

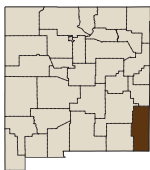
## County Health Report Card

# Lea County



### QUICK FACTS

	Lea County	New Mexico
Land area (square miles)	4,393	121,356
Population (2010)	64,727	2,059,179
Persons per square mile (2010)	14.7	17.0
Median household income (2009)	\$44,035	\$42,830
Persons below poverty (2009)	15.2%	18.2%
Unemployment rate (Dec. 2011)	4.2%	6.4%



# Lea County

Eunice, Hobbs, Jal, Lovington, Tatum

## INTRODUCTION

The **Vision 2020 County Health Report Cards** have been created to provide a resource to community partners as well as to inform Health Science Center (HSC) internally about the strengths and resources within our New Mexico counties.

In the report cards we provide selected contacts from the county that the HSC has relationships with and who represent many of the experts and leaders within the community. We also share general demographic information to provide context as well as information on licensed health professionals and some of the activities the HSC does in partner with communities in our mission areas of Education, Service, and Research. The report card highlights the priorities of the county as well as state-wide health priorities in order to guide the work of the HSC to meet the needs of the communities we serve.

The report card examines health outcomes and factors in relation to the other counties in the state. We also look at the health disparities in the county and state in an effort to understand how we can work towards our vision of “partnering with communities to improve health and health equity than any other state by 2020.”

The report concludes with a summary of the HSC Vision 2020 and identifies ways to partner to improve health in our communities. We identify some of the strategies the HSC is using to reach this vision through the leveraging of our resources to meet the needs of communities in the state including the use of the Health Extension model and the emerging Academic Health Hubs.

## LEA COUNTY COMMUNITY CONTACTS

### **J.F. Maddox Foundation**

P.O. Box 2588 Hobbs, NM 88241-2588

Phone Number: (575) 393-6338

Fax Number: (575) 397-7266

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

### **Lea Regional Medical Center**

5419 N. Lovington Highway

Hobbs, NM 88240

575-492-5275 (office)

575-492-5568 (fax)

<http://www.learegionalmedical.com/>

### **Nor Lea Hospital**

1600 N Main Ave

Lovington, NM 88260

(575-396-6611)

<http://www.nlgh.org>

### **New Mexico Junior College**

1 Thunderbird Circle

Hobbs, NM 88240

575.392.4510

800.657.6260

<http://www.nmjc.edu/>

### **Hobbs Hispano Chamber of Commerce**

113 N. Shipp, Hobbs, NM 88240

(575) 393-1030

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

### **New Mexico Department of Health**

302 N. Fifth Street,

Lovington, NM 88260, (505) 396-2853

1923 N. Dal Paso Street,

Hobbs, NM 88240, (505) 397-2463

### **African American Chamber of Commerce of**

**New Mexico, Hobbs Branch**

900 South Dal Paso, Hobbs, NM 88240

Phone: 505-359-5573

[info@hobbschamberofcommercenetwork.com](mailto:info@hobbschamberofcommercenetwork.com)

<http://hobbschamberofcommercenetwork.com/>



# Lea County

Eunice, Hobbs, Jal, Lovington, Tatum

## LEA COUNTY FACTS & FIGURES

## UNM HSC ACTIVITIES - 2011

### LEADING CAUSES OF DEATH

#### Deaths per 100,000

	Lea County	New Mexico
Cancer deaths .....	169.2	178.6
Unintentional injuries. ....	.63	67.7
Diseases of the heart .....	174.2	181
Chronic lower respiratory disease .....	.63	55.7
Suicide .....	21.6	21.2
Total Deaths .....	532	15,865

Source: NM DOH Indicator-Based Information System (NM-IBIS)

### Race/Ethnicity

	Lea County	New Mexico
Non-Hispanic White .....	43%	40.5%
Hispanic .....	51%	46.3
African American .....	4.1%	2.1%
American Indian .....	1.2%	9.4%
Asian .....	0.5%	1.4%
Hawaiian/ Pacific Islander .....	0.1%	0.1%

