



**“Working with our community partners,
UNM Health Sciences Center will help New Mexico make
more progress in health and health equity than any other state by 2020”**

Lea County

Total Population: 55,655

Total Square Miles: 4,393

Major Population Centers: Lovington, Hobbs

Economic Base: Farming, Dairy, Ranching, Oil, Gas,
Manufacturing, Government

Lea County Comprehensive Health Planning Council Two Priority Needs:HousingTeen Pregnancy**Community Profile****Psychosocial Vulnerabilities**

- * Average income for females is 1/3 less than for males
- * 28% of children and 15% of over-65 live in poverty
- * Heart disease death rate higher than state average
- * Significant (but unreported) adolescent and adult alcohol and drug abuse
- * Significant (but not completely reported) child abuse
- * Significant lack of available mental health services

Populations with different planning needs

- * Nearly 1/3 of population speak a language other than English at home
- * Teen birth rate and single mother rate significantly higher than state average
- * Approximately 9% of adult population has diabetes
- * High proportions of asthma and upper respiratory disease
- * Approximately 6,700 residents over-65
- * 200 inmates housed at Lea County Detention Facility, 32/year at Hobbs Detention Facility

Psychosocial Response Capacity

- * Guidance Center of Lea County, Nor-Lea General Hospital, Community Dental have partnered to re-open Southside Clinic, providing full spectrum of health care
- * United Way is considered lead agency in county for volunteer coordination
- * Emergency planning efforts not well coordinated
- * Population's general awareness of potential hazards is low

Emergency Response & Recovery Planning

- * No County Emergency Manager; no county emergency plan in place
- * Significant flooding and extreme hail storms on several occasions
- * Emergency Operations are currently coordinated by Hobbs Fire Department from Central Fire Station

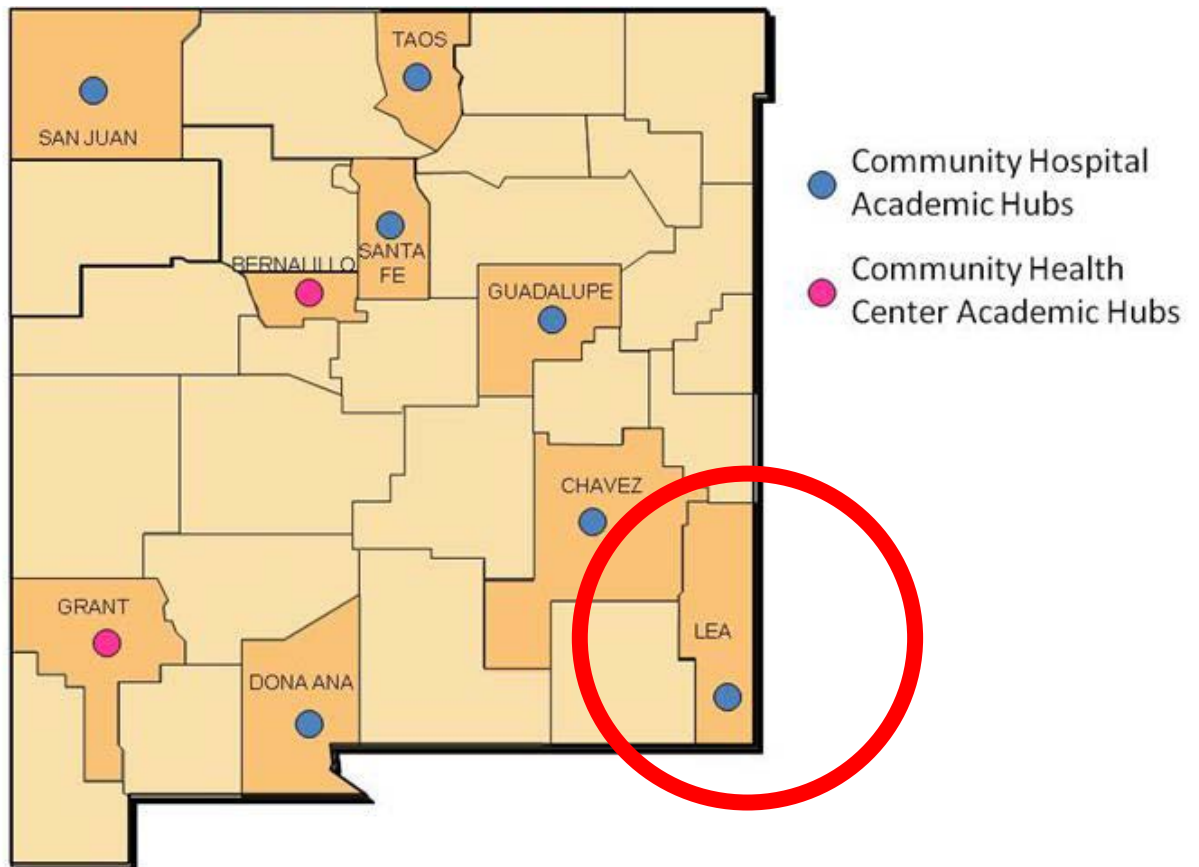
County Health Council proposed activities:

