



Photo Credit: AGH; Artesia Chamber of Commerce

2022

Artesia General Hospital

Community Health Needs Assessment

- Eddy County, New Mexico -

*Paper copies of this document may be obtained at: Artesia General Hospital
702 N. 13th St. Artesia, NM 88210 or by phone 575.748.3333 or via the hospital website. ArtesiaGeneral.com*

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Perspective / Overview

About Artesia General Hospital

From Rural Hospital to Modern Day Innovator

Artesia General Hospital has been committed to delivering medical care to our community since the facility first opened its doors in 1939. Since then the hospital has grown into a 49-bed, non-profit facility serving Artesia and Southeastern New Mexico.

Patients come to Artesia General Hospital with a common need – to receive quality healthcare. We strive to be much more than a state-of-the-art hospital with a broad range of services – we strive to provide compassionate care. Our family atmosphere brings out the best in each person and empowers each of us to perform the best work of our lives.

We aspire to achieve the highest standards of quality and patient satisfaction. Our patient, physician and employee satisfaction rates are some of the most admired in the region and state, and our health care system is recognized as a leader in quality health care.

Our distinguished medical staff is why Artesia General Hospital draws patients from across Southeastern New Mexico. The vast majority of our physicians are board certified or board eligible in their medical specialties, and they have been trained at the nation's finest medical schools and hospitals.

Safety, effectiveness, patient centeredness, timeliness, efficiency and equity – these tenants are the foundation of our approach to quality. We compare ourselves against state and national benchmarks in these key areas to ensure we deliver the highest quality and safest care possible.

Our work and mission has always been guided by the needs of our patients and their families. We partner with our community to build, improve and sustain health care delivery and increase the health and well-being of those who live and work in Artesia as well as the surrounding regions.

Mission

Our mission at Artesia General Hospital is to be a provider of high-quality, patient-focused health care that is readily accessible, cost-effective and meets the needs of the citizens of Artesia and the other communities we serve.

Vision

To provide innovative healthcare services to the families of Artesia, Southeastern New Mexico and beyond.

Values

Stewardship

Managing resources of the organization in a careful and responsible manner.

Excellence

Maintaining state-of-the-art technology ensuring continuous quality improvement in the care of our patients, their families and the community.

Respect

Deferring to the most specific personal needs of patients and families.

Virtue

Maintaining the distinctions in our identity, traditions and cultural legacy that exemplify moral standards.

Integrity

Adhering to spiritual, ethical and community values that provide an assuring standard of practice to those who depend on us.

Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define 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.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2022 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Artesia General Hospital (AGH).

Artesia General Hospital as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based in Nashville, Tennessee, provided the analysis of community health data and coordinated and analyzed survey data to receive community input into the priorities for health improvement.



Starting on June 30, 2022, this report is made widely available to the community via Artesia General Hospital's website <https://www.artesiageneral.com> and paper copies are available free of charge at Artesia General Hospital, 702 N. 13th St., Artesia, NM 88210 or by phone (575)748-3333.



Artesia General Hospital's board of directors approved this assessment on June 22, 2022.

PROJECT GOALS



To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.



To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.



To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.



We initiated the Community Health Needs Assessment with the goal of assessing the health concerns and needs of our communities. This process allows us to build on what we are already doing to improve the health of our communities. The Community Health Needs Assessment will allow us to integrate the needs of the communities into our strategic plan moving forward,” said Dr. Joe Salgado, CEO Artesia General Hospital

The information gathered both from public health data and from community stakeholders provided the insight to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Rhonda B. Johnson, Director of Public Relations and Development, Artesia General Hospital



Community

Input and Collaboration

Data Collection and Timeline

In March 2022, Artesia General Hospital began a Community Health Needs Assessment for Eddy County New Mexico and sought input from persons who represent the broad interests of the community using a widely distributed community online survey.

- Information gathering, using secondary public health sources, occurred in April and May 2022.
- Community members participated in a survey to gain their perspectives on community health needs and issues from May 8 – June 13, 2022.

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 the community's health needs.

Participants

742 people responded to the community health survey focused on identifying and defining significant health needs, issues, and concerns of Eddy County. 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 to provide direction for the community and hospital to create a plan to improve the health of the communities.

Community Engagement and Transparency

Many members of the community participated in the survey. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. 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.

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

Input of medically underserved, low-income and minority populations was received through the survey.

Input of those with Expertise in Public Health

The Health Department received the survey for their input. The New Mexico Department of Health's vision is a Healthier New Mexico! The mission is: promote health and well-being, improve health outcomes, and ensure health equity. The goals for 2021-2023 are:

- Expand equitable access to services for all New Mexicans
- Improve health status for all New Mexicans
- Ensure Safety in New Mexico healthcare environments



Photo Credit: AGH

Community Selected for Assessment

Eddy County was the primary focus of the CHNA due to the service area of Artesia General Hospital. Used as the study area, Eddy County provided 75% of July 1, 2020, through June 30, 2021, inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Artesia General Hospital draws their 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 Study Area - 2022

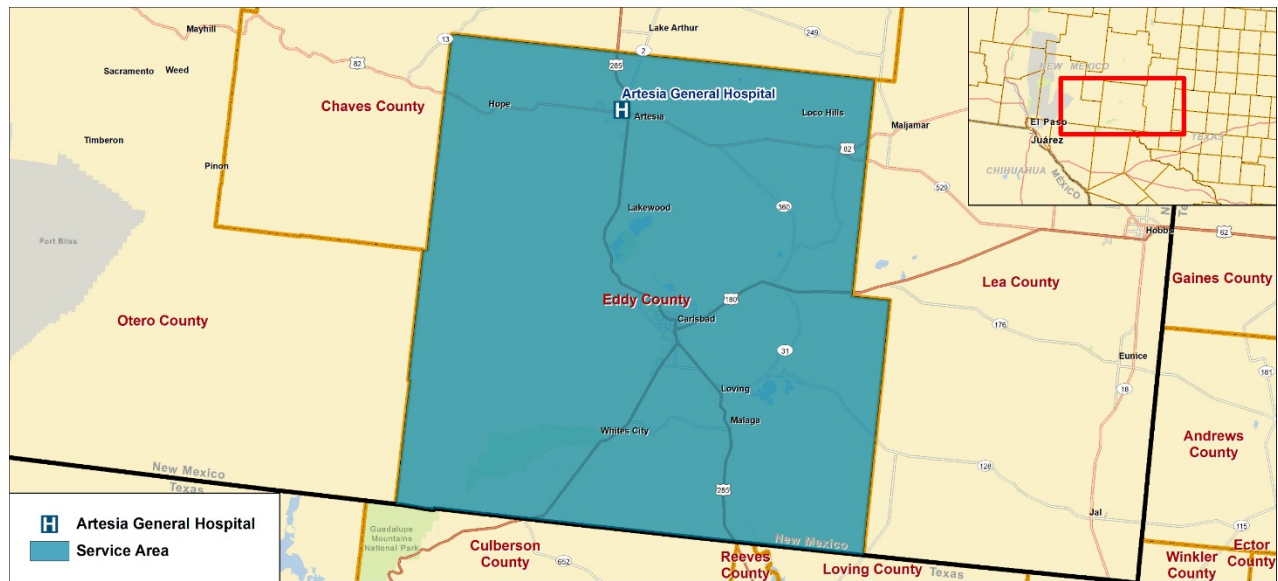


Photo Credit: HollyFrontier Refining & Marketing, LLC|LinkedIn

Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, and survey, the following significant health needs to be the focus of the work of the community over the next three years.

1. Health and aging
2. Healthy eating/active living
3. Access to care (including affordability)
4. Access to mental health services
5. Substance misuse treatment and prevention

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community surveys

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: AGH; Artesianews.com

Description of the Communities Served

Demographics

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

	Eddy County	New Mexico	USA
Population	58,692	2,149,586	333,934,112
Median Age	39.1	38.3	38.8
Median Household Income	\$68,457	\$51,889	\$64,730
Annual Pop. Growth (2021-2026)	0.56%	0.58%	0.71%
Household Population	22,489	833,481	126,470,675
Dominant Tapestry	Economic BedRock (10C)	Down the Road (10D)	Green Acres (6A)
Businesses	2,041	69,645	12,013,469
Employees	24,563	859,991	150,287,786
Health Care Index*	103	82	100
Average Health Expenditures	\$6,420	\$5,099	\$6,237
Total Health Expenditures	\$144.4 M	\$4.3 B	\$788.8 B
Racial and Ethnic Make-up			
White	73%	65%	69%
Black	2%	2%	13%
American Indian	2%	10%	1%
Asian/Pacific Islander	1%	2%	6%
Other	19%	16%	7%
Mixed Race	4%	4%	4%
Hispanic Origin	52%	50%	19%

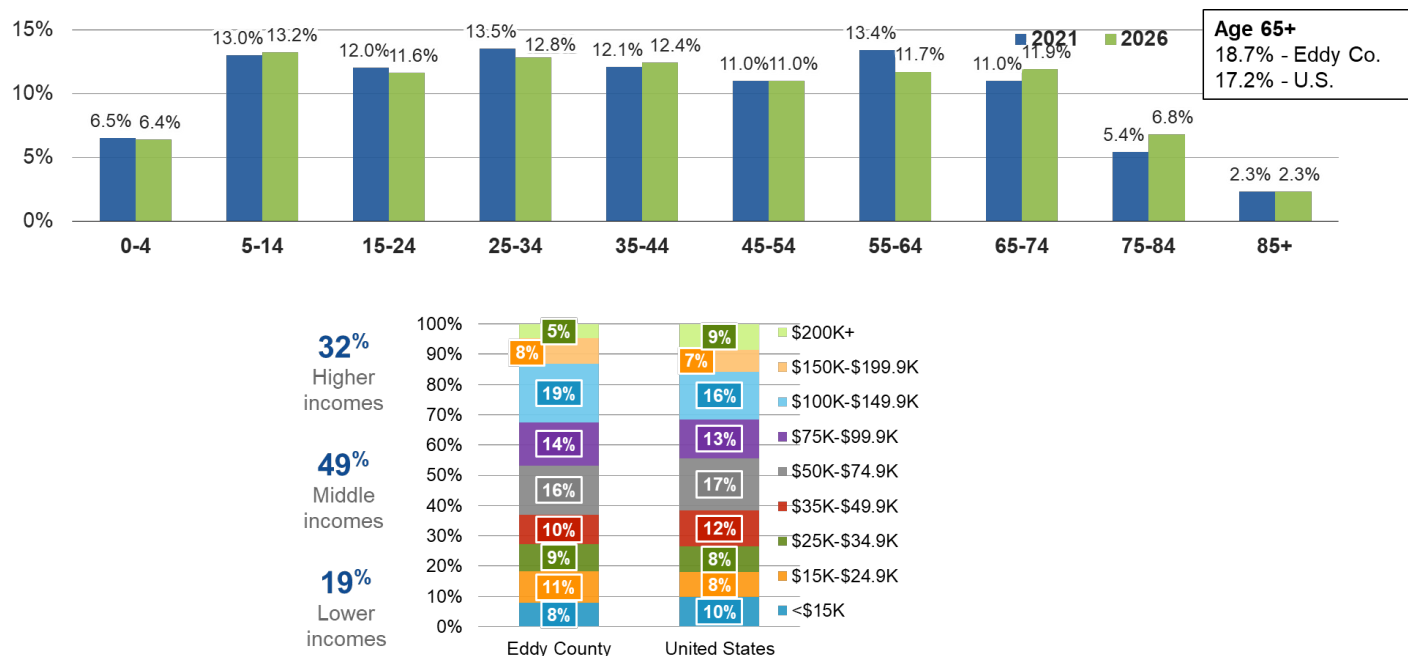
Source: ESRI

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

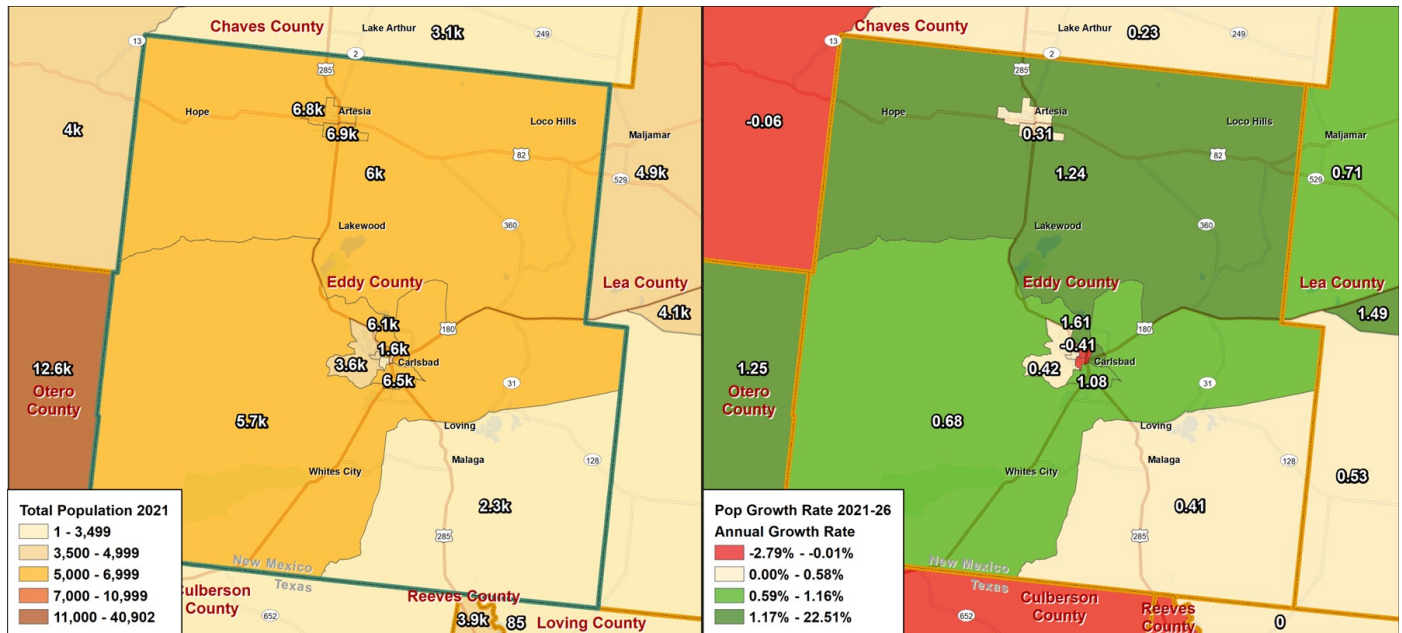
Eddy County



Source: ESRI

- The population of Eddy County is projected to increase from 2021 to 2026 (.56% per year). New Mexico is projected to increase 0.58% per year. The U.S. is projected to increase 0.71% per year.
- Eddy County had a higher median age (39.1 median age) than NM (38.3) and the U.S. (38.8). In Eddy County the percentage of the population 65 and over was 18.7%, higher than the U.S. population 65 and over at 17.2%.
- Eddy County median household income at \$68,457 was higher than NM (\$51,889) and the U.S. (\$64,730). The rate of poverty in Eddy County was 12.8% which was lower than NM (16.8%) but higher than the U.S. (11.9%).
- The household income distribution of Eddy County was 32% higher income (over \$100,000), 49% middle income, and 19% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Eddy County was 103, indicating 3% more was spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Eddy County was 73% White with 52% Hispanic origin, 2% Black, 2% American Indian, 4% mixed race, 1% Asian/Pacific Islander, and 19% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2021 Population by Census Tract and Change (2021-2026)



Source: ESRI

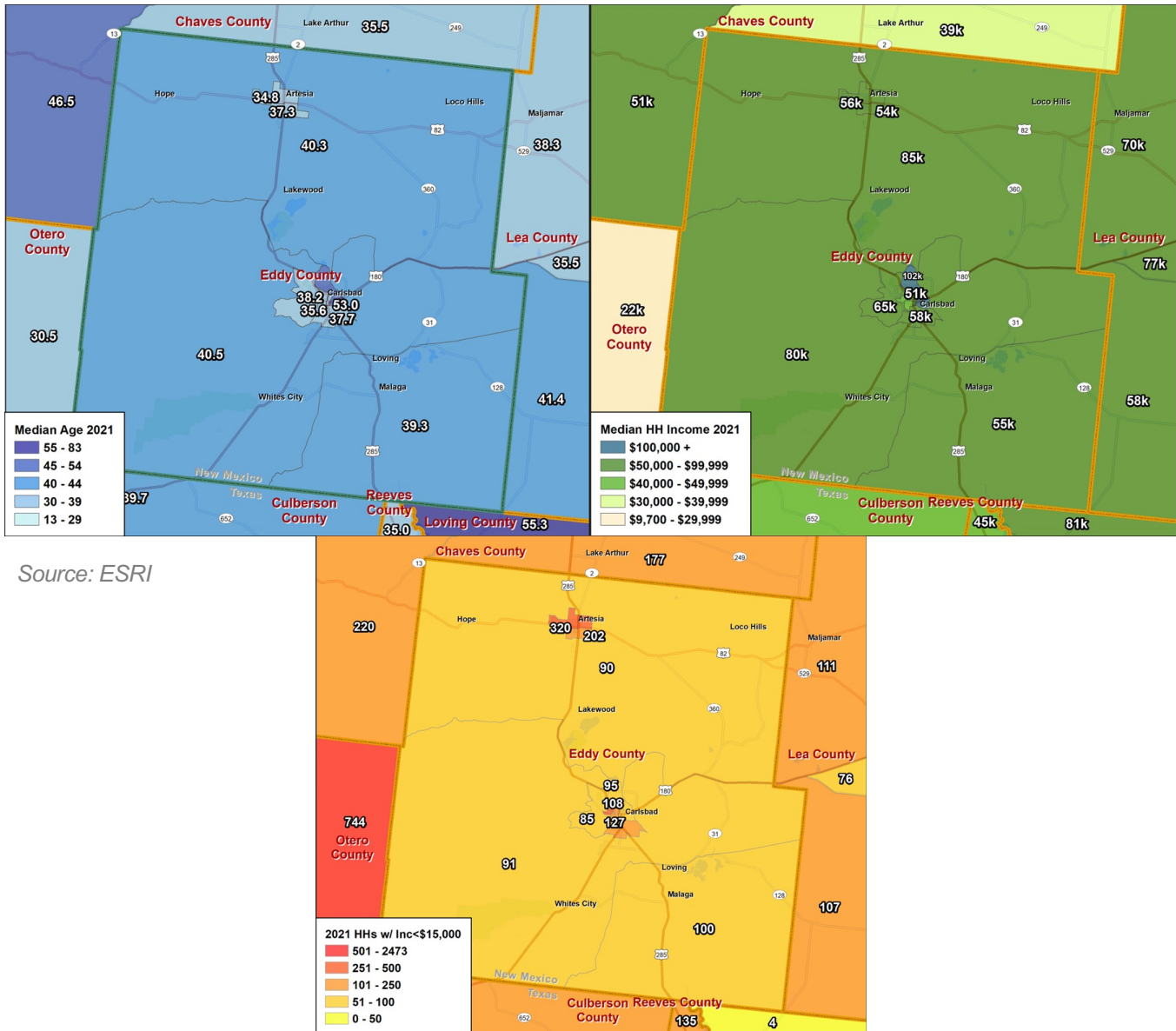
Red is population decline
 Yellow is positive up to the NM growth rate
 Green is greater than the NM growth rate
 Dark Green is twice the NM growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

The census tracts in Carlsbad and Artesia had most of the population in the county.

