



*Photo credit: Artesia Chamber of Commerce*



# 2016

## Artesia General Hospital

Community Health Needs  
Assessment

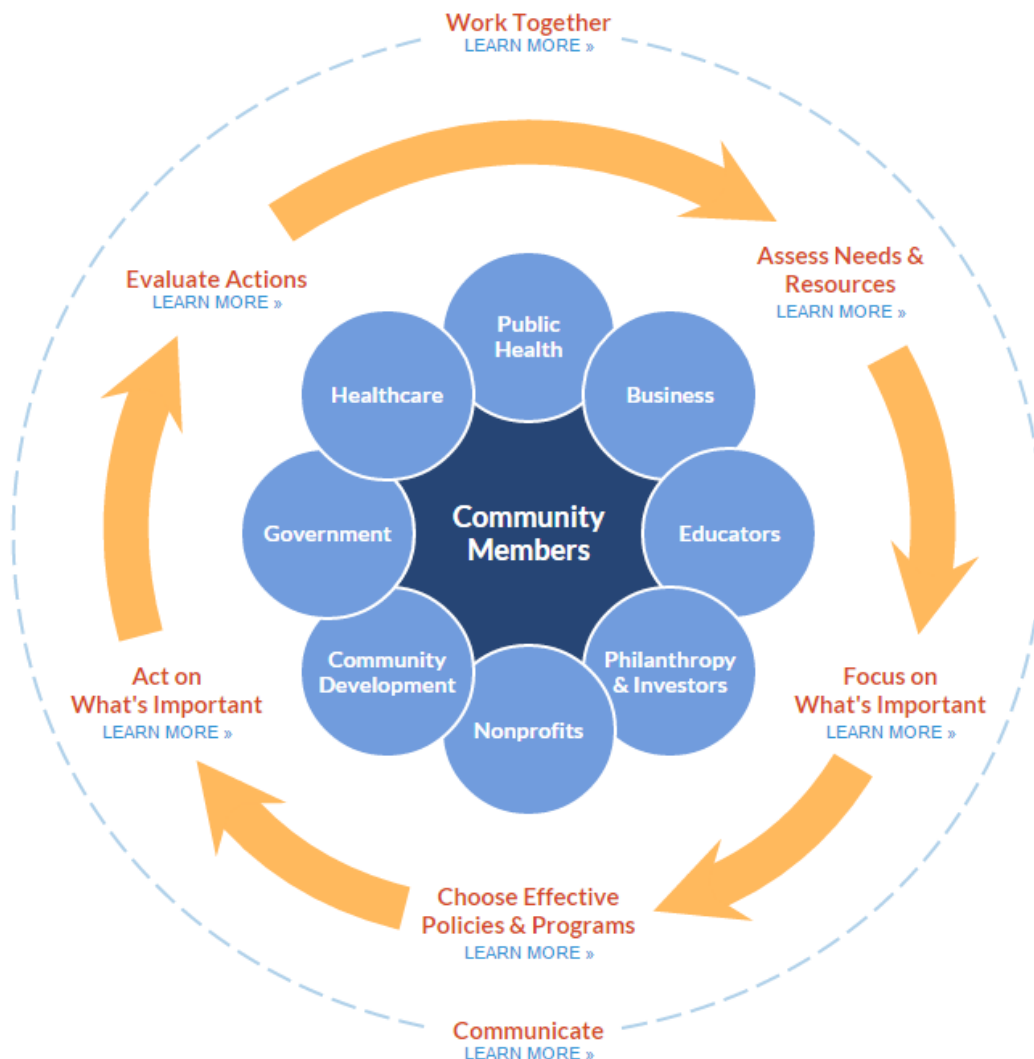
Eddy County , NM

# Table of Contents

<b>Perspective/Overview</b>	<b>03</b>
Participants	04
Project Goals	04
<b>Community Input and Collaboration</b>	<b>06</b>
Data Collection and Timeline	06
Input of Public Health Officials	07
Input of Medically Underserved, Low-Income, and Minority Populations	08
Community Engagement and Transparency	08
<b>Community Selected for Assessment</b>	<b>09</b>
Artesia General Hospital Patients - 2015	09
<b>Key Findings of the Community Health Assessment</b>	<b>10</b>
Information Gaps	10
Process and Methods	10
Demographics of the Community	11
Health Status Data	14
Interview Results, Health Status Rankings, Comparisons	15
Leading Causes of Death	32
Health Status Comparisons	32
<b>Prioritization of Health Needs</b>	<b>46</b>
Prioritization Criteria	46
<b>2013 Artesia General Hospital Implementation Plan &amp; Impact Evaluation</b>	<b>50</b>
<b>Community Assets and Resources</b>	<b>51</b>

# Perspective/Overview

Creating a culture of health in the community



Sourced from the Robert Wood Johnson Foundation's County Health Rankings website:  
<http://www.countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Eddy County, New Mexico. Artesia General Hospital (AGH) conducted a community health needs assessment in 2013.

This assessment analyzes progress since the last assessment as well as defines new priorities for the next three years.

Artesia General Hospital, as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data and conducted the interviews to assist the community with determining significant health needs and goals for improvement.

- ✓ AGH's board of directors approved and adopted this CHNA and the attached Implementation Strategy on May 25, 2016.
- ✓ Starting on July 30, 2016, this report is made widely available to the community via Artesia General Hospital's website, [www.ArtesiaGeneral.com](http://www.ArtesiaGeneral.com), and paper copies are available free of charge at Artesia General Hospital.

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## Participants

Individuals from over twenty community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of the Artesia General Hospital. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

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## Project Goals

1. To implement a formal and comprehensive community health assessment process which will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

“We initiated the Community Health Needs Assessment with the goals to analyze changes from 2013’s assessment in significant health needs and priorities and re-assess the health of Eddy County,” said Kenneth Randall, Chief Executive Officer, Artesia General Hospital. “It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by Artesia General Hospital to create an implementation plan. We hope other community organizations will join us.” added Julie Gibson, Director of Business Development, Artesia General Hospital. Now the real work begins with creating the community health improvement plan and improving the health of the community.”



Photo credit: Artesia Mainstreet



# Community

## Input and Collaboration



*Photo credit: Artesia Mainstreet*

## Data Collection and Timeline

In March 2016, AGH contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Eddy County. AGH sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in March through April of 2016.
  - 22 community members, employers, not-for-profit organizations (representing low-income, minority, and children), schools, health providers, elderly, and government representatives participated in one-on-one interviews and an on-line survey during March and April of 2016 to share their perspectives on community health needs and issues.
  - Using the secondary information and the community input through the interviews, AGH's leadership team prioritized the significant health needs on May 4, 2016.
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Participation in the Interviews creating the Eddy County Community Health Needs Assessment and Improvement Plan:

Interviewees
Homeowner, business owner, lifetime community member, Patient Advocate
School District Nurse
President of School Board
Mayor of Artesia
Governing Board Member
Director Senior Center, Commission on Aging
Eddy County Commissioner
Attorney and Trust Officer, First American Bank
Coordinator – New Mexico Aging & Long Term Services
Grammy's House – Domestic Violence and Abuse Center Exec. Director
Big Brothers & Big Sisters - Placement Director
Director Artesia Drug and Crime Coalition
Eddy County School District Counselor/Social Worker
State Representative
Community Advocate/Retired Teachers President
Meals on Wheels Coordinator
President Western Bank
Lakeview Christian Hospice Eddy County
Pastor, Hermosa Drive Baptist Church, Artesia
Yates Foundation/Santo Petroleum
Two unknown – on-line survey respondents

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## Interview Themes

Four broad themes emerged from the 2016 Community Health Assessment Interviews:

1. The need for more access to physicians and specialists
2. The importance of prevention to curb the growth of chronic disease
3. The issue of substance abuse and the need for more mental health resources
4. The need for health education involving diet along with healthier food options.

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

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## Input of Medically Underserved, Low-Income, and Minority Populations

Input was received during the interviews. People representing these population groups were intentionally invited to be interviewed.

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## Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Artesia General Hospital.

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Photo Credit: Artesia Mainstreet



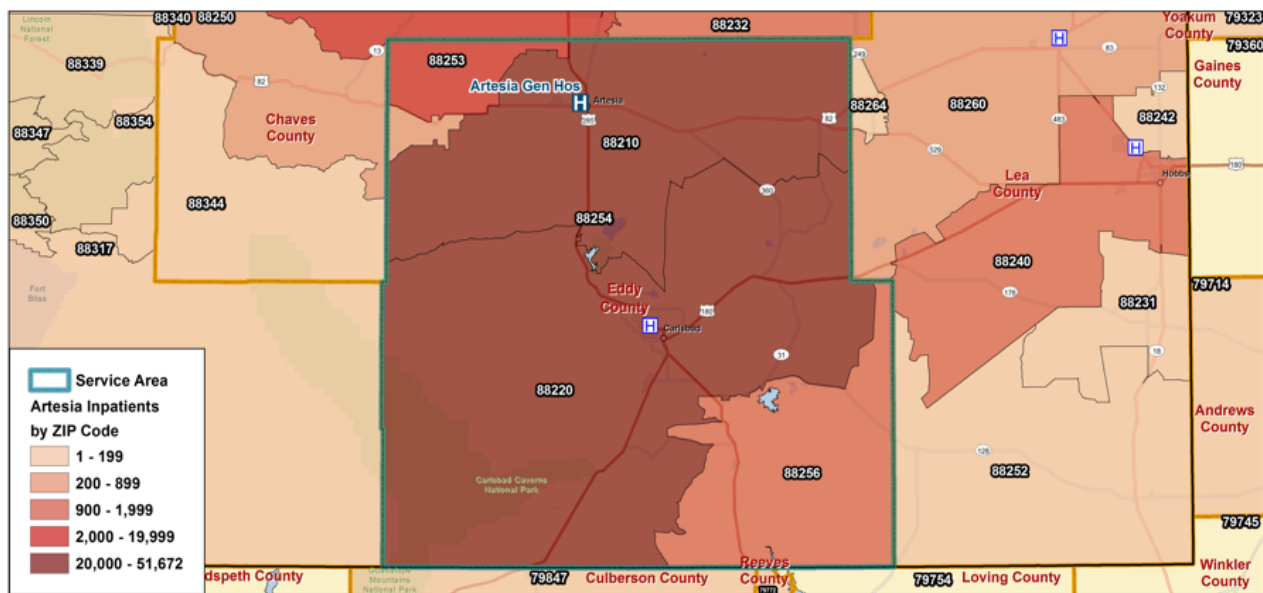
# Community

## Selected for Assessment

Artesia General Hospital's health information provided the basis for the geographic focus of the CHNA. The map below shows where Artesia General Hospital received its patients; most of Artesia General Hospital's inpatients came from Eddy County (85%). Therefore, it was reasonable to select Eddy County as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in Eddy County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Artesia General Hospital draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Artesia General Hospital's Financial Assistance Policy.

## Artesia General Hospital Patients - 2015



Source: Artesia General Hospital, 2015

# Key Findings

## Community Health Assessment

### Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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### Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary method included:

- Community Interviews

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics



*Photo credit: Artesia Mainstreet*



Photo credit Artesia Mainstreet

## Demographics of the Community

The table below shows the demographic summary of Eddy County compared to New Mexico and the U.S.

