

2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Covenant Health Hobbs Hospital

Hobbs, NM



To provide feedback on this CHNA or obtain a printed copy free of charge, please email Shannon Bush at shannon.bush@providence.org

CovenantHealth  SM

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MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

Health for a Better World starts with our commitment to understanding and serving the needs of the community, especially the poor and vulnerable. The Community Health Needs Assessment process assists us in identifying and addressing areas of focus to transform health and well-being within the communities we serve.

We work to increase comprehensive access to health and social services by addressing the foundational gaps in care for the most poor and vulnerable members of our communities. With each investment we make and partnership we develop, we find ways to best address and prioritize our region's most challenging needs as identified through our community health needs assessment. The process includes a review of public health data, interviews with key stakeholders, and community focus groups with an intentional effort to include potentially under-represented populations.

The goals of our community health outreach efforts include increasing the number of people who have access to health care, connecting individuals with resources, and addressing core issues such as food insecurity, housing instability, education, resource availability, and other social factors that contribute to improved well-being. Additionally, we craft outreach programs to address health issues that disproportionately affect our most vulnerable community members. Such direct outreach programs include dental services, mental health counseling, health education, diabetes outreach and community health navigation.

We are grateful for the opportunity to serve communities in Texas and New Mexico and look forward to continuing local partnerships as we seek to collectively achieve Health for a Better World.

Walter L. Cathey FACHE
CEO Covenant Health
Providence Regional Chief Executive Texas/New Mexico

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Covenant Hobbs Hospital to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2023 CHNA was approved by the Covenant Health Hobbs Hospital Board on November 30th, 2023, and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, and hospital-level data. To actively engage the community, we conducted listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted key informant interviews and focus group listening sessions with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Community members and key informants across all four counties identified community commitment and involvement as a top community asset
- Mental health and substance abuse related issues were high priorities for community members and key informants in all four counties served by Covenant Health
- The high need services areas in all four counties reflect disproportionate percentage of persons identifying as Hispanic
- Access to healthcare and resources was a theme seen across all communities with an emphasis on social determinates of health as root causes of disparities

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative and engaging process, the Covenant Health CHNA Advisory Council, Covenant Community Benefit Board Committee, and Covenant Hospital Boards identified the following priority focus areas (listed in no particular).

MENTAL/RELATIONAL HEALTH

Mental and behavioral health treatment, intervention, and prevention services for the community; including social and relational health, stigma reduction, and community education.

SUBSTANCE MISUSE

Substance misuse including the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco; community education and awareness through partnerships with non-profits, law enforcement, and schools; support for accessibility and availability of addiction treatment options.

ACCESS TO CARE AND HEALTH RESOURCES

Issues related to accessing health services and resources including social determinants of health with an emphasis on vulnerable populations and health equity; includes but is not limited to the following areas of focus: Dental Care for the Uninsured, Mental Health and Counseling Services, Health Education (preventative care and chronic diseases), Women's Health, and social determinants of health.

HOUSING INSTABILITY

Support for safe, affordable, stable housing through community partnerships and continued support of permanent supportive housing solutions for people experiencing chronic homelessness.

FOOD INSECURITY

Access to healthy food, nutrition education, and healthy lifestyle support with an emphasis on health equity; supporting current food solution partners and options to meet growing needs and to address root causes.

Covenant Health Hobbs Hospital will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

INTRODUCTION

Who We Are

Our Mission	As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Covenant Health Hobbs Hospital is a part of Covenant Health, a network of acute-care hospitals founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant Health Hobbs Hospital is an acute care hospital founded in 2021 through and acquisition of Lea Regional Medical Center and is located in Hobbs, NM. A new facility was opened in 2022. This facility has 60 beds, 44 for surgery, 8 for intensive care and 8 for women's services. Covenant Health’s overall network includes Covenant Medical Center, Covenant Children’s, Grace Surgical Center, and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates three regional hospitals in Texas and Eastern New Mexico, Covenant Health Plainview, and Covenant Health Levelland, and Covenant Health Hobbs Hospital. Covenant Health also operates Covenant Medical Group clinics throughout West Texas and Eastern New Mexico. Covenant Medical Group (CMG) is an employed physician group comprised of approximately 150 primary care and specialist physicians throughout Lubbock, West Texas, and Eastern New Mexico. The total service area spans roughly 35,000 square miles and includes approximately 750,000 people.

The Community Health Needs Assessment (CHNA) focuses on Lea County, TX where Covenant Health Hobbs Hospital provides direct community outreach services and/or support. Covenant Health facilities include more than 1,000 available licensed beds and five acute-care hospitals located in the cities of Lubbock, Levelland, Plainview and Hobbs. Covenant Health has a staff of more than 5,000, including more than 600 physicians. Major programs and services include, but are not limited to, cardiac care, cancer treatment, pediatrics, women’s services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

<https://www.providence.org/about/annual-report/reports/texas>

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: <https://www.providence.org/about/health-equity>.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



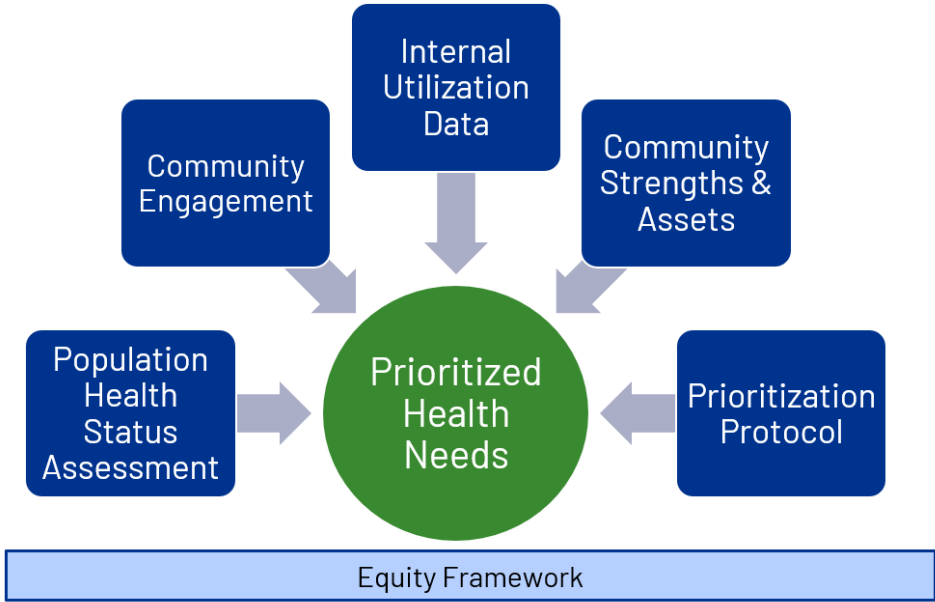
Quantitative Data

- Report data at the census tract level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

Intentional effort was made to capture issues and concerns related to health equity. Key informants were included who represent and serve medically underserved, low-income, and/or minority populations. Specific feedback was solicited concerning health equity.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



*modified MAPP Framework

Data Sources

In gathering information on the communities served by Covenant Health Hobbs Hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities. We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
<ul style="list-style-type: none"> • Key informant interviews • Focused listening sessions • Internal hospital utilization data 	<ul style="list-style-type: none"> • American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • U.S. Census Bureau • County Health Rankings

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

OUR COMMUNITY

CHNA Service Area and Community Served

For the purposes of this CHNA, the service area is Lea County. The CHNA service area is defined based on based on the availability of data, geographic access to Covenant Health facilities, location of local resources, accessibility of Covenant Health outreach programming, and population density. Many of the regional outreach programs are based in Lubbock County with extension services into Lea County. Due to the proximity to Lubbock County community members may seek services there. Surrounding counties outside of the CHNA service area where patients may live include the following: Castro, Swisher, Baily, Cochran, Yoakum, Gaines, Dawson, Scurry, Lamb, Terry, Lynn, Garza, Crosby, and Floyd Counties in Texas, as well as Curry, Roosevelt, and Eddy in New Mexico.