Source: U.S. Census Bureau, 2006-2010

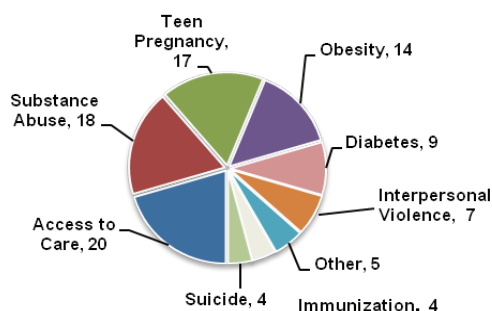
### Lic. Health Professionals

	Jan. 2011	Jan. 2012
MDs per Licensing Board: .....	52	55
DOs: .....	N/A	8
Physician Assistants: .....	4	6
Occupational Therapists: .....	N/A	N/A
Physical Therapists: .....	N/A	N/A
Dentists (per NM Dental Board, 1/11): .....	13	12
Registered Nurses: .....	593	442
Licensed Practical Nurses: .....	172	142
Certified Nurse Practitioners: .....	24	20
Certified Nurse Anesthetists .....	N/A	2
Certified Nurse Specialists .....	N/A	1
Registered Pharmacists .....	23	N/A

### Lea County Health Council Priorities (2011)

- Substance abuse
- Teen pregnancy prevention

Number of Councils working statewide in each priority area\* (1/09-12/09)



\* Councils work in multiple priority areas.

### Education

- 6 Physicians practicing in county graduated from or did their residency at UNM (*SOM Location Report '11*)
- 14 Current Health Sciences Center students county:
  - 5 Medical students
  - 3 Nursing students
  - 2 Pharmacy students
  - 2 BA/MD students
  - 1 EMS Academy student
- 6.25 Student/resident months in community rotations funded by Area Health Education Center
- 6 Months med student Community Immersion Experience w/ community preceptor
- 160 Hours BA/MD Summer Practicum with community preceptors
- 104 Hours of training/technical assistance, Ctr. For Development & Disability (FY11)

### Services Provided in County

- 804 calls to the New Mexico Poison Center in FY11
- 125 Hours Project ECHO - Hepatitis C, Cardiovascular Risk Reduction, Asthma, Integrated Addiction/Psychiatry - Teleconference & Grand Rounds
- 20 Hours Pulmonary Clinic Outreach, Dept. of Pediatrics
- 538 Hours of Specialized Clinical and Evaluation Services provided by the Ctr. For Development & Disability (FY11)
- 4 Hours Office of the Medical Investigator, Survivors of Homicide Group
- UNM Health Extension Rural Office (HERO) location and agreement with Lea Regional Hospital to be a regional academic/community health "hub" of UNM HSC
- 38 Lea County residents served at UNM Cancer Center (FY11)
- 1,068 total Lea County patient visits at UNMH and Clinics (FY11):
  - 43 Uninsured
  - 982 Compensated Care
- \$282,328 in uncompensated cost of care for Lea County residents (FY11)

### Research Outreach Activity

- Center for Rural & Community Behavioral Health



# Lea County

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## COUNTY HEALTH RANKINGS

### Counties receive two summary ranks:

- Health Outcomes
- Health Factors

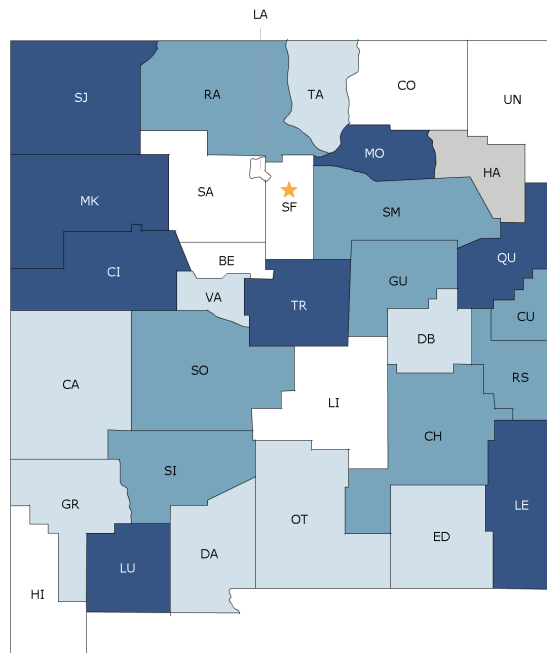
Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

