

EDDY COUNTY COMMUNITY HEALTH PROFILE

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# EDDY COUNTY COMMUNITY HEALTH PROFILE 2007

## *Executive Summary*

This Community Health Profile is a comprehensive compilation of information about Eddy County. It includes a wide range of data:

- A narrative description of the given community
- Community strengths and challenges
- Demographic and economic data
- Health status data
- Community input
- Community resources, including services, coalitions, and systems
- Interpretation and analysis of the health trends and patterns in the data

The 2007 Eddy County Community Health Profile is organized according to guidelines provided by the New Mexico Department of Health. The Eddy County Community Health Council currently lacks resources to compile all the data requested by the Department. The Profile does contain a wealth of information on issues of local concern.

Eddy County is a rural county in New Mexico with many natural and human resources. The Eddy County Community Health Council has been engaged in the process of assessing and planning to improve community health since 1994. The Council works in collaboration with other community health partners to address challenges identified in the 2007 and previous health profiles and plans. Important health issues include:

- I. Intentional and Unintentional Injury, Including Violence and Suicide
- II. Teen Pregnancy
- III. Lack of Access to Primary Health and Dental Services
- IV. Prenatal Care that does not Start in the First Trimester
- V. Need for Ongoing Community Outreach and Coordination of Services

The Eddy County Community Health Council addresses these health concerns through priorities established in the 2007 Eddy County Community Health Improvement Plan. The Council continues to assess and identify community health and safety issues and identify and support interventions to meet those needs by promoting awareness for the total well-being of the citizens of Eddy County.

# EDDY COUNTY COMMUNITY HEALTH PROFILE

## 2007

### **1. Introduction**

#### *Council description*

The Eddy County Community Health Council currently meets on a monthly basis with action groups targeted for the priorities that meet during the project timeframe. This allows the Council to assess and plan while collaborating with community partners to enhance and empower the local resources available throughout the county. A recent Council assessment identified that activities of the Council have a lot of synergy. With the vast experience and knowledge of the members and collaboration of our partners we have improved positive health and safety outcomes. Members are recruited through media, Council participation, presentations and all of our events. Anyone wanting to become a member can contact the ECCHC Coordinator at 887 -9511. The Council is actively coming up with creative ways to sustain the program.

The ECCHC has a successful history of assessing and prioritizing local health issues. In 1991 the County Maternal and Child Health Planning Act was passed by the New Mexico State Legislature and signed by the governor. In 1994 the Eddy County Maternal and Child Health Council was formed. Since that time, the name has been changed to the Eddy County Community Health Council, but the overall citizens' efforts continue to be strong and effective.

#### *Mission, vision and purpose of Council*

The purpose of the Eddy County Community Health Council (ECCHC) is to assess and identify community health and safety issues and identify and support interventions to meet those needs by promoting awareness for the total well-being of the citizens of Eddy County.

#### *Definition of health*

The ECCHC has a broad definition of health that includes consideration of issues such as economic conditions, education, employment, housing, families living in poverty, access to specialty health and mental health services, substance abuse, and root causes of youth risk behaviors and their long term affects. The Council also works to build a shared definition of health with community partners so that effective strategies to address issues, such as teen pregnancy, can be successfully implemented. The ECCHC is firmly rooted in an understanding that health is impacted by a wide variety of factors that contribute to individual and community well being.

#### *Purpose of Profile*

The profile serves the following purposes:

- To have community data and interpretation of that data in one place, so that local health data can be reviewed and used by many sectors of the community;
- To clearly present a community's health needs and issues so that they can be prioritized for action;

- To identify health indicators and sources of data that can be used to monitor change and progress in addressing priority health issues;
- To form the basis for the Community Health Improvement Plan and other community planning documents; and
- To provide a centralized source for reference for documents published by county and city governments, funding proposals and reports done by community partners.

### *Profile development*

The Eddy County Community Health Profile was developed using the document “Community Health Profile Guidelines, Version 2.0”, provided by the Department of Health, Epidemiology & Response Division, Community Health Assessment Program And Public Health Division, Office of Health Promotion & Community Health Improvement, New Mexico Department of Health, November 1, 2006. The guidelines included background information on the many health topics provided by the New Mexico Department of Health(DOH). Those have been included in our profile for use as reference. These are the sections in italics that precede data specific to Eddy County.

The 2007 Eddy County Community Health Profile builds upon the previous assessment work done by the Eddy County Community Health Council (ECCH) in prior years. This 2007 document is organized according to the DOH guidelines, and responds to the long list of recommended components that contribute to community health. Data is presented without discussion. Discussion is contained in the sections devoted to interpretation.

For the most part, data is focused on what is specific to Eddy County. Comparisons are made to New Mexico state data, when appropriate. Statewide data and national data is available elsewhere. The Eddy County 2006 Profile Update contains a comprehensive analysis of trends and national data.

One challenge faced in responding to the DOH Profile Guidelines was the difficulty in finding data for all 49 of the data categories listed in the Community Health Status section. Rates for a small county, like ours, can be difficult to find. The ECCH currently lacks resources to develop multiple-year totals for appropriate interpretation. The ECCH was able to respond to a majority of the requests for data from the DOH. Appendix A is a list of data elements requested by the DOH, but which Eddy County does not presently have. This list can be used as a reference in efforts to create future profiles.

Another challenge faced in responding to the guidelines was the fact that the ECCHC had completed a comprehensive assessment and planning process in 2006. The resulting Profile and Plan were approved, and local community stakeholders were ready to implement identified strategies and evaluate progress for the next few years. The requirement to engage in another process to develop a profile with unfamiliar and lengthy data elements has not energized Council efforts. The ECCHC does not currently have the resources to continuously update a community health profile in broad scope for use by our community. Members of the ECCHC volunteer their time to improve community health.

## **2. Community Description**

Unless otherwise noted, information in this section is based on secondary data. Currently the ECCH does not have adequate resources to collect additional primary data through more community surveys, focus groups, key informant interviews, and the like.

### *a. Geographic description*

Eddy County is located in Southeastern New Mexico. It is bordered by three counties in New Mexico: Otero to the west, Chaves to the North, and Lea to the east, and three counties in the state of Texas, to the south: Loving, Reeves, and Culberson. It is situated in a semiarid climate at the northern tip of the Chihuahuan Desert with a usual weather pattern of mild winters and hot summers. According to the Western Regional Climate Center ([www.wrcc](http://www.wrcc.gov)), Eddy County has an annual recorded rainfall of 12.92 inches and a record high temperature of 114° F.

The county was established in 1889 and named for Charles B. Eddy, who implemented a plan to irrigate arid land with water from the Pecos River. The Pecos River runs through Eddy County on its way to the Gulf of Mexico and its waters sustain agriculture through an extensive irrigation system comprising four dams upstream from the County Seat of Carlsbad. This system is known as the Carlsbad Irrigation District and contributes to the area's ranching and farming efforts.

Eddy County is a very rural area that covers 4,180 square miles with 1,281 square miles of county roads outside city limits. Of a total acreage of 2,675,200, 61% is owned by the Federal government, 22% by the State, and the remaining 17% is held by private landowners. Communities include Carlsbad, the County Seat, as well as Artesia, Otis, Loving, Hope, Malaga, Lakewood, and Loco Hills.

The economy of the area is based heavily on mineral extraction due to the rich oil and gas producing formations of the Permian Basin and on mining raw materials like potash. According to the University of New Mexico Bureau of Business and Economic Research, the occupations employing the largest percentage of civilian workers 16 years and older in Eddy County are

Management, professional, and related occupations	25%
Sales & office occupations	25%
Service occupations	17%
Construction, extraction and maintenance	16%
Production, transportation and material moving	14%

Artesia was an agricultural oasis until the early 1920s when many of the area's artesian wells began to dwindle. In 1924 another kind of well was discovered when the Illinois #3 oil well came in, opening up the Artesia oil fields locally and the Permian Basin regionally. Today, the oil & gas industry continues to flourish in the Artesia area. Other factors in the local economy include farming, ranching, dairies, small businesses and the Federal Law Enforcement Training Center.

Carlsbad is home to the United States Department of Energy Carlsbad Field Office which operates a facility to store the transuranic nuclear wastes from the nation's defense sites, the Waste Isolation Pilot Plant. The services sector is the newest growth industry in Carlsbad with several call centers and a large medical transcription center.

Agriculture also contributes significantly to the economy of Eddy County. In 2002, there were 510 farms in the county, with an average net income of \$14,083.00. Eddy County ranked 7<sup>th</sup> in the state for Agricultural Cash Receipts for 2005:

Crops	\$39,236,000
Livestock	\$77,063,000

Contributing to these receipts were:

<u>Crops 2005</u>	<u>Acres</u>	<u>Production</u>	<u>State Rank</u>
Cotton, Upland	4,000	10,000 Bales	5
Hay, All	37,900	231,930 Tons	2
Hay, Alfalfa	36,000	226,800 Tons	1
Pecans		6,300,000 Pounds	2

<u>Livestock- 1/1/2006</u>	<u># of Head</u>	<u>State Rank</u>
Cattle & Calves	57,000	8
Milk Cows	19,000	6
Sheep & Lambs	1,600	13

(Source: United States Department of Agriculture, National Agricultural Statistics Service, 2005 New Mexico Agricultural Statistics)

Tourism is also a factor in the local economy. Destinations include the internationally known geological formation, Carlsbad Caverns State Park, the Living Desert Zoo and Gardens State Park, and hiking and camping in the beautiful Guadalupe Mountains.

Transportation in Eddy County is facilitated by two major highways, US 62/180 and US 285. A municipal airport is located just south of Carlsbad and offers non-stop flights within New Mexico to Albuquerque, Hobbs, and Roswell. Eddy County also has an airport for private planes.

*b. Population Description*

Unless otherwise noted, information in this section comes from the 2000 United States Census. The total population for Eddy County is 51,658, an increase from the 1990 count of 48,605. The population density was calculated as 12.8 people per square mile, less than the rate for the state of New Mexico which is 14.98.

