

New Hampshire Title V 2010 Needs Assessment

November 2010



New Hampshire Department of Health and Human Services
Division of Public Health Services
Bureau of Population Health and Community Services
Maternal and Child Health Section





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Dear Colleague:

New Hampshire compares favorably to other states on many indicators of health, frequently ranking among the top five healthiest states. New Hampshire's strengths include the lowest teen birth rate in the nation, the lowest percentage of children under age 18 in poverty, and a low infant mortality rate. However, despite the overall high rankings, specific population groups in our state are at heightened risk for poor health outcomes.

New Hampshire's vision for its Title V Maternal and Child Health Needs Assessment was a complete analysis of available data on the state's population of pregnant women, mothers, infants, children and children with special health care needs in order to identify health disparities, needs and strengths among these populations.

This needs assessment by the Maternal and Child Health Section found that several New Hampshire counties have higher percentages of residents with incomes below the poverty level and without health insurance than the comparable U.S. averages. New Hampshire's childhood obesity rates continue to increase. The need for mental health services is great, while access to these services is limited. Preventable injuries are the leading cause of death in New Hampshire to children and young adults, killing more in these age groups than all diseases combined. These are some of the health problems that our state is confronting.

To address these critical health issues, the New Hampshire Division of Public Health Services conducts a number of programs aimed at improving the health of New Hampshire's citizens. The Division funds community health centers throughout the state so that all residents, regardless of income, have access to high quality health care. Family support is provided by 18 Home Visiting New Hampshire programs throughout the state that provide health education, support and linkages to other community services for pregnant women and their families in their homes. Regular health care helps identify conditions and behavior, such as smoking, drug and alcohol abuse and depression that can result in low birth weight infants and other adverse health outcomes.

In challenging fiscal times, allocating resources strategically based on data, evidence-informed practice, and potential impact is critically important. The Title V Maternal and Child Health Needs Assessment is a valuable tool for providing rich information and data as priorities are determined in the near future.

Sincerely,

José Thier Montero, MD
Director

JTM/PMT/baw
Enclosures

cc: Marie Kiely

Highlights of the 2010 Maternal and Child Health (Title V) 5-year Statewide Needs Assessment

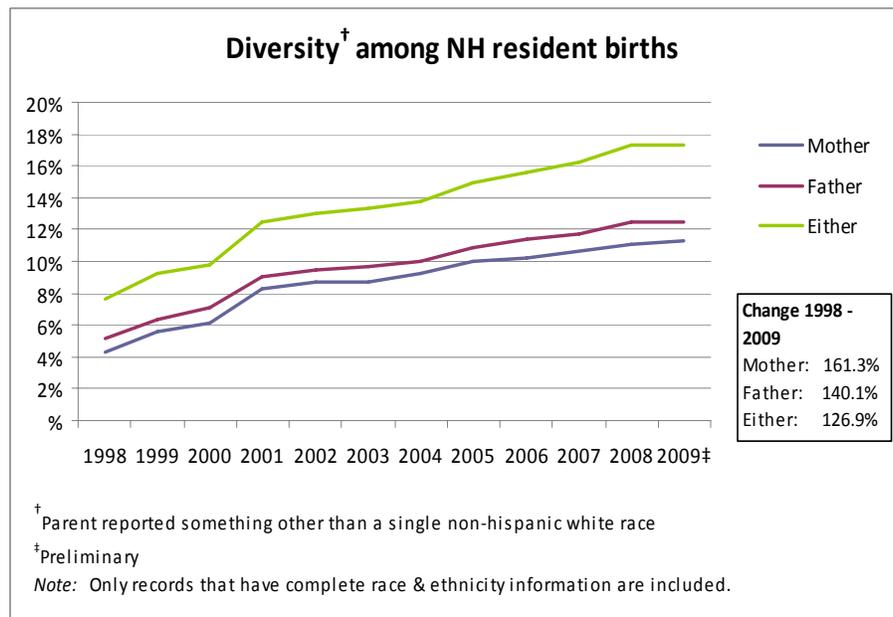
New Hampshire's Strengths

New Hampshire consistently ranks among the healthiest states.^{1,2}

- Lowest teen birth rate in the nation
- Lowest percentage of children under age 18 in poverty
- Highest percentage of children ages 19-35 months who are fully immunized
- Low infant mortality rate
- NH recently met the national 2010 health objective to reduce the prevalence of current cigarette use among high school students to less than or equal to 16%

Recent changes in the State

The differing racial and ethnic proportions in younger age groups in New Hampshire is resulting in births becoming more ethnically and racially diverse. The percentage of births to racial and ethnic minority groups has more than doubled over the past decade, suggesting a need to ensure culturally competent care.