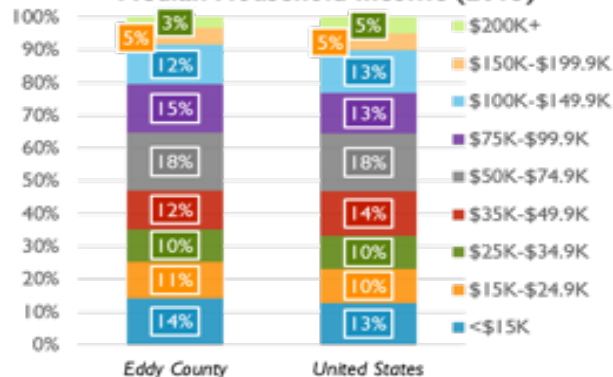
- Source: ESRI

	Eddy County	New Mexico	USA
Population (2015)	57,170	2,105,290	318,536,439
Median Age (2015)	38.0	37.3	37.9
Median Household Income (2015)	\$52,945	\$43,760	\$53,217
Annual Pop. Growth (2015-20)	1.37%	0.46%	0.75%
Household Population (2015)	21,860	815,278	120,746,349
Dominant Tapestry (2015)	Diners & Miners (10C)	Down the Road (10D)	Green Acres (6A)
Businesses (2015)	2,419	92,291	13,340,415
Employees (2015)	27,969	995,529	158,567,719
Medical Care Index* (2015)	100	85	100
Average Health Expenditures (2015)	\$2,107	\$1,776	\$2,098
Total Health Expenditures (2015)	\$46.1 M	\$1.4 B	\$253.3 B

### Racial and Ethnic Make-up

White	75%
Black	2%
American Indian	2%
Asian/Pacific Islander	1%
Mixed Race	17%
Other	3%
Hispanic Origin	47%

### Median Household Income (2015)

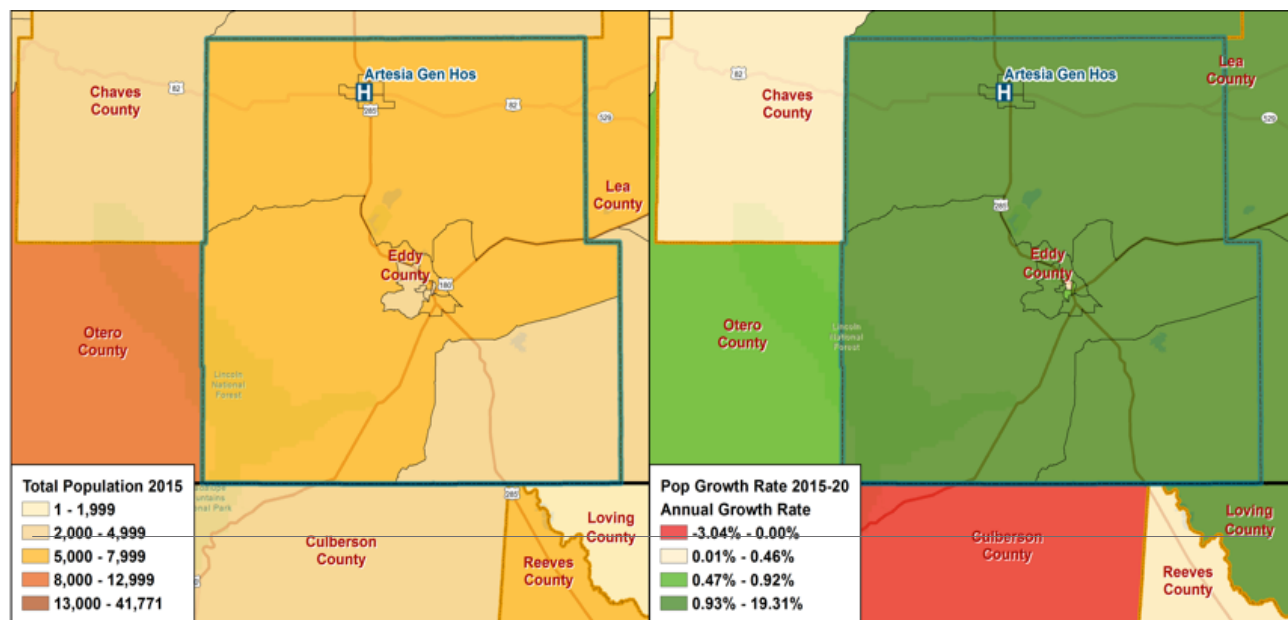


- Source: ESRI

## Eddy County, New Mexico

- The population of Eddy County is projected to increase from 2015 to 2020 (1.37% per year), over twice the rate of New Mexico (0.46%) and the U.S. (0.75%)
- Eddy County is older (38.0 median age) than New Mexico and the U.S. and has higher median household income (\$52,945) than New Mexico but less than the U.S.
- The medical care index measures how much the county spends out of pocket on medical care services. Both Eddy County and the U.S. have an index of 100. Eddy County spends the same as the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital). New Mexico spends 15% less than Eddy County and the U.S. on medical care.
- The racial make-up of Eddy County is 75% white, 2% black, 2% American Indian, 1% Asian/Pacific Islander, 17% mixed race, 3% listed two or more races, and 47% Hispanic Origin. (The numbers will total to over 100% due to Hispanic being an ethnic group, not a race)
- The income distribution of Eddy County is 20% higher income, 55% middle income, and 25% lower income. This distribution is similar to the U.S. at 23% higher income, 54% middle income and 23% lower income.

## 2015 Population by Census Tract and Change (2015-2020)

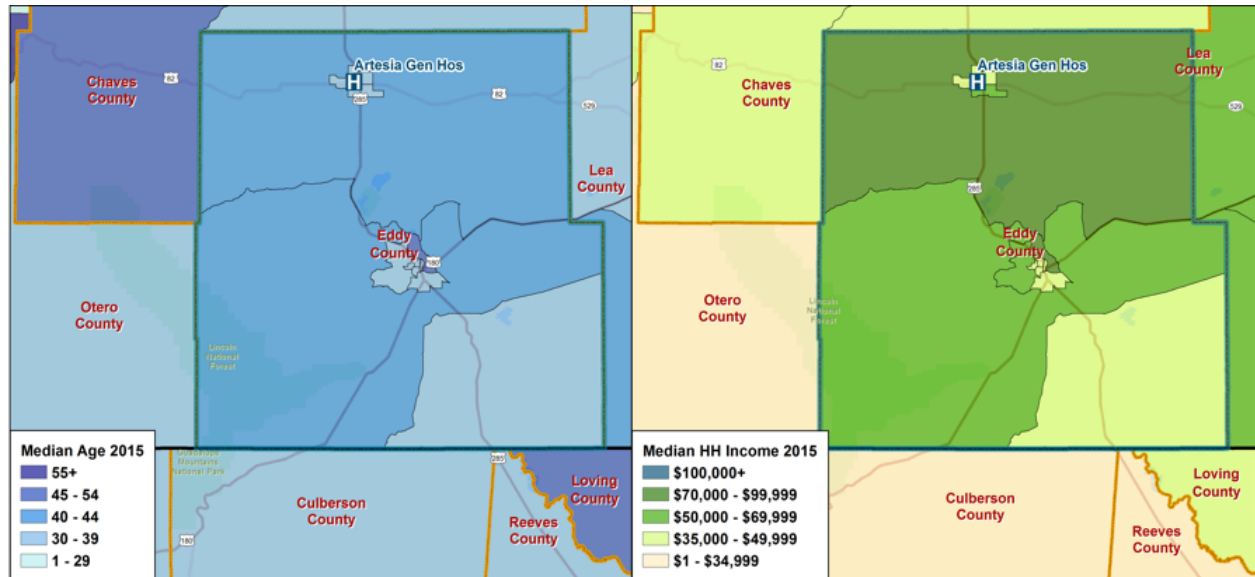


- Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. Most of the census tracts in the county have 5,000 – 7,999 people in them with two tracts having fewer people, one in Carlsbad and one in the southeast corner of the county.

The population was projected to grow in all census tracts in the county. All but two census tracts are growing at more than twice the rate of New Mexico. Two small tracts in Carlsbad are different. One is growing 0.01% to the growth of New Mexico (0.46%), and the other small tract is growing at up to double the rate of New Mexico.

## 2015 Median Age & Income



- Source: ESRI

These maps depict median age and median income by census tract. There is an older population in northeast Carlsbad with median age 45-54. The three areas of younger population are in the southeast corner of the county, south of Carlsbad, and around Artesia General Hospital with median ages of 30-39. The remainder of the county had median age range of 40-44.

The lower median household income is around these areas of younger population. [1] The southeast corner has household income ranging from, \$35,000 to 49,999, along with the tract in southeast Carlsbad and north of AGH in Artesia. Not all households are at the median in a census tract, but these are indicators of segments of the population that may need focused attention. The upper half of the county outside of Artesia has higher income, \$70,000 - \$99,999. The lower half has median income of \$50,000 to 69,999, except for the southeast corner and southeast Carlsbad. There are four census tracts that have 300 to 499 households with less than \$15,000 median household income, two in Artesia and two in southeast Carlsbad. Although the median income was higher than NM and the poverty percentage was lower, there are still pockets of low income in Eddy County.

The rate of poverty in Eddy County was 12.5% (2009-2013 data), which is below New Mexico (20.4%) and the US (15.4%). It is also lower than the contiguous counties to Eddy County. Eddy County's unemployment was 4.8% compared to 6.5% for New Mexico and 5.0% for the U.S. Unemployment decreased significantly in the last few years.

-Source: Bureau of Labor Statistics (2016); United States Health Department (2016); Census (2013)

<sup>1</sup> The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

<sup>2</sup> The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.



## Health Status Data

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [ ], Eddy County ranked 9th healthiest county in New Mexico out of the 32 counties ranked (1= the healthiest; 32= unhealthiest). County Health Rankings suggested the areas to explore for improvement in Eddy County were: adult smoking, adult obesity, excessive drinking, teen births, population per primary care physician, preventable hospital stays, diabetic mentoring, mammography screening, percentage of the adult population with some college, violent crime and injury deaths. County Health Rankings suggested the areas of strength for Eddy County were lower physical inactivity, percent uninsured, unemployment percentage and lower percentage of children in poverty.

When analyzing the health status data, local results were compared to New Mexico, the US (where available) and the top 10% of counties in the U.S. Where Eddy County's results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There were several lifestyle gaps that need to be closed to move Eddy County up the ranking to be the healthiest community in New Mexico and eventually the Nation. For additional perspective, New Mexico was ranked the 37th healthiest state out of the 50 states.

*Source: County Health Rankings (2016); Stratason (2016)*

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*Photo Credit: Artesia Mainstreet*

# Interview Results, Health Status Rankings, and Comparisons

## Interview Results

Twenty-two community stakeholders participated in interviews for their input into the community's health. There was broad community participation in the interviews representing a range of interests and backgrounds. Below is a summary of the responses.

- The interviewees described the health of the community with differing opinions. The range included everything from good to poor. The community has preventable lifestyle diseases.

### What are the most significant health needs/issues for Eddy County residents today?

#### Access to healthcare/physicians

- Primary care practitioners – shortage, see them, refer to specialists when needed
- Access to primary care, specialists, couple of clinics that have D.O.s but aren't full-fledged doctors. Many people don't have primary care physicians. Lost one in Artesia and people are scrambling. Creates a scare when you don't have many physicians.
- More primary care doctors.
- Nurse Practitioners fill the gap.
- Artesia doesn't have gynecologist, better than we used to be. People get nervous, preconceived notion that specialists in a small town must not be a good. There is more confidence going out of town for a doctor. Confidence issue maybe more than type of specialist.
- Typically, over time, it's been a need for doctors. Less now, because the hospital has been able to make real gains in recruitment and retention. But like many rural communities it's difficult to get them here and to stay. Doctors and includes Nurses and qualified hospital staff.
- More ready access to healthcare
- There are more specialists available in the community.
- Better emergency room – long waits
- Emergency care
- More surgery care
- Accessibility and affordability
- Pediatrician care, specialty care, such as diabetes and other diseases.
- More pregnancy services
- Access specialists in different fields requires a trip to 200 miles to get to larger hospitals to specialists. Lubbock 3 hrs. to specialists. Albuquerque 4 hours.
- Preventative and end of life care – doctors in the area, very behind in thinking about end of life care
- Prevention, we don't do enough. Diabetes is huge here. We don't do enough on healthy eating and exercise. Live in an uneducated part of New Mexico and haven't made prevention a big issue.

