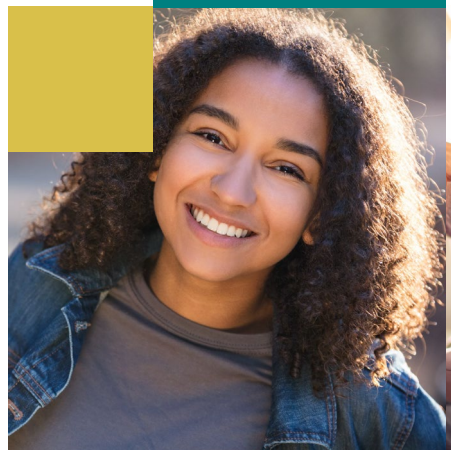


Health Status of Rural Residents

Danielle Hernandez, MPH
Rural Health and Primary Care

6/26/2026

Department of HEALTH & HUMAN SERVICES | Division of Public Health





Agenda

- Introduction and Purpose
- NH’s Rural Definition
- Analysis Methodology
- Key Findings
- Significant Health Status Measures
  - Demographic & Socioeconomic Characteristics
  - Health Care Access
  - Health Care Utilization & Preventive Care
  - Health Outcomes
  - Specialty Populations
    - Maternal Health
    - Behavioral Health

Introduction

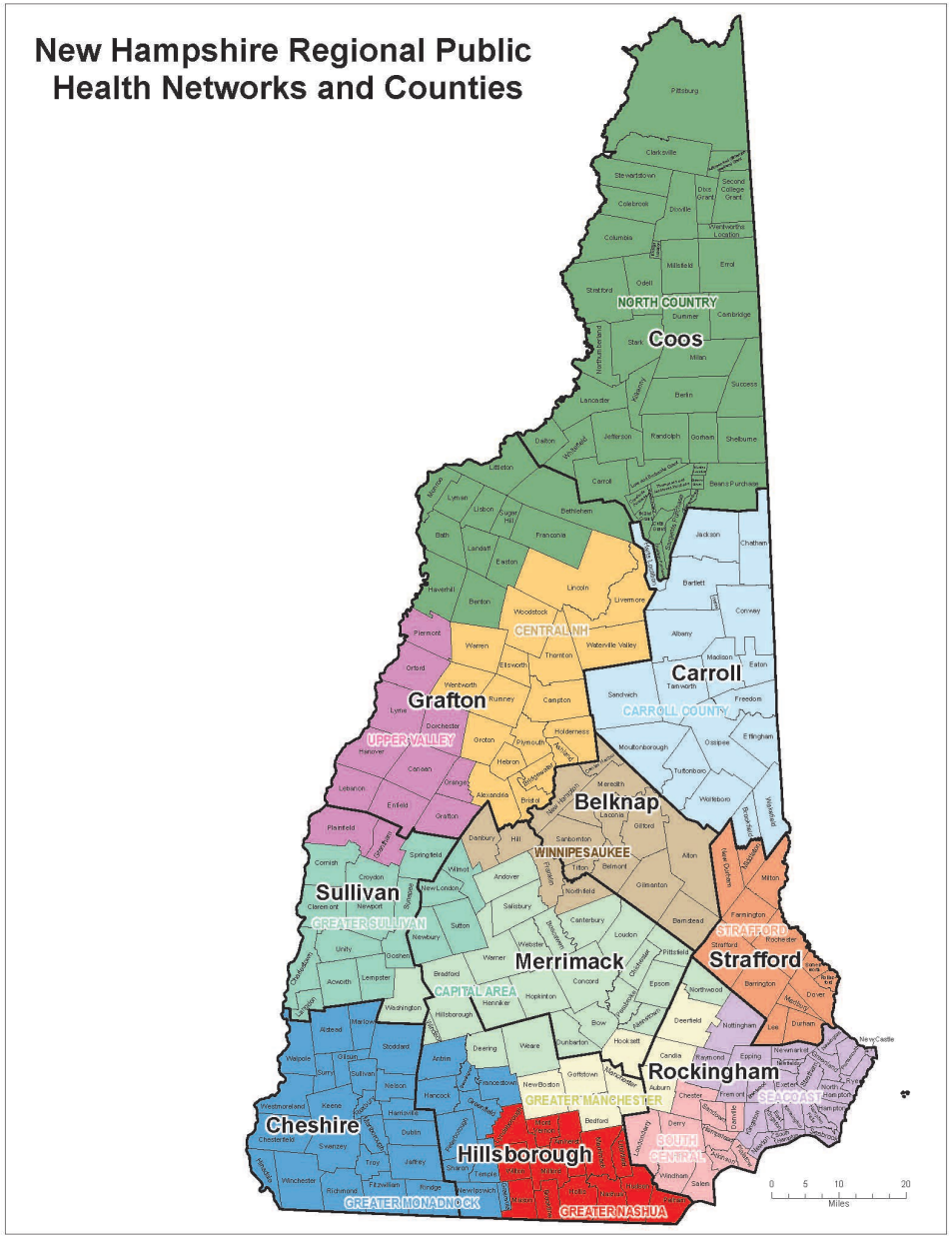
- Rural Health & Primary Care (RHPC) Mission & Function
  - Support communities & stakeholders that provide innovative & effective access to quality health care services with a focus on low income, uninsured, and Medicaid populations
- Statutory Reporting Requirement
  - RSA 126-A:5, XVIII-a(e) requires that the State Office of Rural Health (SORH) submit a report to the commission on primary care workforce issues established by RSA 126-T:1, on the health status of rural residents, incorporating current data from the Bureau of Health Statistics and Data Management
- Alignment with Primary Care Office Community Health Needs Assessment
  - Measure the health status of the population by using primary care-associated measures that reveal disparities by geography in access, utilization, and delivery of care

Purpose

- Assess geographic differences in health status across population, access, and utilization measures in NH
- Identify geographic areas with elevated health and primary care access burden
- Support data-driven health planning, policy development, and resource prioritization efforts
- Inform statewide and regional planning initiatives

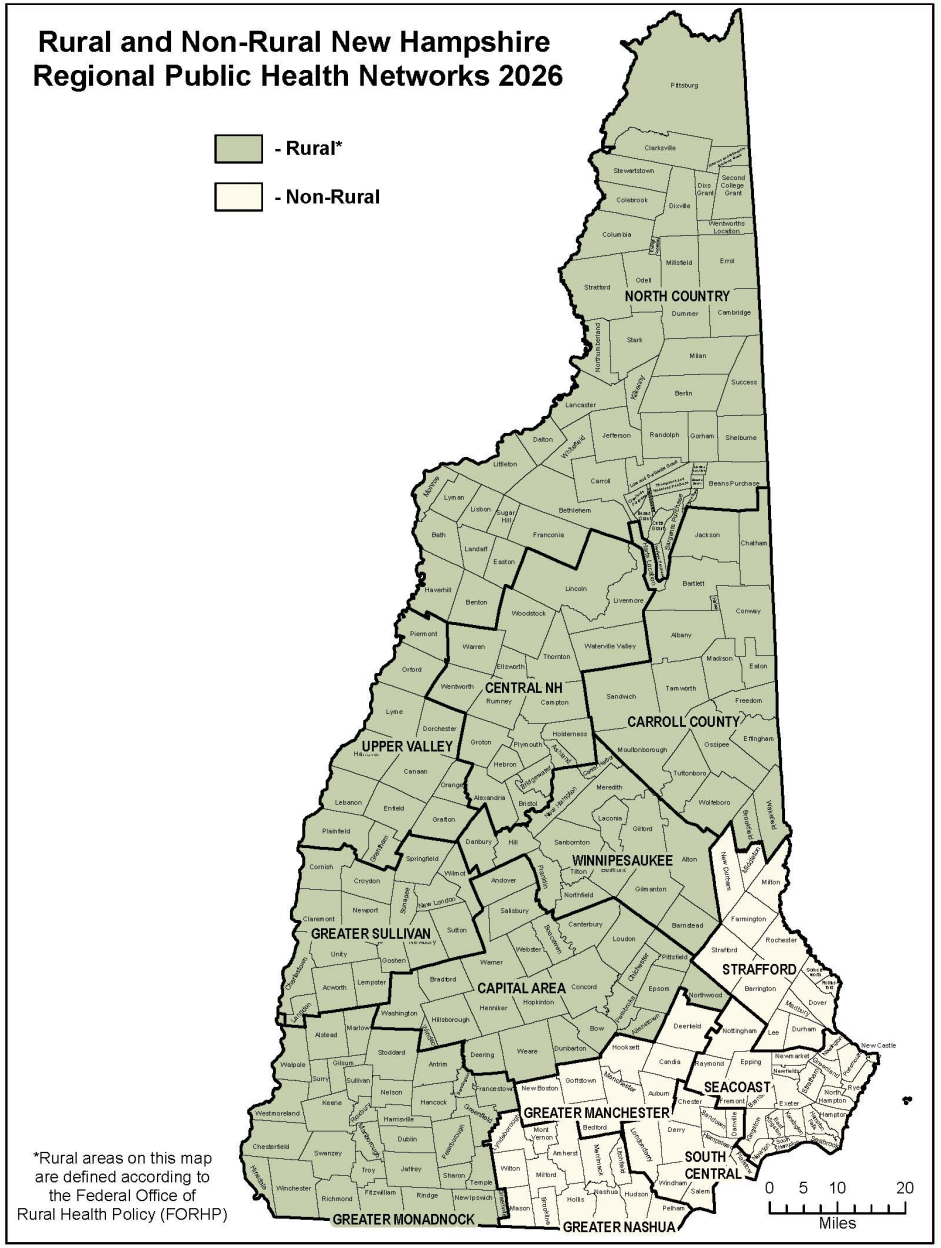
Geographic Definitions

- Public Health Regions (PHRs)
  - Communities with similar public health needs, service delivery patterns, and planning priorities, providing a better framework for regional public health reporting than county boundaries
  - NH has 13 PHRs and 10 counties; PHR boundaries do not always align with county boundaries and instead reflect how residents access health care and public health services



Geographic Definitions

- Rural Classification
  - DPH defines rurality using the HRSA Federal Office of Rural Health Policy (FORHP) rural definition, based on Census Tracts
  - Rural classifications are aggregated to towns, counties, and PHRs using a population-based approach for statewide reporting
    - The rural status representing the largest share of the population is assigned



Health Status Indicators

Categories

- Demographic & Socioeconomic Characteristics – Population risk factors
- Barriers to Care – Geographic, infrastructure, workforce availability
- Preventive Care – Screening and early detection
- Outcomes – Health care utilization and health outcomes
- Specialty Populations
  - Maternal Health – Pregnancy
  - Behavioral Health – Substance use and mental health

Measures Included

Category	Measure	Source	Year(s)	Rate Type
Population Characteristics	Age 65+	ACS	2019-2023	Crude
Population Characteristics	Disability (Civilian, 18-64)	ACS	2019-2023	Crude
Population Characteristics	Veteran (18+)	ACS	2019-2023	Crude
Population Characteristics	Low Income (below 200% of FPL)	ACS	2019-2023	Crude
Population Characteristics	Poverty (below 100% of FPL)	ACS	2019-2023	Crude
Population Characteristics	Education - 4-Year Degree or Higher, (25+)	ACS	2019-2023	Crude
Population Characteristics	Medicaid (19-64)	ACS	2019-2023	Crude
Population Characteristics	Medicaid (0-18)	ACS	2019-2023	Crude
Barriers to Care	No Vehicle (% of households)	ACS	2019-2023	Crude
Barriers to Care	No Household Internet Access	BRFSS	2019-2023	Crude
Barriers to Care	Primary Care Visits > 30 Minutes Away (per member year)	APCD	2023	Crude
Barriers to Care	Mean Travel Time (minutes per member year)	APCD	2023	Crude
Barriers to Care	Primary Care Visits per Year (per member year)	APCD	2023	Crude
Barriers to Care	Primary Care Provider Population Rate	Health Professions Data Center	2022	Crude
Barriers to Care	Primary Care Dentist Population Rate	Health Professions Data Center	2022	Crude
Preventive Care	Dental Visit within Past Year (18+)	BRFSS	2022	Crude
Preventive Care	Lead Testing (12-35 months)	HHLPPP	2024	Crude
Outcomes	Ambulatory Care Sensitive Conditions (ACSCs)-ED	UHFDDS	2020-2022	AA
Outcomes	Prevention Quality Indicators (PQIs)-Inpatient	UHFDDS	2020-2022	AA
Outcomes	Non-Traumatic Dental Conditions - ED	UHFDDS	2020-2022	AA
Outcomes	Proportional Rate, Late-Stage (distant and regional) to Breast Cancer Incidence of All Stages (excluding in situ)	Cancer Registry	2018-2022	AA
Outcomes	Lead Levels (12-35 months)	HHLPPP	2024	Crude
Outcomes	Life Expectancy	Vital Records	2020-2024	Crude
Outcomes	Death-All Causes	Vital Records	2020-2024	AA
Maternal Health	Smoked during Pregnancy	Vital Records	2020-2024	Crude
Maternal Health	Delivery at 42+ Weeks	Vital Records	2020-2024	Crude
Maternal Health	Teen Births	Vital Records	2020-2024	Crude
Behavioral Health	Alcohol/Drug-Related-ED	UHFDDS	2020-2022	AA
Behavioral Health	Alcohol/Drug-Related-inpatient	UHFDDS	2020-2022	AA
Behavioral Health	Opioid Overdose - ED	UHFDDS	2020-2022	AA
Behavioral Health	Opioid Overdose - Inpatient	UHFDDS	2020-2022	AA
Behavioral Health	Self-Inflicted Harm-ED	UHFDDS	2020-2022	AA
Behavioral Health	All Drug Overdose Deaths	Vital Records	2020-2024	AA
Behavioral Health	All Drug Overdose Deaths Involving Opioids	Vital Records	2020-2024	AA
Behavioral Health	Suicide	Vital Records	2020-2024	AA

- Data shown reflect indicators with statistically meaningful rural/non-rural differences identified through confidence interval comparisons

Data Sources

- ACS – U.S. Census Bureau, American Community Survey
- BRFSS – Behavioral Risk Factor Surveillance Survey
- NHSCR – NH Cancer Registry
- CHIS, APCD – NH Comprehensive Health Care Information System, All-Payer Claims Database
- HPDC – NH Health Professions Data Center
- HHLPPP – NH Healthy Homes and Lead Poisoning Prevention Program
- OPLC – NH Office of Professional Licensure and Certification
- HDDS – NH Hospital Discharge Data Set
- Vital Records – NH birth and death certificate data

Key Findings

- Rural residents generally experience worse outcomes across measures of population risk, health care access, utilization, and health outcomes
- Variation across PHRs is often substantially larger than aggregate rural/non-rural differences
- North Country and Winnipesaukee consistently demonstrate elevated burden across multiple domains
- Substance use-related hospital utilization is an exception, with highest rates concentrated in Greater Manchester

Demographic & Socioeconomic Characteristics

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Population Characteristics – By Rurality

Measure	Rural	Non-Rural	% Difference
Age 65+	21.8%	17.7%	**23% higher**
Disability	14.3%	12.0%	**19% higher**
Low Income (<200% FPL)	21.0%	15.6%	**35% higher**
Poverty (<100% FPL)	8.6%	6.1%	**41% higher**
Medicaid (Adults)	10.9%	7.5%	**45% higher**
Medicaid (Children)	27.2%	20.8%	**31% higher**
Veterans	8.5%	7.4%	**15% higher**
Bachelor's Degree+	37.7%	41.5%	**9% lower**

- Rural NH populations are older and experience higher socioeconomic vulnerability
- Rural rates exceed non-rural rates across nearly every population risk indicator

Population Characteristics – By PHR

- Across most measures, North Country, Greater Sullivan County, and Winnipesaukee report elevated population risk factors, while South Central and Seacoast report lower rates

Measure	Lowest PHR	Highest PHR	% Difference
Age 65+	G. Manchester (16.1%)	Carroll County (30.1%)	**87% higher**
Disability	G. Nashua/Seacoast (10.9%)	N. Country (19.5%)	**79% higher**
Low Income (<200% FPL)	S. Central (11.6%)	N. Country (30.6%)	**2.6x as high (164% higher)**
Poverty (<100% FPL)	S. Central (4.2%)	N. Country (12.1%)	**2.9x as high (188% higher)**
Medicaid (Adults)	S. Central (5.1%)	N. Country (17.2%)	**3.4x as high (237% higher)**
Medicaid (Children)	Seacoast (14.2%)	N. Country/ Carroll County (41.5%)	**2.9x as high (192% higher)**
Veterans	G. Manchester (6.5%)	Winnipesaukee (10.1%)	**55% higher**
Bachelor's Degree+	N. Country (24.4%)	Upper Valley (56.0%)	**2.3x as high (130% higher)**

Health Care Access

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Barriers to Care – By Rurality

Measure	Rural	Non-Rural	% Difference
>30 Min. to PC	28.5%	19.2%	**48% (higher)**
Avg. Travel Time to PC (Min.)	22.7	20.4	**12% higher**
PC Visits/Year	1.6	2.1	**20% lower**
No Household Internet Access	7.2%	4.5%	**60% higher**

- Travel times to primary care are predictably longer for rural populations due to greater geographic barriers
- Lower primary care utilization (visits per year) in rural compared to non-rural
- Rural residents face greater internet access barriers

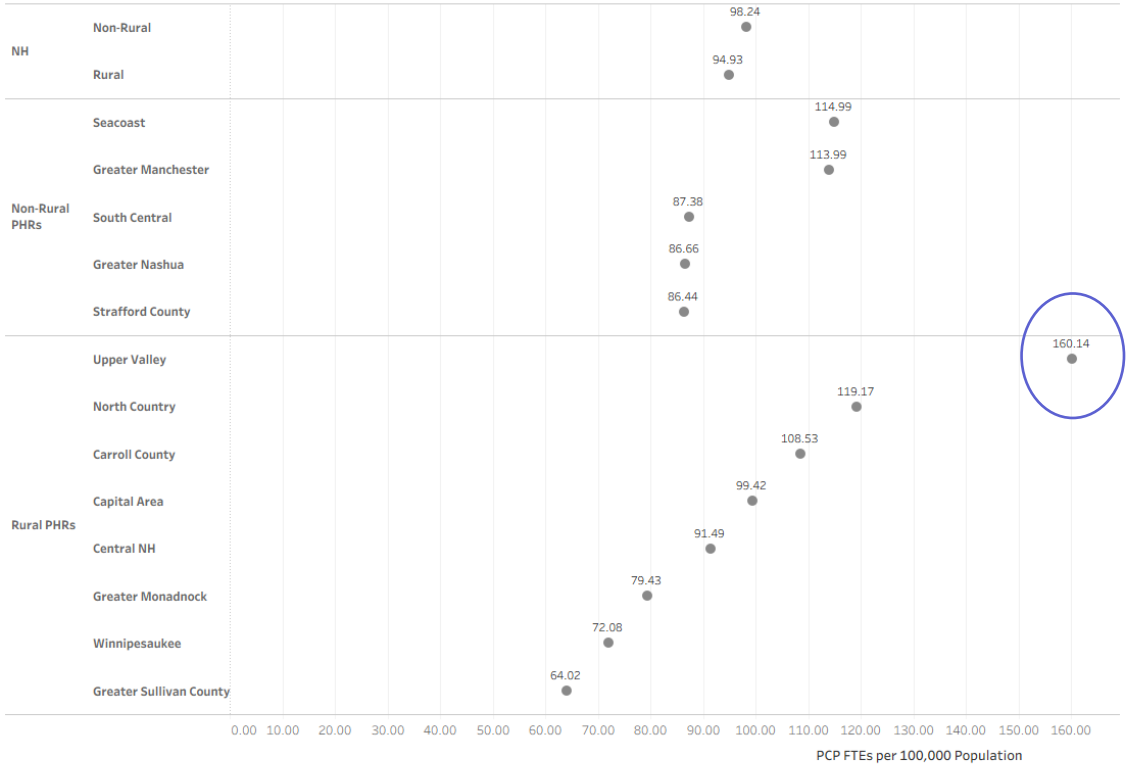
Barriers to Care – By PHR

- Rural PHRs generally experience greater barriers to primary care access, including longer travel, lower primary care utilization, and higher rates of limited internet and transportation access
- Winnipesaukee shows the greatest primary care travel burden
- North Country stands out as a rural exception, with short travel times, high primary care utilization, and high PCP supply
- Upper Valley has exceptionally high primary care and dentist supply rates