Eddy County's population was projected to increase from 2021 to 2026, .56% per year. The census tract in northern Eddy County is projected to grow the most over twice the NM growth rate at 1.24% per year. One small census tract in Carlsbad is projected to decrease .41% per year while a tract west of Carlsbad is projected to increase .68% per year. Artesia is projected to grow .31% per year.

2021 Median Age & Income



Source: ESRI

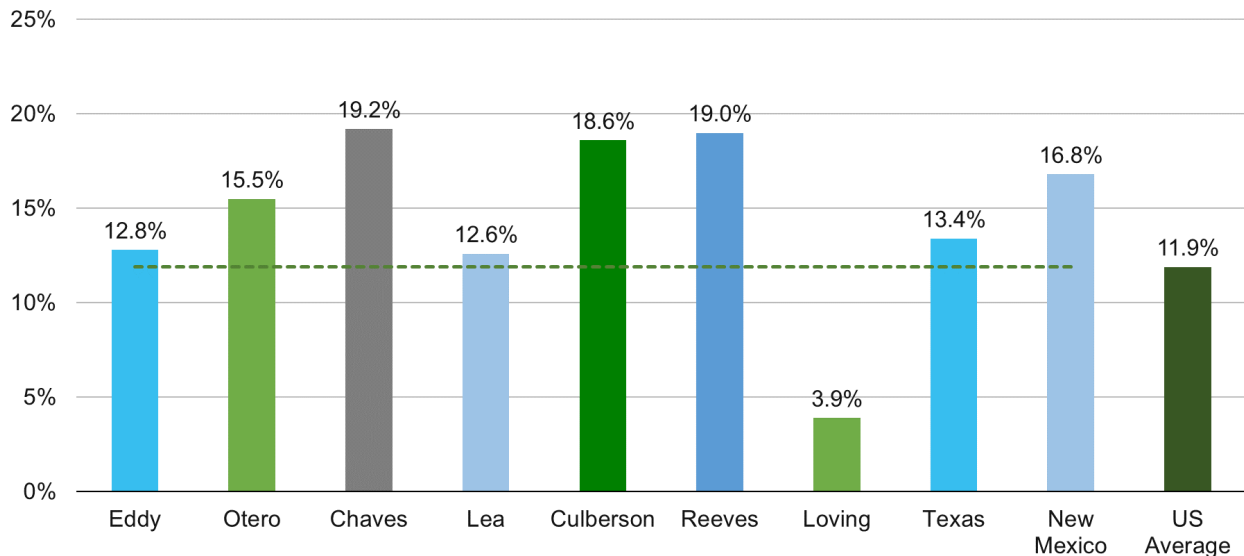
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in Carlsbad with a median age of 53 than the census tract in Artesia with a median age of 34.8.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. Except for one high income census tract in Carlsbad the median household incomes are consistent throughout the county.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have lower health status. The census tracts in Artesia had 522 households making less than \$15K per year.

Demographics, cont.

Eddy County's 2020 poverty percentage was 12.8% compared to New Mexico at 16.8% and the U.S. at 11.9%. The cost of living in Eddy County was lower than NM and the U.S.



Cost of Living

	Eddy County	New Mexico	USA
Overall	81.1	88.4	100
Grocery	94.2	93.3	100
Housing	70.7	83.6	100
Median Home Cost	\$179,300	\$246,000	\$291,700
Utilities	92.9	100.4	100
Transportation	68.8	84.6	100
Miscellaneous	95.1	94.8	100

Business Profile

54.6% percent of employees in Eddy County were employed in:

- Health Care & Social Assistance (13.9%)
- Retail Trade (12.3%)
- Accommodation & Food Service (10.0%)
- Construction (9.4%)
- Public Administration (9.0%)

Source: Esri

Retail offers health insurance at a lower rate than healthcare and public administration.

Eddy County's January 2022 preliminary unemployment was 6.9% compared to 5.9% for New Mexico and 4.0% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

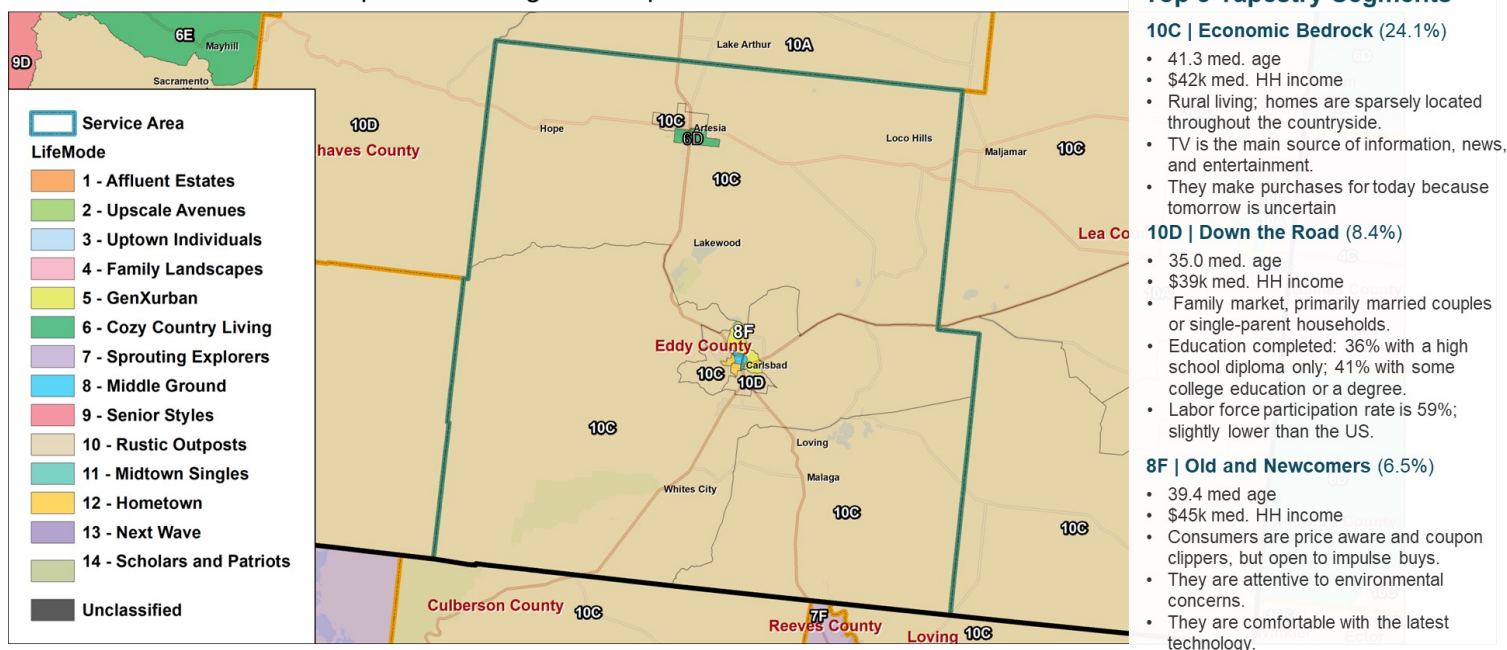
Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 39% of Eddy County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Economic Bedrock (24%), Down the Road (8%), and Old and Newcomers (7%). The map below demonstrates the dominant Tapestry Segment by census tract. Households in Eddy County are twice as likely to smoke 9+ packs of cigarettes in a week and to smoke cigarettes in the last 12 months and to use chewing or smokeless tobacco than the average US household. They are also more likely to visit a nurse practitioner, use high cholesterol prescription drug and an arthritis or osteoarthritis prescription drug than the average US household.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Studying their Tapestry Segments can help do meet people where they are.

Top three categories represent 39.0% of total households.



Source: ESRI

Survey Results

Survey

Community stakeholders representing the broad interests of the community as well as low income, medically underserved and minority populations participated in an online survey. The full survey results are in appendix 1.

742 surveys were completed. The survey was conducted from May 8 – June 13, 2022. Where possible results were compared to 2019 results, which contained 190 completed surveys. The 2019 survey was conducted May 8 – June 14, 2019.

Summary

The most significant health needs identified in the survey were

- Obesity – healthy eating, active living
- Substance misuse – alcohol and drugs
- Access to primary care
- Access to affordable healthcare
- Availability and quality of mental health services
- Access to affordable health insurance
- Responsible, involved parents
- Access to specialty care
- People who are unhoused

Most, 62.4% indicated their health was good, 26.9% fair, 7.4% excellent, and 3.1% poor.

Access to Care

Most respondents, 87.9% go to a primary care doctor when they need basic healthcare needs.

34% indicated there was a time in the past 12 months they needed to see a doctor but could not. The primary reason was the appointment was not available in a reasonable time followed by lack of access to a physician taking new patients.

8% indicated there was a time in the past 12 months they needed to see a mental health professional but could not. The primary reason was lack of access to a provider taking new patients and the provider wasn't available soon enough.

22% are very likely to utilize virtual physician care such as through the computer or smart phone. 34% are somewhat likely, 20% are somewhat unlikely and 24% are not at all likely.

Survey Results, cont.

Summary

Substance Misuse

35% personally or have a friend or relative who has experienced substance abuse or addiction. 56% indicated it was alcohol, followed by Meth at 38.7% and prescription drugs at 27.5%

20% indicated there was a time in the past month when they needed medications but could not obtain them. The primary reason was they could not obtain a prescription from a physician, 56.7% followed by lack of money or insurance for the drug, 24.2%

35% indicated they exercise regularly and 46% exercise semi-regularly. 16% never exercise. The primary reason given for never exercising is difficulty staying motivated followed by not enough time in my day.

12% smoke regularly and 3% vape regularly.

Healthy Eating

3.1% don't have access to healthy food. 54% cook at home 5-7 nights a week followed by 30% who cook 3-4 nights per week, 1% never cook at home. Most, 37.4% eat fast food 1-3 times per week, followed by a couple times a month. 23% indicated rarely eating fast food and 11% indicated 4-13 times a week. Most, 56% live one to five miles from a grocery store. 22% live less than a mile from a grocery store and 13% live five to ten miles, while 9% live more than 10 miles from a grocery store.

Housing Insecurity

10% indicate they spend 50% or more of their total monthly income on rent or mortgage payments. This is highly insecure. 19% spend 30% to 49% on rent or mortgage, which indicates insecurity. 42% spend less than 30%.

Health Conditions, Diseases or Challenges

51% surveyed have been told by a doctor they have high blood pressure. 39% have been told they are obese or overweight. 33% have high cholesterol, 28% arthritis, 21% diabetes and 15% have asthma. 28% believe they do not have all they need to manage their conditions. They most need: access to physicians, affordable healthcare/insurance, training on how to care for their condition and a better support system.

The healthcare, health education or public health services or programs they would most like to see offered are access to specialty physicians, affordable healthcare, healthcare resources for the uninsured or poor, wellness programs, affordable insurance, and primary care access.

COVID-19 disparities or inequities

29% responded that front-line workers (grocery store clerks, food preparation workers, police, fire, healthcare workers) were more likely to get infected. 26% believe those who are overweight or obese were more likely to have more severe disease and mortality rates. 25% believe some groups were more likely to have severe disease and mortality rates. 23% indicated differing access to healthcare caused disparities.

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Eddy County ranked 13th out of 33 New Mexico counties ranked for health outcomes (1= the healthiest; 33 = unhealthiest), and 11th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Eddy County were higher adult smoking, higher adult obesity, higher sexually transmitted infections, higher teen births, higher population to primary care physician, lower mammography screening, lower flu vaccinations, lower high school completion, higher income inequality, higher violent crime, higher injury deaths, higher air pollution, and higher percentage driving to work alone. The areas of strength were identified as higher food environment index, lower percentage of uninsured, lower preventable hospital stays, and lower percentage of children in poverty.

When analyzing the health status data, local results were compared to New Mexico, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Eddy County's results were worse than NM and the U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in New Mexico and eventually the nation, Eddy County must close several lifestyle gaps. For additional perspective, New Mexico was ranked the 46th healthiest state out of the 50 states. (Source: 2021 America's Health Rankings; lower is better) New Mexico strengths were high per capita public health funding, low prevalence of insufficient sleep and low levels of air pollution. New Mexico challenges were high prevalence of two or more adverse childhood experiences, low rate of high school graduation and low percentage of households with high-speed internet.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and surveys. If a measure was better than New Mexico, it was identified as a strength, and where an indicator was worse than New Mexico, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² 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 New Mexico's counties every year since 2003.

Comparisons of Health Status

In most of the following graphs, Eddy County will be blue, New Mexico (NM) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

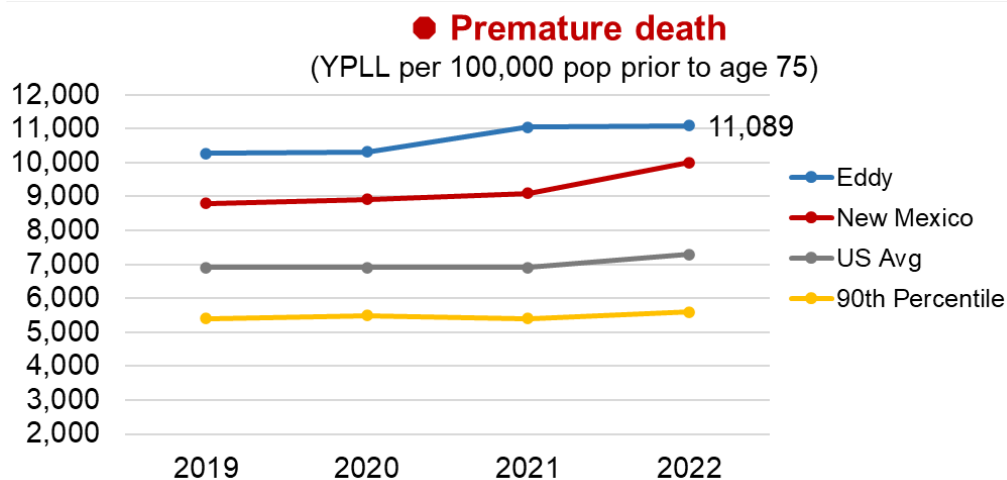
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Eddy County ranked 13th in health outcomes out of 33 New Mexico counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Eddy County ranked 9th in length of life in NM. Eddy County lost 11,089 years of potential life per 100,000 population which was higher than NM and higher than the U.S.

Eddy County residents can expect to live 3.7 years less than the average U.S. resident.



● Life Expectancy
(Average number of years a person can expect to live)

2018-2020		Eddy County		2018-2020	
Eddy County	74.3	American Indian & Alaska Native		NR	
New Mexico	76.9	Asian		NR	
US Avg*	77.0	Black		NR	
90th Percentile	81.1	Hispanic		74.8	
		White		73.6	

*US is 2020 data only. Due to Covid and impacts of Covid, life expectancy in the US decreased 1.8 years from 2019.