#### Chronic Diseases – diabetes, cancer, allergies/asthma

- Diabetes
- Diabetes is big in Eddy Co
- Heart disease
- Lung issues
- Respiratory issues – pulmonologist would be good.

- Cancer issues
- Most population obese
- Obesity number one
- Diabetes would be close I suspect
- Obesity is a far larger problem than just the community – US issue. Artesia may be at or above the norm for people getting exercise and trying to maintain healthy lifestyle.
- Refinery – people always talk about the cancer issues and per capita cancer cases.
- In the Mexican community there is a propensity for diabetes.
- Assistance with diabetes
- Hispanic culture has more diabetes
- Asthma – lots of kids in schools have asthma
- Education on how to care for asthma
- Oil fields, alfalfa fields – causes for allergies
- Allergies
- Lots of oil and gas in the community, think it has affected the breathing to some degree, asthma
- Gall bladder problems – could be the water
- Diabetes, cancer, heart disease (neck and neck now)

#### **Substance Abuse and Mental Health**

- Mental health – taboo around it, but Eddy County needs more treatment
- Increase of mental illness, ADHD in schools
- Drug use
- Mental health is an issue, and diabetes is a big issue too.
- Substance abuse counseling rehabilitation
- Mental healthcare
- Mental health
- Substance abuse
- We need more mental health and addiction treatment –family counseling – people often have to get treatment from other communities

#### **Dental and vision care**

- Assistance with vision, dental
- Dental is an issue too, bridge work, crowns, etc.
- Medicare only covers glaucoma vision services; doesn't cover anything else.

#### **Prevention/Education/Diet**

- More education on preventative measures
- General health information
- Education about health. People need to know what's available for them.
- Diets with a lack of nutrition that lead to childhood obesity. There is a lack of dietary knowledge. Poverty leads to not having enough food.
- Health educational programs for the Hispanic market

### Others

- Tobacco use
- People who get referred out of town, they don't have transportation to doctors. Have to have Medicaid to get a free ride and the charges are very high for rides to Roswell for Senior.
- Taking care of homeless population
- Oil is low and the economy is hurting because of it. People have lost jobs and the lack of money hurts them.
- Cancer – group in Roswell that has offices in Carlsbad too. Lubbock has treatment.

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## **What has the community changed the most related to health status in the last 3 years? Priorities from 2013 CHNA.**

- 1. Access to additional primary and specialty care providers and services**
- 2. Need for education, prevention and services to address high mortality rates and unhealthy lifestyles in the community**
- 3. Access to care for specific populations**
- 4. Access to mental health services**

### General Comments

- Those are issues that are going to take a while to improve. Sometimes people don't want to hear about lifestyle changes and services and know what resources are available.
- Basically the same issues today. There will be a group of people who don't take care of themselves.
- Any community in NM could write down those three and be accurate. Access is better, but still in the top 3. Mental health is a difficult issue to take care of in rural areas. Impacts the hospital, law enforcement and all other areas. Always going to be an issue.

### Improvements

- More people are exercising.
- People are starting to eat healthier. I joined the Bountiful Baskets program, for example, and they are helping people introduce fruits into their diets which help people lose weight.
- Childhood hunger has been reduced
- Hospital has geriatric psych unit (don't know what they do), Refer to Hobbs for other psych.
- Hospital has done a really good job of bringing in specialists and always working on new specialties.
- Hospital has done an excellent job of meeting these priorities – added physicians, added orthopedic center, added services to high schools, extending all services to the community. Prevention education. Director of internal nutrition
- Have a lot more access to primary care and specialists – lots of new doctors. Right now appointments available in 2-3 days previously 3 weeks.
- Things have improved from more availability, Old saying, you can lead a horse to water, but you can't make them drink. That's the case in Artesia.
- Development of Artesia General Hospital has been great. There care capacity has expanded for the community as the go-to place. Several people travel to AGH for great treatment at the ER and the follow up visits.

- Robotic orthopedic surgery has improved with a lower chance of complications. The hospital has made an effort to help.
- A new health specialist was added.
- The services provided by Artesia General Hospital.
- More options closer. For example, the new bone and joint center
- Orthopedics
- Feel like Artesia is always doing education. They have improved so much in the last few years. Skyrocketed in the last few years. Artesia is working toward changing the health of the community.

### **Opportunities Remaining**

#### **Access to Physicians, particularly specialists**

- Hard for rural doctors
- Older doctors – grow some new ones
- Access is about the same – changes in healthcare system has forced the rural doctors either out of business due to age and not wanting to continue practice.
- General medical accessibility; There are some new Specialists – gastrologist; but we still need more specialists
- A lot boils down to our system that creates problem – Medicaid issues, poor reimbursement and doctors don't make any money

### **Mental Health**

- Mental health still a problem
- Don't have a lot of mental health resources or access.

### **Obesity and Diabetes**

- Increase in type 2 diabetes, even type 1. Preventive services – hospital used to do may still do screenings, cholesterol, blood pressure, diabetes, etc. very important, and still a lot to do.
- Increased obesity is a problem with students in the community – there are a lot of parks, but people need to know about it.

### **Senior Issues**

- Dementia in the senior population
- We need more for the elderly and their needs

### **Other**

- More communication needed on what is available in the community.
- Health insurance has become such a nightmare; makes you want to not go to the doctor.
- The State has tried to move to organize more of the county health departments where they do health planning councils to meet those goals not just with state agencies and hospitals but looking at the social, churches, where seniors like to hang out to get the word out and see health holistically. Culture affects the whole person.

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## What behaviors have the most negative impact on health?

### Substance abuse – Drugs, alcohol and mental health

- Substance abuse
- Drug use high – all connected, oil field, blue collar community, high stress, long shiftwork positions, unhealthy lifestyle, pace fast – eat fast food, high cost of produce. Hamburgers cheap, vegetables expensive.
- Drugs
- Drug abuse
- Drug abuse, alcohol
- Drug use – DUIs high in the area; another person said low DUIs in the area
- Alcohol and drug abuse – have become bad in New Mexico
- Drugs in the community see it in the paper
- Addictive behaviors – which lead to secondary problems.
- Addiction is big problem – no resources to get sober
- Drinking isn't more of an issue than in the past or any place else.
- Live hard and work hard.
- Other thing the oil field has done – when the oil field does well, lots of cash and more drugs.
- There is a drug problem in Artesia. A lot of people aren't proactive about their healthcare
- Mental health care – Not giving help to the people who need it.
- Lack of mental health resources
- Domestic violence, and drinking which contributes to other problems.
- Drugs – drug culture in Artesia and Carlsbad lesser so. \_

### Obesity/Nutrition/Eating Habits/Exercise

- Eating habits
  - Obesity – nutrition and exercise
  - Eating issues as well as exercise are the two lifestyle that jump out and are a problem.
  - Have access to fruits and vegetables, but not eating right, prices are high. Parents not feeding children appropriately due not only to money, but time. Parents need to be informed about the importance of nutrition and breakfast.
  - Obesity – unhealthy eating
  - Overeating
  - Overeating, not managing diet
  - Obese children
  - Poor eating habits
  - Lack of exercise
  - Poor diet and lifestyle
  - No access to activities for children. No community swimming pool.
  - Eating fast food/not enough time to cook healthy meals
  - Eating is horrible here. We don't have any restaurants that serve healthy foods. If you eat out, there's no option for healthy foods.
- .....

### **Smoking**

- Smoking
- Smoking – getting better, but still an issue
- Smoking is less of an issue than it has been. Lots used to smoke and don't now.
- Smoking

### **Education**

- Some kids not pursuing higher education – haven't seen any other way, cultural issues get passed down
- Lack of educational structure – kids growing up are not taught good study habits, parenting not focused on education, or attendance. Leads to kids struggling. When they become adults, goal to work in the oil field, so education not as important as it should be.

### **Poverty**

- Poverty
- Poverty

### **Social and Cultural Issues**

- Social life
- Cultural issues
- Lack of meaningful relationships and especially a relationship with God.
- Ethnic groups that aren't compliant with prevention and health education, exercise and diet

## **What environmental factors have the biggest impact on community health?**

### **Air Quality**

- Refinery – air quality, allergies, cancer
- Refineries in Artesia
- Refineries, oil fields affecting air quality
- The Navajo Refinery contributes to air pollution. The pecan orchard and alfalfa grown in some areas create a lot of dust in the air.
- The oil field causes the air to smell bad and reduces the general air quality
- The refinery causes issues.
- Farming insecticides affecting air quality
- Dairies nearby causes air pollution
- Dust in New Mexico
- Daily basis people needing allergy help, so much wild growth of plants and lots of pollen
- Surrounded by pecan orchards and stir up dust, dust cloud
- Gas and oil industry has polluted the town, but the town won't do anything about it because of the money.

### **Dissenting Opinions**

- There are people who are sensitive to the air quality impacted by the refineries, but most aren't. It does have an odor you have to get accustomed to. EPA hasn't indicated that the population is in danger. Also the largest employer, the upsides far outweigh downside.
- Refinery has done a lot to clean up the air, but is the major pollutant. Don't know if it's an issue. See more allergic reactions to pollen than oil.

- 
- Don't see a lot of people with asthmas and health issues related to air quality...maybe in the Spring. Will have a dozen days in the summer over 100 degrees.
  - There are no environmental issues that are detrimental to people's health

### **Water Quality**

- Water quality – lots of gall bladder issues
- I believe the hard water is a poor health factor.
- Majority of people derive water from a well system
- Water is brown in Artesia.

### **Lack of exercise and healthy food**

- Resources, funds qualify for food stamps, but the healthy foods are more expensive or time of year, fruits and vegetables not available.
- Lack of nutritional choices in the community – very few restaurants, most are fast food
- No access to activities for children
- Not enough outdoor activities, we need a public swimming pool
- Access to safe and affordable foods

### **Other**

- Nuclear waste disposal plant in Carlsbad
- The negative social circles that people are involved with
- safe and affordable housing
- Transportation
- Nuclear plant could, but don't know



*Photo Credit: Artesia Mainstreet*

## What are the barriers to improving health in the community?

### Access to care and insurance, affordability

- Affordable healthcare is an issue, and Obamacare needs to be changed
- Lack of doctors
- Lack of insurance and the cost of insurance. The lower income households being given most of the benefits of healthcare as the middle class gets less.
- Need more primary care physicians
- Access to practitioners they can see; shortage of PCPs; people aren't going into healthcare like they used to.
- Lack of mobile health clinics
- Need more physicians primary care

### Personal responsibility and motivation

- There are dental services, counseling services available, but people don't use them.
- Society is drowning in immediate gratification that if you can't get treated on a cell phone, then they're not going to go.
- Each person has to decide they want to be healthier – eat right and exercise
- Personal responsibility barrier – I don't want to exercise.
- Lack of adult education and interest in improvement. The hospital provides screenings but people don't take advantage of it. They wait until there is a problem and go to the doctors.
- People aren't too worried about their health/Don't have enough time to exercise- busy lives/ lack of health education

### Location and Rural-ness

- Location – access, rural, hard to recruit doctors. Not the most glamorous town to live in. Highly motivated to start a practice there. 3.5 hours from a large, nice hospital. Fly people out if something major happens. Could be an issue.
- Distance people have to travel in the community
- Size of community. Some health areas cannot be made better because the community cannot sustain the medical needs.
- Location, small town, travel is limited
- Distance in the county – great deal of problem

### **Lack of Cooperation/territorial**

- Part of the problem in Artesia, SE New Mexico struggles to think regionally. Very territorial, instead of having a great healthcare provider in the area, Roswell, Carlsbad or Artesia, seem to be territorial, due to a lack of education.
- People and business territorialism – if they can't get a cut of the deal, they don't help. Goes back to SE NM away from a bigger city; there's not a lot of opportunity to do well. Shunning if don't cooperate. Try to explain the decisions, but people's can't understand.