Measure	Lowest PHR	Highest PHR	% Difference
>30 Min. to PC	G. Manchester (16.6%)	Winnipesaukee (39.6%)	**2.4x as high (139% higher)**
Avg. Travel Time to PC (Min.)	N. Country (17.0)	Winnipesaukee (27.7)	**63% higher**
PC Visits/Year	G. Monadnock (1.2)	S. Central (2.6)	**2.2x as high (117% higher)**
No Internet	S. Central (3.5%)	N. Country (9.8%)	**2.8x as high (180% higher)**
No Vehicle	Carroll County (2.5%)	N. Country (8.7%)	**3.5x as high (248% higher)**
PCP Supply	G. Sullivan County (64.0/100k)	Upper Valley (160.1/100k)	**2.5x as high (150% higher)**
PC Dentist Supply	G. Sullivan County (19.1/100k)	Upper Valley (65.0/100k)	**3.4x as high (240% higher)**

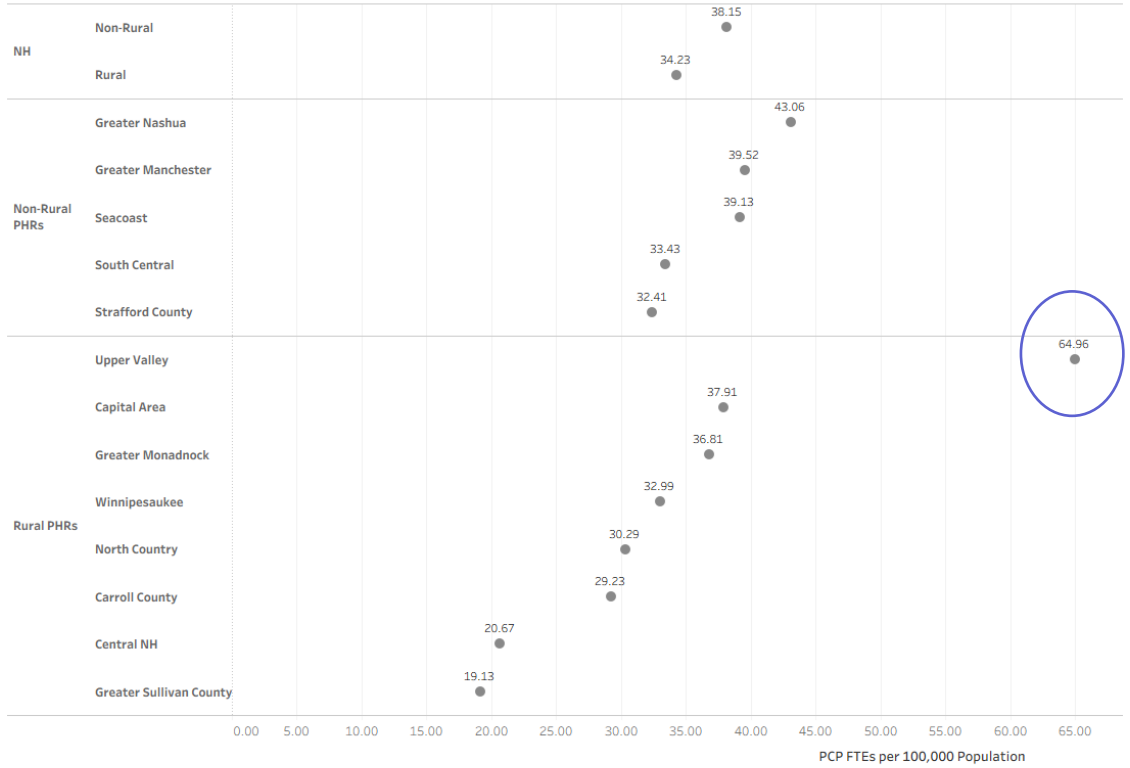
Identifying Need – Regional Variation

Primary Care Provider Supply Rate per 100,000 Population, 2022



Source: NH Health Professions Data Center (HPDC)

Primary Care Dentist Supply Rate per 100,000 Population, 2022



Source: NH Health Professions Data Center (HPDC)

Health Care Utilization & Preventive Care

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Preventive Care – By Rurality

Measure	Rural	Non-Rural	% Difference
Dental Visit	65.3%	71.1%	**8% lower**
Lead Testing (Ages 12-35m)	73.3%	78.5%	**7% lower**

- Rural residents report lower rates across both preventive care indicators

By PHR

- Lead testing rates vary more across rural PHRs (57-85%) than non-rural PHRs (73-81%)
- Central NH, Carroll County, and North Country have the lowest lead testing rates in the state & are the only PHRs with rates below 70%

Measure	Lowest PHR	Highest PHR	% Difference
Lead Testing (Ages 12-35m)	Central NH (56.9%)	G. Sullivan County (85.3%)	**33% lower**

PQIs/ACSCs – By Rurality

Measure	Rural	Non-Rural	% Difference
Acute Composite (Inpatient)	170.8	230.4	**26% lower**
Chronic Composite (Inpatient)	490.8	664.8	**26% lower**
Diabetes Composite (Inpatient)	146.8	165.3	**11% lower**
Overall Composite (Inpatient)	661.6	895.1	**26% lower**
ACSC Chronic (ED)	1,753.9	1,854.9	**5% lower**
ACSC Acute (ED)	2,669.0	1,803.7	**48% higher**
Non-Traumatic Dental Conditions (ED)	624.9	380.9	**64% higher**

Age-adjusted rates per 100,000 population.

- Prevention Quality Indicators (PQIs) and ambulatory care sensitive conditions (ACSCs) are measures of inpatient admissions and emergency department (ED) visits that could have been avoided with timely access to primary care
- Rural residents have lower hospitalization rates for preventable medical complications
- Rural residents have higher rates of preventable ED visits for acute & non-traumatic dental conditions
  - Gaps in timely outpatient acute and dental care

PQIs/ACSCs – By PHR

- North Country consistently ranks among the highest statewide for preventable ED utilization
- Greater Manchester consistently ranks among the highest statewide for hospitalization rates
- The rural rate of chronic preventable ED visits is driven by exceptionally low rates in Upper Valley
  - North Country and Winnipesaukee rank among the highest statewide

Measure	Lowest PHR	Highest PHR	% Difference
Acute Composite (Inpatient)	G. Monadnock (119.8)	N. Country (301.6)	**2.5x as high (152% higher)**
Chronic Composite (Inpatient)	Carroll County (350.3)	G. Manchester (783.9)	**2.2x as high (124% higher)**
Diabetes Composite (Inpatient)	Carroll County (105.9)	G. Manchester (202.8)	**92% higher**
Overall Composite (Inpatient)	Carroll County (501.5)	G. Manchester (1,050.5)	**2.1x as high (110% higher)**
ACSC Chronic (ED)	Upper Valley (1,102.8)	Strafford County (2,295.5)	**2.1x as high (108% higher)**
ACSC Acute (ED)	Upper Valley (1,521.3)	N. Country (4,142.5)	**2.7x as high (172% higher)**
Non-Traumatic Dental Conditions (ED)	Upper Valley (371.6)	N. Country (1,175.4)	**3.2x as high (216% higher)**

Age-adjusted rates per 100,000 population.

Health Outcomes

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Preventable Outcomes – By Rurality

Measure	Rural	Non-Rural	% Difference
Elevated Blood Lead (Ages 12-35m)	6.0%	3.2%	**88% higher**

- Elevated blood lead levels remain a concern statewide, with rates among young children nearly twice as high in rural populations as in non-rural populations

By PHR

- Rural regions generally show higher elevated blood lead rates (between 5.4 and 9.8) and non-rural regions lower rates (most between 0.9 and 3.6)
- Late-stage breast cancer diagnosis may reflect disparities in timely screening and access to care

Measure	Lowest PHR	Highest PHR	% Difference
Elevated Blood Lead (Ages 12-35m)	S. Central (0.9%)	G. Sullivan County (9.8%)	**10.9x as high (989% higher)**
Proportion of Breast Cancer Diagnosed Late Stage	Upper Valley (18%)	Central NH (35%)	**94% higher**

Population Health Outcomes – By Rurality

Measure	Rural	Non-Rural	% Difference
Elevated Blood Lead (Ages 12-35m)	6.0%	3.2%	**88% higher**
Nutritional Deficiency Death Rate	5.8/100k	3.2/100k	**81.3% higher**
Death Rate (all causes)	75.2	73.1	**2.9% higher**
Life Expectancy	79.7	80.6	**0.9 years lower**

- Rural residents experience modestly worse population health outcomes than non-rural residents

By PHR

- Regional variation in mortality rates is substantially larger than aggregate rural/non-rural differences
- Life expectancy varies by more than 6 years across NH regions, with the highest average in Upper Valley and lowest in North Country & Winnipesaukee (77.7)

Measure	Lowest PHR	Highest PHR	% Difference
Death (all causes)	Upper Valley (55.7/100k)	N. Country (90.4/100k)	**62% higher**
Life Expectancy	N. Country (76.6)	Upper Valley (83.2)	**6.6 years higher**

Specialty Populations

Maternal and Behavioral Health

6/26/2026

Maternal Health – By Rurality

Measure	Rural	Non-Rural	% Difference
Smoking during Pregnancy	6.5%	3.8%	**71% higher**
Post-Term Delivery (42+ weeks)	7.2/1k live births	5.3/1k live births	**36% higher**

- Rural residents continue to have substantially higher rates of smoking during pregnancy than non-rural residents
- Rural areas experience statistically higher rates of post-term delivery

Maternal Health – By PHR

- North Country and Greater Sullivan County report the highest smoking rates during pregnancy statewide, both exceeding 11% of live births
- North Country stands out with a teen birth rate more than double the aggregate rural and non-rural rates

Measure	Lowest PHR	Highest PHR	% Difference
Smoking during Pregnancy	Seacoast (2.0%)	N. Country (11.4%)	**5.7x as high (470% higher)**
Teen Birth Rate	S. Central (2.0/1k)	N. Country (12.7/1k)	**6.4x as high (535% higher)**

Substance Use – By Rurality

Measure	Rural	Non-Rural	% Difference
Alcohol/Drug-Related ED Visits	257.7	294.1	**12% lower**
Alcohol/Drug-Related Hospitalizations	61.3	87.2	**30% lower**
Opioid Overdose ED Visits	81.7	111.1	**27% lower**
Opioid Overdose Hospitalizations	16.2	23.8	**32% lower**
Self-Inflicted Harm ED Visits	189.9	150.6	**26% higher**
Suicide	17.6	14.5	**21% higher**

Age-adjusted rates per 100,000 population.

- Rural residents experience significantly lower rates across all substance use-related acute care utilization indicators

Substance Use – By PHR

- Greater Manchester demonstrates the highest rates of substance use-related acute care utilization across both alcohol/drug-related and opioid overdose indicators
- Upper Valley has among the lowest substance use-related utilization rates statewide, particularly for opioid-related indicators
- Winnipesaukee and North Country rates generally trend higher in substance use-related ED utilization than other rural PHRs
- Overdose mortality rates are highest in Greater Manchester and North Country

Measure	Lowest PHR	Highest PHR	% Difference
Alcohol/Drug-Related ED Visits	Upper Valley (172.7)	G. Manchester (385.2)	**2.2x as high (123% higher)**
Alcohol/Drug-Related Hospitalizations	Capital Area (55.9)	G. Manchester (108.0)	**93% higher**
Opioid Overdose ED Visits	Upper Valley (40.2)	G. Manchester (175.6)	**4.4x as high (337% higher)**
Opioid Overdose Hospitalizations	Upper Valley (9.6)	G. Manchester (36.9)	**3.8x as high (284% higher)**
Drug Overdose Deaths	Upper Valley /Central NH (1.8)	G. Manchester/N. Country (4.4)	**2.4x as high (144% higher)**
Drug Overdose Deaths involving Opioids	Upper Valley (1.4)	N. Country (4.1)	**2.9x as high (193% higher)**

Age-adjusted rates per 100,000 population.

Mental Health – By Rurality

Measure	Rural	Non-Rural	% Difference
Self-Inflicted Harm ED Visits	189.9	150.6	**26% higher**

Age-adjusted rates per 100,000 population.

- Rural residents experience higher rates of self-inflicted harm ED visits than non-rural residents statewide

Mental Health – By PHR

- Mental health indicator rates vary considerably across NH PHRs, with the highest rates concentrated in several rural regions
  - Capital Area and Winnipesaukee experience higher self-inflicted harm ED visit rates than all non-rural PHRs and aggregate statewide rates
- Suicide mortality rates are generally higher across rural PHRs, but small numbers limit statistical precision
  - The suicide rate in North Country is statistically higher than the aggregate non-rural rate statewide

Measure	Lowest PHR	Highest PHR	% Difference
Self-Inflicted Harm ED Visits	S. Central (115.9)	Capital Area (251.0)	**2.2x as high (117% higher)**
Suicide	Seacoast (1.1)	N. Country (2.4)	**2.2x as high (118% higher)**

Age-adjusted rates per 100,000 population.



Thank you.

Contact us:
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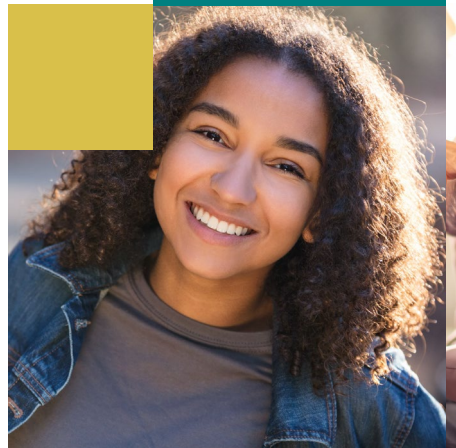



Appendix A - Data Graphics

Calendar Year 2025

Rural Health and Primary Care
Division of Public Health
Department of Health and Human Services

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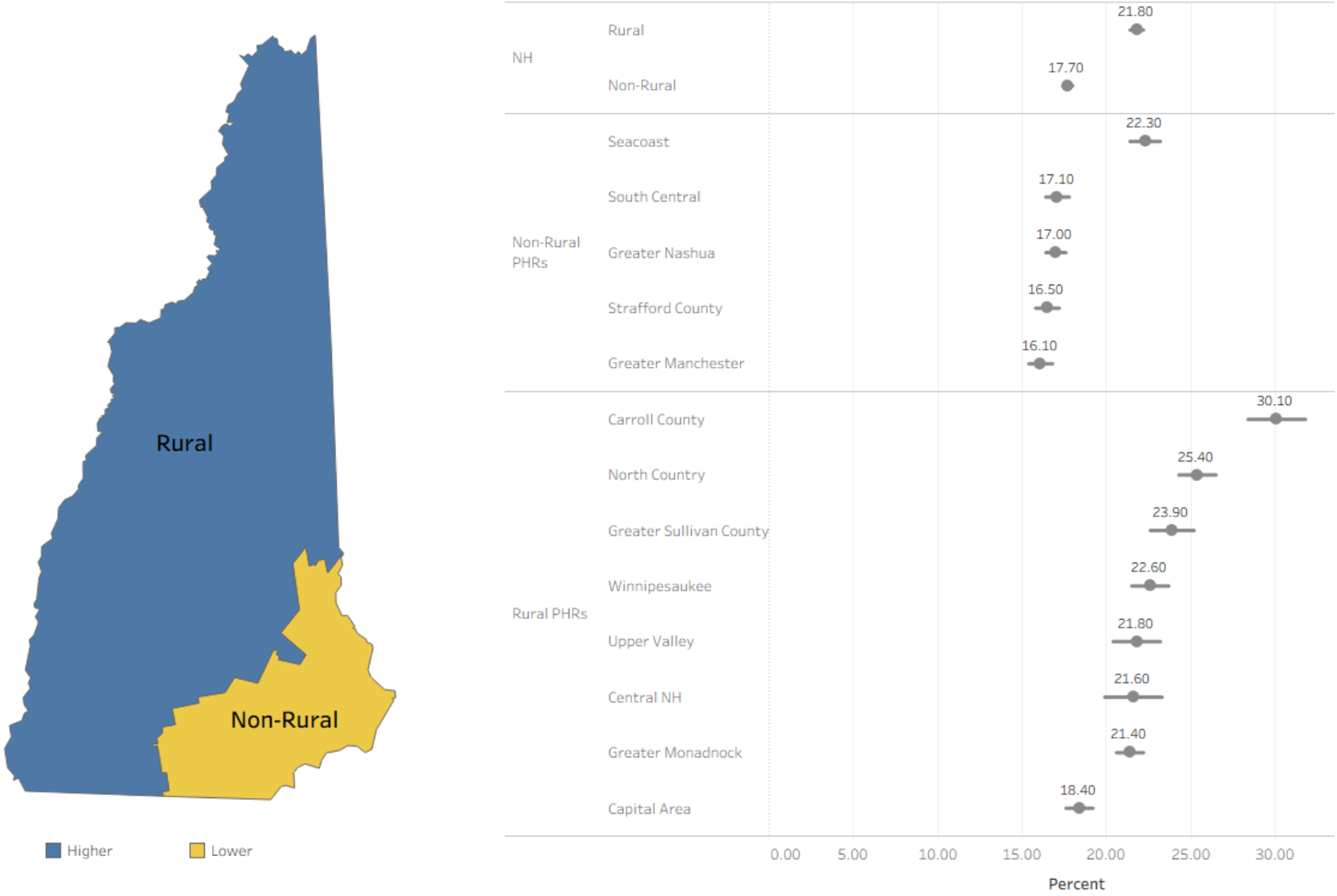
Demographic and Socioeconomic Characteristics