### Industry and Natural Resources

Oil and gas is an important industry in Lea County as illustrated by this passage from the Lea County website – “Lea County is home of the single most important oil discovery in the history of the state of New Mexico. On June 13, 1928, when the discovery well in the Hobbs field “struck pay” the event led to the opening of one of the most valuable oil fields anywhere in the world. On an average, Lea County ranks 1st in oil production and 4th in natural gas production.” In addition to oil and gas other industry includes agriculture, cattle, and dairy. There is also a state correctional institution in the County.

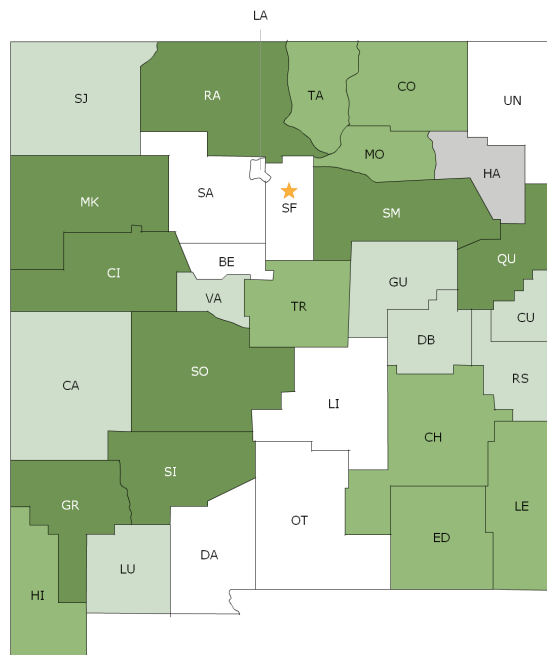
### 2011 Health Factors - New Mexico



Rank 1-8 Rank 9-16 Rank 17-24 Rank 25-32 Not Ranked

County Health Rankings  
Mobilizing Action Toward Community Health

### 2011 Health Outcomes - New Mexico



Rank 1-8 Rank 9-16 Rank 17-24 Rank 25-32 Not Ranked

County Health Rankings  
Mobilizing Action Toward Community Health



# Lea County

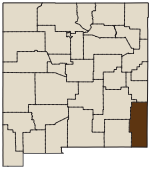
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## COUNTY HEALTH RANKINGS

Below is a table of selected health factors and outcomes for all New Mexico counties (a ranking of 1 is best, 33 is worst).

Lea county is highlighted.

