



COMMUNITY NEEDS ASSESSMENT

LEA COUNTY 2015



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PROCESS:

Nor-Lea Hospital District Board of Trustees, CEO/Administrator and Administrative Team conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented all segments of the community. Meetings were approximately an hour and a half in length. The marketing team conducted a series of surveys to assess the perceptions of the community related to issues on health and the performance of Nor-Lea Hospital District. The service area of the District was determined to be Hobbs, NM through all of north Lea County. Community members from the entire service area participated in these meetings. Participants included political leaders, consumers, community leaders, members of the faith community, public health officials, health care officials and experts, economic development leaders, education leaders and law enforcement. The meetings were conducted October 20, 2015; November 3, 2015 and November 17, 2015. Each meeting had a theme or focus. October 20, 2015 focused on the overall needs of the community at large. November 3, 2015 focused on the District's clinic operations and delivery of primary care services and November 17, 2015 focused on hospital operations and the community needs for specialty care services.

DEMOGRAPHIC TRENDS:

Lea County experienced 20% growth in the past decade to an overall estimated population of 69,999. This represented a much higher growth rate than the entire State of New Mexico; which grew at less than 2%. Census data indicates that 91.4 percent of the Lea County population is white compared to 82.8 percent of the New Mexico population. Of this population in Lea County 55.7% are Hispanic, 64.3% are Hispanic in Lovington and New Mexico had a Hispanic population percentage of 47.7%. This represents a significant increase in the past decade of the Hispanic population.

Lea County is a much younger demographic than the rest of the State of New Mexico. 8.6% of the population is less than 5 years old compared to 6.6% for the rest of the state. 30.4% of the Lea County population is less than 18 years old; while only 24.1% of the rest of the state is less than 18 years old. On the other hand the population in Lea County above the age of 65 is only 10.4%; while the rest of the state is 15.3%.

The median income in Lea County is \$50,694 as compared to the State of New Mexico at \$44,927; however, the median income in Lovington is \$41,322. At the time of these recordings, Lea County was experiencing an economic boom with the oil economy. Since then the economy has declined; incomes mostly likely have declined as well. The economic outlook for Lea County is uncertain at this time.

ECONOMIC IMPACT:

The administrative team conducted an economic impact study to indicate the value of health care and specifically the hospital to the community's economic environment and viability.

In 2015 Nor-Lea Hospital District had 451 full and part time employees with annual salaries and benefits totaling \$31.5 million. The hospital economic multiplier was 1.29 indicating another 0.29 job in the local economy for every 1.0 job in the hospital. Thus the secondary impact was an additional 235 jobs for a total employment impact of 685 jobs. The hospital spent \$9.8 million on capital improvements the same year resulting in 110 construction jobs. The construction employment multiplier was 1.44 resulting in a total impact of 158 construction jobs with an estimated payroll of \$2.8 million. The income multiplier for hospital workers was 1.29 creating a secondary income of \$9.1 million for a total of \$40.6

million. The construction income multiplier was 1.28 creating a secondary impact of \$2.8 million for a total of \$12.6 million. The combined primary and secondary impact of hospital operations and construction was 844 jobs with a total income impact of \$53 million. While construction jobs will not necessarily reoccur at the same rate every year, it is clear the hospital provided a tremendous impact to the economy of Lovington and Lea County.

HEALTH INDICATORS/HEALTH OUTCOMES:

Nor-Lea Hospital District sources health indicators and outcomes from www.ibis.state.nm.us an annual report by county for New Mexico called the NM Indicator-Based Information System. The leading causes of deaths in Lea County are #1 Heart Disease, #2 Cancer, #3 Accidents, #4 Chronic Respiratory Disease, #5 Stroke and #6 Diabetes. The chart below is a summary of the information presented to the community partners during meeting one on October 20, 2015.