Source: NH Maternal and Child Health Section

¹ United Health Foundation. *America's Health Rankings 2009*. Retrieved May 6, 2010 from <http://www.americashealthrankings.org/Measure/All%20Years/NH/Overall.aspx>

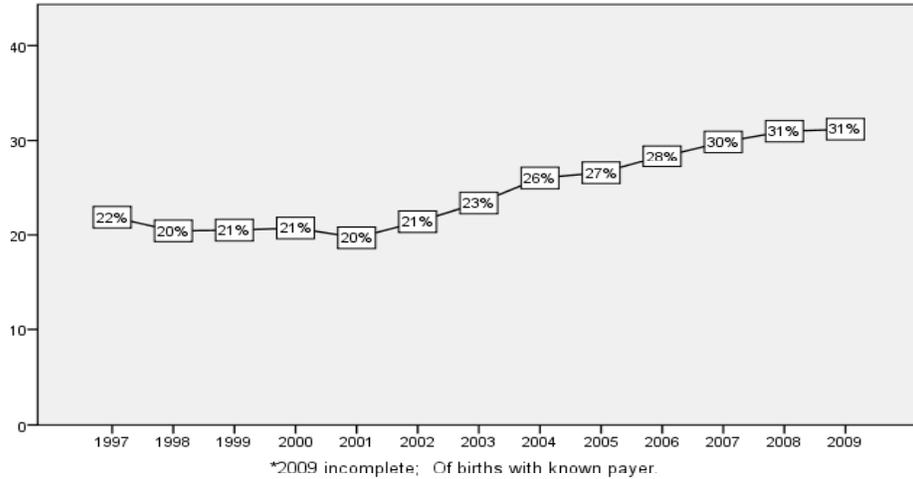
² Annie E. Casey Foundation (2009) *2009 Kids Count Data Book: State Profiles of Child Well-Being*. Retrieved May 6, 2010 from www.aecf.org

Highlights of the New Hampshire 2010 Maternal and Child Health (Title V) 5-year Statewide Needs Assessment

New Hampshire's Needs

An increasing percentage of New Hampshire births (31% in 2009) are paid by Medicaid. Just ten years ago, only 21% of the births were paid by Medicaid.

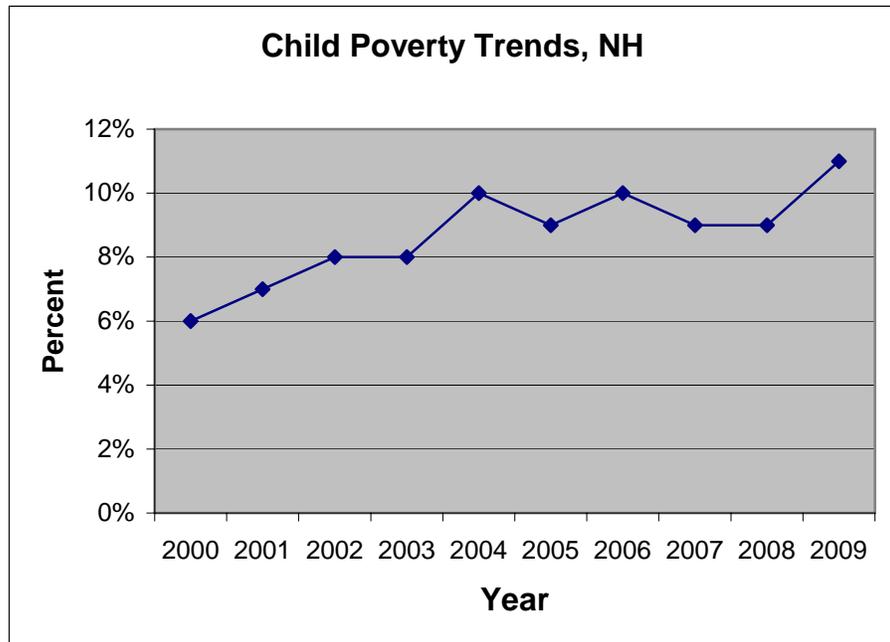
Percentage of all NH resident births* paid by Medicaid