Source: Premature death and life expectancy - County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

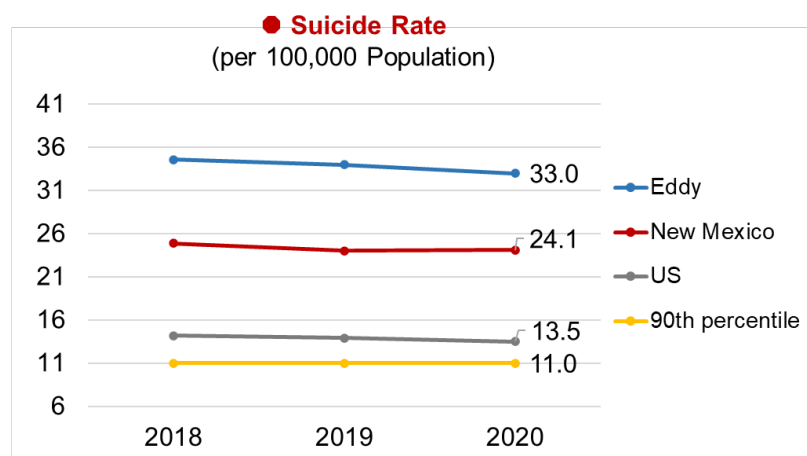
Cause of Death	Eddy County	New Mexico	US
Heart Disease	200.5	152.7	168.2
Cancer	152.4	129.8	144.1
COVID-19*	118.2	106.2	85.0
Accidents (Unintentional Injuries)	79.2	85.5	57.6
Respiratory Diseases	54.7	41.3	36.4
Strokes	32.6	34.6	38.8
Suicide	29.7	24.2	13.5
Alzheimer's	35.2	26.6	32.4
Diabetes	35.6	29.3	24.8
Hypertension and Hypertensive Renal Disease	8.7	6.1	10.1
Influenza and Pneumonia	16.2	13.4	13.0
Septicemia	18.2	9.4	9.7
Liver Disease	27.5	33.4	13.3
Nephritis, nephrosis	17.9	12.3	12.7

Age-adjusted rates per 100,000 population.
 Eddy County data combined from 2017-2020. US and NM data from 2020
 Rates that appear in red for a county denote a higher value compared to state data.
 Age Adjustment Uses 2000 Standard Population.

* Covid 19 Data from 2020

Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. Eddy County data from 2017-2020 combined. NM, US data from 2020. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

The leading causes of death in Eddy County were heart disease, cancer, followed by COVID, accidents, respiratory diseases, diabetes, Alzheimer's, suicide and respiratory disease, Alzheimer's disease, strokes, diabetes, strokes, and suicide,



Age-adjusted rates per 100,000 population.
 Eddy County, New Mexico, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.

The suicide trend decreased with Eddy County's rate higher than NM and the U.S.

Source(s): Wonder CDC.gov (2020) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Length of Life STRENGTHS

- Eddy County had lower death rates attributable to accidents, strokes and liver disease than New Mexico.

Length of Life OPPORTUNITIES

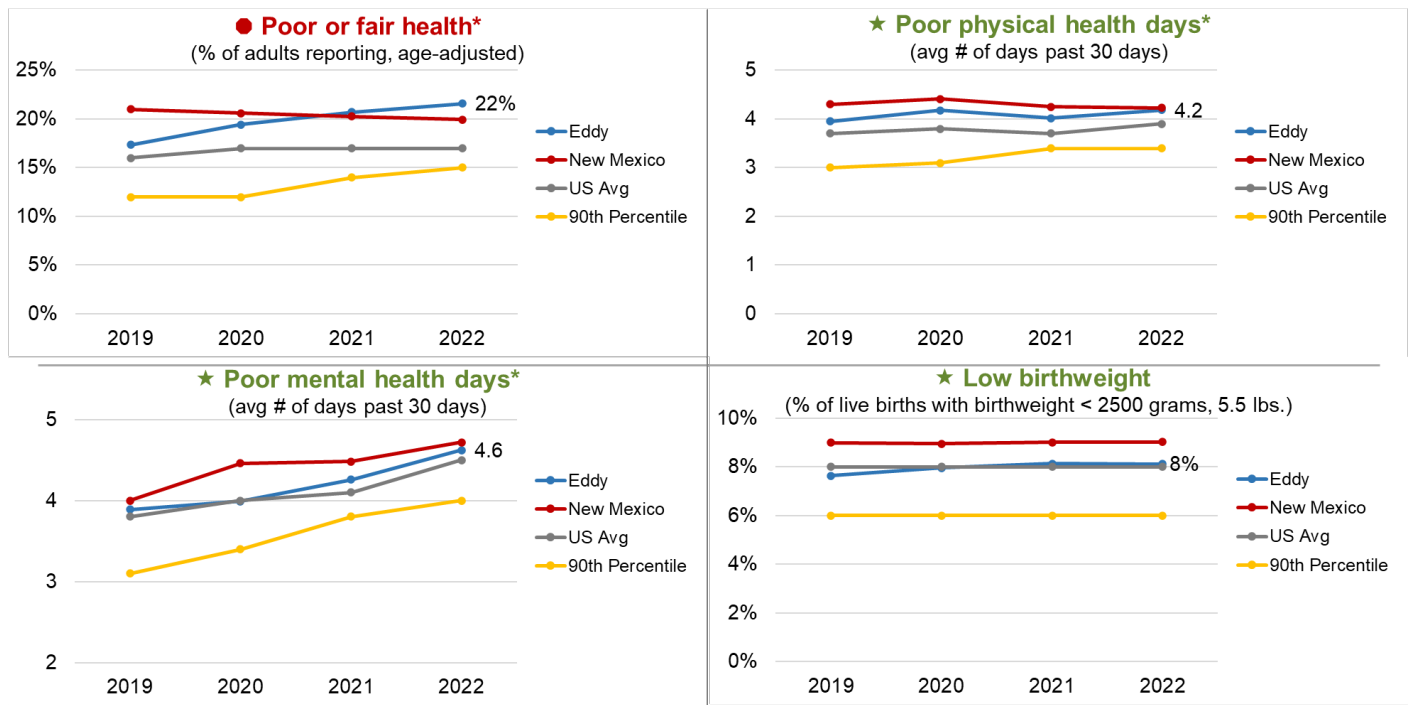
- Eddy County had a shorter life expectancy at 74.3 than NM (76.9) and the U.S. (77)
 - Eddy County had a higher death rates for heart disease, cancer, COVID-19, respiratory diseases, suicide, Alzheimer's, diabetes, hypertension, influenza and pneumonia, septicemia, and nephritis than NM and the U.S.
 - Eddy County had higher number of years of potential life lost prior to age 75 at 11,089 than NM (9,997) and the U.S. (7,300)
 - The white population had a lower life expectancy at 73.6 than the Hispanic life expectancy at 74.8, and both are below NM and the U.S..
-



Photo Credit: AGH; Artesia Chamber of Commerce

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, or 5.5 lbs. Eddy County ranked 9th in quality of life out of 33 New Mexico counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- Eddy County had a lower percentage of low birthweight babies at 8% than NM.
- Eddy County had a lower percentage of adults reporting poor mental health days than NM at 4.6.
- Eddy County had a lower percentage of adults reporting poor physical health days than NM at 4.2.

Quality of Life OPPORTUNITIES

- Eddy County had a higher percentage of adults reporting poor or fair health than NM at 22%.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Eddy County ranked 11th in health factors out of 33 New Mexico counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Eddy County ranked 15th in health behaviors out of 33 counties in New Mexico.

● Adult obesity

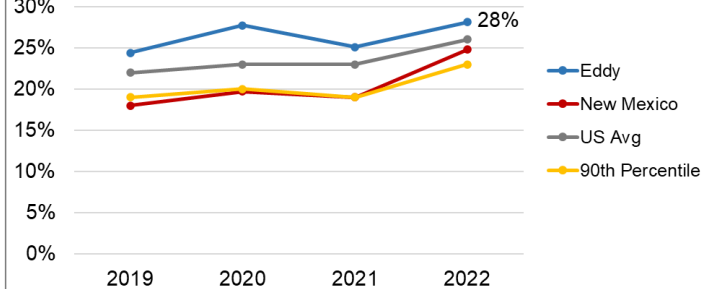
(% of adults that report a BMI of 30 or more)

	2022
Eddy County	34%
New Mexico	32%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

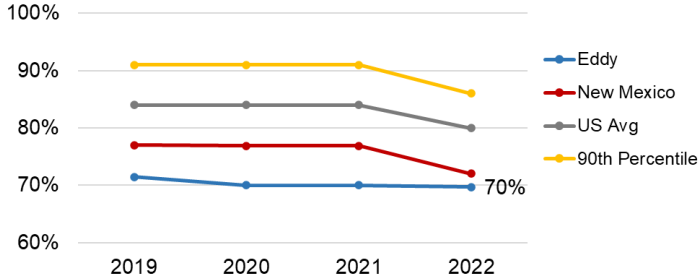
● Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



● Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



★ Adult smoking

(% that report every day or "most days")

	2022
Eddy County	16%
New Mexico	16%
US Avg	16%
90th Percentile	15%

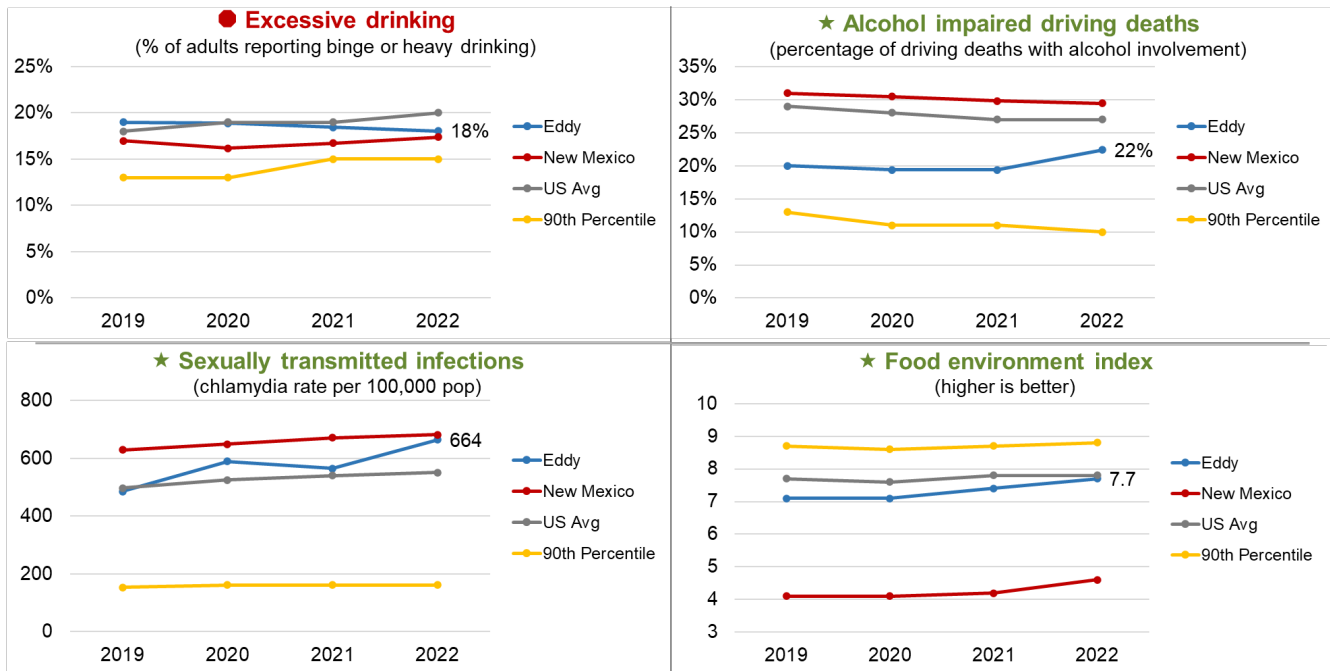
Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Health Behaviors, Cont.



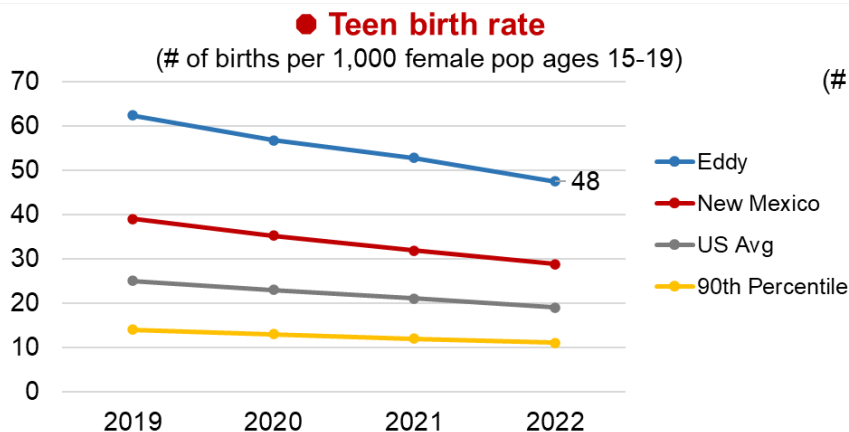
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

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.



Teen birth rate
(# of births per 1,000 female pop ages 15-19)

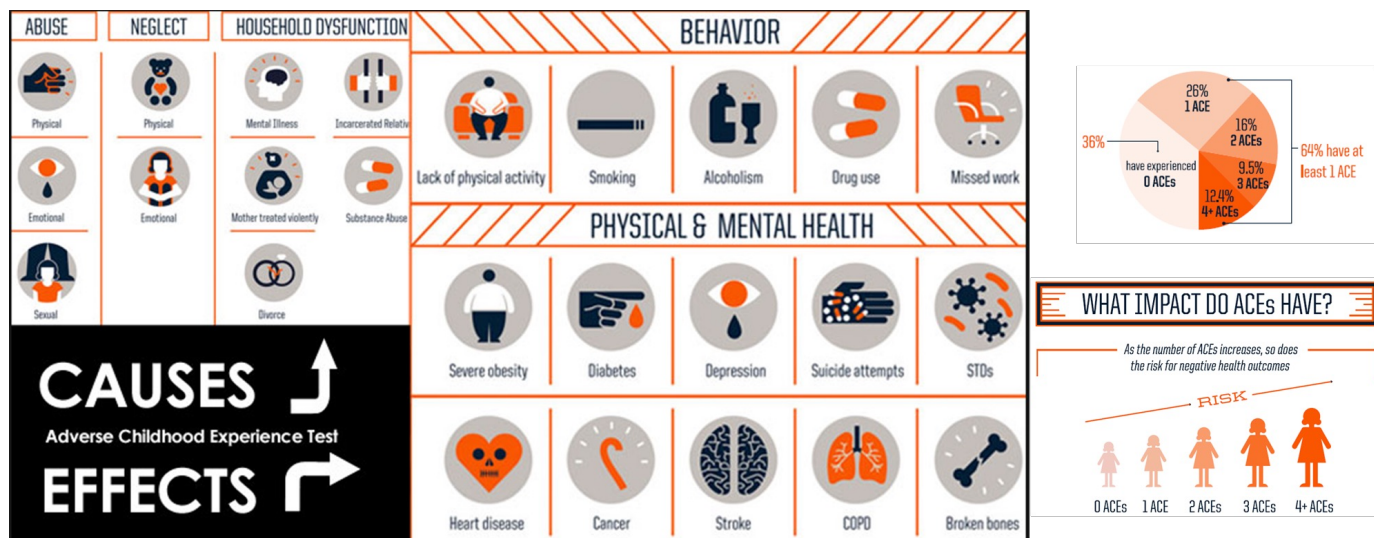
Eddy County		2021
Asian		NR
Black		NR
Hispanic		53
White		40

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
New Mexico	47%	26%	28%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children's Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Eddy County. However, New Mexico had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.

Health Behaviors **STRENGTHS**

- 16% of Eddy County smokes, the same as NM and the U.S.
- Alcohol impaired driving deaths were lower in Eddy County (22%) than in NM at 29% and the U.S. at 27%.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Eddy County (664) than NM (681) but higher than the U.S. (551).
- The food environment index was higher (better) in Eddy County (7.7) than NM (4.6), but lower than the U.S. (7.8).

Health Behaviors **OPPORTUNITIES**

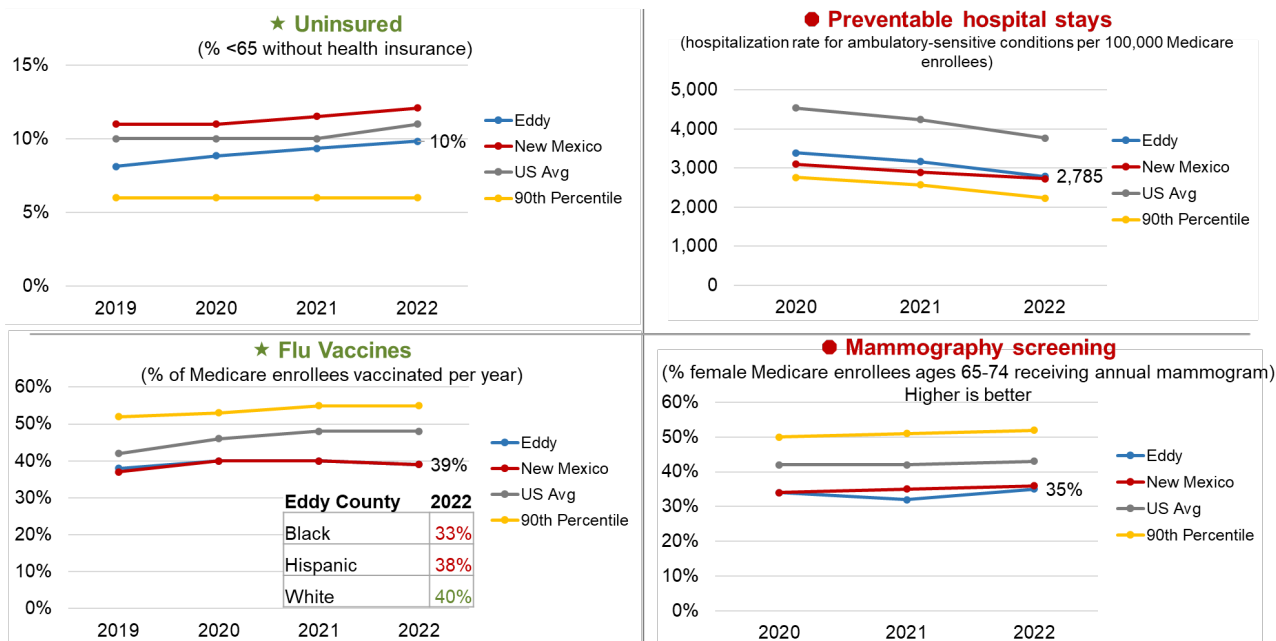
- Adult obesity in Eddy County was 34%, higher than NM and the U.S. both at 32%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Eddy County at 28% than in NM with 25% and higher than the U.S. at 26%.
- 59% of Eddy County had access to exercise opportunities compared to 84% of the US and 64% of NM.
- 18% of Eddy County reported binge or heavy drinking higher than NM at 17% and lower than the U.S. (20%).
- New Mexico had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.
- The teen birth rate in Eddy County was 48 births per 1,000 female population ages 15-19, higher than NM at 29 births, and higher than the U.S. at 19 births. The teen birthrate was higher among Hispanics. The trend decreased since 2019.