CATEGORY	LEA COUNTY	NEW MEXICO	US	STATUS
Heart Disease Deaths / 100,000	44.9	17.0	36.2	Needs Improvement
Breast Cancer Deaths / 100,000	18.9	20.1	n/a	Improved
Lung Cancer Deaths / 100,000	39.6	31.6	n/a	Needs Improvement
Accidents / 100,000	67.6	63.0	39.4	Needs Improvement
Accidents MVA / 100,000	28.5	15.5	10.7	Needs Improvement
Flu and Pneumonia Deaths / 100,000	19.6	15.0	15.9	Needs Improvement
Stroke Deaths / 100,000	35.0	31.0	36.2	Needs Improvement
Diabetes Deaths / 100,000	26.9	28.4	21.2	Caution
Asthma Hospitalizations / 100,000	44.9	17.0	n/a	Needs Improvement
Overdose Deaths / 100,000	18.7	24.3	13.8	Caution
Teen pregnancy / 1,000 teen girls	42.4	20.1	10.9	Needs Improvement
Tobacco Usage	23.4%	19.2%	n/a	Caution
Immunizations – Flu Shot	45.4%	66.0%	66.7%	Needs Improvement
Immunizations - Pneumonia	57.5%	69.8%	n/a	Needs Improvement
Healthy Eating	14.2%	18.1%	n/a	Needs Improvement
Obesity prevalence for adults	37.2%	27.3%	29.6%	Needs Improvement
Obesity prevalence for youth	18.0%	12.6%	13.7%	Needs Improvement
Life expectancy	76.2 yrs.	78/2 yrs.	78.8 yrs.	Needs Improvement
Primary Care Access (pts / provider)	2,763	1,362	n/a	Needs Improvement

Nor-Lea Hospital District is focused on primary care services and working on improving the overall health of Lea County residents. The data above illustrates the need to provide access to health education focused on physical activity, healthy diets, preventative measures / immunizations and improved access to primary care providers. The information above helped formulate priorities expressed in the conclusions below.

SURVEY FINDINGS:

Administration sent out a survey to all the community needs assessment participants. The purpose of the survey was to gauge the perception of the needs for the community, the quality of services in the clinics and the quality of services and processes in the hospital. The results of the surveys are contained

as an exhibit to this report. The results were shared at each of the three community meetings to engage the group in dialogue around each topic.

PERCEIVED NEEDS FOR COMMUNITY

The CEO/Administrator led a discussion around a previous community needs assessment from three years ago and the efforts that have been made to address those needs. Since 2012, Nor-Lea Hospital District has facilitated a new housing development in the form of apartments and an Assisted Living Facility. Behavior Health was also an identified need in 2012 and Nor-Lea has started a behavior health program in the past year. The expansion of primary care access was also noted in 2012 as a significant need. Nor-Lea in the past 3 years has successfully on-boarded 18 primary care physicians.

Four primary needs were brought forth by the group in the first sessions focused on community need.

1. More needed to be done in the area of Alzheimer's Care.
2. More needed to be done in the area of Drug & Alcohol rehabilitation.
3. Quality of life issues around development of a Wellness and Fitness Center.
4. Improved communication with Lovington Medical Clinic around results and referrals.

PERCEIVED NEEDS FOR NOR-LEA HOSPITAL DISTRICT

The CEO/Administrator led a discussion around the survey results regarding clinic and hospital operations and service. Meeting two focused on clinic operations. Below is a summary of the topics of discussion from the community group.

- ∞ Referral Process
 - There is a sense of inconsistency on how long you wait to get a referral. Patients feel at the mercy of the pod to get their referral. There needs to be more follow up and clarity on how long one should wait.
- ∞ Greeter
 - Due to the size and complexity of the hospital, participants felt there needed to be greeters at main entrances (LMC and PPC).
 - Needs clearer signage on the main entrances.
- ∞ ER vs Walk-In Clinic
 - There needs to be more clarity on the proper use of walk-in clinic and ER.
- ∞ Call Center
 - Pharmacists in the community feel that there is better follow up with call center.
 - The message system needs to be explained to residents to increase confidence in the system.
- ∞ Appointments
 - Are appointment times appropriate to shorten lobby wait times?
 - Specialist – too long for appointment or opening
- ∞ Wait Times
 - "Tracker Things" (Versus) Good. Don't mind them
 - Pharmacists make referrals to Walk-In for patients that come to pharmacy.
 - Need to work with PSRs on scripting in Call Center to suggest Walk-In Clinic or another provider.