Of the 51,658 Eddy County residents, 49% were males and 51% were females. Percentages for age ranges were:

Less than 18 Years	28.9
18 to 24	8.4
25 to 44	25.7
45 to 64	22.4
65 Years or Older	14.7

Table 2.b.1. Characteristics of Specified Population Areas- Eddy County

Census area	Residents	Households	Families	Per Cent of County Residents
Eddy County	51,658	19,379	14,069	100
Carlsbad	25,625	9,957	6,949	50
Artesia	10,692	4,080	2,896	21
Loving	1,326	441	339	3
Hope	107	45	27	.2

Outside of these population areas live 13,991 people, or 27% of the county's residents.

Of the 19,379 households in Eddy County

35.60% included children under the age of 18

56.10% were married couples living together

11.90% had a female householder with no husband present

10.70% had someone living alone who was 65 years of age or older.

According to the University of New Mexico Bureau of Business & Economic Research, in 2004 Eddy had a per capita personal income(PCPI) of \$26,731. This PCPI ranked 6th in the state and was 102 percent of the state average, \$26,184. In 1994 the PCPI of Eddy was \$16,720 and ranked 8th in the state.

The 2004 PCPI reflected an increase of 6.6 percent from 2003. The 2003-2004 state change was 5.2 percent and the national change was 5.0 percent.

The 1994-2004 average annual growth rate of PCPI was 4.8 percent. The average annual growth rate for the state was 4.0 percent.

In 2004 Eddy had a total personal income (TPI) of \$1,380,971\*. This TPI ranked 8th in the state and accounted for 2.8 percent of the state total. The 2004 TPI reflected an increase of 7.1 percent from 2003. The 2003-2004 state change was 6.5 percent and the national change was 6.0 percent.

In 1994 the TPI of Eddy was \$875,052\* and ranked 7th in the state. The 1994-2004 average annual growth rate of TPI was 4.7 percent. The average annual growth rate for the state was 5.3 percent.

Earnings of persons employed in Eddy increased from \$967,480\* in 2003 to \$1,053,568\* in 2004. Net earnings accounted for 66.6% of Total Personal Income in 2004. There was a 5.1% increase in earnings for the period 1994-2004.

Source: University of New Mexico Bureau of Business & Economic Research, bber@unm.edu, Last Revised: 5/1/06 Note: All income estimates with the exception of PCPI are in thousands of dollars, not adjusted for inflation

Table 2.b.2 Earnings by Year- Eddy County/State/Nation

Per Cent Increase 2003-2004	Average Annual Growth Rate 1994-2004
Eddy County: 8.9	Eddy County: 5.3
New Mexico: 7.4	New Mexico: 5.4
Nation: 6.3	Nation: 5.5

Source: University of New Mexico Bureau of Business & Economic Research, bber@unm.edu, Last Revised: 5/1/06

The New Mexico Department of Labor reports that in 2006, the average weekly wage in Eddy County was \$704 and \$647 for New Mexico. In October 2006, the unemployment rate was 3.9 in Eddy County, and 4.1 for both the state and the nation. Source: New Mexico Department of Labor, www.dol.state.nm.us)

In Eddy County

Median income for Males was \$31,909

Median income for Females was \$19,686.

People living below the poverty line included

- 13.6% of families
  - 13.4% of those aged 65 or over.
  - 21.5% of those under age 18
  - 25.6% of those under age 18 (2003 Census)
- 17.2% of the total population

Table 2.b.3 Population of Eddy County Compared to the State of New Mexico

2000-2005 Census Data	Eddy County	New Mexico
Population (2000)	51,658	1,819,046
Population (2005 Estimate)	51,437	1,928,384
Persons under 5 years old (2005)	6.9%	7.0%
Persons under 18 years old (2005)	25.9%	25.4%
Persons 65 years old and over (2005)	14.1%	12.2%
Female persons (2005)	51.1%	50.8%
White persons not Hispanic (2005)	55.7%	43.1%
Persons of Hispanic or Latino origin (2005)	41.0%	43.4%
Black persons (2005)	1.9%	2.4%
American Indian and Alaska Native persons (2005)	1.5%	10.2%
Persons reporting two or more races (2005)	0.8%	1.5%
Foreign born persons (2005)	5.3%	8.2%
Language other than English spoken at home by those 5 years and older (2000)	30.4%	36.5%
Living in same house in 1995 and 2000, 5 yrs and older	59.0%	54.4%
High school graduates, percent of persons age 25+ (2000)	75.0%	78.9%
Bachelor's degree or higher, pct of persons age 25+ (2000)	13.5%	23.5%
Persons with a disability, age 5+ (2000)	10,557	338,430
Homeownership rate (2000)	74.3%	70.0%
Median value of owner-occupied housing units (2000)	\$64,200	\$108,100
Persons per household (2000)	2.63	2.63
Median household income (2003)	\$34,645	\$35,091
Persons below poverty, percent (2003)	17.5%	17.7%

Source: 2000-2005 Census Quick Facts <http://quickfacts.census.gov>

### c. Community Assets and Wellness

Eddy County has many strengths and resources that contribute to our quality of life.

These include, but are not limited to the following:

- Eddy County is a small community which promotes collaboration.
- Eddy County residents are willing to work together to reduce gaps and barriers that may exist in the community.
- MCH/ECCHC has a successful 11 year history of working in Eddy County since 1994.
- Eddy County residents have excellent networking skills.
- Local agencies and organizations work well together to address common goals and community issues.
- County Commissioners are very supportive of the ECCHC.

Additional resources exist in the following categories suggested by the DOH:

*Educational-* There are three school districts in Eddy County, Carlsbad Municipal Schools, Artesia Public Schools, and Loving Public Schools. Each district has a School Health Advisory Council. School Health Advisory Councils are responsible for developing, implementing, and monitoring District Wellness Policies to promote student health and academic achievement. A school based health center in Carlsbad opened in September 2006. New Mexico State University has a branch in both Artesia and Carlsbad. Northwood University, teaches business courses in Carlsbad.

Table 2.c.1 Characteristics of Eddy County School Districts

	Carlsbad Municipal Schools	Artesia Public Schools	Loving Municipal Schools
Total Families	9,190	4,510	490
% Families Below Federal Poverty Level	12.5	15.2	19.4
Total Students	6,458	3,864	599
Total FTE Teachers	376.4	232.8	40.7
Total Schools	15	10	3

Source: United States 2000 Census

*Physical-* Eddy County is internationally known for being home to one of the world's amazing natural wonders, Carlsbad Caverns. Carlsbad Caverns National Park contains more than 100 limestone caves that are outstanding in the profusion, diversity and beauty of their formations. Carlsbad Cavern is the summer home for a world-famous colony of migratory Mexican free-tailed bats. Lechuguilla Cave is the deepest limestone cave in the United States, containing formations and microbes found nowhere else in the world. Eddy County is also home to an extensive botanical park, the Living Desert Zoo and Gardens State Park.

The City of Carlsbad hosts several recreation areas, including the municipal beach and greenway along Lake Carlsbad. The Lake Carlsbad Recreation Area (Beach) is 125.6 acres located along the Pecos River from the railroad bridge south to the upper Tansil Dam. This area is used for picnics, water sports, playgrounds and fishing and boating. The Riverwalk Recreation Center is one of the City of Carlsbad's Beach Areas, and is a three story facility with indoor, free family recreational facilities. Also located nearby is the Carlsbad Bandshell with a 6 mile sidewalk around the entire area which is widely used by walkers for exercise. At the south end of the park is the 11.36 acre sports complex that contains 9 tennis courts, a tennis pro shop, 3 racquetball courts and three soccer fields with restrooms.

*Social-* Eddy County has a variety of social resources that reflect community interests. These include, but are not limited to those in:

Artesia, with one museum, one golf course, one Adult Day Care Center, fifty churches, one library, and one theater;

Carlsbad, with one museum, two golf courses, fifty-six churches, one library, and two theaters.

*Regulatory-* Both Artesia and Carlsbad have enacted ordinances to address public concerns. Recent examples include:

1. # 2000-07- Clean indoor air act –Carlsbad- July 25, 2000;
2. # 99-10- Leash Law –Carlsbad- October 26, 1999
3. # 735 Juvenile Curfew- Artesia- August 8, 2006  
Youth younger than age 18 are restricted from being in public areas from 12 Midnight until 6 AM on Friday and Saturday nights, and from 11 PM until 6 AM Sunday through Thursday night.

*Cultural-* In Artesia, the Artesia Historical Museum and Art Center is active and offers a variety of art and historical exhibits. Local artists contributed to Heritage Walkway, colorful murals in downtown Artesia which provide a mini-view of Artesia's history. The Artesia Public Library has exhibits, over 50,000 books, and an assortment of tropical fish in a 125-gallon built-in fresh water aquarium. The Artesia Arts Council, the Artesia school system, the Community Concert Association, and local civic organizations provide a number of cultural events. Guy Lombardo, Louise Mandrell, Roy Clark, and Michael Martin Murphy are some of the stars with performances at the Artesia High School auditorium. The Artesia Arts Council offers workshops in painting, photography, and writing. The Artesia Arts Council also sponsors Art in the Park, a popular arts festival held each October. The Artesia Chorale and the Artesia Community Theater provide opportunities for participation as well as entertainment.

In Carlsbad, a unique annual community celebration is “Christmas on the Pecos”, an event that includes evening boat tours from November 23 to December 31 to view more than 100 homes decorated with lights along the banks of the Pecos River. The City of Carlsbad Parks and Recreation Department maintains approximately 1,204 acres of parks within the City of Carlsbad. The employees of the Park Department maintain the parks and buildings and also assist with all special events and recreational activities such as the 16th of September Celebration, Heritage Days, and various other events, including sporting events. The Carlsbad Bandshell hosts annual events such as the Relay for Life, Art-A-Far, United Way Community Day, Hawgfest, Chili Cook-Off and the Fireworks Display each July 4<sup>th</sup>.

*Other-* Eddy County has a strong spirit of civic participation and volunteerism. A clear example of this is the tireless efforts of the members of the Eddy County Health Council who have volunteered their time, whether on projects that have been identified as important to the community, like the March 2007 Health Fair, or to respond to requirements from those outside the community, such as the multiple surveys that have been recently imposed by local, state, and other agencies. Public leadership in Eddy County includes the elected officials in Artesia and Carlsbad, each with 1 Mayor and 8 City Council Members. At the county level, the 5 County Commissioners and the County Manager demonstrate their commitment to community health and wellbeing, and continue to be strong partners with the ECCH to address community concerns.

