

Status of Health Care & Value of Partnerships

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Agenda

- Wellness Institute/Health Council
 - Health trends in DAC
 - Contributors to health outcomes
- Las Cruces Chamber
 - Workforce challenges
 - Provider/Business feedback

Landscape

- Persons below poverty level- 25.9%
- Ethnicity
 - Hispanic: 68.8% - 2019
 - White Non-Hispanic: 26.7%- 2019
 - Two or more Races 2.0% - 2019
- 51.3% percent spoke a language other than English at home.

Landscape

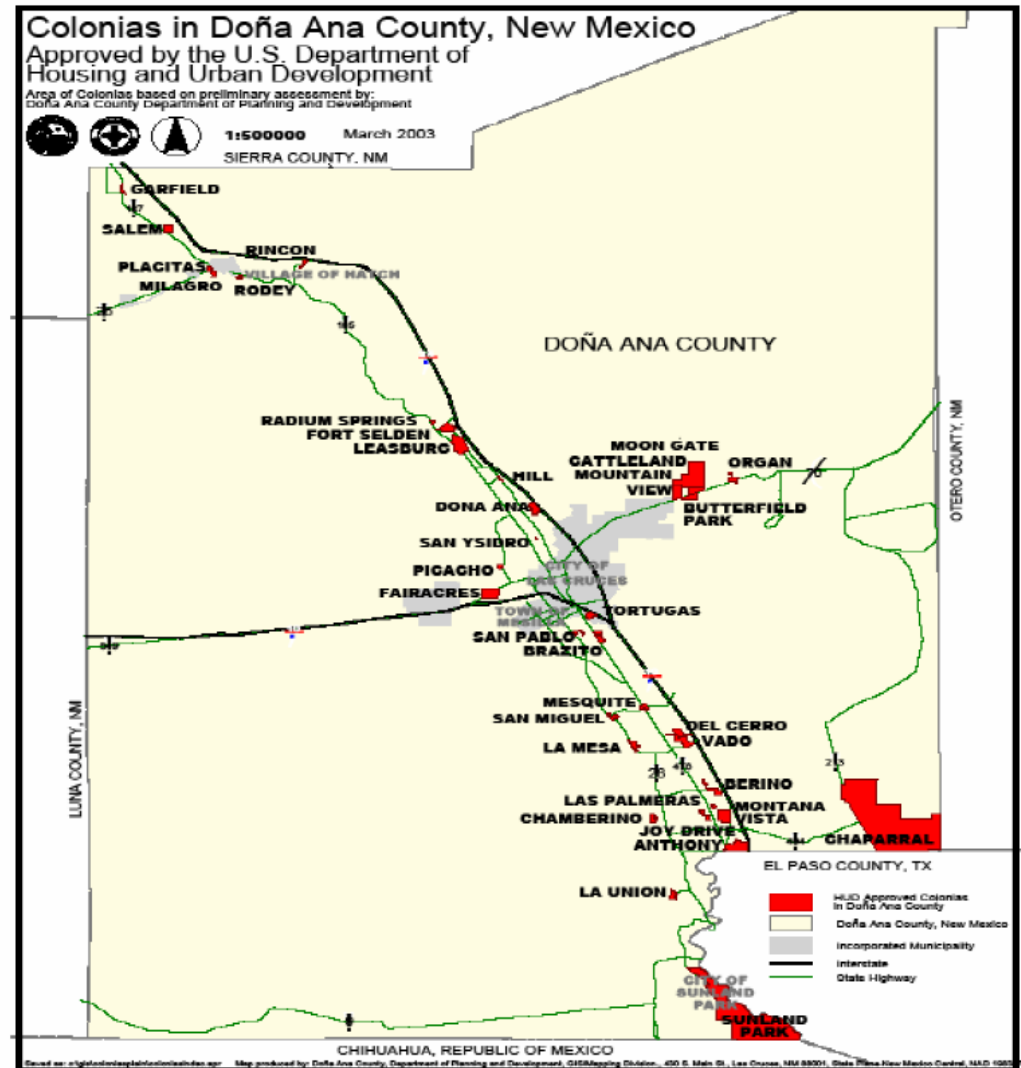
- Second largest county in New Mexico
- 218,195 residents
- 3,807.51 square miles
- Borders Texas; Otero, Luna, Sierra Counties; and Chihuahua, Mexico

