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# LEA COUNTY

## HEALTH NEEDS ASSESSMENT

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UPDATED, APRIL 2021

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*Sponsored by Nor-Lea Hospital District and Covenant Health with assistance from New Heights Group*

## **Executive summary**

Covenant Health Hobbs Hospital, Covenant Health, and Nor-Lea Hospital District retained New Heights Group to coordinate a health needs assessment for Lea County, New Mexico. The background and data collected will be used to assist the hospitals in planning efforts as they evolve to meet the needs of the county and individual communities that they each serve.

Through a series of meetings with a representative group of residents from throughout the county, six areas of priority need were identified.

Priority #1: Provider Recruitment and Retention

Priority #2: Behavioral Health

Priority #3: Technology

Priorities #4-6: Senior Care/Transportation, Chronic Disease Prevention and Management, Teen Pregnancy and STD Prevention

While the hospitals will take the lead on priority #1, other priorities will need to be addressed by various additional organizations in the county, with the goal of a collaborative approach to impacting outcomes in each area.

## **Process and methodology**

The needs assessment process began with the identification of representative community members from throughout the county, known as the Community Health Assessment Team (CHAT). CHAT team members were identified through connection with hospital and county leaders, with a focus on obtaining representation from many varied groups that receive health services in the county. Members of the CHAT team in turn suggested additional individuals and organizations to contact for interviews. CHAT Team members are listed in the Appendix.

The CHAT team met virtually in December, January, February, and March to provide input and direction, review data and assumptions, guide priorities and offer ideas for specific actions to address each priority area.

Interviews were conducted by phone with 27 individuals, each of whom was asked to offer opinions on the adequacy and scope of health services currently available and to identify the most critical health needs facing the county. Common themes identified by stakeholders were combined with updated demographic and service availability data to lead to the five priority areas for the county.

Data sources consulted for demographic and health service availability in the region included web sites (e.g., US Census, County Health Rankings, Hospital Compare, NM population and health status, NM IBIS, NM Broadband Initiative), New Mexico and Texas hospital discharge data provided by Covenant Health, and internal hospital utilization statistics provided by the Hobbs and Lovington hospitals and City of Hobbs.

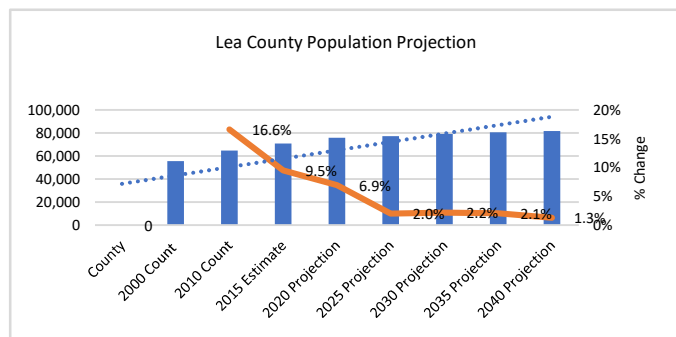
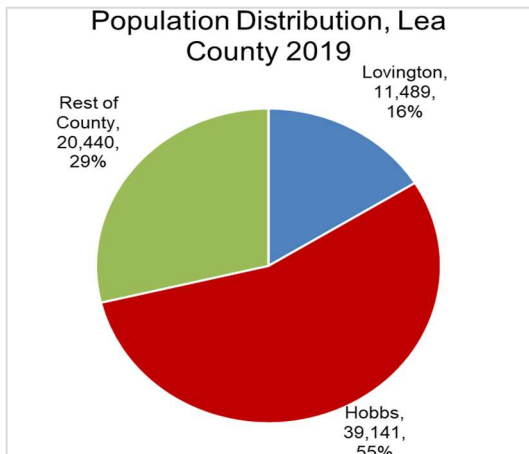
## Study Area Profile

Lea County, New Mexico encompasses roughly 4300 square miles and is sparsely populated at about 14 people per square mile. The largest population centers are Hobbs and Lovington.



## Population Size

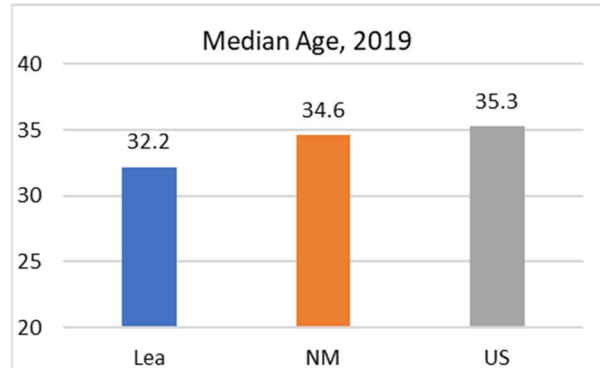
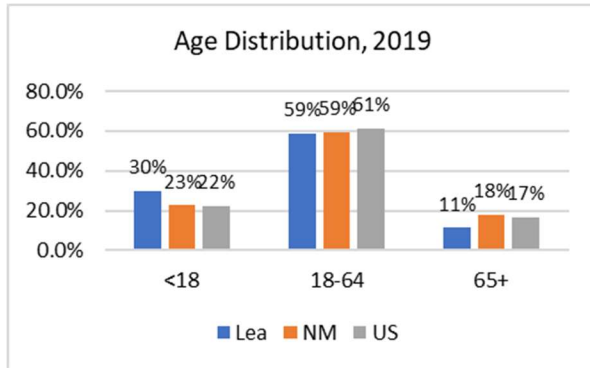
- Lea County's population in 2019 was estimated at about 71,000.
- Hobbs and Lovington make up over 70% of the total population.
- Lea County experienced rapid population growth from 2000 to 2020, but more moderate growth is projected through 2040.
- While Lea County's resident population grew by nearly 10% between 2010 and 2019, the 2020 estimated population of 75,784 will grow by 2% per year reaching 78,992 by 2030.



Sources: census.gov, Projections | Geospatial and Population Studies (unm.edu)

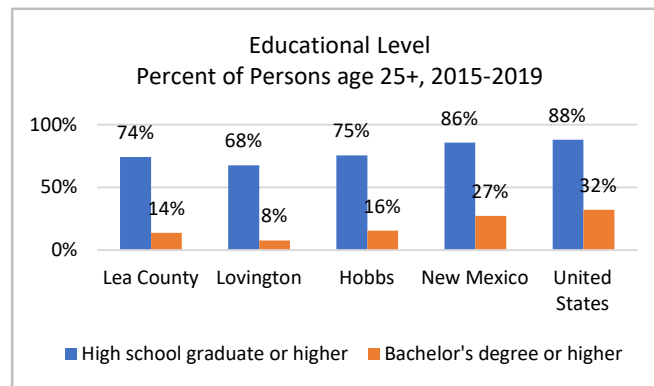
## Population Age Distribution

- Lea County's population is slightly younger than the state of New Mexico and the US as a whole.
- Nearly 30% of the population is under 18, while only about 11% is over the age of 65.



## Education

- 74% of Lea County's population has a high school or higher education, compared to 86% for New Mexico.



