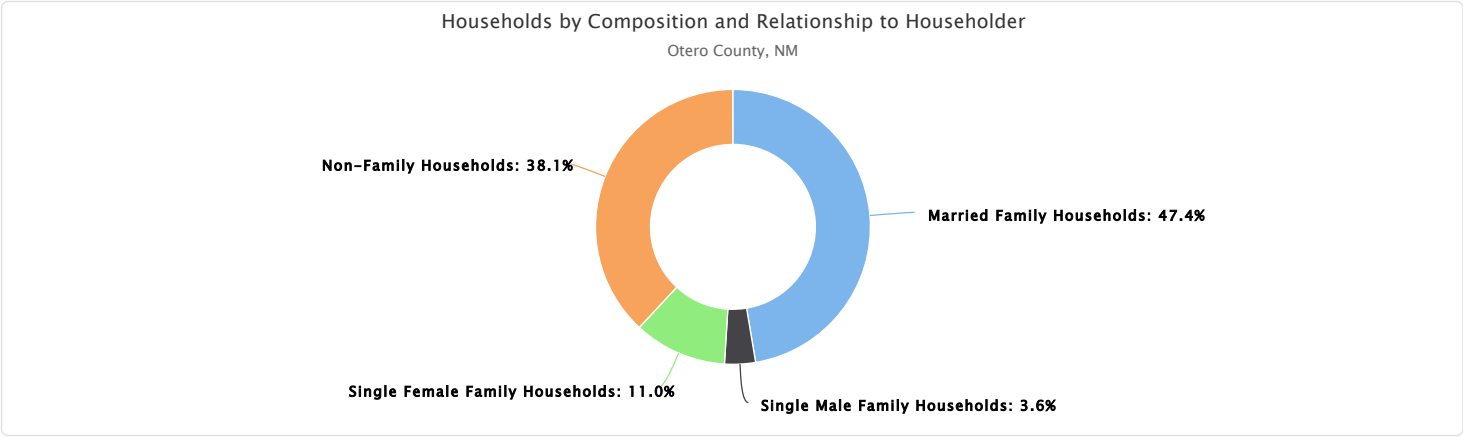
This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

*Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Otero County, NM	23,391	14,488	61.94%	8,903	38.06%
New Mexico	775,651	492,776	63.53%	282,875	36.47%
United States	119,730,128	78,697,103	65.73%	41,033,025	34.27%

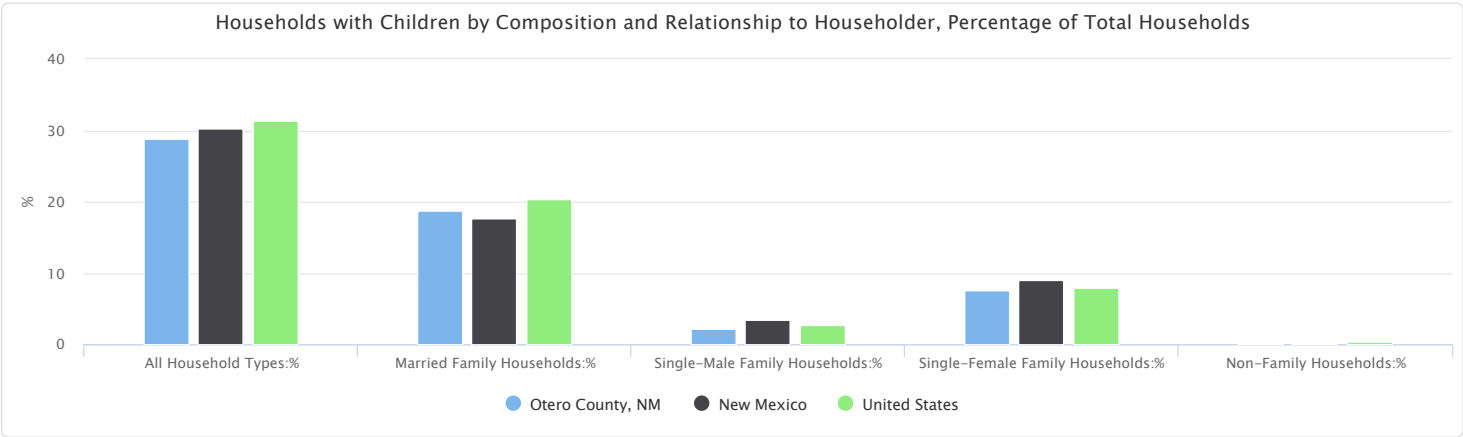
Households by Composition and Relationship to Householder

Report Area	Total Households	Married Family Households	Single Male Family Households	Single Female Family Households	Non-Family Households
Otero County, NM	23,391	11,080	846	2,562	8,903
New Mexico	775,651	342,830	44,469	105,477	282,875
United States	119,730,128	57,816,948	5,821,975	15,058,180	41,033,025



Households with Children by Composition and Relationship to Householder, Percentage of Total Households

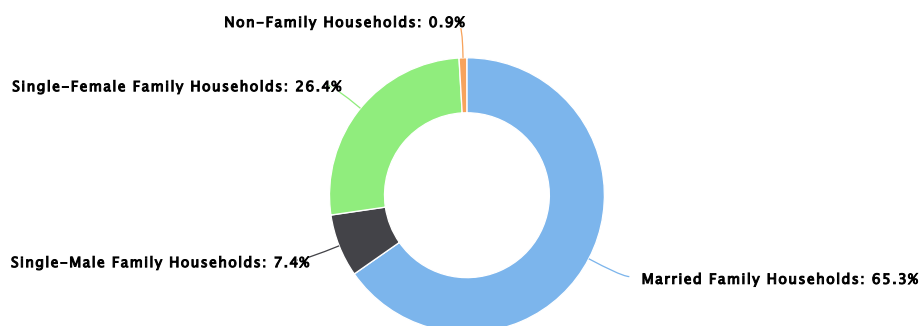
Report Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Otero County, NM	28.76%	18.78%	2.12%	7.59%	0.26%
New Mexico	30.26%	17.67%	3.36%	8.99%	0.24%
United States	31.38%	20.43%	2.70%	7.96%	0.29%



Households with Children by Composition and Relationship to Householder, Total

Report Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Otero County, NM	6,727	4,393	497	1,776	61
New Mexico	234,685	137,071	26,050	69,704	1,860
United States	37,574,321	24,459,152	3,235,764	9,534,082	345,323

Households with Children by Composition and Relationship to Householder, Total
Otero County, NM



Urban and Rural Population

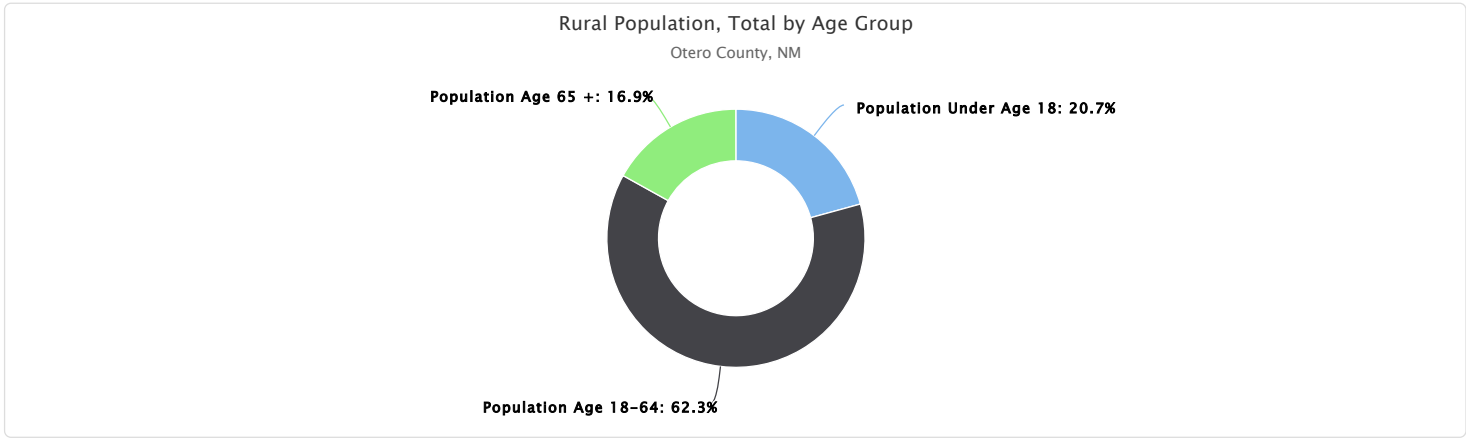
This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Otero County, NM	63,797	44,917	18,880	70.41%	29.59%
New Mexico	2,059,179	1,594,361	464,818	77.43%	22.57%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, [Decennial Census](#), 2010. Source geography: Tract

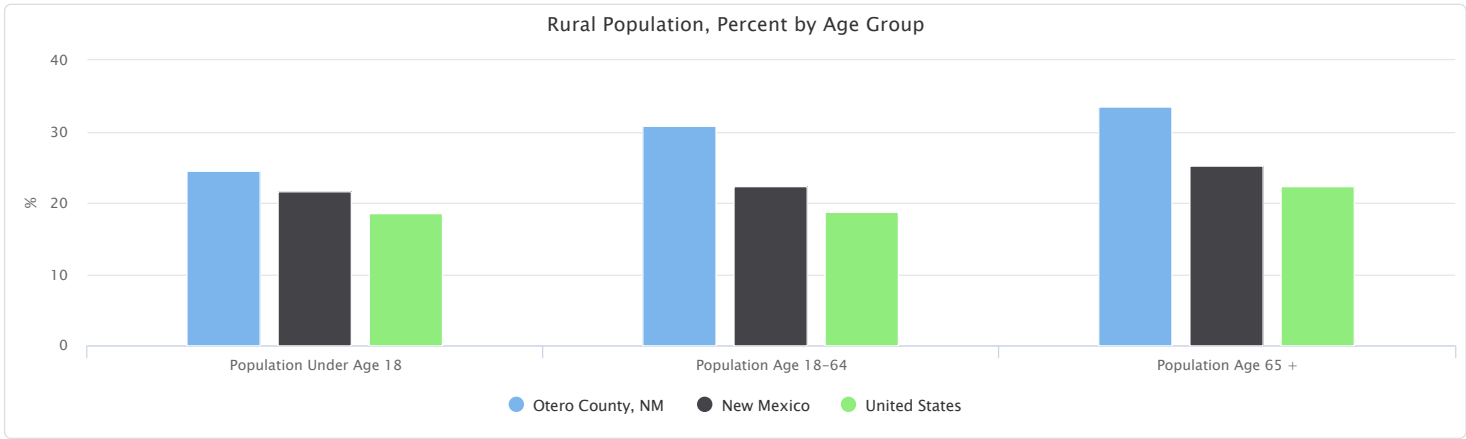
Rural Population, Total by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Otero County, NM	3,916	11,769	3,195
New Mexico	112,174	283,840	68,804
United States	13,907,394	36,734,957	9,082,449



Rural Population, Percent by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Otero County, NM	24.53%	30.74%	33.45%
New Mexico	21.63%	22.38%	25.27%
United States	18.52%	18.69%	22.26%

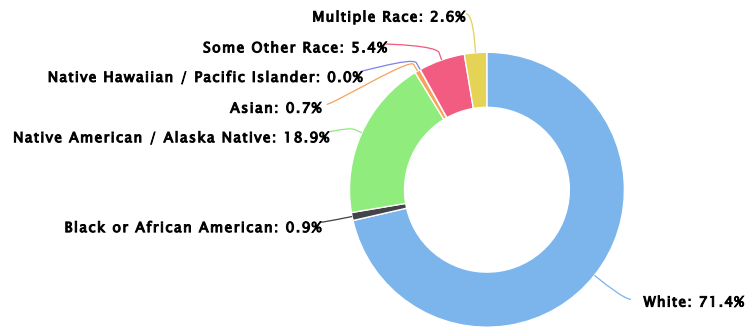


Rural Population, Total by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	13,482	178	3,568	124	7	1,023	498
New Mexico	293,921	3,609	97,587	2,166	204	54,387	12,944
United States	52,457,879	3,533,008	1,043,048	399,200	40,683	1,242,870	1,008,112

Rural Population, Total by Race Alone

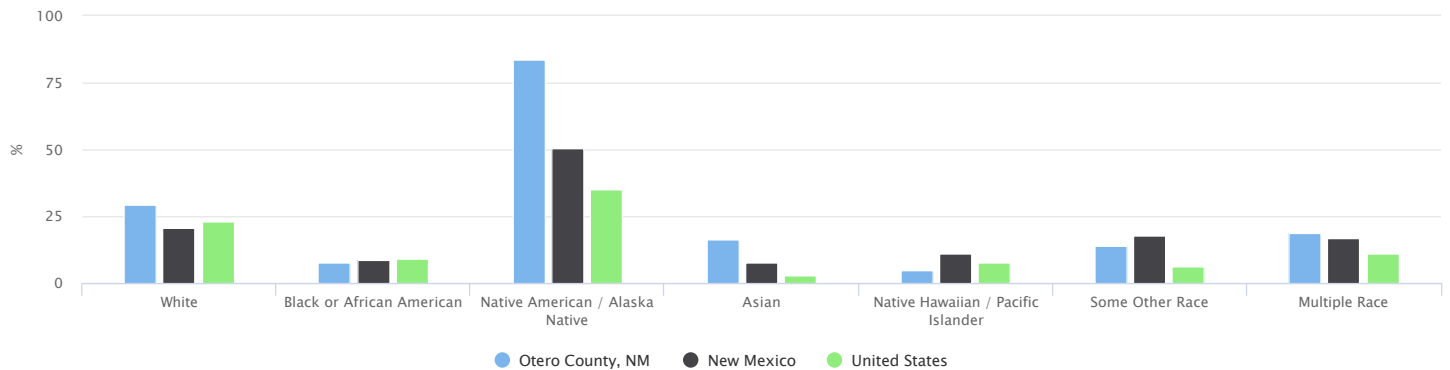
Otero County, NM



Rural Population, Percent by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	29.09%	7.91%	83.54%	16.56%	4.58%	13.91%	18.66%
New Mexico	20.88%	8.48%	50.51%	7.68%	11.27%	17.63%	16.81%
United States	23.17%	8.97%	35.33%	2.72%	7.53%	6.41%	11.04%

Rural Population, Percent by Race Alone



<https://engagementnetwork.org>, 2/18/2020

Health Indicators Report

Location

Otero County, NM

Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

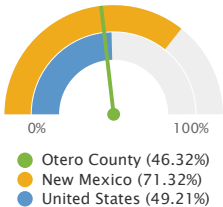
Children Eligible for Free/Reduced Price Lunch

Within the report area 3,898 public school students or 46.32% are eligible for Free/Reduced Price lunch out of 8,416 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Otero County, NM	8,416	3,898	46.32%
New Mexico	336,053	239,689	71.32%
United States	50,737,716	24,970,187	49.21%

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#). 2016-17. Source geography: Address