### **Culture and Language**

- High Hispanic population – language. Working the agriculture jobs on a visa. They might not feel comfortable going to a doctor and put off care.
- Language and culture – Have a lot of Hispanic speaking people in Carlsbad in particular, understanding the culture and being able to relate. They don't' want to change eating habits based on culture.
- People from certain cultures tend eat the same foods and don't change, even if they are very unhealthy.
- Ethnic groups are a barrier – how to motivate people to want to change. No desire to change

### **Others**

- Must separate mental health and substance abuse and guide them – Alcoholics are drying out, but don't' have mental health issues. Substance abuse getting more every month.
- Granny's House – superb care, but drowned in domestic violence. The community is extending solutions, people have to take advantage of the services.
- City and County work well on mental health issues to try to impact mental health and cooperate very well.
- Lack of resources- lack of access to improving mental processes.
- Lack of parental engagement
- Water
- Health education
- Indigent Fund – taken away by the State, puts the hospital in bad place; ruffles their feathers when the state takes their money



*Photo Credit: Artesia Mainstreet*



## What community assets support health and wellbeing in the community? (such as organizations, churches, groups)

### Foundations

- Never seen a community that is more propped up by founders of the city by Artesia – more capital and access to capital than any community been involved in. Oil money. And those families give back. The problem is that Artesia would cease to exist or struggle without those oil families keeping it afloat.
- Foundations - Mack Chase Foundation give scholarships to kids to go to college. 3.0 or higher in high school. The high school give 4 points on the grade if perfect attendance. Kids still struggle to get a 3.0.

### Not-for-Profit and Government Organizations

- Lots of not-for-profits
- There are a lot of good non-profits. Domestic Violence & Abuse, and the Lion's Club has done many good things.
- Pregnancy Help Center
- The senior community center has been good. 702 For You – supported by judges for youth who end up in court
- 702 for you – grants for afterschool community services
- Public Health Department
- Meals on Wheels program
- Veterans Clinic – Mr. Gates supported and has a Comfort Inn arrangement for patients and families
- Senior Center-exercise room and classes, help fill out forms for Medicaid or medication, transportation, recreation (crafts, games, bridge, pool, coffee, dances, trips) help low income with state tax rebates, flu shots,
- On the Move- homeless programs
- The Library - Fantastic library
- Artesia Public Library
- Artesia Chamber of Commerce

### Hospital and physicians

- Artesia has become the hospital to go to on the 285 corridor, coming from Roswell and Carlsbad.
- Artesia General – really good
- Artesia General Hospital – classes
- Artesia General Hospital for healthcare needs, and Lubbock for eye specialist. There are few family practice physicians in Lubbock.
- The Memorial family practice. And walk-in clinics
- Artesia General facilities
- Local clinics and hospitals
- Bone and joint center, the general health clinic, and the VA
- The local clinic
- The hospital
- local doctors, Artesia General Hospital
- The hospital, and a couple of health centers

### **Churches**

- Churches
- Many Churches
- Churches providing sense of community.
- Churches
- Churches
- Faith Baptist Church

### **Recreation and outdoor activities**

- Very active recreation department that encourages community involvement
- Wonderful golf course, shooting range with active membership
- Skiing in the mountains nearby 1.5 hours away
- Lake and a river for fishing
- Lots of outdoor activities
- There are many places to exercise that are safe. Senior center has exercise equipment; have to take advantage of it
- Walk next month
- Two very large parks with walking tracks and exercise equipment along the way. Those are available and encouraged. Summer softball leagues, basketball leagues for children and adults.
- Parks, health and fitness centers, public swimming pool
- Skate park- but drugs tend to show up there
- The recreation center provides lots of exercise opportunities.
- The hospital has spent money on workout stations for the city.
- Educating and communicating with different agencies about how to educate people on healthy eating and exercise making it multicultural, Zumba, making different options available. The older population is scared to try new things. Be able to advertise more and know what's available.
- Hospital and the city and a large employer (refinery) built an Eagle Draw greenway, nice pathway, twists through the park. Hospital donated money for equipment in the park. Lots of people use it, kids use it
- JC Park ¾ mile track
- Redline Fitness
- Get Cut Gym
- Artesia Family Fitness
- Artesia Racquet and Health Club

### **Businesses and Industry**

- Vibrant community due to oil and gas – have some resources in the community
- Local pharmacy does free flu shots
- Local dentist does programs in the schools and show them how to brush and dental health
- Industries have done great things for the community. The Navajo Refining Co, Concho Oil & Gas, and Yates Petroleum have contributed a lot to the community and the people in it.
- Lots of work places have implemented health initiatives and incentives. Some have gyms in their workplace.
- Gas and oil help Artesia a lot

### Schools

- Schools – prevention in the schools. There is a nurse at every campus.
- Schools – Dr. Crighton and Phipps looking for ways to get students healthy
- The schools do a good job of teaching the students better health habits.
- School counselors helping children with mental health
- Artesia Public Schools

### Others

- Healthcare for students that don't have insurance – Medicaid or CHIPs programs
- Artesia Health Office very accessible and cooperative for schools
- Community atmosphere and attitude – want to help other people
- Loving community and understanding
- Good housing
- Artesia Mainstreet

## **Where do members of the community turn for basic healthcare needs?**

- Doctor here or Roswell or Carlsbad or Dentist locally, some here and some out of town.
  - There is a family clinic in town Memorial Family Practice huge initiative to grow this, but hard to find providers.
  - Go out of town
  - 45% of NM is Medicaid – go to Medicaid providers; know who the providers are who take Medicaid
  - There is a walk-in clinic
  - Couple of large employers have put in place a wellness program where they have a doctor - pay for a program \$5 per employee and provide a physician. Open to employee and dependents.
  - Artesia General Hospital – Julie Gibson epitome of caring for people; sends mailers, handles all manner of problems.
  - The face to face delivery of services comes from Julie Gibson. Ken Randle still does a good job as executive.
  - In 1975 became a special hospital district, all board members are elected officials to make it a governing, inter rational board for money. Passed a 2 Mill levy for property taxes and GRT and made sure there would always be money for the hospital. In return, staff have made sure the right medicine, people are addressing the needs of the community.
  - Many have PCPs, but younger population go to the ER. Depends on population
  - Number one is private doctors
- .....

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- A lot of the population works in oil fields and have insurance
  - Get in line or get in where you can get in
  - Emergency Room
  - More and more they're returning to the hospital. There was a period 10 or 15 years ago where the community was down to 12,000 people with 3 primary care doctors. Majority of the doctors are associated with the hospital now. More and more people have more access locally. People in surrounding communities are coming to Artesia to receive healthcare.
  - Wait for their primary care appointment, if it gets bad enough, go to emergency room. Can't get into the doctor.
  - Hospital or affiliated organizations – Memorial family practice
  - On the weekends, only have one place to go ER. Don't have physicians available on Saturday.
  - Local clinics and local hospitals
  - Artesia General Hospital
  - Artesia is a wonderful hospital and does a great job. Camaraderie and culture is wonderful.

## What does the community need in order to manage health conditions or stay healthy?

### More opportunities for exercise/recreation

- City Parks and Rec does an ok job of maintaining parks. It's difficult to keep parks in good shape.
- Been a big push for a city pool – school had a pool, but it leaked so filled it in. YMCA or Rec Center for the community would be good.
- More public recreation for kids
- See people by the pond downtown, in neighborhoods, health clubs in the area (but can't afford those) One on South 13th has been successful
- Public swimming pool

### Access to healthcare/insurance, decrease cost

- More doctors
  - Continued, robust hospital system
  - Access to care
  - Access to a larger variety of specialists
  - More specialists
  - More physicians – they are hard to come by. Better health education for people on what problems they have and who can help them. There are some specialists in Artesia that are overlooked because it's assumed Artesia doesn't have them.
  - Too many do not have insurance, and don't plan to get it. They intend to rely on emergency room care.
  - School-based health clinic
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- More providers – help with domestic violence and substance abuse. There need to be more specialists for mental health issues.
- More prophylactic treatment for health conditions
- A better awareness of health needs. Scattered out, trying to travel to get basic needs outside the community. Lack of specialty doctors such as doctors for cancer patients
- Lower cost for things such as blood work, x-rays etc.
- More affordable screening services
- We need better control over healthcare costs. Medicaid under Obamacare isn't helping the people it needs to.
- Accessibility

#### **Education and Information**

- Education on what is healthy living
- Need better health insurance education. They lack of insurance knowledge.
- Provide more information on how to live healthier lives
- Find out where populations are going – Where people go, educate them there.
- Educate businesses in the community
- Preventative medicine/ Health Education

#### **Nutrition/Healthy food**

- Restaurants with better food choices.
- Walmart, Kmart and grocery stores have fresh fruits and vegetables, but people have to buy and eat them. In the summer there is a Farmer's Market.

### **If you had the power you so richly deserve, what priority health improvement initiatives should Eddy County focus on?**

#### **Improve access to good care**

- Emergency room timeliness of treatment, need more nurses and doctors with more patience and take more time with patients.
- Primary care
- Healthcare system
- More doctors
- Clinic needs to be able to administer care and not send to the ER, better be life threatening. Be able to treat people. Must have a doctor available.
- Weekend clinics to reduce backlog and people going to the ER and education on when to use a clinic or the ER.
- The continued support and expansion of Artesia General Hospital so it can become larger and reach a larger number of people with different needs.
- Free clinics, improving school food.
- Obstetrics, and heart care
- Hospital continues the improvement they've seen in the last 8 to 10 years. Continue to grow in terms of facilities and attracting better medical staff, more complete. In the last year, doubled the

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size of the operating rooms. Doing hip and knee replacements, where before there was the 3 hour drive. Can now do here in Artesia. Continue to improve.

- More physiatrists- people have to travel outside of the community for treatment
- Artesia needs more internists and primary care.

#### **Lifestyle/ Healthy Eating/ Exercise projects**

- How to practice healthy substitutes for food
- YMCA, school pool – some type of community health facility would be helpful
- Some type of program that puts the need for exercise and healthy lifestyle eating out in front of the public; expect that support to come from hospital, but trying to develop some type of total community interest in improving lifestyle.
- Swimming pool to exercise
- More prevention – healthy eating

#### **Education, knowledge, prevention**

- Education, prevention, screening
- Knowledge of services available around town, community, state, federal, private programs
- Education – Educating the public about health.
- Preventative medicine/ Health Education

#### **Chronic Diseases**

- Cancer – exposed to the sun, oil and gas production, nuclear site, ranchers and farmers that don't take care of themselves.
- Diabetes
- Diabetes is hitting all age groups.