Providence Need Index

To facilitate identifying health disparities and social inequities by place, we designated a “high need” service area and a “broader” service area, which together make up the Hockley County Service Area. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.¹

For this analysis, census tracts with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as “high need.” The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as a high need service area and are depicted in green.

¹ The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in [Limited English Households](#) (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Figure 1. Lea County Service Area



Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here:

New Mexico Data: <https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/>

LEA COUNTY DEMOGRAPHICS

Table 1. Lea County Total Population by Geography

Indicator	Lea County	Broader Service Area	High Need Service Area
Total Population	72,743	42,632	30,111

Source: American Community Survey, 2021 5-year estimates

The largest age group in Lea County is under 18, constituting 30.4% of the population. There is a slightly higher percentage of males in Lea County with a higher number of males represented in the high need service area at 53.5% male. The high-need service area has a higher percentage of the population with two or more races compared to the broader service area and Lea County. The Hispanic population is significant in all areas, constituting 60.7% of Lea County, 50.7% of the broader service area, and 74.9% of the high-need service area. The high-need service area has a significantly higher percentage of Hispanic residents compared to the broader service area and Lea County. It is of importance to note, the total Black or African American population for Lea County is 3,038 with a total of 1,473 in the high need service area and 1,565 in the broader service area. Likewise, persons identifying as Hispanic in Lea County total 44,185 with 22,552 of those living within the high need service area. Detailed demographics are found in [Appendix 1](#). The following graphic representations detail percentage demographics by service area.

Figure 2. Lea County Population Age Groups by Geography

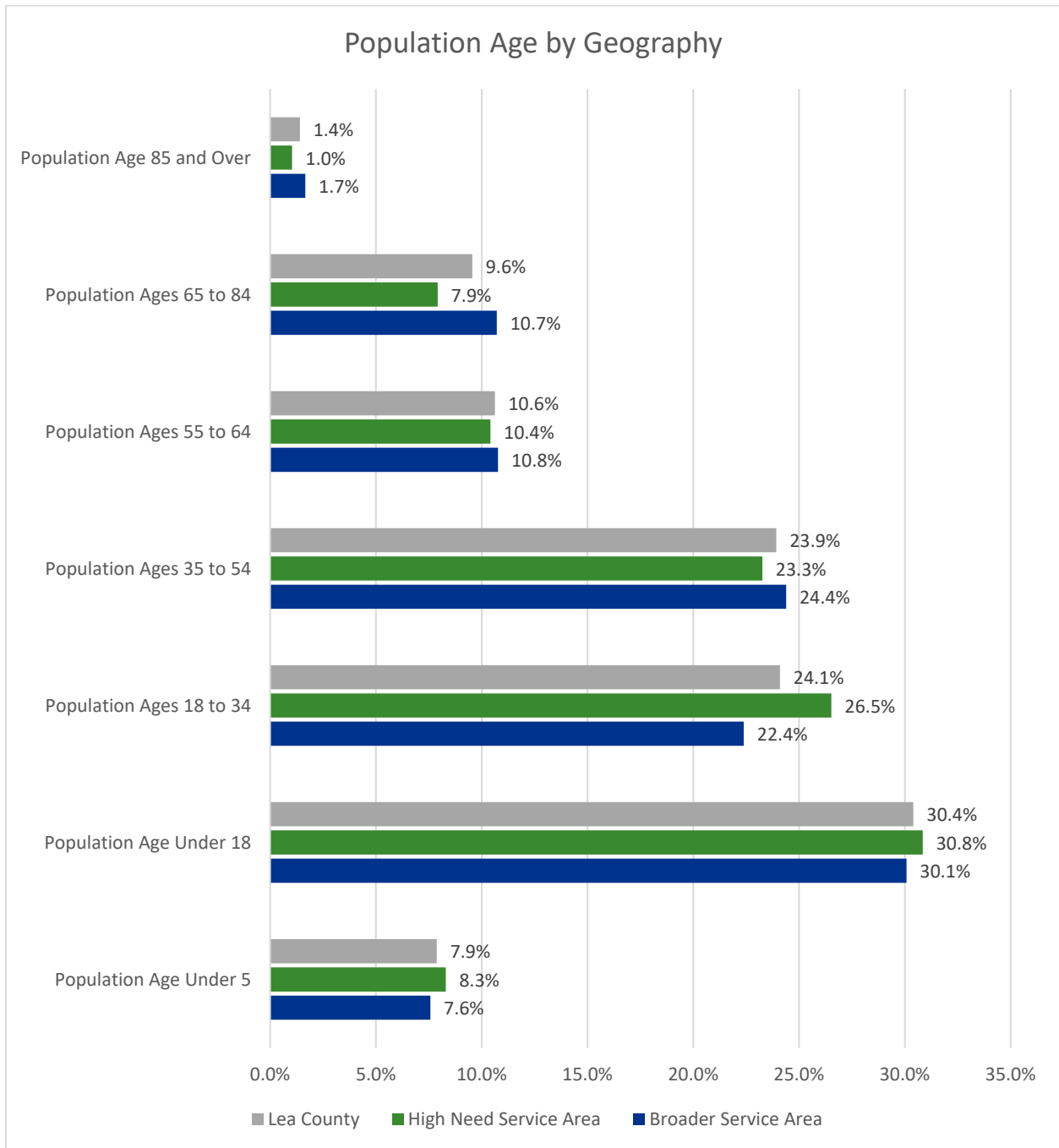
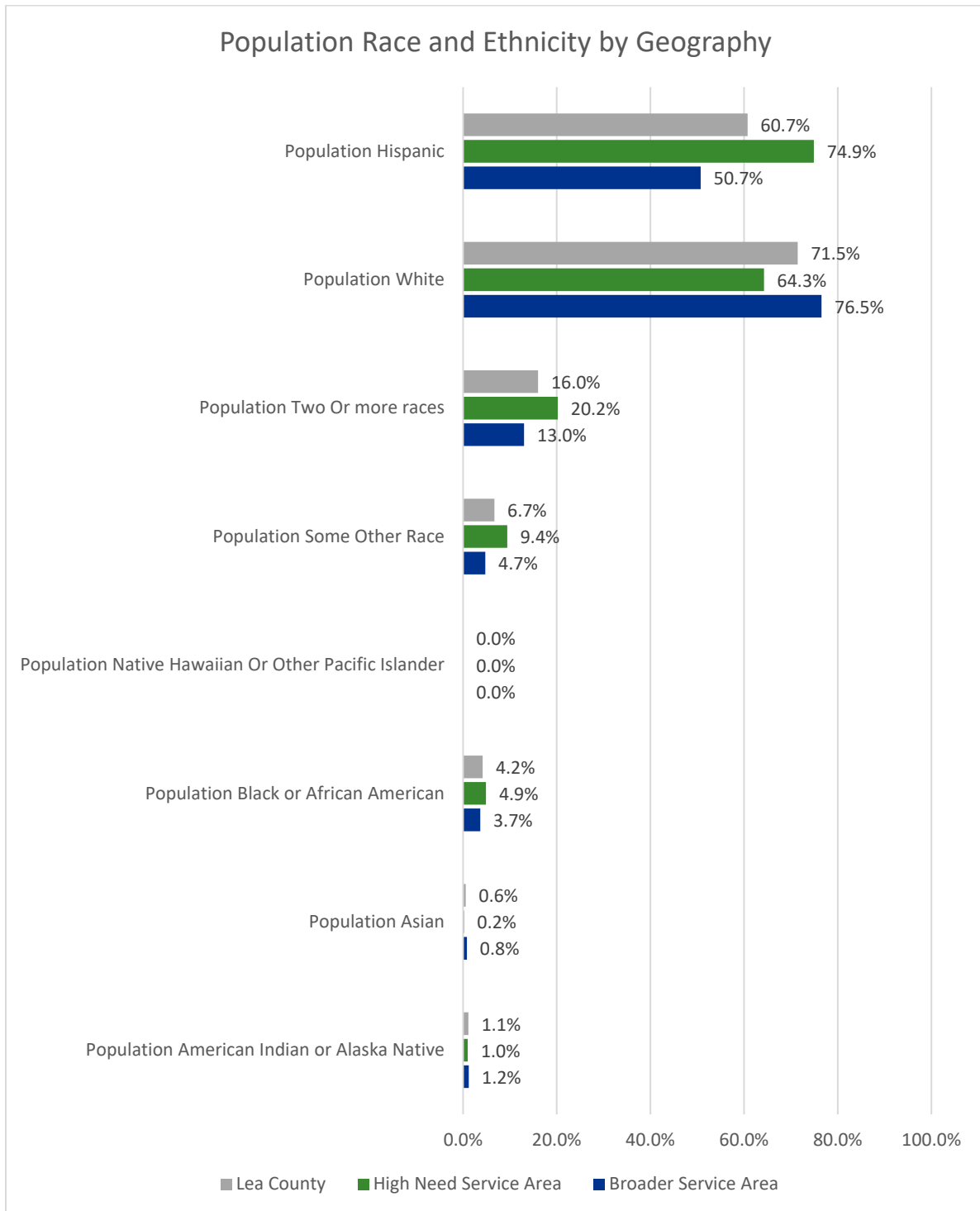