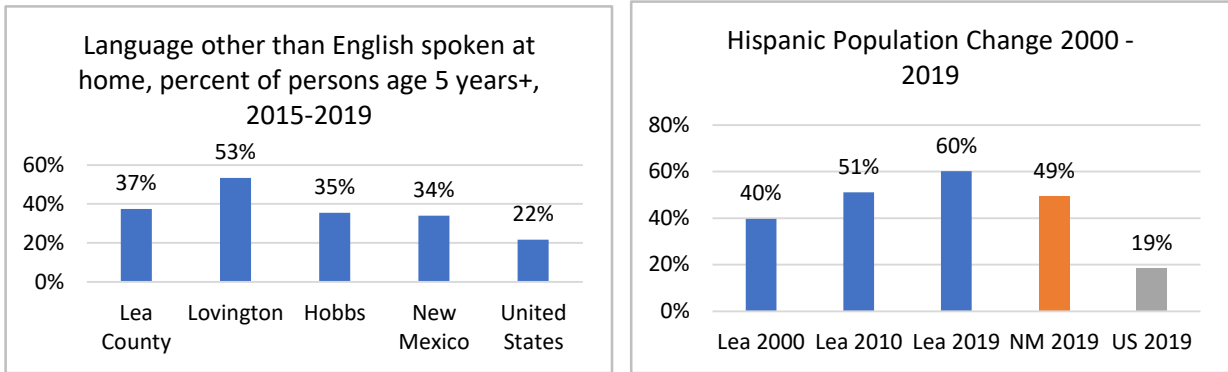
Source: U.S. Census Bureau: County Characteristics Intercensal Population Estimates, New Mexico Census Data: Age & Sex by County (census-charts.com)

- The county has several higher education options
  - University of Southwest – BA and Master's Programs including Pre-Med and Pre-Dental
  - New Mexico Junior College – Associates and Vocational training including RN Training
  - Industrial Development Training Program

## Ethnicity

- The Hispanic population of Lea County has grown from about 40% in 2000 to an estimated 60% in 2019.

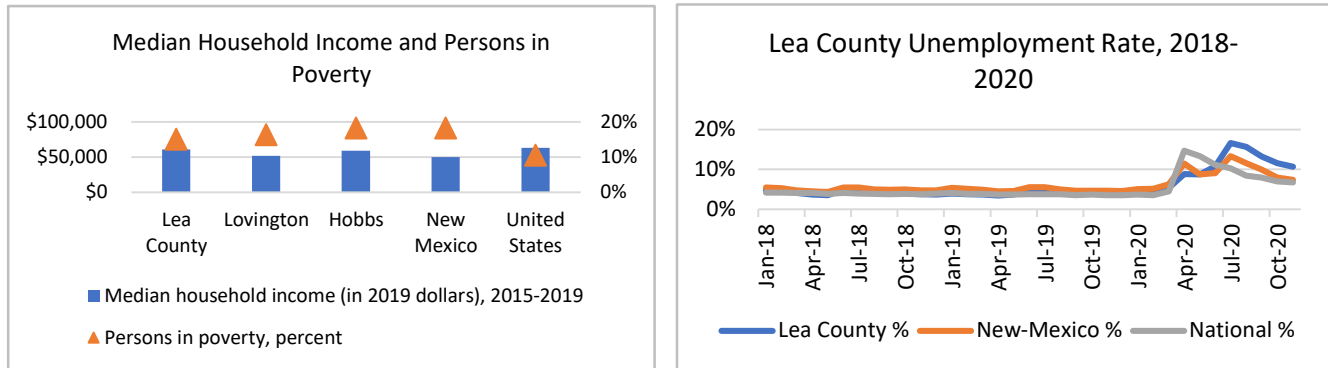
- Over half of Lovington’s population over the age of 5 speaks a language other than English at home.



Source: Pew Research Hispanic Center at <http://www.pewhispanic.org/census-2010>, census.gov

### Income and Unemployment

- Lea County and its two largest communities have a higher percentage of people living in poverty than the US, although they fare slightly better than the rest of New Mexico.
- Despite a historically low and steady unemployment rate, Lea County experienced a spike in unemployment similar to that of New Mexico and the US in 2020.
- Unemployment as of November, 2020 however, had dropped to 10.6% from a high of 16.6% in July 2020.



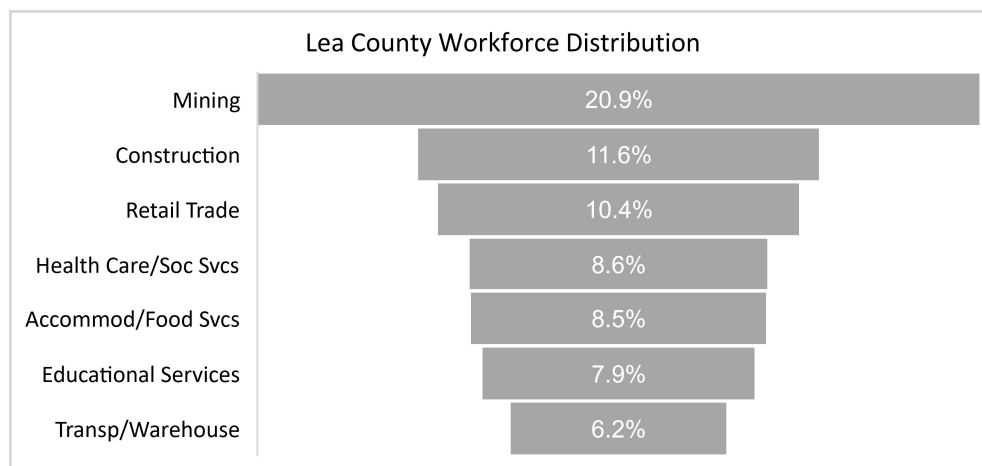
### Workforce

- The region relies heavily on oil and gas and related services for employment.
- Both Nor-Lea District Hospital and Covenant Health Hobbs Hospital are among the largest employers in the county.

Employer	Industry	Employees (7/2019)
Hobbs Municipal Schools	Education	1498
Nor-Lea Hospital	Healthcare	575
City of Hobbs	Government	532

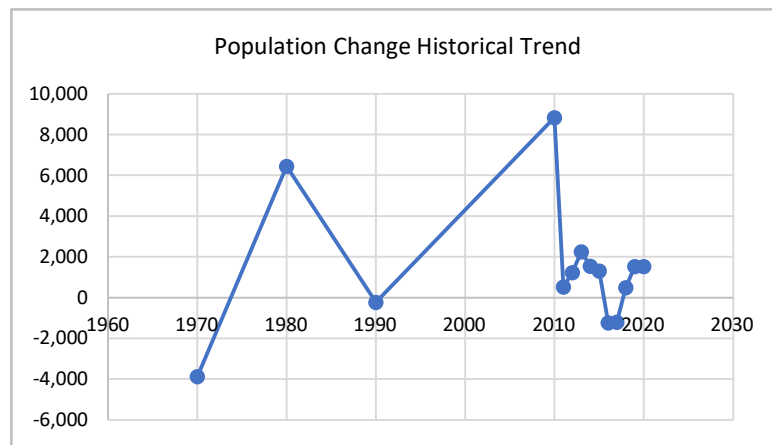
<b>Employer</b>	<b>Industry</b>	<b>Employees (7/2019)</b>
Watson Construction	Construction	485
Walmart Super Center	Retail	386
Lea County	Government	367
McDonald's Restaurant	Food Service	350
Ferguson Construction Company	Construction	335
Covenant Health Hobbs Hospital	Healthcare	305
D&D Pipeline Construction	Construction	300
Constructors Inc.	Construction	300
New Mexico Junior College	Education	252
Zia Racetrack, Casino, & Hotel	Entertainment	250
McVay Drilling Company	Oil & Gas	250

Source: [www.edclc.org](http://www.edclc.org) . Accessed 12/2020



- The cyclical nature of Lea County’s major employment in oil and gas is illustrated by the population change from 1970 through 2020.

- This fluctuation leads to challenges in maintaining county infrastructure as improvements such as schools, roads, healthcare and other services are financed significantly by tax revenue from oil and gas.