#### **Substance abuse and Mental Health services**

- Behavioral health
- More access to mental health service within the community
- Long term Drug Rehab centers
- Mental health issues – not because so many people suffer, but when they do it has a huge impact on the community, not only as a health issue but a crime issue. Law enforcement doesn't have a way to address this when a health issue exists. Don't have much help dealing with it. Need help, not a jail cell. Law enforcement needs help from the community

#### **Socioeconomics**

- Education – government generally funds lots of programs, Medicaid, Medicare, WIC, Food stamps, other services for the low income. Automatically get signed up for free lunch and lots of other programs. We're creating a culture of dependency. We need education on how people can get out of the dependent system. Need education on how to get yourself out of the cycle of poverty. Other people who could access the care doesn't know it's there.
- Education – get and no one can take away from you. Competent education system.
- Communities to provide services people need to have a normal lifestyle

### Others

- Sometimes people are sick and have no one to help them. Seniors with no children there. Friends and neighbors help out, but need more.
- Think regionally
- Improve customer service – number one thing the community needs is customer service. Terrible out here. Workforce not motivated, lazy. Just expect to show up and get paid, not seen as taking care of fellow man.
- Region is all about religion, but that stops when they walk out of church on Sunday. Take pride in the religious community. Don't live their faith. People don't recognize their faults and improve.
- More children services. And more family oriented programs.



*Photo credit Artesia Chamber of Commerce*

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## Other Comments

- Economic development is focused on attracting people to Artesia and on amenities. Housing, amenities, restaurants,
  - Hospital needs, as most rural hospitals need, an alternative to ObamaCare. While Obamacare is an anchor around the neck of all administrators, don't see how anyone can think you can be reimbursed at a rate that's less than the cost to provide it and expect hospitals to survive. Our federal government and lawmakers don't get the rural health problems. Government thinks it's more of a political thing, but hospitals don't.
  - Healthcare that is going to be provided in the future isn't in best interest of the patient.
  - Memorial Hospital regarding patient care and rudeness, Artesia has picked up many patients. Have 52% from Carlsbad. Certainly wanting to deliver care, but they're having to drive.
  - Helicopters – Artesia has a pad and is used very often. Artesia is providing the care within our capabilities. Send to Albuquerque
  - We have a very large county which includes Artesia, 42% of the county lives in rural areas. In Artesia we're a magnet for the other communities.
  - Are there disparities in the community? I hope not, could be based on funding. NM is one of the poorest states in the nation and receives 2nd greatest amount of federal funding of any state, consequently a huge percentage of the population is on Medicaid. There is probably a difference in health status in that part of the population.
  - The hospital has improved immensely. The community needs to recognize they're getting a hospital that they deserve, but needs to be recognized just how impressive the healthcare has changed in the last 3 years.
  - Carlsbad employers sending to Artesia.
  - Neighborhoods – gang problems
  - Different income levels
  - Narrow-minded
  - Encourage kids to stay in school
  - Education needs renewed focus, because kids think they can fall back on oil and gas business. 82% graduation rate
  - Location, small town, travel is limited
  - No Target, no mall, no shopping centers
  - No good restaurants because the employees don't care
  - The school system is good
  - Housing is good
  - FLETC military training increases local income
  - Struggling to run music program
  - Need more gardening afterschool
  - There are lots of community assets, just need more outreach
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## Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Eddy Co (1999-2014)	New Mexico (2014)	US (2013)
Heart Disease	223.8	151.7	169.8
Cancer	180.8	148.8	163.2
Chronic Lower Respiratory Disease	68.8	49.3	42.1
Accidents	70.1	71.3	39.4
Stroke	38.3	36.9	36.2
Alzheimer's Disease	17.3	20.5	23.5
Diabetes	23.5	28.7	21.2
Influenza and Pneumonia	18.1	17.1	15.9
Kidney Disease	16.9	6.9	13.2
Suicide	20.4	21.1	12.6
Liver Disease	18.4	22.2	10.2

Source(s): Stratasan (2016); New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health (2015); CDC Official Final Deaths 2014: Released: 1/6/2016; CDC: 1999-2014 Final Data

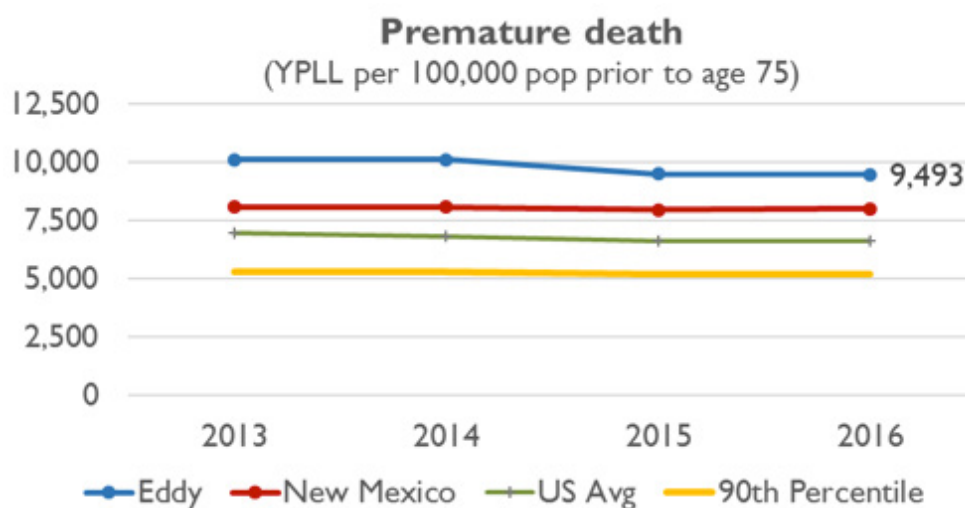
Red areas had death rates higher than the state. The major causes of death in Eddy County were heart disease, followed by cancer, accidents, chronic lower respiratory disease, stroke, diabetes, suicide, liver disease, influenza and pneumonia, Alzheimer's disease, and kidney disease.

### Health Status Analysis and Comparisons

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and interviews. When data was available for New Mexico, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it's important to continue focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the complete CHNA PowerPoint. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data was contained in the source notes below the graphs.

## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Eddy County ranked 9th in Health Outcomes out of 32 New Mexico counties. Eddy County ranked 20 out of 32 New Mexico counties in length of life. Length of life was measured by years of potential life lost per 100,000 population prior to age 75.



Source: County Health Rankings; National Center for Health Statistics – Mortality File, 2011-2013

In most of the following graphs, Eddy County will be blue, New Mexico red, U.S. green and the 90th percentile gold. Health Outcomes are a combination of length of life and quality of life measures. Eddy County has steadily improved its overall ranking since 2013 all the way to 9th out of 32.

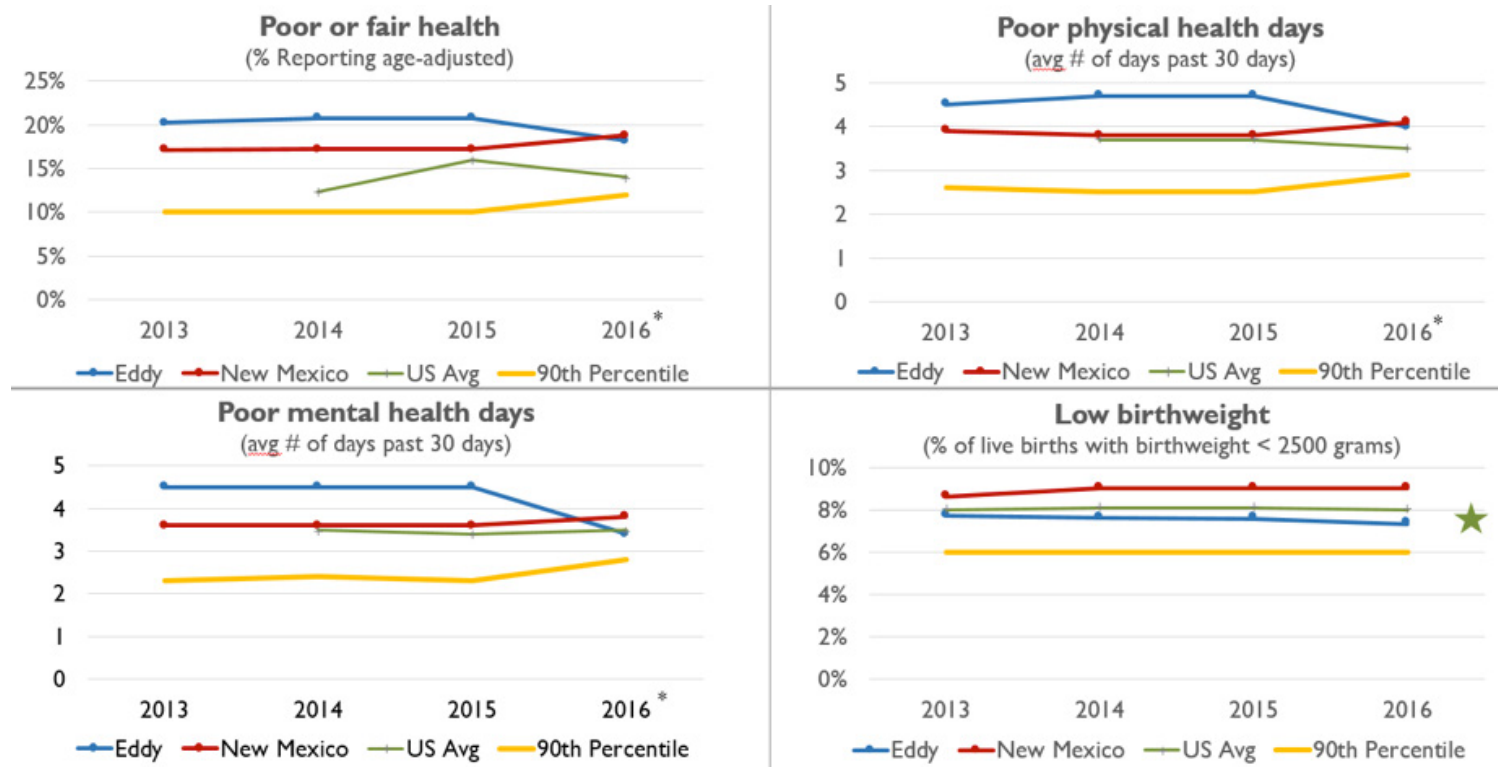
\*The asterisk on some of the graphs represents changes to the definition or methods of calculating the 2016 data for a few measures. The following discusses the difference in the data collected for these specific measures.

**Prior to the 2016** County Health Rankings, up to seven survey years of landline only BRFSS data were aggregated to produce county estimates. However, even with multiple years of data, these did not provide reliable estimates for all counties, particularly those with smaller respondent samples.

**For the 2016** County Health Rankings, the CDC produced 2014 county estimates using single-year 2014 BRFSS data and a multilevel modeling approach based on respondent answers and their age, sex and race/ethnicity, combined with county-level poverty and county and state level contextual effects. To produce estimates for those counties where there was no or limited data, the modeling approach borrowed information from the entire BRFSS sample as well as Census Vintage 2014 population estimates. CDC used a parametric bootstrapping method to produce standard errors and confidence intervals for those point estimates. This estimation methodology was validated for all U.S. counties, including those with no or small (<50 respondents) samples.

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams 5 pounds 8 ounces. White County ranked 43rd out of 95 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

\*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results or changes in survey methodologies. 2016 cannot be compared to prior year results.

## Quality of Life STRENGTHS

- Eddy County had a slightly lower average number of poor mental health days than New Mexico and the U.S. 2.8 poor mental health days out of the past 30 days.
- The percentage of low birth weight babies (7.3%) in Eddy County was lower than both New Mexico and the U.S.