Photo Credit: AGH; Artesia Chamber of Commerce

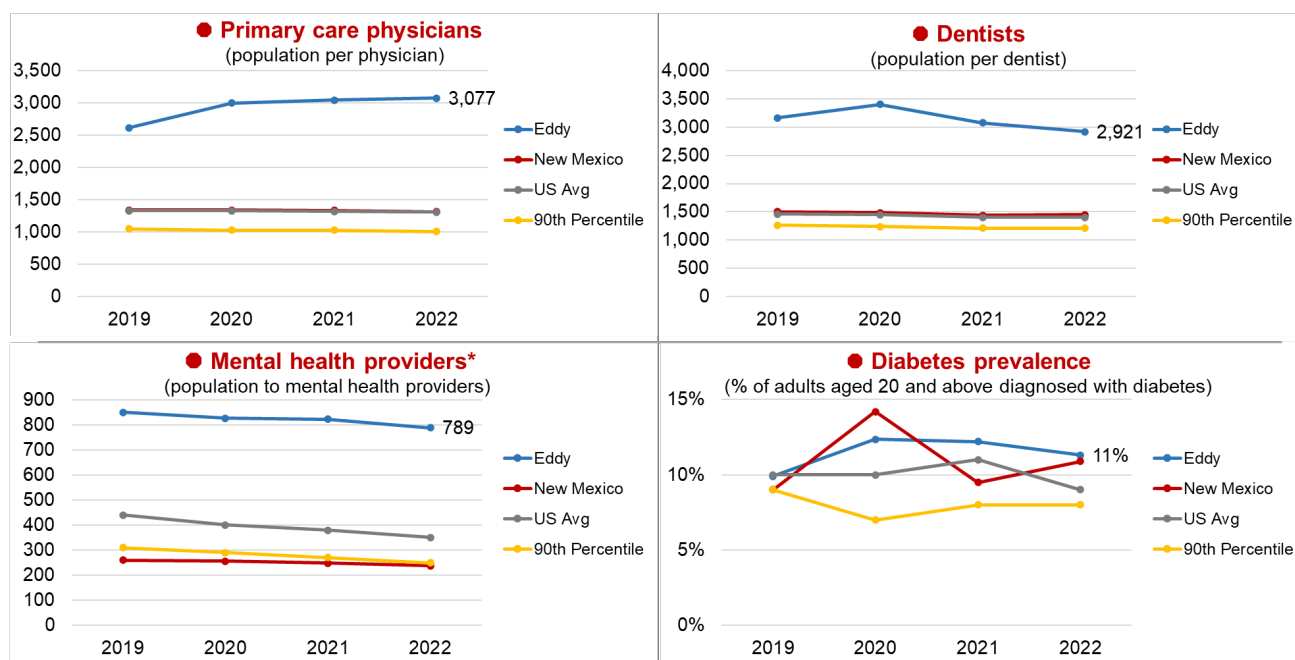
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Eddy County ranked 15th in clinical care out of 33 New Mexico counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

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) CHR; CMS, National Provider Identification, 2021

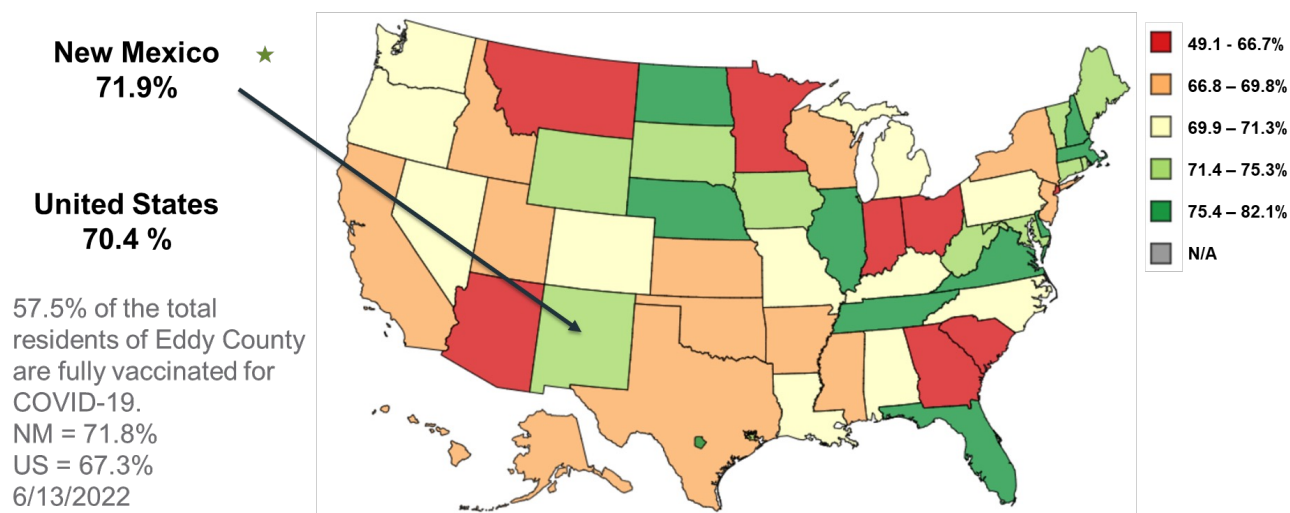
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Clinical Care, cont.

NM had a higher vaccination percentage among children 19-35 months old than the U.S., but lower COVID-19 vaccination rate.

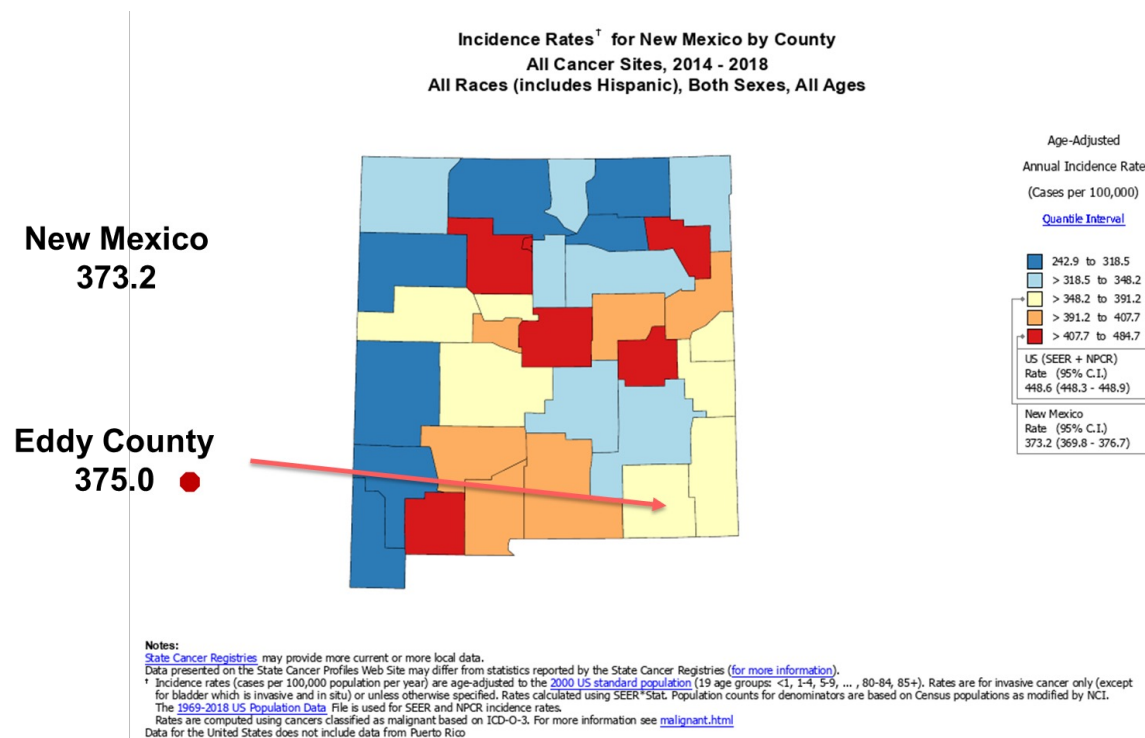
Vaccination Coverage Among Children

Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017



Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – NM Counties



Cancer incidence rates (cases per 100,000 population) were higher in Eddy County (375) than in NM (373.2), but lower than the U.S. (449).

Clinical Care STRENGTHS

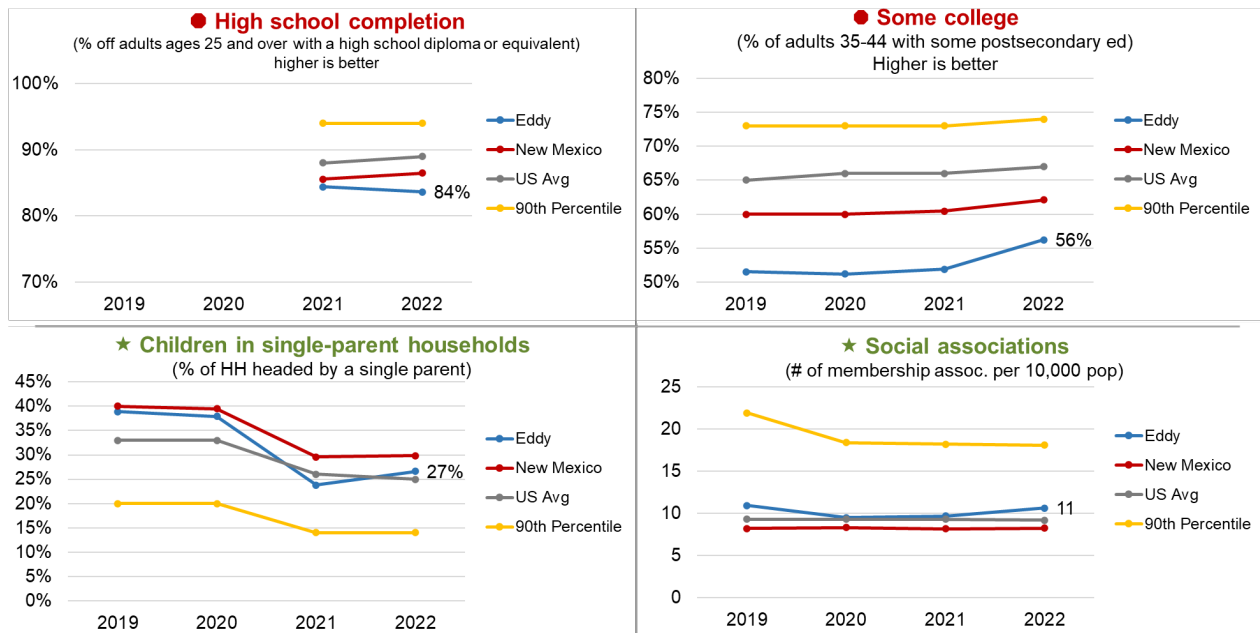
- The percent of population under sixty-five without health insurance was 10% in Eddy County, lower than NM at 12% and the U.S. 11%.
- The percent of Medicare enrollees with flu vaccines per year was the same in Eddy County as NM at 39% but lower than the U.S. (48%).
- The percentage of vaccination coverage amount children 19-35 months was higher in NM at 71.9% than the U.S. at 70.4%.

Clinical Care OPPORTUNITIES

- Mammography screening was lower in Eddy County at 35% than NM at 36% and the U.S. at 43%.
- The population per primary care physician was at 3,077 in Eddy County higher than NM and the U.S. both at 1,310.
- The population per dentists was 2,921 in Eddy County higher than NM and the U.S. both at 1,440.
- The population per mental health provider was 789 in Eddy County higher than NM (250) and the U.S. (350).
- Preventable hospital stays in Eddy County were 2,785 per 100,000 Medicare enrollees which was higher than NM (2,723), but lower than the U.S. (3,767). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- The percentage of adults with diabetes in Eddy County was 11%, slightly higher than NM (10%) and the U.S. (9%).
- The cancer incidence rate in Eddy County was 375 cases per 100,000 population which was higher than NM (373), but lower than the US (449).
- COVID-19 vaccinations were lower in Eddy County than NM and the U.S.

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 7th in social and economic factors out of 33 New Mexico counties.

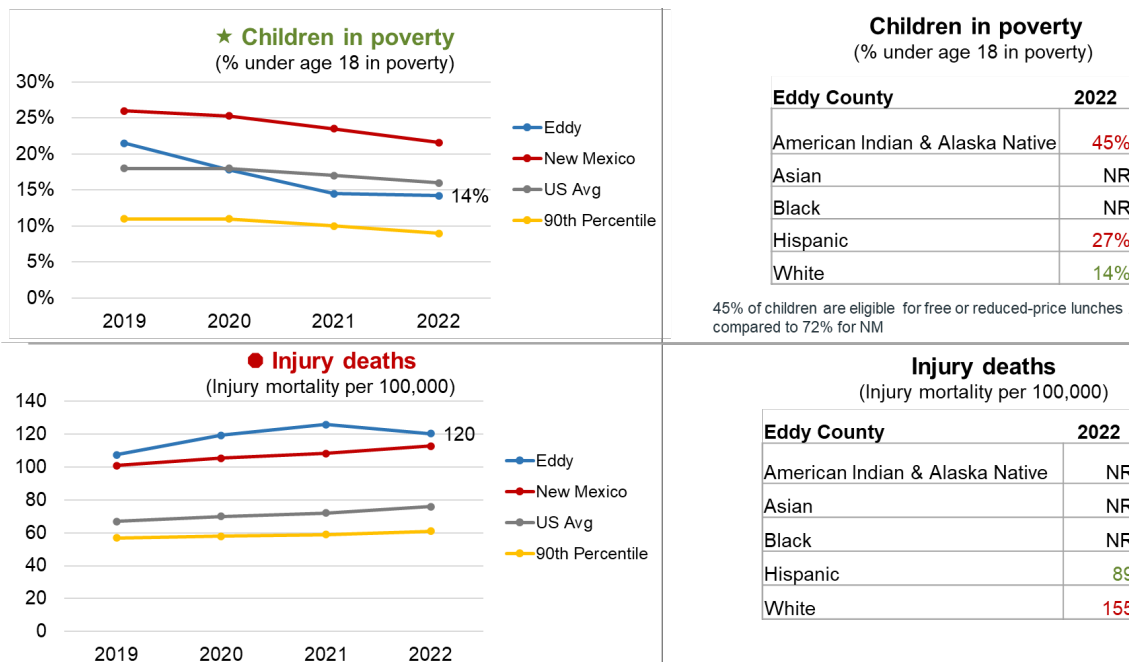


Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Source: Social associations - CHR; County Business Patterns, 2019

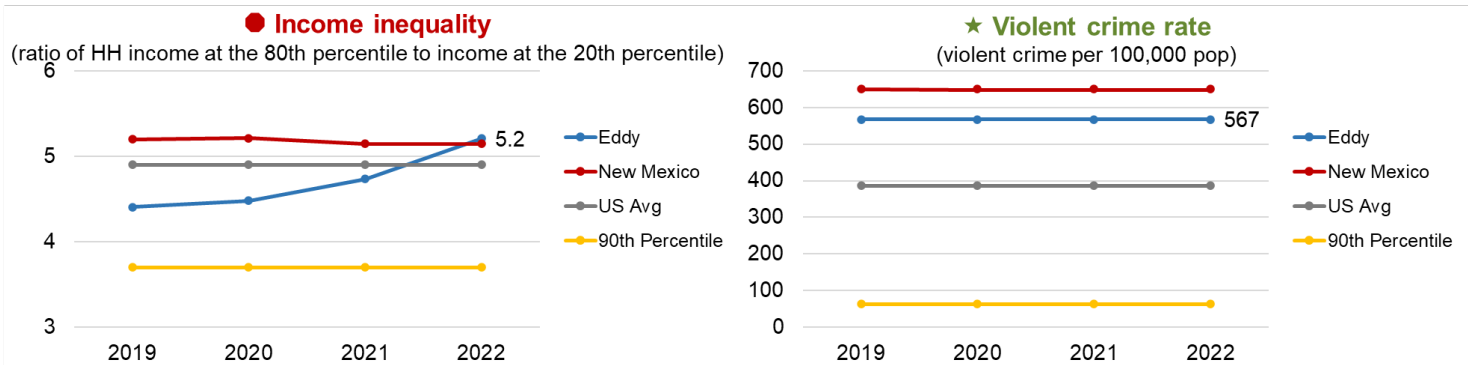


Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.