Landscape

- Three Federally Qualified Health Centers
- Two acute care hospitals (new 3rd hospital)
- 23.1% of residents are medically indigent*
 - Medically indigent adults - In the health care system of the United States are persons who do not have health insurance and who are , or private health insurance

Landscape

- 37 of the 55 designated Colonias in the state are in Doña Ana County
- There are 4 Incorporated Communities
- 47.4% of population live within Las Cruces city limits*
- 52.6% live outside of Las Cruces city limits*

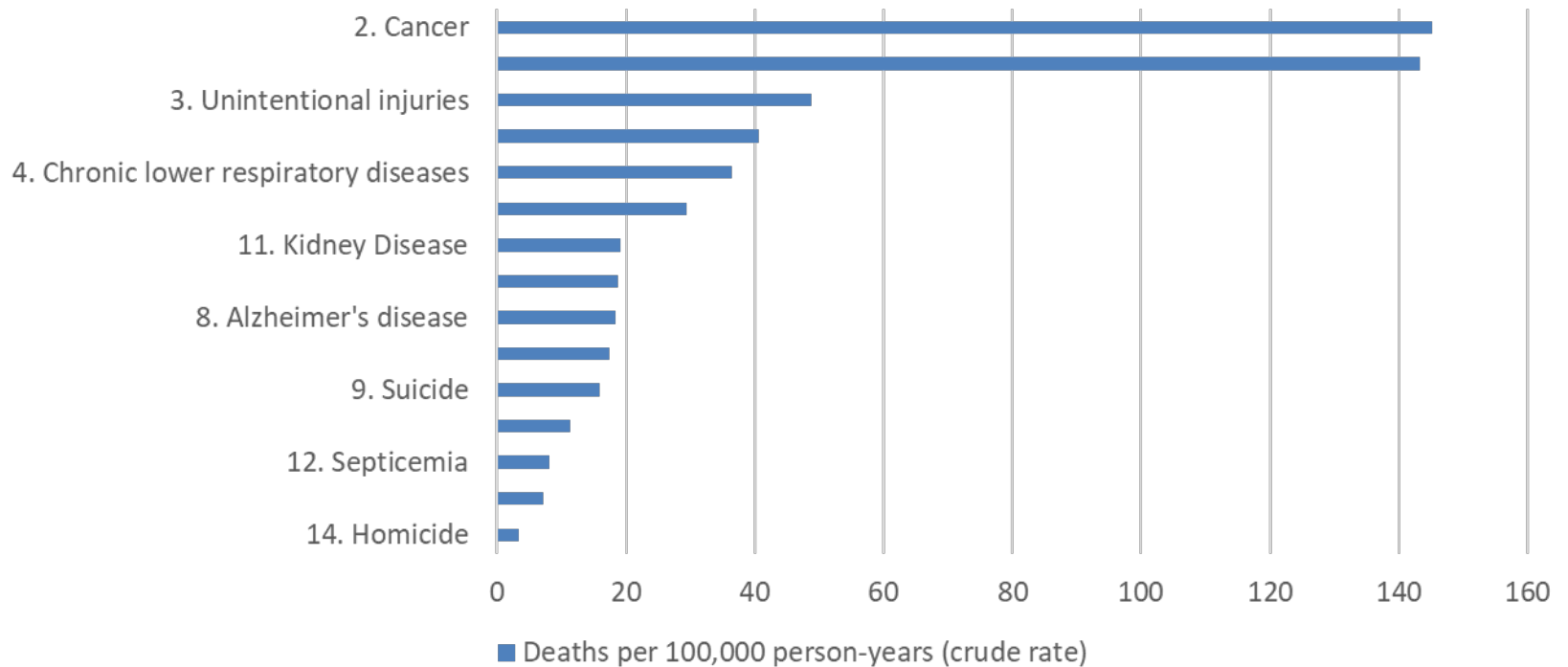


How is Doña Ana County Doing?