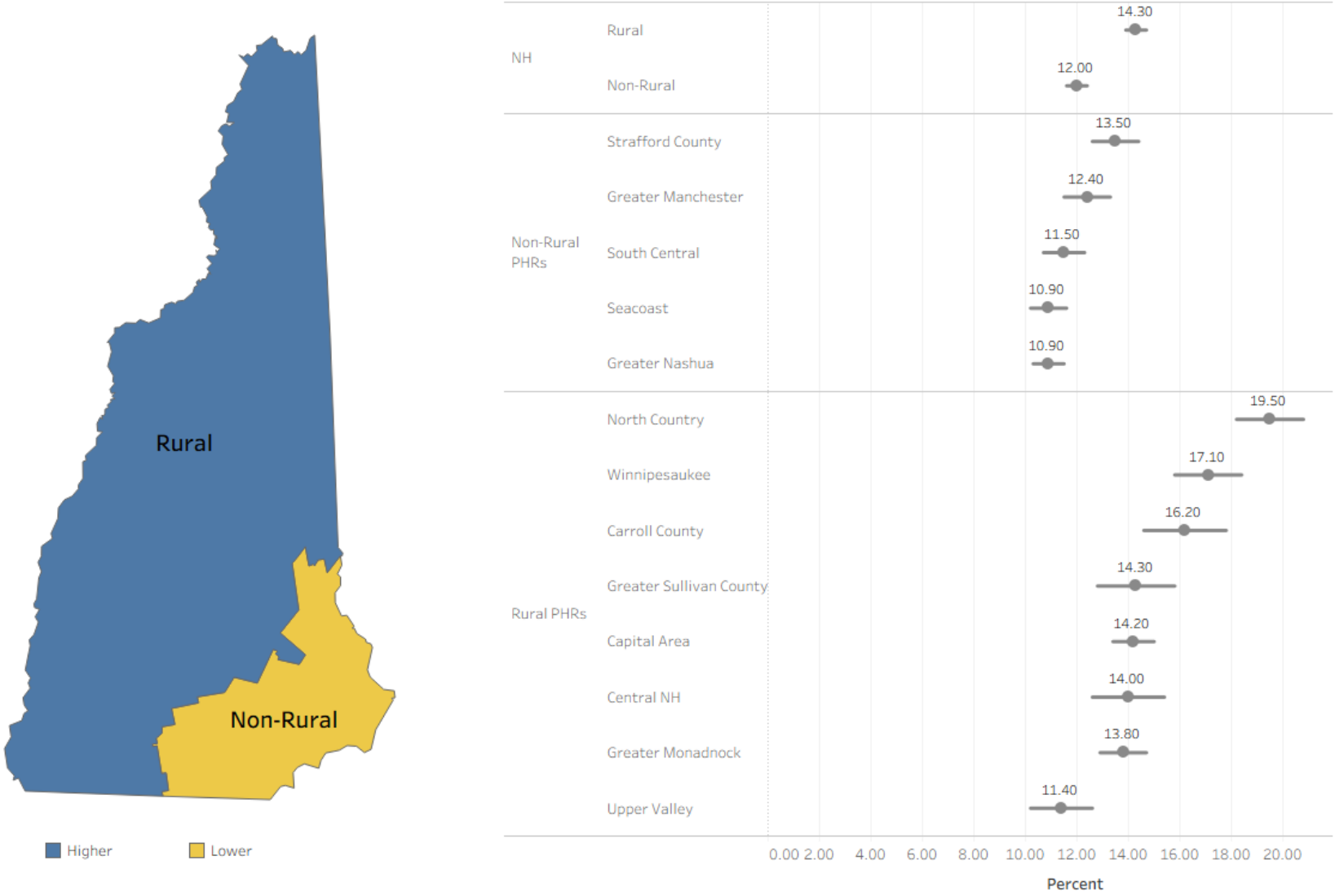
This section summarizes population characteristics that influence health care need, access to care, and service utilization.

Percentage of Population Aged 65 & Older, 2019-2023



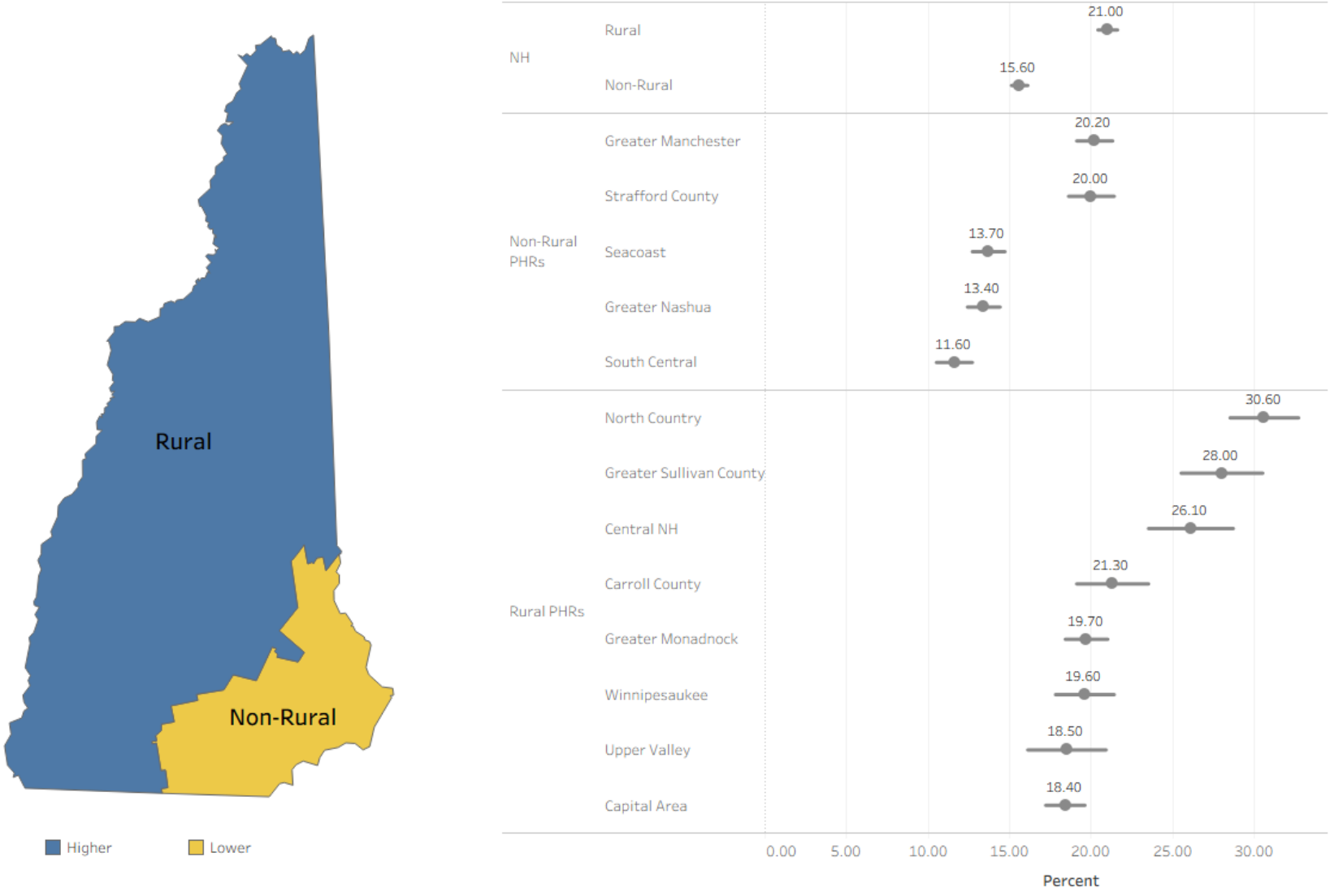
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Percentage of Population with a Disability, 2019-2023



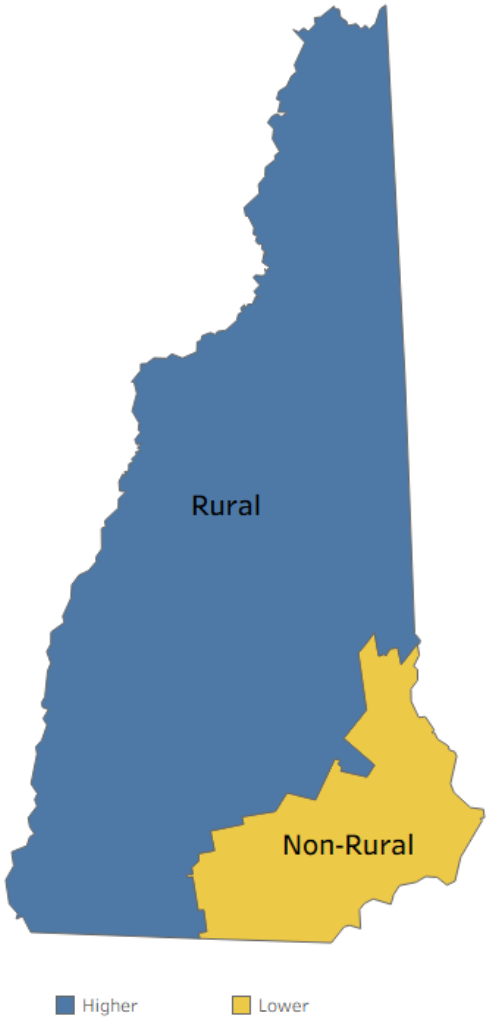
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

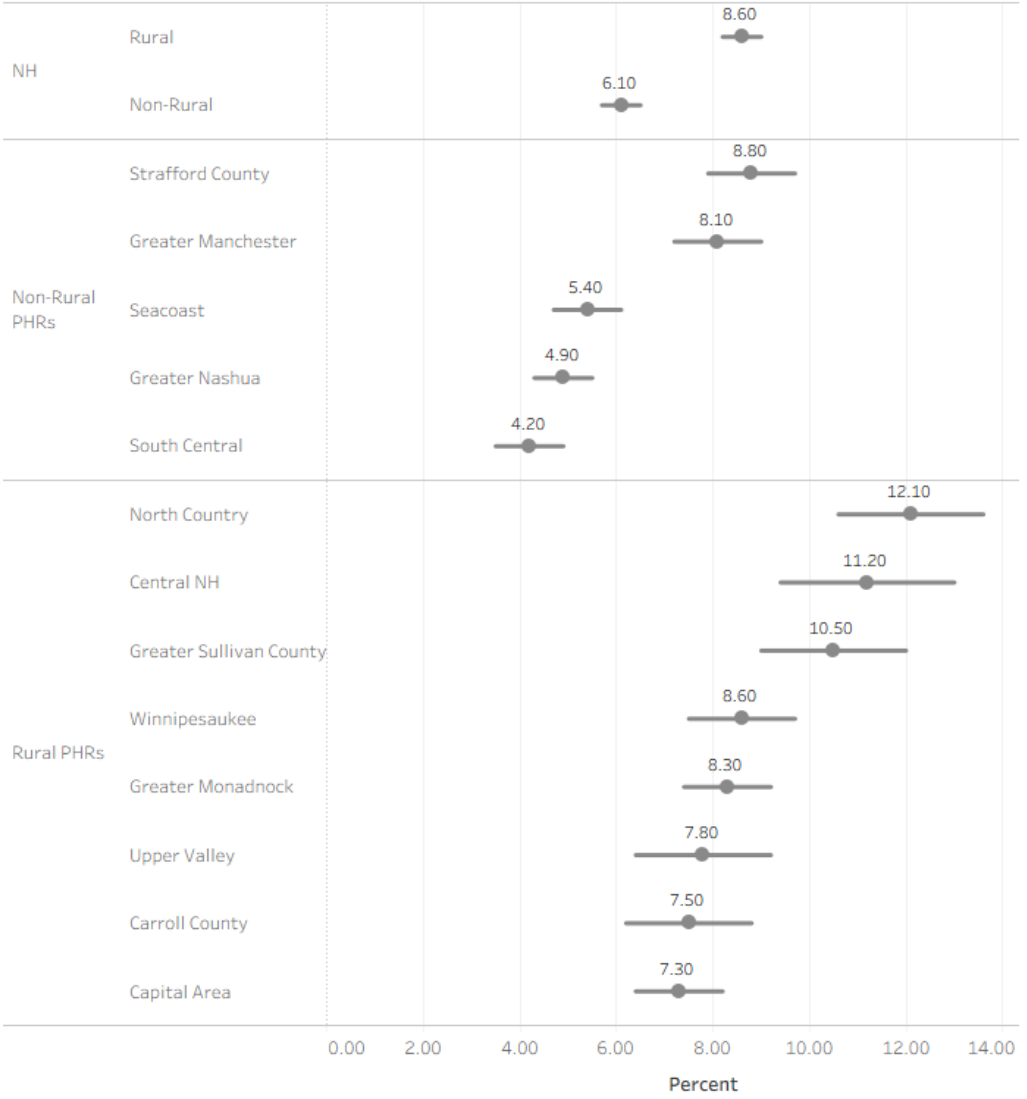
Percentage of Population Below 200% Poverty, 2019-2023



Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

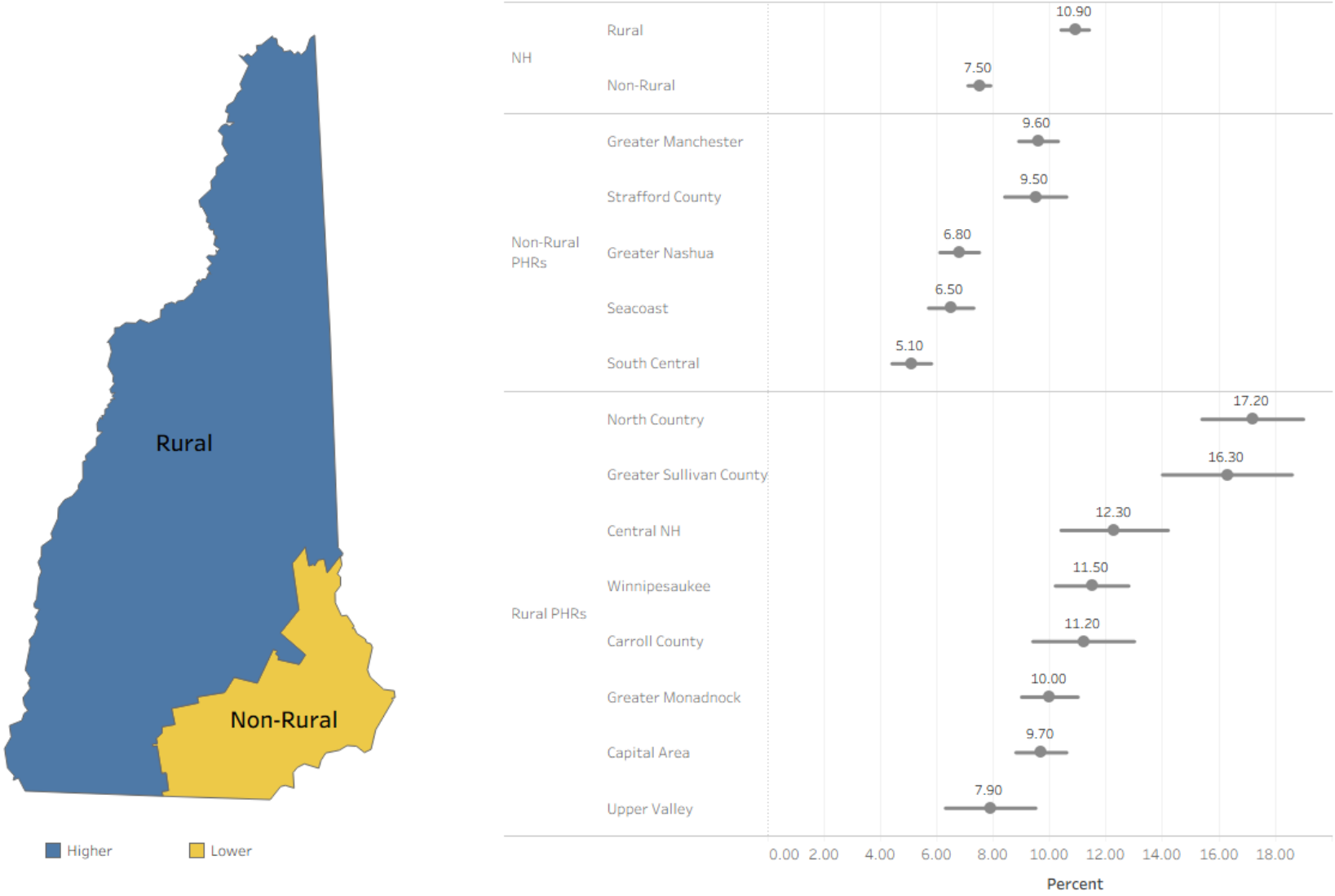
Percentage of Population Below 100% Poverty, 2019-2023





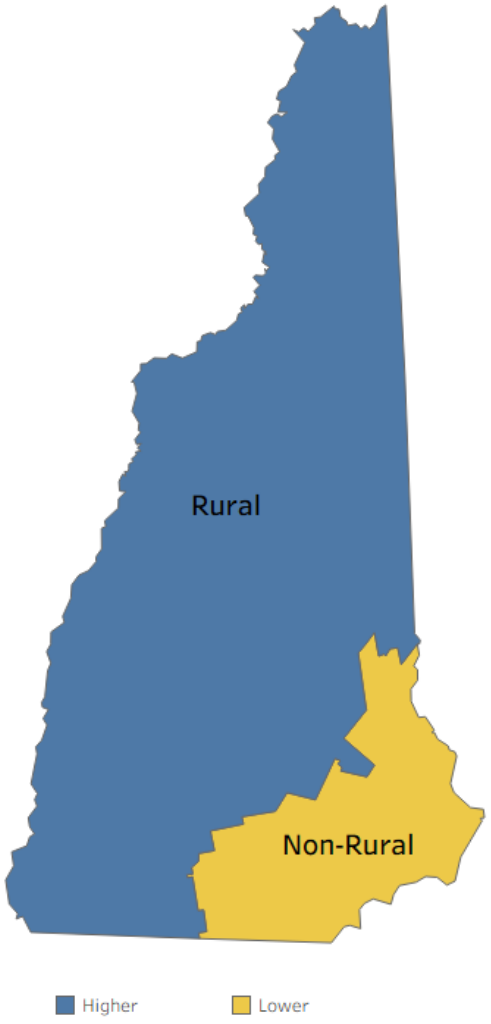
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