- * Educate residents about teen pregnancy; conduct town hall to address issue in each community
- * Encourage local entities to participate in Male Involvement programs
- * Increase amount of affordable homes available for purchase and rent
- * Increase amount of essential workforce housing units available in local communities
- * Encourage private builders to build market units
- * Increase number of students in Home Buyer Education and increase program graduates who buy homes

Healthcare Clinics and Resources in Lea County

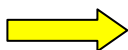
- Lea Regional Medical Center (Academic Hub)- Hobbs
- Presbyterian Medical Services Clinic (FQHC)- Hobbs
- Nor-Lea Hospital- Lovington
- Jal Clinic (FQHC)- Jal

HSC-linked Community Hospital & Community Health Center Academic Hubs

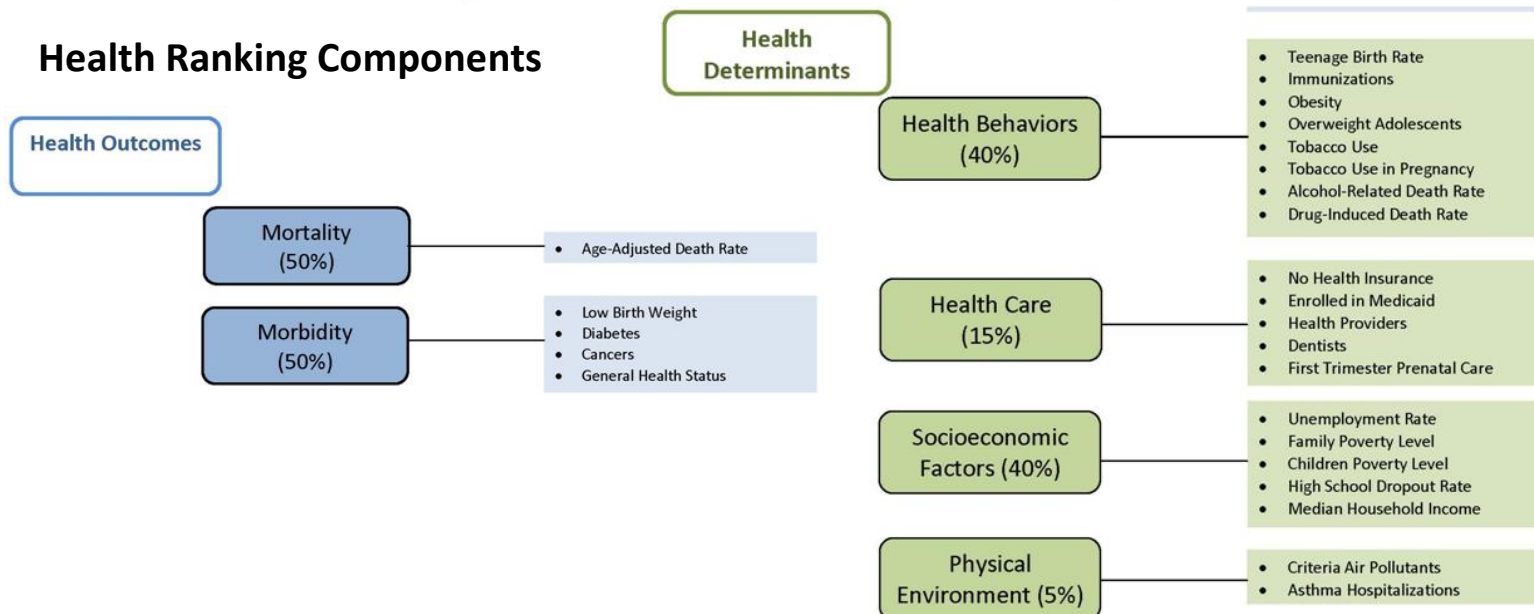


COUNTY HEALTH RANKINGS

County	Overall Rank	Health Outcomes	Health Determinants
Los Alamos	1	2	1
Santa Fe	2	4	2
Lincoln	3	1	7
Sandoval	4	8	3
Taos	4	3	8
Bernalillo	6	9	4
Otero	6	7	6
Colfax	8	9	5
San Juan	9	6	10
Dona Ana	10	5	16
Grant	11	11	11
Curry	12	14	12
Roosevelt	12	12	14
McKinley	14	12	21
Lea	15	25	9
Eddy	16	22	13
San Miguel	16	20	15
Cibola	18	18	18
Torrance	18	14	22
Valencia	18	16	20
Chaves	21	22	17
Sierra	22	17	24
Rio Arriba	23	24	19
Quay	24	19	25
Luna	25	21	26
Socorro	26	26	23



Health Ranking Components



	Estimated # of Hlth Professionals Needed per Population	Licensed Health Professional Residing in Lea County	Provider Gap
Physicians	108	60	48
Nurse Practitioners	27	17	10
Pharmacists	46		
Physician Assistants	27	6	21
Occup. Therapists			
Physical Therapists	22	15	7
Dentists	39	7	32
Registered Nurses	466	379	87
LPNs		144	
Cert. Nur. Midwives			
Licensed Midwives			

HSC Educational Activities in Lea County:

- 4 UNM SOM student and/or resident grads practicing in Lea County
- Current HSC students from Lea County:
 - 2 medical students
 - 2 BA/MD students
 - 1 PA student
 - 1 Nursing student
 - 3 Pharmacy students
- 15 Student/resident months supported by AHEC
- 4 Emergency Medical Services grads from county, 4 Ctr for Disaster Medicine members
- 6 months med student Community Immersion Experience w/ community preceptor

HSC Services Provided to Lea County

- 940 calls to NM Poison Center
- 9 Lifeguard Air Emergency transports to UNMH
- 2 Project ECHO participating providers (Hep C)
- 573 Hours of client services, Ctr for Developmental Disabilities