Source: NH DHHS DPHS Maternal and Child Health Section

Increasing poverty

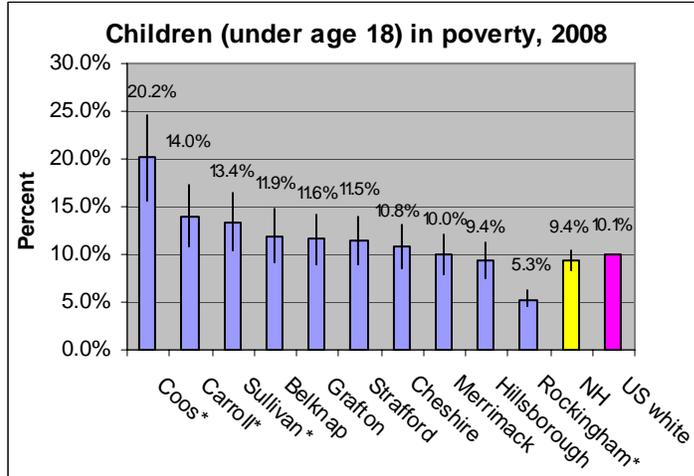
Child poverty rates (< 18 years of age) are increasing – from 6% in 2000 to 11% in 2009. (Kids Count)



Source: Kids Count. Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2009 American Community Survey

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There are significant differences in child poverty rates among NH counties; rates in several counties are higher than the comparable US average

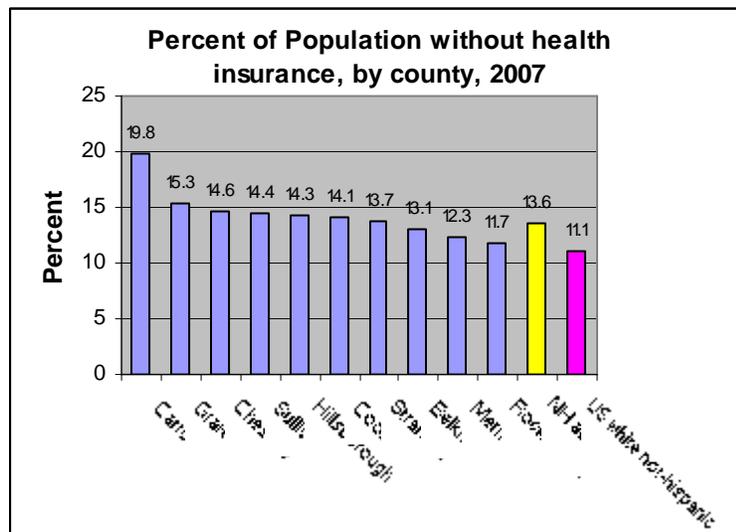


Data source (NH and counties): Small area income and poverty estimates, US census 2008. Data source (U.S. data) US Census Bureau, Income, Poverty and Health Insurance Coverage in the US 2008. US White, not Hispanic
*indicates county percent is statistically significantly different from NH percent

Increasing numbers of New Hampshire families are without health insurance

- 14% of New Hampshire adults were without health insurance in 2009 – the highest of all the Northeast states. This percent increased from 11% in 2008. (*State of the States, Midyear 2009. Gallop-Healthways Well-Being Index*)

Rates of uninsured adults (ages 18-64) in several New Hampshire counties are higher than the comparable U.S. average.



Data Source: US Census Bureau. SAHIE//State and County by Demographic and Income Characteristics/2007

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The need for mental health and substance abuse services is great; access to these services is limited and overburdened.

- Mental health disorders affect an estimated 20% of New Hampshire children ages 5-19 years, and depression was reported by 25% of NH high school students in 2009.
- New Hampshire parents report that they first turn to their child's health care provider for guidance; yet less than 1 in 5 physicians report having expertise in early childhood mental health issues. (*NHAIMH 2009*)
- There are no child psychiatrists in Carroll and Coos counties.
- Alcohol dependence or abuse rates among New Hampshire youth ages 12 to 17 (8%) and 18 to 25 (23%) are among the highest in the U.S. (*SAMSHA NSDUH 2002-2003*)
- Substance abuse treatment capacity exists to treat less than 10 percent of the need. Treatment rates for New Hampshire youth who need treatment are among the lowest in the U.S.

Preventable injuries are the leading cause of death in New Hampshire

- Preventable injuries are the leading cause of death to children and adolescents, killing more in this age group than all diseases combined. Unintentional injuries caused 93 deaths to NH children ages 1 to 19 from 2005 to 2007 (*CDC*)
- The unintentional injury deaths to New Hampshire women (table below) resulted mainly from unintentional poisoning (69 deaths) and motor vehicle crashes (63 deaths)