Figure 3. Lea County Population Race and Ethnicity by Geography



Economic Indicators

Household median incomes includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income.

Renter households experiencing severe housing cost burden are households spending 50% or more of the income on housing costs. County Health Rankings and Roadmaps explain the link between health and housing in the following way: "There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."

Table 2. Lea County Economic Indicators

Indicator	Lea County	Broader Service Area	High Need Service Area	New Mexico
Median Household Income	\$61,449	\$71,481	\$51,245	\$53,722
Severe Housing Cost Burden	19.8% (1,491 renter households)	21.0% (964 renter households)	20.9% (527 renter households)	21.7% (54,983 renter households))
Households Receiving SNAP Benefits	15.2% (3,624 households)	10.1% (1,679 households)	22.2% (1,945 households)	17.5% (139,875 households)
Population Uninsured	13.8% (9,777 persons)	10.6% (4,413 persons)	19.5% (5,364 persons)	9.6% (200,063 persons)

Source: 2021 American Community Survey, 5-Year Estimate

Lea County overall reflects a higher median income than the state of New Mexico, however the high need service area is slightly lower. The housing cost burden is not significantly different from New Mexico. The percentage of households receiving SNAP benefits in the high need service is higher than the state. The population uninsured within in the high need service area is significantly increased reflecting approximately double the state rate.

Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are geographic areas, populations, or facilities, and which have a shortage in primary, dental, or mental health care providers. All Covenant Health service areas have portions that are designated as HPSA.

Lea County is designated as a primary care and dental health HPSA. The southeastern catchment area is designated as a mental health HPSA. The following facilities are all designated HPSA for primary care, dental health, and mental health: Presbyterian Medical Services, Family Health Center of Lea County, Hobbs Medical Clinic, Lovington Clinic, and Tatum Clinic.

Hockley County is designated as a dental and mental health HPSA. South Plains Rural Health Services, Inc. is a designated HPSA facility for primary care, dental health, and mental health.

Lubbock County has a large portion, north and central, designated as a primary care HPSA. Southeast, southwest, and central Lubbock County are designated as mental health HPSAs. The entirety of the county is designated as a dental health HPSA. The following facilities are all designated HPSA for primary care, dental health, and mental health: The Community Health Center of Lubbock, Inc. and Texas Tech University School of Nursing, Larry Combest Health and Wellness Center

Hale County is designated as a primary care, dental health, and mental health HPSA. Regence Health Network, Inc. is a designated HPSA facility for primary care, dental health, and mental health.

See [Appendix 1](#) for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

HEALTH INDICATORS

Please refer to the New Mexico Data Hub 2023 to review each of the following health indicators mapped at the census tract level:

New Mexico Data: <https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/>

The hub provides data on each indicator in Lea County. Data is included for the high need service area, broader need service areas, and the State of New Mexico, as well as information about the importance of each indicator.

To review all studied health indicators and to see the high need service area data, refer to the data hub link above. Review of health indicators indicates a disproportionate need in most geographically high need serve areas. Additionally, service areas are generally trending worse than the state. All 26 health indicators were reviewed, analyzed, and compared with the community input to guide priority setting.

County Health Rankings

The County Health Rankings were also reviewed. County Health Rankings are based on a model of population health that emphasizes the many social, economic, physical, clinical, and other factors that influence how long and how well we live. Countyhealthrankings.org helps counties understand what influences how healthy their residents are and the factors that could determine how long they will live. The Rankings measure the current health of each county and show the differences in health and opportunity by place. They then assess the future health of communities with measures that look at factors such as children living in poverty, access to nutritious foods, smoking rates, obesity rates, and teen births. Finally, selected measures and strategies highlight the intersection of racism, discrimination, and disinvestment to support actions toward equity.

For more information and to review all CHR measures:

<https://www.countyhealthrankings.org/explore-health-rankings/new-mexico?year=2023>

See [Appendix 1](#) for additional Population Health Data

Indicators

The data for Lea County, NM demonstrates a slightly lower prevalence of binge drinking (14.5%) compared to the state average of 15.6%, but higher depression prevalence (18.4%) in contrast to the state's (17.8%). The prevalence of self-reported poor mental health for more than 14 days in the past 30 days is slightly higher in Lea County (14.4%) compared to the state of New Mexico (13.6%). Regarding physical health, Lea County has a higher obesity prevalence at 35.7%, surpassing the state average of 31.2%. Coronary heart disease is more prevalent in Lea County (6.0%) compared to the state (3.2%). Lea County also reports a higher percentage of individuals rating their health as fair or poor (17.2%) compared to the state average of 13.7%. The prevalence of diagnosed diabetes is slightly higher in Lea

County (12.1%) than in New Mexico (11.0%). Finally, Lea County has a lower prevalence of dental visits at 53.1%, while the state average is higher at 63.7%.

Table 3. Selected Health Indicators for Lea County and New Mexico

Selected Indicator	Lea County	New Mexico
Binge Drinking Prevalence	14.5%	15.6%
Depression Prevalence	18.4%	17.8%
Self-Reported Mental Health “Not Good” for More than 14 of Past 30 Days Prevalence	14.4%	13.6%
Obesity Prevalence	35.7%	31.2%
Coronary Heart Disease Prevalence	6.0%	3.2%
Fair or Poor Self-Rated Health Status Prevalence	17.2%	13.7%
Diagnosed Diabetes Prevalence	12.1%	11.0%
Dental Visit Prevalence	53.1%	63.7%

Source: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2020
 All indicators are age adjusted and specific to adults aged 18 years or older.

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence’s Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships. From April 1, 2022, through March 31, 2023, 33.4% of all Emergency Department visits to the Medical Centers listed were potentially avoidable. Data is included for all Covenant facilities for comparison.

AVOIDABLE EMERGENCY DEPARTMENT CASES

Between 4/1/2022 – 3/31/2023, our data showed the following key insights:

Table 41. Percent of Avoidable Emergency Department Visits at Covenant Hospitals

Covenant Hospitals	% of Avoidable ED Visits
Covenant Childrens Hospital	35.2%
Covenant Health Hobbs Hospital	30.8%
Covenant Health Levelland	34.4%
Covenant Medical Center	34.3%
Covenant Health Plainview	30.1%
Grace Surgical Hospital*	25.5%
Average of All Hospitals	33.4%

Covenant Childrens Hospital

- 35.2% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (60.3%), Black/African American (18.0%), or Other (20.2%), and a large portion self-identified their ethnicity as Hispanic or Latino (33.8%).
- As expected, patients aged 0-17 made up the largest percentage (96.2%) of total avoidable ED cases.
- Among these avoidable ED cases, most patients indicated they lived in the ZIP Codes 79403 (43.7%) and 79404 (41.4%).
- The three largest payors for avoidable ED visits include Self-pay, Medicaid, and Other Government Payors.
- The top diagnoses for avoidable ED cases at Covenant Childrens Hospital were bronchitis and other upper respiratory disease, tonsillitis, and acute otitis media and sinusitis.