Social & Economic Factors STRENGTHS

- The percentage of children in single-parent households was 23% in Eddy County, lower than NM (29%) and the U.S. at 26%.
- The children in poverty rate was lower for Eddy County at 14% than NM at 22% and the U.S. (16%) but trended up.
- Social associations were higher in Eddy County at 11 memberships per 10,000 population than NM at 8 and the U.S. at 9 memberships. 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
- The violent crime rate in Eddy County was 567 violent crimes per 100,000 population, which was lower than in NM at 650 but higher than the U.S. at 386.
- The poverty estimates for 2020 showed Eddy County at 12.8%, lower than NM (16.8%), but higher than the U.S. (11.9%).
- The median household income in Eddy County was \$68,457, higher than NM at \$51,889 and the U.S. at \$64,730.

Social & Economic Factors OPPORTUNITIES

- High school completion was lower in Eddy County at 84% than NM (86%) and the U.S. (88%).
- 56% of Eddy County adults had some postsecondary education which was lower than NM (62%) and the U.S. (67%).
- Higher percentage of American Indian & Alaska Native (45%) and Hispanic (27%) children were in poverty children than white children..
- Injury deaths were higher in Eddy County at 120 per 100,000 population than NM (113) and the U.S. (76). White injury deaths were higher at 155 than Hispanic deaths at 89 per 100,000 pop).
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was higher in Eddy County at 5.2 than NM at 5.1 and the U.S. at 4.9.

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Eddy County ranked 29th in physical environment out of 33 New Mexico counties.

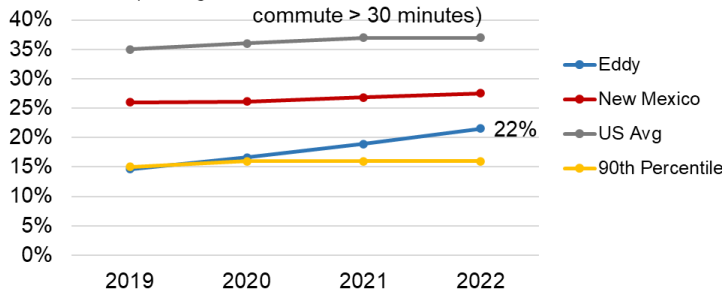
● Drinking water violations

	2020	2021	2022
Eddy County	Yes	Yes	Yes

Source: EPA Safe Drinking Water Information System.

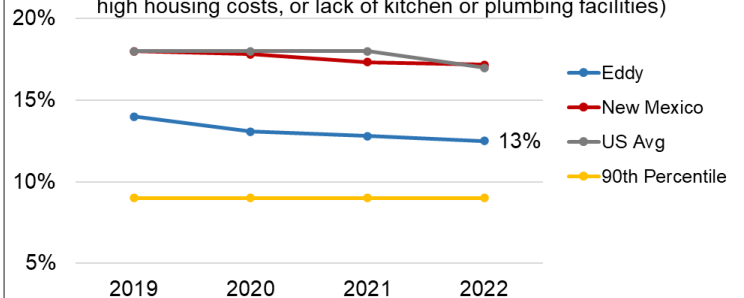
★ Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



★ Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



★ Broadband access

(% of households with broadband internet connection)

Eddy County	2022
Eddy County	80%
New Mexico	78%
US Avg	86%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2018
Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Physical Environment STRENGTHS

- Eddy County had a lower percentage of severe housing problems as NM at 13% than NM and the U.S. at 17%.
- Broadband access was higher in Eddy County at 80% than NM (78%) but lower than the U.S. (86%).
- 22% of workers in Eddy County who commute alone commute over 30 minutes, lower than NM at 28% and the U.S. at 37%.

Physical Environment OPPORTUNITIES

- Eddy County reported drinking water violations the last three years.

There were Four Broad Themes that Emerged in this Process:

- Eddy County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender 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 have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Eddy County has many assets to improve health.
-



Photo Credit: AGH, Artesia Chamber of Commerce

Results of the CHNA: Community Health Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

The AGH leadership team reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Most Significant Community Health Needs

The following needs were prioritized by a team at AGH based on the secondary data and the results of the community survey.

1. Health and aging
2. Healthy eating/active living
3. Access to care (including affordability)
4. Access to mental health services
5. Substance misuse treatment and prevention

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

Artesia General Hospital:

- Offered extended hours of operation from 7:00 am to 7:00 pm in Memorial Family Practice, Radiology, and Rehab.
- Added a gastroenterologist, family practice practitioners in Artesia and Carlsbad, a neurologist, a cardiologist, behavioral health practitioners in both Artesia and Carlsbad, an endocrinologist, and a pediatrician.
- Added Urgent Care and Multi-Specialty clinics in Carlsbad to better assist patients in all disciplines of medicine.
- Added a sleep center in Carlsbad to mirror our Artesia center.
- Held quarterly blood drives with Vitalant.
- Participated in health fairs and civic organizations by speaking on specific health concerns or diseases.
- Enlarged and remodeled the kitchen and cafeteria areas to better serve the public and the patients; created an entrance into the Café to be able to host educational opportunities for the community. The project was completed only months before the public health order was issued.
- Undertook population health management initiatives with ACO – chronic care managers.

We were working successfully with our previously set goals:

- Partnered with schools, churches, and other agencies to provide education to the community; especially highlighting our Diabetic Educator and Insulin Pump trainer who is part of our endocrinology team.
- Continued recruiting physicians in target specialties.

The impact over the last three years is outlined below.

Access to Care, Mental Health, and Chronic Diseases

At the onset of COVID, many initiatives were postponed and physicians with specialties were not allowed to practice – no non-emergency care or surgeries were being provided. Our Chaplaincy program was shut down leaving patients and staff alike without the support from our Chaplains. No visitors were allowed in with loved ones. This created a scenario where our nursing staff would help patients see their loved ones through Zoom or other avenues. However, we had to pivot to maintain a presence in our community to treat their medical emergencies and keep our staff at the ready if things were returned to normal. Today, we are still experiencing COVID restrictions and are not yet able to open to capacity. We have begun recruiting again for any specialists that closed their offices when COVID prevented them from operating in both Artesia and Carlsbad.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

On a more positive note, Artesia General Hospital:

- Instituted a safety meeting daily with all directors and managers to best communicate the issues with COVID, the number of patients with COVID, and treatments and medications offered to COVID patients. It continues today and is managed by our Chief Nursing Officer.
- Was the first hospital in our area to adopt COVID protocols and institute them inside our facility.
- Formed a task force to implement specific protocols related to the quickly changing public health order.
- Formed an emergency management team task force.
- Surgical services area director implemented specific measures and implemented protocols in the surgical suites to minimize any contamination or infection spread.
- Opened a satellite clinic to screen for possible COVID cases.
- Implemented a COVID drive through lab testing program.
- Implemented a COVID vaccination clinic.
- vaccinated over 17,000 people in the Green Chile Café.
- Provided increased security measures by limiting access to one public access entrance.
- Closed and locked the main entrance and all people were screened for infection, fever, and symptoms prior to entering the hospital – rerouting through the Emergency Room entrance.
- Changed and created a revised patient flow to prevent cross-infection within the facility.
- No longer allowed people in the waiting rooms for radiology, surgery, emergency or in the Green Chile Café.
- Allowed self-referrals for mammograms as people were not allowed to seek normal healthcare appointments.
- Partnered with an interventional cardiologist and two mid-levels to assist with chronic heart disease patients. This allowed the service to remain in the community.
- Added two new behavioral health providers to offer more available time slots to treat chronic mental health issues
- Through scholarships, assisted a nurse to graduate as a nurse practitioner and subsequently hired her for our wound care and hyperbaric oxygen chambers center.
- To recruit more physicians, partnered with different medical schools in our area to offer third-year students practical training with the caveat of them returning to practice in southeastern New Mexico when they finish their residency program
- Did not furlough any employees so that we could maintain a staff to handle COVID cases and other emergencies for the good of the community during the public health crises.
- Built out new spaces in both Carlsbad and Artesia to accommodate more behavioral health providers.
- Researched and implemented telehealth options in some disciplines.
- Provided a bigger space for Carlsbad's two capable family practice providers with an in-house lab and preadmission testing available without having the patients drive to the hospital in Artesia.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Awards

- Certification in Infection Prevention (CIP)
 - DNV GL Healthcare
 - Recognized for exceptional processes and approach to mitigating infection risk that exceeds current standards.
- Certified Diabetes Care and Education Specialist (CDCES)
 - Association of Diabetes Care & Education Specialists (ADCES)
 - Recognizes the Diabetes Center's high level of quality and service to the community, and the ability to better meet the needs of Medicare recipients and others affected by diabetes.
- Diabetes Education Accreditation Program (DEAP), 2022 – 2026
 - American Association of Diabetes Educators
 - Recertified for meeting national standards of quality for Diabetes Education and Training—including staff, individualization of curriculum, and ongoing support.

Laboratory Services

AGH maintained or recertified in the following areas:

- College of American Pathologists (CAP)
- American Medical Technologists (AMT)
- American Society for Clinical Pathology (ASCP)
- American Society for Clinical Pathology Microbiology (ASCP-MICM)
- Health Employee Worker (HEW)
- Clinical Laboratory Improvement Amendments (CLIA)
 - Centers for Medicare & Medicaid Services (CMS)

Radiology Services

- American College of Radiology Accredited Facility
- Pink Ribbon Facility for Breast Health

Surgical Services

- New Mexico Hospital Association and Infection Control Consultants of New Mexico (2020)

Community Health Needs Assessment for Eddy County

Completed by Artesia General Hospital in partnership with:

Stratasan

Artesia General Hospital 

 **Stratasan**

Appendices

Community Survey Results &

Community Asset Inventory

The appendices contain the results of the community survey and a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan.



Photo Credit: AGH

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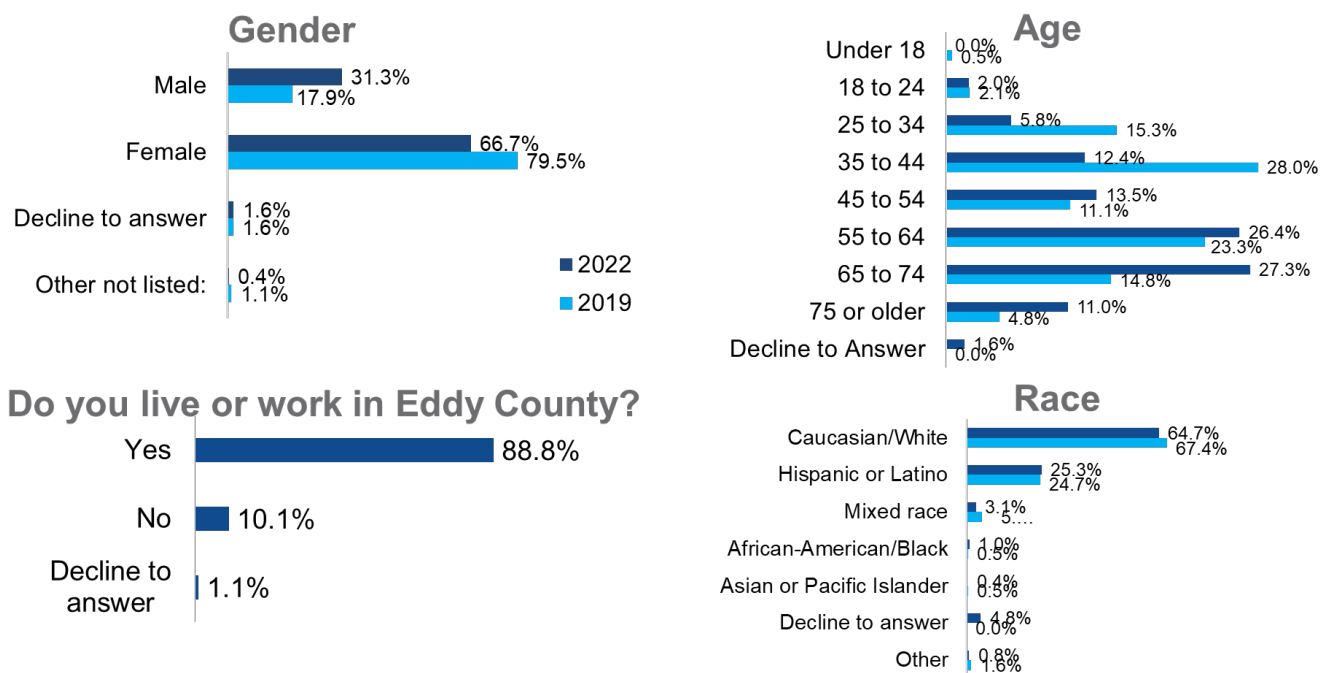
Survey Results

Survey

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in an online survey.

742 surveys were completed. The survey was conducted from May 8 – June 13, 2022. Where possible, results were compared to 2019 results, which contained 190 completed surveys. The 2019 survey was conducted May 8 – June 14, 2019.

Demographics



N=738 , N= 190 Q2: What is your gender?

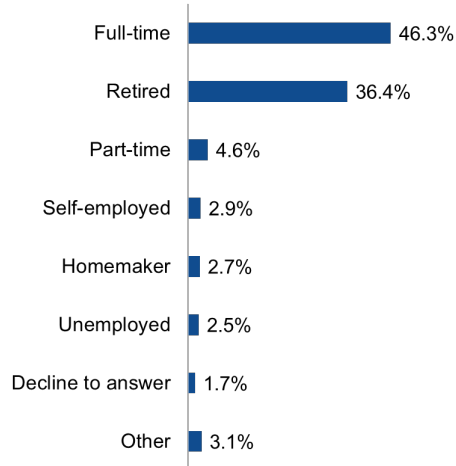
N=740 , N=190 Q3: Which of the following ranges includes your age?

N=741 Q1. Do you live or work in Eddy County?

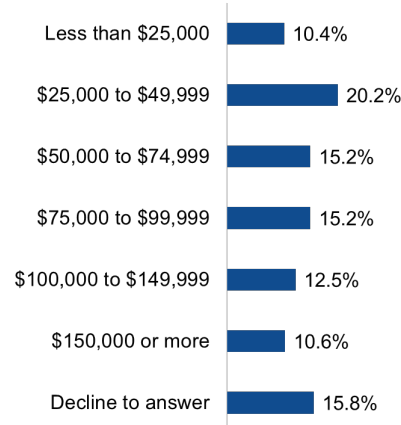
N=736 , N=190 Q4: what is your race or ethnic background?

Survey Results, cont.

Employment Status



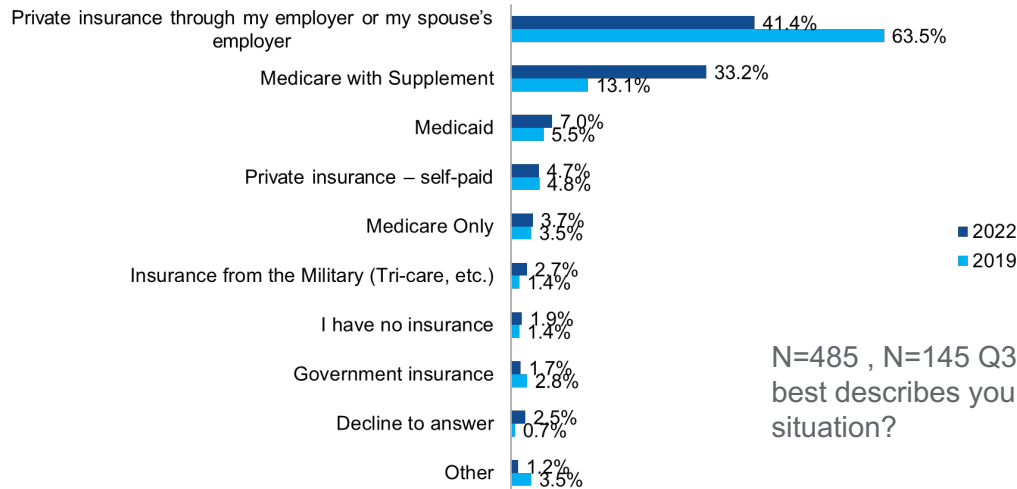
Household Income



N=484 Q41. What is your current employment status?

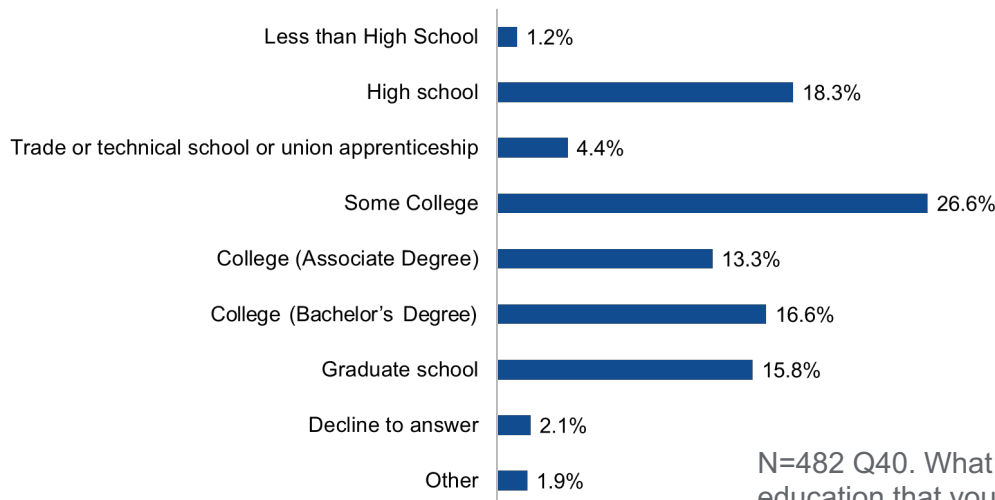
N=480 Q42. Which of the following includes your annual household income?