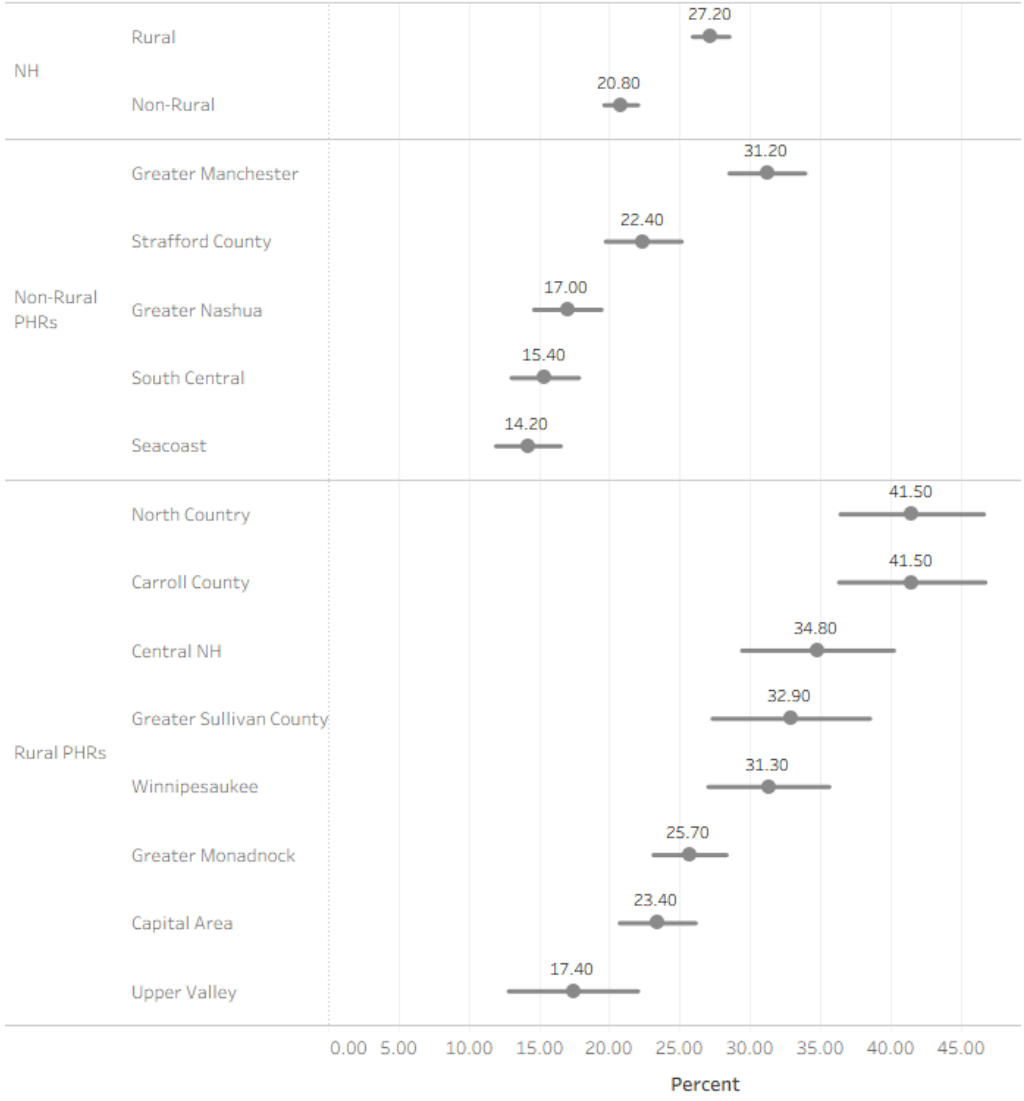
Percentage of Population Medicaid Health Insurance, Aged 19-64, 2019-2023



Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

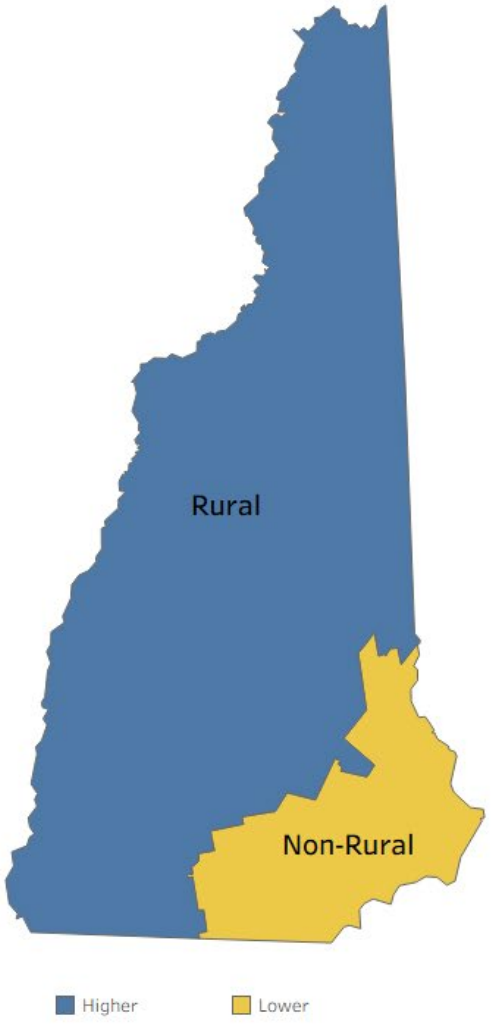
Percentage of Population Medicaid Health Insurance, Aged 0-18, 2019-2023

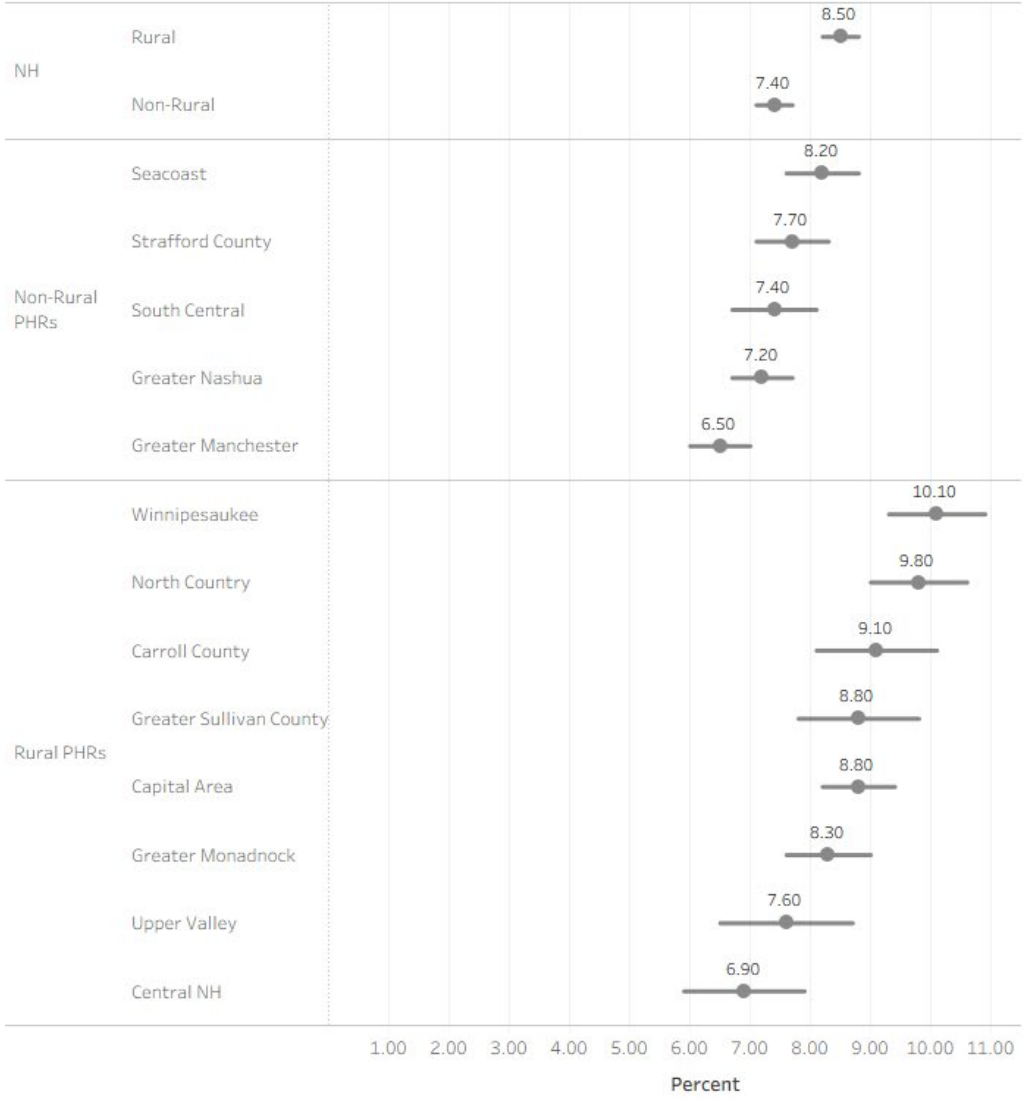




Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

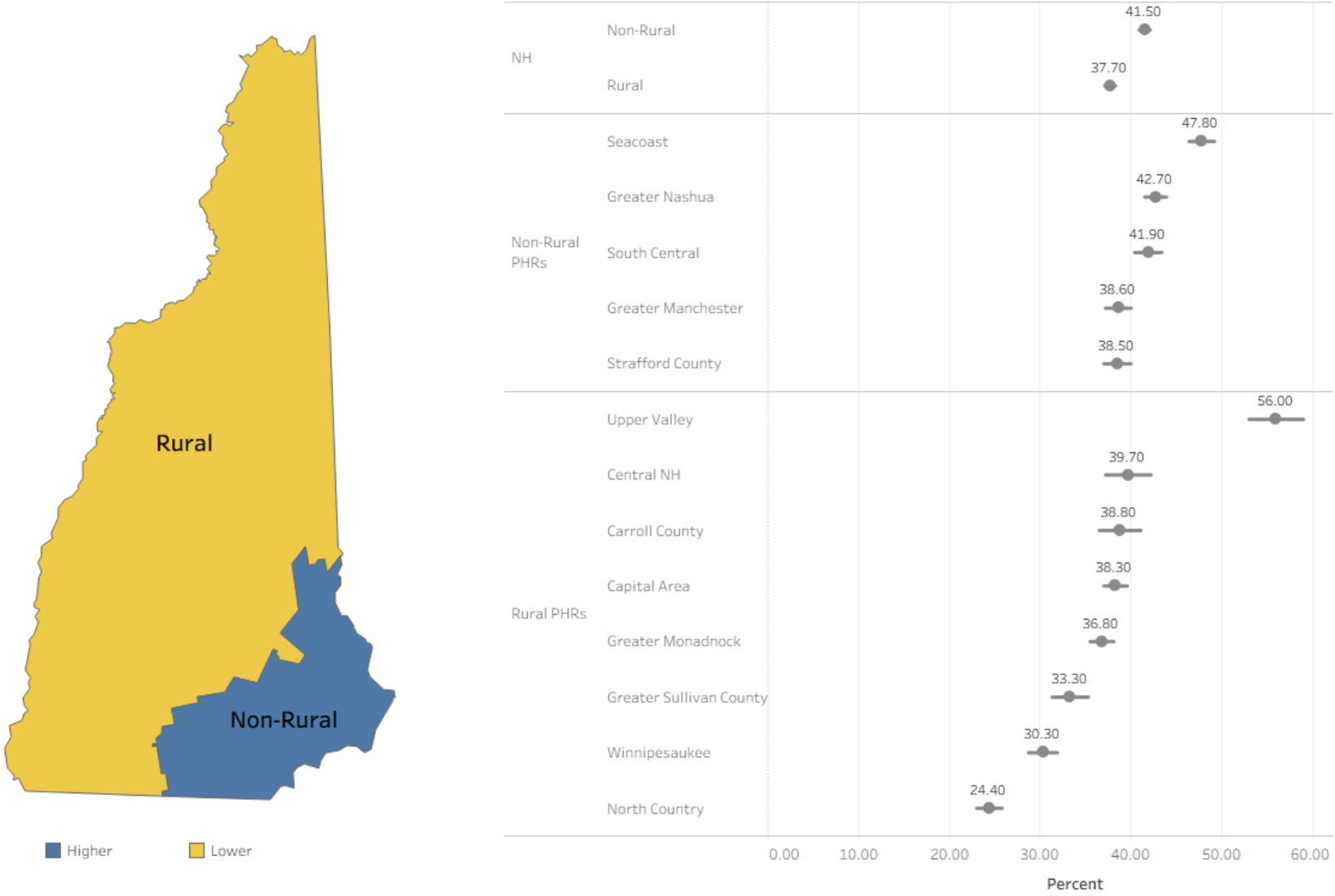
Percentage of Population with Veteran Status, 2019-2023





Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Percentage of Population with a 4-Year College Degree or Higher, 2019-2023

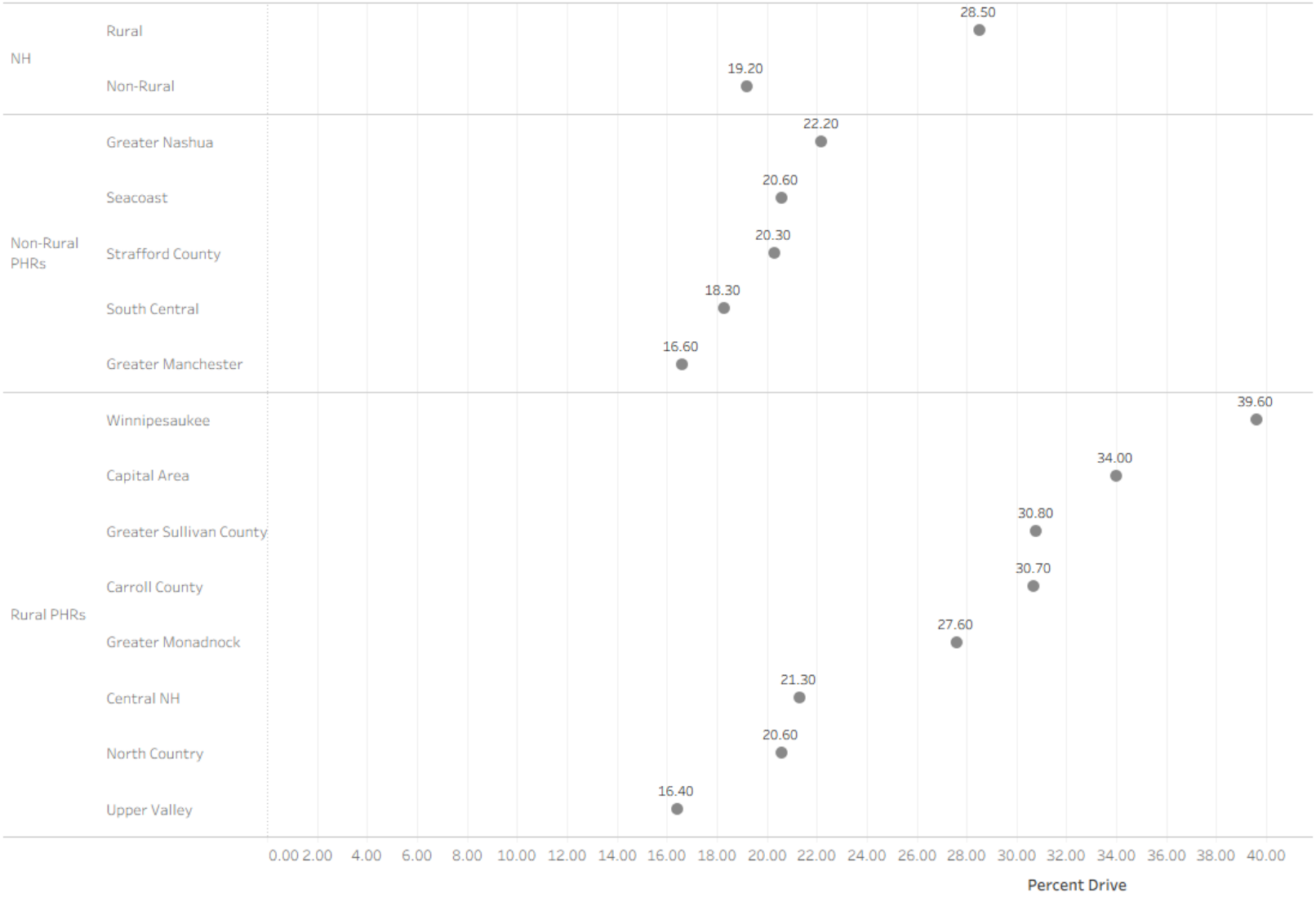


Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Barriers to Care

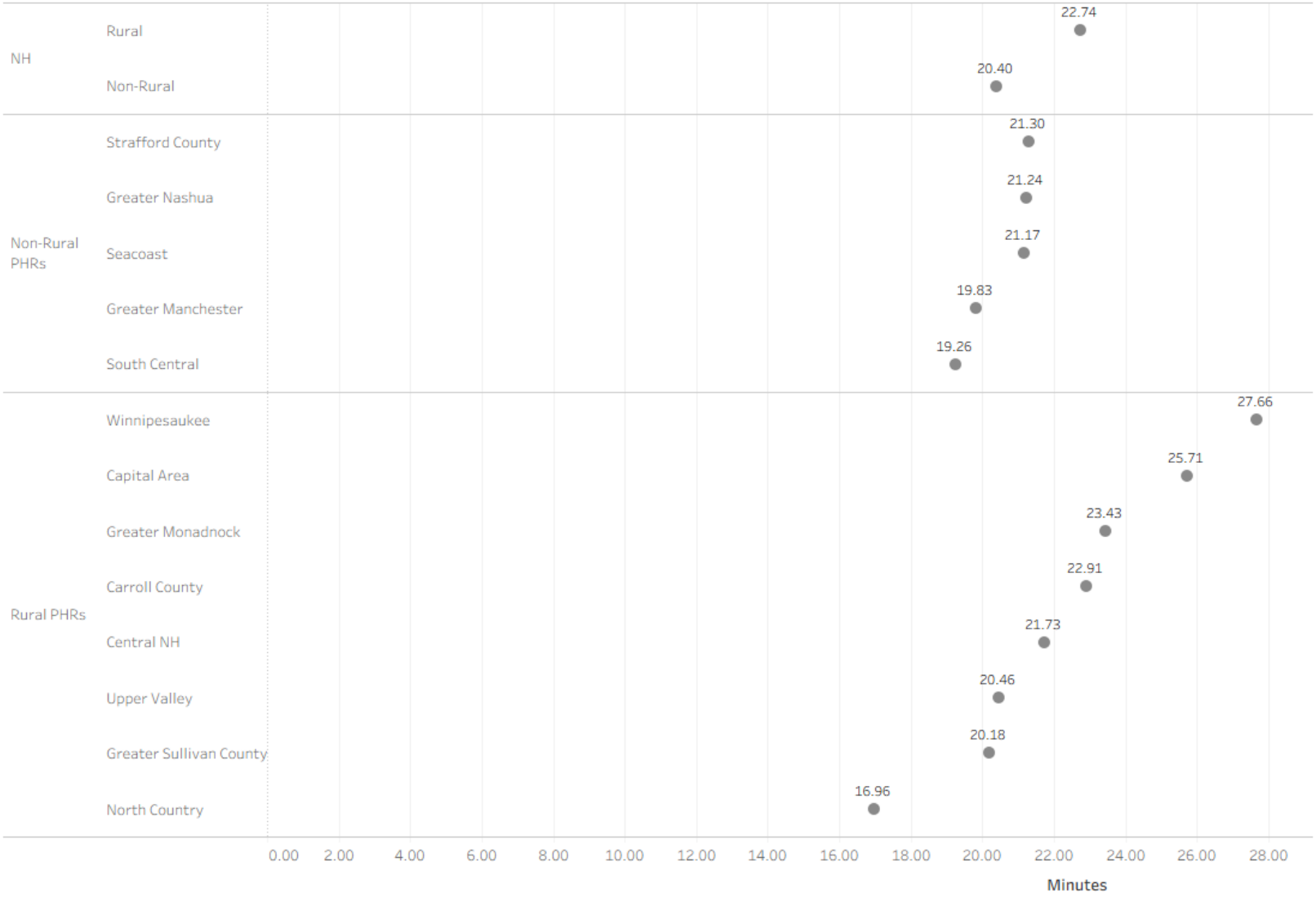
This section summarizes barriers that may influence access to and utilization of health care services.