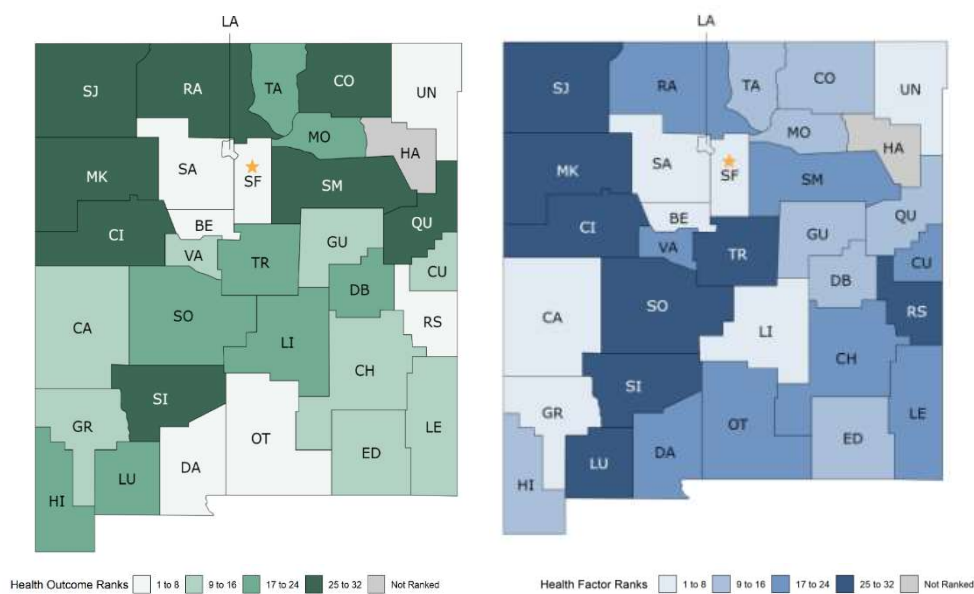


Source: <https://worldpopulationreview.com/us-counties/nm/lea-county-population>

### Population Health Profile

- Lea County ranks 12<sup>th</sup> among New Mexico counties for measures of Health Outcomes and 20<sup>th</sup> for measures of Health Factors.
- Lea County ranks 24 out of 32 counties for health behaviors (a subset of Health Factors).
  - Lea County has better access to food and exercise, but compares worse for physical inactivity and other measures compared to other NM counties.

County Health Rankings, 2020, New Mexico



		Lea	Top US	NM
Adult smoking	▲	17%	14%	17%
Adult obesity	▲	33%	26%	27%
Food environment index	▲	7.8	8.6	4.1
Physical inactivity*	▲	30%	20%	20%
Access to exercise opportunities	▲	84%	91%	77%
Excessive drinking	▲	18%	13%	16%
Alcohol-impaired driving deaths	▲	33%	11%	30%
Sexually transmitted infections	▲	511.9	161.4	649.4
Teen births (per 1000 females 15-19)	▲	64	13	35

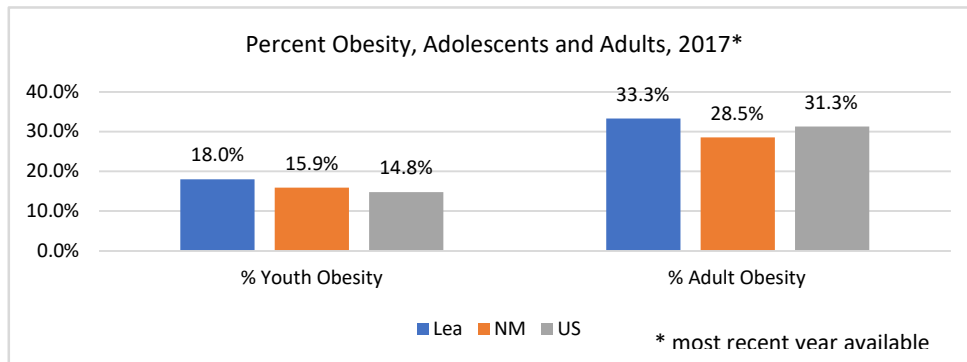
▲ Performing worse than state    ▲ Performing better than state    ▲ Equal to state

\*Percentage of adults age 20 and over reporting no leisure-time physical activity.

Source: <https://www.countyhealthrankings.org/app/new-mexico/2020/overview>

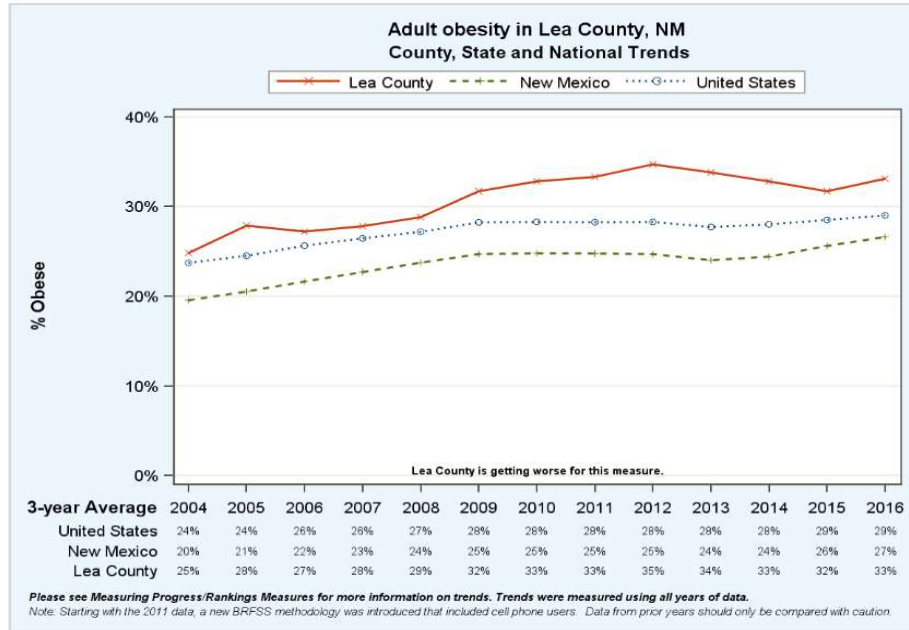
**Obesity** is higher for Lea County than the state of New Mexico or US overall.

- Overweight and obese youth are more likely to grow up to be overweight or obese adults.
- Obesity is associated with an increased risk for many other chronic diseases.
- Excess weight also contributes to the development of arthritis, the leading cause of disability among adults in the nation and the state.
- Obesity has shown a steadily increasing trend.

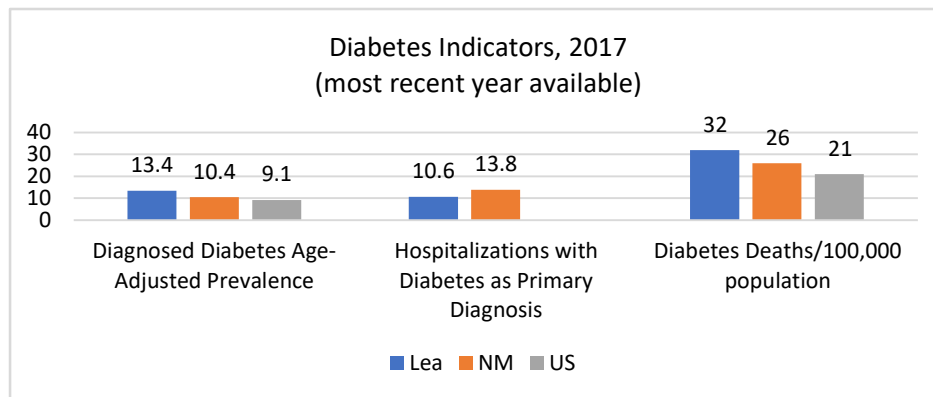


Source: <https://ibis.health.state.nm.us/indicator/view/ObesityAdult.Cnty.html>



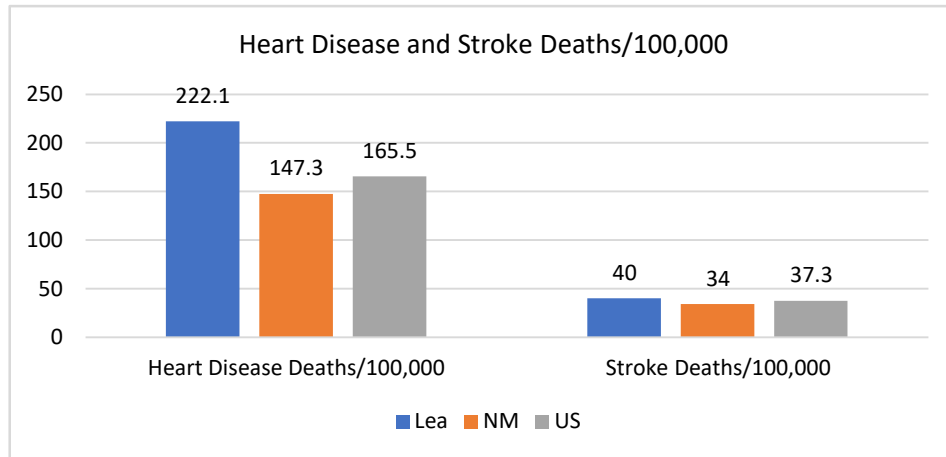


- **Diabetes** is a significant health issue for Lea County
  - Lea County’s age-adjusted prevalence of diabetes rose from 8.7 in 2002 to 13.4 in 2017.
  - Diabetes hospitalizations are considered potentially preventable hospitalizations.
  - Key prevention strategies include regular physical activity and healthy nutrition; effective self-management; and access to appropriate specialty or ambulatory care.
  - Environmental prevention strategies include accessible and affordable vegetables and fruits; readily accessible safe places for physical activity; and school, work and community cultures visibly supporting physical activity for all ages and abilities.
  - It is vital to link clinical systems with community-based prevention programs.