Leading Causes of Death: Doña Ana County

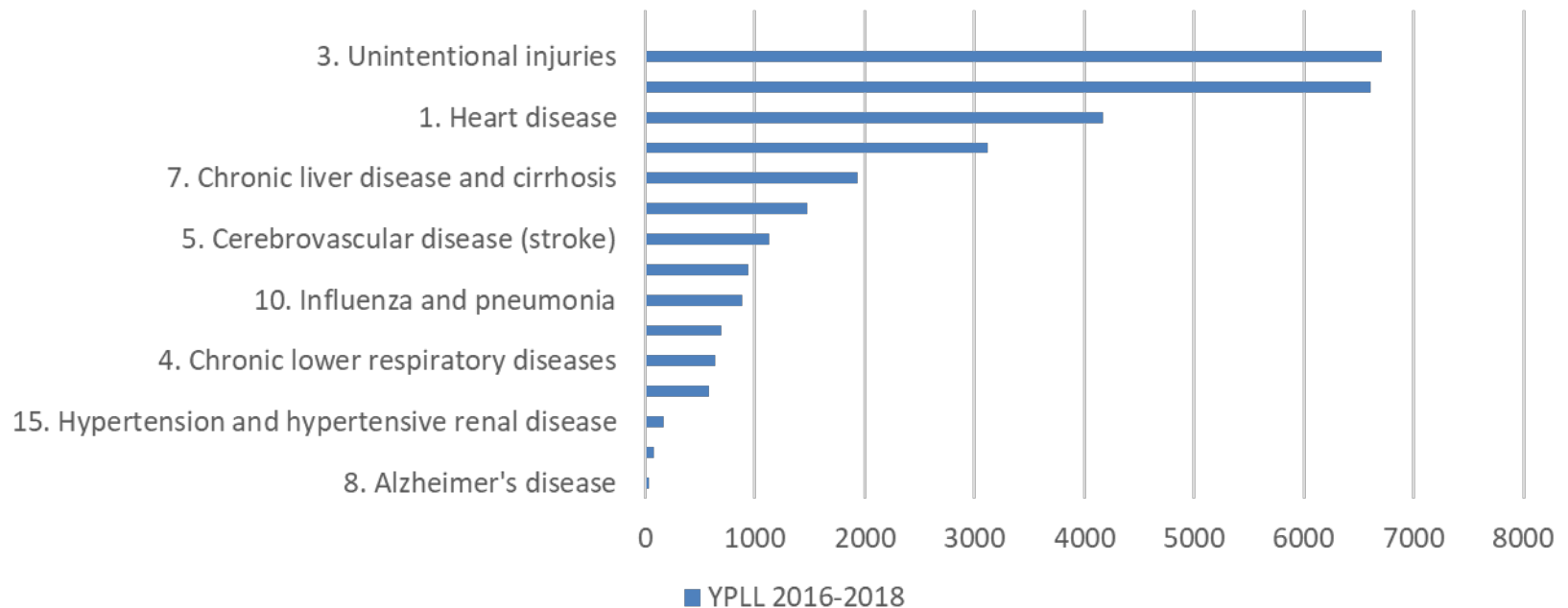
Leading Causes of Death in Doña Ana County