Leading Causes of Death, New Hampshire Women ages 15-44 years 2004-2006

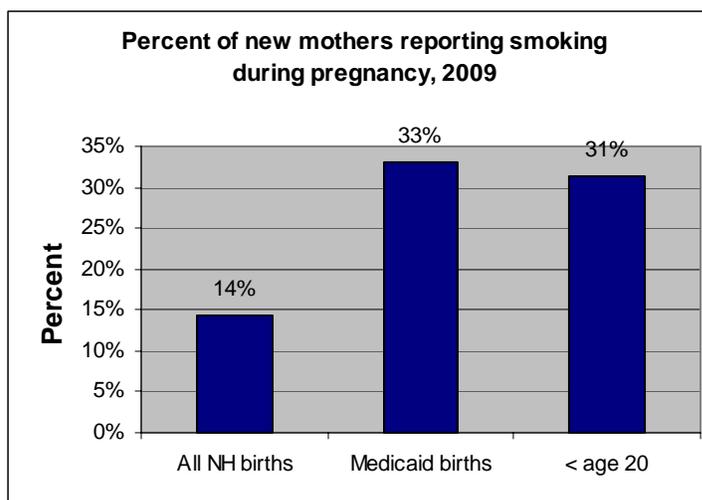
Rank	Cause of death	Number of deaths
1	Unintentional Injuries	145
2	Malignant neoplasms (cancer)	142
3	Suicide	48
4	Heart disease	37
5	Homicide	12
6	Cerebrovascular disease	11
7	Diabetes Mellitus	10
8	Congenital Anomalies	9
9	HIV	9
10	Complicated Pregnancy	7

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Reducing preterm birth

Poor women, of all age groups, and young women, in particular, experience higher smoking rates, inadequate prenatal care and less favorable birth outcomes than women with higher incomes and in other age groups.

In 2009, 33 percent of New Hampshire women on Medicaid smoked during pregnancy. Pregnant women on Medicaid are less likely to quit by the third trimester than women for whom the payer was not Medicaid



Source: NH DHHS DPHS Maternal and Child Health Section

- New Hampshire teen and young adult women have the highest rates of smoking during pregnancy of all age groups. However, pregnant women who were under 25 years old were just as likely as those over age 25 to quit smoking by the third trimester.
- From 2005 through 2009, smoking rates among pregnant women on Medicaid decreased 5.2 percentage points (from 38.3% to 33.1%). Smoking rates among pregnant women not on Medicaid decreased 1 percentage point (from 7.6% to 6.6%).

New Hampshire families need support

When asked in the public input survey, “*What are the greatest needs of New Hampshire’s families?*” respondents replied:

- “*Adequate support services: home visits, transportation, etc to reach needed services*”
- “*Childcare, respite care and parent support*”

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Developmental screening services for young children

- In the U.S, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability, or Attention-Deficit/Hyperactivity Disorder (ADHD). Less than half are identified before starting school impacting future development and readiness to learn. (CDC)
- Improved standardized developmental screening identifies these delays early and enables children to receive early intervention services to be better prepared to learn when entering school.

“What are the greatest needs of New Hampshire’s families?”

-Quotes from the public input survey-

- *“Insurance for low income moms. Dental for adults”*
- *“Teen Depression” “Teen Pregnancy” “Teen Suicide”*
- *“Disability services for disabled children & ADHD specialists”*
- *“More awareness of special programs for young moms”*
- *“Nutrition!”*
- *“Affordable health care for adults”*
- *“Prescription coverage”*
- *“Out-of-pocket expenses: co-pays, items not covered by insurance: medical equipment, hearing aids”*
- *“Coordination of care”*
- *“Reproductive health care”*

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From the extensive data and internal and external state capacity review during this Needs Assessment process, combined with the public input (from nearly 1,000 people from across the State), ten priorities emerged that addressed services for the three Title V population subgroups:

1. Preventive and primary care services for pregnant women, mothers and infants
2. Preventive and primary care services for children; and
3. Services for children with special health care needs

Top Ten Priority Needs

- 1.To improve access to children’s mental health services**
- 2.To decrease pediatric overweight and obesity**
- 3.To decrease the use and abuse of alcohol, tobacco and other substances among youth, pregnant women and families**
- 4.To improve the availability of adequate insurance and access to health care and maintain the infrastructure of safety net providers/services**
- 5.To improve access to standardized developmental screening for young children**
- 6.To decrease unintentional injury, particularly those resulting from falls and motor vehicle crashes, among children and adolescents**
- 7.To reduce exposure to lead hazards, asthma triggers and other environmental hazards to assure safe and healthy home environments**
- 8. To improve oral health and access to dental care**
- 9. To increase family support and access to trained respite and childcare providers**
- 10. To decrease the incidence of preterm birth**

All states receive federal Title V funding to provide services to improve the health of pregnant women and mothers, infants, children, adolescents and children with special health care needs. As a condition of funding, states are required to conduct a needs assessment every 5 years, based on a thorough review of data and input from the public, and to establish priorities based on the review.

For additional information on the Title V Needs Assessment, please contact Marie Kiely at (603) 271-4587 or mekiely@dhhs.state.nh.us