- 25 County residents served at UNM CRTS
- 681 total Lea County patient visits at UNMH and clinics
 - 40 charity care
 - 54 uninsured
 - 681 compensated care
- \$273,068 in uncompensated cost of care of Lea county residents

CATEGORY	US	NM	Lea County
Behavioral/Social Factors			
Prevalence of Smoking (percent adult population) <i>The percentage of adults who smoke tobacco products regularly.</i>	21	21	29
Prevalence of Youth Smoking (percent high school students) <i>The percentage of middle and high school students who smoke tobacco products regularly.</i>	23	24	17
Prevalence of Obesity (percent adult population) <i>The percentage of the adults estimated to be obese, defined by having a body mass index (BMI) of 30.0 or higher. BMI is equal to your weight in pounds divide by your height in inches squared and then multiplied by 703.</i>	24	23	29
Lack of Physical Activity (percent adult population) <i>The percentage of adults who do not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.</i>	24	23	33
Oral Health (percent adults missing 6 or more teeth) <i>The percentage of adults with six or more permanent teeth removed because of tooth decay or gum disease.</i>	33		
Motor Vehicle Deaths (per 100,000) <i>The number of deaths due to motor vehicle crashes per 100,000 population</i>	15	23	29
Homicide Rate (per 100,000 population) <i>Number of deaths resulting from intentional use of power, threatened or actual, against another person, group or community, per 100,000 residents</i>	6	8	
Drug Deaths (per 100,000 population) <i>Number of deaths in which drugs are the primary cause, whether unintentional or intentional, per 100,000 population</i>	11	18	12
Alcohol-related Deaths (per 100,000 population) <i>Number of deaths attributed to alcohol per 100,000 population</i>	27	48	43
Teen Birth Rate (per 1,000) <i>Number of births to females age 15-17 per 1,000 of same age group female population.</i>	22	37	52
Occupational Fatalities (per 100,000 workers) <i>Number of agricultural or non-agricultural work-related fatalities by county of occurrence.</i>	5		
Demographics			
High School Graduation (percent adults 25 or older) <i>The percentage of adults 25 years or older who have graduated from high school.</i>	84	82	67
Per Capita Personal Income <i>Mean income computed for every man, woman and child in a particular group.</i>	\$33,689	\$31,474	\$32,550