Civic participation and volunteerism is also evidenced in one of the park areas, “Playground on the Pecos. On the banks of the Pecos River north of the Riverwalk Recreation Center, this community-built playground consists of 15,000 square feet of

towers, swings, slides, and hiding places. Designed with the help of Carlsbad's school children, the playground incorporates local features such as caves, rock climbing areas and flumes. Utilizing volunteers, construction began on September 5, 2002 and was completed on September 15, 2002.

Additional information about resources in Eddy County can be found at <http://www.caverns.net/ecourt>, which also has links to websites for the City of Artesia and the City of Carlsbad.

d. Interpretation of Information in the Community Description Section...

The ECCHC notes that the average income statistic is not a true reflection of income equality. Eddy County has a very mixed economic base with many different factors that can change from year to year. For instance, income and employment in Eddy County can fluctuate as a result of the market for gas, oil and potash. Income figures have been impacted in the past 15 years by Federal ventures, such as WIPP and FLETC, that have caused an influx of higher paid professionals from other areas of the country but without necessarily changing incomes of long term residents. Other infrastructure issues, such as housing, have been negatively impacted, also. The significant proportion of the population under the age of 18 living in poverty increases risk in all areas of youth health and safety.

**3. Community Health Status**

Unless otherwise noted, the data source for this section is New Mexico Selected Health Statistics Annual Report for 2004, Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2006.

**a. Maternal and child health indicators**

Table 3.a.1 Total number of births per year to all mothers- Eddy County/State

Year	2000	2001	2002	2003	2004
Eddy County	733	776	733	732	725
New Mexico	27,206	27,101	27,708	27,799	28,355

Table 3.a.2 Births to Single Mothers

Year	2000	2001	2002	2003	2004
Eddy County	306	370	337	361	373
Per Cent	41.7	47.7	46.0	49.3	51.4
New Mexico Total- Percent	45.6	46.3	46.9	48.5	48.9

Table 3.a.3 Per Cent Births by Mother's Race/Ethnicity 2003

Race/Ethnicity	American Indian or Alaskan Native	Asian or Pacific Islander	Black or African American	Hispanic	White

Eddy County	.6	.7	2.1	52.6	44.1
New Mexico	12.7	1.4	1.8	52.8	56.8

Table 3.a.4 2004 Births by Age of Mother: Total = 725

Age of Mother- Years	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-49
Total Births	2	51	91	282	177	93	19	10
Per Cent of Total	.3	7.0	12.6	38.9	24.4	12.8	2.6	1.4
Per Cent Born to Single Mothers	100.0	84.3	76.9	59.9	34.5	18.3	42.1	30.0

Table 3.a.5 Teen Birth Rate By Year 1998-2003

Year	1998	1999	2000	2001	2002	2003
Rate per 1,000	106.9	85.3	83.8	82.8	73.5	73.4
Number	224	177	172	176	151	145

Note: The 2003 rate of 73.4 was the 7<sup>th</sup> highest of 33 counties. The Per Cent change in the County's Teen Birth Rate for the period 1998-2003 was -31%. This decrease is seen as a result of the efforts of the ECCH, which is working with the New Mexico Teen Pregnancy Coalition to achieve Challenge Target Rates.

Table 3.a.6 Low Birth Weight Births by Age of Mother 2002-2004

Age of Mother- Years	10-14	15-19	20-24	25-29	30-34	35-39	40-49
Per Cent Low Birth Weight	0	8	6.5	7.2	7.3	11.5	8
New Mexico Total- Percent	12.4	8.9	8.2	7.2	7.8	9.5	12.3

The low birth weight rate for this period was 7.3, reflecting a total of 159 infants who weighed less than 5 pounds 8 ounces at birth.

Table 3.a.7 Total Number Low and High Birth Weight Births by Year

Year	2002	2003	2004
Low Birth Weight	53	55	51
High Birth Weight	54	39	40

Table 3.a.8 Level of Prenatal Care 2004

Total Births	% High	% Mid	% Low	% None	# Unknown
Eddy County N= 725	43.9	29.3	25.1	1.7	23
New Mexico N= 28,355	53.9	32.4	11.5	2.2	2,142

Table 3.a.9 Per Cent Low or No Prenatal Care by Age of Mother 2004 Births  
Total for All Ages = 188

Age of Mother- Years	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-49
Per Cent Low or No Prenatal Care	0	27.5	30.8	22.3	31.6	18.3	21.1	60.0

Table 3.a.10 Per Cent Low or No Prenatal Care by Mother's Race/Ethnicity 2004

Ethnicity	American Indian or Native Alaskan	Asian or Pacific Islander	Black or African American	Hispanic	White

Number	1	2	5	103	77
Per Cent Low or No Prenatal Care	25.0	40.0	33.3	27.0	24.1
New Mexico Total- Percent	17.9	10.0	13.6	13.8	8.8

Table 3.a.11 Congenital Anomalies Per Cent of All Births by Year and Sex of Infant

Year	1999- 2001 Males	1999-2001 Females	2002-2004 Males	2002-2004 Females
Eddy	1.7	2.6	5.2	4.5
New Mexico	2.0	1.9	2.4	2.1

Table 3.a.12 Infant Mortality Rates 2000-2004 Average

Measures	Total Infant Deaths Under 1 Year	Neonatal (Under 28 Days)	Postneonatal (28 Days to Under 1 Year)
2010 Objectives	4.5	2.9	1.2
Eddy County	6.8	3.5	3.3
New Mexico	6.1	3.8	2.4

Table 3.a.13 Pregnancy Risk Assessment 2001-2003

Per cent of mothers who:	Eddy County	New Mexico
Intended the pregnancy	44.0	56.6
Were using postpartum contraception	84.8	84.8
Were aware that folic acid can help prevent birth defects	64.0	64.3
Did not use a multivitamin at all the month before pregnancy	67.8	61.7
Drank any alcohol during the 3 months before pregnancy	48.3	46.7
Smoked any cigarettes during the 3 months before pregnancy	29.9	23.2
Smoked any cigarettes during the last 3 months of pregnancy	15.5	10.3
Currently smoke any cigarettes	23.2	16.5
Said their infant is exposed to tobacco smoke	17.7	8.0
Were physically abused by their partner during pregnancy	10.0	7.6
Had pre-existing or gestational diabetes	6.7	7.7
Had WIC during pregnancy, including classes or groups	66.5	58.0
Participated in postpartum WIC classes or groups	52.5	38.8
Initiated breastfeeding	61.1	79.7
Breastfed at least 9 weeks	27.8	53.5
Had dental care	13.5	28.3
Place their infant to sleep on his/her back	54.4	59.0
Said that their family has enough food	86.9	84.9

Source: New Mexico Pregnancy Risk Assessment and Monitoring System, Counts Data Tables, Birth Years 1998-2003, Santa Fe, NM: New Mexico Department of Health, June 2005

**b. Mortality – General**

Table 3.b.1 Total Deaths by Age Group and Gender 2004

Total Deaths	Under 1 Year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
485	4	2	2	4	6	21	34	40	84	140	148
Males	3	0	1	4	6	17	21	27	50	72	113
Females	1	2	1	0	0	4	13	13	34	68	172

Table 3.b.2 General Mortality or Death Rate: Age Adjusted for 2004

Eddy County: 838.6	New Mexico: 764.7	United States: 2004 Data Not Available
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**c. Leading Causes of Death**

Table 3.c.1 Fifteen Leading Causes of Death 2005

Total Number from All Causes	526		New Mexico
	Number of Deaths	Rank	Rank
Heart Diseases	130	1	1
Malignant Neoplasms	95	2	2
<b>Chronic lower respiratory diseases</b>	<b>46</b>	<b>3</b>	<b>4</b>
<i>Unintentional Injury (Accidents)</i>	40	4	3
Cerebrovascular diseases	26	5	5
Diabetes Mellitus	15	6	6
<b>Intentional Self-Harm (Suicide)</b>	<b>14</b>	<b>7</b>	<b>9</b>
<b>Chronic Liver disease &amp; Cirrhosis</b>	<b>11</b>	<b>8</b>	<b>10</b>
<i>Influenza, pneumonia</i>	10	9	7
<i>Alzheimer's Disease</i>	6	10	8
<b>Nephritis, nephritic syndrome, &amp; nephrosis (kidney disease)</b>	<b>6</b>	<b>10</b>	<b>11</b>
<b>Parkinson's disease</b>	<b>5</b>	<b>11</b>	<b>13</b>
Essential (primary) Hypertension & hypertensive disease	3	12	12
Assault (homicide)	3	12	14
Septicemia (blood infection)	2	13	15

Source: 2005 Vital Statistics Summary, Bureau of Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health, October, 2006

Note: Bolded items are causes of death ranked higher in Eddy County than in New Mexico. Italicized items are causes of death ranked lower in Eddy County than in New Mexico. In Eddy County, the ranking stops at 13 due to equal numbers of death in Alzheimer's/Kidney and Hypertension/Homicide.

**d. Chronic Disease Indicators**

Heart Disease

*Definition: Any disorder that affects the heart's ability to function normally. The most common cause is narrowing or blockage of the arteries which supply blood to the heart itself.*

Risk and Protective Factors: Diet, exercise, smoking, high blood pressure, high cholesterol, diabetes and body weight are factors that can increase or decrease the risk of developing heart disease.

Data: Mortality Data is presented in Table 3.c.1, Fifteen Leading Causes of Death 2005.

#### Cancer (Malignant Neoplasms)

Definition: Cancer is the uncontrolled growth of abnormal cells that have mutated from normal tissues and can prevent normal function of organs or spread throughout the body. There are multiple causes of cancer; a few are known, such as tobacco use, excessive exposure to sunlight, radiation, some viruses and chemicals. However, the causes of many cancers are unknown. Lung cancer is the most common cause of cancer deaths. Gender and age play important roles in the presence, as well as types of, cancer.