- ∞ Results Reporting
 - Need emergency sonogram. Patients have to be transferred after hours in ER for sonograms.
 - Online “My Chart” (available in Hospital but not clinic).
 - Lab & X-ray are available on hospital online portal.
 - Need to give email at registration & instructions on how to log-in.
 - Need to get interpretation of results.
 - Want to know if results are good without spending money for follow-up visits.
 - Want letter sent out to say results are good or call for follow-up.
 - Follow up visit should be at no-cost.
 - Want to know what language on lab results mean.
 - How long should patient wait for call regarding results before calling back to talk to doctor.
 - Doctor should review results everyday & follow up quickly if necessary.
- ∞ Other Issues
 - Need a canopy for Cancer Center.
 - Valet Parking in Cancer Center.
 - Address Availability to help patients to car.
 - Payment area needs more area for waiting.

Meeting three focused on hospital operations. Below is a summary of the topics of discussion from the community group.

- ∞ ER/In-Patient
 - Improve communication with patient.
 - Duration.
 - Explanation.
 - Testing.
 - Medication.
 - Next Steps.
 - Food quality could be improved.
 - Having NLHD employed physicians in ER and Floor soon.
 - AeroCare helicopter based here ← Positive.
- ∞ Outpatient & Surgical Services.
 - Opportunities for Improvement.
 - Referral Process.
 - Dependent upon doctor & insurance.
 - Timeliness for referral.
- ∞ Additional Desired Services.
 - Heart Surgeon.
 - Orthopedic Surgeon.
 - Worker’s Comp / Industrial Medicine Physicians.