Source: <https://ibis.health.state.nm.us/indicator/view/DiabDeath.Cnty.html>,  
<https://www.nmhealth.org/data/view/vital/577>

- **Heart Disease and Stroke** related death rates are among the highest in all NM counties.
  - In 2017, Lea County was one of 6 counties in New Mexico where heart disease related deaths exceeded 200/100,000 population.
  - Lea was also among the 6 counties with the highest rates of stroke related deaths.



Source: <https://ibis.health.state.nm.us/indicator/view/CardioVasDiseaseStrokeDeath.Cnty.html>

- **Suicides** in NM far exceed the national rate, consistently ranking in the top 4 states, although the most recent county data shows Lea’s rate among the lowest in the state at 17.7/100,000.

**Rate, Number, and Ranking of Suicide for Each U.S.A. State\*, 2019**

Rank	State [Division / Region]	Deaths	Rate	Division [Abbreviation]	Rate	Number
1	Wyoming [M / West]	170	29.4	Mountain [M]	21.6	5,364
2	Alaska [P / West]	210	28.7	West North Central [WNC]	17.0	3,649
3	Montana [M / West]	289	27.0	East South Central [ESC]	16.8	3,215
4	New Mexico [M / West]	513	24.5	West South Central [WSC]	14.7	5,959
5	Colorado [M / West]	1,312	22.8	South Atlantic [SA]	14.5	9,542
6	Oregon [P / West]	906	21.5	Nation	14.5	47,511

**Suicide Facts & Figures:  
New Mexico 2020**

**On average, one person died by suicide every 16 hours in the state.**

Almost five times as many people died by suicide in New Mexico in 2018 than in alcohol related motor vehicle accidents. The total deaths to suicide reflected a total of 11,544 years of potential life lost (YPLL) before age 65.

Suicide cost New Mexico a total of **\$506,888,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,227,332 per suicide death**.

**9th** leading cause of death in New Mexico

- 2nd leading** cause of death for ages 10-34
- 3rd leading** cause of death for ages 35-44
- 5th leading** cause of death for ages 45-54
- 8th leading** cause of death for ages 55-64
- 15th leading** cause of death for ages 65+

**Suicide Death Rates**

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
New Mexico	536	24.98	1
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from [www.cdc.gov/injury/wisqars/fatal.html](http://www.cdc.gov/injury/wisqars/fatal.html) on 3/1/2020).

[afsp.org/statistics](https://afsp.org/statistics)



Source: <https://afsp.org/state-fact-sheets>, <https://ibistest.health.state.nm.us/indicator/view/SuicDeath.Cnty.html>, <https://suicidology.org/>

## Regional Health Service Profile

- Major referral centers are roughly 100 miles from both Hobbs and Lovington.



- Covenant Health Hobbs Hospital and Nor-Lea Hospital District provide both inpatient and outpatient services consistent with the size of the facility and community.

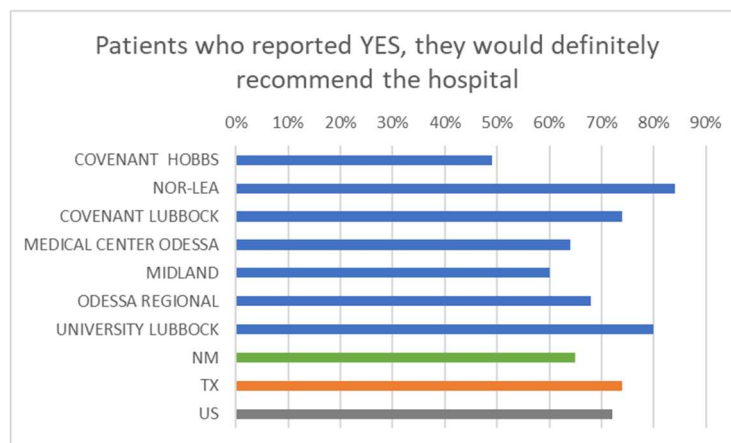
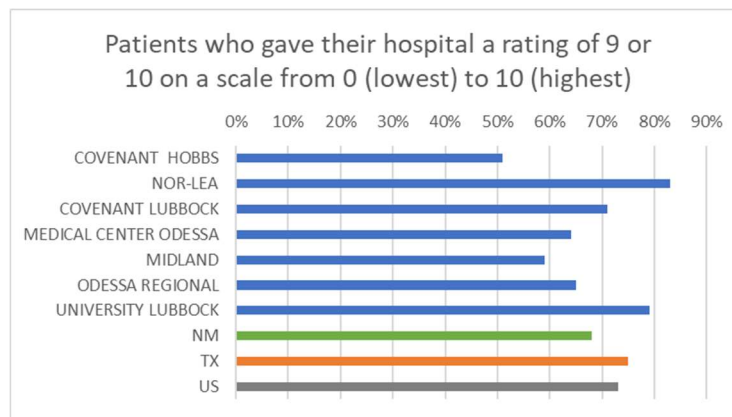
Inventory of Available Services March, 2021		
	Covenant Hobbs	NLHD
<b>Inpatient Services</b>		
General Medical	X	X
Medical Heart Care	X	X
Obstetrics/Deliveries	X	
Pediatrics	X	X
ICU	X	
CCU		
NICU/PICU		
Trauma		
Burns		
Transplants		
Mental Health		X
<b>Surgical Services</b>		
Heart		
General	X	X
Cancer	X	X
Orthopedic	X	
Gyn	X	X
Pediatrics		
ENT	X	X

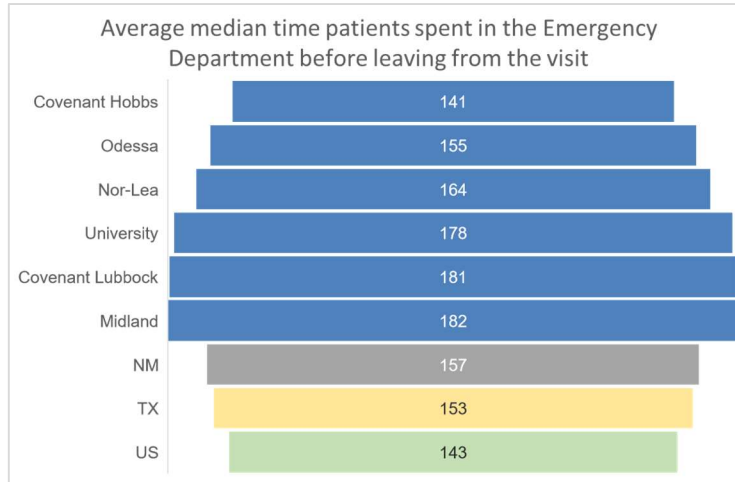
<b>Inventory of Available Services March, 2021</b>		
	<b>Covenant Hobbs</b>	<b>NLHD</b>
Ophthalmology		x
Urology		x
<b>Outpatient Services</b>		
ED	x	x
Breast Imaging	x	x
Cancer (Chemo)		x
Cancer (Radiation)		x
Cath Lab	x	
Endoscopy	x	x
General Imaging (CT, MRI, Ultrasound, X-ray)	x	x
GI Lab	x	x
Heart Testing	x	x
Home Care	Provided locally by independent vendors	Provided locally by independent vendors
Mental Health		x
Nuclear Medicine	x	x
Pain/Palliative		x
Rehab (Cardio/Pulmonary)		x
Rehab (PT/OT/ST)	x	x
Rural Clinics		x
Wellness		x
Wound Care	x	x