CATEGORY	US	NM	Lea County
Health Access			
Uninsured population (percent under 65) <i>The percentage of population age 18-64 not covered by private or public health insurance.</i>	16	23	28
Primary Care Physician to Population Ratio (1:3,500) <i>Total of active non-federal general practitioners, family physicians, general internal medicine, and non-specialist pediatricians relative to the population group.</i>	3.7	1.2	
Prenatal Care (percent pregnant women) <i>Percentage of live births for which prenatal care was received in the first trimester.</i>	84	71	76
Immunization Coverage (percent children 19-35 months) <i>Percentage of children ages 19 to 35 months who have received the suggested early childhood immunizations, including recommended dosages for DTP, poliovirus, MCV, HiB, HepB.</i>	77	76	88
Health Outcomes			
Low Birthweight (per 1,000 live births) <i>Neonates, regardless of gestational age, whose weight at birth is less than 2,500 grams. A neonate is a live born infant.</i>	8	9	9
Infant Mortality (per 1,000 live births) <i>Deaths at any time from birth, but not including, one year of age.</i>	7	6	6
Infectious Diseases (per 100,000 population) <i>The occurrence of Acquired Immune Deficiency Syndrome (AIDS), tuberculosis and hepatitis (all types)</i>	23		
Prevalence of Diabetes (percent adults) <i>Adults told by their doctor that they have diabetes.</i>	8	7	11
Limited Activities in Previous Month (percent adults) <i>Percent of adults who could not perform work or household tasks due to physical, mental or emotional problems.</i>	19		
Cardiovascular Deaths (per 100,000 population) <i>Deaths caused by diseases of the heart and arteries, especially heart attacks and strokes.</i>	258	205	280
Cancer Deaths (per 100,000 population) <i>Deaths caused by a group of diseases characterized by uncontrolled growth and spread of abnormal cells.</i>	184	161	174
Total Mortality (per 100,000 population) <i>Measure of all causes of death.</i>	798	770	942
Suicide Deaths <i>Number of deaths attributed to suicide per 100,000 population.</i>	11	17	17
Premature Death (years lost per 100,000 population) <i>Years of potential life lost prior to age 75 is a measure of premature mortality that is calculated over the age range from birth to age 75.</i>	7,562		
Asthma Hospitalization Rates <i>Number of Hospitalizations for ages under 15 per 10,000 population.</i>		22	58