Insurance



N=485 , N=145 Q39. Which of the following best describes your health insurance situation?

Education

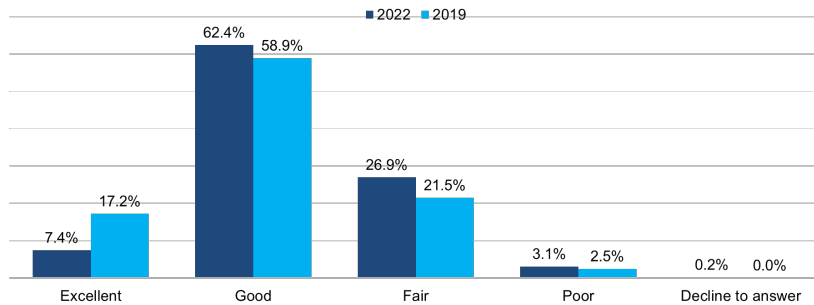


N=482 Q40. What is the highest level of education that you have completed?

Survey Results, cont.

Health Status

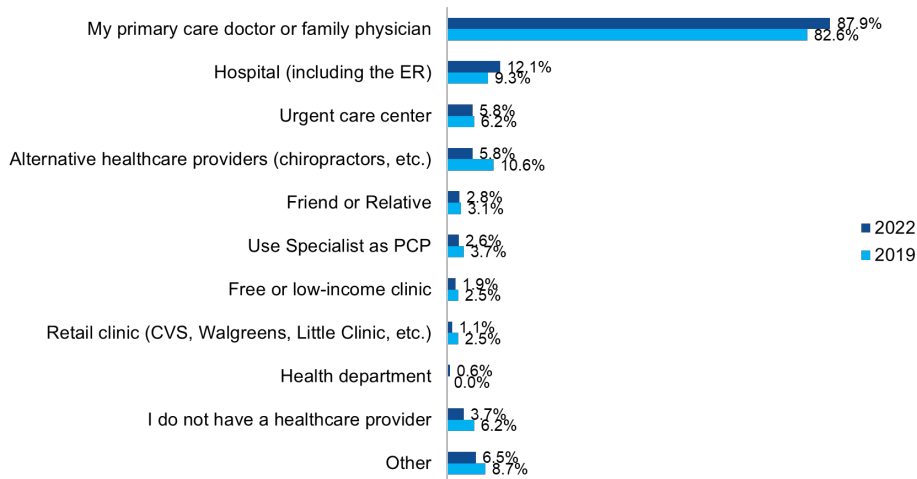
Describe Your Health



N=553 , N=163 Q5. Generally, how would you describe your health? Would you say it is...

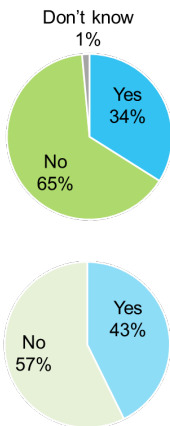
Access to Care

Basic Healthcare Needs

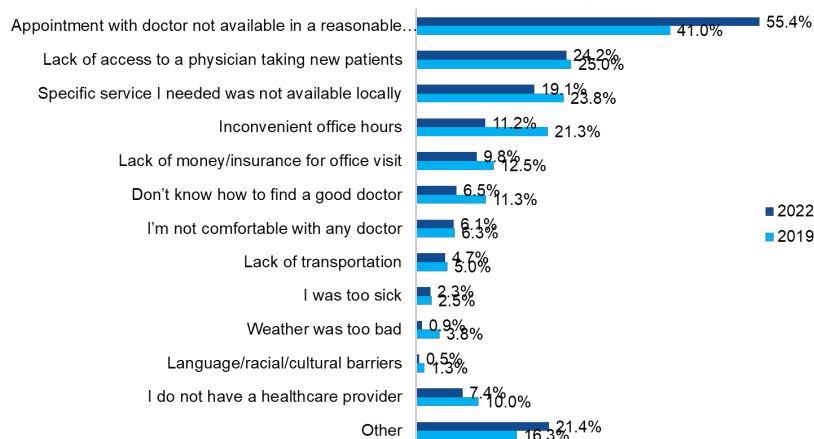


N=536 , N=161 Q6. If you have one person or group you turn to for basic healthcare needs, where do you go most often?

Was there a time you needed to see a doctor but could not?



What are some of the reasons why you could not?

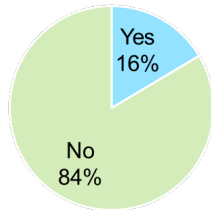
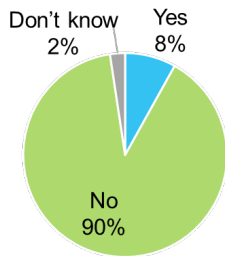


N=551 , N=164 Q7. Was there a time in the past 12 months when you needed to see a doctor but could not?

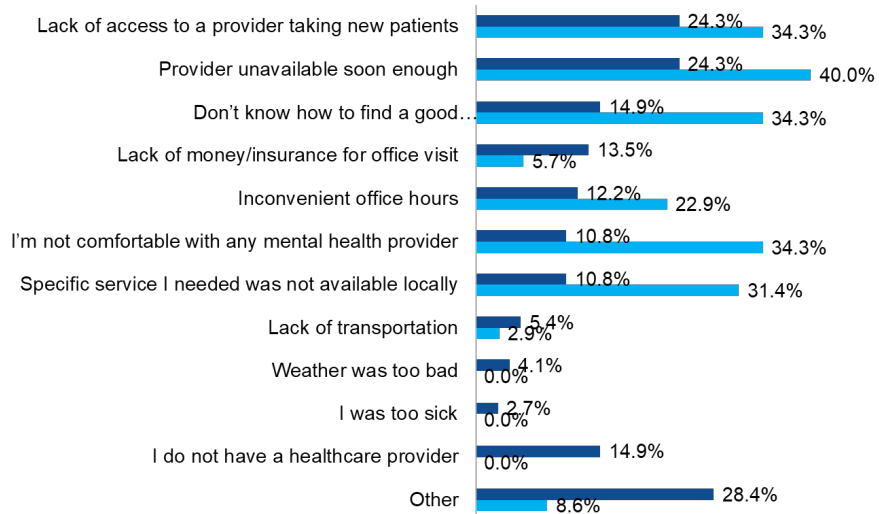
N=215 , N=80 Q8. If yes, what are some of the reasons why you could not see a doctor? (Select all that apply)

Survey Results, cont.

Was there a time you needed to see a mental health professional but could not?



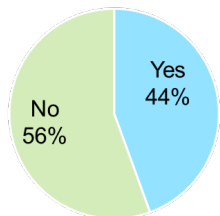
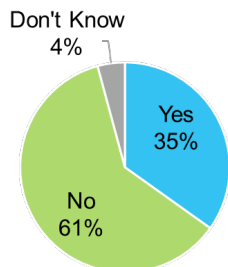
What are some of the reasons why you could not?



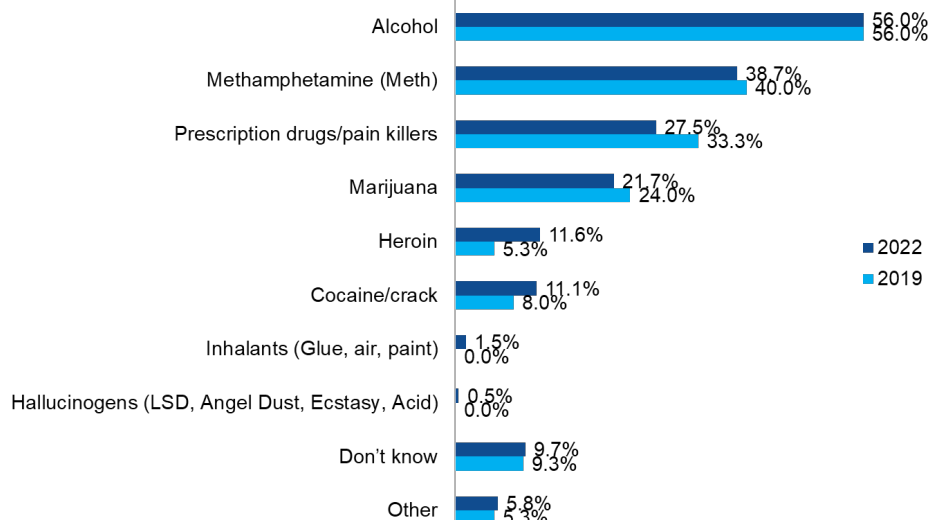
N=544 , N=164 Q9. Was there a time in the past 12 months when you needed to see a mental health professional but could not?

N=74 , N=35 Q10. If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)

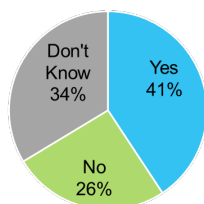
Have you, a relative, or a close friend experienced substance abuse or addiction?



What substances were involved?

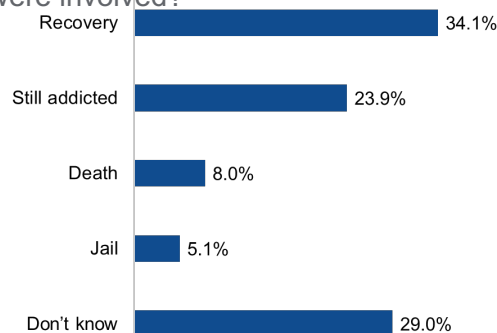


N=548 , N=162 Q11. Have you, a relative, or a close friend experienced substance abuse or addiction?
N=207 , N=75 Q12. If yes, what substances were involved?



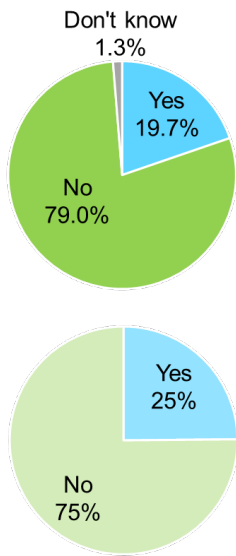
N=226 Q13. If yes, was treatment available?

N=176 Q14. If yes, what was the result?

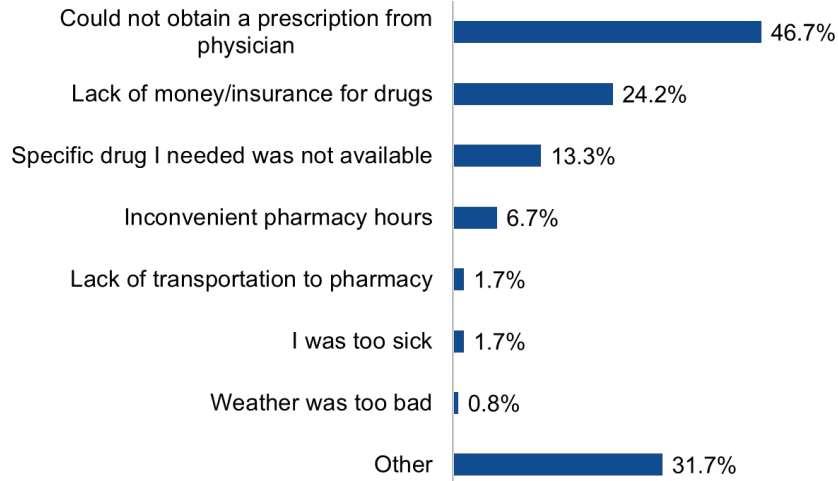


Survey Results, cont.

Was there a time you needed to medications but could not obtain them?



What are some of the reasons why you could not obtain needed medications? (not asked in 2019)

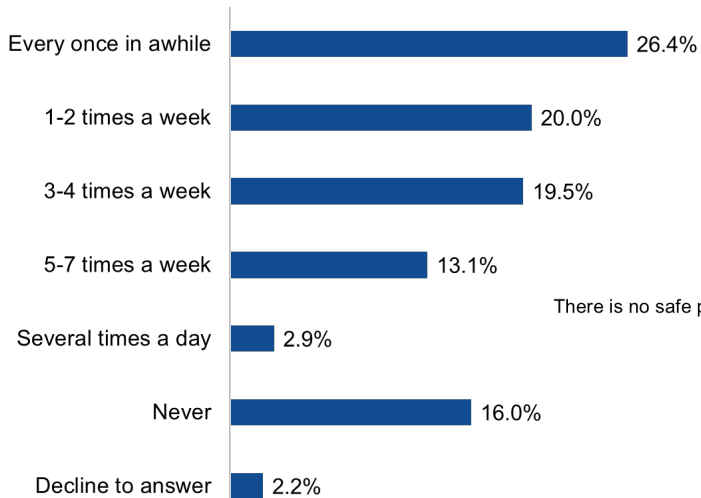


N=542 , N=161 Q15. Was there a time in the past 12 months when you needed medications but could not obtain them?

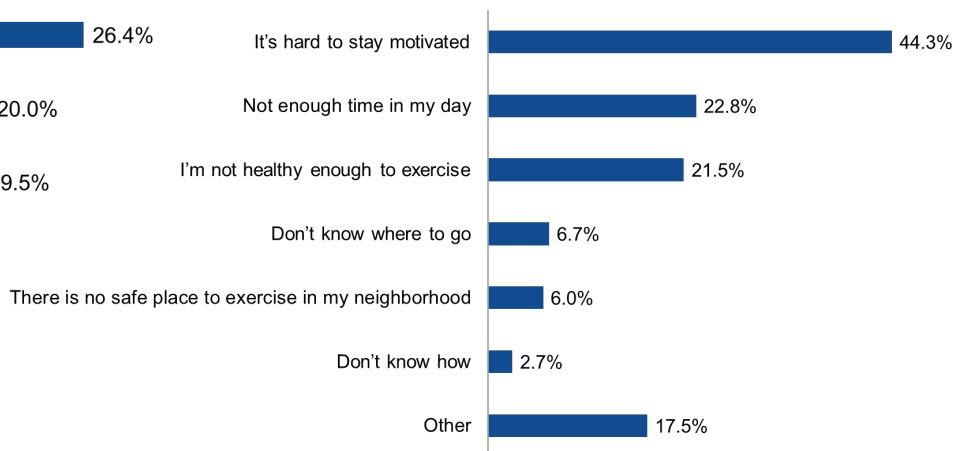
N=120 Q16. If yes, what are some of the reasons why you could not obtain needed medications?(Select all that apply)

Behaviors - Exercise

How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?



If "never", What are the reasons you have not participated in any exercise during the past month? (Select all that apply)



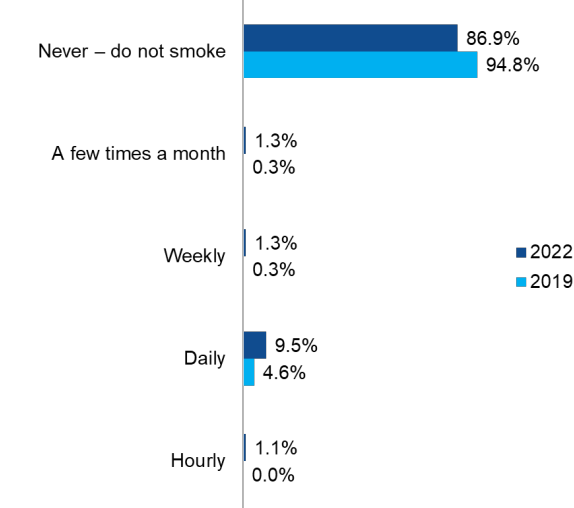
N=550 Q17. During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?
N=120

N=149 Q18. If "never", What are the reasons you have not participated in any exercise during the past month? (Select all that apply)

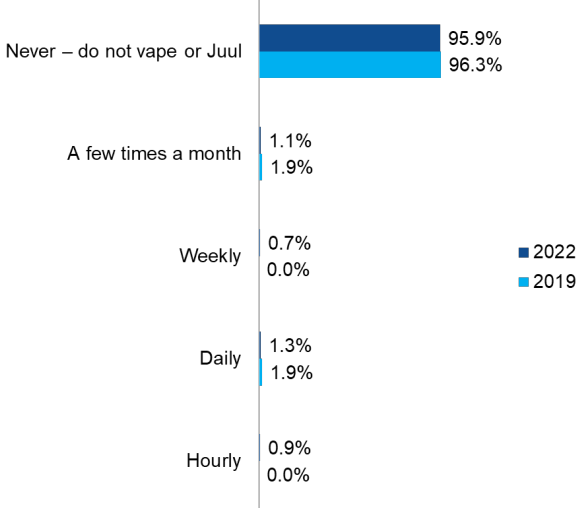
Survey Results, cont.

Behaviors - Nicotine

How often do you smoke or use smokeless tobacco, if you do?



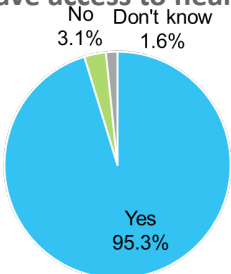
How often do you use e-cigarettes or vape, if you do?



N=548 , N=163 Q19. How often do you smoke or use smokeless tobacco, if you do?
 N=538 , N=162 Q20. How often do you use e-cigarettes or vape, if you do?