	Mortality	Morbidity	Behavioral Health	Obesity	Binge Drinking	Teen Pregnancy	Primary Care Physicians	Preventable Hospital Stays	High School Graduation	Children in Poverty
County	Rank	Rank	Mentally Unhealthy Days	% Obese	% Excessive Drinking	Teen Birth Rate	PCP Ratio	ACSC Rate	AFGR	% Children in Poverty
			3.5	23	14	64	832:1	61	59	24
Bernalillo	7	11	3.5	20	13	60	581:1	39	50	20
Catron	13	21	4.5	19	14	39	858:1	56	90	42
Chaves	20	17	3.2	28	14	79	863:1	68	60	29
Cibola	29	25	4.0	29	13	73	756:1	67	70	32
Colfax	8	30	4.0	18	17	59	1077:1	83	60	28
Curry	9	18	3.2	26	14	94	1184:1	83	65	27
De Baca	13	12	3.1	24	13	56	931:1	69	80	29
Dona Ana	2	7	3.2	25	17	75	1151:1w	61	60	33
Eddy	22	16	4.1	29	15	84	1569:1	60	65	21
Grant	15	28	4.4	21	16	66	882:1	69	75	29
Guadalupe	23	8	3.5	23		62	1440:1	102	75	31
Harding	NR	NR		22			668:0	34	65	22
Hidalgo	21	22	4.1	22		65	5043:0	59	55	32
Lea	25	15	2.8	29	15	93	1907:1	77	65	20
Lincoln	10	6	3.1	20	13	54	1163:1	59	65	29
Los Alamos	1	2	3.1	19	10	10	456:1	41	95	3
Luna	17	20	3.6	26	14	98	2258:1	88	50	42
McKinley	31	13	3.3	35	13	64	749:1	126	55	40
Mora	5	31	4.4	20	10	37	4998:1	67	75	36
Otero	6	9	3.3	25	13	54	1347:1	77	75	27
Quay	28	27	5.6	28	10	75	1121:1	85	60	35
Rio Arriba	32	29	3.9	23	13	77	1310:1	63	50	24
Roosevelt	12	4	3.4	26	14	60	1562:1	111	70	29
Sandoval	4	3	3.2	23	14	43	1093:1	43	65	14
San Juan	18	10	3.9	28	13	67	1236:1	73	60	20
San Miguel	27	32	4.1	20	19	45	887:1	83	65	33
Santa Fe	3	5	3.2	13	14	50	616:1	34	50	18
Sierra	30	23	4.0	23	10	60	3176:1	63	65	39
Socorro	26	26	4.5	25	16	62	1134:1	69	65	40
Taos	19	24	3.3	16	18	54	553:1	76	60	29
Torrance	24	19	4.5	23	14	50	8164:1	49	60	30
Union	11	1	2.4	22	9	52	624:1	91	70	30
Valencia	16	14	4.0	27	14	67	2679:1	40	50	23



# Lea County

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## HEALTH DISPARITIES

**Health disparities** are health differences that are preventable. We measure and study health disparities in the population of our county and our state to learn how to improve health and prevent disease in ourselves, our families, our neighborhood and our community.

Examples of health disparities might be:

- School-aged kids who are not physically active do not do as well in school as kids who are physically active.
- Blacks with slightly high blood pressure are more likely develop higher blood pressure within one year than whites with slightly high blood pressure.

- Babies and children who live with adult smokers have more ear infections and asthma than children who live with adults who do not smoke.

The 10 leading health disparities in Lea County are listed below. For each health disparity, a proven way to improve health is listed:

### DISPARITIES BY POPULATION

**American Indians had the highest (worst) rates for:**

Homicide  
Diabetes Deaths  
Alcohol-Related Deaths  
Motor Vehicle Deaths  
Pneumonia & Influenza Deaths  
Youth Obesity  
Adult Obesity  
Not Receiving Pneumonia Vaccination (Adults 65+)  
Late Prenatal Care and  
Youth Suicide

**African-Americans/Blacks had the highest (worst) rates for:**

HIV/AIDS  
Infant Mortality and  
Smoking

**Hispanics had the highest (worst) rates for:**

Chlamydia  
Teen Births  
Drug-Induced Deaths  
Pertussis and  
Adults with Diabetes Not Receiving Recommended Services

**Asian/Pacific Islanders had the highest (worst) rates for:**

Acute and Chronic Hepatitis B

**Whites had the highest (worst) rates for:**

Suicide and  
Fall Related Deaths

### DISPARITIES SHOWING A CHANGE

**Disparities Showing an Increase:** HIV/AIDS, Suicide, and Homicide

**Disparities Showing a Decrease:** Pertussis, Motor Vehicle Deaths, Infant Mortality, Diabetes Deaths, Drug-Induced Deaths, Late or No Prenatal Care, Teen Births, Hepatitis B, Youth Suicide, Smoking, Adults Not Receiving Pneumonia Vaccination, Individuals with Diabetes Not Receiving Recommended Services

**Disparities Showing Little or No Change:** Alcohol-Related Deaths, Fall-Related Deaths, Chlamydia, Pneumonia & Influenza Deaths, Youth Obesity

### LARGEST DISPARITIES

The indicators with the greatest differences between populations in New Mexico are in order of disparity:

Indicator	* Population with Worst (Highest) Rate	Worst (Highest) Rate	* Reference Group - Population with Best (Lowest) Rate	Best (Lowest) Rate	Disparity Ratio
Acute and Chronic Hepatitis B	Asian/Pacific Islanders	101.7 per 100,000	Hispanic	2.6 per 100,000	38.5
Chlamydia	Hispanic	2,842.1 per 100,000	Asian/Pacific Islander	284.9 per 100,000	10.0
HIV/AIDS	African-American/ Black	23.8 per 100,000	White	4.9 per 100,000	4.9
Teen Births	Hispanic	43.6 per 1,000	Asian/Pacific Islander	10.4 per 1,000	4.2
Homicide	American Indian	14.1 per 100,000	White	3.8 per 100,000	3.7
Deaths due to Diabetes	American Indian	66.5 per 100,000	White	22.5 per 100,000	3.0
Alcohol-Related Deaths	American Indian	106.6 per 100,000	African-American/ Black	35.4 per 100,000	2.9
Infant Mortality	African-American/ Black	11.4 per 1,000	White	4.3 per 1,000	2.7

\* Disparities are only calculated for groups with at least 20 cases during the time period.



THE UNM HEALTH SCIENCES CENTER HAS COMMITTED ITSELF TO A NEW VISION:

# Vision 2020

UNM HSC will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.

We will do this by:

- Focusing on **evidence-based interventions** and **evidence-informed policy**
- Disseminating and **building on successful programs and pilots**
- And linking and aligning existing resources to **address community priorities for improving health and health equity**



UNM HEALTH SCIENCES CENTER

[hsc.unm.edu/Vision2020/](http://hsc.unm.edu/Vision2020/)

Thank you for your support in helping  
the HSC work with your community,  
coordinate and improve our current  
initiatives, and focus future initiatives  
based on your community's needs.

For more information or to get involved, contact:



Leigh Caswell

[lamason@salud.unm.edu](mailto:lamason@salud.unm.edu)

505.272.5377

Or visit <http://hsc.unm.edu/Vision2020/>



Find us on Facebook and Twitter!



*Office for Community Health*



## Health Extension Agents CTSC/HERO Collaboration

### Kathleen Moseley, RN, MS, AE-C

[kamoseley@salud.unm.edu](mailto:kamoseley@salud.unm.edu)

**Region/Community Served:** Southeast Region (Hobbs, Lovington, Carlsbad, Artesia)

**Educational Background:** MS in Preventive Medicine; Registered Nurse; certified asthma educator

**Areas of Expertise:** Asthma, provider education, use of best practices

**Areas of Interest:** Hearing sciences, community advocacy

**Experience with Community Research:** Measuring outcomes in community engagement research through Project ECHO; measuring provider education via telehealth using self-efficacy surveys; chart audits; utilization tools for evaluation of patient outcomes by managed care organizations

**Experience with Community Engagement:** Visiting nurse in rural communities; advocacy work; working with providers to increase use of best practices in asthma



### Amy Whitfield, LMSW

[awhitfie@salud.unm.edu](mailto:awhitfie@salud.unm.edu)

**Region/Community Served:** African American/Black population throughout New Mexico

**Educational Background:** B.S. in Psychology and Criminal Justice; MSW, current coursework toward PhD in Sociology

**Areas of Expertise:** Health issues specific to NM Black community (HIV/AIDs, diabetes, juvenile justice, teen pregnancy); faith communities providing healing services (support groups, pastoral counseling, psycho-educational groups); developing community-based strategies; gender-based violence (sexual violence; dating violence; stalking); anti-oppression training; outreach to marginalized communities

**Areas of Interest:** Violence prevention and treatment; cultural narratives; women's health

**Experience with Community Research:** Social science research, focus groups

**Experience with Community Engagement:** Mentor of youth-led community center; developed Rape Crisis Center of Central New Mexico's outreach campaign for African Americans, including developing male involvement project and social marketing



# vision 2020

Partnering with the community to improve health and health equity in New Mexico

[hsc.unm.edu/vision2020](http://hsc.unm.edu/vision2020)