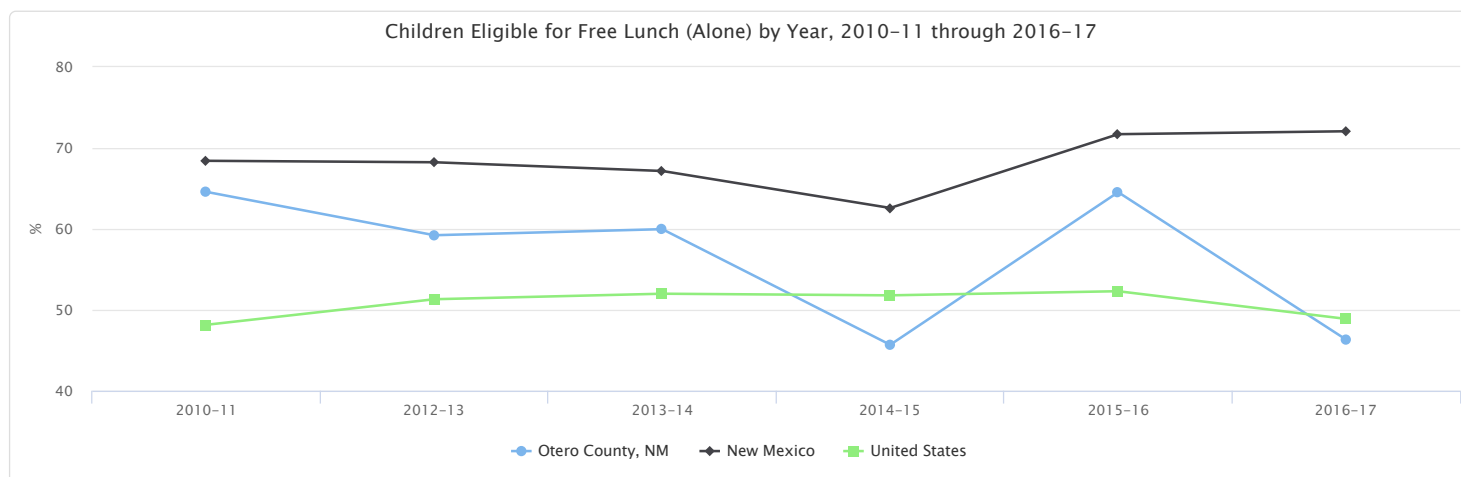
Percent Students Eligible for Free or Reduced Price Lunch



Children Eligible for Free Lunch (Alone) by Year, 2010-11 through 2016-17

The table below shows local, state, and National trends in student free and reduced lunch eligibility.
Note: Data for the 2011-12 school year are omitted due to lack of data for some states.

Report Area	2010-11	2012-13	2013-14	2014-15	2015-16	2016-17
Otero County, NM	64.58%	59.22%	59.97%	45.68%	64.54%	46.32%
New Mexico	68.42%	68.24%	67.16%	62.59%	71.71%	72.07%
United States	48.15%	51.31%	51.99%	51.79%	52.30%	48.88%

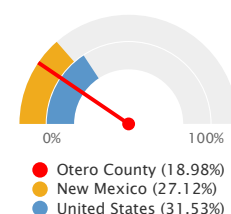


Education - Bachelor's Degree or Higher

18.98% of the population aged 25 and older, or 8,179 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
Otero County, NM	43,102	8,179	18.98%
New Mexico	1,394,280	378,196	27.12%
United States	218,446,071	68,867,051	31.53%

Percent Population Age 25+ with Bachelor's Degree or Higher



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

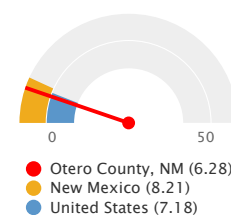
Education - Head Start

Head Start is a program designed to help children from birth to age five who come from families with poverty level and below incomes, with the goal to help children become ready for kindergarten while also providing needed requirements like health care and food support.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census.

Report Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Otero County, NM	4,778	5	6.28
New Mexico	144,981	206	8.21
United States	20,426,118	18,886	7.18

Head Start Programs Rate (Per 10,000 Children Under Age 5)



Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, [Administration for Children and Families](#), 2019. Source geography: Point

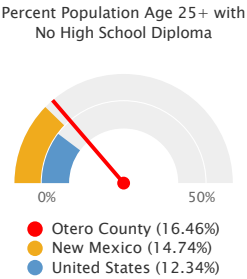
Education - No High School Diploma

Within the report area there are 7,095 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 16.46% of the total population aged 25 and older. This indicator is relevant because educational attainment is

linked to positive health outcomes (Freudenberg & Ruglis, 2007).

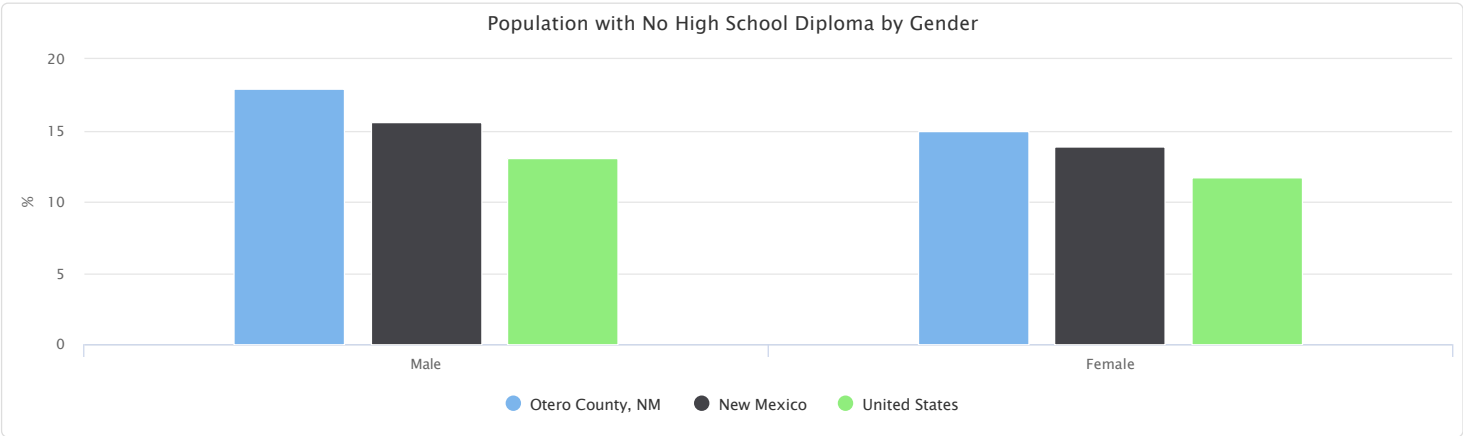
Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Otero County, NM	43,102	7,095	16.46%
New Mexico	1,394,280	205,558	14.74%
United States	218,446,071	26,948,057	12.34%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract



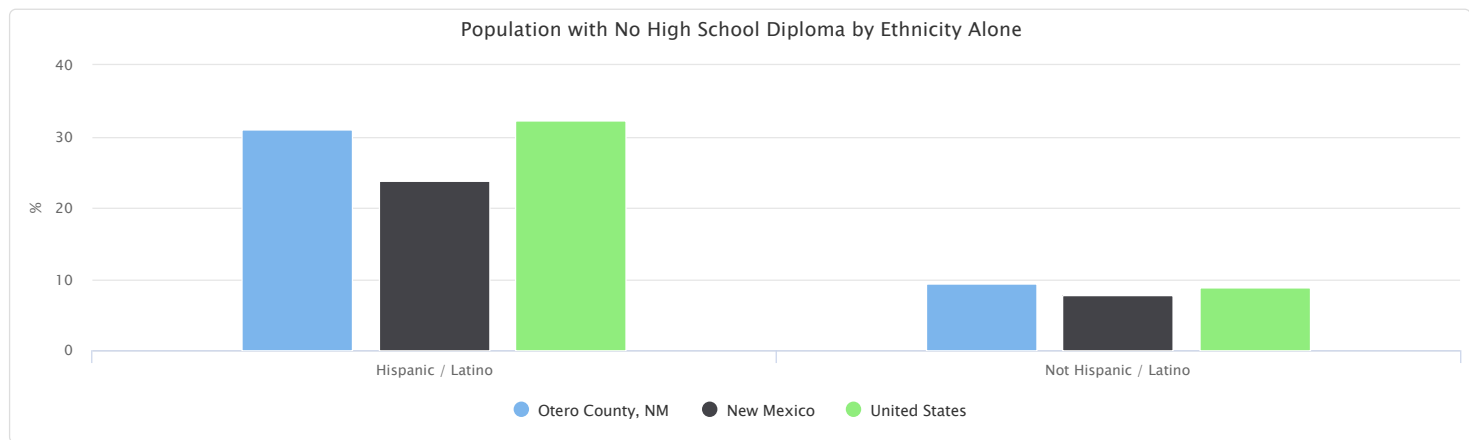
Population with No High School Diploma by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	3,888	3,207	17.93%	14.97%
New Mexico	105,932	99,626	15.63%	13.90%
United States	13,752,210	13,195,847	13.03%	11.69%



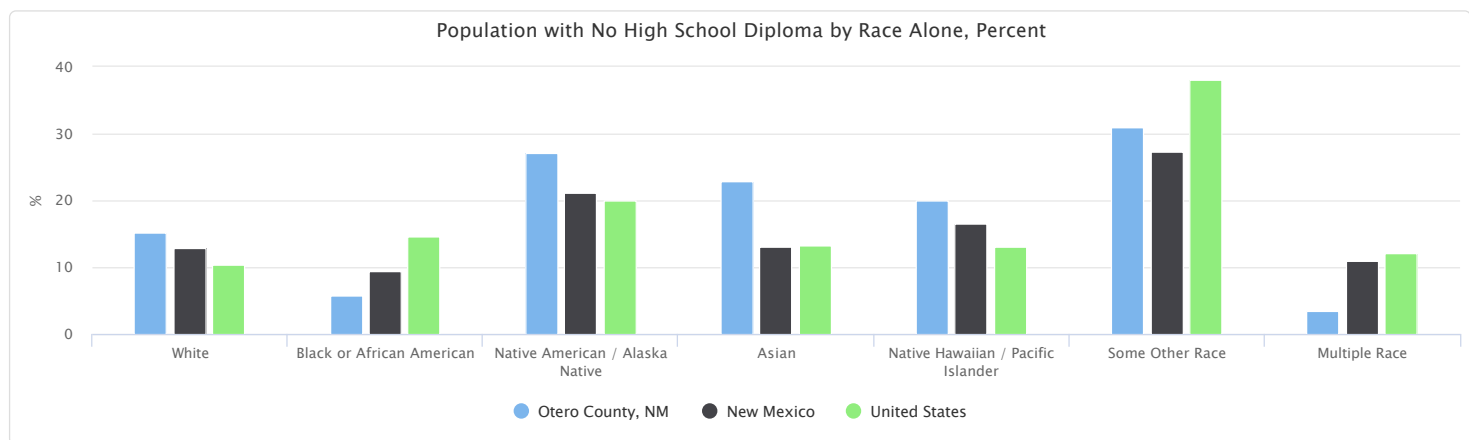
Population with No High School Diploma by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	4,350	2,745	30.99%	9.44%
New Mexico	144,189	61,369	23.87%	7.77%
United States	10,485,405	16,462,652	32.30%	8.85%



Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	15.28%	5.68%	27.11%	22.82%	20.00%	30.88%	3.50%
New Mexico	12.88%	9.48%	21.25%	13.01%	16.50%	27.23%	10.96%
United States	10.41%	14.58%	20.02%	13.18%	13.10%	38.05%	12.02%

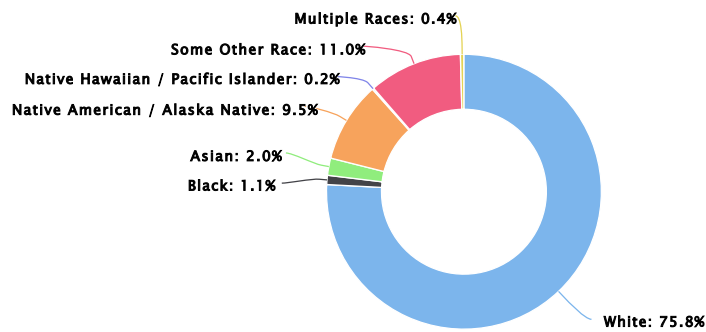


Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Otero County, NM	5,380	77	144	672	12	781	29
New Mexico	137,989	2,533	2,955	25,672	147	32,888	3,374
United States	17,139,502	3,784,442	1,629,131	333,586	47,861	3,491,195	522,340

Population with No High School Diploma by Race Alone, Total

Otero County, NM

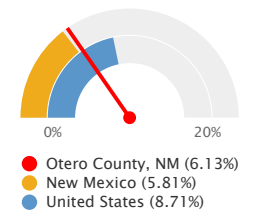


Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Otero County, NM	23,391	1,435	6.13%
New Mexico	775,651	45,052	5.81%
United States	119,730,128	10,424,934	8.71%

Percentage of Households with No Motor Vehicle

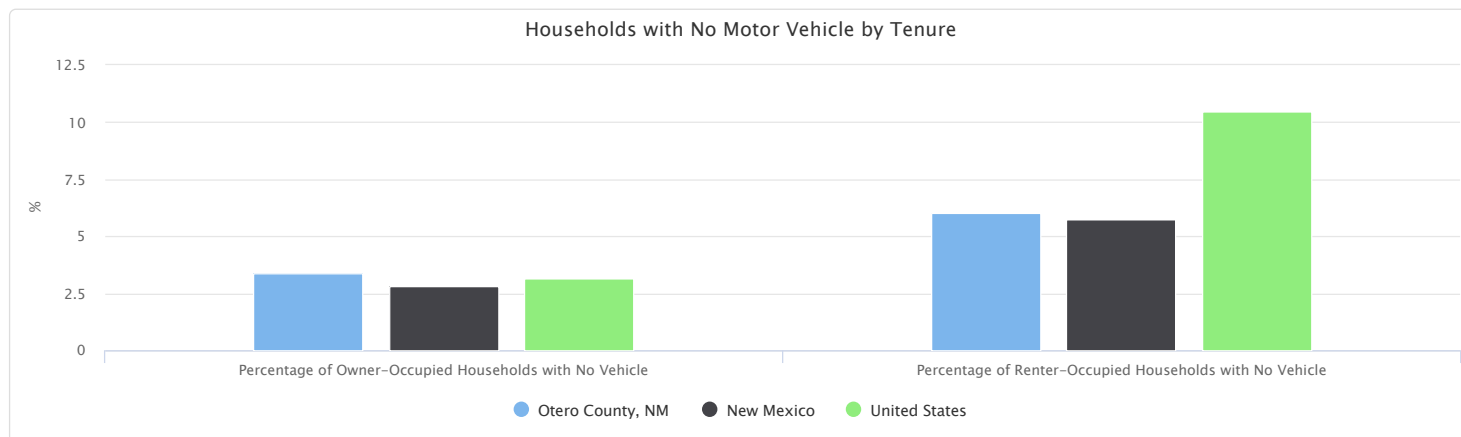


Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Households with No Motor Vehicle by Tenure