<b>Lea County Acute Hospital Activity, 2019</b>		
	<b>NLHD</b>	<b>Covenant Hobbs</b>
Discharges	487	2,218
Patient Days	1,579	6,231
Staffed Beds	25	40
ALOS	1.91	2.9
Case Mix Index	1.0442	1.5
ADC	7.83	17.1
Net Revenue	\$89,805,907	\$50,885,819
ED Visits	11,170	20,555
Births	-	466

Lea County Acute Hospital Activity, 2019		
	NLHD	Covenant Hobbs
OP Visits	100,096	37,427
Clinic Visits	91,320	26,935
Total Surgeries	3,250	1,882

- Satisfaction and quality indicators can suggest needs for improved or added services within a hospital setting.
- For Medicare patients, NLHD has historically scored higher for inpatient care than the hospital in Hobbs.
- Hobbs, however, ranks among the best for time spent in the ER, suggesting a rapid throughput for treatment and/or transfers.





Source: Hospital Compare website

### Patient Origin and Market Share

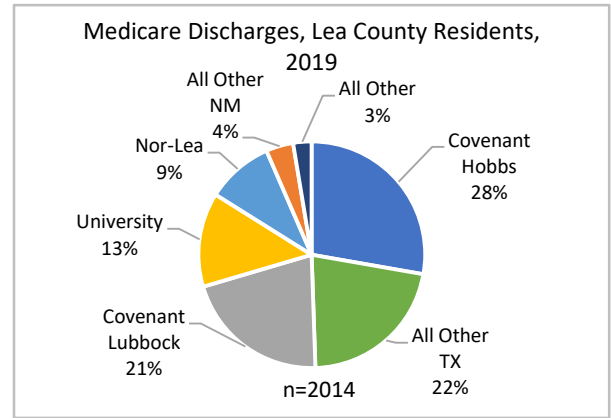
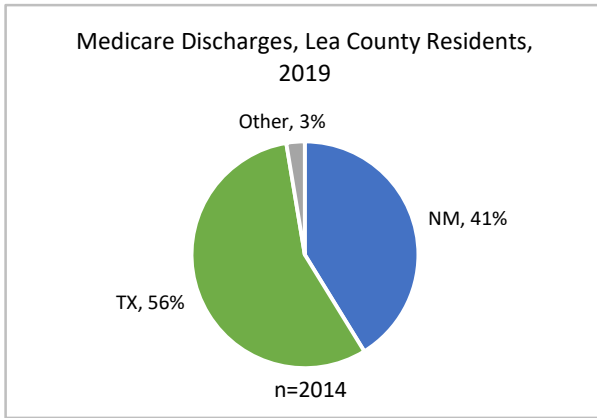
- Over 90% of all Nor-Lea and Covenant Hobbs inpatients originate in Lea County.

Patient Origin, 2019					
Source: Hospital Discharge Data, Covenant Health					
County	City	Covenant Hobbs		NLHD	
		Discharges	% of Discharges	Discharges	% of Discharges
Lea	Hobbs	3060	77%	324	41%
	Lovington	429	11%	379	48%
	Eunice	131	3%	20	3%
	Jal	46	1%	1	0%
	Tatum	19	1%	37	5%
	Monument	5	0%	0	0%
	Caprock	1	0%	0	0%
	Crossroads	0	0%	8	1%
Lea Total		3691	92%	769	97%
Eddy		118	3%	5	1%
Chaves		21	1%	4	1%
Other		164	4%	16	2%
Grand Total		3994	100%	794	100%

- Hobbs ambulances transported 536 patients out of Lea County in 2019, primarily destined for Lubbock or Roswell.

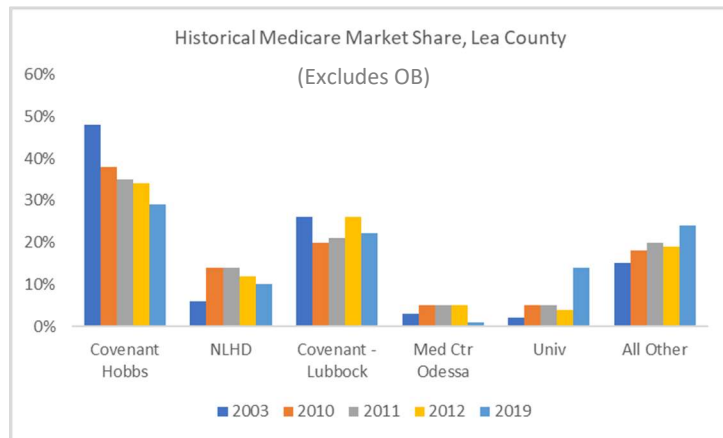
Hobbs Ambulance Transfers, 2019						
Source: City of Hobbs						
Lubbock	Roswell	Midland	Odessa	Carlsbad	Andrews	Seminole
336	111	40	24	23	1	1

- Market Outmigration – Inpatient Services
  - 56% of Lea County Medicare patients were discharged from Texas hospitals in 2019.
  - Texas hospital use was split among 70 different facilities, 75% of which are in Lubbock.



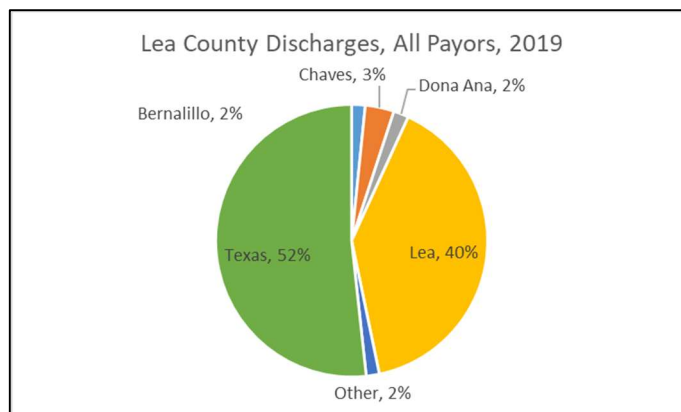
Source: Hospital Service Area File, CY2019. Centers for Medicare & Medicaid Services (n=2014 for Lea County ZIPs)

- Market share for Medicare patients has gradually shifted away from Lea County over the past several years.



Source: Hospital Service Area File, CY2003 & 2010-2012. 2019 Centers for Medicare & Medicaid Services

- Over 50% of Lea County patients (all payors) were hospitalized at Texas hospitals in both 2017 and 2019.

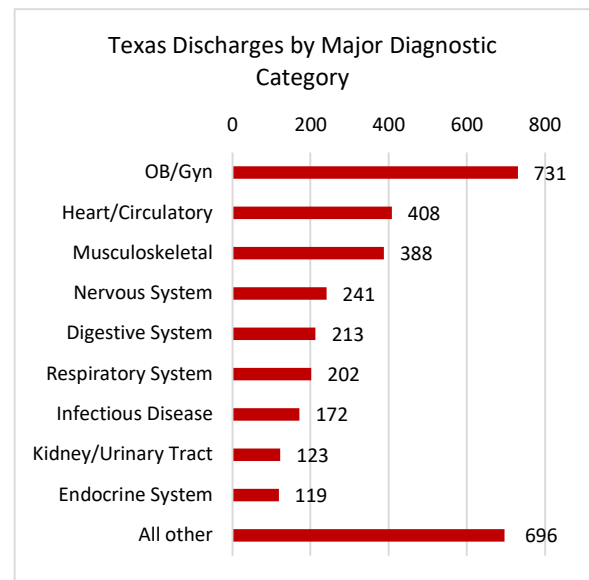
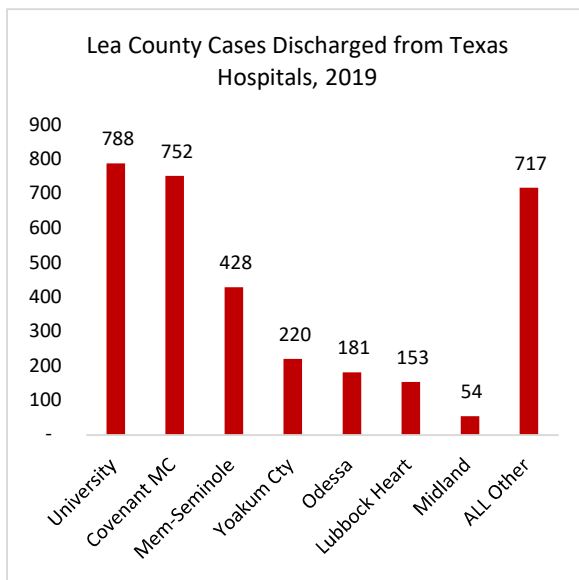


- Non-Texas hospitalizations in 2019 were primarily at either Hobbs or Lovington, with an additional 3.4% at Roswell.