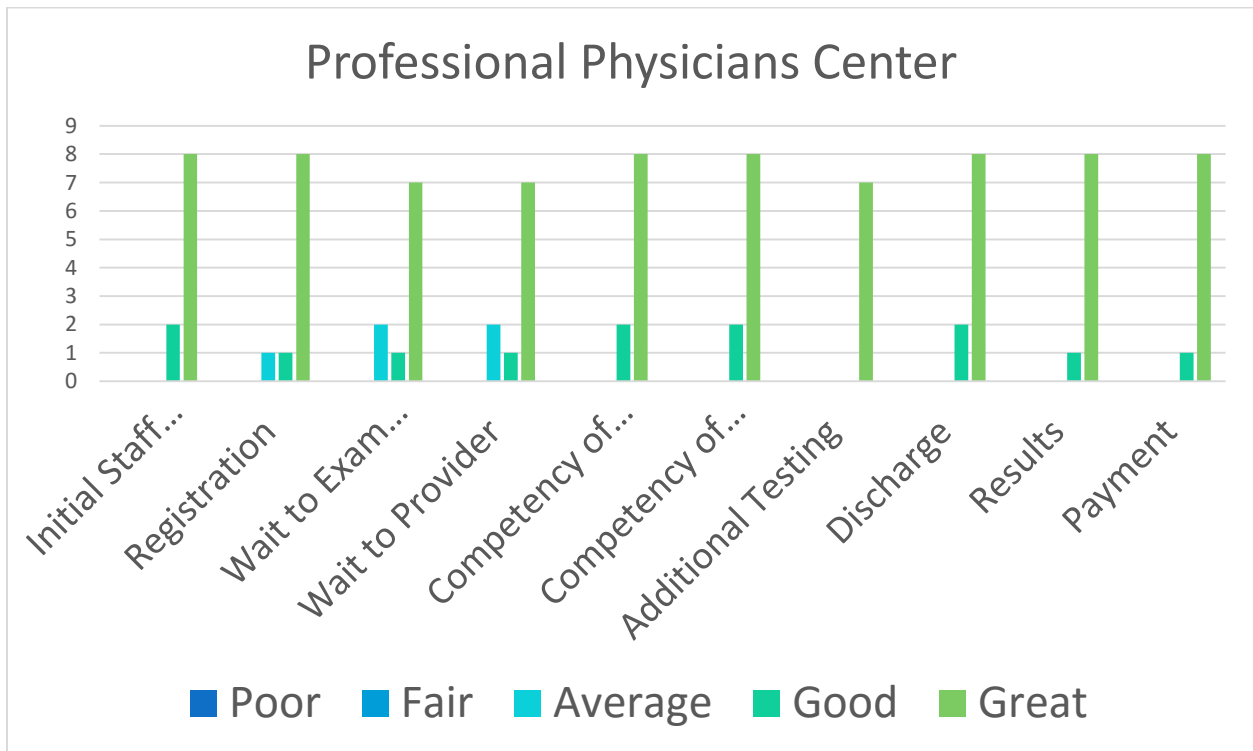
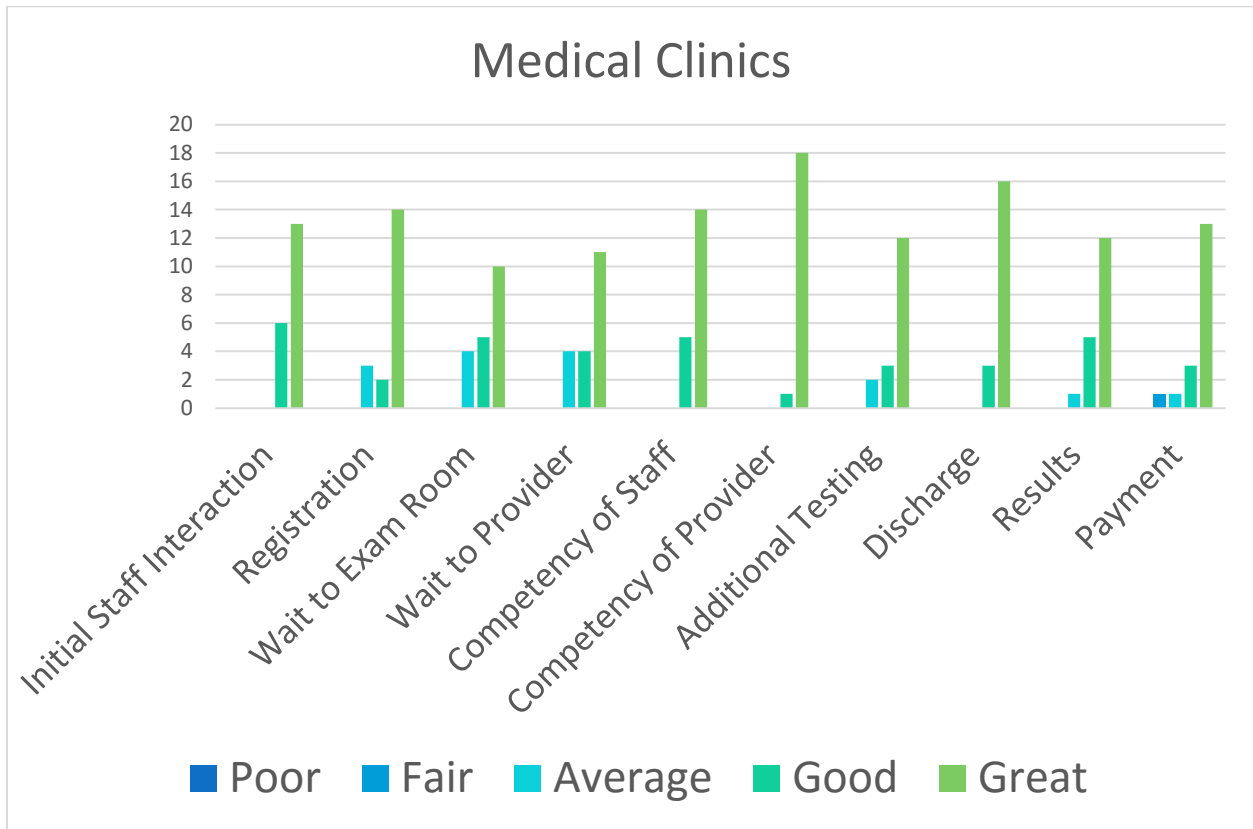
CONCLUSIONS:

The final community meeting was held on November 17, 2015. Nor-Lea Administration presented its findings and conclusions regarding areas of focus. There were four major areas of work for Nor-Lea Hospital District that were defined.