Covenant Medical Center

- 34.3% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (59.1%), Black/African American (12.6%), or Other (22.1%), the majority of patients indicated they were not Hispanic or Latino (57.9%).
- Among total AED cases, a large portion of patients were between the ages of 18-39 (41.6%).

- Among total AED cases at Covenant Medical, the largest percentage of cases came from 79242 and 79423. However, cases were fairly uniform throughout all zip codes, roughly about one third in all zip codes.
- The three largest payors for avoidable ED visits include Commercial, Medicaid, and Self-Pay.
- The top diagnosis for avoidable ED cases at Covenant Medical Center were unclassified, urinary tract infections, and bronchitis and other upper respiratory disease.

Covenant Health Hobbs Hospital

- 30.8% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (50.9%), or Other (37.2%), and the majority of patients indicated they were Hispanic or Latino (55.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (38%).
- Among total AED cases at Covenant Hobbs, the largest percentage of cases came from 88240, 88242.
- The three largest payors for avoidable ED visits include Commercial, Medicaid, and Self-Pay.
- The top diagnoses for avoidable ED cases at Covenant Hobbs Hospital were bronchitis and other upper respiratory disease, tonsillitis, and urinary tract infections.

Covenant Health Levelland

- 34.4% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (74.9%), or Other (17.5%), and the majority of patients indicated they were Hispanic or Latino (54.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (30.5%).
- Among total AED cases at Covenant Levelland, the largest percentage of cases came from 88240, 88242, 88260.
- The three largest payors for avoidable ED visits include Medicaid, Medicare, and Self-Pay.
- The top diagnoses for avoidable ED cases at Covenant Health Levelland were Bronchitis and Other Upper Respiratory Disease, Urinary Tract Infection, and Acute Otitis Media and Sinusitis.

Covenant Health Plainview

- 30.1% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (50.0%), or Other (38.9%), and most patients indicated they were Hispanic or Latino (64.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (33.1%).
- Among total AED cases at Covenant Plainview, the largest percentage of cases came from 79072, 79041, 79064.
- The three largest payors for avoidable ED visits include Medicaid, Medicare, and Self-Pay, and Commercial.

- The top diagnoses for avoidable ED cases at Covenant Health Plainview were Bronchitis and Other Upper Respiratory Disease, Urinary Tract Infection, and Tonsillitis.

Grace Surgical Hospital*

- 25.5% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (72.6%), or Other (15.3%), and most patients indicated they were not Hispanic or Latino (67.4%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (34.2%) and 40-64 (33.2%).
- Among total AED cases at Grace Medical Center, the largest percentage of cases came from 79424, 79382, and 79407.
- The three largest payors for avoidable ED visits include Commercial, Medicare and Self-Pay.
- The top diagnoses for avoidable ED cases at Grace Surgical Hospital were Urinary Tract Infection, Skin Infection, and Tonsillitis.

*Grace Surgical Hospital's ED was discontinued in July 2023

For additional information regarding the above findings, please contact Veronica Soto vsoto@covhs.org

COMMUNITY INPUT

Summary of Community Input Hockley County

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Covenant Health conducted key informant interviews and focus groups with representatives from community-based organizations and listening session with community members. Community input for Hale, Lubbock, and Hockley counties is available at the following link: [Community Benefit Annual Report: CHNA and CHIPs | Providence](#) All community input was collected between June and August 2023.

See [Appendix 2](#) for methodology, participant details, and in-depth findings.

Community Strengths Lea County, NM

Key informants were asked to highlight community strengths. These questions are important for understanding what matters to community members and leveraging what is already going well:

Community Strengths

- Community members are committed to improving Lea County
- Lea County benefits from quality community resources and organizations present within the community
- Residents of Lea County are caring and engaged with their community, and help one another in times of need
- There is a spirit of trust, collaboration, and communication between the organizations serving Lea County
- The population is young and diverse

Community Needs Lea County, NM

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Behavioral health challenges and access to care (mental health and substance use/misuse)

Key informants and community members in Lea County expressed significant concerns about behavioral health challenges and access to care, highlighting a growing need for mental health and substance use/misuse resources in the community. They called for the establishment of crisis services, extended treatment programs, and integrated facilities to address behavioral health issues effectively, reducing the overreliance on emergency rooms (ER). Collaborative efforts with law enforcement and social services were deemed essential to divert individuals from the ER and jail towards appropriate care. The shortage of behavioral health resources, exacerbated by the pandemic, was identified as a issue, with nonprofits struggling to meet the rising demand due to funding shortages. Key informants urged increased local government investment in behavioral health. Additionally, certain populations, such as youth and oil field

	industry workers, face unique challenges related to mental health and substance misuse, necessitating age-appropriate education and support programs.
Access to health care services	Key informants and community members in Lea County identified increased access to healthcare as a critical concern, citing various challenges such as a shortage of local healthcare providers, particularly in specialty care fields, which forces residents to travel for specialized services. The lack of access to healthcare is linked to high rates of chronic health conditions in the community. To address these issues, there is a call for better integration of mental health and primary care, increased availability of healthcare services, and expanded access to preventative healthcare and health education. Special emphasis was placed on educating the community about regular health screenings, medication adherence, and the importance of early detection and prevention. Additionally, certain populations, including women, older adults, and those that speak English as a second language, face unique barriers to accessing healthcare and require tailored support and services in the community.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Homelessness and Housing Instability	Homelessness and housing instability emerged as pressing issues according to key informants and listening session participants. The lack of safe and affordable housing options combined with the high cost of living has significantly burdened the community. Regulatory hurdles, zoning issues, and the affordability crisis have made it challenging to build new housing or renovate existing ones. Additionally, there is a shortage of resources addressing homelessness, leading to increased chronic and transitional homelessness, often exacerbated by substance use/misuse. Older adults and youth, including students, face unique challenges in finding housing and addressing homelessness, emphasizing the need for increased awareness and focused support for these populations. Overall, the community urgently requires improved affordable housing options, better coordination, and increased resources to effectively combat homelessness and housing insecurity.
Economic Insecurity and Job Skills Training	Community key informants and members have highlighted the complex relationship between the benefits and challenges posed by the oil and gas industry in their community. While this industry has played a pivotal role, it has also created economic dependencies, disparities in educational attainment, and income inequalities. To foster a more stable economic future, they emphasize the importance of prioritizing comprehensive job skills training, increasing awareness of career opportunities, diversifying the local economy, and supporting the immigrant population. These efforts are seen as essential to addressing economic insecurity and ensuring a more equitable and resilient future for all residents,

	including single-income families, individuals with substance use disorders, youth, and immigrant populations who face unique challenges in this context.
Food Insecurity and Chronic Diseases	Community key informants have identified food insecurity and chronic diseases as significant issues, with food security closely linked to overall well-being. These challenges are hindered by high cost and limited access to healthy food and inadequate nutrition education. The community also grapples with income inequality and poverty, impacting residents' ability to afford nutritious food despite some receiving Supplemental Nutrition Assistance Program (SNAP) benefits. The high rates of chronic conditions, such as cancer and diabetes, may be related to poor nutrition habits and obesity, exacerbated by environmental concerns like oil pipelines and water toxins. Limited access to healthy food options contributes to elevated rates of chronic diseases, surpassing state averages. Addressing these challenges will require comprehensive strategies involving lifestyle interventions, environmental safeguards, and improved access to nutritious foods. While initiatives like free summer meals and backpack programs for children provide some positive support, additional resources are needed to effectively address the issue.
Transportation	The community faces a notable transportation shortage, particularly impacting those without cars or reliant on family for rides, especially after 5 PM. This deficiency often leaves discharged patients and ER releases without transportation options, particularly in underserved neighborhoods. Consequently, this lack of transportation has significantly hindered access to healthcare and behavioral health services within the community.