2019 NM Discharges from Lea County Other New Mexico Hospitals		
County	%	Cases
Bernalillo	1.6%	113
Chaves	3.4%	240
Dona Ana	1.8%	127
All Other	1.6%	109

Source: State of New Mexico Department of Health, Community & Health Systems Epidemiology Bureau, data provided 2/21

- The top 3 reasons for discharges from Texas were Obstetrics, Heart Care, and Orthopedics.

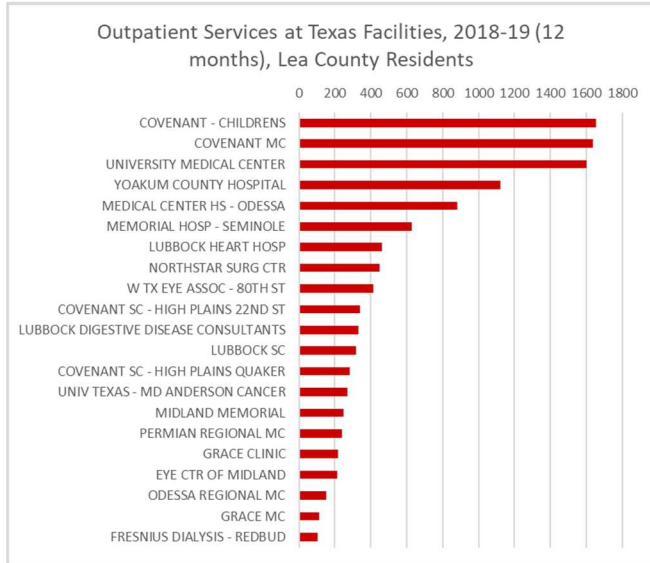


Source: Covenant Health, NM & TX discharge data, 2019

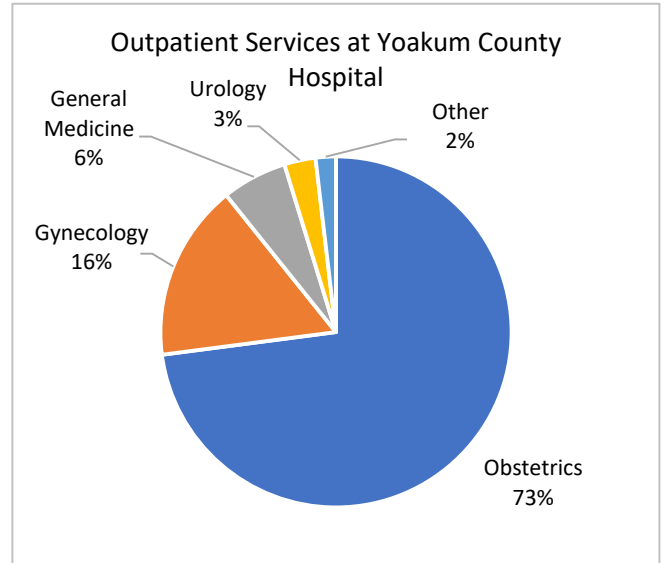
- 75% of the OB/Gyn related Texas discharges were for normal delivery or C-Section, with or without sterilization, without complications.
- 94% of heart related discharges were related to complications or surgical procedures not available in Lea County.
- 65% of inpatient orthopedic cases in Texas were related to hip, knee, and other extremity replacements or repairs and after care.
- Market Outmigration – Outpatient Services
  - Over 12,000 outpatient services were provided to Lea County residents at Texas facilities in 2019.
  - 20 facilities provided 90% of outpatient services.
  - 73% of outpatient services at Yoakum County Hospital were related to Obstetrics.



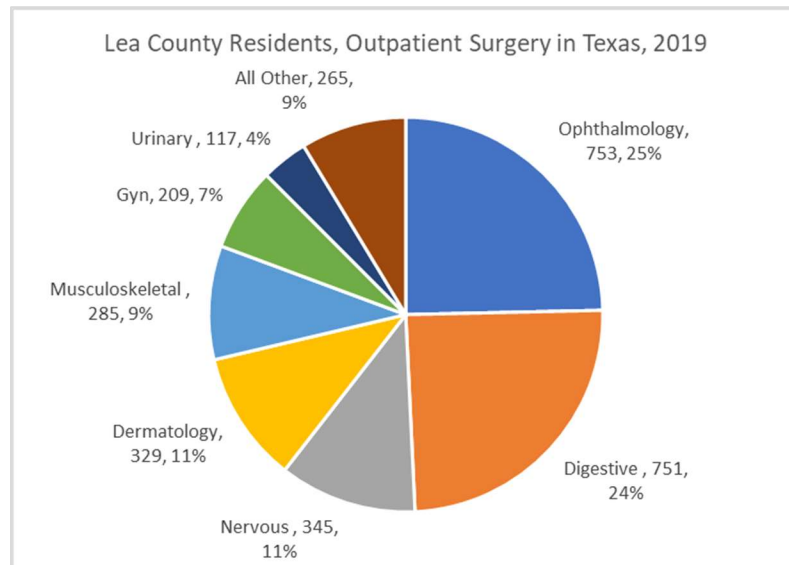
- o Digestive procedures such as colonoscopy and ophthalmology procedures such as cataracts made up 50% of outpatient surgery procedures at Texas facilities in 2019.



Source: Covenant Health, NM & TX discharge data, 2019



Source: Covenant Health, NM & TX discharge data, 2019



Source: Covenant Health, NM & TX discharge data, 2019

## Lea County Provider Supply and Demand

- Lea County is designated as a Health Professional Shortage Area for Primary Care, Dental, and Mental Health by the Health Resources & Services Administration of the US Government. (hrsa.gov)
- Lea County also ranks nearly at the bottom of New Mexico counties for the ratio of clinical providers to population (countyhealthrankings.org)

Lea County Ranks 31 Out Of 32 Counties In NM For Clinical Provider Ratios			
	Lea	Top US	NM
Primary care physicians	2,860:1	1,030:1	1,340:1
Dentists	3,660:1	1,240:1	1,490:1
Mental health providers	880:1	290:1	260:1
Other primary care providers	1,313:1	665:1	998:1

- Using a variety of population to provider ratios, previous needs assessment studies, outmigration data, and feedback from stakeholder interviews, Lea County's provider recruitment priorities for 2021-23 are suggested in the following table.