Percentage of Primary Medical Care Visits (All Ages) with Travel Times Greater than 30 Minutes One Way, 2023



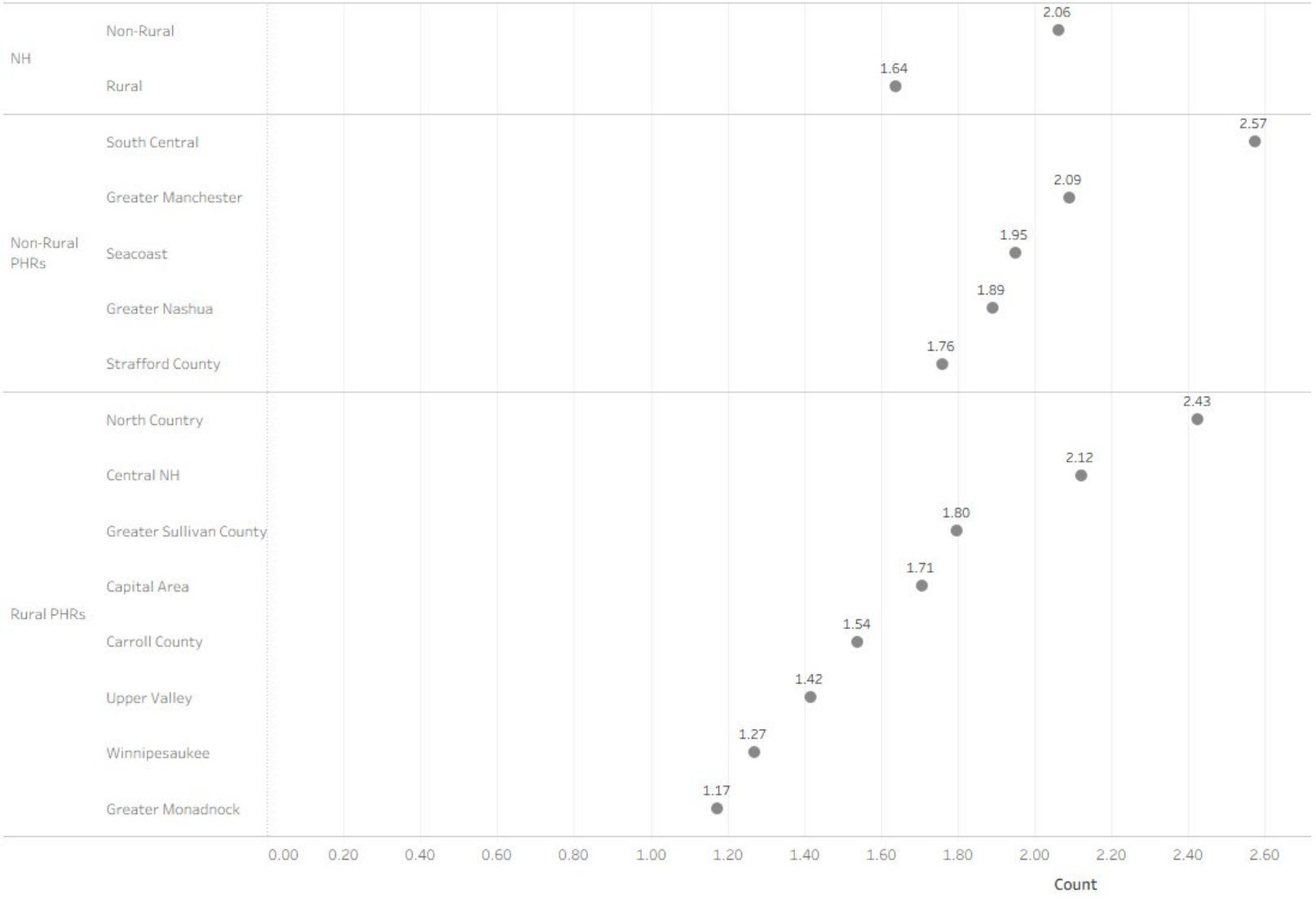
Source: New Hampshire Comprehensive Health Care Information System (CHIS)

Average Travel Time (Minutes) to Primary Medical Care, One Way, 2023



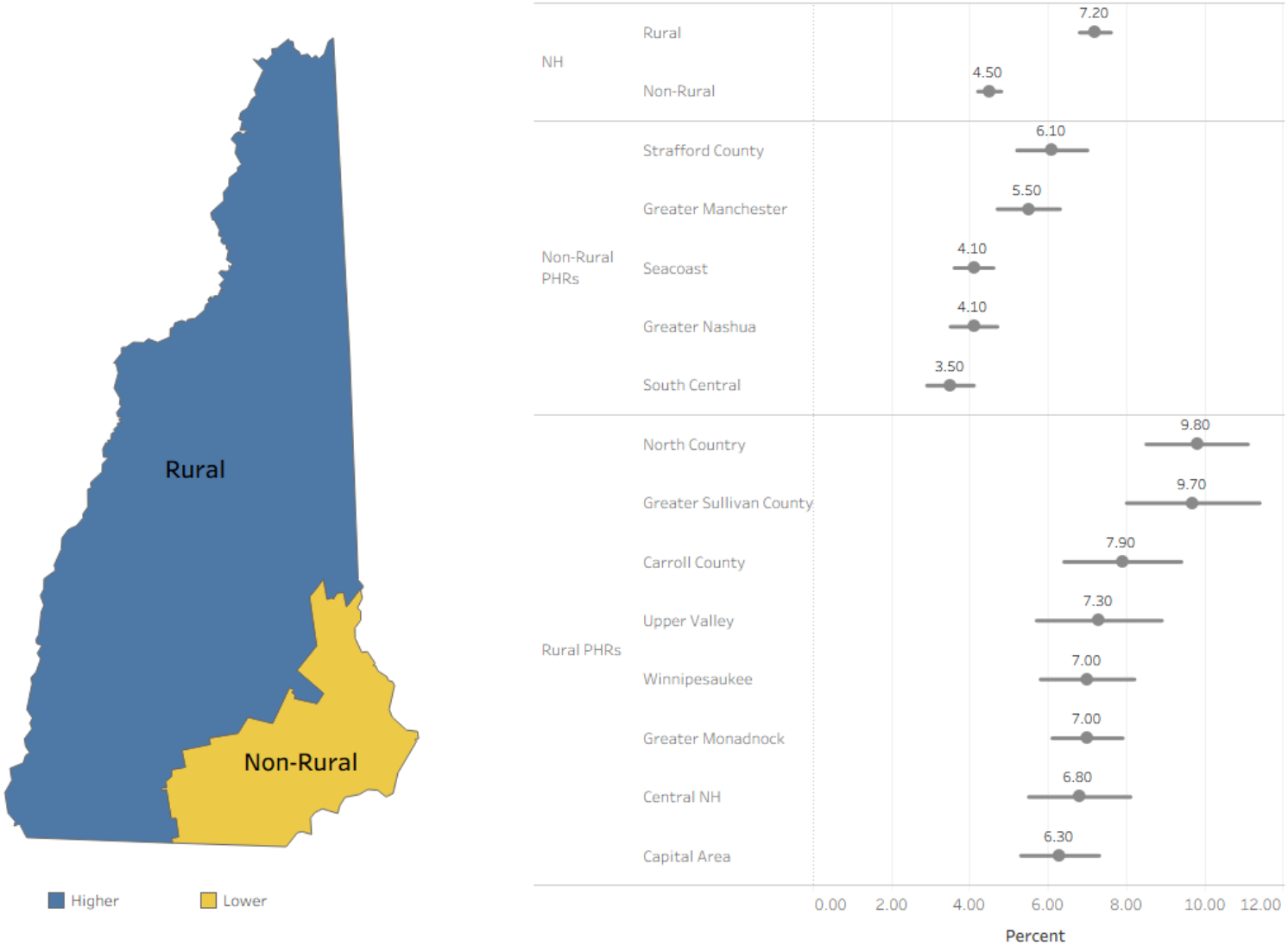
Source: New Hampshire Comprehensive Health Care Information System (CHIS)

Count of Medical Primary Care Visits Per Year, 2023



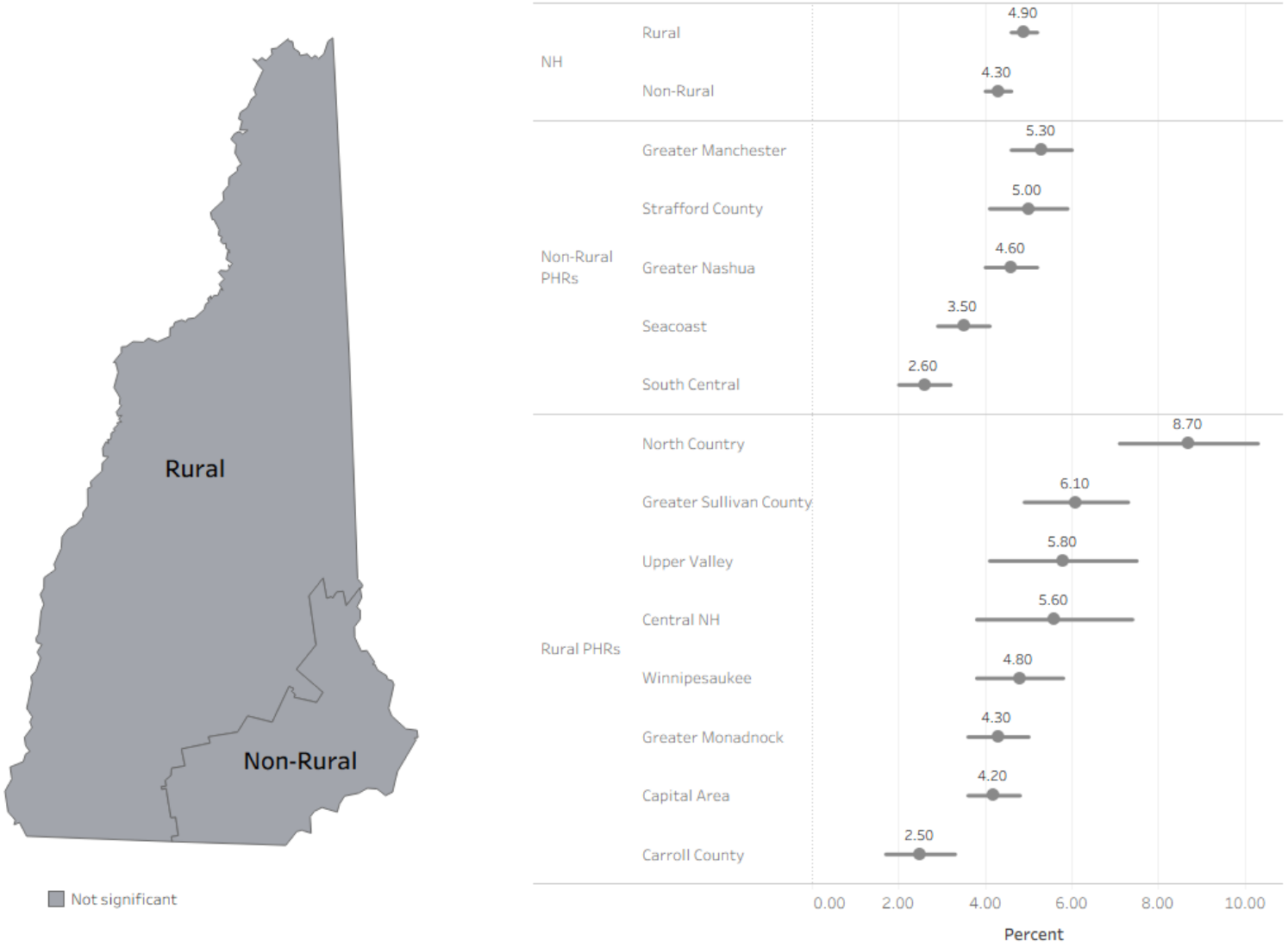
Source: New Hampshire Comprehensive Health Care Information System (CHIS)

Percentage of Population Without Household Internet Access, 2019-2023



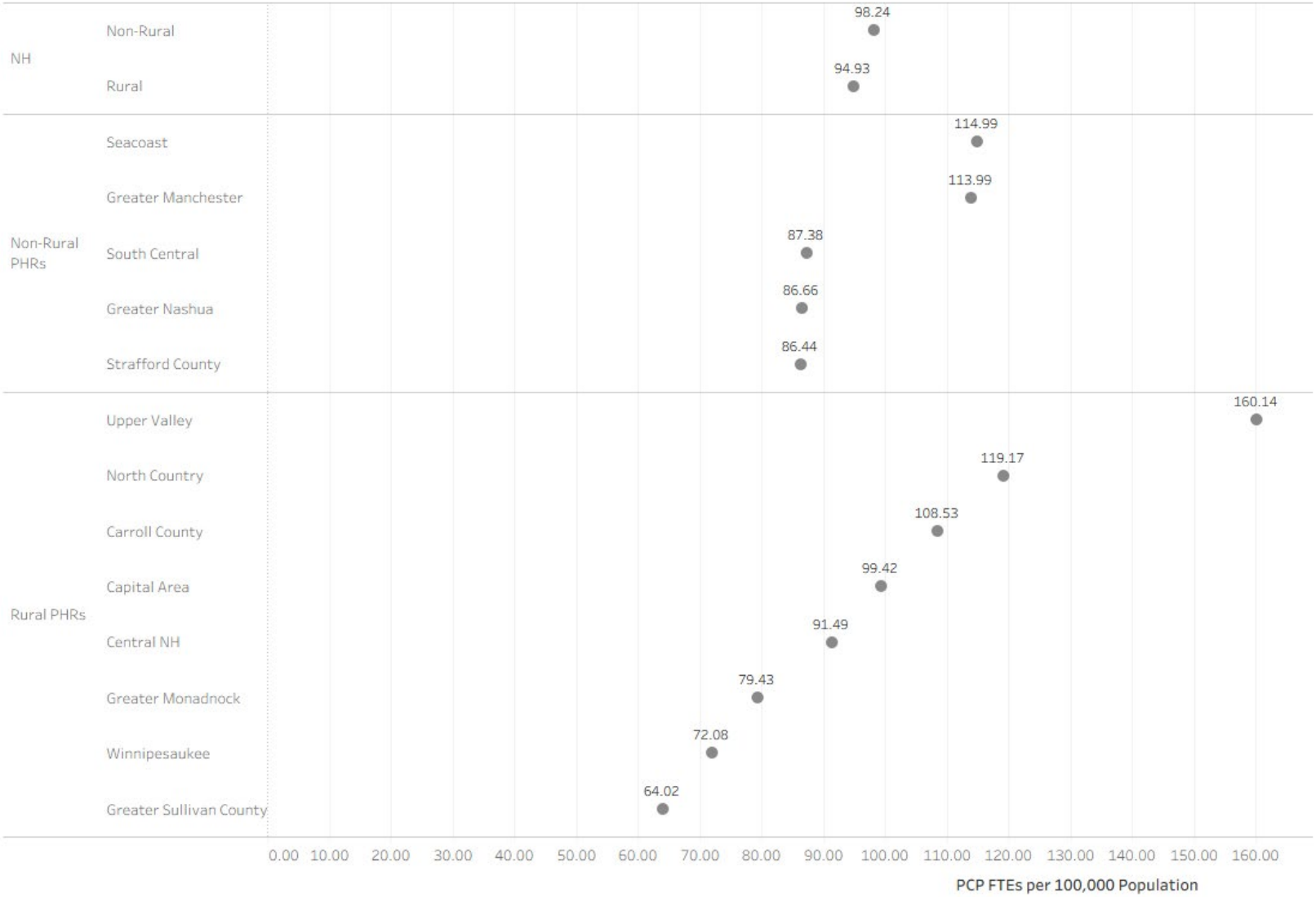
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Percentage of Households Without a Vehicle, 2019-2023



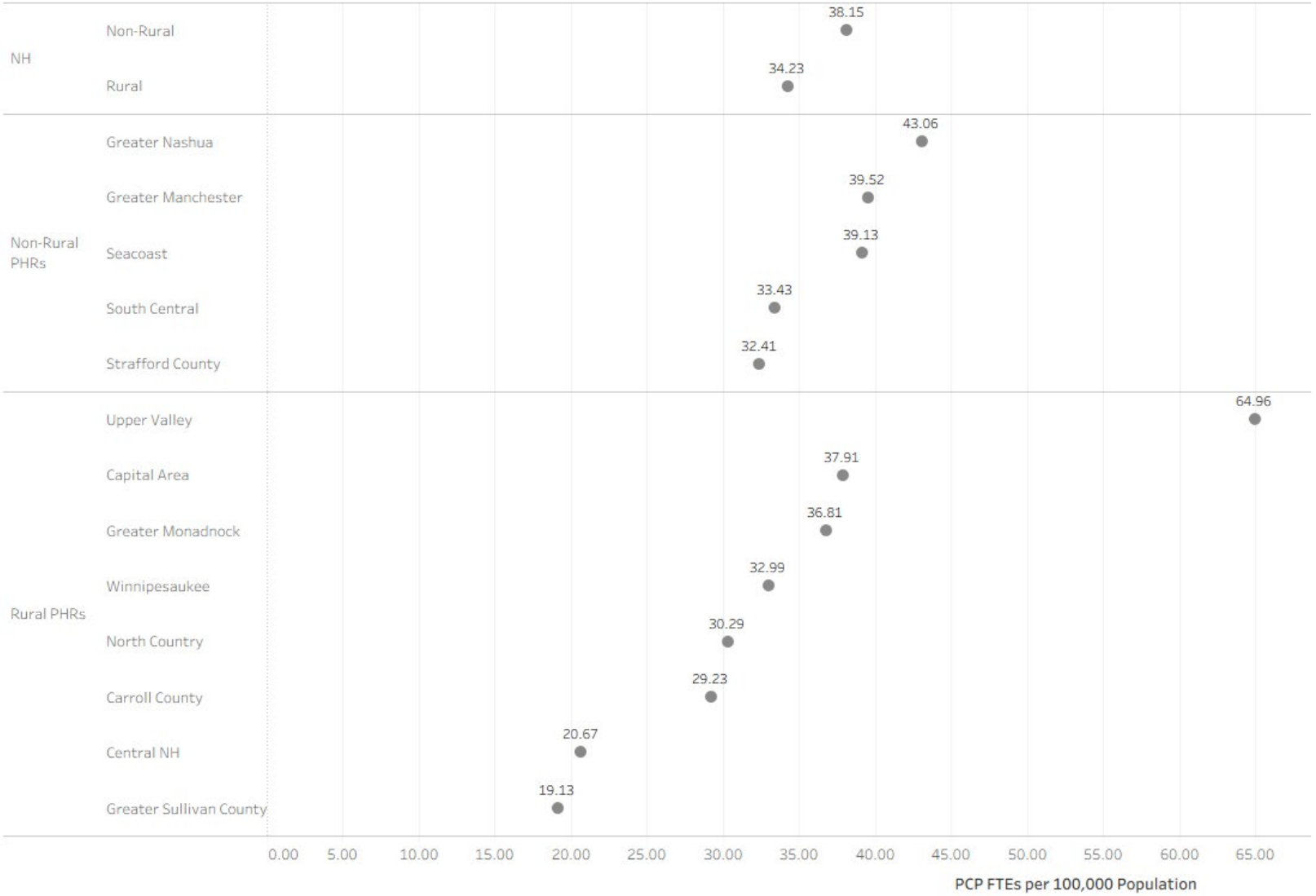
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Primary Care Provider Rate per 100,000 Population, 2022



Source: NH Health Professions Data Center (HPDC)

