New Hampshire Rural Health Issue Brief

Rural Data for Action:
Second Edition-October 2014

The mission of the New England Rural Health RoundTable is to promote healthy rural communities and solutions to the unique challenges they face in our region. This begins with developing and sharing information on the nature and magnitude of these challenges for our rural communities, population, and health care providers. As such, the RoundTable has commissioned this Second Edition of the Rural Data for Action report – first conducted in 2006.

The study relies on various data sources to present a picture of rural health in the region, describing health related characteristics of the population as well as the health care delivery system, risk factors, and ultimately health outcomes as they relate to rural areas. The data were aggregated based on a unique rural definition created for the region, which defines three levels of 'Rural' and two levels of 'Metro'. For the state-specific statistics described below, the Rural and Metro sub-tiers are combined to create a single tier for each. The report finds that 2.8 million of New England's 14.5 million population (20%) live in rural areas, while 84% of all New England land is rural.

The study finds that the region's rural health is **"a functioning yet fragile system struggling to overcome a variety of underlying challenges"**. The data reveal a number of disparities between Rural and Metro areas on a variety of key issues associated with health care access and outcomes. On many measures, the data show a notable correlation between the level of adversity and the increasing degree of rurality.

Rural Health in New Hampshire

Over half of the population of the state lives in Metro areas, but this represents only 10% of the state's land area; all located south and east of the state capital in Concord. The remaining 47% of the state's population (617,000 people) live in the state's Rural communities, where the population density averages 47 people per square mile – one tenth of the density in the Metro areas.

The rural population faces challenges in terms of demographics and socioeconomic factors, compounded by greater distances to services, lower provider availability, and an older provider base. The result is somewhat lower use of certain routine and preventive health services, and worse health outcomes. In rural areas of the state:

- Residents are older, poorer, and are more likely to be uninsured or on Medicaid.
- Providers are less available and hospitals are farther away. Reliance on federally supporter providers is greater.
- More residents go without basic medical and dental services and have lower use of screening for issues from cancer to cholesterol.
- Mortality rates are higher due to chronic medical conditions, suicide, motor vehicles, and other accidents.

Highlights of New Hampshire's State-Specific statistics are listed on the back. The full report and detail of the New England statistics can be found online at

http://www.newenglandruralhealth.org/

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New England Regional Report SUMMARY

The regional results show a variety of differences between Rural and Metro communities.

In Rural Areas of New England:

- Residents are 39% more likely to be uninsured – up from the prior analysis
- Mean family incomes are 20% lower.
- Adults are 80% more likely to have no checkup and miss other preventive tests
- There are 32% fewer dentists per person and nearly half of those are over age 55.
- The suicide rate is nearly 60% higher and firearm deaths are twice as likely
- Mothers in rural areas are more than twice as likely to smoke during pregnancy