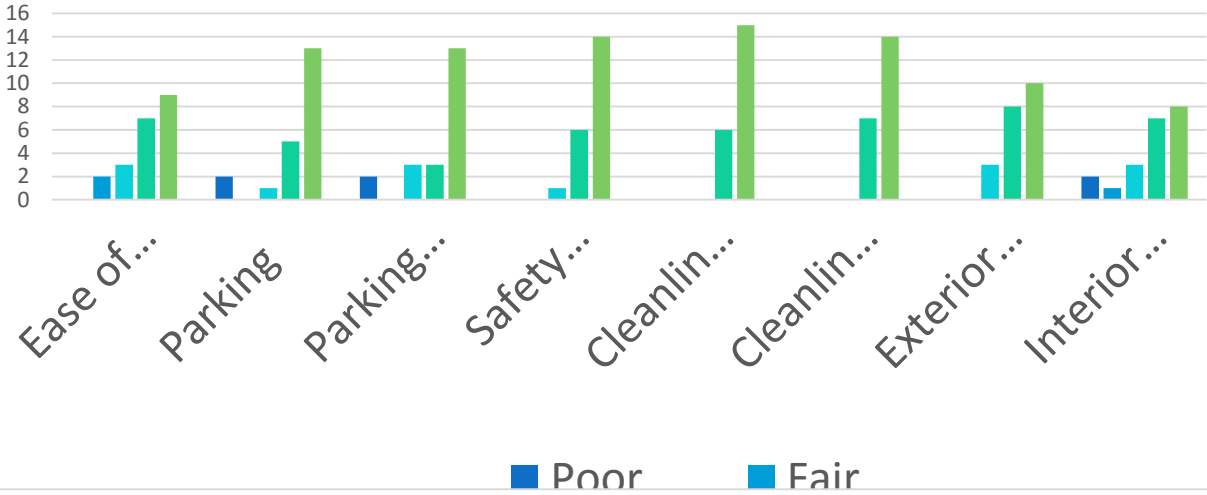
1. Clinic and Hospital Operational Improvements:
 - a. Review and improve the appointment system.
 - b. Review and improve the referral system.
 - c. Review and improve the results reporting system.
2. Nor-Lea placing more emphasis on community health and wellness programs and education:
 - a. Encourage partnerships toward a Community Wellness and Fitness Center
 - b. Develop more programs around Chronic Disease Management, Diabetes Education and Health Eating.
3. Nor-Lea should continue to improve access to primary care:
 - a. Recruit primary care physicians to address overall shortage in Lea County.
 - b. Develop partnership with other public entities to expand access to primary care and behavioral health care.
4. Identify additional specialist for Lea County:
 - a. Recruit Orthopedic Surgeon.
 - b. Recruit Endocrinology.
 - c. Leverage services for Alzheimer patients.

As was identified in the Health Indicators / Outcomes section; Lea County residents have a long way to go to improve overall health. Nor-Lea Hospital District and other community partners can work together to remove barriers and improve access and education; however, ultimately the residents must choose to change their behaviors around healthy eating and living.