Primary Care Dentist Rate per 100,000 Population, 2022

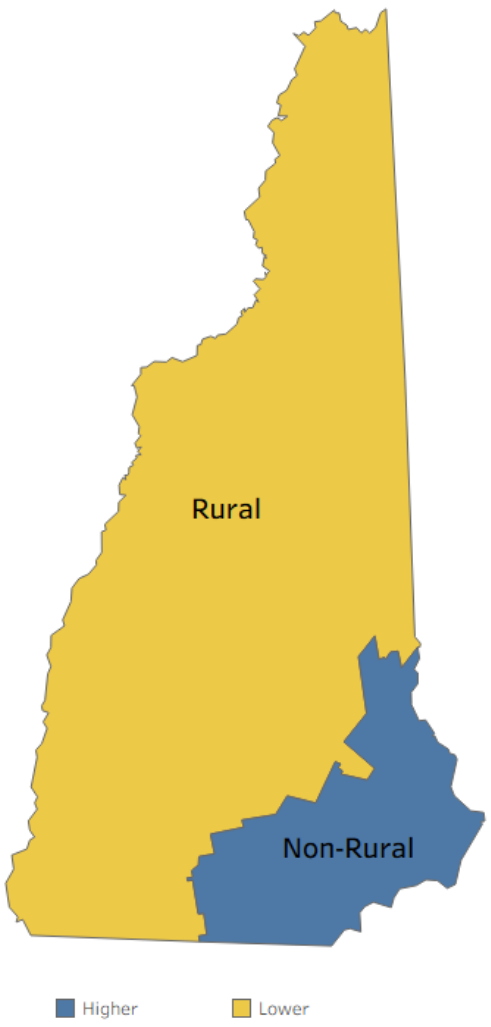


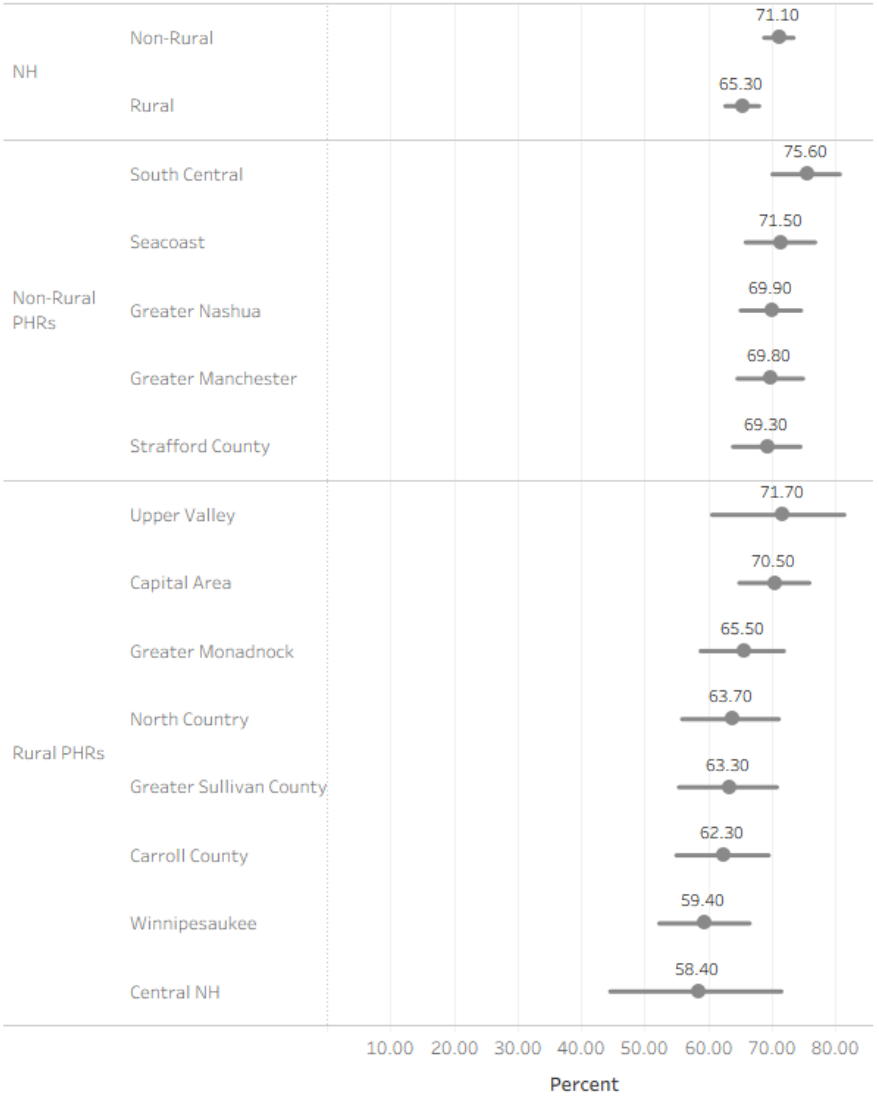
Source: NH Health Professions Data Center (HPDC)

Preventive Care

This section summarizes preventive health care services that support early detection and disease prevention.

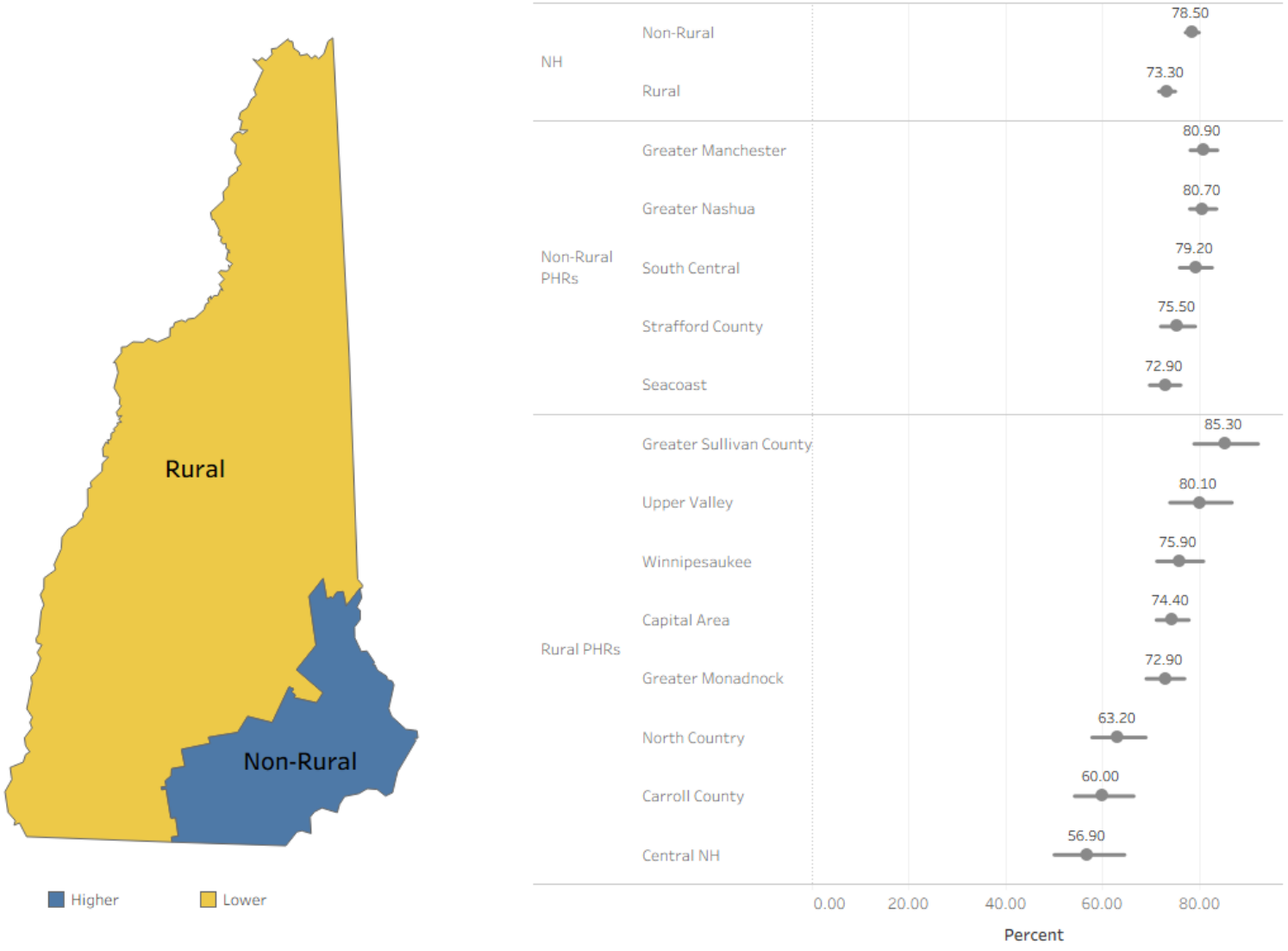
Percentage of Population (18+) with a Dental Visit in the Past Year, 2022





Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Percentage of Children (12-35 months) Tested for Lead, 2024

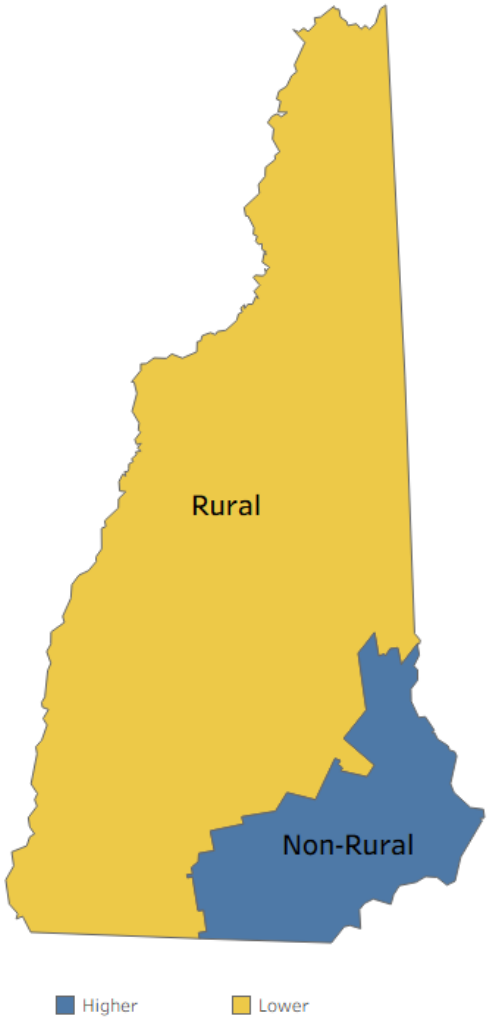


Source: Testing Data from NH Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)

Health Care Utilization Outcomes

This section summarizes indicators of health care utilization, including preventable emergency department visits and hospitalizations.

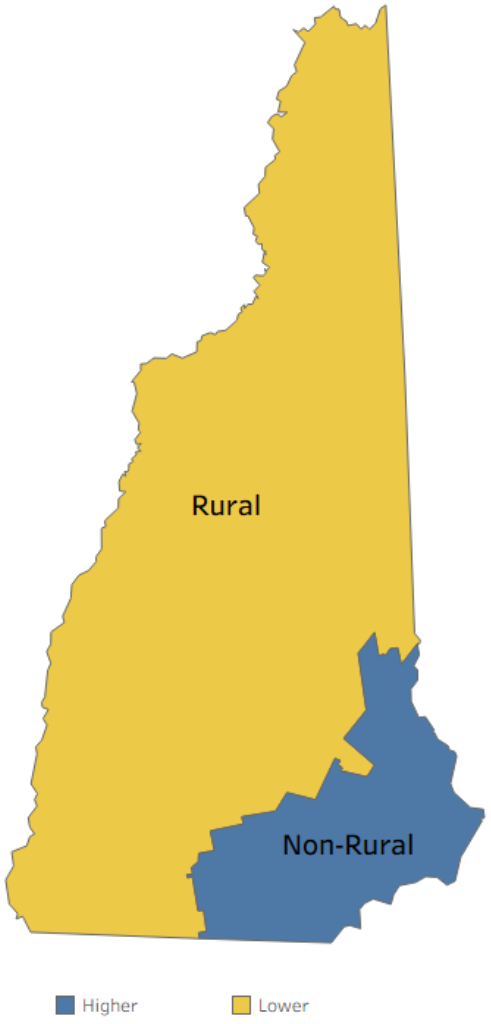
Prevention Quality Indicator (PQI) Acute Composite (Inpatient): Age-Adjusted Rate per 100,000 Population, 2020-2022





Source: NH Hospital Discharge Data Set (HDDS)

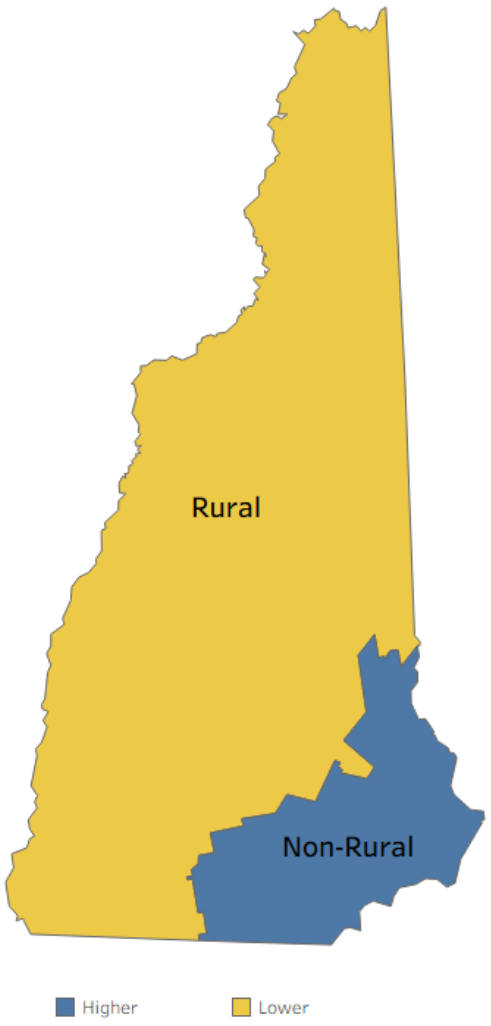
Prevention Quality Indicator (PQI) Chronic Composite (Inpatient): Age-Adjusted Rate per 100,000 Population, 2020-2022

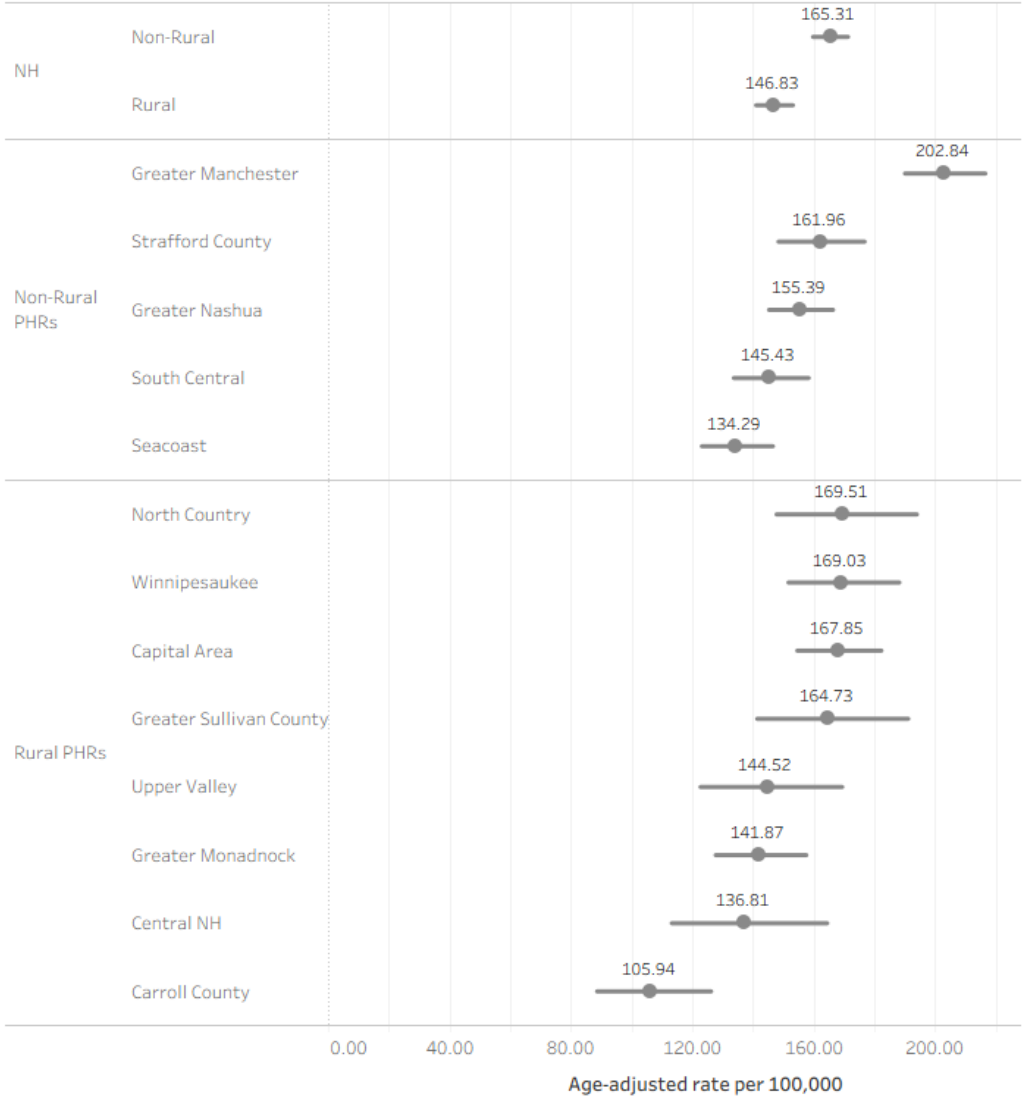




Source: NH Hospital Discharge Data Set (HDDS)

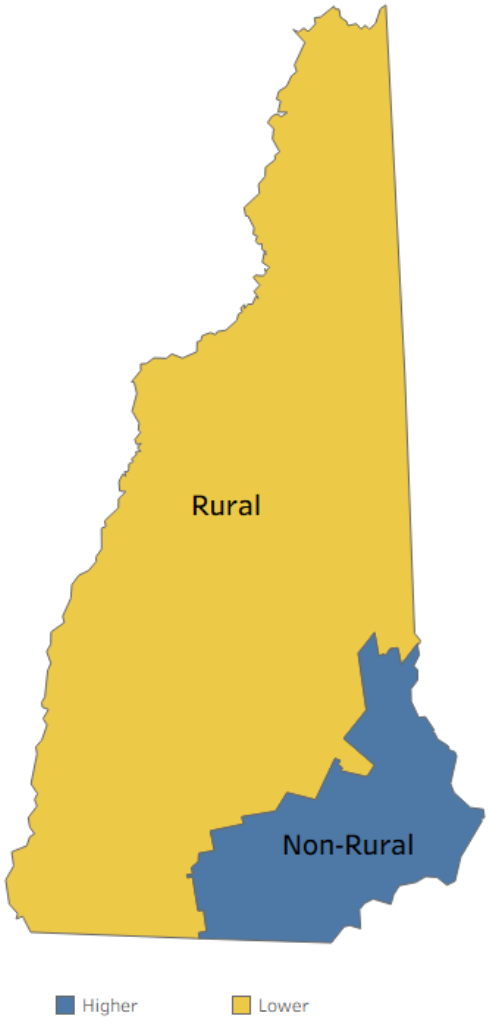
Prevention Quality Indicator (PQI) Diabetes Composite (Inpatient): Age-Adjusted Rate per 100,000 Population, 2020-2022





Source: NH Hospital Discharge Data Set (HDDS)