See [Appendix 2](#) for methodology and participant details

SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by key informants through a ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after reviewing the quantitative data.

The Covenant CHNA Advisory and Community Benefit Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Mental Health
- Substance Abuse
- Access to Care and Health Resources
- Housing
- Food Insecurity
- Economic Insecurity
- Crime/Safety/Safe Public Spaces
- Homelessness
- Chronic Conditions/Obesity
- Civic Issues
- Transportation
- Racial and Health Equity Issues
- Support to Schools
- Support to Aging Populations
- Teen and Youth Support Programs

Identification and Prioritization of Significant Health Needs

The Covenant CHNA Advisory and Community Benefit Committees reviewed the medium and high need issues identified within the community input. Additionally, primary data was examined with an emphasis on the high need service areas. The committee also considered Covenant Community Outreach staff input.

The following criteria were used in the prioritization process:

						
Alignment with Mission, Vision and Values	Importance to Community: extent community engagement recognized and identified as a problem	Disproportionate impact: low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities	High need service area rates compared to state average and/or national benchmarks	Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need	Alignment with existing strategies and priorities	Risk of creating or increasing a gap by not addressing or stopping a current service

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process (listed in no order):

MENTAL/RELATIONAL HEALTH

Mental and behavioral health treatment, intervention, and prevention services for the community; including social and relational health, stigma reduction, and community education.

SUBSTANCE MISUSE

Substance misuse including the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco; community education and awareness through partnerships with non-profits, law enforcement, and schools; support for accessibility and availability of addiction treatment options.

ACCESS TO CARE AND HEALTH RESOURCES

Issues related to accessing health services and resources including social determinants of health with an emphasis on vulnerable populations and health equity; includes but is not limited to the following areas of focus: Dental Care for the Uninsured, Mental Health and Counseling Services, Health Education (preventative care and chronic diseases), Women’s Health, and social determinants of health.

HOUSING INSTABILITY

Support for safe, affordable, stable housing through community partnerships and continued support of permanent supportive housing solutions for people experiencing chronic homelessness.

FOOD INSECURITY

Access to healthy food, nutrition education, and healthy lifestyle support with an emphasis on health equity; supporting current food solution partners and options to meet growing needs and to address root causes.

Alignment with Other Community Health Needs Assessments

To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including The Maddox Foundation Social Service Needs Assessment, City of Lubbock Community Needs Assessment 2021 and University Medical Center CHNA 2022. We also reviewed the South Plains Community Action Association Annual Report, Lubbock Health Department 2023 Static Reports, and The Lubbock Area United Way Status Report 2022. The Covenant CHNA Advisory Committee and Covenant Community Outreach staff reviewed these CHNA reports to confirm alignment with government and non-profit organizations.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include Nor-Lea Hospital District Lovington, South Plains Rural Health Levelland, University Medical Center Lubbock, Larry Combest Health and Wellness Center, and Community Health Centers of Lubbock. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see [Appendix 3](#).

See [Appendix 3](#) for a full list of resources potentially available to address the significant health needs

Addressing Identified Needs

The Community Health Improvement Plan developed for the Covenant Health service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Covenant Health plans to address health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Covenant Health intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Covenant Health and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.

2023 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Covenant Health Hobbs Board of Directors² of the hospital on November 30th, 2023. The final report was made widely available by December 28, 2023.



11/30/23

Walter L. Cathey FACHE
CEO Covenant Health
Providence Regional Chief Executive Texas/New Mexico


Date



11/30/23

Jonathan Sena
Chair, Covenant Health Hobbs Board

Date



12/01/23

Joel Gilbertson
Divisional Chief Executive
Providence Central Division

Date

CHNA/CHIP Contact:

Veronica Soto
Community Programs Manager
4421 21st, Lubbock Texas 79410
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

² See [Appendix 4: Covenant Health Hobbs Board of Directors](#)

APPENDICES

Appendix 1: Quantitative Data

POPULATION LEVEL DATA

Lea Data Hub

<https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/>

The following demographics tables utilize 2021 American Community Survey 5-Year Estimates.

LEA COUNTY DEMOGRAPHICS

Indicator	Lea County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	72,743	42,632	30,111
Population Age Under 5	7.9% (5,729)	7.6% (3,229)	8.3% (2,500)
Population Age Under 18	30.4% (22,111)	30.1% (12,823)	30.8% (9,288)
Population Ages 18 to 34	24.1% (17,530)	22.4% (9,543)	26.5% (7,987)
Population Ages 35 to 54	23.9% (17,402)	24.4% (10,397)	23.3% (7,005)
Population Ages 55 to 64	10.6% (7,726)	10.8% (4,591)	10.4% (3,135)
Population Ages 65 to 84	9.6% (6,952)	10.7% (4,568)	7.9% (2,384)
Population Age 85 and Over	1.4% (1,022)	1.7% (710)	1.0% (312)
Population by Sex			
Female	48.4% (35,192)	49.7% (21,198)	46.5% (13,994)
Male	51.6% (37,551)	50.3% (21,434)	53.5% (16,117)
Population by Race			
American Indian and Alaska Native	1.1% (815)	1.2% (513)	1.0% (302)
Asian Population	0.6% (410)	0.8% (346)	0.2% (64)
Black or African American Population	4.2% (3,038)	3.7% (1,565)	4.9% (1,473)
Native Hawaiian And Other Pacific Islander Population	0.0% ()	0.0% ()	0.0% ()
Other Race Population	6.7% (4,861)	4.7% (2,024)	9.4% (2,837)
Two or more Races Population	16.0% (11,637)	13.0% (5,553)	20.2% (6,084)

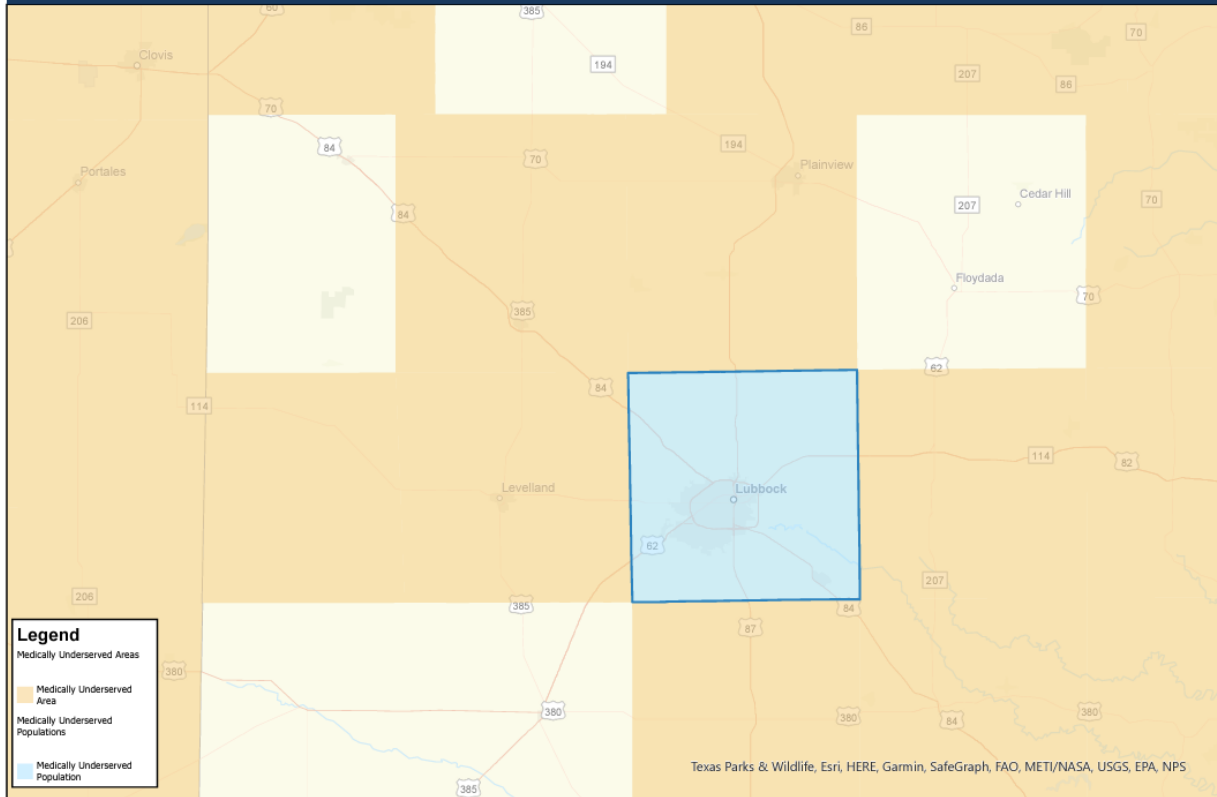
White Population	71.5% (51,982)	76.5% (32,631)	64.3% (19,351)
Population by Ethnicity			
Hispanic Population	60.7% (44,185)	50.7% (21,633)	74.9% (22,552)