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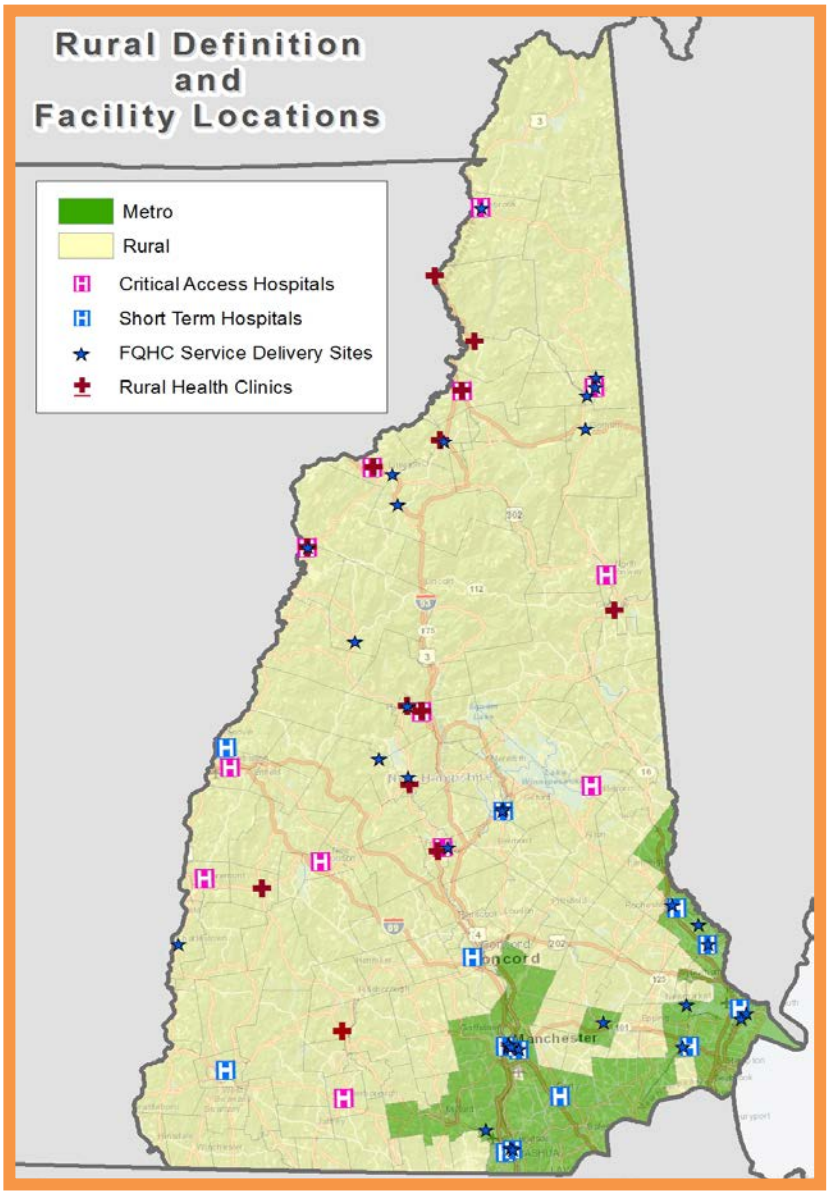
In Rural Areas of New Hampshire

(Comparisons are to Metro areas of the state)

Demographics

- Residents are 21% more likely to be over the age of 65 (15.1%), and the elderly are more likely to be caregivers and householders
- Individuals are 19% more likely to be 'Low Income' - below 200% of poverty (24.1%)
- Adult Uninsurance is 19% higher (15.9%) and 33% higher for children (5.2%)
- Medicaid covers a 23% greater portion of children (28.0%) and 22% more adults (6.3%)



Health Care Delivery System

- Over half of all primary care physicians are over age 50; 15% greater than the portion in Metro areas
- Dentist availability is 18% lower (53.7 per 100K pop), and pediatric dentists are 24% less available to those < 18 (6.1 per 100k)
- Dentists are 36% more likely to be over age 55 (47.4%) and 17% more likely to be over age 65 (11.2%)
- Nearly one quarter (24%) of all Medicare primary care visits are provided at a Rural Health Clinic or Federally Qualified Health Center, compared to 2% of Metro visits. The overall population is 63% more likely to use an FQHC for care.
- Sixteen Percent (16%) of residents live 15+ miles from a hospital, and another 52% have only one hospital available in that distance. Excluding Critical Access Hospitals, 56% are >15miles from a hospital.

Demand/Utilization/Outcomes

- Adults are 36% more likely to have gone without a Check Up for 5+ years (7.6%) and are 13% more likely to have no personal primary care provider (12.9%). Adults are also 22% more likely to have gone without a dentist visit in the past year (29.6%)
- Adults are 30% more likely to have no cholesterol check (22.65%) and women are 22% more likely to have no pap test in 3 years (24.0%) and also 22% more likely to have no mammogram over age 50 (19.2%)
- Adults under age 65 are 17% more likely to be disabled (9.8%).
- The age adjusted diabetes mortality rate is 27% higher (20.4 per 100K) , though diabetes prevalence is equal
- The crude suicide rate is 36% higher (16.69 per 100K pop) and firearm mortality is 49% higher (8.8 per 100k)
- The motor vehicle mortality rate is 42% higher (10.5 per 100K pop) and non-use of seat belts is 28% higher

For additional information on rural health in New Hampshire, contact:

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