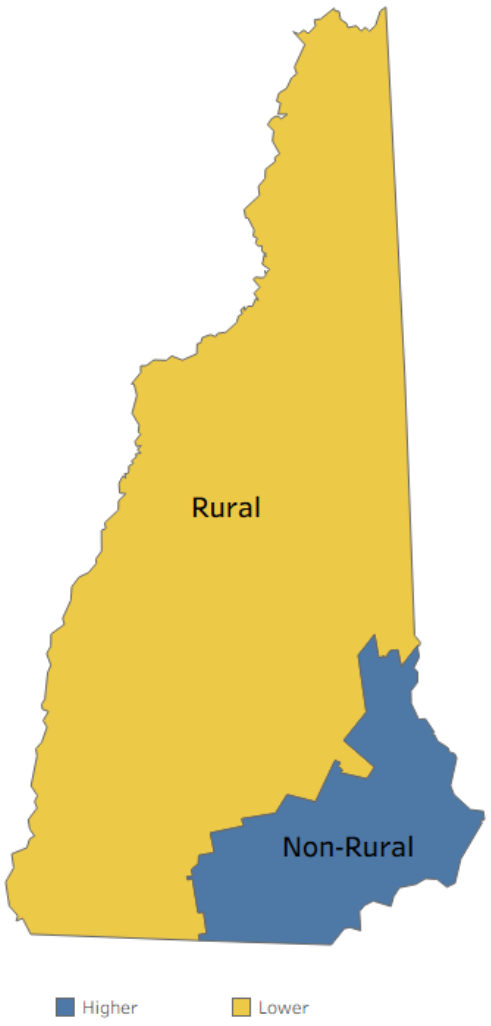
Prevention Quality Indicator (PQI) Overall Composite (Inpatient): Age-Adjusted Rate per 100,000 Population, 2020-2022

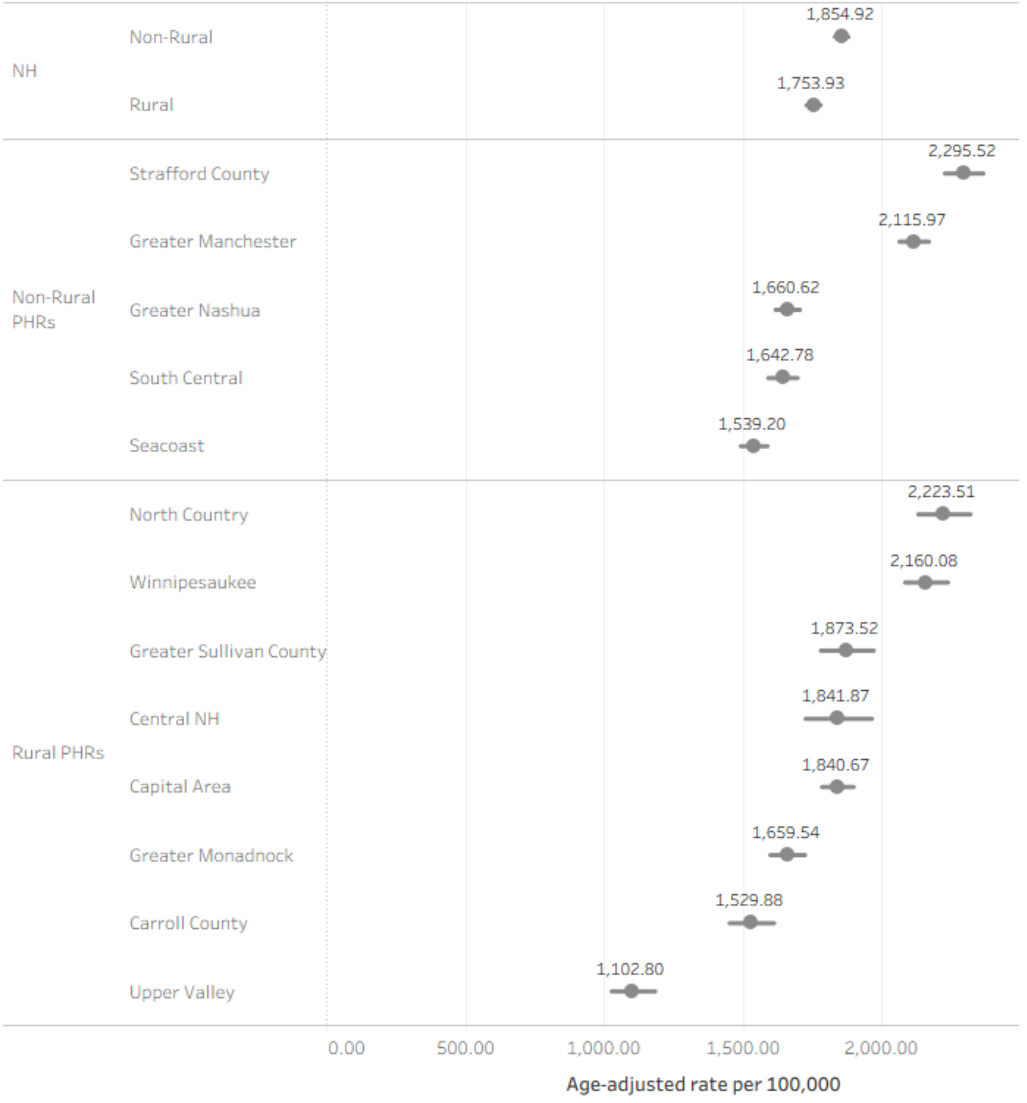




Source: NH Hospital Discharge Data Set (HDDS)

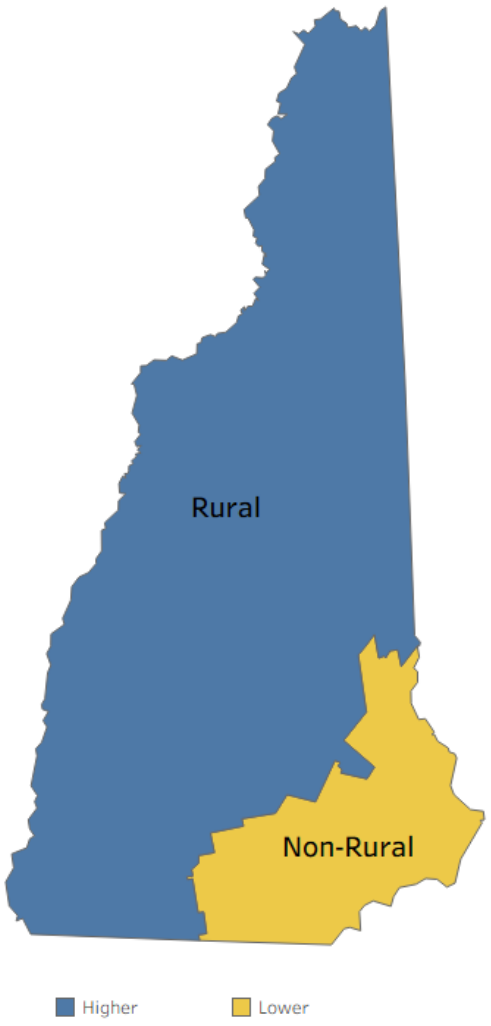
Ambulatory Care Sensitive Conditions (ACSC) Chronic (ED): Age-Adjusted Rate per 100,000 Population, 2020-2022

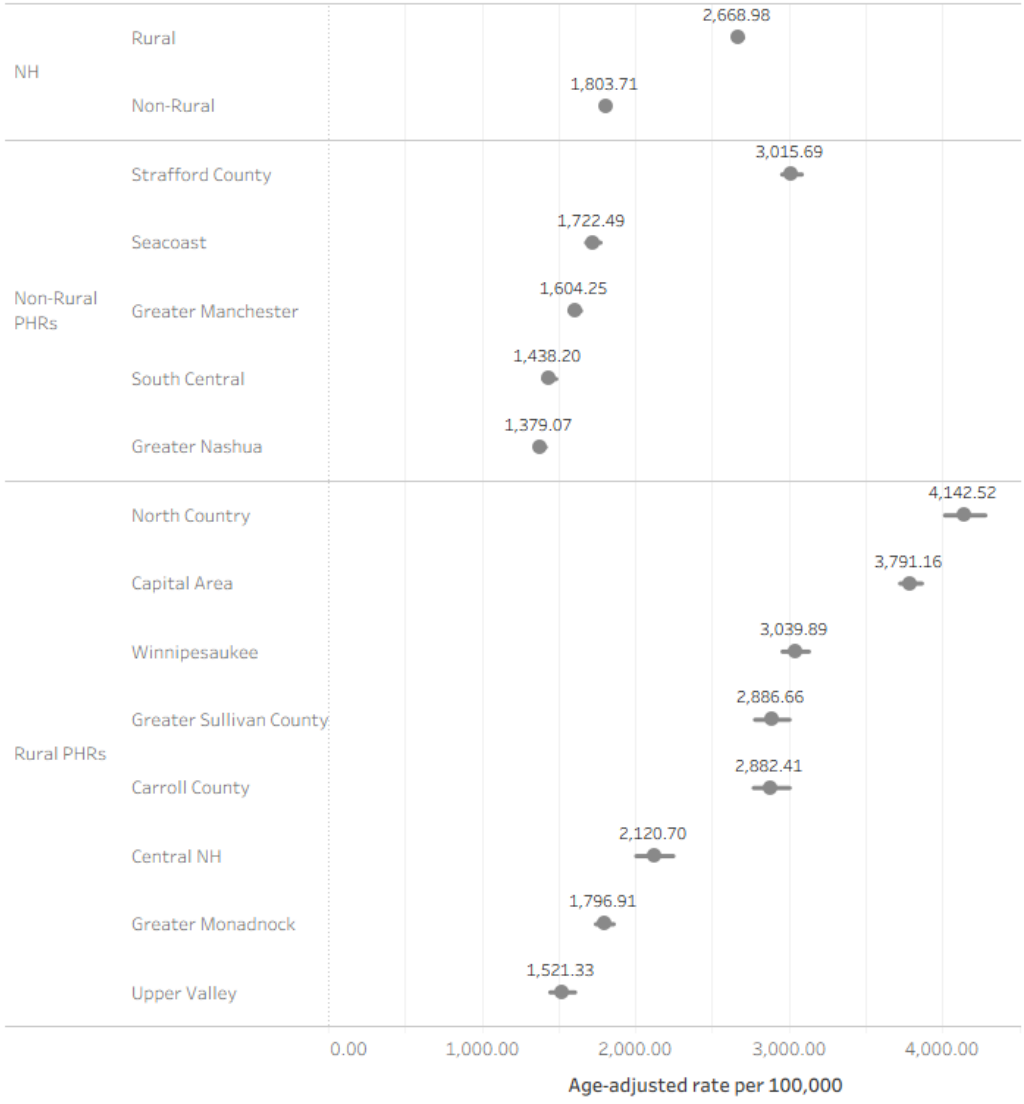




Source: NH Hospital Discharge Data Set (HDDS)

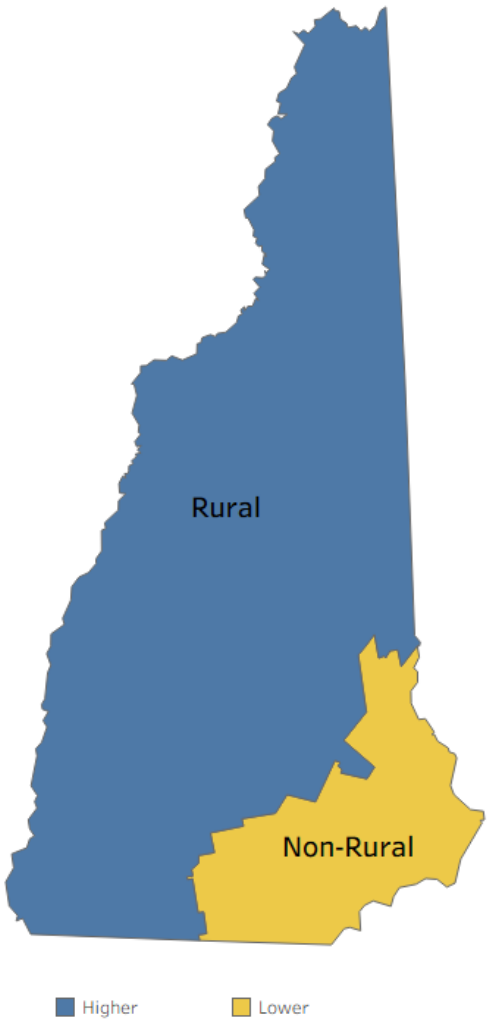
Ambulatory Care Sensitive Conditions (ACSC) Acute (ED): Age-Adjusted Rate per 100,000 Population, 2020-2022





Source: NH Hospital Discharge Data Set (HDDS)

Non-Traumatic Dental Conditions (ED): Age-Adjusted Rate per 100,000 Population, 2020-2022



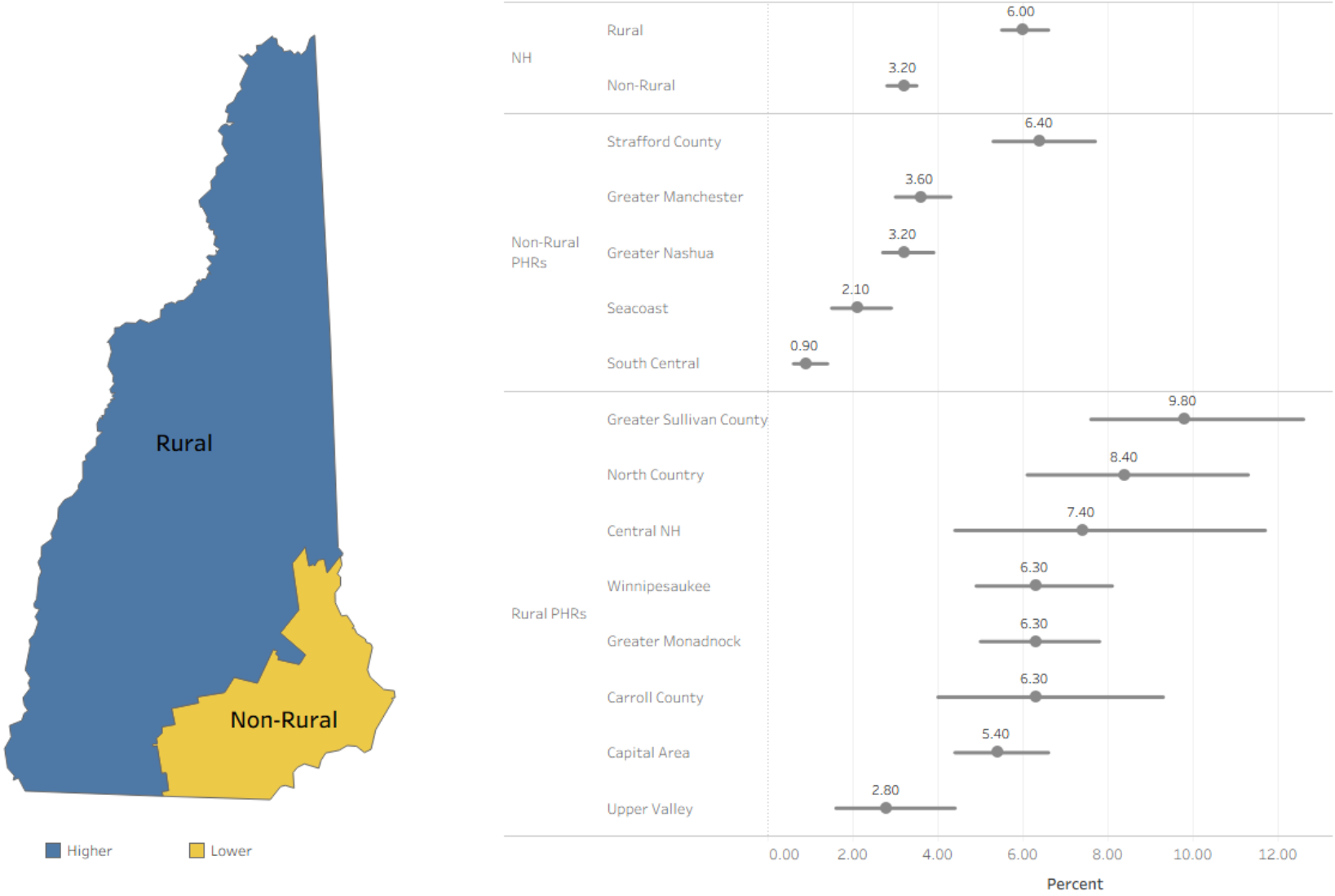


Source: NH Hospital Discharge Data Set (HDDS)

Health Outcomes

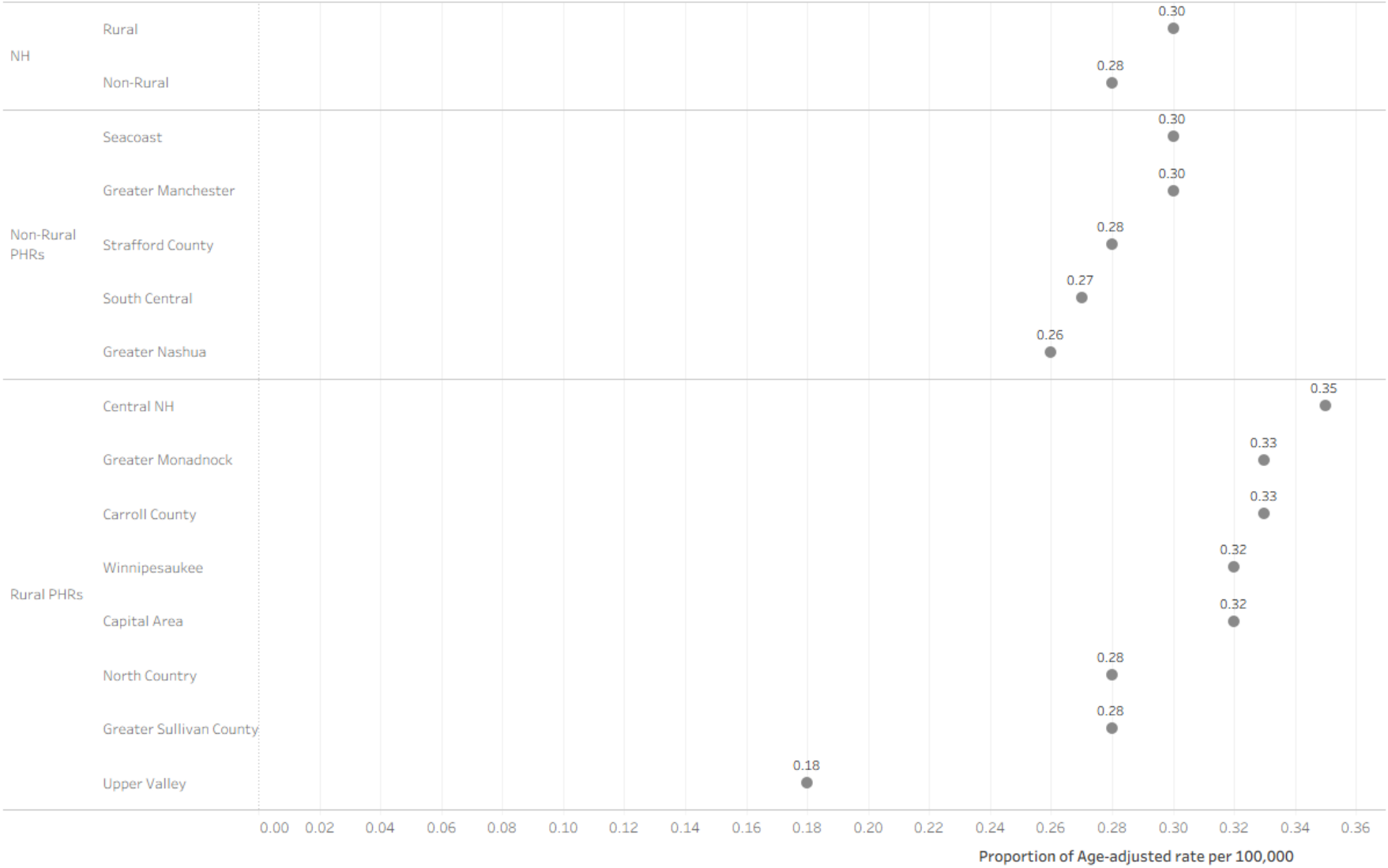
This section summarizes indicators of health care and population health outcomes, including disease detection, mortality, and life expectancy.