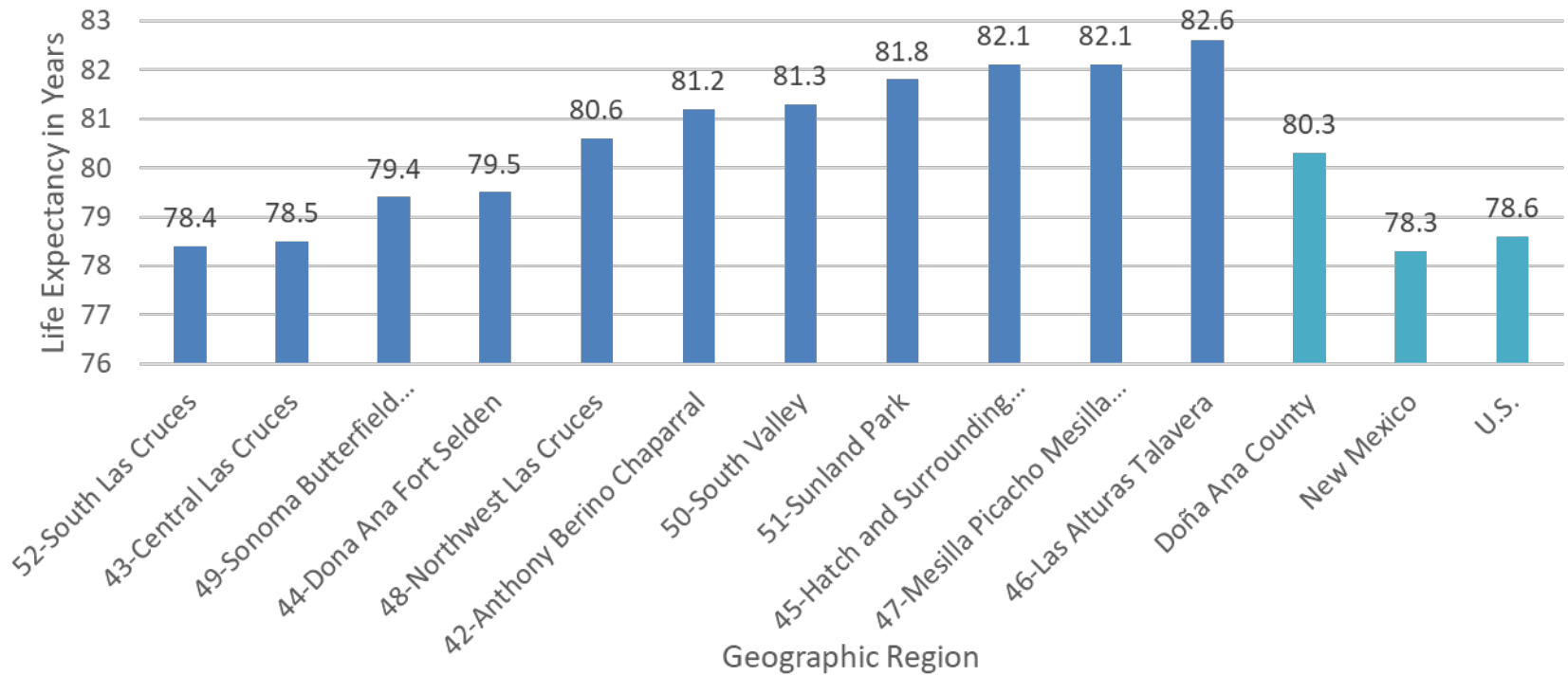
Years of Potential Life Lost (YPLL)

- How many people die prematurely?
- Death before age 75 years
 - Child who dies at age 5: $75 - 5 = 70$ YPLL
- Measures preventable deaths