	Specialty	Ratios	Feedback	Outmigration	Previous Studies	Suggested Priority
High (next 12 months)	OB/GYN	●	●	●	●	●
	General Surgery	●	●	●	●	●
	Orthopedic Surgery	●	●	●	●	●
	Urology	●	●	●	●	●
	Psychiatry	●	●	●	●	●
	Dermatology	●	●	●	●	●
	Endocrinology	●	●	●	●	●
	Cardiology	●	●	●	●	●
	Primary Care	●	●	●	●	●
	Gastroenterology	●	●	●	●	●
Medium (within 24 months)	Ophthalmology	●	●	●	●	●
	Nephrology	●	●	●	●	●
	Neurology	●	●	●	●	●
	ENT	●	●	●	●	●
Low (review in 1-2 years)	Pulmonology	●	●	●	●	●
	Cardio/Vasc/ Surg.	●	●	●	●	●
	Infectious Disease	●	●	●	●	●
	Neurosurgery	●	●	●	●	●
	Oncology (Med)	●	●	●	●	●
	Rheumatology	●	●	●	●	●
	Plastic Surgery	●	●	●	●	●

- Population ratios are displayed below for population assumptions of 2021 – 75,784, five years – 77,308, and ten years – 78,992.

<b>Primary Care</b>	<b>Estimated 2021 Supply (Lea Total)</b>	<b>Estimated Demand Current Year</b>	<b>Estimated Demand 5 Years</b>	<b>Estimated Demand 10 years</b>	<b>Est. Net Need Current Year</b>	<b>Est. Net Need 5 years</b>	<b>Est. Net need 10 years</b>
Family/general practice	28.7	18.2	18.7	18.9	-10.5	-10.0	-9.8
Internal medicine	4.0	17.7	21.1	21.4	13.7	17.1	17.4
Pediatrics	4.8	11.9	13.4	13.6	7.2	8.7	8.9
<b>Total primary care</b>	<b>37.5</b>	<b>47.9</b>	<b>53.2</b>	<b>53.9</b>	<b>10.4</b>	<b>15.8</b>	<b>16.5</b>

#### **Medical Specialties**

Psychiatry	1.8	7.3	7.4	7.5	5.5	5.7	5.8
Dermatology	0.0	2.1	2.1		2.1	2.1	0.0
Cardiology	2.0	3.3	3.3	3.4	1.3	1.3	1.4
Pulmonary medicine	0.0	1.2	1.2	1.3	1.2	1.2	1.3
Allergy	0.0	1.0	1.0	1.0	1.0	1.0	1.0
Endocrinology	0.0	0.9	0.9	0.9	0.9	0.9	0.9
Nephrology	0.3	1.0	1.0	1.0	0.7	0.7	0.7
Gastroenterology*	1.5	2.2	2.2	2.3	0.7	0.7	0.7
Neurology*	1.4	1.9	1.9	1.9	0.5	0.5	0.6
Hematology/oncology	1.6	1.8	1.8	1.8	0.2	0.2	0.2
Rheumatology*	1.4	0.8	0.8	0.8	-0.7	-0.6	-0.6

<b>Surgical Specialties</b>	<b>Estimated 2021 Supply (Lea Total)</b>	<b>Estimated Demand Current Year</b>	<b>Estimated Demand 5 Years</b>	<b>Estimated Demand 10 years</b>	<b>Est. Net Need Current Year</b>	<b>Est. Net Need 5 years</b>	<b>Est. Net need 10 years</b>
OB/GYN**	4.1	7.2	9.2	9.4	3.2	5.2	5.3
General surgery	1.1	5.7	5.8	5.8	4.6	4.7	4.7
Ophthalmology	0.4	3.4	3.5	3.5	3.0	3.1	3.1
Orthopedic surgery	2.1	4.6	4.7	4.8	2.5	2.6	2.7
Urology	0.1	2.1	2.2	2.2	2.0	2.1	2.1
Plastic surgery	0.0	1.1	1.1	1.1	1.1	1.1	1.1
ENT	1.0	2.1	2.1	2.1	1.1	1.1	1.1
Cardio/Vasc/Thor Surgery	0.0	0.9	0.9	1.0	0.9	0.9	1.0
Neurosurgery	0.0	0.8	0.8	0.9	0.8	0.8	0.9

Sources for Demand Models: H.J. Simmons III, Robert S. Harrison and Dayana Habib Rapoport, Updated Planning Needed to Address Physician Shortages, Healthcare Strategic Management, October 2007; National Ambulatory Medical Care Survey: 2015 State and National Summary Tables and Physician Compensation and Production Survey, Medical Group Management Association, 2008 report based on 2007 data; Jonathan P. Weiner, Prepaid Group Practice Staffing and U.S. Physician Supply: Lessons for Workforce Policy, Health Affairs, (2004); Physician Community Requirements in the 21st Century: The 2003 Physicians to Population Ratios; Graduate Medical Education Advisory Committee, Hicks and Glenn, Journal of Healthcare Management, 1989; Merritt, Hawkins & Associates.

## Stakeholder Interviews

- Stakeholder interviews were conducted by phone and followed the framework presented below:

### **Purpose of the Interview:**

To gain perceptions regarding the adequacy of healthcare services in the area, and: To seek input into regarding opportunities for improvement.

### **Community Background:**

How long have you been in the area?

What changes have you seen in the area in the past 3-5 years?

What are the 3 biggest issues currently facing Lea County?

What changes do you expect in the next 3-5 years?

### **Healthcare Needs:**

What is your relationship with the healthcare community?

What do you see as the strengths/weaknesses of the current healthcare system?

Community image/perceptions of local providers (physicians, hospitals, others)?

Are there specific healthcare needs that are not being met?

Which of those needs/ services should be provided locally?

Of those, what would be the 2 most important needs/ services?

Are there any specific opportunities and/or threats that you see moving forward?

Any other thoughts, ideas, challenges that we should know about?

- Stakeholder Interview Participants:

<b>Participant</b>		<b>Position</b>
Agustin	Dorado	Board Chair, Tatum
Stephen	Aldridge	Mayor, Board Chair Jal Clinic
Paula	Smith	Advisory Board, Covenant Hobbs
Bruce	White	CEO, Covenant Levelland
Carrie	Cooper	Lea County Guidance Center
David	Shaw	CEO, NLDH
James	Williams	City Manager, Lovington
Kelvin	Sharp	President, NMJC
Mike	Gallagher	Lea County Manager
Manny	Gomez	Acting City Manager, Hobbs
TJ	Parks	Sup Schools, Hobbs
Richard	Parks	CEO, Covenant Health
Rebecca	Long	Lea County Commissioner
Dan	Springer	CEO, Covenant Hobbs
Cyril	Simon, DO	Family Practice Physician
Naveen	Sarakanti, MD	Family Practice Physician
Jeffery	Nelson, MD	Neurology Physician
Jarvis	Earl, MD	Orthopedics Physician
Chris	Driskill, MD	OB/Gyn Physician

Participant		Position
Mario	Nehriquez, MD	Family Practice Physician
Joe	Cotton	NM State President, NAACP
Kenny	Fadke	President/Owner, McDonalds
Angela	Courter	Director, City of Hobbs Senior Center
Gretchen	Koether	The Phoenix House
Scott	Brown	Trustpoint Hospital
Shannon	Johnson	Devon Energy
Bill	Richards	Richards Energy

- Stakeholders identified both current and future needs in the areas of Community, Service Delivery, and Resources. Their feedback is summarized below:

Current Needs for Lea County		
Community	Service Delivery	Resources
Stabilization of area economy	Resident outmigration for health care services	Lack of resources to deal with mental health, sexual abuse and teen pregnancy Issues
Diversification of Lea County industries	Lack of local physician continuity and availability	Lack of inpatient, outpatient and pediatric/adolescent mental health care
Affordable housing shortage	Insufficient specialty coverage	Insufficient programs and facilities for preventative and transitional care
Recruitment and retention challenges for many positions including nurses and teachers	Perceived lack of collaboration between Hobbs hospital/community	Lack of transportation to access medical care in referral centers
Increasing attractiveness of nearby Texas communities	Historic distrust of the Hobbs hospital - quality, cost, and mission	
Technology gaps in rural areas	Seniors leaving area in response to inadequate health services	
Prevalence of unhealthy lifestyles		

Future Needs for Lea County		
Community	Service Delivery	Resources
Economic growth stabilizes	Better integration of community resources	Increased focus on population health and wellness, e.g. diabetic educators
Expansion of new industries – solar and wind	Improved collaboration between service providers	Recruitment and retention of an array of specialists who will live in Lea County
Additional workforce development initiatives like Hobbs Center for Technical	Expanded training of police, fire, etc.	Expansion of services for substance abuse and mental health

<b>Future Needs for Lea County</b>		
Community	Service Delivery	Resources
Education High School and local training health technician careers		
Retail businesses recovery	Enhanced transparency, communication and outreach (including Spanish)	Further development of physical rehabilitation services
Public transportation services for all residents	Expansion and adoption of technology to remotely monitor and treat patients	Options for senior housing/services - independent living, day care, case management and home care

- Community health needs identified in previous studies for Lea County and for Nor-Lea Hospital District are consistent with needs identified in 2021. Priority needs for all years are centered on specialty recruitment and availability, senior services, mental health, technology, teen pregnancy and chronic disease management and prevention.