Report Area	Owner-Occupied Households with No Vehicle	Percentage of Owner-Occupied Households with No Vehicle	Renter-Occupied Households with No Vehicle	Percentage of Renter-Occupied Households with No Vehicle
Otero County, NM	514	3.36%	921	6.03%
New Mexico	14,875	2.84%	30,177	5.76%
United States	2,430,345	3.18%	7,994,589	10.46%

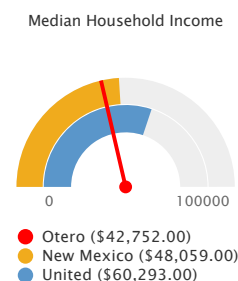


Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

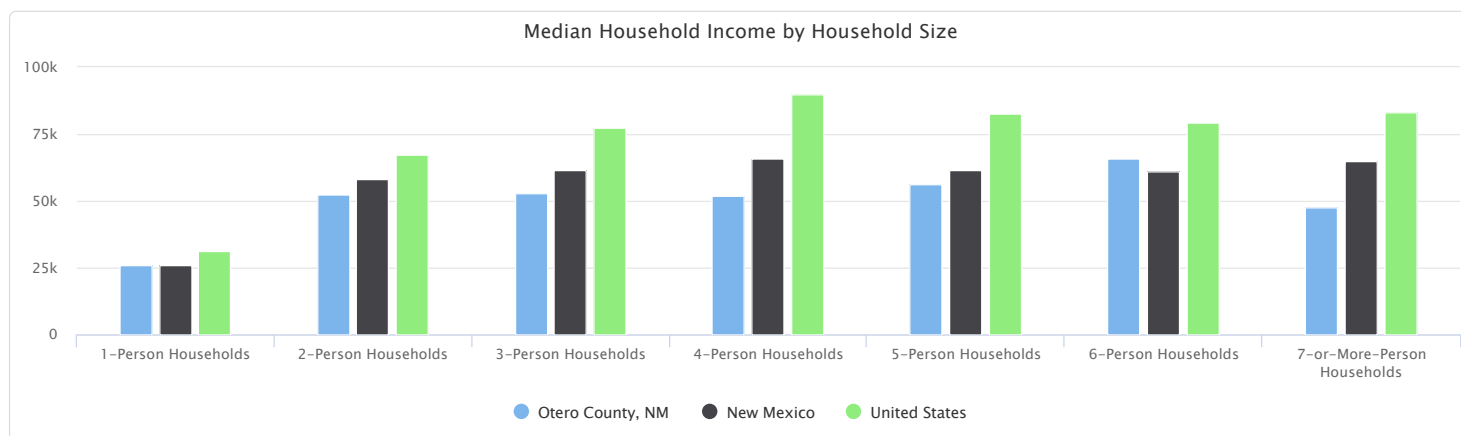
Report Area	Total Households	Average Household Income	Median Household Income
Otero County, NM	23,391	\$56,412.00	\$42,752.00
New Mexico	775,651	\$66,565.00	\$48,059.00
United States	119,730,128	\$84,938.00	\$60,293.00

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract



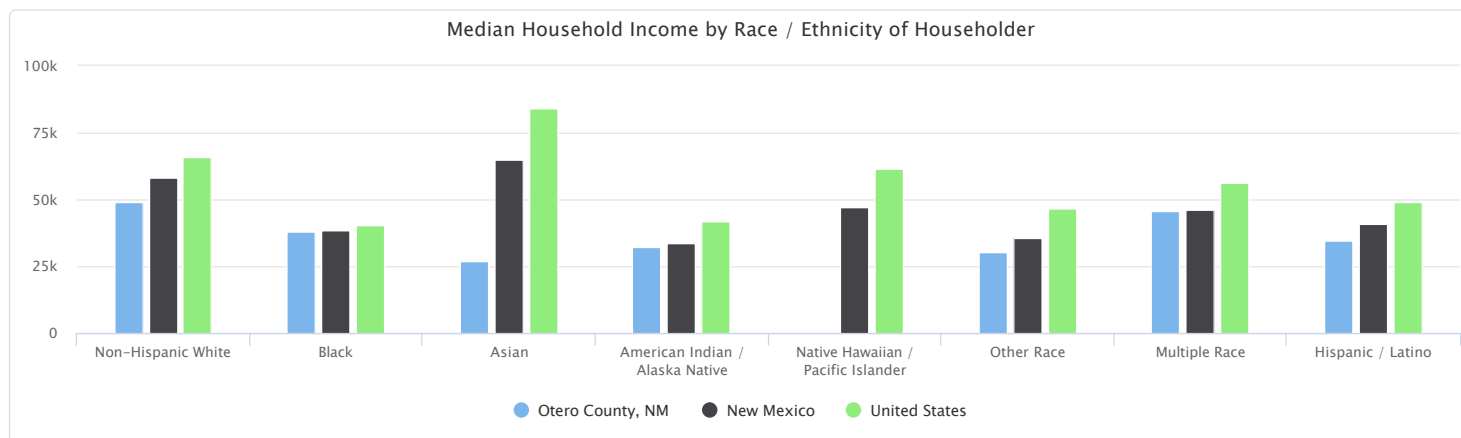
Median Household Income by Household Size

Report Area	1-Person Households	2-Person Households	3-Person Households	4-Person Households	5-Person Households	6-Person Households	7-or-More-Person Households
Otero County, NM	\$25,844.00	\$52,282.00	\$52,741.00	\$52,156.00	\$56,273.00	\$66,063.00	\$47,727.00
New Mexico	\$25,974.00	\$58,152.00	\$61,446.00	\$65,922.00	\$61,449.00	\$60,849.00	\$64,702.00
United States	\$31,027.00	\$67,304.00	\$77,463.00	\$89,780.00	\$82,776.00	\$79,540.00	\$83,321.00



Median Household Income by Race / Ethnicity of Householder

Report Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Race	Hispanic / Latino
Otero County, NM	\$49,019.00	\$37,830.00	\$27,035.00	\$32,434.00	No data	\$30,306.00	\$45,655.00	\$34,690.00
New Mexico	\$58,181.00	\$38,490.00	\$65,019.00	\$33,552.00	\$47,311.00	\$35,625.00	\$46,036.00	\$40,641.00
United States	\$65,912.00	\$40,155.00	\$83,898.00	\$41,879.00	\$61,354.00	\$46,650.00	\$56,060.00	\$49,225.00



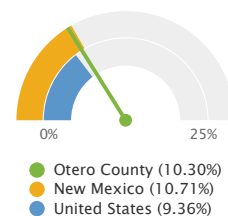
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

In the report area 10.30% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 10.71%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Otero County, NM	60,523	6,235	10.30%
New Mexico	2,057,526	220,410	10.71%
United States	317,941,631	29,752,767	9.36%

Percent Uninsured Population

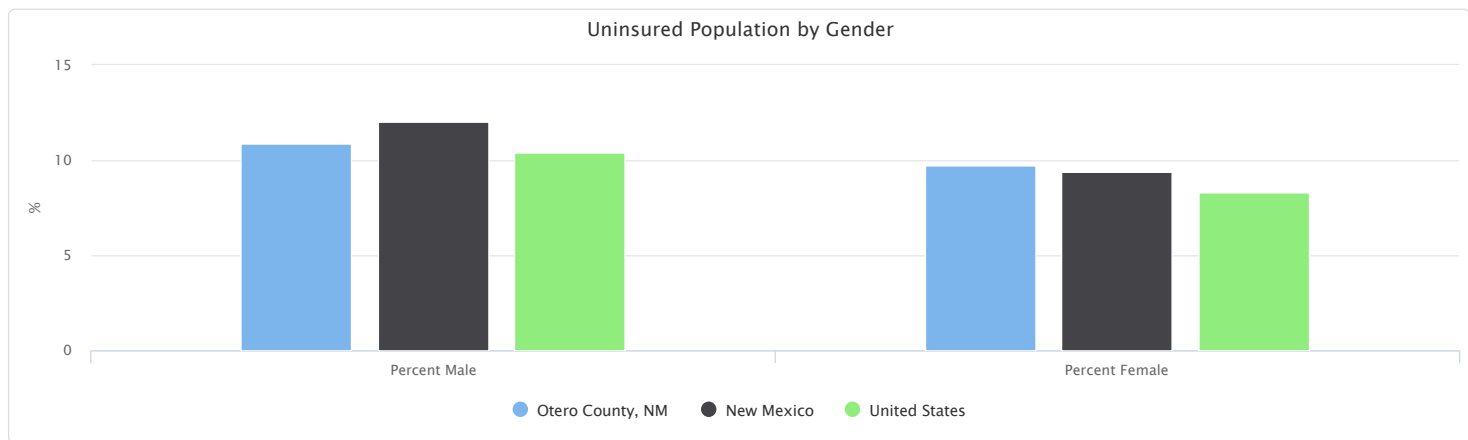


Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

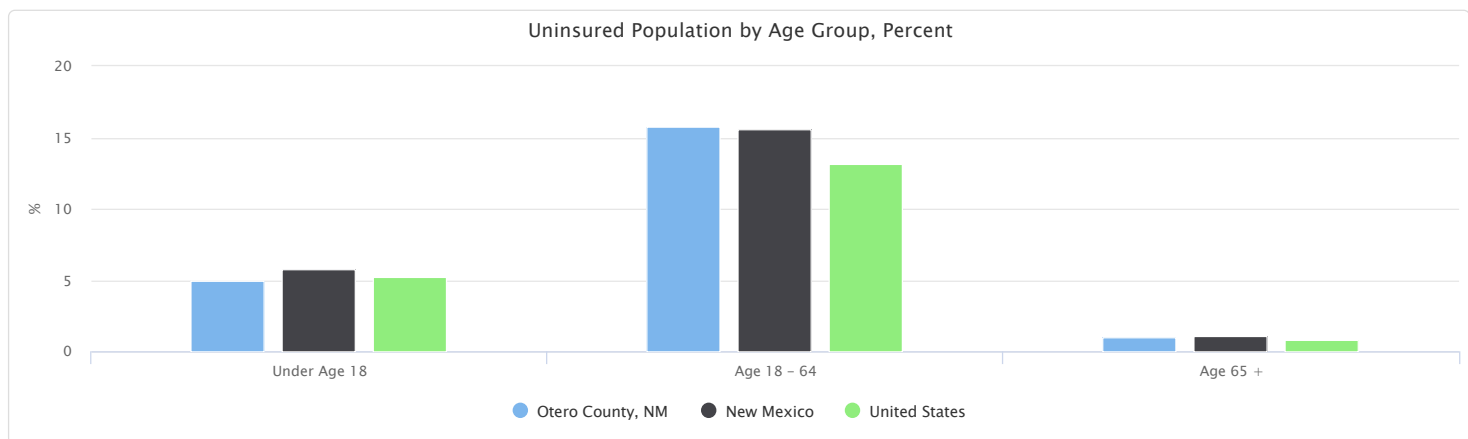
Uninsured Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	3,208	3,027	10.91%	9.73%
New Mexico	121,610	98,800	12.06%	9.42%
United States	16,190,262	13,562,505	10.42%	8.34%



Uninsured Population by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Otero County, NM	4.91%	15.81%	0.98%
New Mexico	5.76%	15.57%	1.11%
United States	5.22%	13.16%	0.82%

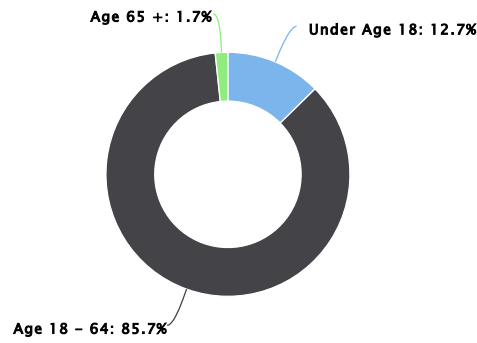


Uninsured Population by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Otero County, NM	790	5,341	104
New Mexico	30,092	186,594	3,724
United States	4,062,804	25,296,642	393,321

Uninsured Population by Age Group, Total

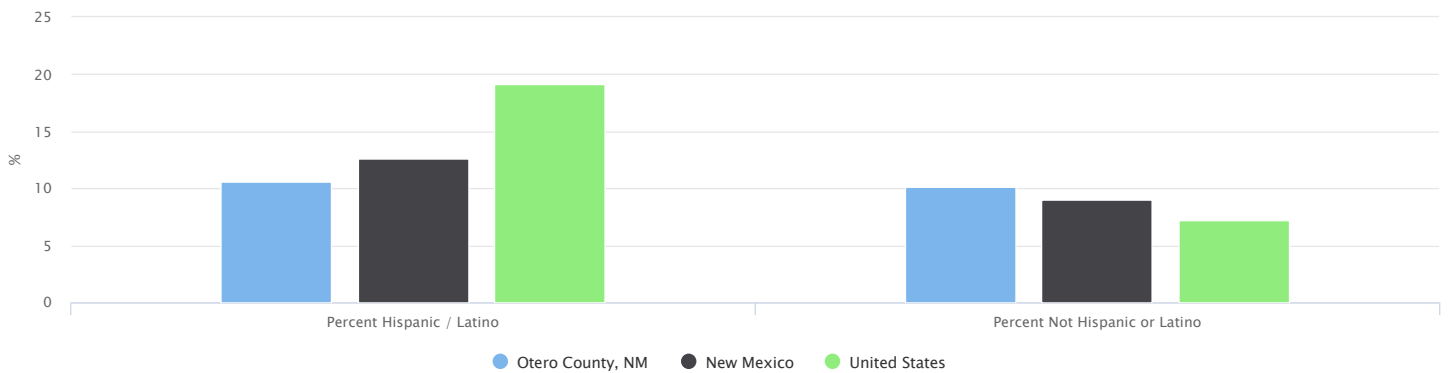
Otero County, NM



Uninsured Population by Ethnicity Alone

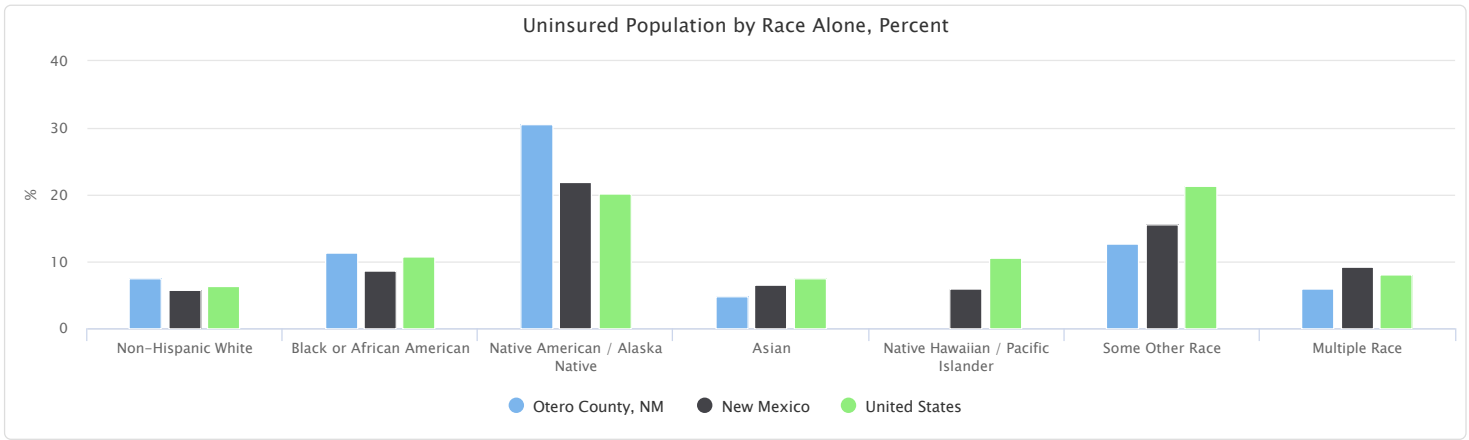
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Otero County, NM	2,411	3,824	10.64%	10.10%
New Mexico	125,665	94,745	12.57%	8.96%
United States	10,886,179	18,866,588	19.17%	7.22%