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). More information on HPSAs in Texas can be found here: <https://www.dshs.texas.gov/texas-primary-care-office-tpco/health-professional-shortage-area-designations>

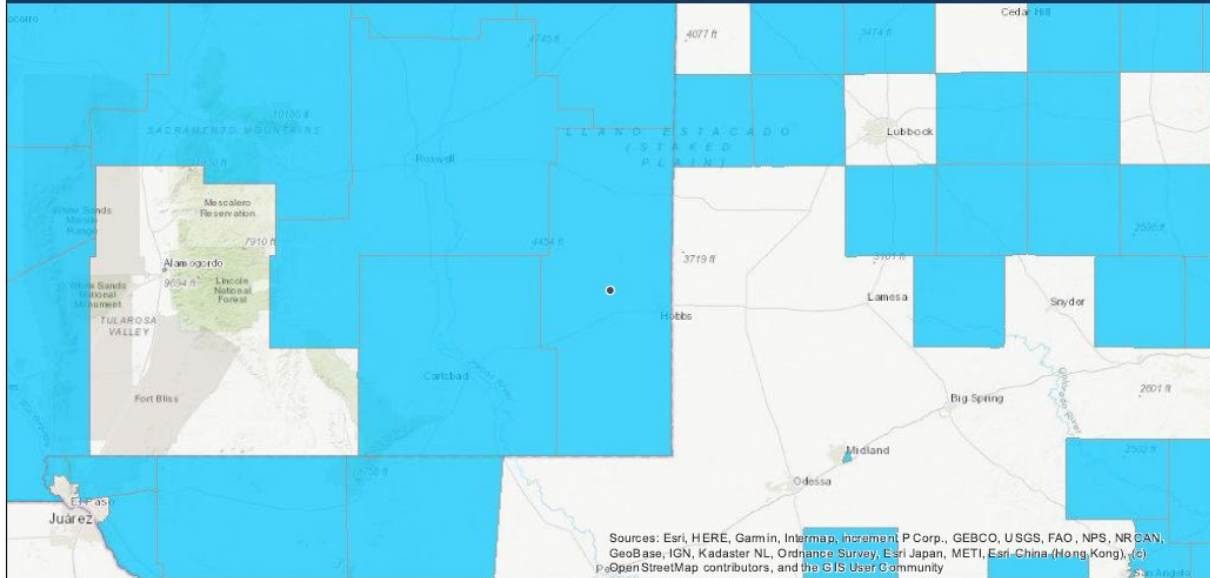
MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area’s level of medical “under service.” MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set, and no renewal process is necessary. The following maps depict the MUAs and MUPs in the area. Lubbock County is designated as an MUP for low-income populations. Hale, Hockley, and Lea are designated as MUAs.



data.HRSA.gov

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 10/20/2023



Legend
 Medically Underserved Areas

data.HRSA.gov

Prepared by: Division of Data and Information Services

Created on: 11/25/2023

Appendix 2: Community Input

METHODOLOGY

The hospital completed one key informant focus group sessions that included a total of four participants and seven key informant interviews. The sessions took place between June and August 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Organizations were included who represent medically underserved, low-income, and/or minority populations. The Nurse Manager from the Lea County Health Department was a key informant to ensure the input from a state, local, tribal, or regional governmental public health department.

Table_Apx 1. Community Key informant Participants

Organization	Name	Title	Sector
House of Hope	Lorena Chavarria	Executive Director	Community Non-Profit
City of Hobbs	August Fons	Chief of Police	Civic
Hobbs Hispano Chamber	Sergio Polanco	President/CEO	Community Non-Profit
United Way of Lea County	Becca Titus	CEO	Community Non-Profit
Hobbs Independent School District	Kari Gray	Director of Finance	Public Education
Guidance Center Lea County NM	Michael Foust	CEO	Community Non-Profit
Palmer Drug Abuse Program, Hobbs NM	Stuart Sroufe	Executive Director	Community Non-Profit
NAACP Hobbs Chapter	Joseph Cotton	President	Community Non-Profit
The Maddox Foundation	David Reed	COO	Local Foundation
The Maddox Foundation	Mayra Lovas	VP Grants	Local Foundation
Department of Health Lea County	Sally Smith, RN, BSN	Nurse Manager	Public Health

For the key informant interviews and focus group, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant’s organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted both in-person and virtually, and information was collected in one of two ways: 1) recorded with the participant’s permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one

or two quotations were coded as “other,” and similar codes were grouped together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informant participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst’s unique identities and experiences.

FINDINGS FROM KEY INFORMANT FOCUS GROUPS AND INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

- **Community members are committed to improving Lea County:** Lea County has experienced growth and progress over the years. This growth is reflected in the expansion of infrastructure, such as the Event Center and the CORE Center, which enhance community life and well-being. Additionally, the development of the airport and efforts to revitalize downtown indicate a commitment to the community's advancement. The community also benefits from responsive leadership at various levels that involve the community in decision making processes and encourage open dialogue, even when disagreements arise.

- **Lea County benefits from quality resources and organizations present within the community:** Lea County offers a wide range of resources to its residents, including health services, educational programs, counseling services, and food assistance. The presence of healthcare facilities, clinics, and partnerships with neighboring communities ensures access to essential services. There is also a robust network of nonprofit organizations that contribute significantly to the well-being of the community.
- **Residents of Lea County are caring and engaged with their community and help one another in times of need:** The community members in Lea County are actively engaged and involved in various activities, including volunteering their time and helping one another. There is a strong sense of community and neighborliness among the residents. People support one another in times of need. This generosity extends to fundraising efforts and assistance from churches, highlighting a strong sense of social responsibility and caring for one another.
- **There is a spirit of trust, collaboration, and communication between the organizations serving Lea County:** Non-profit organizations work together effectively to fund various initiatives and provide resources to the community. Hospitals and healthcare facilities actively engage with the community, demonstrating collaboration and a shared commitment to improving healthcare services and addressing the diverse healthcare needs of the population. The collaboration extends to partnerships with schools, healthcare providers, and other entities. Additionally, there is collaboration between the oil industry and the community that showcases a joint effort to invest in community development, with a focus on education and fostering a better future within the industry. These partnerships contribute to better healthcare access and services for the community.
- **The population is young and diverse:** Lea County benefits from a community that is growing in diversity and a strong labor force. Efforts have been made to promote inclusivity, such as providing wellness memberships to school staff and mentioning the importance of equity in schools. The community values diversity and strives to support various demographics within its population.