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## Quality of Life OPPORTUNITES

- Eddy County was ranked 20th in New Mexico for Length of life overall (as measured in years of potential life lost (YPLL) per 100,000 populations prior to age 75). The premature death YPLL has improved slightly since 2013 but is still 16% above New Mexico and 30% above the US Average.
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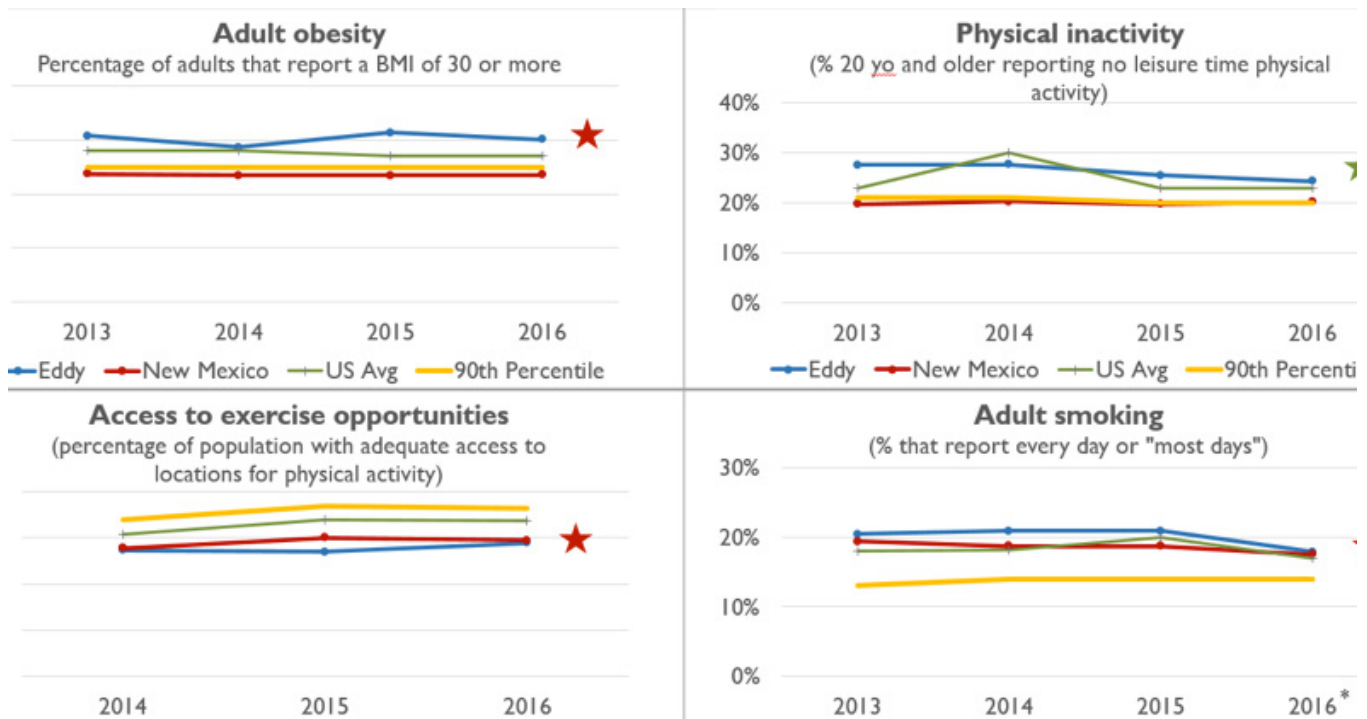


*Photo credit Artesia Mainstreet*

## Health Factors or Determinants

Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Health behaviors are made up of nine measures and account for 30% of the county rankings. Eddy County ranked 9th out of 32 counties in New Mexico.

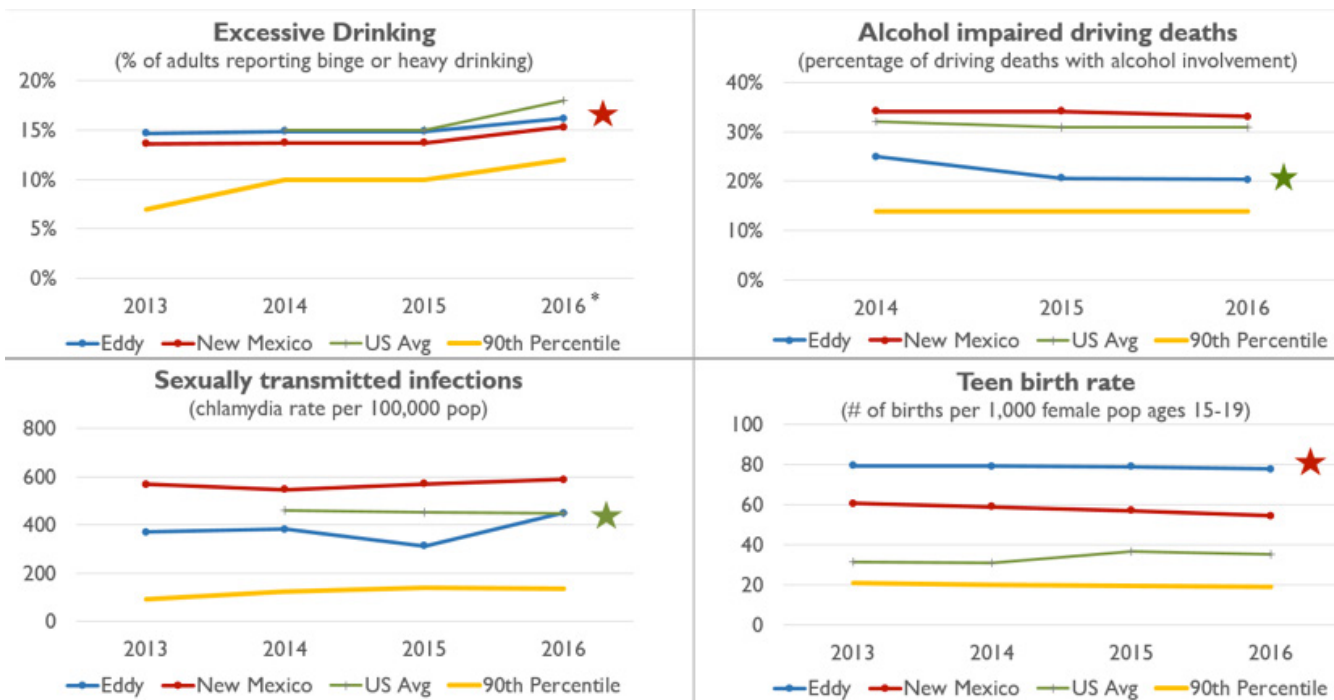
### Health Behaviors



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

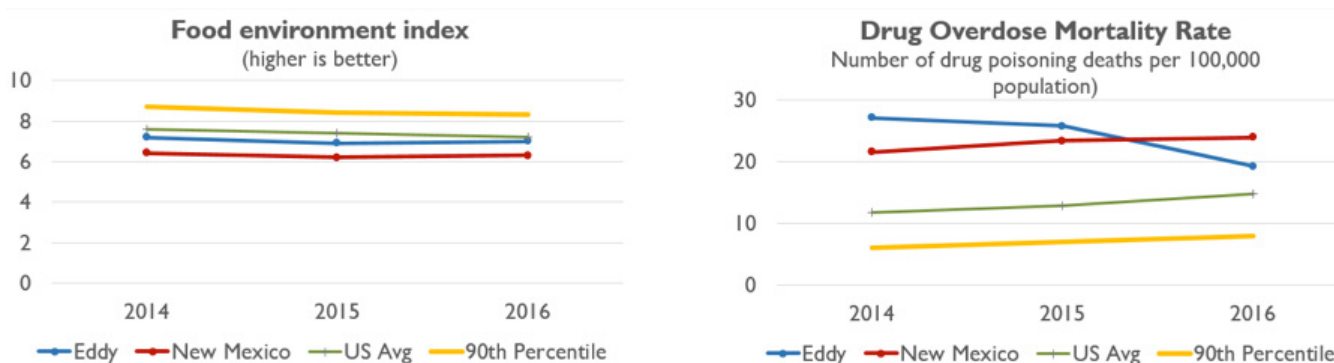


Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014

Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014

Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013

Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

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## Health Behaviors **STRENGTHS**

- Alcohol-impaired driving deaths in Eddy County were lower than both New Mexico and the US average. Since 2013, the percentage of alcohol-impaired driving deaths has improved 18.8% in 2016.
  - Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population Eddy County was lower than New Mexico, but higher than the US average.
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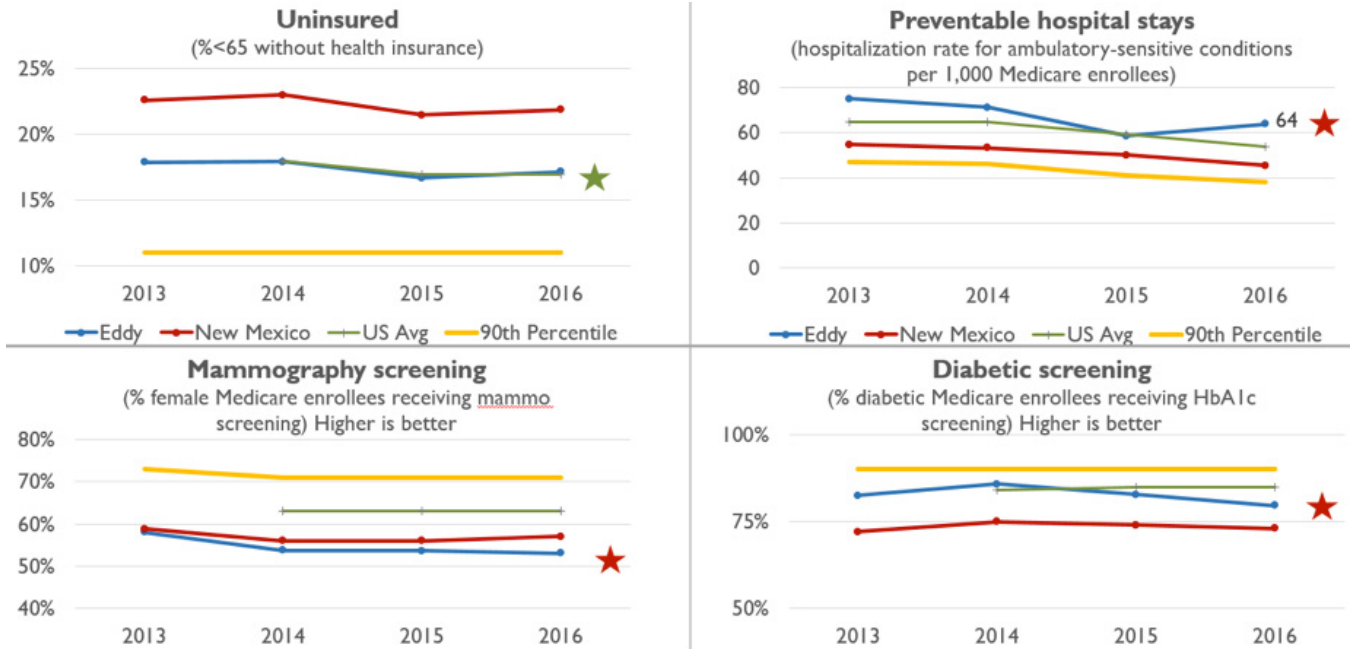
## Health Behaviors **OPPORTUNITIES**