Uninsured Population by Ethnicity Alone



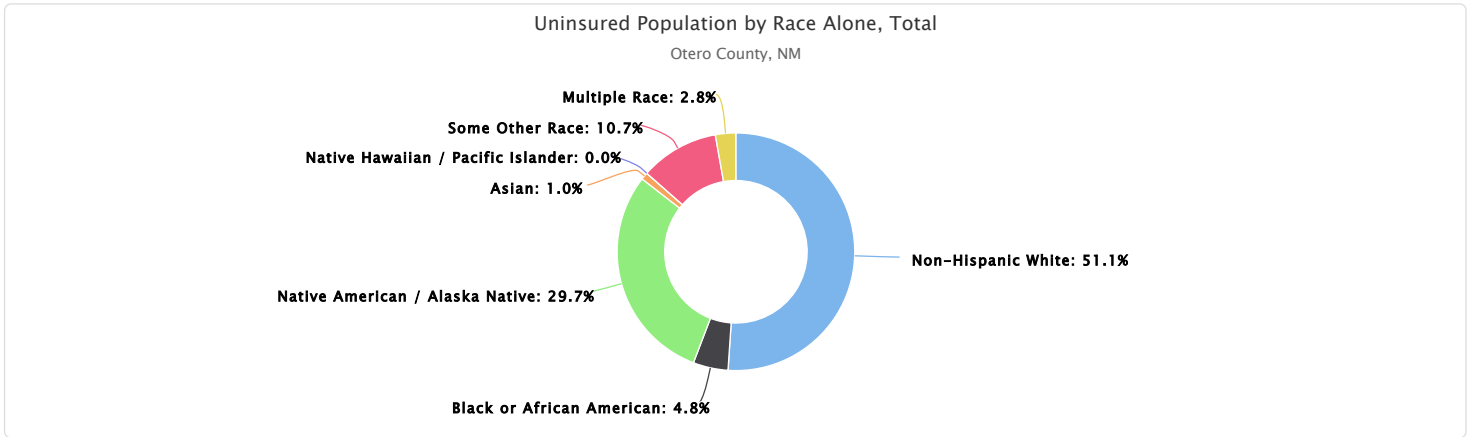
Uninsured Population by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	7.54%	11.34%	30.61%	4.85%	0.00%	12.63%	5.87%
New Mexico	5.79%	8.60%	21.83%	6.52%	5.91%	15.52%	9.17%
United States	6.31%	10.82%	20.12%	7.53%	10.61%	21.31%	8.13%



Uninsured Population by Race Alone, Total

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	2,278	212	1,324	44	0	478	124
New Mexico	44,895	3,489	43,069	2,038	88	28,854	6,096
United States	12,272,640	4,292,174	529,847	1,315,879	60,430	3,324,190	834,741

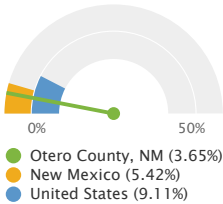


Population Commuting to Work Over 60 Minutes

This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction.

Report Area	Population Age 16+ that Commutes to Work	Population Commuting More than 60 Minutes	Percentage Commuting More than 60 Minutes
Otero County, NM	24,973	911	3.65%
New Mexico	837,803	45,389	5.42%
United States	143,148,111	13,033,642	9.11%

Percentage of Workers Commuting More than 60 Minutes



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract

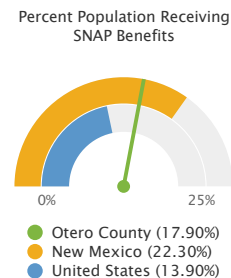
Population Receiving SNAP Benefits (SAIPE)

This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2014 and July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Otero County, NM	64,362.00	11,487	17.90%
New Mexico	2,085,109.00	465,538	22.30%
United States	321,396,328.00	44,567,069	13.90%

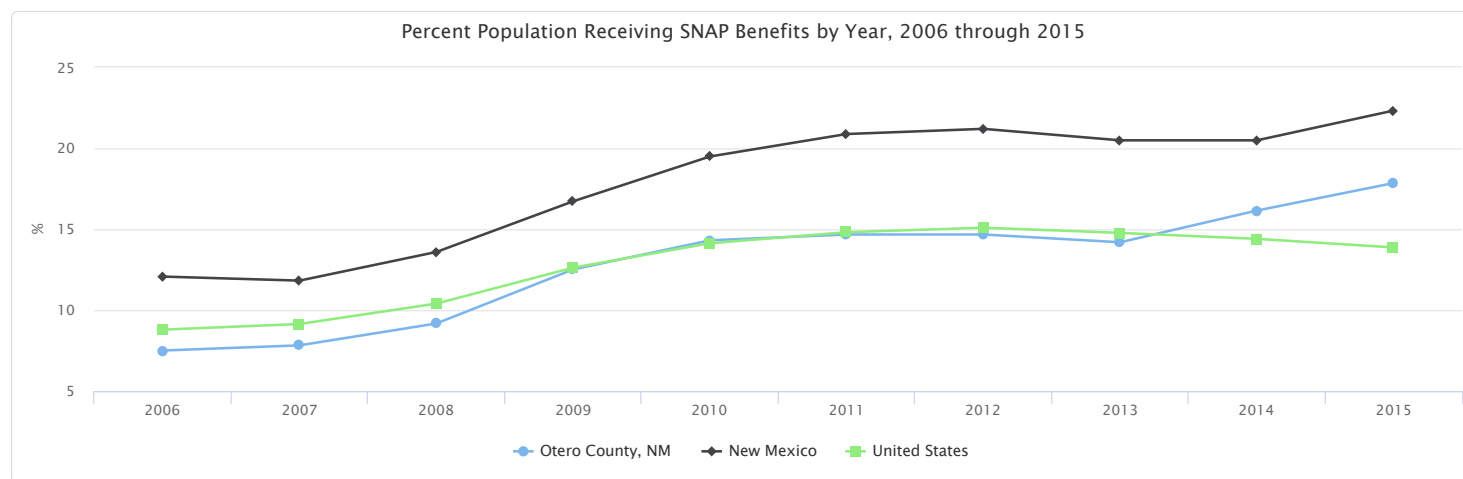
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, *Small Area Income & Poverty Estimates*. 2015. Source geography: County



Percent Population Receiving SNAP Benefits by Year, 2006 through 2015

Report Area	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Otero County, NM	7.50%	7.82%	9.17%	12.51%	14.31%	14.67%	14.67%	14.19%	16.15%	17.85%
New Mexico	12.07%	11.82%	13.59%	16.72%	19.49%	20.88%	21.20%	20.49%	20.49%	22.33%
United States	8.79%	9.14%	10.4%	12.62%	14.13%	14.81%	15.09%	14.77%	14.4%	13.87%

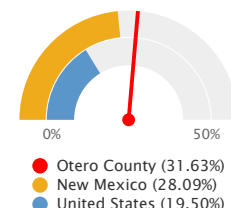


Poverty - Children Below 100% FPL

In the report area 31.63% or 4,855 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Otero County, NM	62,297	15,348	4,855	31.63%
New Mexico	2,050,855	486,963	136,792	28.09%
United States	314,943,184	72,382,641	14,117,014	19.50%

Percent Population Under Age 18 in Poverty

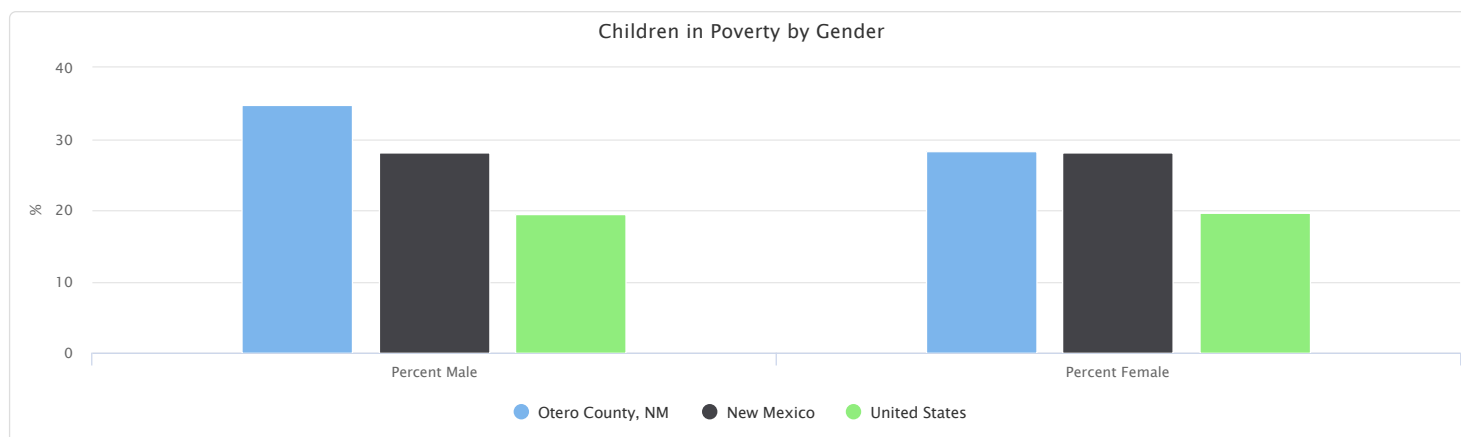


Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

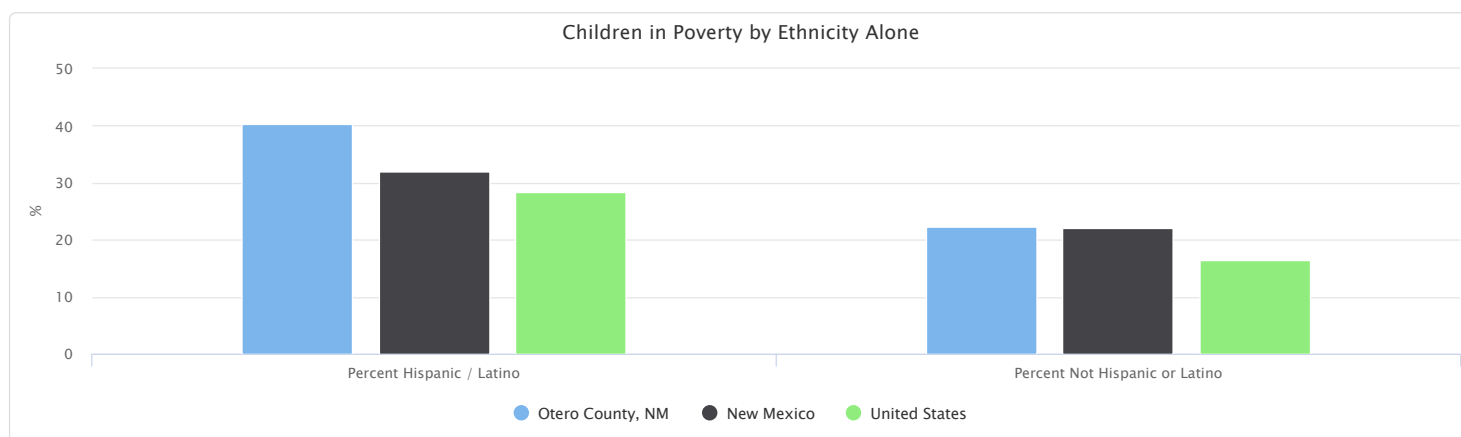
Children in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	2,719	2,136	34.85%	28.31%
New Mexico	69,572	67,220	28.02%	28.16%
United States	7,173,125	6,943,889	19.41%	19.60%



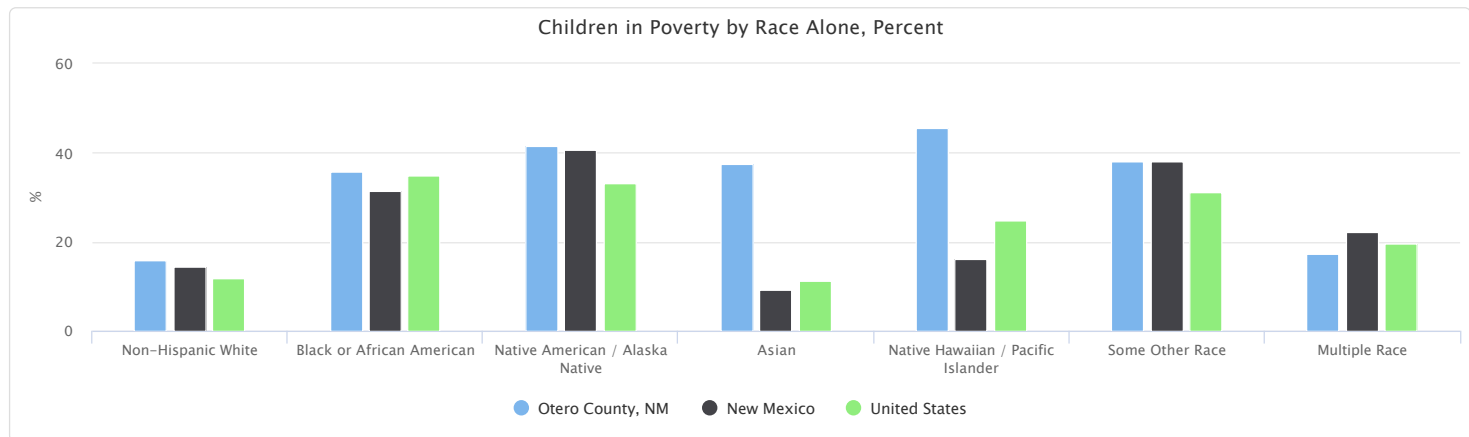
Children in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Otero County, NM	3,200	1,655	40.29%	22.35%
New Mexico	93,811	42,981	32.07%	22.11%
United States	5,127,592	8,989,422	28.36%	16.55%