Risk and Protective Factors: Risky behaviors are smoking or chewing tobacco, secondhand smoke (environmental tobacco smoke or ETS) excessive sunlight exposure, poor nutrition, inadequate physical activity, and heavy drinking. Screenings, such as breast examination, mammography, pap smear and colonoscopy, may help detect cancers at their early, most treatable stages and are preventive health behaviors.

Data: Mortality Data is presented in Table 3.c.1, Fifteen Leading Causes of Death 2005. The ECCH currently lacks resources to collect primary data on environmental factors that influence people's ability to engage in healthy and unhealthy behavior, such as workplace and public place restrictions on smoking, and insurance coverage for screenings.

More data on smoking is included in Section 3.d.4, Chronic Obstructive Pulmonary Disease (COPD)

#### Cerebrovascular Diseases (Stroke)

Definition: A generic term for all disorders in which an area of the brain is momentarily or permanently affected by restricted blood flow or bleeding and one or more of the cerebral blood vessels are involved. Strokes are a common result of such disease.

Risk and Protective Factors: Diet, exercise, body weight, smoking, hypertension and excessive alcohol use are factors that influence the risk of as well as avoiding developing such diseases.

Data: Mortality Data is presented in Table 3.c.1, Fifteen Leading Causes of Death 2005.

#### Chronic Obstructive Pulmonary Disease (COPD)

Definition: A group of lung diseases involving limited airflow and air sac enlargement, airway inflammation, and lung tissue destruction. Emphysema and chronic bronchitis are the most common forms.

Risk and Protective Factors: Smoking is the leading cause of COPD. Discussion of the prevalence of smoking among youth and adults, and how these may influence

*the prevalence of COPD in the county's population, would be appropriate in this section or in the Risk and Resiliency Section.*

Data: For the period 1999-2003, there were 471 deaths related to smoking. The rate for smoking related deaths for this period was 158.9, significantly higher than the state rate of 119.2 (Source: New Mexico State Epidemiology Profile, Strategic Prevention Framework, State Incentive Grant, New Mexico Department of Health, Spring, 2005).

**Table 3.d.1 Per Cent of Current Smokers and Annual Per Capita Cigarette Sales**

Location	Per Cent of Current Smokers (BRFSS 2001-2003)	Cigarette Packs Sold Per Person Annually (New Mexico Taxation and Revenue Department 1991-1998)
Eddy County	26.3	105
New Mexico	22.3	57

Source: Tobacco Use Prevention and Control, New Mexico Department of Health, December, 2004

In 2002, Eddy County had an overall adult smoking rate of 24.1, higher than the state rate of 21.2. Estimated adult smoking rates by ethnicity may be unreliable due to small population size.

**Table 3.d.2 Smoking Rates by Ethnicity**

Ethnicity	White Non-Hispanic	Hispanic	Black	American	Other
Rate	23.6	20.5	0.0	0.0	16.1

(Source: New Mexico State Epidemiology Profile, Strategic Prevention Framework, State Incentive Grant, New Mexico Department of Health, Spring, 2005).

The ECCH currently lacks resources to collect primary data on environmental factors that influence people's smoking behaviors, workplace and public policies, and ETS at home and at work.

## Diabetes

*Definition: Diabetes is a condition marked by high levels of sugar in the blood (high blood glucose), caused by too little insulin (a hormone produced by the pancreas to regulate blood sugar), the body's difficulty in using the insulin, or both.*

*Risk and Positive Factors: As with most chronic illnesses, risk factors are excess body weight, hypertension, high blood levels of triglycerides (a type of fat molecule), high blood cholesterol, non-nutritious dietary habits, inadequate physical activity habits as well as environmental conditions that encourage beneficial or not-so-beneficial behaviors. Non-modifiable risk factors for diabetes include: having a parent, brother, or sister with diabetes; age above 45 years; racial/ethnic heritage such as Hispanic, American Indian, or African American; and, having gestational diabetes. Making healthy food choices, working at moving your weight into a healthy range, and increasing physical activity can help delay or prevent the onset of type 2 diabetes.*

Data:

**Table 3.d.3 Estimated Diabetes Prevalence Among Adults 2004**

	2004 Adult Population	Estimated Number of Adults with Diabetes	Estimated Percentage of Adults with Diabetes
Eddy County	38,000	3,545	9.3
New Mexico	1,426,028	131,195	9.2

Source: Diabetes Prevention and Control Program, New Mexico Department of Health, 2006

Mortality Data is presented in Table 3.c.1, Fifteen Leading Causes of Death 2005.

### Arthritis

Definition: *Arthritis involves joint inflammation and the breakdown of cartilage (which protects the joint in movement and absorbs shock). Without the usual amount of cartilage, the joint bones rub together, causing pain, swelling and stiffness. Often the inflammation subsides but with some injuries or disease the destruction results in long-term pain or deformity; this is chronic arthritis. There are many forms of arthritis, and they can occur at all ages. The most common is osteoarthritis. Arthritis is fairly common in the US.*

Risk and Protective Factors: *Being overweight or obese is a risk factor for arthritis. Risk factors for osteoarthritis, the most common form of arthritis, include: overweight, previous injury to the affected joint, and using the affected joint in a repetitive action that stresses the joint.*

Data: Estimated rates of incidence and prevalence are available nationally and for New Mexico from NMDOH Chronic Disease Bureau. The ECCH does not have County-level estimates.

### Asthma

Definition: *Asthma is an inflammatory disorder of the airways, marked by periodic attacks of wheezing, shortness of breath, coughing and chest tightening. Attacks can last minutes to days and can be life-threatening if severe.*

Risk and Protective Factors: *Symptoms can be triggered by inhaled allergens, respiratory infections, exercise, cold air, tobacco smoke/ other pollutants, stress, food or drug allergies. Thus, an important risk factor is the quality of indoor and outdoor air. Air pollution can increase the incidence of asthma attacks. Air pollution includes cigarette smoke, industrial dusts, and irritating vapors, mists, perfumes or other airborne liquid or solid particulate matter. Indoor air pollution (in buildings & homes), can include dust mites, mold, animal dander, cigarette smoke and wood smoke.*

Data: The ECCH currently lacks resources to collect primary data on indoor and outdoor air quality and for analysis to determine if asthma is being adequately addressed or controlled at stages earlier than the in-patient level.

### Disability

Definition: *Disability is defined as any limitation experienced by people in performing any activity, including the kind or amount of work or in learning, remembering or concentrating, because of any impairment or health problem. People with disabilities may or may not require help with personal care needs (such as eating, dressing) and/or in handling routine needs (such as daily chores, moving around).*

Data: The ECCH currently does not have county level prevalence rates.

### Oral Health

Definition: *The health of teeth and gums affects the health of the entire person. Oral health means being free of chronic oral-facial pain conditions, oral cancers & lesions, and birth defects such as cleft lip and palate, to name a few. The functions of these*

tissues allow us to chew, swallow, speak, smell, taste, touch, chew, convey feelings and emotions, and provide protection against microbial infections. Diseases of teeth and gums are largely caused by plaque, a sticky combination of bacteria and food. Unremoved plaque hardens over time into tartar; both can cause tooth decay. Plaque and tartar can lead to bad breath, abscesses, pain, cavities, gingivitis (swollen, bleeding gums) or periodontitis (destruction of supporting ligaments and bone). Dental disease can also lead to other health problems, from preterm labor to heart disease. Risk and Protective Factors: Risky behaviors include inadequate daily tooth brushing and flossing, not getting regular teeth cleaning and exams by dentists/hygienists, and eating a lot of sugary foods or liquids. Daily tooth brushing and flossing at least twice a day, dental sealants for children at appropriate ages, eating nutritious foods and reducing the amount of foods with refined sugars eaten.

Data: The ECCH currently lacks resources to collect primary data on oral health.

#### Other

The ECCH currently lacks resources to collect primary data on other indicators of chronic disease, including mental health.

### **e. Infectious Disease Indicators**

#### Influenza

Definition: Influenza (the flu), common worldwide, is a contagious infection of the nose, throat and lungs caused by the influenza virus. A common way the infection is transmitted is via droplets expelled when an infected person coughs and sneezes.

Risk and Protective Factors: A yearly flu vaccination is recommended for people who are at high risk or for those who live or work with persons at high risk. Good hygiene, such as hand washing with soap and water when using bathrooms or after taking care of people who have the flu and not sharing the same household items when someone in the household has flu are preventive behaviors during flu season.

Data: Currently, the ECCH has neither incidence nor mortality data for influenza in Eddy County.

#### Pneumonia

Pneumonia, an inflammation of the lungs caused by an infection, is a common illness and a leading cause of death worldwide. Bacteria and viruses cause most cases; pneumonia ranges from mild to severe, depending on the cause. Pneumonia can be contracted while staying in the hospital. Pneumonia can be more serious when the patient's underlying immune system is impaired.

Risk and Protective Factors: Good hand washing, especially after blowing the nose, going to the bathroom, diapering, and before eating or preparing foods; not smoking; and, being vaccinated (especially for high-risk groups) are preventive measures. Vaccines include pneumococcal vaccine, flu vaccine (prevents pneumonia and other infections caused by influenza viruses) and Hib vaccine (prevents pneumonia in children from *Haemophilus influenzae* type b).

Data: Currently, the ECCH has neither incidence nor mortality data and has not yet made a request for hospital discharge data on respiratory conditions, pneumonia and influenza.

Food-borne Infectious Diseases (Campylobacter, Salmonella, E. coli, Shigella)

Definition: Food-borne means the disease-causing agents/ organisms that exist in, and are transported from person to person, via food. Different bacteria, Campylobacter jejuni, Salmonella, Escherichia coli and Shigella, cause infections in the small intestine; the infections are named after the disease-causing bacteria. Norovirus illness is another common food-borne disease, and causes ‘stomach flu’ or gastroenteritis.