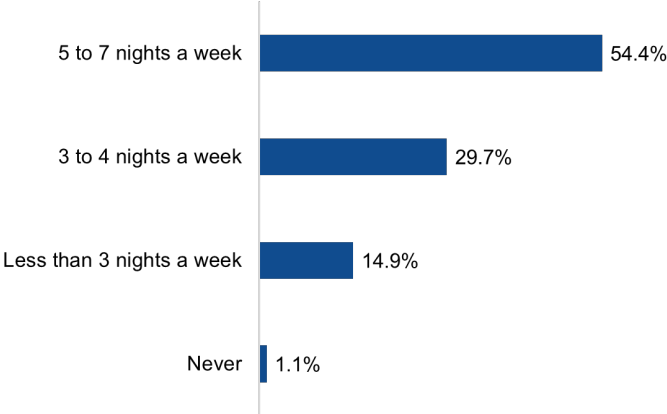
Behaviors - Food

Do you have access to healthy food?

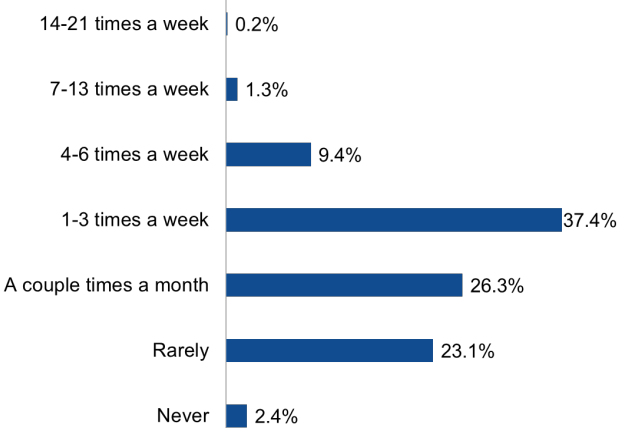


N=549 Q21. Do you have access to healthy food?.
 N=552 Q22. How often do you or another family member cook dinner at home?

How often do you or another family member cook dinner at home?

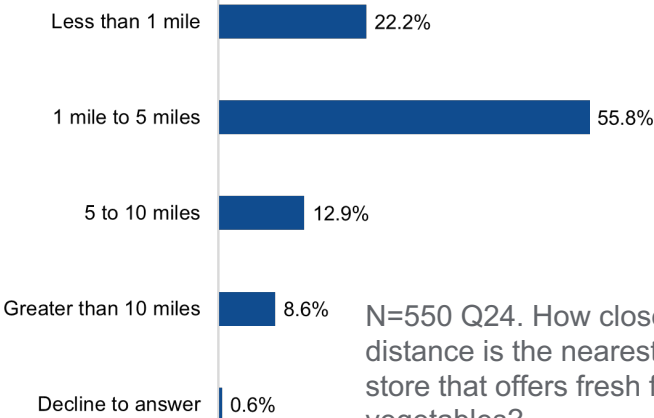


How often to you eat fast food?



N=551 Q23. How often do you eat fast food?

How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

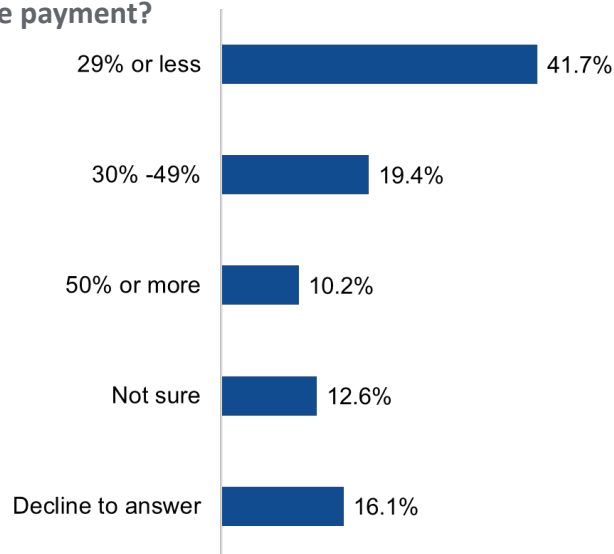


N=550 Q24. How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

Survey Results, cont.

Housing Insecurity

Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?

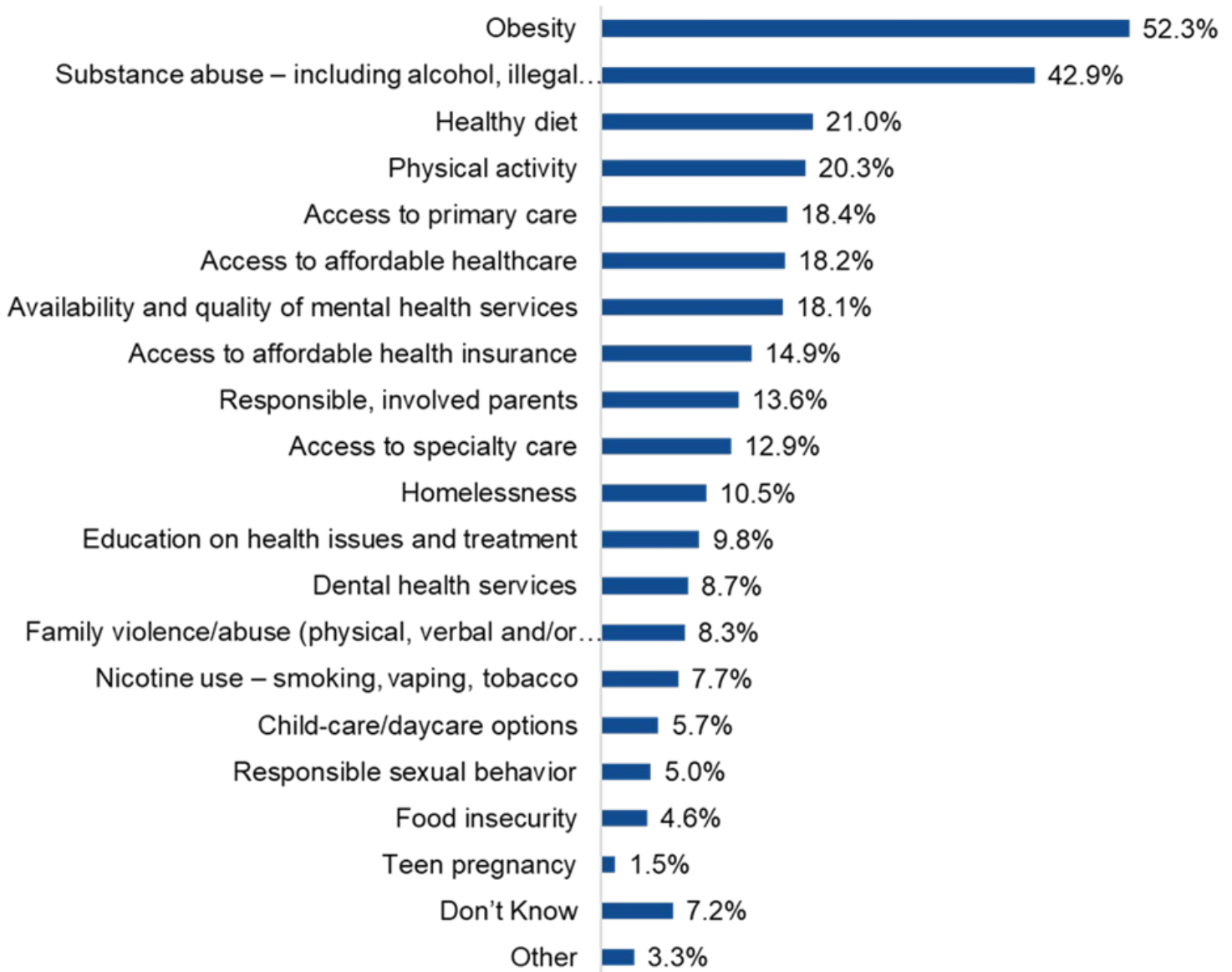


50% or more is considered housing insecure and 30% and over is considered borderline housing insecure.

N=540 Q25. Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?.

Survey Results, cont.

What are the top 3 most significant health issues in the county?

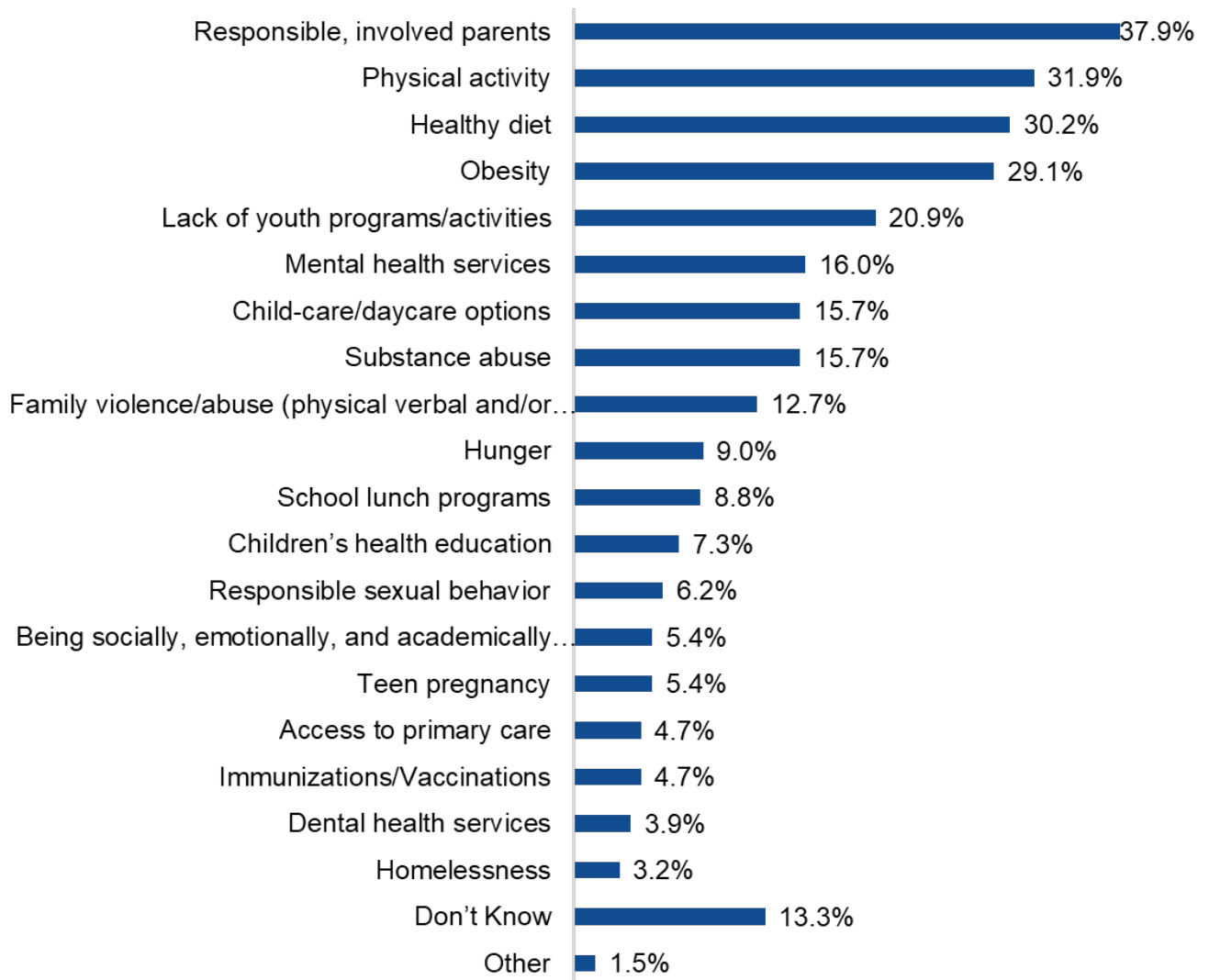


N=543 , N=158 Q26. In your opinion, what are the top 3 most significant health issues in the county?(Select up to three).

In 2019 mental health was the top issue followed by access to care, substance use assistance, and chronic diseases. The focus in 2022 shifted to obesity, including healthy diet and physical activity. Substance use was second, access to primary care third and access to affordable healthcare fourth and then availability and quality of mental health services. The answer options were different from 2019 to 2022.

Survey Results, cont.

What are the top 3 most significant health issues for children in the county?

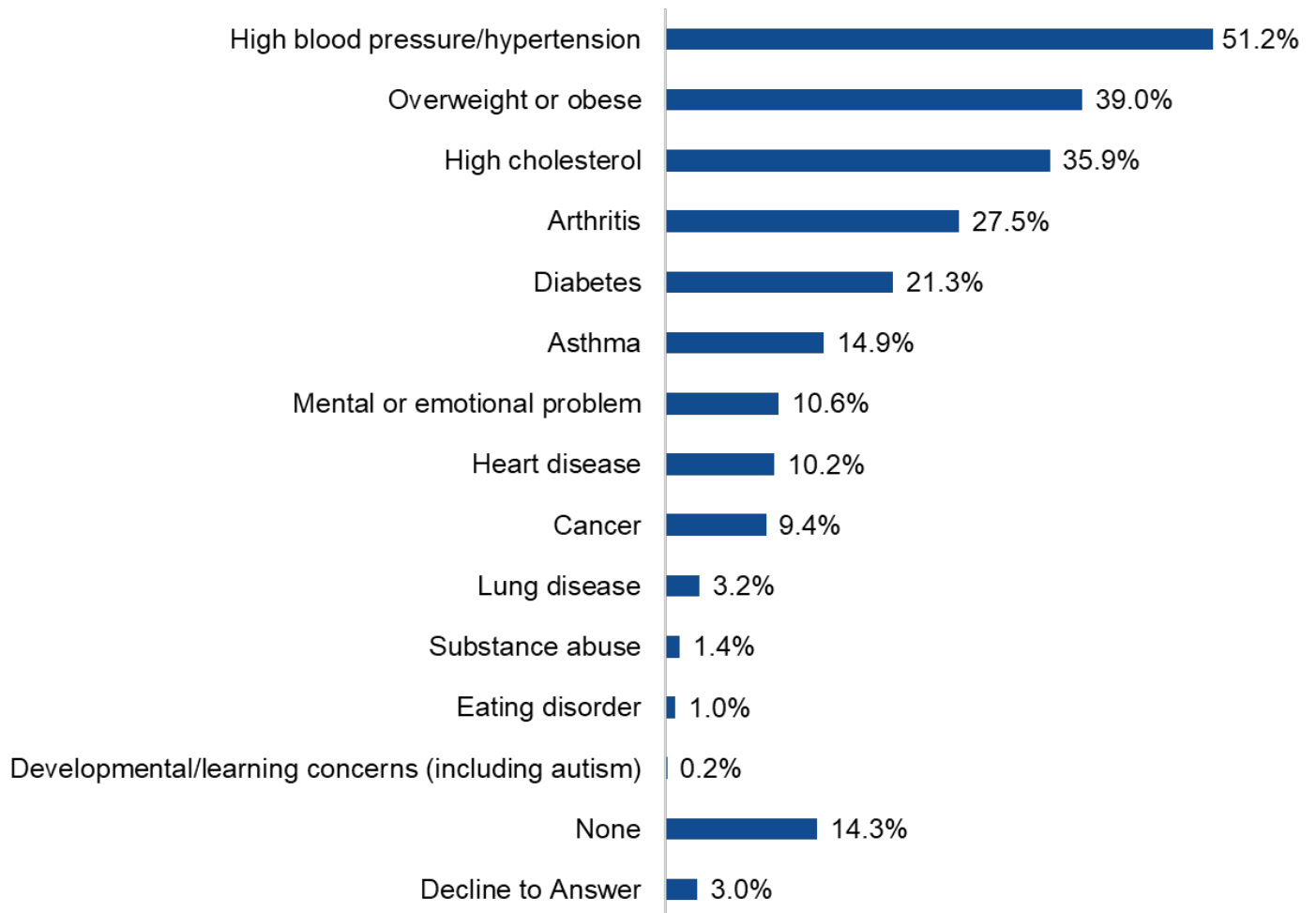


N=536 , N=151 Q27. In your opinion, what are the top 3 health concerns for children in your community? (Select up to three).

As in 2019, the top issues were responsible, involved parents, physical activity, healthy diet, and obesity.

Survey Results, cont.

Have you ever been told by a doctor you have any of these conditions, diseases or challenges?