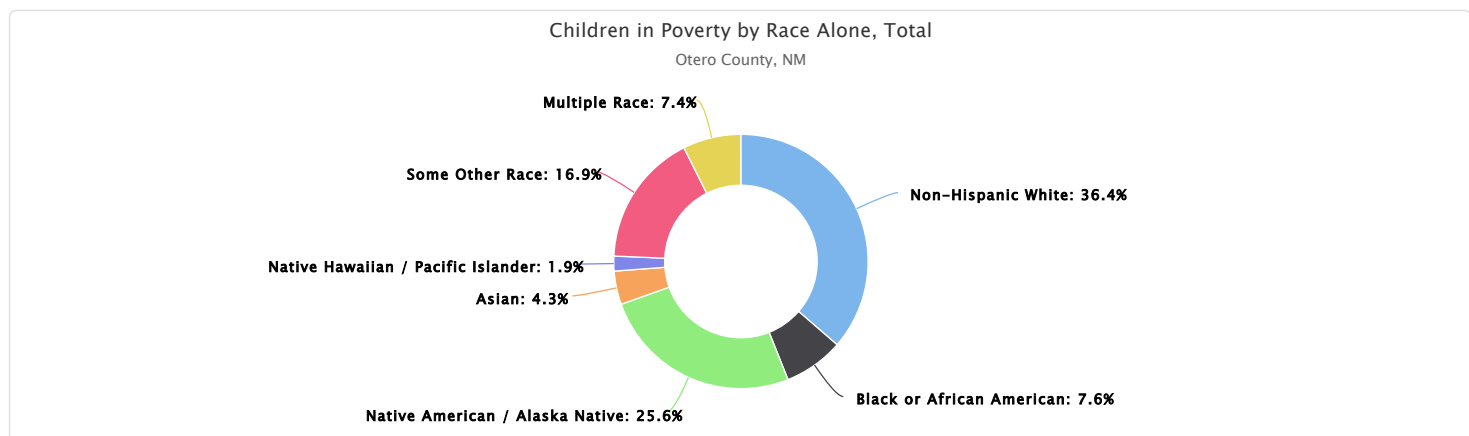
Children in Poverty by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	15.99%	35.71%	41.50%	37.40%	45.65%	38.14%	17.41%
New Mexico	14.50%	31.46%	40.58%	9.22%	16.28%	38.15%	22.19%
United States	11.69%	34.79%	33.21%	11.29%	24.79%	31.16%	19.64%



Children in Poverty by Race Alone, Total

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	812	170	571	95	42	378	165
New Mexico	17,090	3,011	22,643	548	63	18,091	6,238
United States	4,306,236	3,522,808	236,154	392,859	35,459	1,442,736	926,442



Poverty - Population Below 100% FPL

AP68

Poverty is considered a *key driver* of health status.

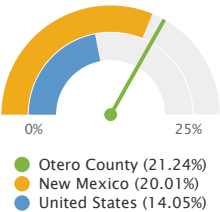
Within the report area 21.24% or 13,232 individuals are living in households with income below the Federal Poverty Level

(FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Otero County, NM	62,297	13,232	21.24%
New Mexico	2,050,855	410,389	20.01%
United States	314,943,184	44,257,979	14.05%

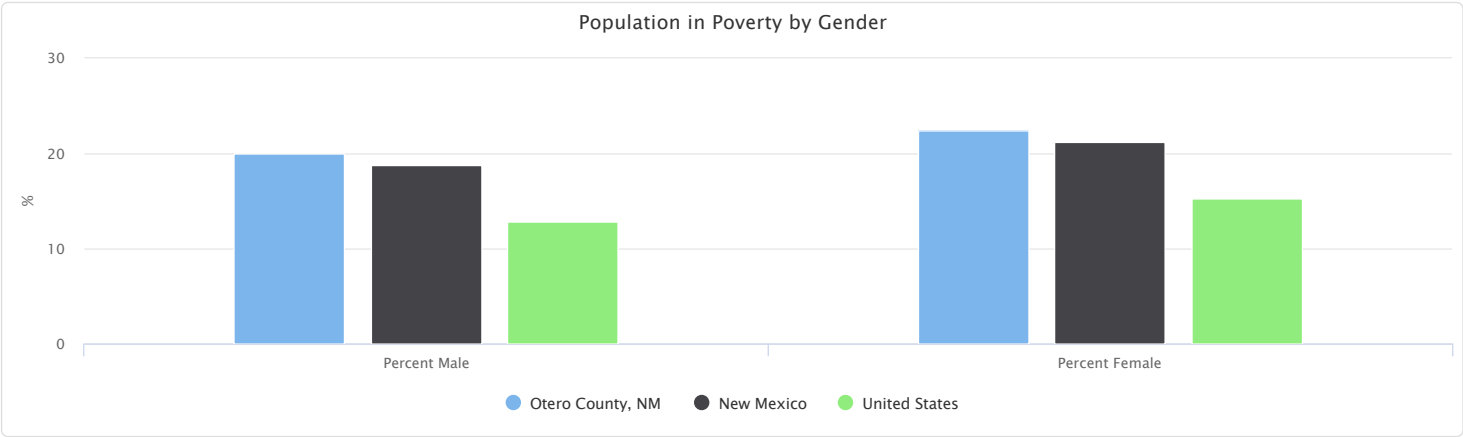
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

Percent Population in Poverty



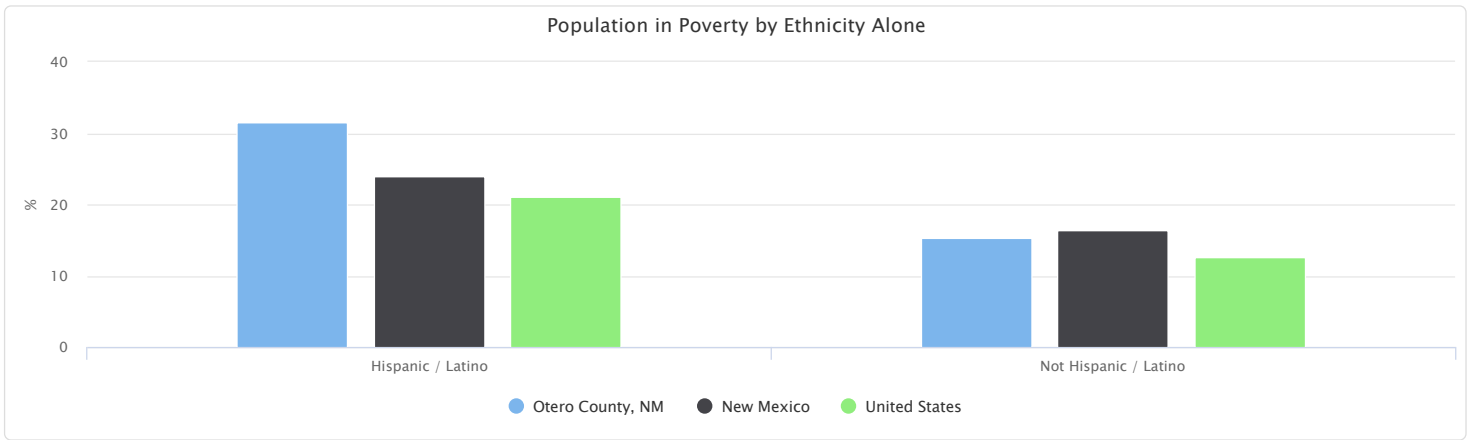
Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Otero County, NM	6,197	7,035	19.99%	22.47%
New Mexico	189,052	221,337	18.77%	21.21%
United States	19,737,150	24,520,829	12.80%	15.26%



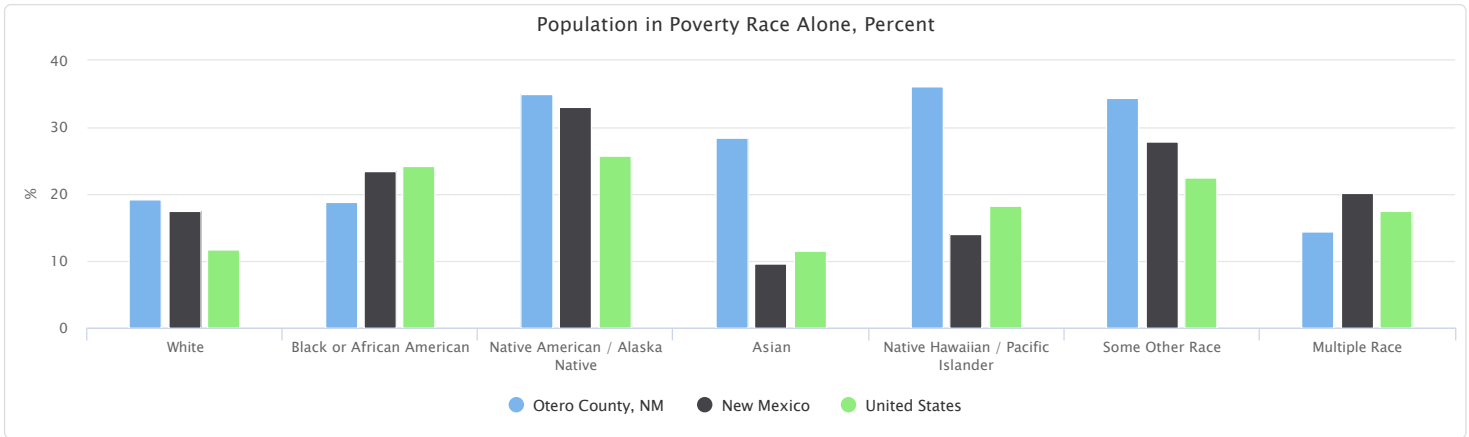
Population in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Otero County, NM	7,202	6,030	31.46%	15.30%
New Mexico	238,245	172,144	23.94%	16.31%
United States	11,849,315	32,408,664	21.02%	12.53%



Population in Poverty Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	19.22%	18.93%	34.95%	28.45%	36.18%	34.46%	14.42%
New Mexico	17.51%	23.37%	33.02%	9.67%	14.06%	27.93%	20.11%
United States	11.64%	24.19%	25.84%	11.55%	18.29%	22.58%	17.51%

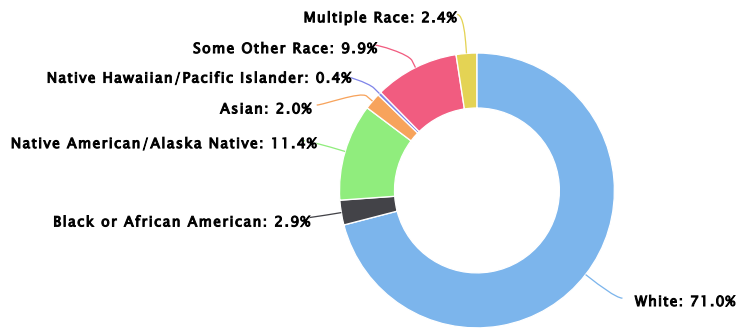


Population in Poverty by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Otero County, NM	9,391	384	1,509	260	55	1,313	320
New Mexico	268,163	9,417	64,702	2,985	203	51,676	13,243
United States	26,730,734	9,490,587	673,665	1,989,768	103,304	3,497,625	1,772,296

Population in Poverty by Race Alone, Total

Otero County, NM



Unemployment Rate

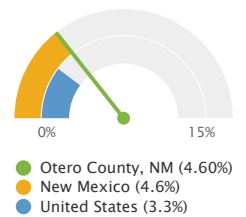
Total unemployment in the report area for the current month equals 1,164, or 4.60% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Otero County, NM	25,125	23,961	1,164	4.60%
New Mexico	970,731	926,156	44,575	4.6%
United States	165,431,597	159,902,120	5,529,477	3.3%

Note: This indicator is compared to the state average.

Data Source: US Department of Labor, [Bureau of Labor Statistics](#). 2019 - November. Source geography: County

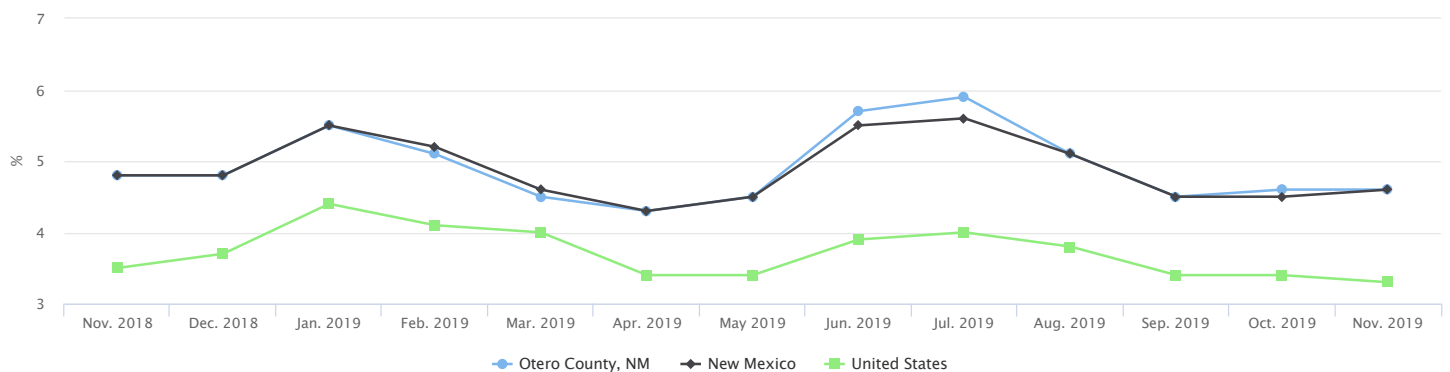
Unemployment Rate



Average Monthly Unemployment Rate, November 2018 - November 2019

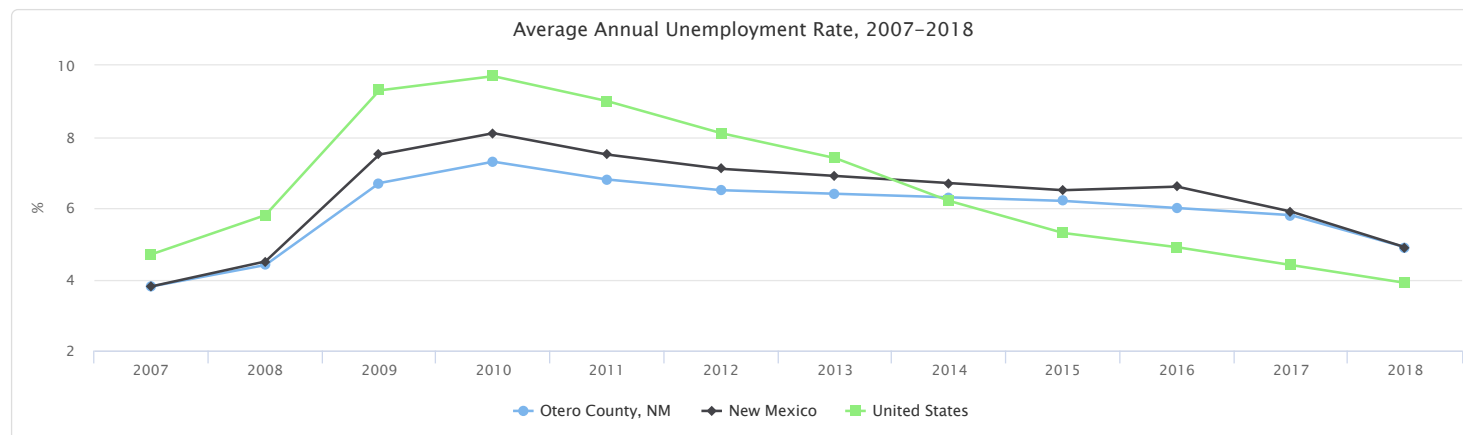
Report Area	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May 2019	Jun. 2019	Jul. 2019	Aug. 2019	Sep. 2019	Oct. 2019	Nov. 2019
Otero County, NM	4.80%	4.80%	5.50%	5.10%	4.50%	4.30%	4.50%	5.70%	5.90%	5.10%	4.50%	4.60%	4.60%
New Mexico	4.8%	4.8%	5.5%	5.2%	4.6%	4.3%	4.5%	5.5%	5.6%	5.1%	4.5%	4.5%	4.6%
United States	3.5%	3.7%	4.4%	4.1%	4.0%	3.4%	3.4%	3.9%	4.0%	3.8%	3.4%	3.4%	3.3%