Risk and Protective Factors: Environmental conditions and the habits of people are both important in the spread and control of these infections. Risk factors are drinking untreated or contaminated water or food; unsanitary conditions in food preparation, in food/ water handling and storage areas and bathrooms; recent travel to areas with unsanitary food services; recent family illness with E. coli. Another risk factor for Shigella, besides food-related issues, is living in crowded and/or unsanitary conditions. Preventive behaviors include: avoiding improperly prepared foods; practicing sanitary food preparation and handling; and, storing foods properly. Good hand washing is important, including when handling eggs and poultry.

Data: Table 3.e.1 Food-borne illnesses, 2005

Illness	Shigellosis	Salmonellosis	Campylobacteriosis
# Reported Cases Eddy County	1	6	11
County Rate per 100,000 population	1.9	11.6	21.2
New Mexico Rate per 100,000 population	7.1	13.0	18.6

Source: New Mexico Department of Health ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata))

Hepatitis

Definition: Hepatitis means inflammation of the liver. There are different causes: infections from parasites, bacteria, or viruses (such as Hepatitis A virus, Hepatitis B virus and Hepatitis C virus); liver damage from alcohol, drugs or even some medications; and, inherited disorders such as cystic fibrosis. The term hepatitis is thus a description of the effects of many diseases in which the common pieces are: 1) the liver’s affected, and 2) it’s inflamed.

Risk and Protective Factors: Risk behaviors for acquiring hepatitis are: injection drug use, unsafe sexual behaviors such as unprotected intercourse (no or inconsistent condom use), eating contaminated food, alcohol abuse, being a health care worker (blood contact) and getting a tattoo. Other risk factors include having a family member who recently had Hepatitis A, having AIDS, being a newborn whose mother has Hepatitis B or C. Preventive measures include: being vaccinated with Hep. B vaccine, Hep. A vaccine or immunoglobulin; avoiding contact with blood; avoiding sexual contact with someone with Hepatitis; avoiding contact or sharing utensils or bathrooms with someone with Hep. A; washing hands after using the bathroom and

*before handling food; not eating uncooked / partially cooked food or untreated water in areas where hepatitis is prevalent; practicing safe sex; not using IV drugs or not sharing razors or needles if you do; and, not drinking alcohol at the same time you take acetaminophen.*

Data: According to DOH ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata)), there was one case of Hepatitis A reported in 2005. This resulted in a county rate of 1.9. The state rate for this period was 1.5 . Currently the ECCHC does not have information on incidence and prevalence for Hepatitis B and C.

#### Pertussis

Definition: *Pertussis, or whooping cough, is a highly contagious respiratory illness and can occur at any age. Pertussis spreads from person-to-person by breathing in infected respiratory droplets produced from a cough or sneeze, or by direct contact with respiratory secretions of an infected person. It produces spasms of coughing that may end in a characteristic, high-pitched, deep inspiration (the "whoop").*

Risk and Protective Factors: *A DTaP vaccine (diphtheria, tetanus, pertussis) vaccine helps protect children against this disease. Vaccination starts in infancy with a booster dose before school entry. Preventive antibiotic medication should be given to close contacts of persons infected with pertussis, regardless of vaccination status.*

Data: According to DOH ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata)), there were 6 reported cases of pertussis in 2005. The County rate for this period was 11.6. The state rate was 10.2. Currently the ECCHC does not have mortality data for pertussis in the county.

#### Tuberculosis

Definition: *Tuberculosis (TB), caused by the bacteria Mycobacterium tuberculosis, is primarily an illness of the respiratory system, and is spread by coughing and sneezing. TB is preventable, even in those who have been exposed to an infected person. TB infection can remain dormant in people for years or decades (making infection very difficult to detect); TB is considered active when symptoms appear.*

Risk and Protective Factors: *The risk of contracting TB increases with the frequency of contact with people with TB and/or living in crowded or congregate (group living) settings. TB incidence has recently been increasing in certain areas in the US. NM incidence has been steadily decreasing since the 1950s. TB in the US is generally among foreign-born persons from areas where TB is prevalent.*

Data: According to DOH ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata)), there were no cases of tuberculosis in Eddy County in 2005.

#### Sexually Transmitted Diseases: Chlamydia, Gonorrhea, Syphilis

Definition: *Diseases that are transmitted by sexual contact are termed sexually transmitted diseases (STDs) or sexually transmitted infections (STIs). STDs are common in the US; the most common are chlamydia, syphilis and gonorrhea. These diseases may be acquired jointly.*

Risk and Protective Factors: *Having multiple sexual partners (including over a lifetime), unsafe sexual practices (including no or inconsistent condom use), and having a partner who has had any STD in the past are risk factors. Having a monogamous sexual relationship with a person known to have no STD, using*

condoms (either the male or female type), getting periodically screened if sexually active, and treatment of partners to prevent re-infection will decrease risk for acquiring STD. Not having intercourse is the only way to absolutely prevent chlamydia.

**Data-Syphilis:** According to the DOH, Sexually Transmitted Diseases Program ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata)), there were no reported cases of Primary, Secondary, and Early Latent Syphilis cases in 2003, 2004, and 2005.

**Data-Gonorrhea:** There was a total of 34 reported cases of gonorrhea in 2005. This was an increase over 19 reported cases in 2004, and 11 in 2003. Young adult females had the most reported cases:

Table 3.e.2 Reported Cases of Gonorrhea by Sex and Age Group 2005

Age	10-14	15-19	20-24	25-29	30-34	35-39	40-44	Total
Males	0	1	3	4	2	0	2	12
Females	0	2	16	2	2	0	0	22

Source: New Mexico Department of Health, Sexually Transmitted Diseases Program ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata))

**Data-Chlamydia:** There was a total of 156 reported cases of chlamydia in 2005. This was a decrease from 174 reported cases in 2004, but an increase from 126 in 2003. Teenaged and young adult females had the most reported cases:

Table 4.e.3 Reported Cases of Chlamydia by Sex and Age Group 2005

Age	10-14	15-19	20-24	25-29	30-34	35-39	40-44	Total
Males	1	5	15	3	2	1	0	27
Females	2	45	53	18	3	4	4	129

Source: New Mexico Department of Health, Sexually Transmitted Diseases Program ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata))

### Sexually Transmitted Diseases: HIV/AIDS

**Definition:** *The human immunodeficiency virus (HIV) causes a viral infection that gradually damages or destroys cells of the immune system. HIV is transmitted through infected blood and bodily secretions and most commonly occurs during illicit intravenous drug use and sexual intercourse. Most persons infected with HIV will progress to AIDS if not treated.*

**Risk and Protective Factors:** *Risky behaviors include unprotected (no condoms used) sex with: persons suspected or known to have HIV infection, persons who have multiple sex partners, commercial sex workers, injection drug users; using IV drugs, sharing needles or syringes; or, anal intercourse or oral contact with the anus. While safer sex behaviors may reduce the risk of acquiring HIV, abstinence is the only sure way to prevent sexual transmission of this virus.*

**Data:** According to the 2005 New Mexico HIV/AIDS Annual Surveillance Report, DOH, Eddy County is in the region of the state with the lowest prevalence. For the period 1981-2005, there were less than 200 cumulative cases and the prevalence was less than 100.

Other: Hantavirus

According to DOH, ([www.health.state.nm.us/hdata](http://www.health.state.nm.us/hdata)), for the period 1975-2006, there were no cases of Hantavirus in Eddy County. For that same period there were 73 cases in New Mexico.

#### **f. Environmental Health Indicators**

The ECCHC is concerned about the quality of our environmental health. In 2005, the Council conducted an environmental assessment. The priority issues of concern were Food Safety, Housing, and Water Quality (Environmental Assessment Report, ECCHC, 2005). The ECCHC does not have sufficient resources to further explore the important interactions between people and their environment. We are troubled by the many unknown factors that directly affect our health and quality of life in our environment. If sufficient resources were available, the ECCHC would discuss the following:

Safe streets, neighborhoods, parks

The power of the created or built environment to shape people's behavior and health is immense. A basic environmental health question is: how do these environments enhance and/or diminish the health of the community? Public places that are safe for people, including children, to congregate, to play, to exercise, to walk, to picnic, to sit, and so on, are part of what makes neighborhoods and communities flourish and contribute to civic wellness. Neighborhood layouts can encourage or discourage walking (to schools, churches, parks, shops, for exercise), staying outdoors, and other sorts of social interaction. Other enhancements to community health include parks, greenbelts, trails, plazas, other open spaces, and streets that people can use without fear of being hit by traffic or be affected by crime. Other examples are neighborhood streets that have been created or modified with sidewalks and where people with disabilities can navigate, and where traffic flow is geared to the pedestrian use rather than to high-speed driving.

Food Safety

***Definition:** Food and water-borne diseases are leading causes of illness in the world, including in the United States. Food safety encompasses an immense range of activities that ensure the safety of food, from production to storage to transport to consumption. Food safety includes food produced and distributed commercially as well as as in homes. In NM, yearly inspections of food service and processing facilities (about 8,000 statewide) is critical in keeping food safe and communities healthy.*

Water Quality

*Water should be safe for ingestion, bathing, swimming, irrigation, fishing, and other forms of recreational use, as well as supporting fish and wildlife. Water quality work is vast: keeping sources (streams or underground aquifers) of drinking water from being contaminated, treating drinking water, providing fish consumption advisories, managing & treating wastewater, and supporting economic and recreational uses, to name a few. Water pollutant examples are sewage (or components of), heavy metals, and organic compounds.*

## Air Quality (Indoor, Outdoor)

*The cleanliness of indoor and outdoor (ambient) air affects health. Industrial and commercial discharges, as well as common daily practices by individuals (such as driving, smoking) contribute significantly to decreased air quality. Some air pollutants have known serious health effects on humans (and other species), while for other pollutants the link between pollutant and human illness is unclear or not known.*

*Risk and Protective Factors:* *Some groups, such as people with asthma, emphysema, or other chronic respiratory problems, have lower tolerance for air pollution. All persons, but especially more sensitive groups, can decrease their risk by staying indoors if the outside air pollution is high and/or stay away from indoor air pollution such as cigarette smoke, wood smoke, animal dander, mold, and paints, glues and other construction materials. Many communities use indoor air ordinances as a policy intervention for decreasing indoor air pollution from cigarette smoke. Occupational asthma, i.e., asthma induced by air-borne substances at work, can be often alleviated by removal from exposure*