Lea County exhibits a range of strengths that contribute to a vibrant and supportive community, characterized by engagement, collaboration, diversity, and a commitment to improving the quality of life for its residents. Key informants value the collaboration among organizations and agencies and suggested leveraging this strength by fostering even stronger partnerships between different entities, and creating formal collaborative initiatives to address specific community needs more effectively.

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Key informants were asked to identify their top five health-related needs in the community. Two needs were prioritized by most key informants and with high priority. Four additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Behavioral health challenges and access to care (mental health and substance use/misuse)
2. Access to health care services

Behavioral health challenges and access to care (mental health and substance use/misuse)

All key informants indicated that behavioral health challenges and access to care was a significant concern in the community. Key informants and listening session participants shared Lea County needs more mental health and substance use/misuse resources to meet the growing need.

- **Shortage of Behavioral Health services:** Key informants indicated there is a need for more crisis services specifically designed to handle behavioral health issues that can provide immediate support care, extended treatment programs such as a longer medical detox program, and an integrated facility that can provide comprehensive treatment for both mental health disorders and substance use disorders. Key informants noted an overreliance on ERs, suggesting that due to the lack of appropriate facilities, individuals with mental health and substance use disorders frequently end up in the ER, emphasizing the need for specialized care centers.
- **Collaboration with law enforcement and social workers:** Key informants stated a need for increased collaboration with both law enforcement and social services to improve how the community addresses behavioral health needs. Partnerships with law enforcement are necessary to divert individuals with behavioral health issues away from the ER and jail, and social workers should be embedded within law enforcement agencies to better address the underlying issues.
- **Nonprofits need more support after COVID-19 pandemic:** Key informants indicated that the pandemic exacerbated behavioral health challenges, but behavioral health resources did not keep pace with demand. Existing mental health services are strained, and more resources are required to meet the growing demand. There is a need to support nonprofits addressing behavioral health. Key informants suggested while nonprofits, are valuable assets, these organizations are becoming overwhelmed by the increasing demand for services.
- **Barriers to accessing Behavioral Health Services:** Key informants described funding shortages as a barrier to increasing behavioral health resources, noting that most agencies rely on grants but many funding resources for substance use disorder treatment have disappeared. Key informants suggested they wanted to see more investment from local government in behavioral health. The city and county have been slow to invest in addressing behavioral health concerns, resulting in a lack of clear direction from the government. Transportation was also identified as a barrier to accessing behavioral health resources as there are very few means of transportation available outside of cars.
- **Naloxone Education:** Key Informants discussed seeing a rise in fentanyl use, as well as an increase in mixing fentanyl with other substances, such as methamphetamines. Education programs regarding naloxone and fentanyl have been initiated, with a legal requirement for naloxone administration in overdose cases. The community needs more targeted interventions and training in using naloxone.
- Certain populations face unique challenges regarding mental health and substance use/misuse:
 - **Youth:** Key informants noted the behavioral health of youth was especially impacted by the pandemic due to increased isolation and noted an increase in youth suicide following the COVID-19 pandemic. They shared that closer collaboration with schools is necessary to address age-appropriate needs related to mental health and substance use/misuse education. Implementing peer counseling and mentoring programs involving responsible youth can provide valuable support alongside adults. There is a need for additional substance use/misuse programs and counselors to address the rising

substance use/misuse concerns, including marijuana use and vaping among students. Key informants suggested more education on the risks of vaping is needed, given its prevalence among youth.

- **People working within the oil field industry:** Some people within the oil field industry may be experiencing challenges with both mental health and substance misuse, such as alcohol dependency. The economic instability and job-related stress in the oil industry have led to issues of alcohol and substance misuse among workers. Employees within the industry as a whole need increased support and access to both mental health and substance use/misuse services.

Access to health care services

Key informants identified increased access to healthcare as a pressing need in Lea County. They noted the community faces multifaceted challenges in accessing healthcare, including shortages of providers, inadequate specialty care, and a need for better integration of mental health and primary care.

Addressing these issues requires collaborative efforts, education, and increased availability of healthcare services.

- **Shortage of local healthcare providers:** Key informants stated the community faces a stark shortage of healthcare providers noting that the number of providers to serve residents is very low, especially when compared to the state of New Mexico. There is also significant gap in access to specialty care, particularly in fields such as oncology, as there are no specialists available locally in Hobbs. This creates a barrier to accessing care as people need to take off work to access specialized healthcare services, and not everyone can afford to do so. Key informants suggested the lack of access to healthcare is linked to high rates of chronic health conditions within the community.
- **Increased access to preventative healthcare and health education:** Key informants emphasized the need to expand preventative care and health education services in the community to proactively address health issues and reduce the occurrence of health crises. The community should be educated about the significance of regular health screenings as a means of early detection and prevention. The community needs more information about available healthcare resources and services to ensure that individuals are aware of the options accessible to them. There is also a need for educating the community on the importance of consistently taking prescribed medications. Additionally, key informants discussed a need for expanded access to services and screenings for sexually transmitted diseases.
- Key informants indicated certain populations may be especially impacted by lack access to healthcare:
 - **Women:** There is a growing need to expand women's healthcare within the community, including birth control and sexual health services. Key informants also shared the community is facing alarming rates of low birth weights. A shortage of OB/GYN practitioners in the area and general lack of access to prenatal health may be exacerbating these issues.
 - **Older Adults:** There is an unmet need for healthcare services catering to older adults who are homebound and lack sufficient support.
 - **English as a second language:** Language barriers present significant barriers to accessing healthcare services in the community.

MEDIUM PRIORITY UNMET HEALTH RELATED NEEDS

Four additional needs were often prioritized by key informants:

1. Homelessness and Housing Instability
2. Economic Insecurity and Job Skills Training
3. Food Insecurity and Chronic Diseases
4. Transportation

Homelessness and Housing Instability

Key informants and listening session participants identified homelessness and housing instability as a growing need within the community. They highlighted the pressing need for affordable housing, increased awareness of available resources, improved support for seniors, and better coordination and leadership to address homelessness and housing insecurity in the community.

- **Safe and Affordable Housing Shortage:** Key informants and listening session participants discussed how the community is facing a lack of safe and affordable housing options. High cost of living has placed significant burden on the community. Housing affordability in particular is a significant issue in the community, creating a barrier for many people to find affordable apartments. Most of the available housing is old and often beyond repair, and oftentimes unaffordable for residents to renovate. Zoning issues, allowing businesses near schools and residential areas, can also affect residents' well-being. Regulatory hurdles have been a barrier to building new housing, as housing regulations are making it difficult to build new housing or improve existing structures. Zoning issues, allowing businesses near schools and residential areas, can also affect residents' well-being.
- **Lack of resources addressing homelessness:** Both key informants and listening session participants discussed seeing an increase in both chronic and transitional homelessness within the community. However, there are not enough resources within the community to meet the growing need. There is a shortage of homeless shelters, and nonprofits addressing homelessness are struggling to meet the growing demand. People experiencing homelessness often have nowhere to go, sometimes resorting to seeking medical services in hospitals especially during the winter months.
- **Relationship between substance use/misuse and homelessness:** Key informants noted substance use/misuse is connected to the growing chronic homelessness in the community and emphasized that addressing the mental health and substance use/misuse issues in the community as an essential step to tackling homelessness.
- **Barriers to addressing homelessness:** Alongside regulatory hurdles that have prevented new housing from being built, key informants cited funding and a lack of clear leadership addressing the issue as barriers to increasing resources addressing homelessness.
- Certain populations face unique challenges regarding homelessness and housing insecurity:
 - **Older adults:** Seniors face challenges in finding housing, particularly due to the closure of assisted living facilities and the prevalence of Alzheimer's and dementia in the area.
 - **Youth:** A growing number of children and teenagers in the community are facing homelessness. While there are programs available to support them, most students are not aware of the resources available to them. There is need to increase awareness about these resources so more students can take advantage of them.