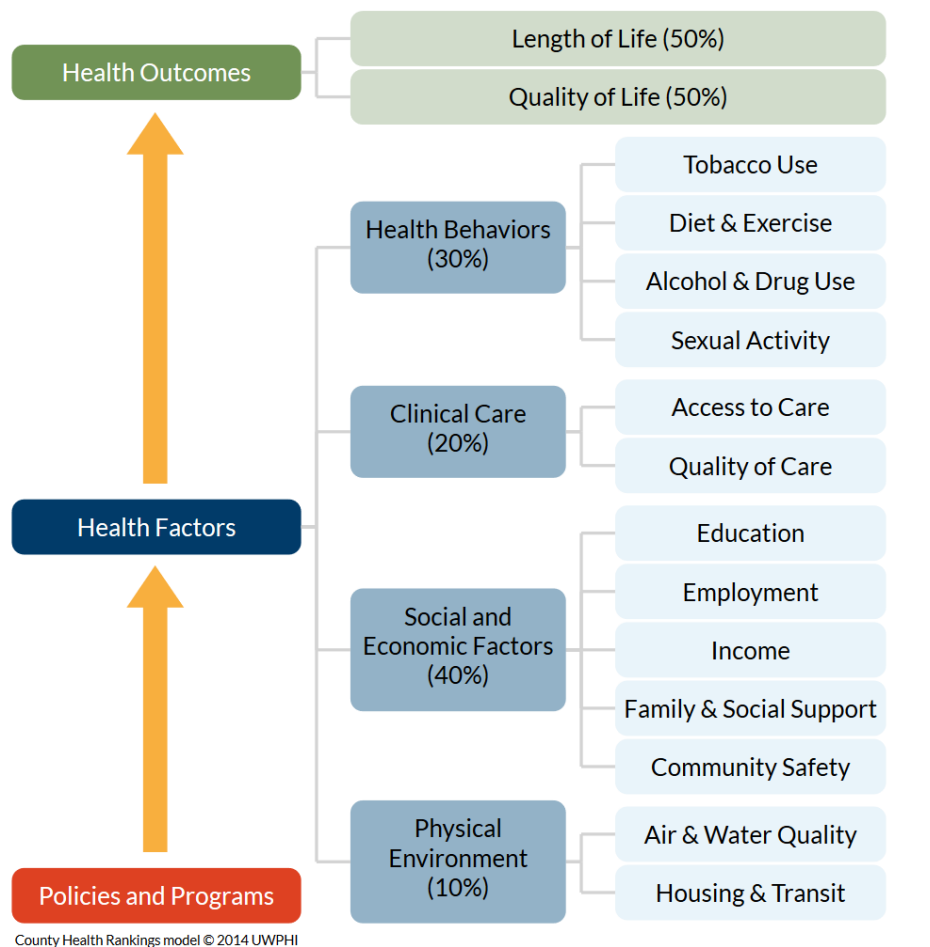
Years of Potential Life Lost by Cause of Death, Doña Ana County, 2016-2018



Life Expectancy from Birth by Small Area



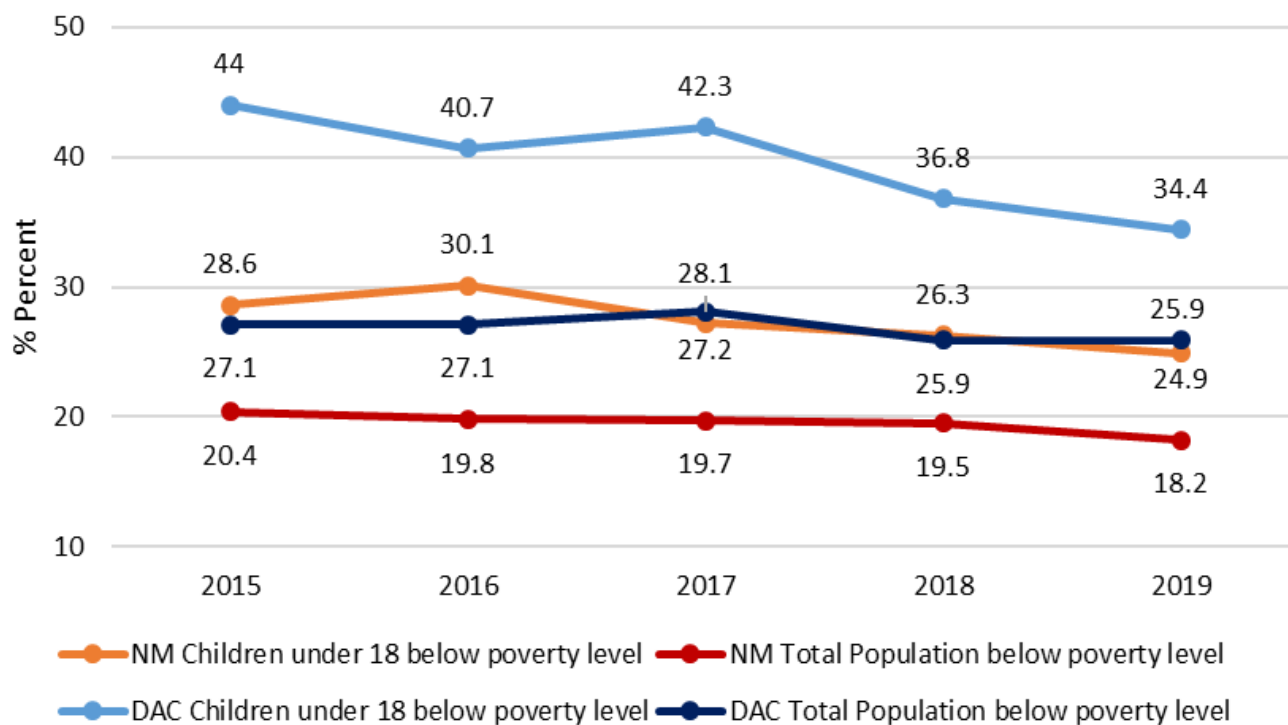
What Creates Health?