- Adult obesity, was higher than New Mexico and the U.S. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
  - The percentage of the population with adequate access to locations for physical activity was lower in Eddy County than NM and the U.S.
  - The percentage of adults that smoke in Eddy County was higher than both New Mexico and the U.S. average. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
  - Excessive drinking was higher in Eddy County than NM, but lower than the U.S.
  - The teen birth rate in Eddy County was higher than both New Mexico and the U.S. average at 77.6 births per 1,000 females ages 15-19.
  - The food environment index, which measures limited access to food and food insecurity, is lower in Eddy County than NM and the U.S.
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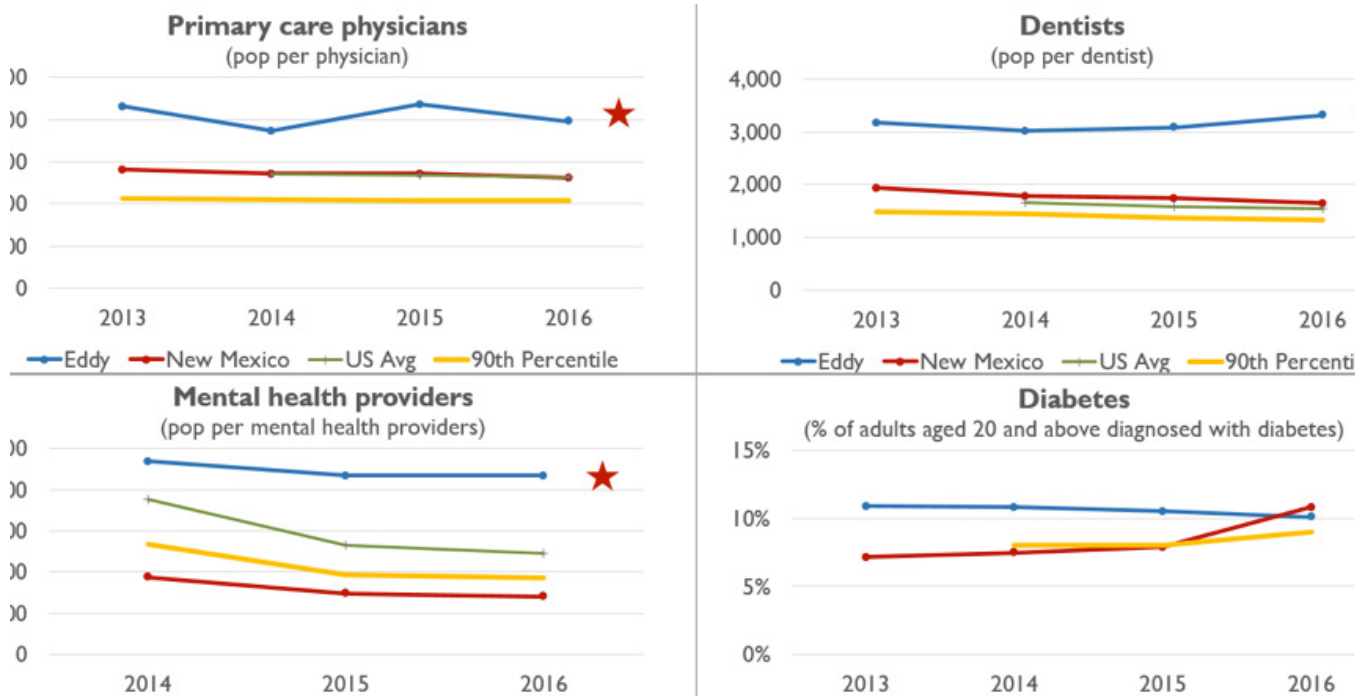
## Clinical Care

Clinical care ranking is made up of eight indicators, and they account for 20% of the county rankings. Eddy County ranked 16th out of 32 New Mexico counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013  
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014  
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014  
Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

## Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance in Eddy County was lower than New Mexico and on par with the U.S. (17%).
- The percent of people that have diabetes in Eddy County decreased to 10%, to slightly lower than New Mexico.

## Clinical Care OPPORTUNITIES

- Hospitalization rates for ambulatory-sensitive conditions per 1,000 Medicare enrollees was higher in Eddy County than NM and the U.S.
- Mammography screening in Eddy County remains low, less than NM and the U.S. and decreased slightly since 2014.
- The population per primary care physician in Eddy County was higher than both New Mexico and the U.S.
- The population per dentist in Eddy County was higher than both New Mexico and the U.S.
- The population per mental health providers in Eddy County was higher than both New Mexico and the U.S.

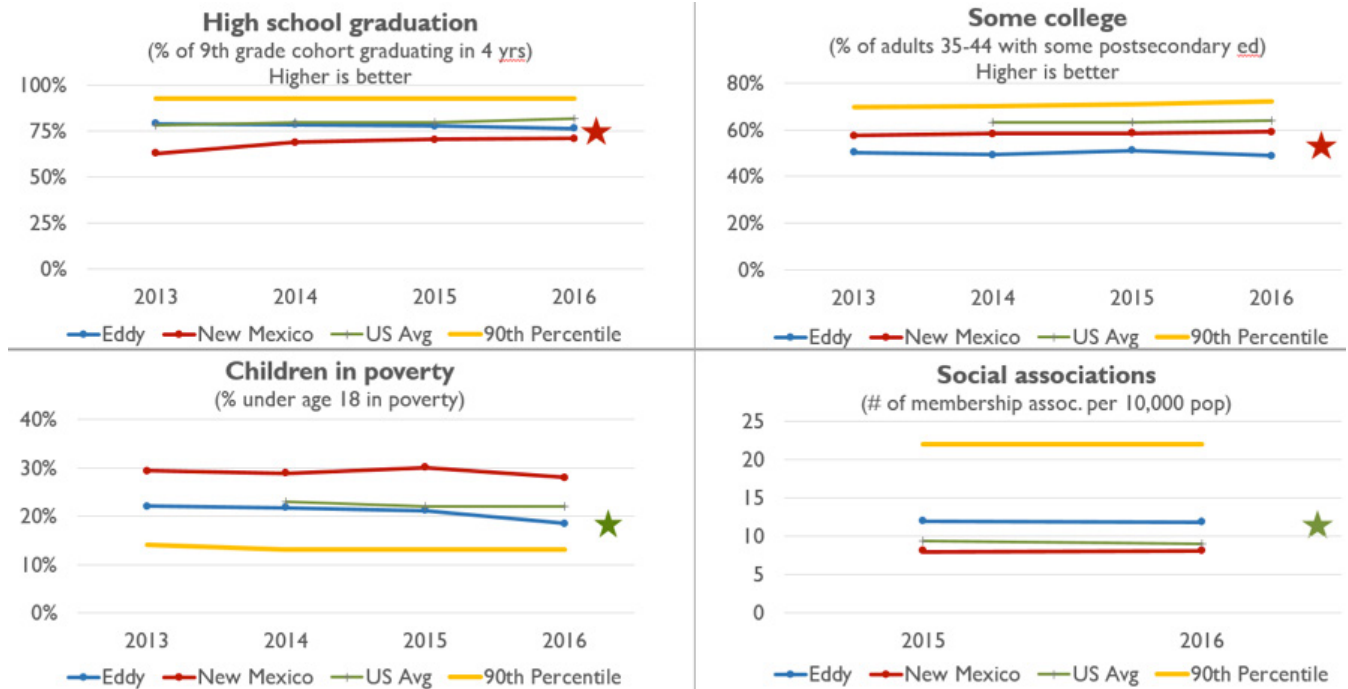


Photo Credit: Artesia Mainstreet



## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Eddy County ranked 3rd out of 32 New Mexico counties in social and economic factors.

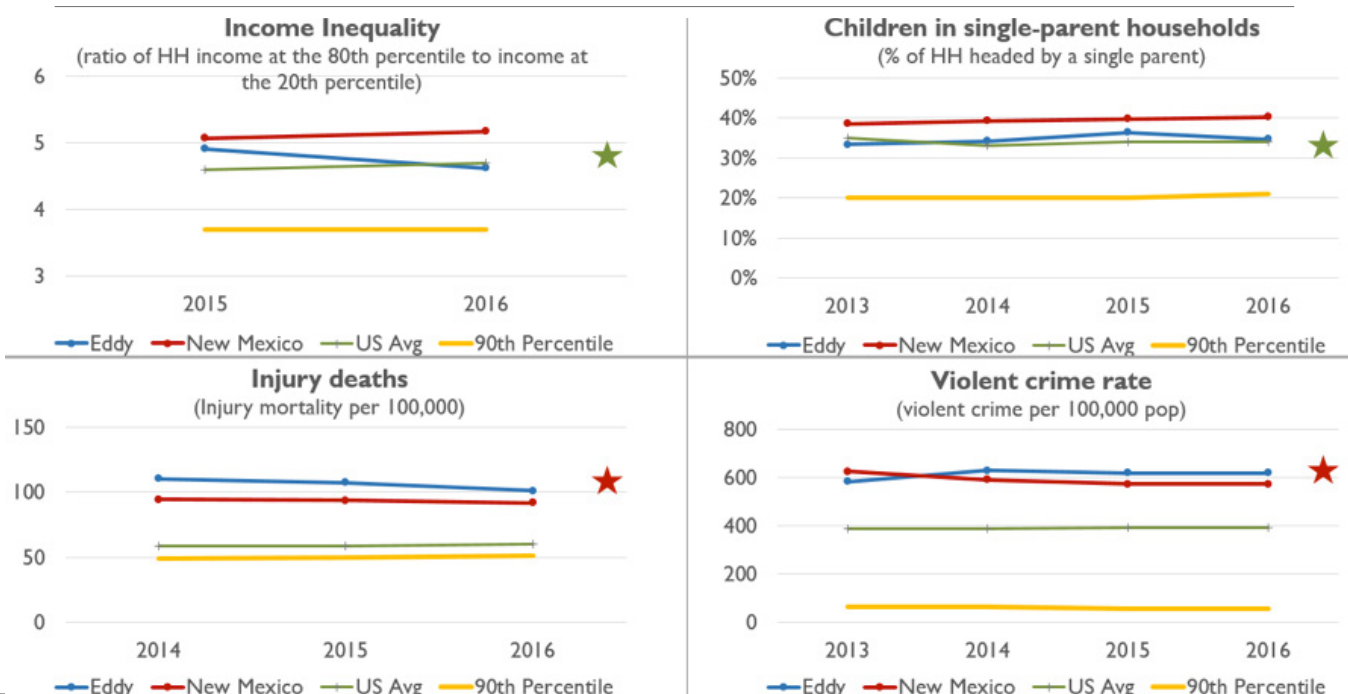


Source: High School graduation – County Health Rankings; States to the Federal Government via ED Facts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013



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Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

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## Social & Economic Factors **STRENGTHS**

- Children in poverty in Eddy County was lower than both New Mexico and the U.S. average, but 19% still remain in poverty.
- Social associations were higher in Eddy County than NM and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality, the ratio of household income at the 80th percentile to the ratio at the 20th percentile, in Eddy County was lower than both New Mexico and the U.S.
- The unemployment rate in Eddy County was lower than both New Mexico and the U.S.