## Lead

*Definition:* *Lead is a natural element; it is widespread and has thousands of uses. It can contaminate food and water, though is undetectable visually or by taste. Sources of lead include lead pipes (or lead solder in pipes) for water supply plumbing in older homes; canned goods that may have lead solder; ceramic bowls, plates or cups that may have lead in the glaze; and, lead paint in older homes.*

*Risk and Protective Factors:* *Exposure to lead has decreased for the US population because of several actions since the 1970s: lead was banned in gasoline, house paints, and lead pipes, and lead-containing solder was eliminated in cans. Further reduction in risk can be done by: removing pre-1978 paint (especially if chipped or peeling) and repainting with lead-free paint; disposing of old painted toys; letting tap water run for a minute before drinking or cooking with it; using a filter or bottled water if water has tested high for lead; and not storing wine, liquor, or vinegar-based salad dressing in lead crystal decanters or bottles for long periods of time.*

*Data:* *The most recent information on cases of elevated blood lead levels available to the ECCH comes from the 2003 Eddy County Health Profile from the New Mexico DOH. In 2002 there were 2 children with elevated blood levels. In 2001 there was 1 case.*

## Other (housing, poverty, recreation, etc.)

Employment factors have increased the demand for housing in Eddy County. Affordable housing is out of reach for many of those who work in the area. (Carlsbad Comprehensive Plan 2020 and Artesia Comprehensive Plan 2004) The ECCHC does not currently have sufficient resources to explore the many other factors of the environment that affect our health and quality of life. Excellent information is available in both the Carlsbad and Artesia Comprehensive Plans.

## **g. Injury, Violence, Substance Abuse Indicators**

### Violent Deaths (homicides, suicides, workplace, firearm-related, etc.)

*Definition:* *Violent deaths are self-inflicted (suicide), inflicted by others (homicide), or because of unintentional injury (accidents). Suicides may be intentional or*

*unintentional; the same goes for homicides. They can occur anywhere, including in the workplace. Vehicles, alcohol, illicit drug and/or firearms may be involved.*

*Risk and Protective Factors: Risk factors and resiliency factors influence the likelihood of youth to be involved in violent behavior, including suicide attempts.*

Data: Data on risk and protective factors from the Youth Risk and Resiliency Survey is contained in Section 4.h. Additional information on youth and violence is contained in the Community Cares Survey, Appendix B .

For the period 1999-2003, the suicide death rate for Eddy County was 16.9. The rate for the state during this same period was 18.7. (Source: New Mexico State Epidemiology Profile, Strategic Prevention Framework, State Incentive Grant, New Mexico Department of Health, Spring, 2005).

Table 3.g.1 Injury, Alcohol and Drug Induced Deaths by Gender, 2004

Injuries	Firearms		Alcohol-Induced		Drug-Induced		Injury at Work	
	Males	Females	Males	Females	Males	Females	Males	Females
Eddy County	8	0	1	0	8	3	2	0

Source: New Mexico Selected Health Statistics Annual Report for 2004, Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2006

The ECCHC 2006 Profile Update contains information from the Office of the Medical Investigator which indicates that in 2004 there were 20 completed suicides in Carlsbad. There were 10 in 2005. Of these 10, 7 were under the age of 25 and likely to have associated with each other. All 7 committed suicide by shooting firearms. Five of the seven were younger than 18.

Note: The ECCHC responded quickly to this community crisis. Research in evidence-based strategies to prevent youth suicide identified the need for peer support and bullying prevention. More information on Peer Helpers and anti-bullying strategies are contained in the Eddy County Community Health Improvement Plan.

Abuse/ neglect or violence (child, elderly, domestic violence)

*Definition: Federal legislation defines child abuse and neglect as, at minimum, a parent's or caretaker's act or failure to act which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm. Elder abuse and neglect is similarly defined, along with some additions. Domestic violence (partner abuse, spouse abuse, or battering) is when one person uses force to inflict injury, either emotional or physical, upon another person they have, or had, a relationship with.*

Data: Child Abuse

Table 3.g. 2 Child Protective Services Allegation Types, 2005

Type of Abuse	Total Number of Allegations- Eddy County	% Substantiated- Eddy County	% Substantiated- New Mexico
Physical Abuse	79	16.0	16.9
Sexual Abuse	23	19.0	14.2
Physical Neglect	303	19.5	20.3

Source: Child Protective Services Fourth Quarter and Annual 2005 Report, New Mexico Department of Children, Youth and Families

**Domestic Violence** (The source for information in this section is: "Incidence and Nature of Domestic Violence in New Mexico V: An analysis of 2004 data from the New Mexico Interpersonal Violence Data Central Repository," State of New Mexico, Department of Health, June 2005.)

In 2004, Eddy County ranked 18 out of 33 counties in New Mexico for its Domestic Violence Rate of 7.9. In this same period the state rate was 15.3.

Table 3.g.3 Domestic Violence in Eddy County Compared to New Mexico, 2004

Issue	Eddy County	New Mexico
Domestic Violence Cases with Injury	35%	32%
Domestic Violence Cases Involving Weapons	75%	39%
Domestic Violence Cases Involving Alcohol Drug	25%	30%
Domestic Violence Incidents with a Suspect Arrest	52%	30%
District Court Convictions of Disposed Cases	70%	46%
Magistrate Court Convictions of Disposed Cases	60%	27%
Adult Clients Served by Domestic Violence Service Providers in Eddy County	525 (130% increase from 2001)	-
Children Served by Domestic Violence Service Providers in Eddy County	730 (131% increase from 2001)	-
Offenders Served by Domestic Violence Service Providers in Eddy County	340 (240% increase from 2001)	-

Information from The Pregnancy Risk Assessment Monitoring System on physical abuse experienced women before and during pregnancy is contained in Table 3.a.13, Pregnancy Risk Assessment 2001-2003.

### Unintentional Injury

***Definition:*** An unintentional injury (accident) is an injury or poisoning that is not inflicted deliberately. This includes falls, vehicle-related, firearm-related, agricultural, occupational, water-related, poisoning, alcohol/ drug-related, playground, etc. These broad categories overlap; for example, poisoning may be drug-related or agricultural, a fall may be an occupational, playground or nursing home occurrence, and a vehicle injury may also be from impaired driving due to drugs or alcohol.

***Risk and Protective Factors:*** No data on these are available on a consistent systematic basis. There is a very wide range of risk and preventive factors, reflecting the variety of injuries that can be prevented, and range from industrial hygiene measures at large workplaces to simple changes in lighting and furniture or rug placement in homes to prevent falls by elderly residents.

### Substance Abuse

***Risk and Protective Factors:*** Any use of alcohol and/or illicit drugs among youth is often seen as a risk behavior in itself as well as a risk factor for violence, suicide and other injury. Alcohol abuse, such as binge drinking, is definitely considered a risk behavior. Protective factors for youth are those factors that tend to help youth avoid substance abuse, ameliorate possible harmful effects of such behavior, and/or recover more quickly from substance abuse effects. Data on risk and protective factors are available from the Youth Risk and Resiliency Survey (YRRS), available through NMDOH staff. Data on adult smoking and drinking are available from the

BRFSS; no data are available on adult illicit drug use from the BRFSS. The YRRS and BRFSS data are available by county, gender, age, grade (YRRS only), race/ethnicity and income (BRFSS only).

Data: School districts in Eddy County participated in the YRRS in 2001 and 2005. See Section 3.h. Risk and Resiliency Indicators for results of the YRRS.

Table 3.g.4 Mortality and Related Data for Drugs and Alcohol, 1999-2003

Issue	Eddy County	New Mexico
Drug Related Death Rates	13.3	16.2
Alcohol Related Chronic Disease Death Rates	31.1	33.3
Alcohol Related Injury Death Rates	22.3	23.4
Adult Binge Drinking Rates	11.5	14.4
Drinking While Intoxicated (DWI) Arrest Rates (2000-2002)	93	157.9
Alcohol-Involved Crash Fatality Rates (2000-2002)	7.2	11.2
Alcohol-and Drug-Related Hospitalization Rates (2000-2002)	712.2	752.8

Source: New Mexico State Epidemiology Profile, Strategic Prevention Framework, State Incentive Grant, New Mexico Department of Health, Spring, 2005

Table 3.g.5 Community/Environmental Risk Factor for Substance Abuse 2001-2003 State Rankings for Eddy County

Unemployment (Rate= 8.1)	Liquor License Density (Rate= 1.4)	High School Drop Out (Rate= 1.6)	DWI Arrest (Rate= 93)
14	21	25	28

Source: New Mexico State Epidemiology Profile, Strategic Prevention Framework, State Incentive Grant, New Mexico Department of Health, Spring, 2005

Table 3.g.6 2004 Arrests (Offenders 18 years or older) in Eddy County Related to Drug/Alcohol Abuse

New Mexico State Police Arrests		Eddy County Sheriff Arrests	
Total DWI	92	Murder	0
Total Narcotics	27	Forcible Rape	1
		Robbery	0
		Motor Vehicle Theft	3
		Aggravated Assaults	10
		Breaking and Entering	11
		Drug Related Crimes	123
		Driving Under the Influence	76
		Larceny Theft (except motor vehicle)	5

Source: Eddy County Law Enforcement Statistics, Eddy County, 2005



Table 3.h.2 Behaviors Associated with Violence, Grades 9-12, YRRS, 2001 and 2005

Risk Behavior	Carried Weapon* (such as gun, knife, or club)	Carried gun*	Carried weapon on school property*	Skipped school because felt unsafe*	Threatened/injured with weapon on school property**	Home has a gun
2001	17.3	7.4	4.2	7.3	6.0	-
2005	26.6	9.5	7.3	7.6	6.9	66.5
New Mexico(2005)	24.5	9.8	8.0	8.6	10.4	53.8
Females(2005)	8.7	2.0	2.6	7.9	4.0	61.9
Males(2005)	44.9	17.6	12.8	5.6	7.2	71.1

\* in past 30 days

\*\* in past 12 months

Table 3.h.3 Physical Violence, 2005

Risk Behavior	In a physical fight *	In a physical fight on school property *
Eddy County	36.1	16.4
New Mexico	36.7	15.6
Females	27.6	13.9
Males	42.3	17.7