RACIAL AND ETHNIC HEALTH DISPARITIES

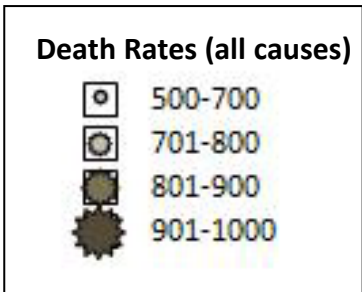
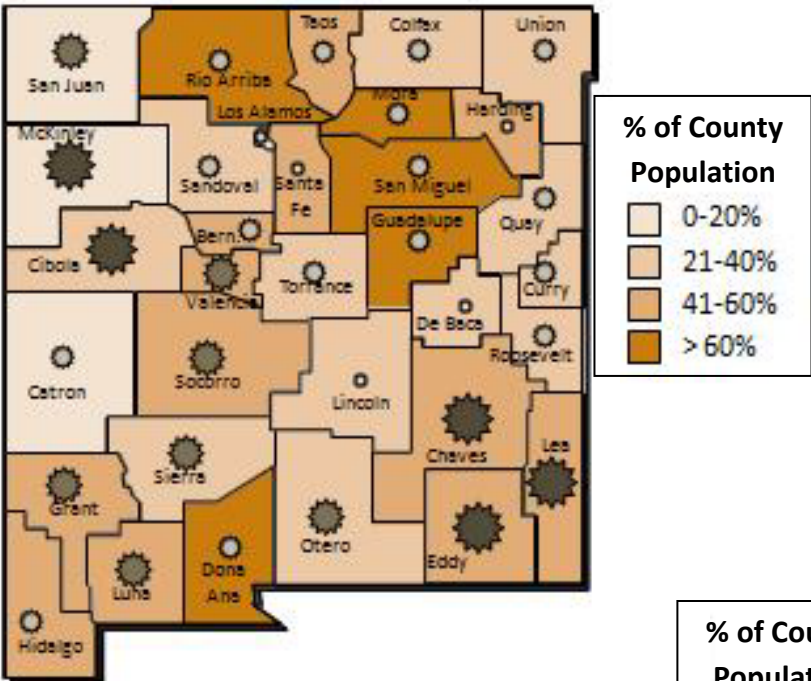
Prominent racial and ethnic groups in Lea County:

African American (second largest percentage in NM) and Hispanic

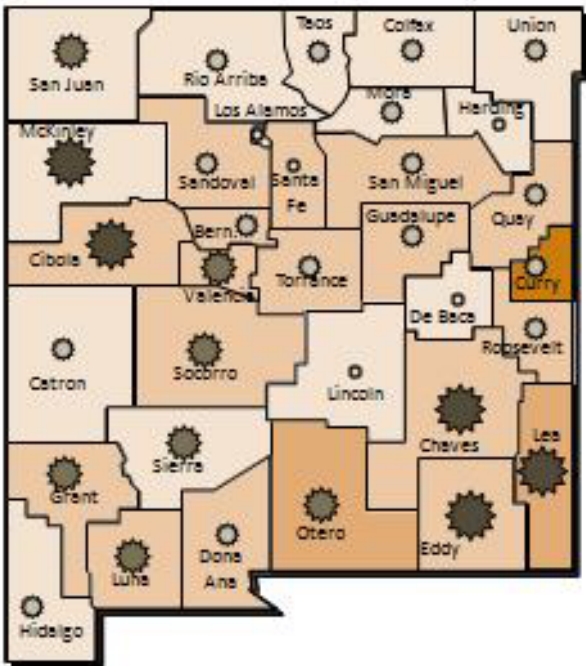
	NM	Hispanic*	African-American*
% Poverty	20.6	27.8	27.8
Teen mothers	44	47.8	53.9
% Low Birth Weight	7.5	7.5	9
Infant Mortality	6.4	6	8.6
Heart Disease Mortality	24	22	21
Cancer Mortality	20.8	18.7	22
Accidents- all	6.8	9.8	7.1
MV Accidents	2.9	4.3	2.7
Diabetes mortality	3.9	5.5	5.9
Suicide	2.6	2.7	2.3
Chronic Lower respiratory	5.8	3.7	5.1
Years Productive Life Lost	7,931	8,540	8,553
Homicide Rates	10.3	14.4	21.7
Obesity	24.7	27.3	32.6

*Rates for racial and ethnic groups statewide; DOH does not report rates in small populations.