Average Monthly Unemployment Rate, November 2018 - November 2019



Average Annual Unemployment Rate, 2007-2018

Report Area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Otero County, NM	3.80%	4.40%	6.70%	7.30%	6.80%	6.50%	6.40%	6.30%	6.20%	6.00%	5.80%	4.90%
New Mexico	3.80%	4.50%	7.50%	8.10%	7.50%	7.10%	6.90%	6.70%	6.50%	6.60%	5.90%	4.90%
United States	4.7%	5.8%	9.3%	9.7%	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%



Violent Crime

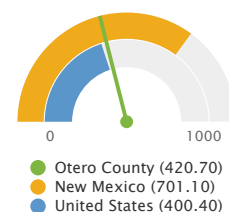
This indicator reports information about violent crime offenses reported by law enforcement. In the report area, 64,962.00 violent crimes occurred during the 2014-16 three year period. The violent crime rate of 820 which is lower than the statewide rate of 43,963. Violent crime includes homicide, rape, robbery, and aggravated assault.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Otero County, NM	64,962.00	820	420.70
New Mexico	2,090,190.00	43,963	701.10
United States	332,574,702.00	3,995,335	400.40

Note: This indicator is compared to the state average.

Data Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*. Additional analysis by the *National Archive of Criminal Justice Data*. Accessed via the *Inter-university Consortium for Political and Social Research*. 2015-17. Source geography: County

Violent Crime Rate (Per 100,000 Pop.)



Young People Not in School and Not Working

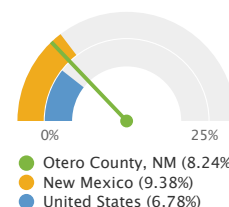
This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed.

Report Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Otero County, NM	3,266	8.24%
New Mexico	113,633	9.38%
United States	17,021,831	6.78%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, *American Community Survey*. 2014-18. Source geography: Tract

Percentage of Population Age 16-19 Not in School and Not Employed



Health Indicators Report

Location

Otero County, NM

Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

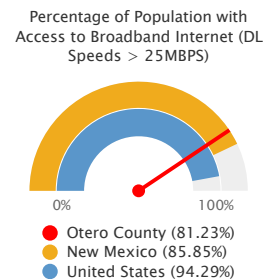
Built Environment - Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. This data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included. This indicator is important because access to technology opens up opportunities for employment and education.

Report Area	Total Population (2010)	Access to DL Speeds > 25MBPS (2018)
Otero County, NM	63,797	81.23%
New Mexico	2,059,179	85.85%
United States	312,846,570	94.29%

Note: This indicator is compared to the state average.

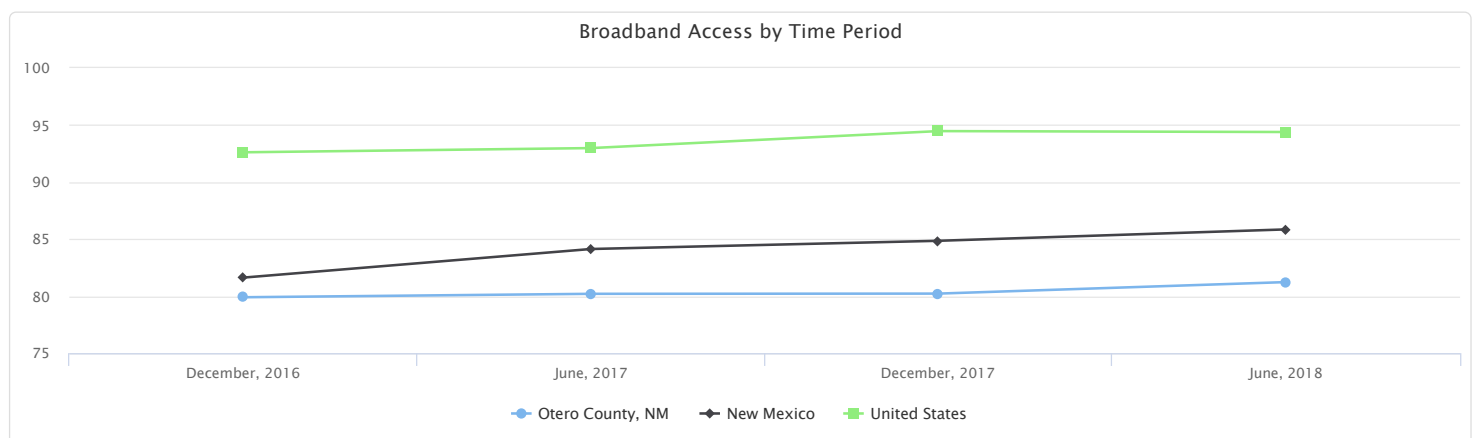
Data Source: [National Broadband Map](#), June 2018. Source geography: Tract



Broadband Access by Time Period

The table below displays temporal trends in high-speed internet availability.

Report Area	December, 2016	June, 2017	December, 2017	June, 2018
Otero County, NM	79.90	80.20	80.22	81.23
New Mexico	81.62	84.13	84.85	85.85
United States	92.61	92.98	94.47	94.39



Built Environment - Recreation and Fitness Facility Access

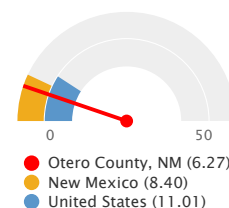
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Otero County, NM	63,797	4	6.27
New Mexico	2,059,179	173	8.40
United States	308,745,538	33,980	11.01

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES. 2016. Source geography: ZCTA

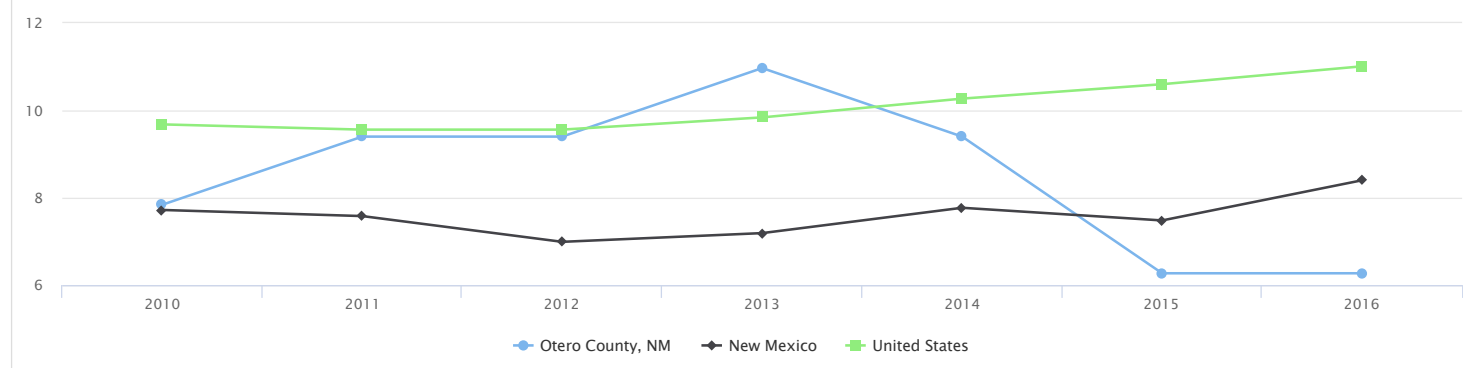
Recreation and Fitness Facilities, Rate (Per 100,000 Population)



Recreation and Fitness Facilities, Rate per 100,000 Population by Year, 2010 through 2016

Report Area	2010	2011	2012	2013	2014	2015	2016
Otero County, NM	7.84	9.4	9.4	10.97	9.4	6.27	6.27
New Mexico	7.72	7.58	6.99	7.19	7.77	7.48	8.4
United States	9.68	9.56	9.56	9.84	10.27	10.6	11.01

Recreation and Fitness Facilities, Rate per 100,000 Population by Year, 2010 through 2016



Food Environment - Fast Food Restaurants

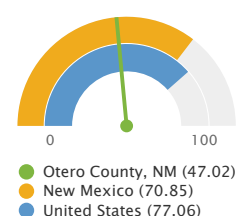
This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Otero County, NM	63,797	30	47.02
New Mexico	2,059,179	1,459	70.85
United States	308,745,538	237,922	77.06

Note: This indicator is compared to the state average.

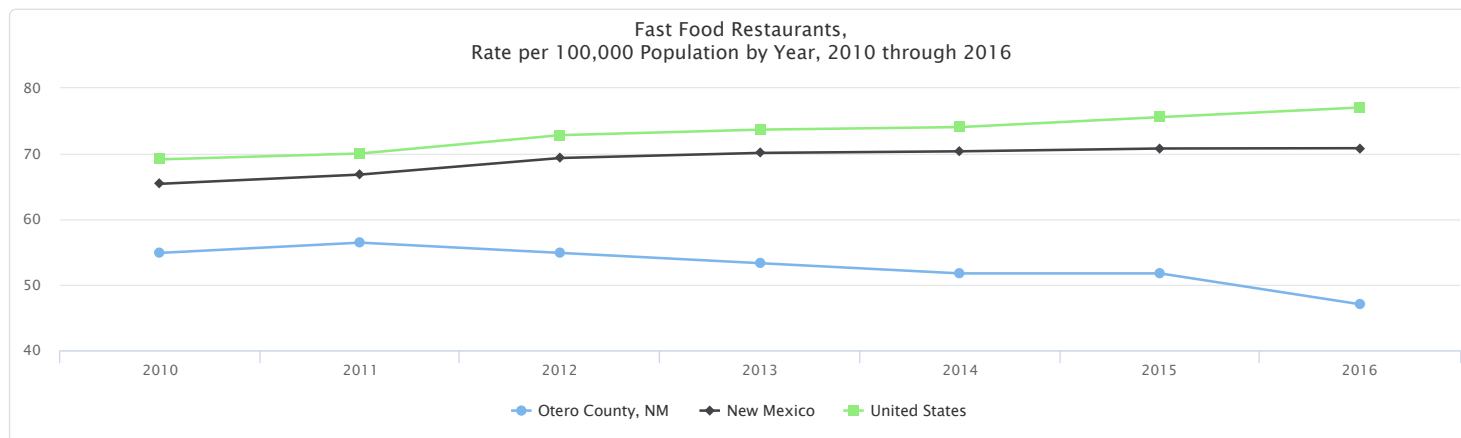
Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES. 2016. Source geography: ZCTA

Fast Food Restaurants, Rate (Per 100,000 Population)



Fast Food Restaurants, Rate per 100,000 Population by Year, 2010 through 2016

Report Area	2010	2011	2012	2013	2014	2015	2016
Otero County, NM	54.86	56.43	54.86	53.29	51.73	51.73	47.02
New Mexico	65.41	66.82	69.35	70.13	70.37	70.8	70.85
United States	69.14	70.04	72.84	73.68	74.07	75.59	77.06

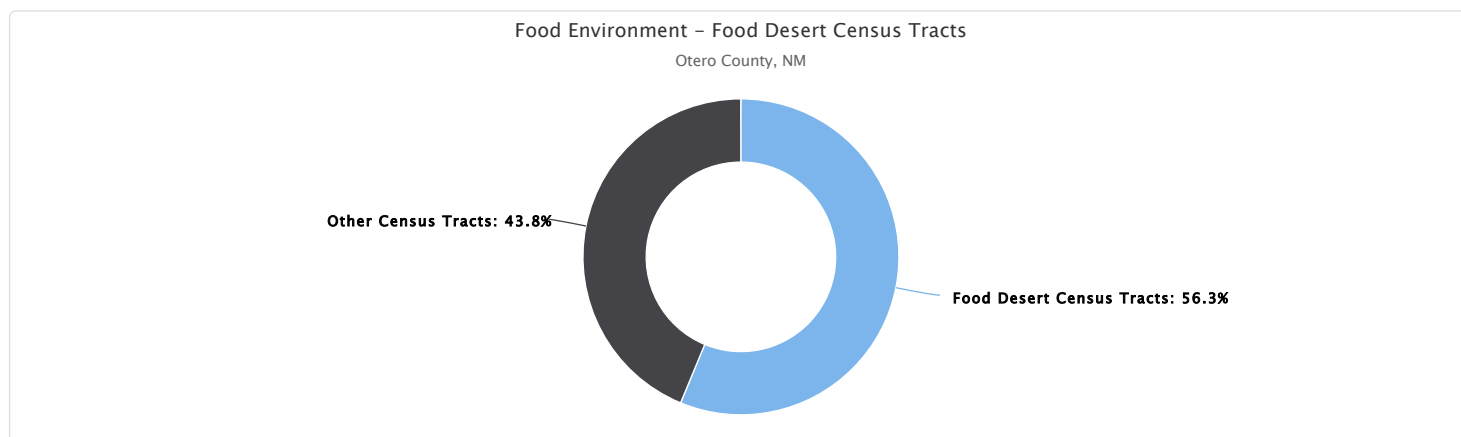


Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Otero County, NM	63,797.00	9.00	7	39,724.00	24,073.00
New Mexico	2,059,179.00	269.00	230	1,174,127.00	885,052.00
United States	308,745,538.00	27,527.00	45,337	129,885,212.00	178,860,326.00

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015.