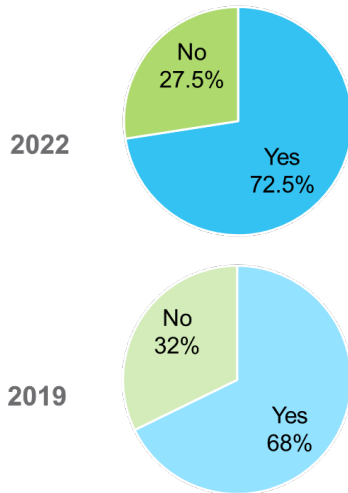


N=498 , N=145 Q28. Have you ever been told by a doctor you have any of these conditions, diseases or challenges?(Select all that apply)

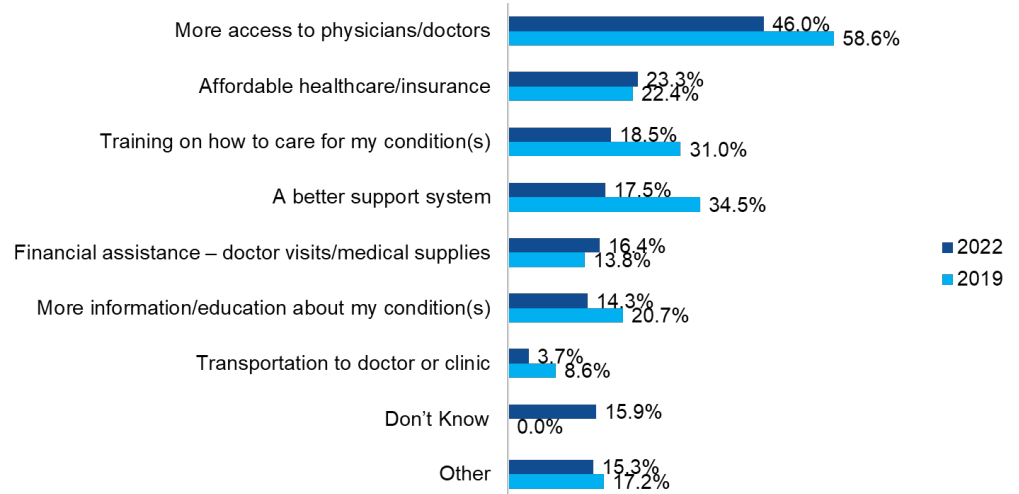
As in 2019, the top issues were high blood pressure, overweight or obese, arthritis and high cholesterol.

Survey Results, cont.

If yes, do you feel you have all that you need to manage your health condition(s)?

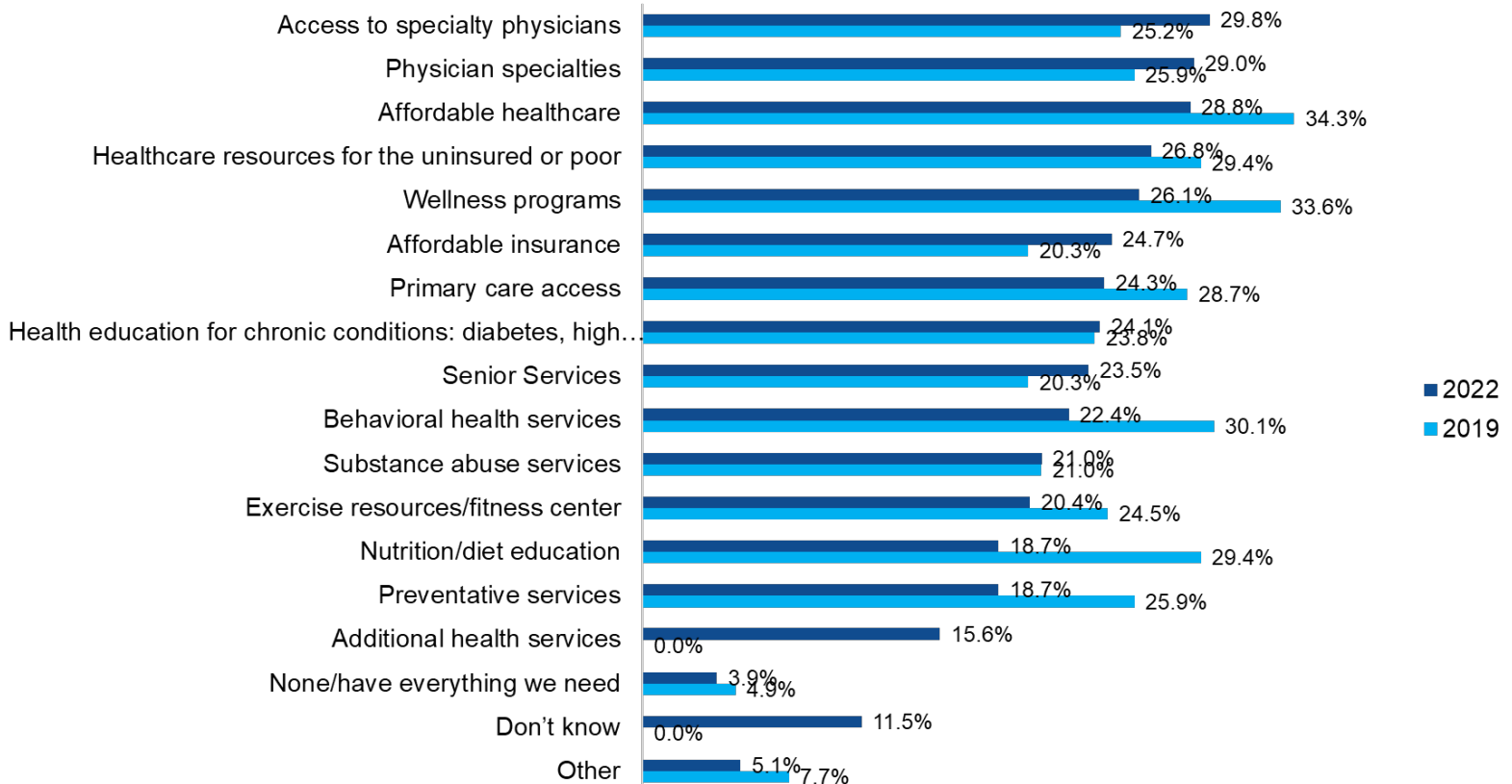


If no, what do you need in order to manage your health condition(s)?



N=448 , N=121 Q29. If yes, do you feel you have all that you need to manage your health condition(s)?
N=189 , N=58 Q30. If no, what do you need in order to manage your health condition(s)? (Select all that apply)

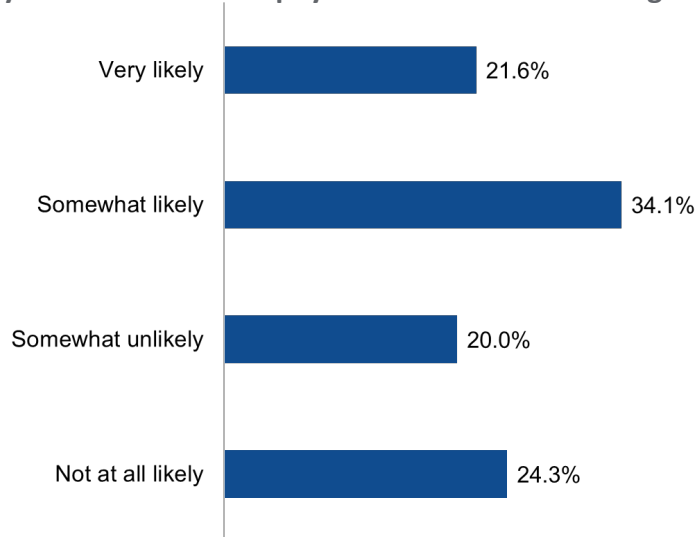
What healthcare, health education or public health services or programs would you like to see offered in your community?



N=486 , N=143 Q31. What healthcare, health education or public health services or programs would you like to see offered in your community? (Select all that apply)

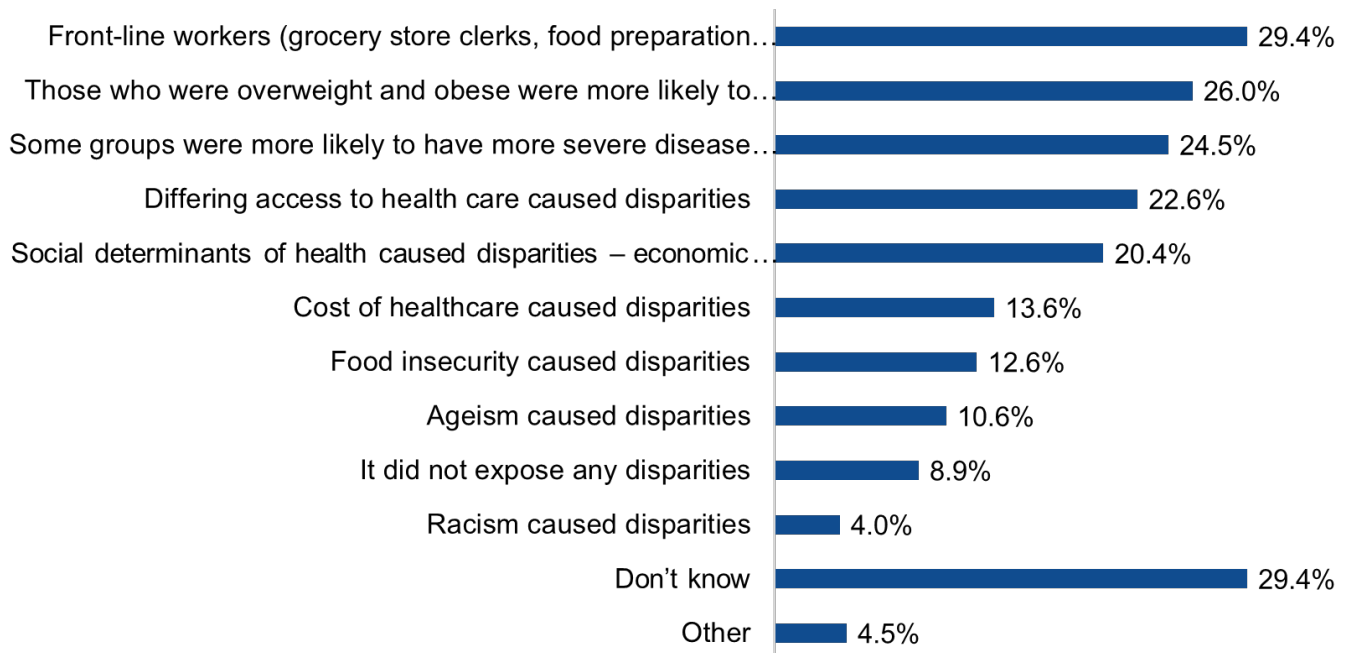
Survey Results, cont.

How likely are you to utilize virtual physician care such as through the computer or your smart phone?



N=490 Q32. How likely are you to utilize virtual physician care such as through the computer or your smart phone?

What health disparities or inequities did the COVID-19 pandemic expose in your community?



N=470 Q33. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community? (Select as many as desired)

Health and Aging Senior Centers

San Jose Senior Center
2814 San Jose Blvd
Carlsbad, NM 88220
(575) 885-1402

Carlsbad Senior Center
1112 N Mesa
Carlsbad, NM 88220
(575) 885-6487

Artesia Senior Center
202 W Chisum Avenue
Artesia, NM 88210
(575) 746-4113

Assisted Living

Good Life Senior Living and Memory Care
906 Pistachio Trail
Artesia, NM 88210
(575) 736-1551

Comfort Keepers Home Care
2402 W Pierce St #3A
Carlsbad, NM 88220
(575) 592-0499

Lakeview Christian Home
1905 West Pierce Street
Carlsbad, NM 88220
(575) 885-3161

Nutrition, Physical Activity, Healthy Living

Eddy County Public Health
1306 West Stevens St
Carlsbad, NM 88220
(575) 885-4191

Eddy County Artesia Public Health Office
1001 West Memorial Drive
Artesia, NM 88210
(575) 746-9819

Bob Forrest Youth Sports Complex
3213 West Lea St
Carlsbad, NM 88220
(575) 689-8351

Mack Chase Athletic Complex
1200 West Gilchrist Avenue
Artesia, NM 88210

Carlsbad Caverns National Park
Carlsbad, NM 88220

Desert Willow Park
1612 Desert Willow Dr
Carlsbad, NM 88220
(575) 885-6262

Lake Carlsbad Beach Park
708 Park Drive
Carlsbad, NM 88220

Brantley Lake State Park
33 West Brantley Lake Road
Carlsbad, NM 88220
(575) 457-2384

Carlsbad Spring Park
2309 Westridge Road
Carlsbad, NM 88220

Living Desert Zoo & Gardens State Park
1504 Skyline Road
Carlsbad, NM 88220
(575) 887-5516

Access to Care

Hospitals

Artesia General Hospital
702 N. 13th Street
Artesia, NM 88210
(575) 748-3333

Carlsbad Medical Center
2430 W Pierce Street
Carlsbad, NM 88220
(575) 887-4100

Health Department

Eddy County Public Health
1306 West Stevens St
Carlsbad, NM 88220
(575) 885-4191

Eddy County Artesia Public Health Office
1001 West Memorial Drive
Artesia, NM 88210
(575) 746-9819

Free Medical & Dental Clinics

PMS Carlsbad Family Health Center
2013 San Jose Boulevard
Carlsbad, NM 88220
(505) 887-2455

PMS Artesia Family Health Center
1105 Memorial Drive
Artesia, NM 88210
(505) 746-9848

PMS – Carlsbad Behavioral Health Center
914 North Canal Street
Carlsbad, NM 88220
(575) 885-4836

Health Clinics

Leshner Health Clinic
202 South Guadalupe St.
Carlsbad, NM 88220
(575) 234-1234

Health Clinics

Vanessa Family Clinic
1410 N 8th St. Ste. B
Carlsbad, NM 88220
(575) 941-2500

Pecos Valley Urgent Care
3823 National Parks Highway
Carlsbad, NM 88220
(575) 689-1456

American Medical Group
2402 W Pierce St. #6A
Carlsbad, NM 88220
(575) 689-8700

Mesa Medical Services
906 W Pierce St
Carlsbad, NM 88220
(575) 887-0080

Artesia Family Health Center
1105 Memorial Dr
Artesia, NM 88210
(575) 746-9848

Carlsbad Family Health Center
2013 San Jose Blvd
Carlsbad, NM 88220
(575) 887-2455

Pecos Valley Family Clinic
2402 W Pierce Ste. 2A
Carlsbad, NM 88220
(575) 887-0637

Insurance Assistance

Southeast New Mexico Community Action
Corporation
906 Adams Avenue
Alamogordo, NM 88310
(575) 437-1364

Community Action Head Start
1915 San Jose Boulevard
Carlsbad, NM 88220
(575) 887-3939

Mental Health Resources

Carlsbad Family Health Center –
Behavioral Health
914 N Canal St
Carlsbad, NM 88220
(575) 885-4836

Synergy Behavioral Health, PC
1101 West Pierce St
Carlsbad, NM 88220
(575) 725-5562

JetZen Counseling
508 West McKay St
Carlsbad, NM 88220
(575) 636-2468

Meagher Assessment and Counseling
502 West Bonbright St
Carlsbad, NM 88220
(575) 725-5735

Mindful Journeys, LLC
411 North Canyon St
Carlsbad, NM 88220
(575) 361-5185

Substance Misuse Resources

Carlsbad Family Health Center –
Behavioral Health
914 N Canal St
Carlsbad, NM 88220
(575) 885-4836

Recovery Center
207 West McKay St
Carlsbad, NM 88220

Pecos Valley Drug Task Force
101 West Greene St
Carlsbad, NM 88220
(575) 887-5194

Substance Misuse Resources

LifeHouse Villa De Esperanza
1900 Westridge Road
Carlsbad, NM 88220
(575) 885-1689

Klarisana – Ketamine Treatment Carlsbad
711 West Church St
Carlsbad, NM 88220
(210) 556-1430

New Mexico Division of Vocational
Rehabilitation
3605 National Parks Highway
Carlsbad, NM 88220
(575) 885-8821

United Way of Carlsbad & South Eddy
County
116 South Canyon St
Carlsbad, NM 88220
(575) 887-3504

Tobacco

New Mexico Tobacco QuitLine
1-800-784-8669

National Hotlines

National Suicide Prevention Lifeline

800-273-TALK or 800-237-8255

National Runaway Safeline

1-800-RUNAWAY

National Centers for Disease Control

1-800-232-4636

Gay, Lesbian, Bisexual and Transgender

1-888-843-4564

HIPS Hotline

1-800-676-HIPS

National Sexually Transmitted Disease

1-800-227-8922

Women Alive

1-800-554-4876

AIDS Info

1-800-HIV-0440

Project Inform

1-800-822-7422

DMRS Investigations

1-888-633-1313

Mobile Crisis

1-800-681-7444

Domestic Violence

1-800-356-6767

Spanish Domestic Violence

1-800-942-6908

Poison Control Center

1-800-222-1222

Veterans Crisis Line

800-273-8255 Press 1

National Youth Crisis

800-442-HOPE (4673)

National Missing Children

1-800-235-3535

National Sexual Assault

1-800-656-4673

Alcohol Hotline

1-800-331-2900

Alcohol Treatment Referral

1-800-252-6465

National Drug Abuse

1-800-662-4357

Poison Control

1-800-942-5969

National Homeless

1-800-231-6946

National Elder Abuse

1-800-252-8966



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Sources

Access to Care

<https://artesiageneral.com/>

https://www.carlsbadmedicalcenter.com/?utm_campaign=gmb&utm_medium=organic&utm_source=local

<https://www.nmhealth.org/location/public/#Eddy>

Mental Health Services

<https://www.pmsnm.org/locations/carlsbad-family-health-center-behavioral-health/>

Insurance Assistance

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

Substance Abuse Resources

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

<https://www.pmsnm.org/locations/carlsbad-family-health-center-behavioral-health/>

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

<https://www.dvr.state.nm.us/>

Nutrition, Physical Activity, Healthy Living

<https://artesiageneral.com/>

https://www.carlsbadmedicalcenter.com/?utm_campaign=gmb&utm_medium=organic&utm_source=local

Hotlines

<http://www.pleaselive.org/hotlines/>

Pictures

<https://artesiageneral.com/>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Artesia General Hospital, Director of Public Relations and Development

Community Asset Inventory/ Resource Guide

Completed by Stratasan in partnership with:

Artesia General Hospital

Artesia General Hospital 

 Stratasan