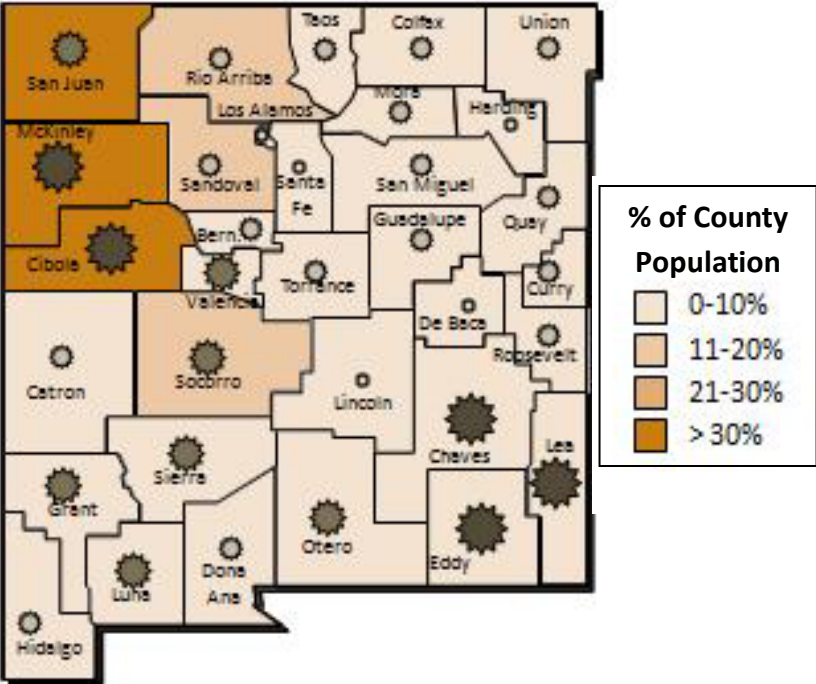
HISPANICS



AFRICAN AMERICANS



NATIVE AMERICANS



NM Junior College

Steve McCleery, President
Phone: 575.92.5004

Lea Regional Medical Center

Larry Payton, CEO
Phone: 575.492.5101

Lea County Health Planning Council

Patty Collins, Director

African-American Community

Khadijah Bottom, Community Organizer

_____, Vista Volunteer

J. Maddox Foundation

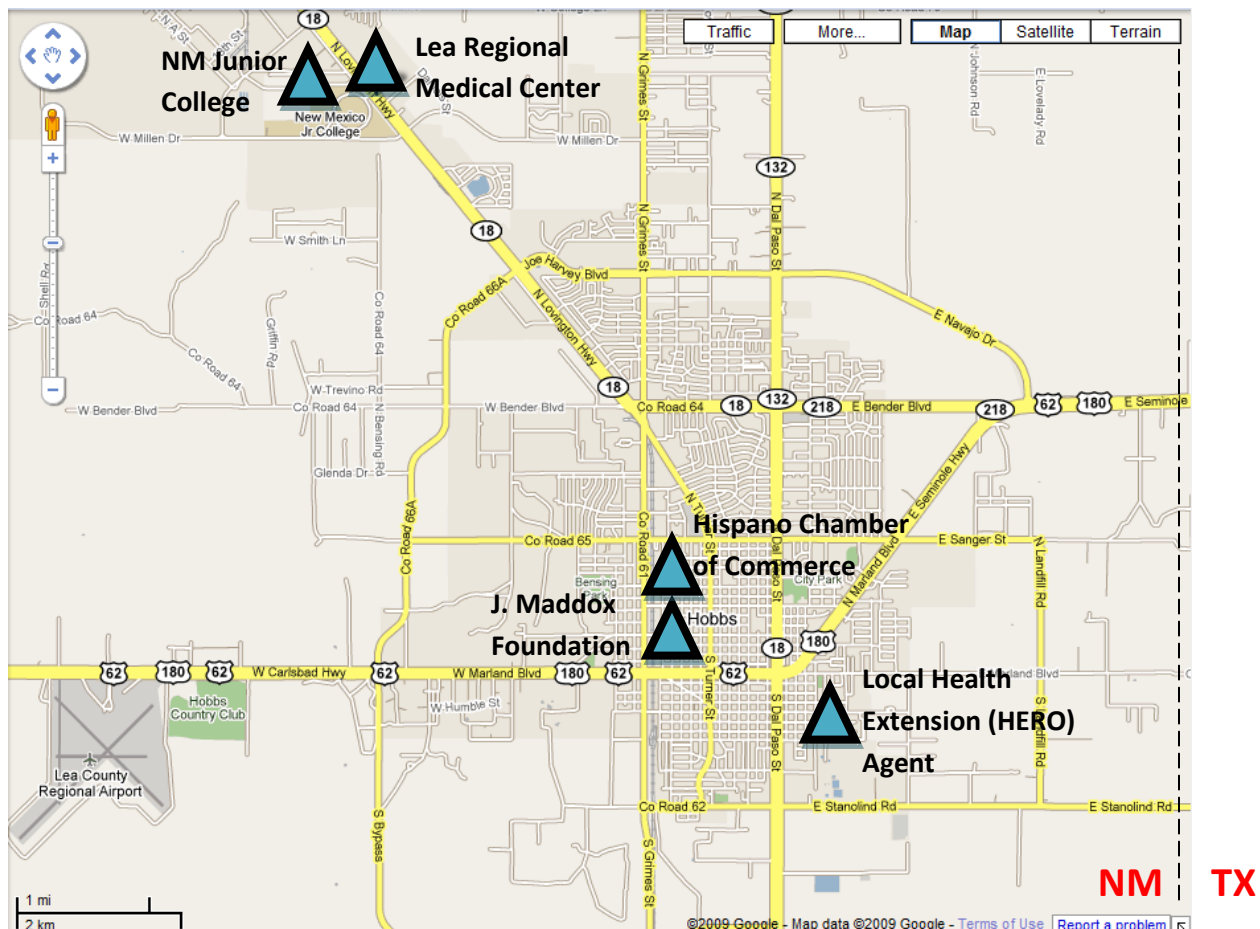
Bob Reid, Director
Phone: 888.868.1123 x22