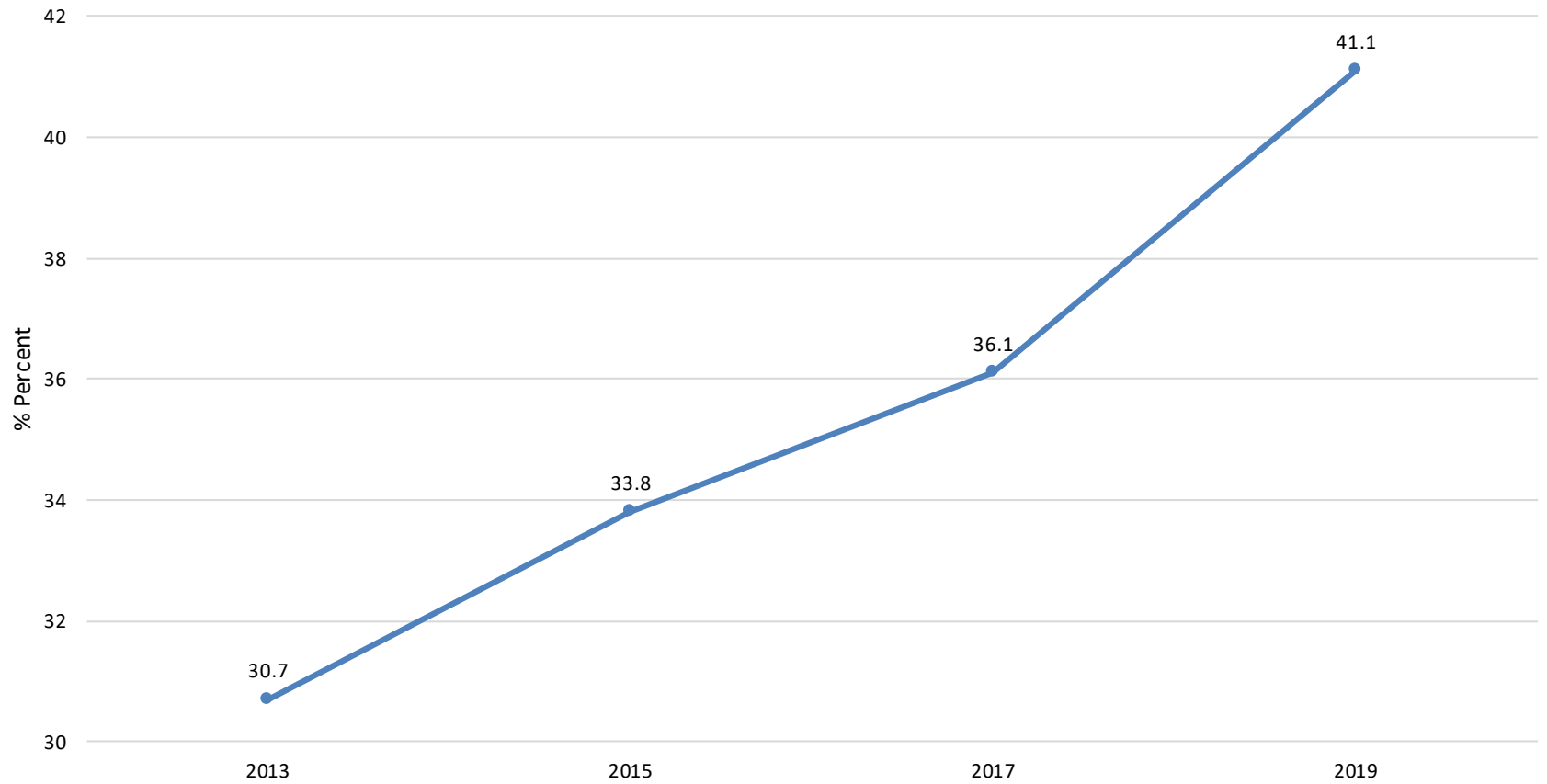
Social and Structural Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System	Arts and Culture	Access to Information
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code/ geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthful options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care Navigability of the system	Participation/ fluency in arts, music, literature Events in community Arts in public areas Equitable access	High-speed internet Literacy Libraries