Food Environment - Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on

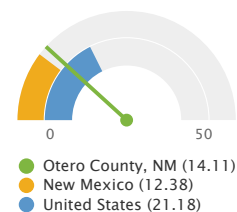
dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Otero County, NM	63,797	9	14.11
New Mexico	2,059,179	255	12.38
United States	308,745,538	65,399	21.18

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES. 2016. Source geography: ZCTA

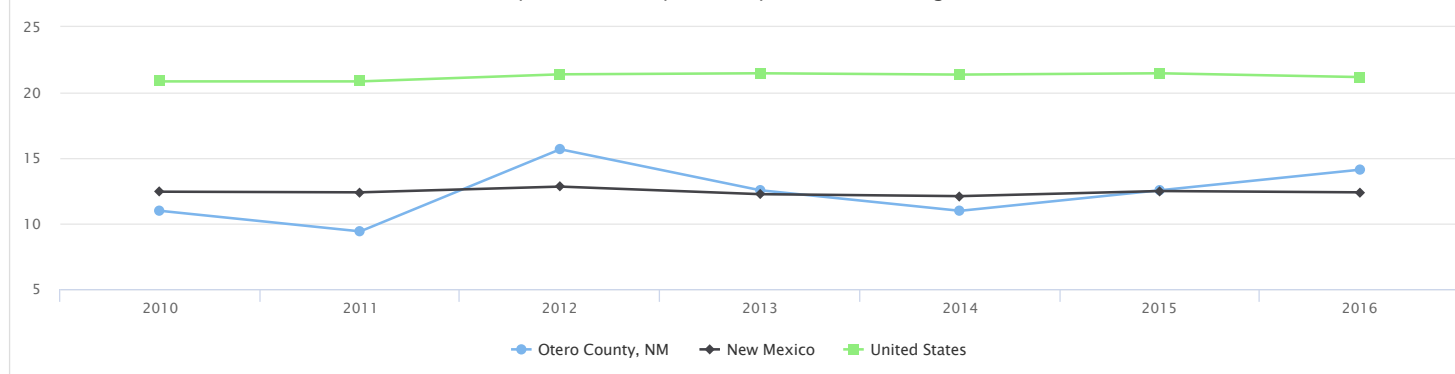
Grocery Stores, Rate (Per 100,000 Population)



Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2016

Report Area	2010	2011	2012	2013	2014	2015	2016
Otero County, NM	10.97	9.4	15.67	12.54	10.97	12.54	14.11
New Mexico	12.43	12.38	12.82	12.24	12.09	12.48	12.38
United States	20.85	20.85	21.39	21.47	21.37	21.47	21.18

Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2016



Food Environment - Low Food Access

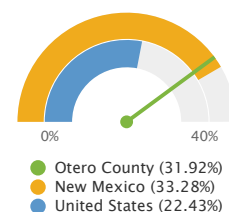
This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, [Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015](#). This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Otero County, NM	63,797	20,365	31.92%
New Mexico	2,059,179	685,387	33.28%
United States	308,745,538	69,266,771	22.43%

Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015. Source geography: Tract

Percent Population with Low Food Access



Food Environment - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores

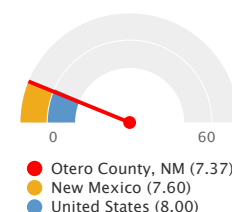
include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Otero County, NM	63,797	47	7.37
New Mexico	2,059,179	1,565	7.60
United States	312,383,875	250,022	8.00

Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Food and Nutrition Service, [USDA - SNAP Retailer Locator](#). Additional data analysis by [CARES](#), 2019. Source geography: Tract

SNAP-Authorized Retailers, Rate (Per 10,000 Population)



Housing - Housing Cost Burden (30%)

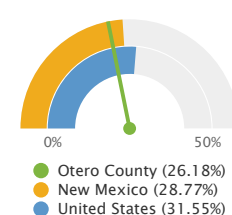
This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Otero County, NM	23,391	6,124	26.18%
New Mexico	775,651	223,129	28.77%
United States	119,730,128	37,771,047	31.55%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

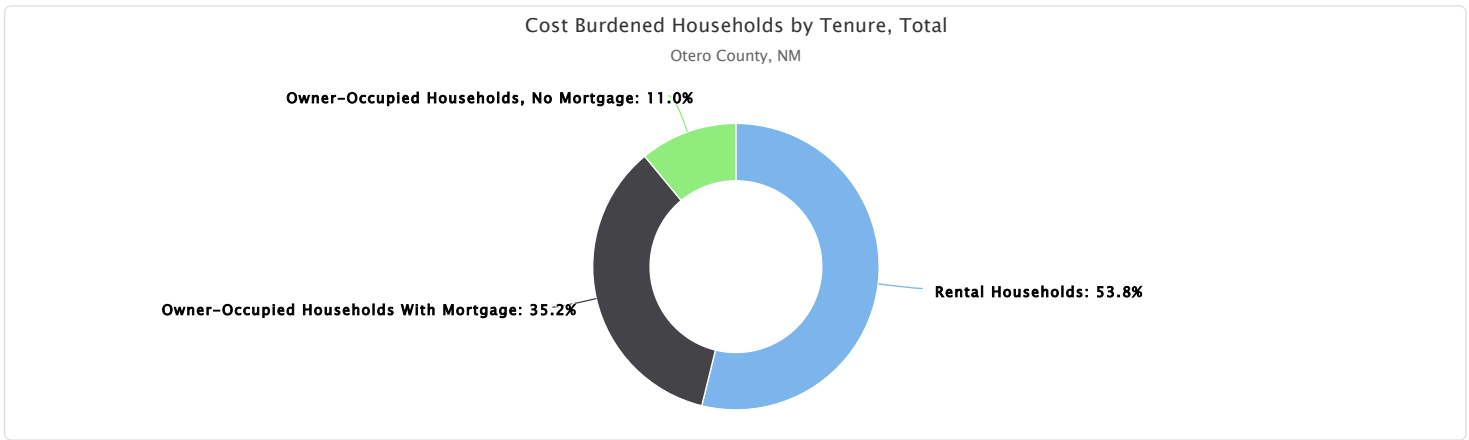
Percentage of Households where Housing Costs Exceed 30% of Income



Cost Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 6,124 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2014-2018 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

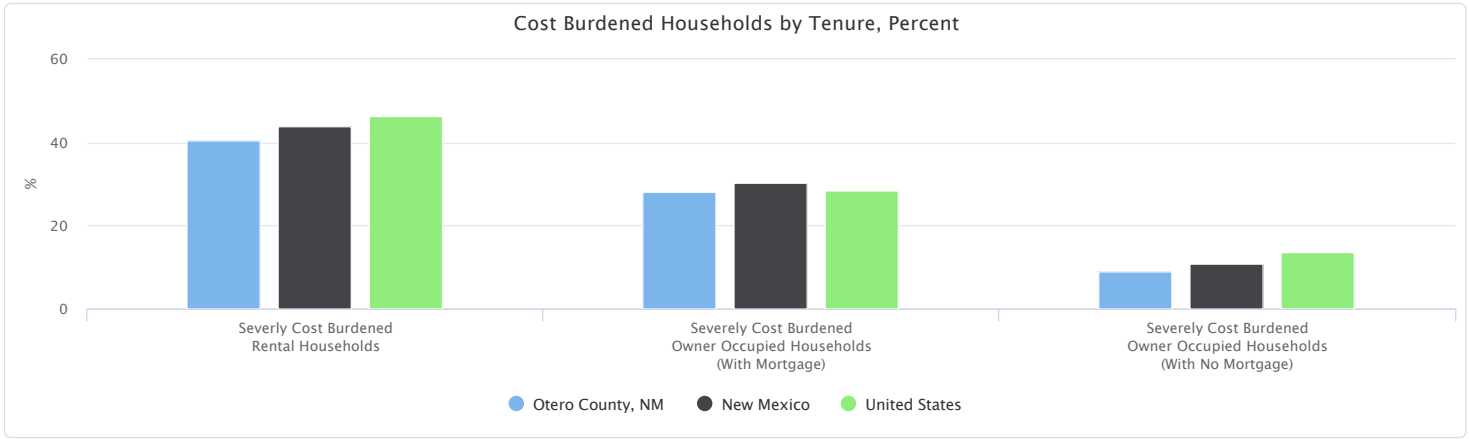
Report Area	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Owner Occupied Households (With Mortgage)	Cost Burdened Owner Occupied Households (With No Mortgage)
Otero County, NM	6,124	3,297	2,154	673
New Mexico	223,129	110,064	87,340	25,725
United States	37,771,047	20,141,357	13,750,273	3,879,417



Cost Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 40.65% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2014-2018 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Percentage of Rental Households that are Cost Burdened	Owner Occupied Households (With Mortgage)	Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened	Owner Occupied Households (No Mortgage)	Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened
Otero County, NM	8,111	40.65%	7,652	28.15%	7,628	8.82%
New Mexico	251,409	43.78%	287,148	30.42%	237,094	10.85%
United States	43,285,318	46.53%	48,198,598	28.53%	28,246,212	13.73%

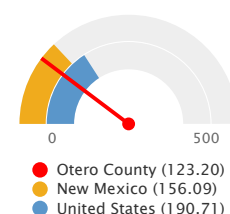


Housing - Mortgage Lending

Lending institutions must report all loans for home purchases, home improvements, and mortgage refinancing based on the Home Mortgage Disclosure Act (HMDA) of 1975. This indicator displays information derived from the 2014 HMDA loan-level data files.

Report Area	Total Population (2010)	Number of Home Loans Originated	Loans Originations, Approval Rate	Loan Originations, Rate per 100,000 Population
Otero County, NM	63,797	786	41.68%	123.20
New Mexico	2,059,179	32,141	46.25%	156.09
United States	312,470,869	5,959,108	51.57%	190.71

Home Loan Origination Rate per 100,000 Pop.



Note: This indicator is compared to the state average.

Data Source: Federal Financial Institutions Examination Council, [Home Mortgage Disclosure Act](#). Additional data analysis by CARES, 2014.

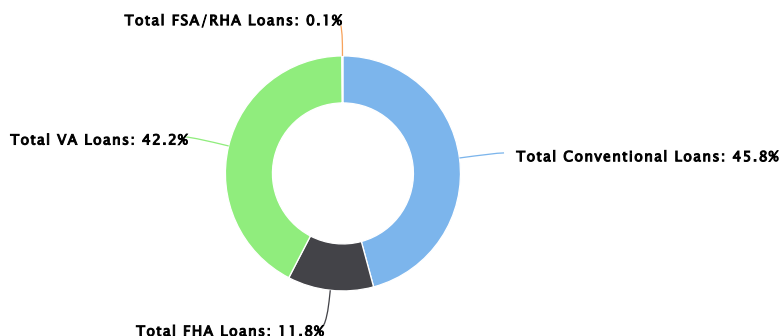
Home Purchase Loan Originations by Loan Type

This indicator reports the total number of home purchase loan originations by loan type. Types reported in the HMDA flat files include: Loans insured by the Federal Housing Administration (FHA loans); Loans insured by the Veterans Administration (VA loans); Farm Service Agency / Rural Housing Service loans (FHS/RHS); and Conventional loans (any loan other than FHA, VA, FSA, or RHS).

Report Area	Total Conventional Loans	Total FHA Loans	Total VA Loans	Total FSA/RHA Loans
Otero County, NM	360	93	332	1
New Mexico	21,864	5,586	4,381	310
United States	4,544,119	787,974	491,987	135,028

Home Purchase Loan Originations by Loan Type

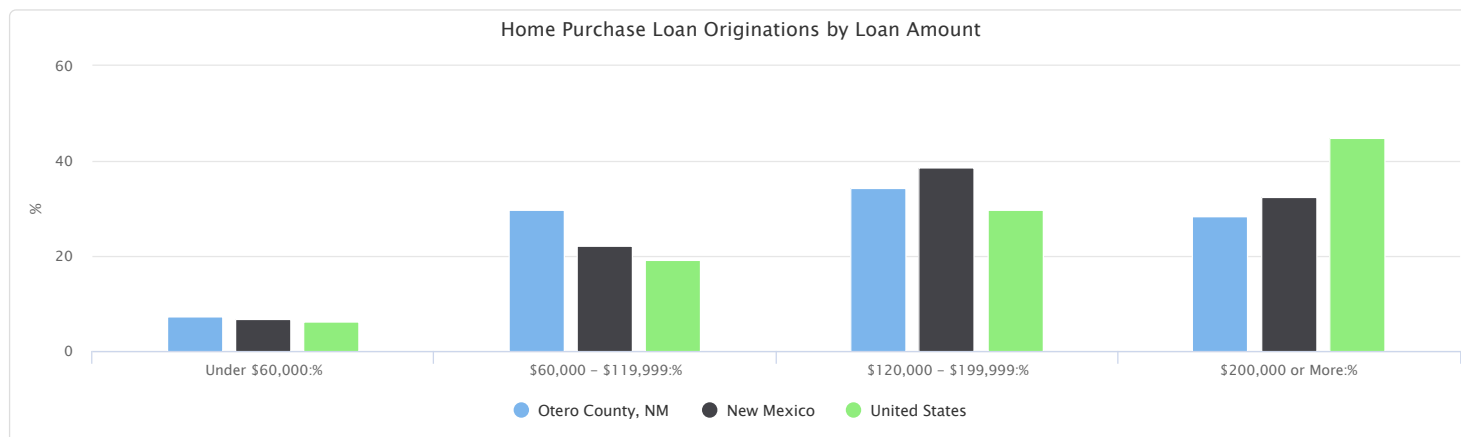
Otero County, NM



Home Purchase Loan Originations by Loan Amount

This indicator reports the total number and percentage of home purchase loan originations, grouped by loan amount.

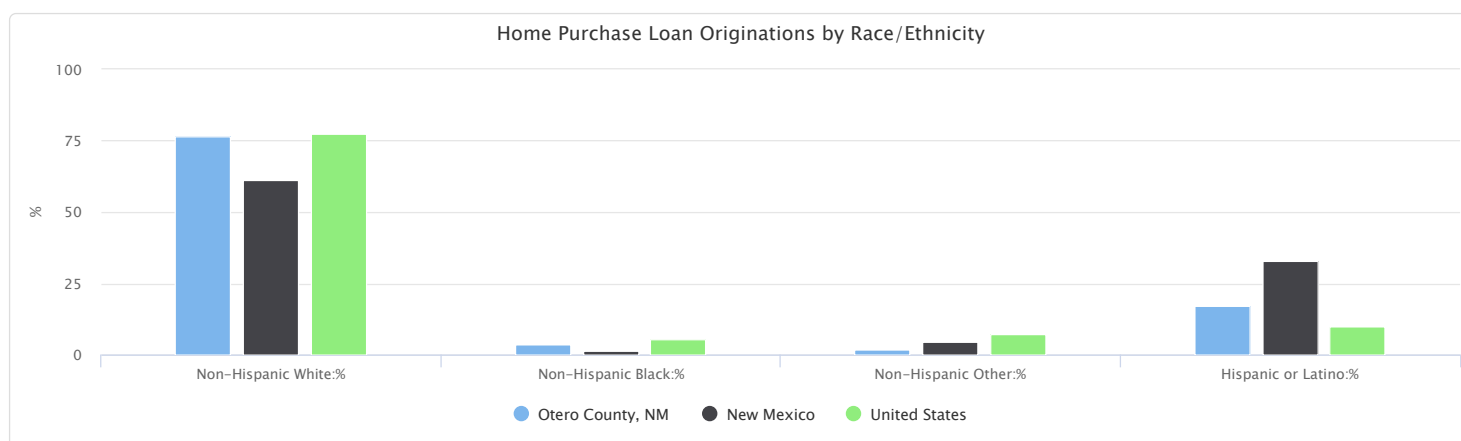
Report Area	Under \$60,000	Under \$60,000	\$60,000 - \$119,999	\$60,000 - \$119,999	\$120,000 - \$199,999	\$120,000 - \$199,999	\$200,000 or More	\$200,000 or More
Otero County, NM	31	7.40%	125	29.83%	144	34.37%	119	28.40%
New Mexico	1,148	6.82%	3,713	22.06%	6,503	38.64%	5,467	32.48%
United States	203,473	6.28%	618,748	19.10%	966,072	29.82%	1,451,453	44.80%



Home Purchase Loan Originations by Race/Ethnicity

This indicator reports the total number and percentage of home purchase loan originations, grouped by the primary applicant's race and ethnicity. Co-applicant race and ethnicity is not considered.