Lea County Health Extension Agent

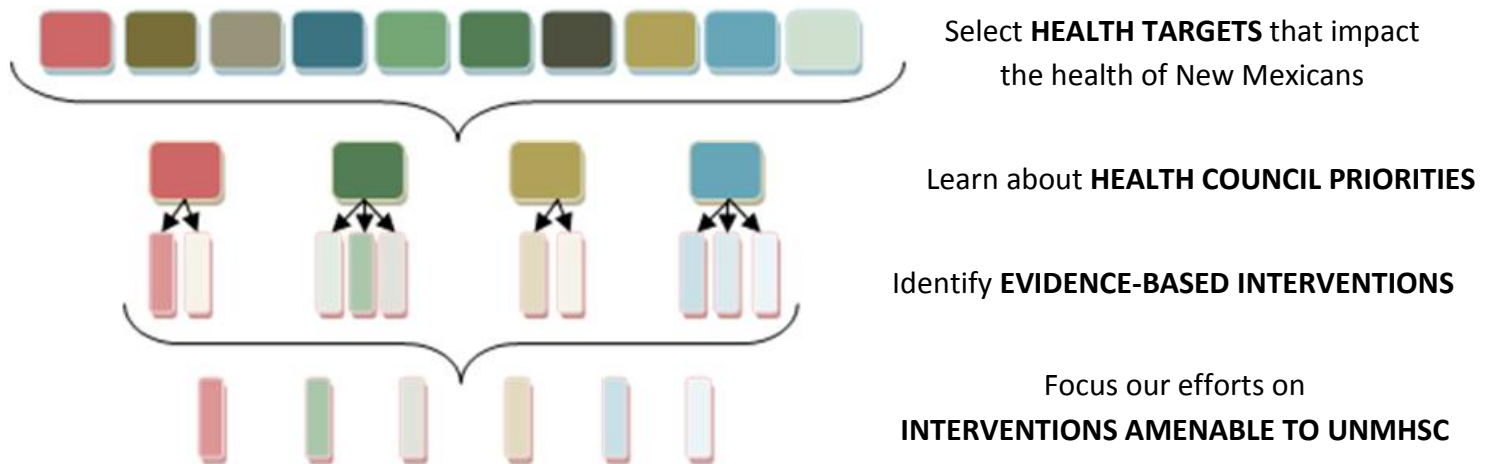
Khadijah Bottom, Local HERO
Phone: 575.691.9299

Southern NM Reg. HERO Coord.