\* in past 30 days

Table 3.h.4 Relationship Violence, 2005

Behavior	Hit by boyfriend/girlfriend*	Ever forced to have sex
Eddy County	8.8	9.3
New Mexico	10.0	8.4
Females	10.3	15.2
Males	7.7	3.5

\* In past 30 days

Table 3.h.5 Sadness, Suicidal Ideation, and Suicide Attempts, Grades 9-12, YRRS, 2001 and 2005

Risk Behavior	Persistent feelings of sadness and hopelessness^*	Seriously considered suicide*	Made a suicide plan*	Attempted suicide*	Suicide attempt resulting in injury*
2001	25.6	23.0	15.9	8.9	2.6
2005	28.4	22.3	18.8	16.6	4.8
New Mexico (2005)	28.7	18.5	15.8	12.5	5.1
Females(2005)	36.9	27.4	22.3	20.3	2.9
Males(2005)	19.7	17.5	15.9	10.3	5.3

^Feeling so sad and hopeless every day for at least 2 weeks stopped some usual activities

\* in past 12 months

Table 3.h.6 Tobacco Use, Grades 9-12, YRRS, 2001 and 2005

Risk Behavior	Current smoker*	First smoked cigarette before age 13	Frequent smoker**	Smoked cigarettes on school property*
2001	23.7	25.2	-	-
2005	23.1	22.4	5.5	7.6
New Mexico(2005)	25.7	20.0	7.8	10.2
Females(2005)	19.8	23.3	6.5	7.8
Males(2005)	24.8	22.4	4.6	6.1

\* Smoked cigarettes within past 30 days      \*\*Smoked cigarettes on 20 or more of past 30 days

Table 3.h.7 Current smokers, 2005

Risk Behavior	First smoked cigarette before age 13	Purchased cigarettes in store (younger than age 18)	Tried to quit within past year
Eddy County	48.3	3.0	52.5
New Mexico	42.6	11.4	50.5
Females	47.7	0.0	59.6
Males	54.5	5.7	41.3

Table 3.h.8 Other Tobacco Use, 2005

Risk Behavior	Smoked cigars, cigarillos, or little cigars*	Used smokeless tobacco*	Used any tobacco*	In same room as smoker**
Eddy County	18.7	11.0	30.7	56.4
New Mexico	21.3	8.5	26.0	65.3
Females	12.7	4.0	20.8	69.2
Males	25.2	18.2	30.0	61.4

\*In past 30 days      \*\*In past 7 days

Table 3.h.9 Alcohol Use, Grades 9-12, YRRS, 2001 and 2005

Risk Behavior	Current drinker*	Binge Drinker**	First alcohol at less than 13 years	Drank alcohol on school property***
2001	47.0	34.9	22.9	8.9
2005	44.0	30.3	33.8	10.2
New Mexico: 2005	42.3	28.6	30.0	7.6
Females	44.8	30.6	35.1	8.9
Males	42.1	29.9	33.1	11.0

\* Had at least 1 drink of alcohol in the past 30 days      \*\*Had at least 5 or more drinks in a row or within an hour in the past 30 days      \*\*\*In the past 30 days

Table 3.h.10 Usual Types of Alcohol Consumed, 2005

Type	Liquor	Malt beverages	Beer
Eddy County	30.5	26.3	23.5
New Mexico	35.6	20.4	19.9
Females	24.3	36.3	21.1
Males	37.0	12.6	27.9

Table 3.h.11 Usual Sources of Alcohol Consumed, 2005

Source	Other	Gave someone else money	Adult gave it to me	Took it from a store or family member	Public event	Restaurant, club, or bar	Store
Eddy County	37.9	34.6	12.9	10.4	1.4	1.2	2.5
New Mexico	37.1	25.6	22.0	8.6	1.7	1.7	2.5
Females	30.6	36.1	21.5	7.1	0.0	2.3	2.3
Males	45.8	29.5	3.7	15.0	3.1	0.0	2.9

Table 3.h.12 Alcohol Consumed at Home, 2005

	Another Person's Home	Home
Eddy County	53.2	15.7
New Mexico	51.4	19.6
Females	58.8	18.2
Males	44.7	13.9

Table 3.h.13 Marijuana Use, Grades 9-12, YRRS, 2001 and 2005

Risk Behavior	Current marijuana use*	First marijuana use at less than 13 years
2001	22.3	16.4
2005	18.6	17.6
New Mexico: 2005	26.2	20.7
Females	20.3	43.8
Males	16.1	59.5

\*Within past 30 days

Table 3.h.14 Past 30-day Drug Use, Grades 9-12, YRRS, 2005

Risk Behavior	Cocaine	Heroin	Methamphetamine	Inhalants
Eddy County	4.8	1.7	3.0	4.5
New Mexico	7.9	2.9	4.6	7.5

Table 3.h.15 Ease of Access to Alcohol and Drugs, Grades 9-12, YRRS, 2005

Very easy or sort of easy to get	Alcohol	Marijuana	Other drugs*
Eddy County	70.1	55.0	29.1
New Mexico	71.0	67.2	32.9

\* Cocaine, LSD, methamphetamine, or other illegal drug

Table 3.h.16 Sexual Activity, Grades 9-12, YRRS, 2005

Risk Behavior	Currently sexually active*	Ever had sexual intercourse	First intercourse before age 13
Eddy County	23.2	33.7	5.7
New Mexico	32.8	46.5	8.3
Females	25.6	37.4	.7
Males	18.9	29.1	10.2

\* Has had sexual intercourse within the past 3 months

Table 3.h.17 Behaviors of Sexually Active\* Students, Grades 9-12, YRRS, 2005

Risk Behavior	Used alcohol or drugs last time had sex	No condom use	No method to prevent pregnancy	Birth control pill as primary pregnancy prevention method
Eddy County	18.0	65.2	19.9	3.6
New Mexico	26.3	42.7	15.7	16.9
Females	3.7	64.8	20.4	5.5
Males	54.8	52.0	2.2	2.2

\* Had sexual intercourse within the past 30 days

Table 3.h.18 Overweight, Grades 9-12, YRRS, 2001 and 2005

Risk	At risk of overweight*	Overweight*
2001	17.5	11.7
2005	14.9	14.8
New Mexico(2005)	14.6	12.0
Females(2005)	14.2	7.3
Males(2005)	15.6	22.9

\* Based on self reported height and weight

Table 3.h.19 Weight Loss Methods, Grades 9-12, YRRS, 2005

Method	Exercised to lose weight	Ate less to lose weight	Vomited or used laxatives to lose weight
Eddy County	64.8	41.1	8.5
New Mexico	59.9	36.0	7.0
Females	67.6	46.6	8.4
Females	62.4	36.5	8.4

Table 3.h.20 Nutrition, Grades 9-12, YRRS, 2005

Risk Behavior	Did not have 5 or more servings of fruits or vegetables per day	Did not have 3 glasses of milk per day	Sometimes or often not enough food to eat
2005	88.6	91.5	12.1
New Mexico(2005)	82.2	86.7	11.2
Females(2005)	91.1	93.0	11.5
Males(2005)	85.6	89.5	12.9

Table 3.h.21 Physical Activity, Grades 9-12, YRRS, 2005

Risk Behavior	Did not get adequate physical activity*	Three or more hours per day TV viewing	No daily physical education class in school
Eddy County	31.0	33.6	46.1
New Mexico(2005)	39.0	28.6	75.7
Females(2005)	35.4	38.5	44.5
Males(2005)	25.1	27.9	47.1

\*Did not get at least 20 minutes of vigorous physical activity on >3 of the past 7 days and/or did not get at least 30 minutes of moderate physical activity on >5 of the past 7 days

Table 3.h.21 Asthma, Grades 9-12, YRRS, 2005

Status	Ever told has asthma by doctor or nurse	Has current asthma*	Had asthma attack within past 12 months*
Eddy County	21.7	14.3	45.8
New Mexico	22.1	15.9	33.7
Females	23.0	17.4	53.8
Males	19.2	11.5	31.4

\* Of those who had been told they have asthma

## PROTECTIVE FACTORS

Table 3.h.22 Caring and Supportive Relationships, Grades 9-12, YRRS, 2001 and 2005

Sources	Family	School	Community	Peers
2001	70.0	52.1	81.7	77.8
2005	67.2	58.6	76.6	81.6
New Mexico(2005)	68.7	54.2	73.0	75.7
Females(2005)	68.7	64.6	83.7	89.0
Males(2005)	64.9	53.0	69.6	72.8

Table 3.h.23 Positive Influences, Grades 9-12, YRRS, 2001 and 2005

Sources	Family	School	Positive peer influence
2001	73.3	88.4	73.4
2005	74.8	86.3	54.5
New Mexico(2005)	77.0	82.4	57.3
Females(2005)	76.2	90.7	51.7
Males(2005)	74.7	83.6	58.0

Table 3.h.24 School Involvement and Out of School Time, Grades 9-12, YRRS, 2005

Protective Factor	School involvement	Out of school time
Eddy County	47.6	50.6
New Mexico	41.8	50.1
Females	48.0	50.8
Males	48.6	50.9

Table 3.h.25 Other Protective Factors, Grades 9-12, YRRS, 2001 and 2005

Protective Factor	Absence of impulsivity and sensation seeking behaviors	Community norms and attitudes disapproving of youth alcohol use
2001	39.2	58.2
2005	53.0	69.1
New Mexico	48.0	67.2
Females	58.7	65.7
Males	45.1	71.7

Table 3.h.26 Academic Motivation and Performance, Grades 9-12, YRRS, 2001 and 2005

Protective Factor	Good grades (Mostly A's & B's)	Did best work in school	Planned to go to college	Never skipped school	Always brought paper & something to write with	Always finished homework
2001	64.9	45.0	81.6	63.4	61.8	15.8
2005	70.5	45.5	73.7	75.4	53.2	13.8
New Mexico(2005)	68.2	48.7	74.1	57.0	57.4	22.7
Females(2005)	77.3	46.1	84.6	73.7	58.5	13.5
Males(2005)	64.7	46.3	63.5	78.8	49.9	15.1

#### **4. Interpretation Of Community Health Status Information**

The health status information includes many elements. The ECCHC recognizes that many of these elements reflect community strengths as well as challenges. From the Council's point of view, there must be a focus on using data to measure impact of Council efforts. Of particular interest to the Council is the data relating to maternal and child health, youth risk, and youth protective factors.