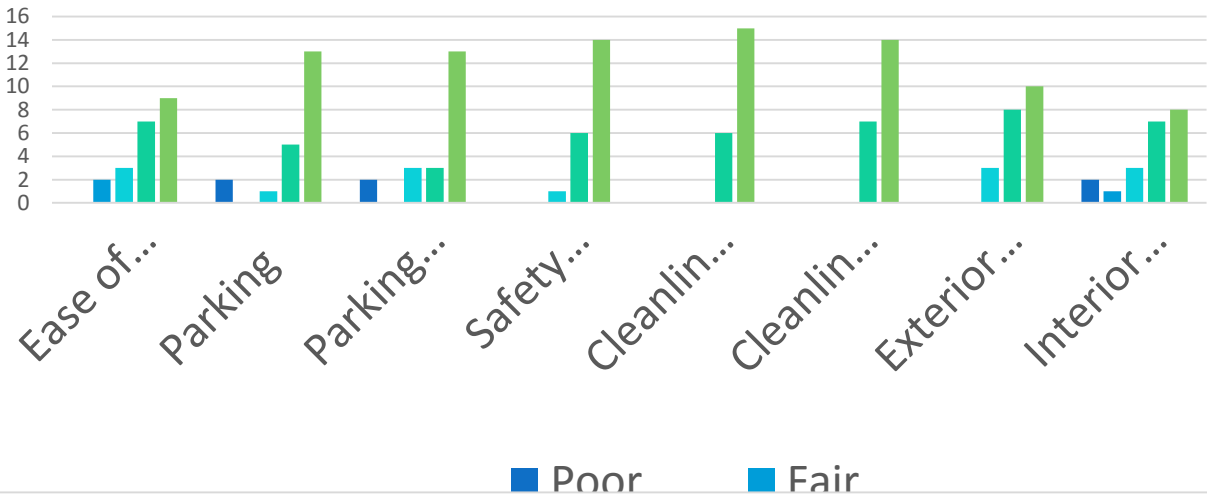
SURVEY EXHIBITS