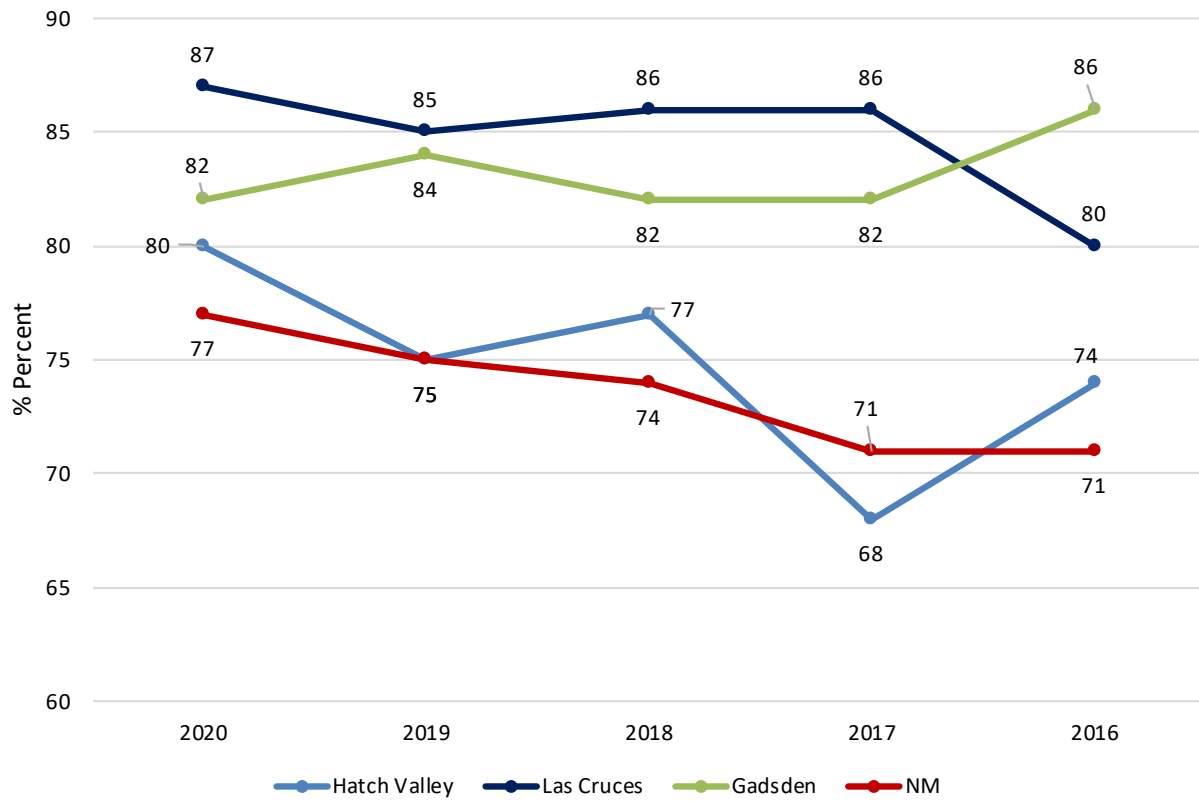
Below Poverty Level NM & DAC



Youth Felt Sad or Hopeless



High School Graduation Rates By School District & NM



Solutions

- Health in All Policies
- Structural Competency
 - DAWI providing Structural Competency education to health councils and HSD leadership

Workforce

- Struggle keeping providers in Southern New Mexico
 - Low medical insurance reimbursements
 - Medical Insurance reimbursements are lower on average in Southern NM when compared to other areas such as Albuquerque.
 - Medicaid reimbursements in certain healthcare fields such as dentistry are very low limiting the ability of private offices to treat those patients. This causes a decrease in the accessibility of healthcare in those fields to those patients.
 - High Malpractice Insurance
 - The new malpractice legislation passed in 2021 is not only causing an increase in Malpractice of Physicians and Hospitals. It is already causing an increase in the Malpractice Insurance rates of other medical professions not directly listed in the legislation. Dentists report an increase in their Malpractice Insurance in recent months.
 - Lack of children activities, extracurricular activities/facilities, up to date sports complexes, etc. for families of providers
 - Poor public elementary and secondary education
- Many providers report leaving NM going to El Paso, TX or other cities in surrounding states to practice due to these concerns

Workforce

- Healthcare businesses report troubles filling both Healthcare provider positions and staffing positions.
 - Shortage of Mental Health Providers
 - Not a shortage of Mental Health Beds. Existing Mental Health Facilities report having excess room to be able to accommodate patients. The limiting factor is a shortage in Mental Health Providers
 - Shortage of Registered Nurses and Licensed Practical Nurses (LPN)
 - Hospitals report nursing positions being open for months
 - Shortage of low to medium wage staff
 - Technicians
 - Medical Assistants
 - Equipment Mechanics