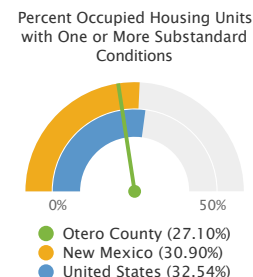
Report Area	Non-Hispanic White	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Black	Non-Hispanic Other	Non-Hispanic Other	Hispanic or Latino	Hispanic or Latino
Otero County, NM	310	76.54%	15	3.70%	8	1.98%	69	17.04%
New Mexico	9,525	61.09%	235	1.51%	671	4.30%	5,099	32.70%
United States	2,250,318	77.28%	155,681	5.35%	204,727	7.03%	289,036	9.93%



Housing - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent Occupied Housing Units with One or More Substandard Conditions
Otero County, NM	23,391	6,338	27.10%
New Mexico	775,651	239,653	30.90%
United States	119,730,128	38,964,205	32.54%



Note: This indicator is compared to the state average.

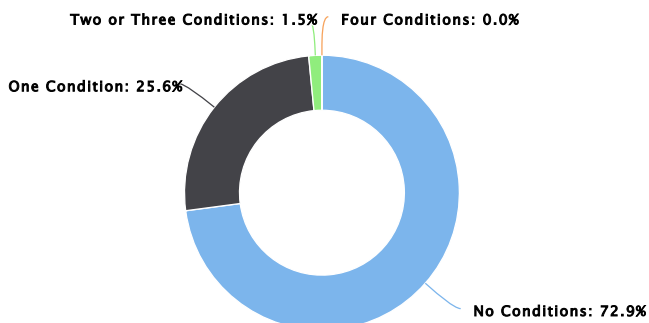
Data Source: US Census Bureau, [American Community Survey](#), 2014-18. Source geography: Tract

Substandard Housing: Number of Substandard Conditions Present

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Otero County, NM	72.90%	25.57%	1.53%	0.00%
New Mexico	69.10%	29.00%	1.89%	0.01%
United States	67.46%	30.62%	1.91%	0.01%

Substandard Housing: Number of Substandard Conditions Present

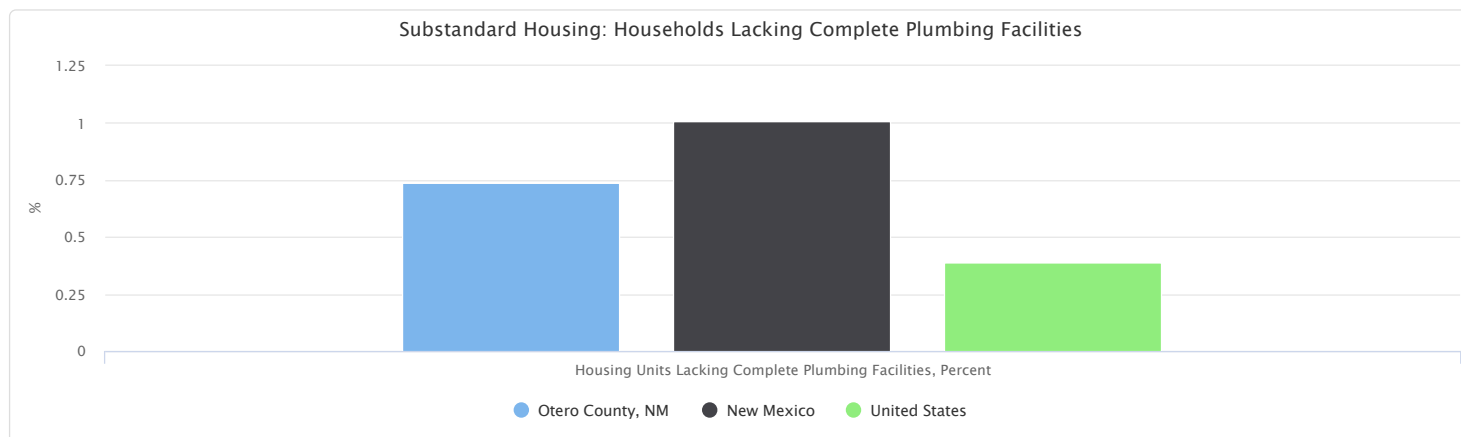
Otero County, NM



Substandard Housing: Households Lacking Complete Plumbing Facilities

Complete plumbing facilities include: (a) hot and cold running water, (b) a flush toilet, and (c) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

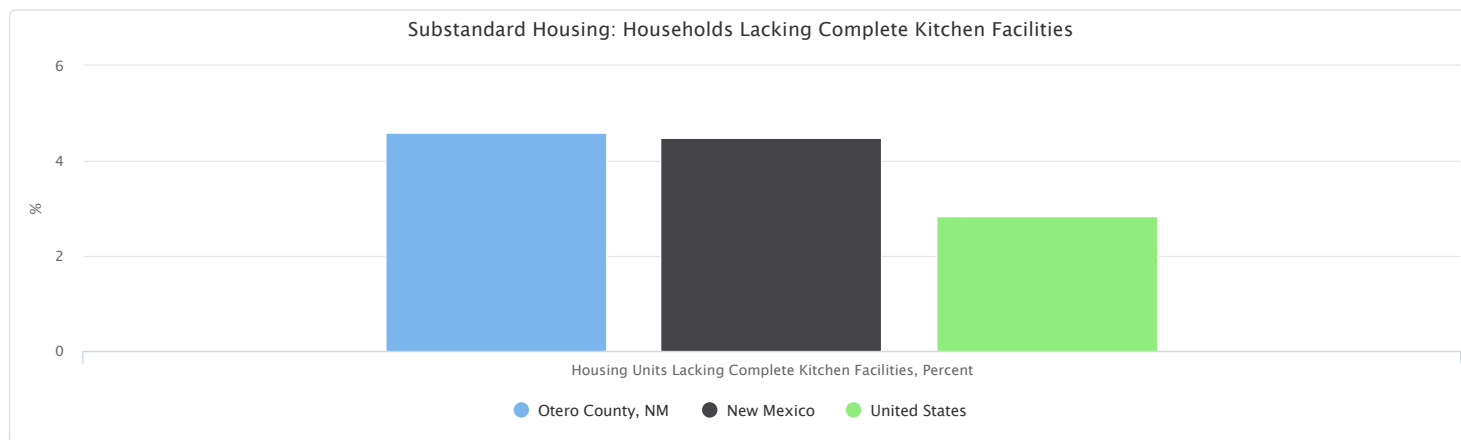
Report Area	Total Occupied Housing Units	Housing Units Lacking Complete Plumbing Facilities	Housing Units Lacking Complete Plumbing Facilities, Percent
Otero County, NM	23,391	174	0.74%
New Mexico	775,651	7,825	1.01%
United States	119,730,128	472,098	0.39%



Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

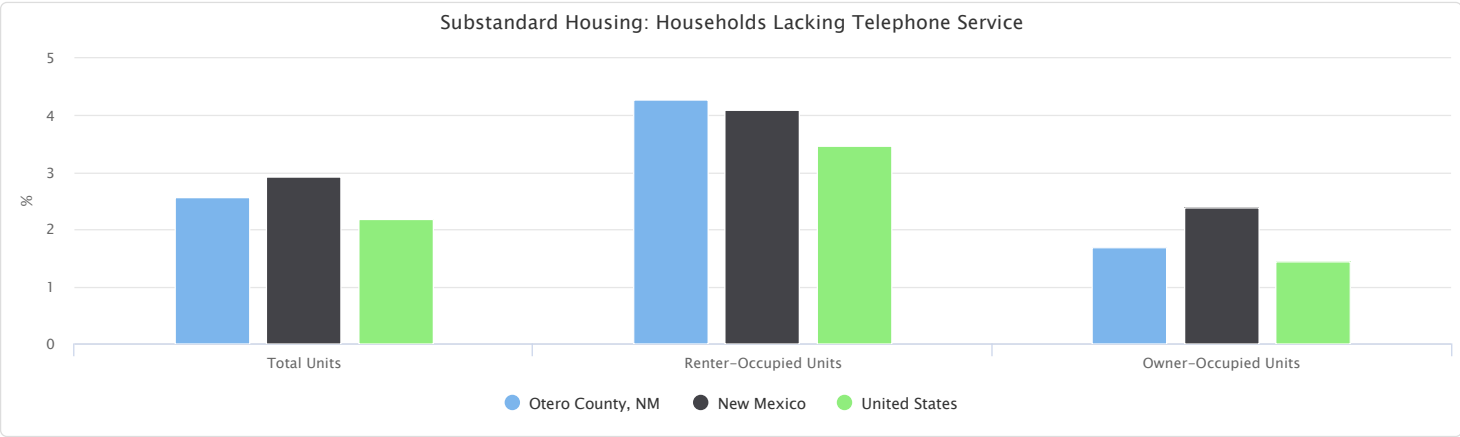
Report Area	Total Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Otero County, NM	31,673	1,457	4.60%
New Mexico	932,818	41,997	4.50%
United States	136,384,292	3,867,311	2.84%



Substandard Housing: Households Lacking Telephone Service

A telephone must be in working order and service available in the house, apartment, or mobile home that allows the respondent to both make and receive calls. Households that have cell-phones (no land-line) are counted as having telephone service available. Households whose service has been discontinued for nonpayment or other reasons are not counted as having telephone service available.

Report Area	Total Housing Units Lacking Telephone Service	Total Housing Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service
Otero County, NM	602	2.57%	256	1.68%	346	4.27%
New Mexico	22,759	2.93%	12,471	2.38%	10,288	4.09%
United States	2,607,717	2.18%	1,108,891	1.45%	1,498,826	3.46%



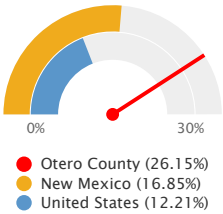
Housing - Vacancy Rate

This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as “vacant.”

Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Otero County, NM	31,673	8,282	26.15%
New Mexico	932,818	157,167	16.85%
United States	136,384,292	16,654,164	12.21%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract

Vacant Housing Units, Percent

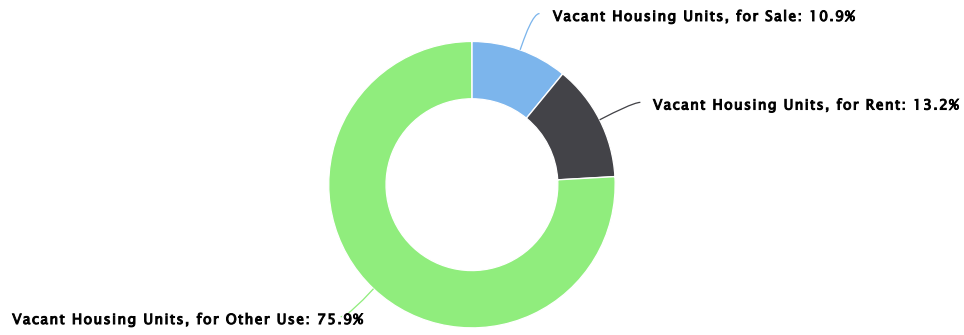


Vacant Housing Units by Housing Market Classification, Total

Report Area	Vacant Housing Units, for Sale	Vacant Housing Units, for Rent	Vacant Housing Units, for Other Use
Otero County, NM	905	1,092	6,285
New Mexico	16,531	29,033	111,603
United States	1,958,838	3,437,397	11,257,929

Vacant Housing Units by Housing Market Classification, Total

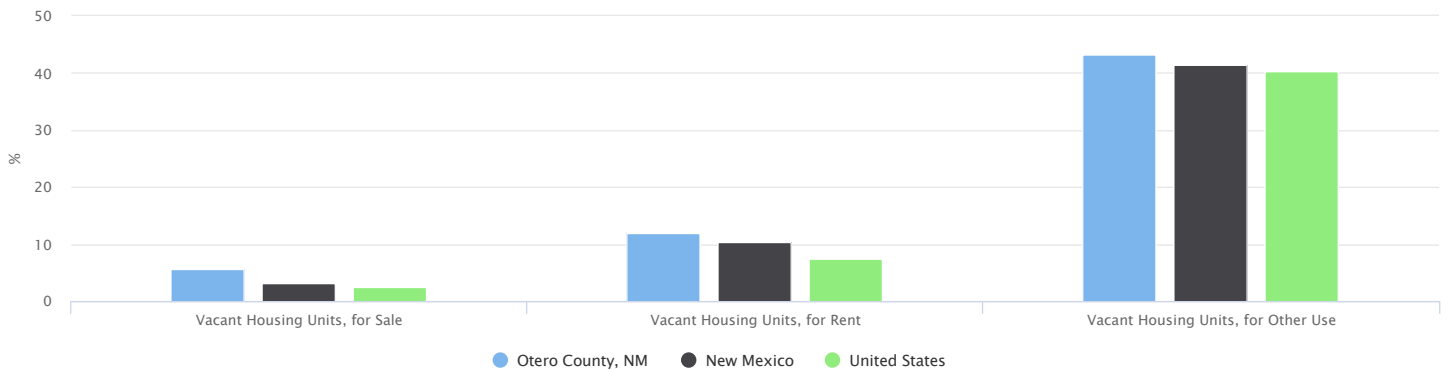
Otero County, NM



Vacant Housing Units by Housing Market Classification, Percent

Report Area	Vacant Housing Units, for Sale	Vacant Housing Units, for Rent	Vacant Housing Units, for Other Use
Otero County, NM	5.59%	11.87%	43.15%
New Mexico	3.06%	10.35%	41.52%
United States	2.50%	7.36%	40.33%

Vacant Housing Units by Housing Market Classification, Percent



<https://engagementnetwork.org, 2/18/2020>