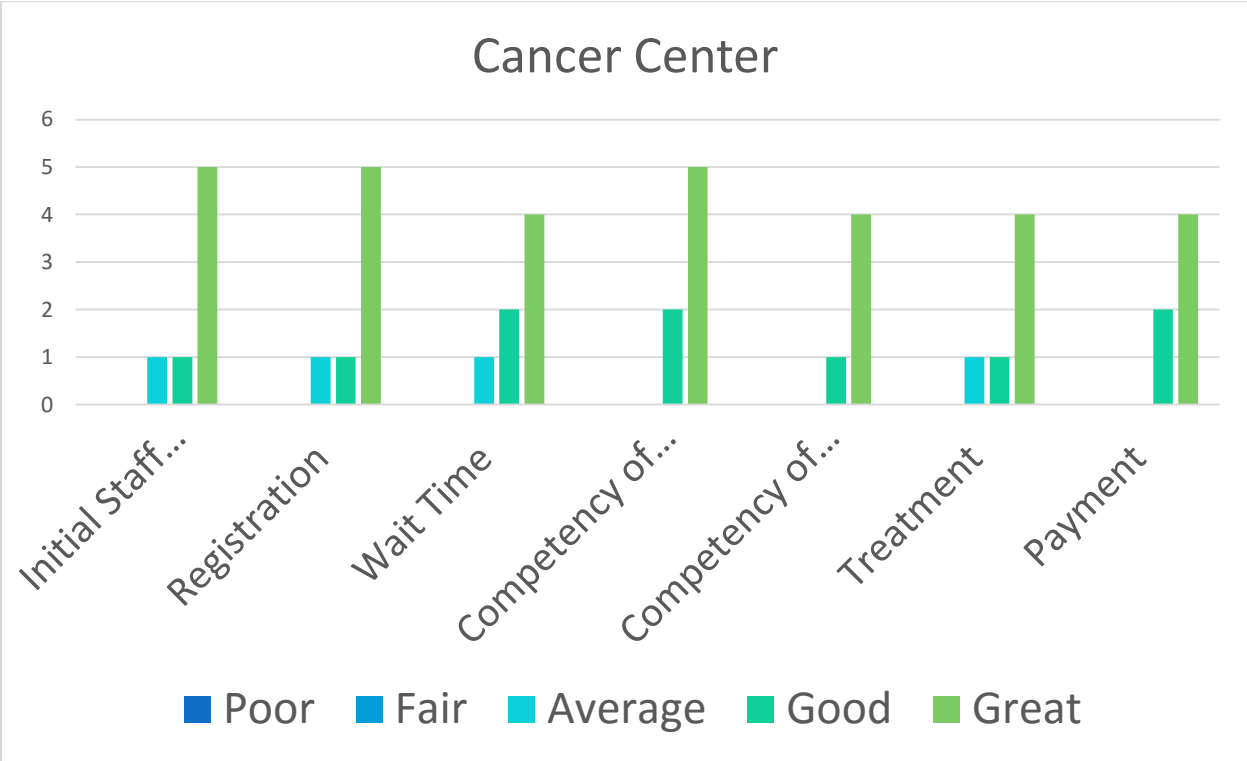
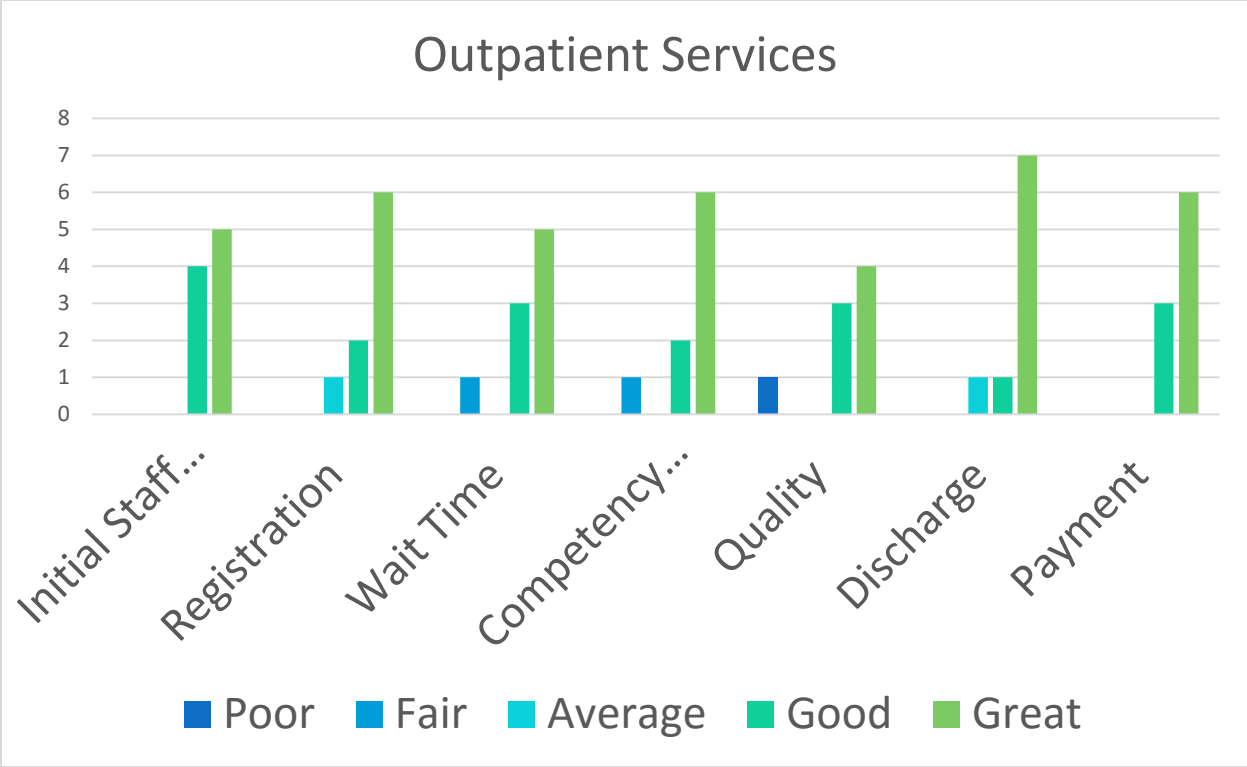