Francisco J. Ronquillo, Regional Coordinator

Hispanic Chamber of Commerce

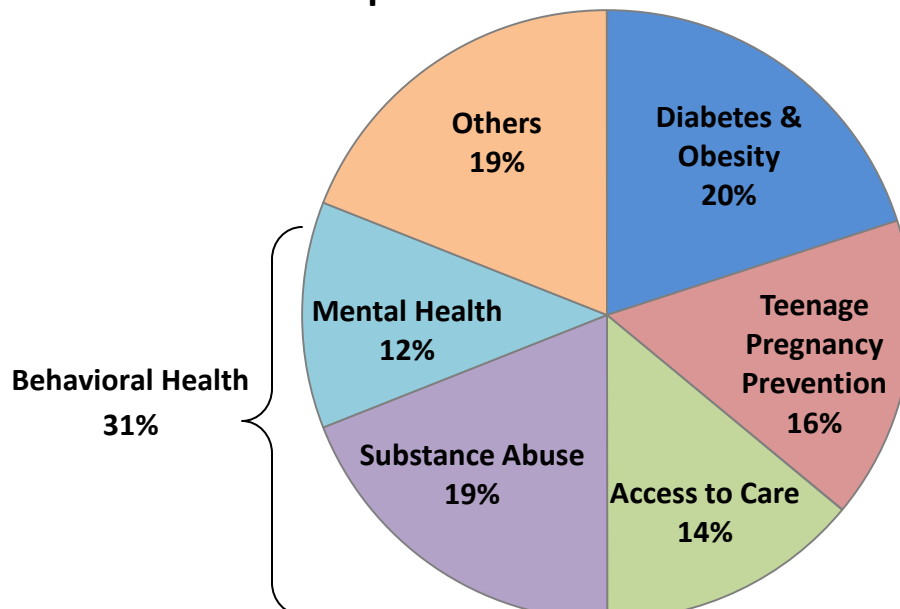
To focus our efforts on health outcomes we can improve, we will...



To assess impact on health beyond incidence, prevalence and severity, we will consider:

- Health disparity: differences in health status among different populations (racial, ethnic, socioeconomic, geographic, etc.)
- Health equity: the absence of systematic disparities in health or in the major social determinants of health. Equity is an ethical principle.

Top NM Health Council Priorities



Diabetes/Obesity/Inactivity

Lea County has a high rate of diabetes and obesity. Diabetes is the 7th leading cause of death in the US. Obesity, a risk factor for Type II diabetes, is present in over half of US adults, even rates are even higher in women, poor people, and people of color. More than half of US adults are physically inactive, even though regular physical activity can cut the risk for developing depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer.

Evidence based interventions include:

- Case management interventions to improve glycemic control
- Disease management programs
- Worksite programs to control overweight and obesity
- Point-of-decision prompts to encourage use of stairs
- Enhanced school-based physical education

Asthma

Lea County has a high hospitalization rate for asthma, poor housing, poor air quality and erratic provider use of asthma treatment guidelines, such as the ones below. Nationally, asthma affects 9% of children and 7% of adults, and disproportionately affects the poor. Asthma is the leading medical cause of school absence in children.

Evidence-based interventions include:

- Home-based, multi-trigger, multi-component environmental interventions
- Increased application of asthma treatment guidelines for parents, school nurses, providers
- Environment and policy interventions to assure access to health care services for children with asthma and to support environmental interventions

Teen Birth Prevention

The Lea County Health Council identified reducing “teen pregnancy” as one of two priority needs. One in five mothers of first-borns in New Mexico is less than 18 years of age, and half of these teen mothers have a second birth within two years. Early childbearing dramatically increases the risk of school dropout, living in poverty, living in a single-parent household, and low lifetime earning for the mother, and places the child at increased risk for multiple poor health and socio-economic outcomes.

Evidence-based interventions include:

- School-based clinics offering comprehensive health care, including confidential services
- Person-to-person interventions to improve caregivers' parenting skills
- Preventing Alcohol and Substance Abuse: Enhanced enforcement of laws prohibiting sales to minors