Economic Insecurity and Job Skills Training

Key informants discussed how both the benefits and challenges of the oil and gas industry converge. While the industry has been pivotal, it has also created economic dependencies, education gaps, and disparities in the community. To overcome these challenges and build a more stable economic future, key informants discussed how the community must prioritize comprehensive job skills training, increased career awareness, economic diversification, and support for its immigrant population.

Addressing these issues can pave the way for a more equitable and resilient future for all its residents.

- **Economic Dependence on Oil and Gas:** The community heavily depends on the oil and gas industry for employment, leading to single-income households with high earnings from this sector. Key informants shared that this may be exacerbating the shortage of workers in other essential professions, such as nursing and education. Additionally, while the median income is relatively high, there is also a significant poverty rate, highlighting income disparities and economic instability for many residents. Key informants suggested efforts should be made to diversify the local economy, reducing dependence on a single industry.
- **Education Disparities:** The education levels within the community vary, with a significant portion of the population having low or no formal education. This is compounded by the fact that many oil field jobs do not require advanced education, but workers in these positions often lack other skills or qualifications that can help pave the way for a higher paying job. Oil field workers with minimal education face job insecurity, as losing their jobs leaves them with limited prospects for alternative employment.
- **Language Barriers and Rapid Demographic Changes:** The community is enriched by a relatively high number of immigrants, but language barriers and limited English proficiency can be challenges for this population to find employment. Rapid demographic changes in Hobbs, including a transient population, bring about new challenges and opportunities.
- **Limited Awareness of Career Opportunities:** Many young people in Hobbs lack exposure to diverse career opportunities beyond the oil industry. This lack of awareness underscores the need for career education and mentorship programs.

Key informants shared the need for:

- **More comprehensive Job Skills Training & Educational Support:** Investing in job skills training programs can empower residents with the skills needed for diverse employment opportunities beyond the oil and gas industry. Additionally, fostering education and literacy is crucial to breaking the cycle of economic insecurity. Promoting awareness of various career paths and providing mentorship programs can guide young people towards fulfilling and stable employment outside the oil industry.
- Certain populations face unique challenges regarding economic insecurity and job skills training:
 - **Single-Income Families:** Families relying on a single income earner in the oil and gas industry may experience significant income fluctuations. When the employed household member loses their job, the entire family can face economic instability.
 - **People with substance use/misuse challenges:** The prevalence of substance use/misuse, particularly among oil field workers, can have profound social and economic consequences. Worker who tests positive for substances may lose their job. Individuals with a substance use disorder may find it challenging to maintain stable employment and may experience related health issues.

- **Youth and Students:** Young people face a lack of exposure to diverse career opportunities beyond the oil and gas industry. This lack of awareness can hinder their ability to make informed choices about their education and future careers.
- **Immigrant and Limited English Proficiency Populations:** The community demographics have rapidly changed and includes many people with limited English proficiency. Language barriers have made finding stable employment and accessing education difficult.

Food Insecurity and Chronic Diseases

Key informants spoke to food insecurity and chronic diseases as being prevalent within the community. Food security is connected to overall health and well-being.

Barriers to addressing both food insecurity and chronic diseases include high cost, and a lack of access and education about healthy food. Income inequality is high within the community, and a substantial portion of the community experiences poverty. The rising cost of food presents challenges for both families. While many individuals can receive Supplemental Nutrition Assistance Program (SNAP) benefits, there is a lack of knowledge on effective management of food resources. Suggestions have been made for cooking classes and increasing access to fresh fruits and vegetables.

Key informants shared how the community faces a multifaceted health challenge characterized by high rates of obesity and chronic conditions. Notably, cancer rates and diabetes prevalence are alarmingly high, potentially tied to the prevalent issues of poor nutrition habits and obesity. Environmental concerns, such as oil pipelines and water toxins, add an extra layer of complexity, potentially exacerbating chronic health problems. Residents also struggle with limited access to healthy food options, making it difficult to adopt better dietary choices. This combination of factors has led to a concerning prevalence of chronic diseases, including cardiovascular issues, high blood pressure, and asthma, surpassing statewide averages. Addressing these interconnected issues will require comprehensive strategies that encompass lifestyle interventions, environmental safeguards, and improved access to nutritious food options to promote better public health outcomes.

Some positive initiatives like the summer meal program for children and a backpack nutrition program exist, but more resources are needed to address the complex issue.

Transportation

There is a significant transportation deficiency, especially for individuals without cars or those dependent on family for rides, which becomes even more pronounced after 5 PM. This often results in patients lacking transportation options upon discharge or after being released from the ER.

Transportation is especially an issue within underserved neighborhoods of the community.

Lack of transportation has directly affected access to healthcare and behavioral health services in the community.

Appendix 3: Community Resources Available to Address Significant Health Needs

Covenant Health Hobbs Hospital cannot address all the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Covenant Plainview cannot address all the significant community health needs by working alone. Improving community health requires collaboration across community organizations and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 2. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Hospital	University Medical Center	Primary Medical and Acute Care, Lubbock County Indigent Program	602 Indiana Ave, Lubbock, TX 79415	Access to Care
Health Sciences Center	Texas Tech University Health Sciences Center	Primary Medical Care, Specialty Care, Mental Health, Lubbock County Indigent Program	3601 4th St., Lubbock, TX 79430	Access to Care and Mental Health
Federally Qualified Health Center	Larry Combest Health and Wellness Center	Primary Care, Limited Specialty, Mental Health, Health Education, Prescriptions, County Indigent Program	301 40 th , Lubbock, TX, 79404	Access to Care
Non-Profit Clinic	Lubbock Children’s Health Clinic	Pediatric and Women’s health services	302 N University Ave, Lubbock, TX 79415	Access to Care

Federally Qualified Health Center	Community Health Centers of Lubbock	Primary Care, Dental, Prescription Assistance	1610 5 th St., Lubbock, TX 79401	Access to Care
Non-Profit	YMCA Plainview	Healthy Living and Youth Programs	313 Ennis, Plainview, TX 79072	Access to Health Resources
Non-Profit	South Plains Community Action Association	Head Start Program, Children’s Dental, Children’s Mental Health Services, Food and Nutrition, Transportation Services, Utility Assistance	411 Austin Street Levelland, Texas 79336	Access to Care, Mental Health, Food Insecurity, Education
Federally Qualified Health Clinic	South Plains Rural Health	Healthcare Services for Levelland, Lamesa, and Big Spring, Texas	1000 FM300, Levelland, TX 79336	Access to Care, Social Services
Federally Qualified Health Clinic	Regence Health Network, Inc	Medical, Dental, Behavioral Health, Laboratory Services, WIC Services	2801 W. 8th St., Plainview, TX 79072	Access to Care, Mental Health
Community Action Agency	Housing and Utility Assistance	Low Rent Housing	208 North Turner, Hobbs, NM 88240	Housing Assistance
Non-Profit	Guidance Center of Lea County	Substance Misuse Counseling, Health Promotion, Supportive Housing	920 West Broadway, Hobbs, NM 88241	Mental Health, Substance Misuse
Public Health	Hobbs Department of Health	Immunizations, Nutrition, Health Education, Women, Infants and Children	1923 North Dal Paso St B, Hobbs, NM 88240	Access to Care, Food Insecurity
Non-Profit	Open Door	Permanent Supportive Housing	1916 13 th , Lubbock, TX 79401	Housing

Appendix 4: Covenant Health Hobbs Hospital Board of Directors

Table_Apx 3. Covenant Health Hobbs Board Members

Name	Title	Organization	Sector
Rosa Carrillo	Owner	Got Safety	Private Business
Joe Cotton	President	NAACP Hobbs Chapter	Community Non-Profit
Josh Grassham	Vice President	Lea County State Bank	Banking
Debra Hicks	CEO	Pettigrew and Associates	Engineering
Jonathan Sena	City Commissioner	City of Hobbs	Civic
Rachel Slade	Administrator	Covenant Health Hobbs	Public Health