General Hospital District Evaluation

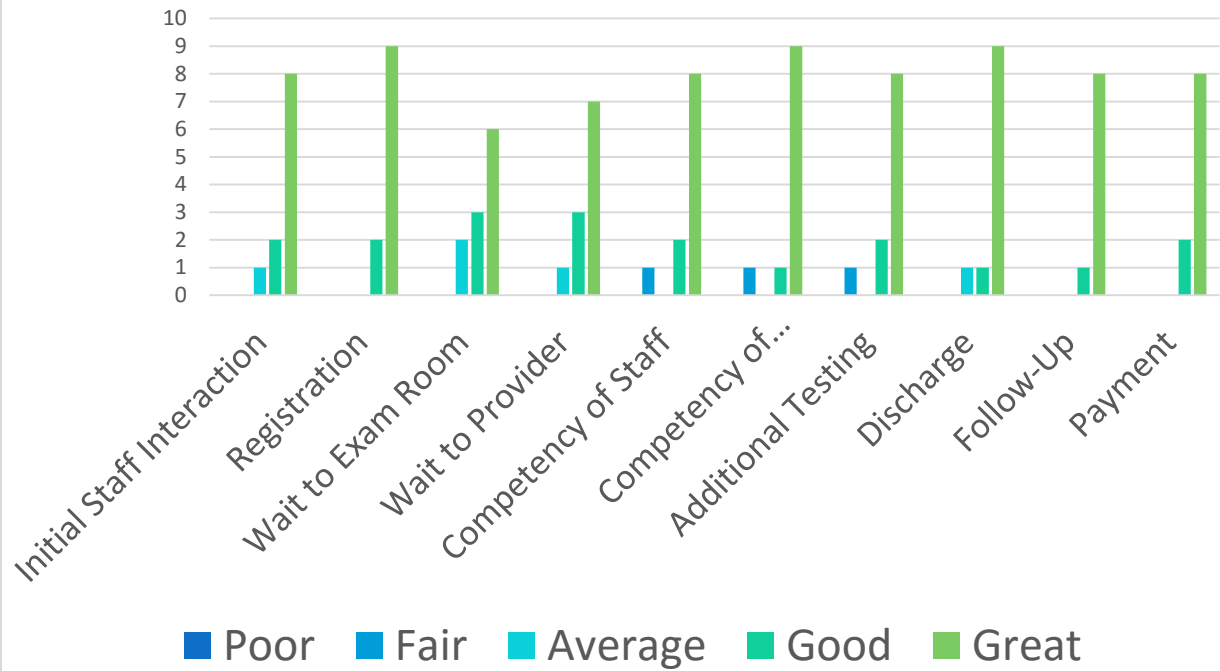


General Hospital District Evaluation

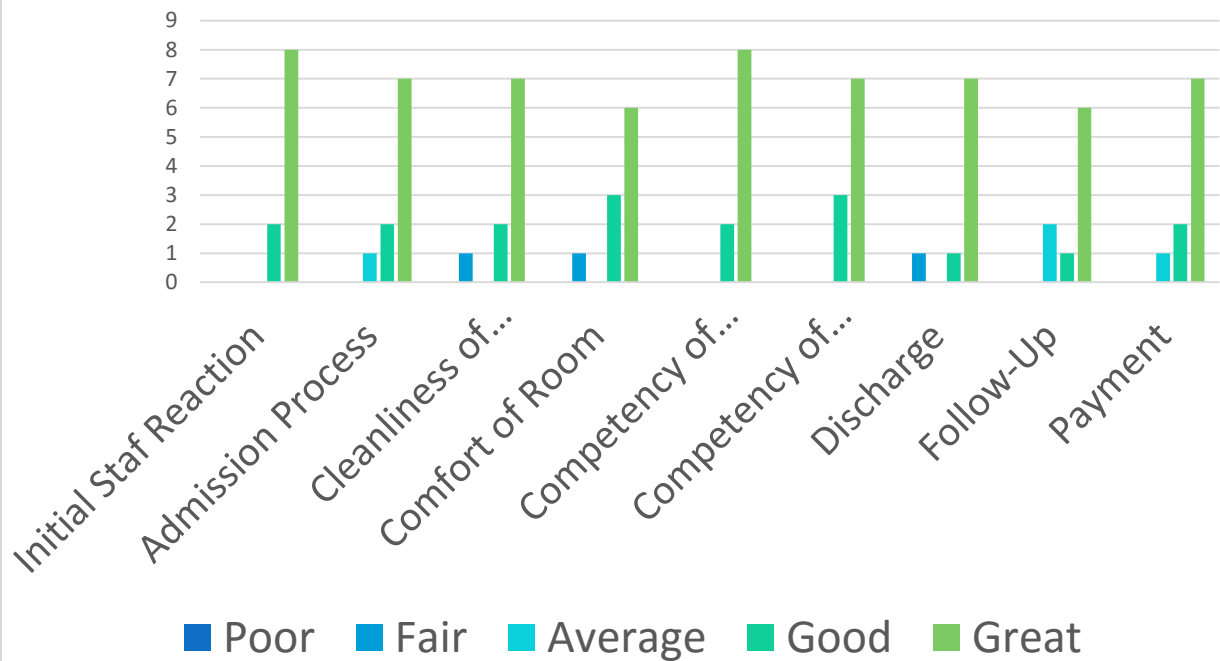




Emergency Department



Inpatient



Home Medical