 - Sterilization Technicians
 - Hospital Kitchen Staff
 - Office Staff
 - Shortage of Family Practitioners
 - Shortage of Qualified Physical Therapists

Workforce

- Good news is there is NOT a shortage of Dentists in the state, but there is a distribution issue in rural areas of our state.
- Shortage of Dental Assistants
- Shortage of Dental Hygienists
 - Dental hygienist and Dental Assistant numbers are not being accurately tracked. The UNM Workforce taskforce would be a great avenue to track these more accurately

Workforce

- In-home care shows an increase in utilization of services
 - Lack of employees to provide services to those in need of in-home care.
 - Decreasing the availability to provide care, which pushes business to other states such as Texas
 - Wage increases and general expenses being increased are leading to increased cost of care. These costs are passed on to the patient, increasing the cost of healthcare. Most patients are living on a fixed income.
 - Patients family's are being forced to fill these roles of in-home care providers
 - This is both good and bad
 - This has increased family participation with the patients health
 - They are untrained
 - A lot of times this requires the family member to leave their place of employment to care for the relative

Workforce

- A rural business incentive has been proposed to the state help providers establish themselves in rural areas of the state.
- It would be beneficial to add a provision to include part-time practices. In Rural areas of our state, there may not be enough residents to justify a full time clinic, but a part-time clinic would be enough to fulfill the needs of those particular areas.
- This proposal should include all major parts of healthcare including but not limited to:
 - Medicine
 - Dentistry
 - Behavioral Health
 - Physical Therapy
 - Home Health
- Can be set up as a forgivable loan program
 - Communities would partner with clinics
 - Loan would be forgiven after certain criteria are met

Questions and Thank You