<b>Comparison of Identified Needs, 2013, 2019 and 2021</b>		
2013 Lea County	2019 Nor-Lea	2021 Lea County
Specialties	Specialties	Specialties
Senior care, housing, transportation	Senior care, housing, transportation	Senior care, housing, transportation
Substance abuse and mental health	Substance abuse and mental health	Substance abuse and mental health
Teen pregnancy	Teen pregnancy	Teen pregnancy
Diabetes, heart disease and obesity	Diabetes, heart disease and obesity	Diabetes, heart disease and obesity
	Technology	Technology

### Prioritization

The CHAT advisory team discussed needs and agreed that 2021 priorities are

1. Provider recruitment and retention
2. Behavioral healthcare
3. Technology to enhance access to telemedicine for rural areas
4. Senior transportation and support services
5. Prevention and management of chronic disease
6. Teen pregnancy and prevention of STD's

Current and Future Initiatives to Address Priorities

Each priority area was discussed by the CHAT team. Several initiatives are underway, spearheaded by specific organizations in Hobbs and Lovington.

<b>Priority #1: Provider Recruitment and Retention</b>		<b>Leadership</b>
Current Initiatives:	Active Recruitment underway for: <ul style="list-style-type: none"> <li>• OB/GYN</li> <li>• General Surgery</li> <li>• Orthopedic Surgery</li> <li>• Urology</li> <li>• Ophthalmology</li> </ul>	Local Hospitals and Covenant Health
Future Initiatives:	Recruitment within 12-24 months: <ul style="list-style-type: none"> <li>• Psychiatry</li> <li>• Dermatology</li> <li>• Endocrinology</li> <li>• Cardiology</li> <li>• Primary Care</li> <li>• Gastroenterology</li> <li>• Nephrology</li> <li>• Neurology</li> <li>• ENT</li> </ul>	Local Hospitals and Covenant Health
	Review for need within 1-2 Years: <ul style="list-style-type: none"> <li>• Pulmonology</li> <li>• Cardiovascular Surgery</li> <li>• Infectious Disease</li> <li>• Neurosurgery</li> <li>• Oncology (Medical)</li> <li>• Rheumatology</li> <li>• Plastic Surgery</li> </ul>	Local Hospitals and Covenant Health

<b>Priority #2: Behavioral Health</b>		<b>Leadership</b>
Current initiatives:	• Mobile crisis team to launch July 1, 2021	Guidance Center
	• Telehealth at Jal Clinic and NLDH	
	• Bridges – grant for integrated care	
	• Working with Medicaid population (expanded telehealth to address needs of insured population)	
Future Initiatives:	<ul style="list-style-type: none"> <li>• Put together a group on behavioral health community leadership team to identify current resources and explore issues including               <ul style="list-style-type: none"> <li>○ Community collaboration</li> <li>○ Integration</li> <li>○ Options for adult and pediatric inpatient and outpatient treatment</li> <li>○ Options for drug and alcohol treatment</li> </ul> </li> </ul>	Guidance Center and Maddox Foundation

<b>Priority #2: Behavioral Health</b>		<b>Leadership</b>
	<ul style="list-style-type: none"> <li>○ Coordinated crisis triage center/crisis line/care management</li> <li>○ Options for using old Hobbs hospital</li> <li>○ Expanded telepsych services</li> <li>○ Address workforce issues – recruitment and retention of behavioral health specialists</li> </ul>	

<b>Priority #3: Technology</b>		<b>Leadership</b>
Current initiatives:	<ul style="list-style-type: none"> <li>• Streamlined communication</li> <li>• Hobbs, Nor-Lea and affiliated clinics all on EPIC by September '22 (new hospital)</li> <li>• American Medical can access reports</li> <li>• PMS may also be on EPIC</li> <li>• Jal working on broadband expansion</li> </ul>	Hospitals
Future Initiatives:	<ul style="list-style-type: none"> <li>• Covenant telehealth capability expansion</li> <li>• Broadband expansion through Federal stimulus funding, partnership with LEACO</li> </ul>	Covenant Health, Lea County

<b>Priority #4: Senior Care and Transportation</b>		<b>Leadership</b>
Current initiatives:	<ul style="list-style-type: none"> <li>• Hobbs senior center transports for appointments</li> <li>• Re-establish purpose, mission, membership and leadership for Lea County Health Council (Hospital leadership to initiate)</li> </ul>	Lea County Health Council

<b>Priority #5: Chronic Disease Prevention and Management</b>		<b>Leadership</b>
Current initiatives:	<ul style="list-style-type: none"> <li>• NLHD has a mobile van to conduct on-site wellness fairs at employer job sites and health fairs in communities</li> <li>• Diabetes educator at NLHD will coordinate with Hobbs Covenant</li> <li>• NLHD has 400 seniors in chronic care management through ACO</li> <li>• Exploring inpatient dialysis capability at Hobbs Covenant</li> </ul>	Lea County Health Council
Future Initiatives:	<ul style="list-style-type: none"> <li>• Encourage a culture of healthier eating and exercise <ul style="list-style-type: none"> <li>○ Provide physicians tools such as written brochures with preventive measures that are specific to common issues in Lea County</li> </ul> </li> </ul>	Lea County Health Council, Hospitals



<b>Priority #5: Chronic Disease Prevention and Management</b>		<b>Leadership</b>
	<ul style="list-style-type: none"> <li>○ Promote the Lovington Wellness Center and the CORE in Hobbs</li> <li>○ Create an easily distributed message to help promote proactive preventive measures</li> <li>○ Provider and community organization partnerships</li> <li>• Hobbs to define future strategic role for cath lab to align with cardiology service line</li> </ul>	

<b>Priority #6: Teen Pregnancy and Prevention</b>		<b>Leadership</b>
Current initiatives:	<ul style="list-style-type: none"> <li>• NLHD school-based clinic in Hobbs will reopen April 1 with pharmacy and license for family planning</li> <li>• STD education and prevention with DOH leadership</li> <li>• Continue to expand the impact of initiatives lead by MyPower including the UNM LARC Project, InforMeNM.org, and The Maze of Life</li> </ul>	Lea County Health Council
Future Initiatives:	<ul style="list-style-type: none"> <li>• Explore the addition of school-based family planning program in Lovington</li> </ul>	Lea County Health Council

## **Appendix**

### **Lea County Health Needs Assessment CHAT Team Members, 2020-21**

- **Lovington**
  - David Shaw, CEO, Nor-Lea Hospital District
  - James Williams, City Manager
  - Pat Wise, Nor-Lea Hospital District Board Member
- **Covenant**
  - Bruce White, CEO, Covenant Health Levelland
  - Dan Springer, CEO, Covenant Health, Hobbs Hospital
  - Paula Smith, Covenant Health Hobbs Hospital Advisory Board
  - Richard Parks, CEO, Covenant Health
- **Jal**
  - Stephen Aldridge, Mayor and Board Chair of the Jal Clinic
- **Tatum**
  - Agustin Dorado, Board Chair
- **Hobbs**
  - Manny Gomez, City Manager
  - TJ Parks, Superintendent, Hobbs Municipal Schools
- **Lea County**
  - Mike Gallagher, County Manager
  - Rebecca Long, Commissioner
- **NMJC**
  - Kelvin Sharp, President
- **Guidance Center of Lea County**
  - Carrie Cooper, CEO