#### **5. Health-related Services: Capacity, Access, and Use (Utilization)**

*Definition: One important factor in keeping communities healthy is the health services system and its viability in helping residents stay or become healthy. The health services system in a community can include a wide range of services, including medical services in a primary care clinic, hospital or rehabilitation facilities, mental health counseling in schools or private counselor's office, community health promotion activities, acupuncture, chiropractic care and substance abuse treatment. Here we describe a system's capacity, access and utilization. In this discussion, it may be helpful to define what constitutes a working health services system for your locality; this will differ from locality to locality depending on what already exists and/or works there.*

*a. Capacity: what services exist for whom*

*One definition of capacity is the ability to perform or produce health services. Here we are concerned with the capacity in a community to perform or produce health services. In other words, what services exist in or near the community and for what groups of people?*

*b. Access: what influences access to services for different groups*

*Access is a complex issue, but generally it means whether people have, or are able to have, at their disposal the appropriate health care resources to preserve or improve their health. The main concerns about access are:*

*If services exist, is there an adequate supply of services for our population(s)?*

*What financial, organizational, social/cultural barriers limit people's use of existing services?*

Are the available services relevant and effective for the population(s), such that satisfactory health outcomes can be achieved?

**c. Utilization: who utilizes existing services**

Utilization is about how much health care people use, the types of health care they use, and the timing of that care. Utilization is about a population's, and not about an individual's, use of existing services. Like capacity and access, it is a complicated topic. Factors such as increased supply of services, a growing population, more elderly people, new technologies or drugs, and changes in insurance coverage of the population or in the pattern of health services that can affect utilization. Decreased supply (e.g., hospital closures), better prevention, better understanding of risk factors for diseases, changes in patterns of care (e.g., reducing length of stay), pressures to reduce health services costs, are some of the factors that can decrease utilization. The timing of care is important, in order to know if people are seeking care when they should (not delaying care until the condition is harder to treat) and if they are seeking care at appropriate sites (at a primary care clinic or provider rather than emergency rooms or specialty centers) if care can appropriately be done at a less intensive and less expensive levels.

**Data:**

Of the 603 total births in Eddy County in 2004, the vast majority (596) were delivered at Carlsbad Medical Center and 6 at Artesia General Hospital. Of the total, 571 were delivered by a medical doctor, 3 by a doctor of osteopathy, 20 by a licensed midwife, and 9 by a certified midwife. (Source: New Mexico Selected Health Statistics Annual Report, 2004, Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2006)

The ability to pay for services is one issue in access. In Eddy County, requests for assistance to the Indigent Fund have grown every year:

Table 5.c.1 Total Indigent Claims 2002-2005

2002-2003	2004-2005
3,426 (721 Individuals; 12 Claims denied)	6,113 (817 Individuals; 45 Claims denied)

The Eddy County Funded Health Care (Indigent) Fund assists persons to pay charges for hospital, ambulance, mental health care, specified physician services, and prescriptions. There is a 90 day residency requirement and the income requirement is 150% of the Per Capita Index. Assets considered for eligibility are liquid assets and real property, excluding the person's home. Sole Community Providers include Carlsbad Medical Center, Artesia General Hospital, and Eastern New Mexico Medical Center. For the state fiscal year ending June 2006, the Eddy County Indigent Fund had served 898 persons, processed 6,241 claims, and paid over \$5M to providers and facilities. (Source: 2006 County Financing of Health Care, New Mexico Health Policy Commission, January 2007)

In October 2004, the County also started a patient prescription program. The limit for an individual is \$1,000 per year. By February, 2006, the fund had exceeded its \$100,000 amount, and the County Commissioners were forced to close the program until the next fiscal year. In FY07, the County Commissioners authorized \$150,000 for the prescription program. As of March 2007, high demand on both the indigent health services and the prescription programs is increasing the likelihood that funding will soon run out for this fiscal year. The most recent information on health care providers

available to the ECCH comes from the 2003 Eddy County Health Profile from the New Mexico DOH. At that time there were:

Medical Doctors	53
Physician Assistants	7
Nurses (RN & LPN)	503
Certified Nurse Midwives	2
Licensed Midwife	1
Emergency Medical Services Personnel	205

In 2006, the Eddy County Needs Assessment identified a number of barriers to access. The ECCH Profile Update 2006 contains a thorough review of that year's needs assessment. Currently the ECCHC does not have sufficient resources to collect primary data on the particular access issues in their localities, but acknowledges that these add a rich vein of information. If sufficient resources become available, the ECCHC would be pleased to consider collecting information on questions such as whether people have seen a doctor for routine checkup and a dentist/dental clinic in the past 12 months.

There is three non-profit community-based centers funded by the Office of Primary Care and Rural Health in Eddy County. Artesia Health Resources, Carlsbad Family Medical Center, and Loving Health Services. Additional information on providers is contained in the Resources Sections of the 2006 ECCHC Plan Update.

Information documented in the 2006 Plan Update indicated that General Health Status is poor in Eddy County. It is at a rate of 21.4% compared to the State of New Mexico's rate of 17.0%. The County is in great need of improving access to care.

A county-wide Community Needs Assessment was conducted and completed in February of 2006. Almost 23% of citizens reported that they did not have health care coverage compared to 21.3% for the State of New Mexico. An alarming 45.7% of Eddy County residents reported that they did not visit a dentist or dental clinic in the past year compared to the New Mexico rate of 32.6%. Women are not getting pap smears as often as they should. Within the past 3 years, 24.0% of the women in Eddy County did not have a pap smear, compared to the New Mexico rate of 15.7%.

Results of the 2006 Eddy County Needs Assessment indicate that 58% out of 500 participants responded that they could not afford Health Insurance while employed. Another 22% stated that their employers do not offer the benefit of Health Insurance, and 51% stated that they do not have a payment source for their children's health care. The 2006 Eddy County assessment also reflects that among those surveyed:

76% found that it was difficult to access mental health and counseling services;

52% stated that it was very difficult to access dental care for adults.

Dental care is a priority need because of inability to pay.

Preventive health is also a great need in Eddy County. Many residents do not have access to routine screenings that can prevent or diagnose existing health problems. In a rural county like Eddy, Health Fairs have proven to be successful strategies to improve access to care. The 2007 Health Fair was the fifteenth in Eddy County and continued to address identified needs among participants who would have received no health services otherwise.

Access to health care is limited by lack of providers. Many doctors do not stay in the rural area for long. Many doctors are not accepting new patients or do not accept the insurance that the patients may have. The doctors are often over worked and are unable to meet the need for patient appointments. Many individuals go to the emergency room, putting a strain on the hospitals. Many residents preferred to seek specialist care outside the County. Recent data from Carlsbad Medical Center(CMC) for Medicaid hospital visits indicates that 38.4 % occur outside the service area, 10.9% are at Artesia General Hospital, and 50.7 are at CMC. See Appendix C for more data regarding Carlsbad Medical Center.

The ECCH has service utilization data from the Department of Children, Youth and Families ([www.cyfd.org](http://www.cyfd.org)).

Table 5.c.2 Local Services Provided by CYFD in FY04

Services	Number
Foster Child Placements	171
Foster Homes	52
Finalized Adoptions	13
Youth Receiving Probation & Parole Services	248
Youth Receiving Juvenile Community Correction Services	43
Child Care Subsidy Slots	672
Participants in the Child and Adult Day Care Food Program	2,823
Juvenile Justice/Protective Services Clients served by Contractors	147

## 6. Health Disparities

*The New Mexico DOH 2008 Strategic Plan calls for increasing awareness about health disparities. The U.S. National Institutes of Health define health status disparities as, “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions between specific population groups.” Usually disparities refer to differences in health status among racial and ethnic groups, but they can also apply to gender, rural vs. urban, or other specific population groups.*

*Disparities are usually expressed statistically as a ratio between the incidence rates of two different population groups. The ratio or Relative Disparity is the rate for one subpopulation divided by the rate for the second subpopulation. If the two rates are the same, the rate ratio equals one, and there is no disparity. If the first rate is greater than the second rate, the rate ratio is greater than one; if the first rate is less than the second rate, the rate ratio is less than one. Disparity change scores examine relative disparities over time.*

*NMDOH published a Racial and Ethnic Health Disparities Report Card in August 2006, which addresses 19 health indicators. This report uses disparity ratios calculated by dividing the rate for a given population by the population with the best rate and 20 or*

*more cases during the given time period. (Disparity ratios are not calculated for populations with less than 20 cases during the time period.)*

Currently the ECCHC does not have sufficient resources to gather county-level disparities data. The ECCHC requests technical assistance to address the possible impacts of disparities on overall community health and the potential impacts of health disparities in Eddy County.

## **7. Summary of Profile Highlights & Overall Interpretation**

*This is where all of the data in previous sections get woven together into a big picture. This summary is critical and can serve to help readers understand what is important in the community. Clarity in presenting the summary of highlights and in the big picture interpretation will greatly enhance the value of the profile. BOTH previously identified health issues AND the identification of new, emerging issues.*

### *a. What issues strongly affect the health of county or tribal population*

Positive highlights of the Profile include Eddy County strengths, in a mixed economic base, civic commitment, collaboration with schools, law enforcement and public service providers, and youth protective factors. Negative highlights include lack of access to care, teen pregnancy, youth health and safety and lack of awareness of available services.

### *b. Explanation or discussion, from council's perspective*

These highlights are directly linked to council priorities. The 2007 Eddy County Community Health Improvement Plan extends interpretation of the data and identifies priorities, aims and strategies to improve health status in Eddy County. Information in the 2007 Profile builds upon assessments from previous years to assess community needs and resources. The ECCHC is committed to maintaining efforts to address local priorities that require sustained attention. The Council will continue to monitor health measures for progress in long-term change.