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## Social & Economic Factors OPPORTUNITIES

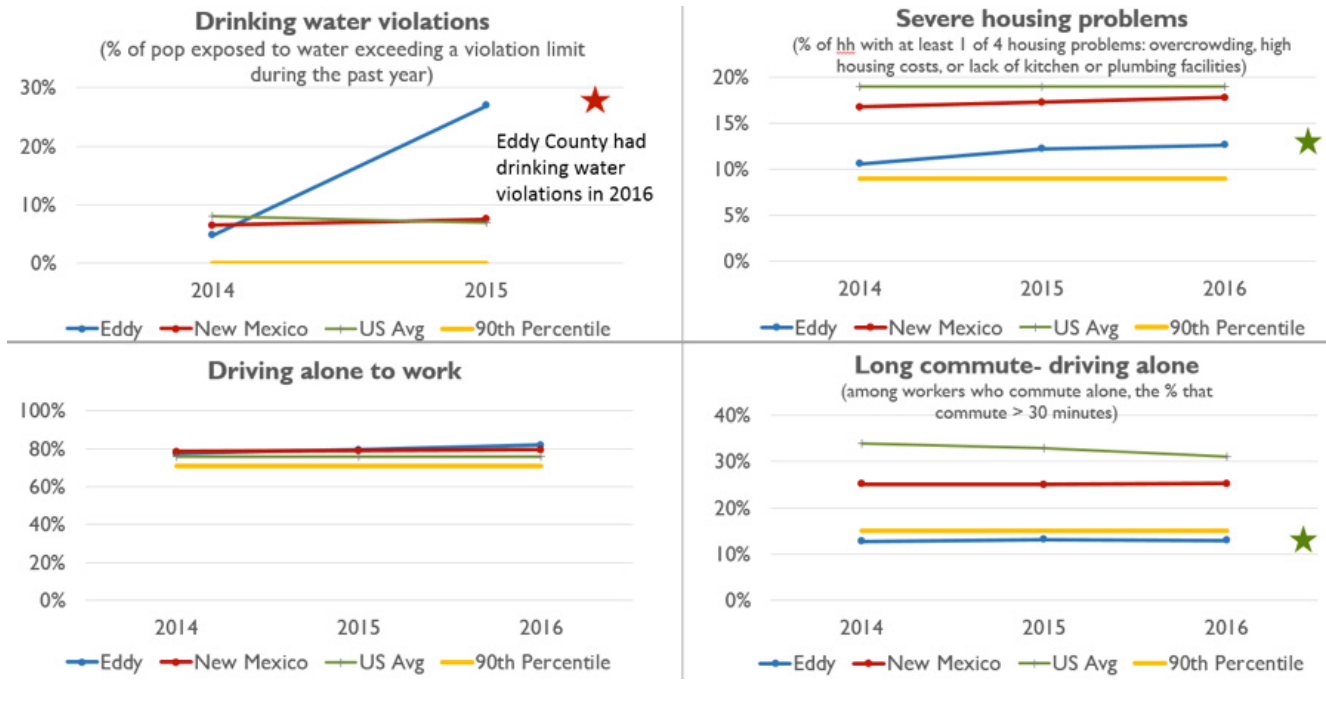
- High school graduation in Eddy County (77%) although higher than the New Mexico (71%), it still remained lower than the U.S. average (82%).
  - The percentage of people that have had some college in Eddy County was lower than both New Mexico and the U.S.
  - Injury deaths in Eddy County improved 8.3% since 2013, but still remain higher than New Mexico and the United States.
  - Violent crime in Eddy County was higher than both New Mexico and the U.S., even with a 6.1% decrease since 2013. Violent crime is highest north of Carlsbad.
- 



Photo credit: Chuck Sutherland

## Physical Environment

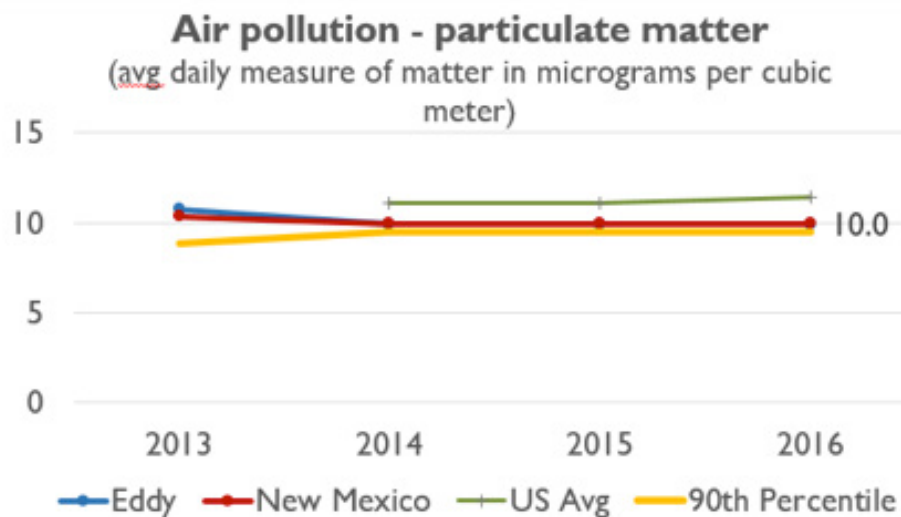
Physical environment contains five measures in the category and accounts for 10% of the county rankings. Eddy County ranked 18th out of 32 New Mexico counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010

## Physical Environment STRENGTHS

- The amount of severe housing problems in Eddy County (13%) was lower than both New Mexico and the U.S., but not quite at the 90th percentile.
- Eddy County did not have long commute times, lower than the top 10% of counties. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Eddy County had fewer air particulate matter in micrograms per cubic meter than the U.S. and the same as NM, which is lower than the U.S. However, some interviewees complained about the air quality in the vicinity of the orchards and the refineries due to allergens or smell.

## Physical Environment OPPORTUNITIES

- Eddy County had the presence of at least one drinking water violation in 2014, 2015, and 2016. The number of violations within each system is not taken into account, but the goal to achieve is zero violations.

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### There were Four Broad Themes that Emerged in this Process:

- Eddy County needs to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
  - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
  - While any given measure may show an overall good picture of community health, there are significantly challenged subgroups such as the census tracts around Carlsbad and the large census tract in the southwest of the county.
  - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.
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# Results of the CHNA

## Prioritization of Health Needs



Artesia General Hospital Community Health Summit; Stratasan, 2016

## Prioritization Criteria

The AGH leadership team prioritized the health issues based on the data and input from the community via the interviews. They used the following criteria:

Magnitude / scale of the problem	The health need affects a large number of people within the community.
Severity of the problem	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets	The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage	Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.



The following issues were prioritized and goals and actions were created by the leadership team:

- ① Access to care
- ② Chronic diseases
- ③ Obesity
- ④ Smoking
- ⑤ Mental health
- ⑥ Substance Abuse

## 2013 Artesia General Hospital Implementation Plan/Impact Evaluation

Artesia General Hospital adopted a plan in 2013. The plan's results are below.

Findings of 2013 Assessment:

Poor diet, lack of exercise and tobacco use are risk factors for heart disease, cancer, diabetes and other leading causes of disease, disability and death.

Chronic disease risk factors:

- Healthy eating
- Physical activity
- Tobacco use
- Population sixty-five and over

### Priority 1: Access to additional primary and specialty care providers and services.

(2013-2016) Primary care physicians per 100,000 population in Eddy County improved 8%

- Grade A Leapfrog Hospital Safety Score – only hospital ranked with an A in the state
- Diabetic Education – Susan Dade, RD, LD, CDE – to include healthy cooking classes/ Univ. NM lecture series/pre-diabetic education/ Artesia Public Library healthy cooking
- Diabetic Education in conjunction with cardiologist
- Blood Mobile – on site – quarterly
- Partnered with Lubbock Christian University for Nurse Practitioner rotations for Family Practice and Behavioral Health

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- Partnering with Texas Tech for Family Practice Medical Residency Rotation
  - Nurse Excellence Recipients – State of New Mexico
  - Added 2 family practice physicians and 2 advanced practice clinicians
  - Mentoring Program for High School Students to consider healthcare as a career choice
  - CAP accredited lab - College of American pathologists
  - Our general surgeon is one of the few physicians in the State with specialized treatment for GERD with Stretta Therapy.

## **Priority 2: Need for education, prevention, and services to address high mortality rates and unhealthy lifestyles in the community.**

(2013-2016) The percentage of adults that smoke in Eddy County decreased from 20% to 18%

(2013-2016) Premature death in Eddy County improved 6%

(years of potential life lost before age 75 per 100,000 population (age-adjusted))

- Purchase and donation of exercise equipment for city park to promote health of all ages
- Science Does a body good – staff/physicians – education of public/students
- Speaker's Bureau – Radio/Civic Organizations/Senior Centers/Church organizations
- Smoking Cessation Opportunity for employees
- Colonoscopy Awareness promotion
- Participation in Health Fairs
- Donation of food for local food pantry
- Book Drive
- Sponsorship of Relay for Life/Alzheimer's Walk
- Healthy Eating demonstrations at Public Library by our Dietitian
- Donation of food for local food pantry
- Book Drive
- Sponsorship of Relay for Life/Alzheimer's Walk
- Healthy Eating demonstrations at Public Library by our Dietitian

## **Priority 3: Access to care for specific populations**

(2013-2016) Primary care physicians per 100,000 population in Eddy County improved 8%

- Blood Mobile – on site – quarterly
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- Recruitment of additional Podiatric Surgeon with expertise in Diabetic Wound Care – rotation 3 nursing homes/ assisted living centers
  - Flu Shots/Blood pressure/glucose blood sugar testing – community outreach
  - Monthly Hip/Knee Pain educational seminars – The Bone and Joint Destination Center
  - Radiology Dept. fully accredited by the American College of Radiology in CT, MRI, Mammography and Ultrasound. The Nuclear Medicine department has been awarded the Intersocietal --Accreditation Commission. One of only two hospitals in the State of NM who can claim this accolade.
  - The Bone and Joint Destination Center offers the only Robotic Surgery capabilities in the state of NM
  - Grade A Leapfrog Hospital Safety Score – only hospital ranked with an A in the state

## **Priority 4: Access to mental health services**

(2013-2016) Mental health providers per 100,000 population in Eddy County improved 8%

(2013-2016) Poor mental health days has decreased 24.4% to 3.4 days

(Average number of mentally unhealthy days reported in past 30 days (age-adjusted))

- Monthly Alzheimer's Support Group
  - Opened two out-patient Behavioral Clinics in Eddy County – 2 advanced practice clinicians
  - Geri-Psych Senior Care Unit have earned Dementia Care specialist Certification
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## Community Assets and Resources

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The interviews also identified community resources to improve health, which are listed on page 15.

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## Artesia General Hospital's 2016 Selected Initiatives and Implementation Plan

To successfully make our community healthier, it was necessary to have a collaborative venture which brought together the input of all the care providers, citizens, government, schools, churches, not-for-profit organizations, and business and industry around an effective plan of action. Artesia General Hospital selected key elements of the assessment to address, as set forth in the Implementation Plan, and encouraged other organizations in the community to do the same.

Based on the results of this CHNA, Artesia General Hospital selected five of the identified significant health needs to address.

1. Access to care
2. Chronic diseases
3. Obesity
4. Smoking
5. Mental health

## Goals

1. Continue recruitment activities to provide additional primary and specialty care providers.
  2. Offer public education to support healthy lifestyles.
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## Implementation Plan

1. Continue physician recruitment in target specialties and service lines.
2. In conjunction with schools, churches and local agencies hold prevention awareness and public education that may include, but not limited to, the following:
  - Smoking cessation programs
  - Nutritional education
  - Diabetic education
  - Behavioral Health education
  - Exercise and Physical Fitness

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Artesia General Hospital does not intend to address substance abuse because of lack of expertise in the field and hospital resources available.

Artesia General Hospital will monitor the progress through the Hospital's Leadership Team and will annually report the progress to their Board and the community.

The Artesia General Hospital board of directors approved this assessment and the hospital's implementation plan on May 25, 2016.

Community input was received into the 2016 implementation plan during the community interviews. Where possible, the implementation plan was altered to reflect this input.

Written comments from the community will be received via a link on the website for the 2016 assessment.

No written input was received on the 2013 assessment and implementation plan.

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# Community Health Needs Assessment

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*completed by Artesia General Hospital in partnership with:*

Stratasan

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