Percentage of Children (12-35 months) with Elevated Blood Lead Levels (3.5+ ug/dL), 2024



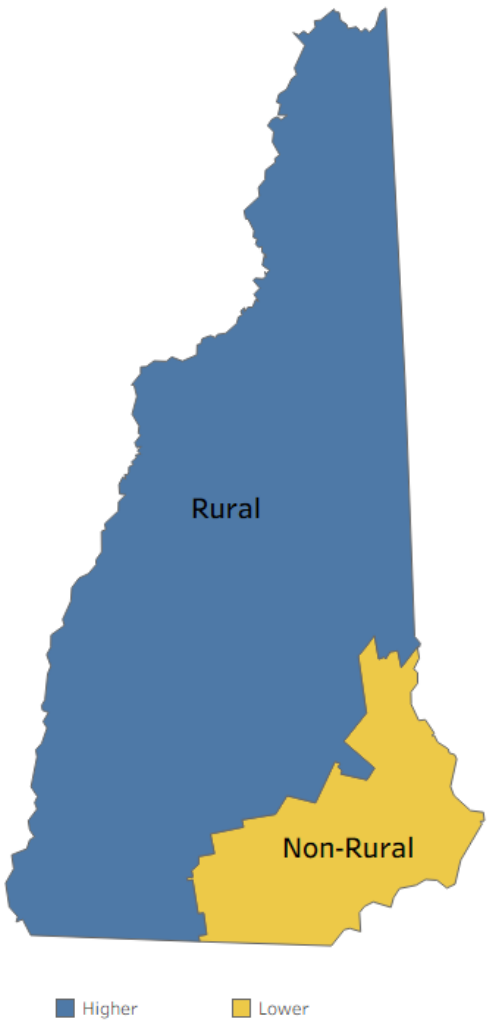
Source: Testing Data from NH Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)

Age-Adjusted Proportional Rate of Breast Cancer (Female) Diagnosed Late Stage, 2018-2022



Source: NH State Cancer Registry (NHSCR)

Death - All Causes, Age-Adjusted Rate per 100,000 Population, 2020-2024

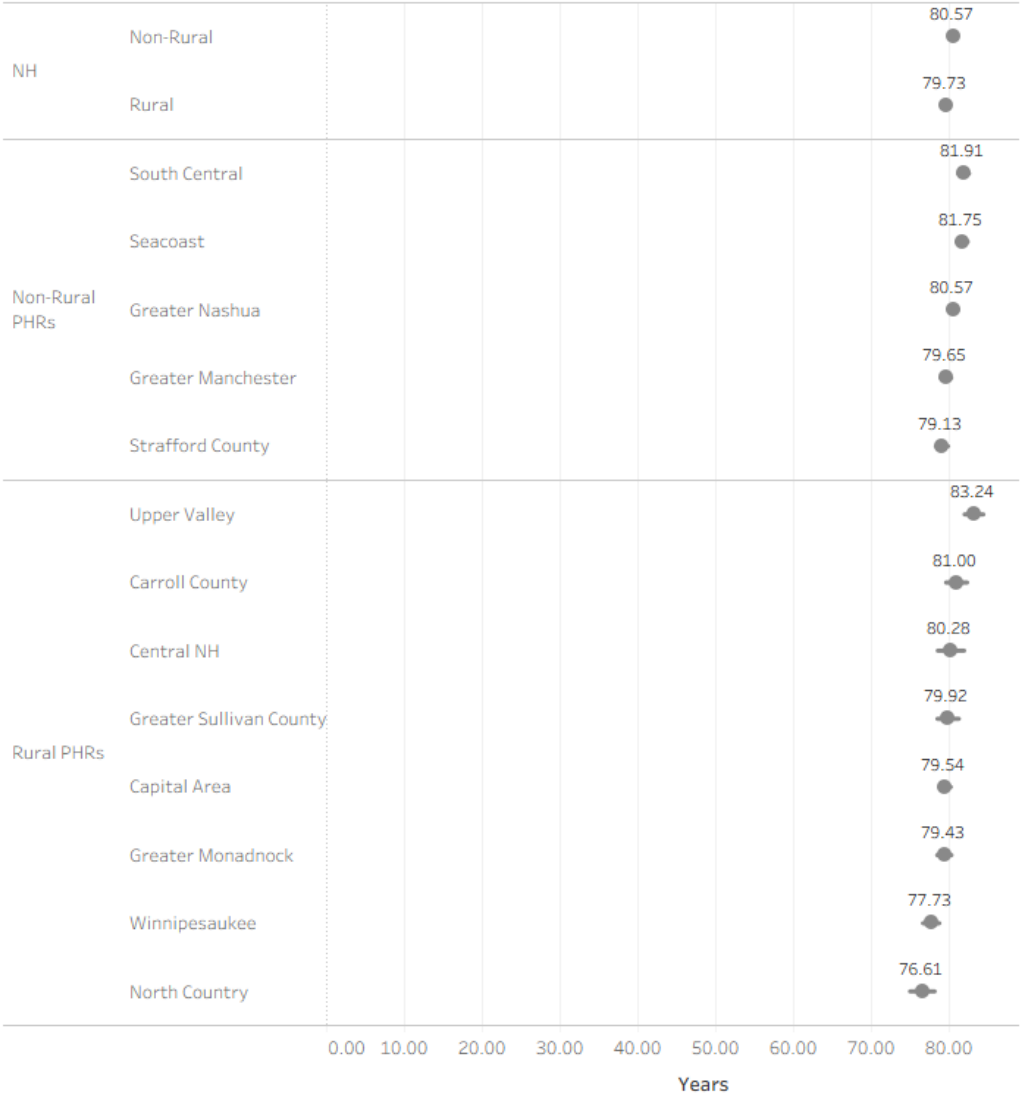




Source: NH Vital Records Death Certificate Data

Life Expectancy, 2020-2024



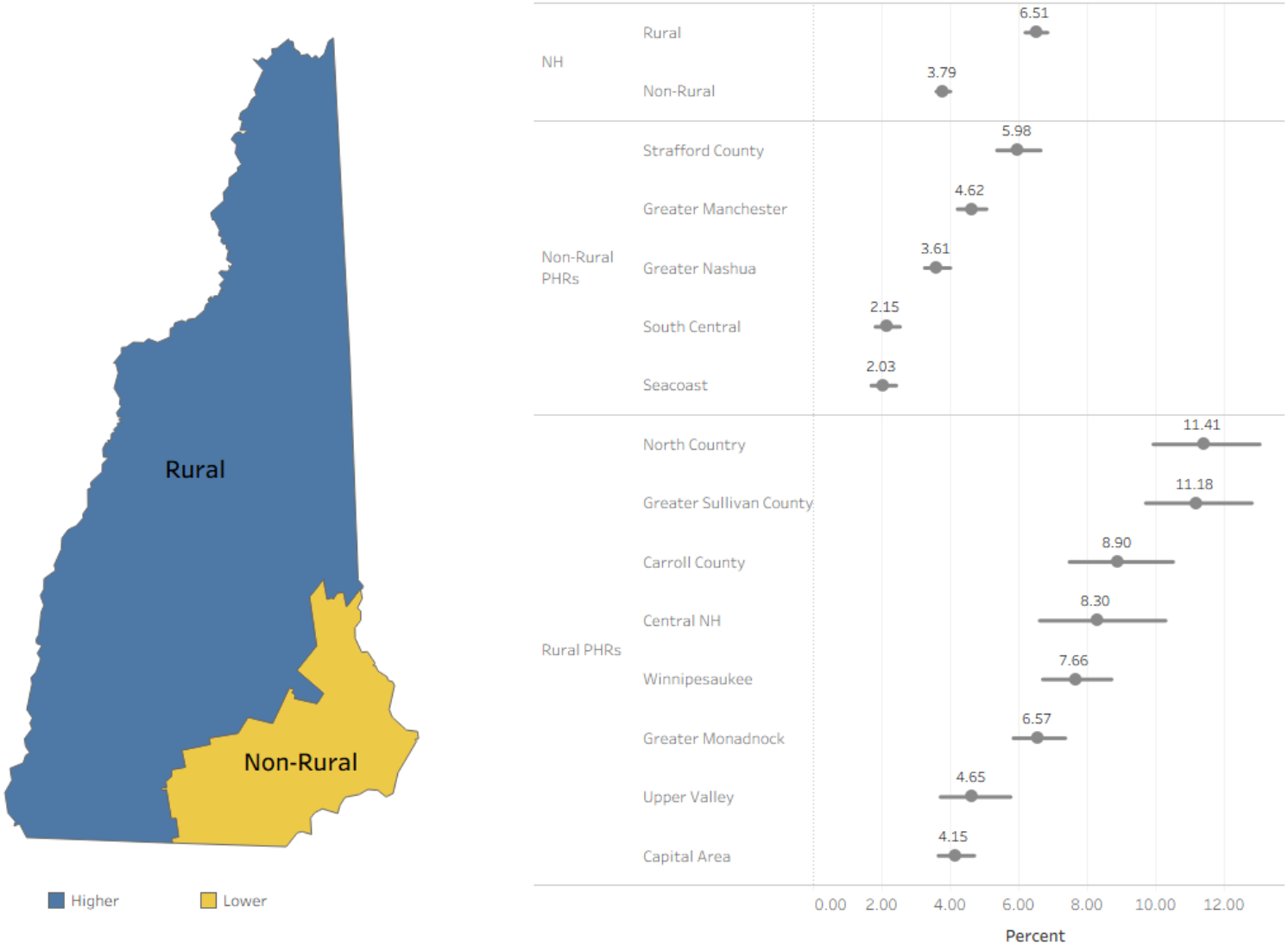


Source: NH Vital Records Death Certificate; NH DHHS Bureau of Public Health Statistics and Informatics (BPHSI) Population Estimates

Maternal Health

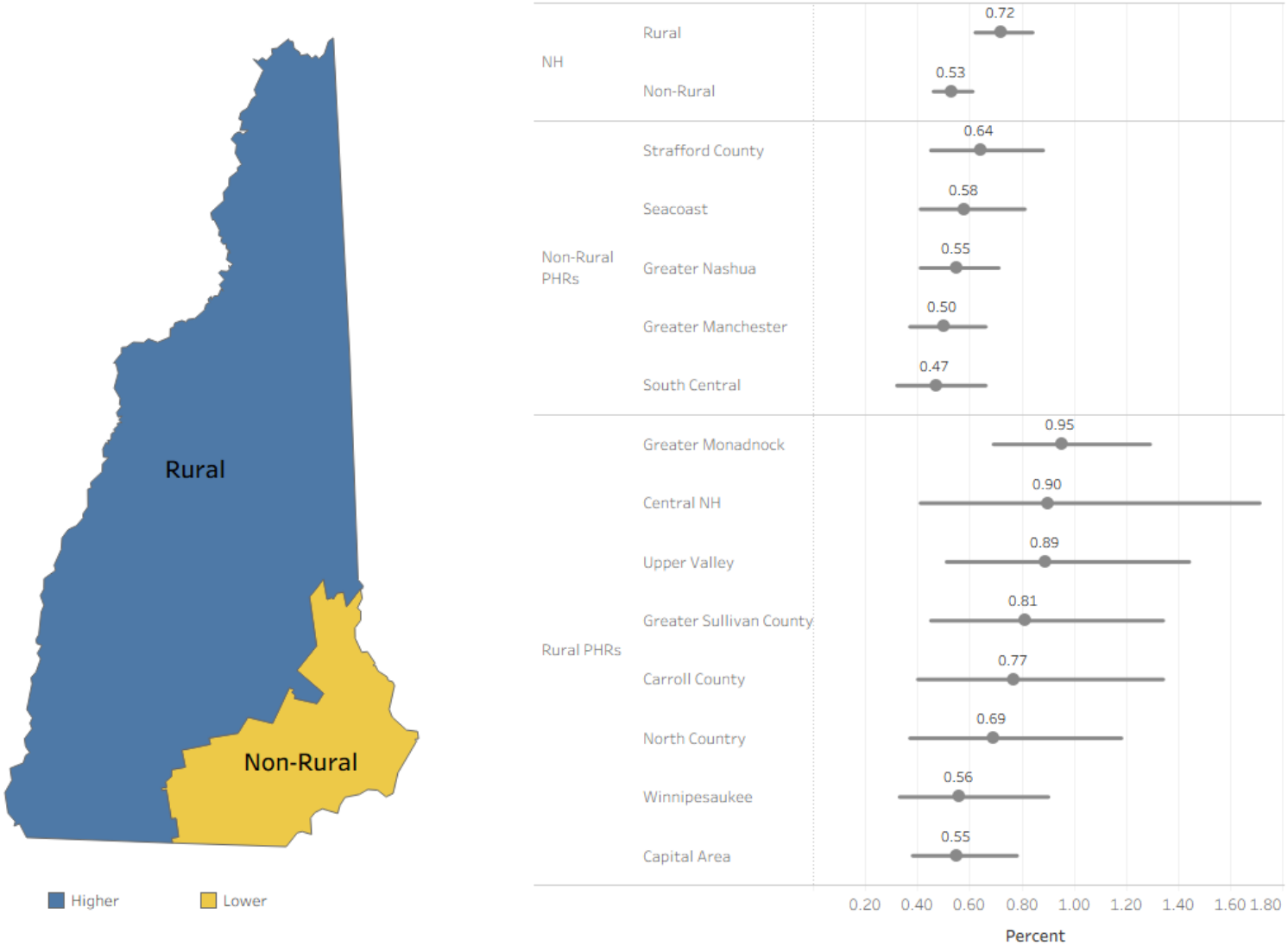
This section summarizes indicators of maternal and infant health that influence pregnancy, birth, and early-life outcomes.

Percentage of Live Births where Smoking during Pregnancy was Reported, 2020-2024



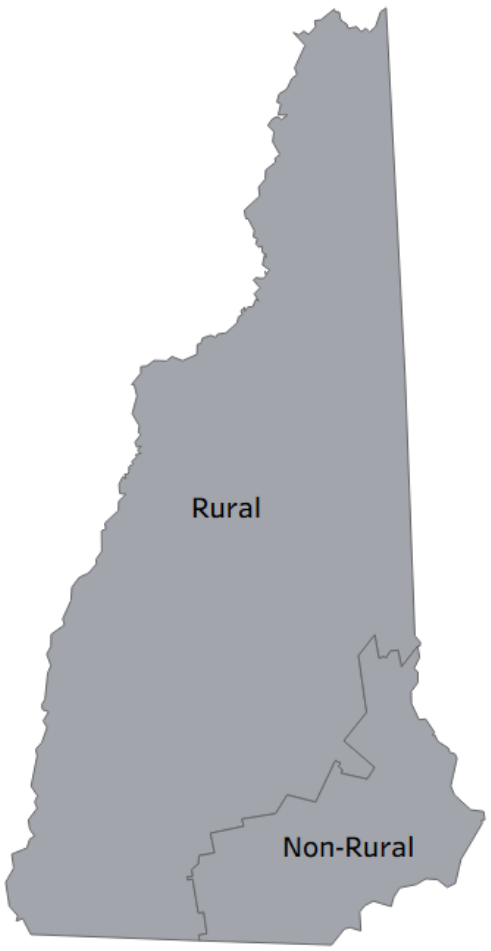
Source: NH Vital Records Birth Certificate Data

Percentage of Live Births Delivered at 42+ Weeks (Post-Term), 2020-2024

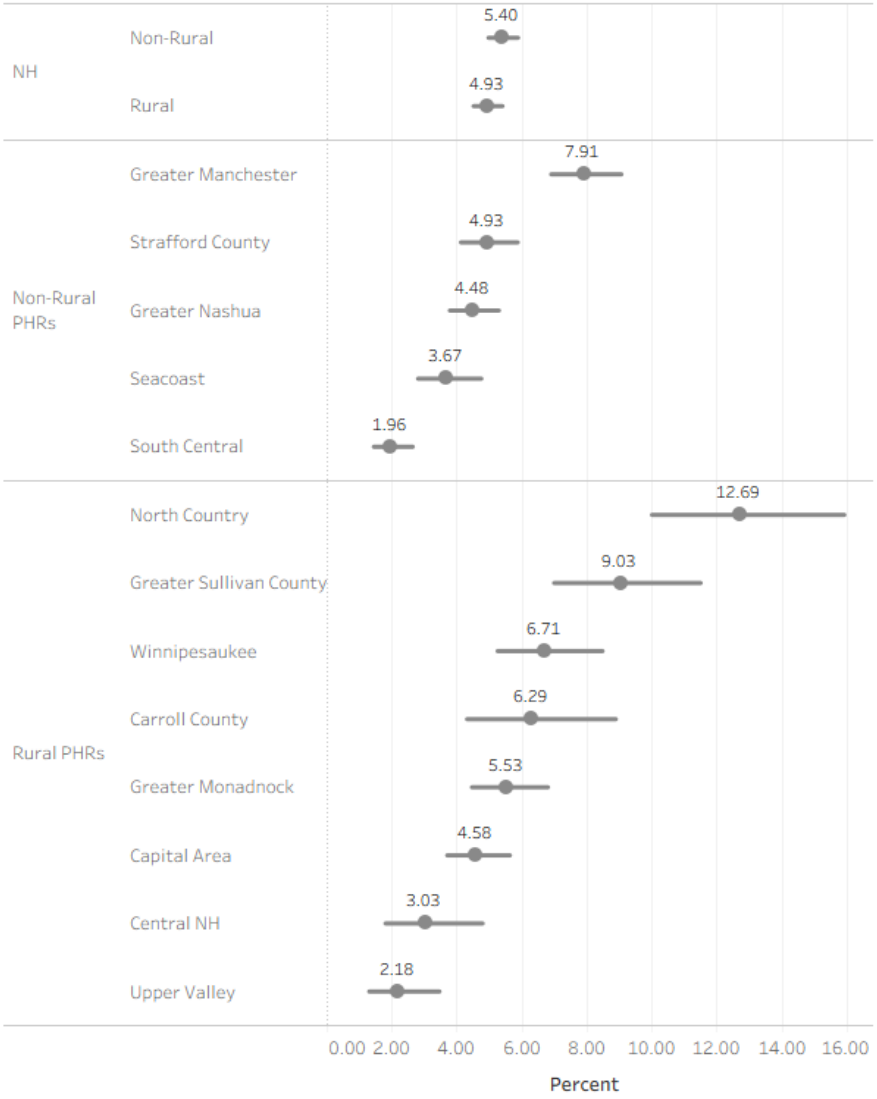


Source: NH Vital Records Birth Certificate Data

Teen Birth Rate per 1,000 Females (15-19), 2020-2024



Not significant

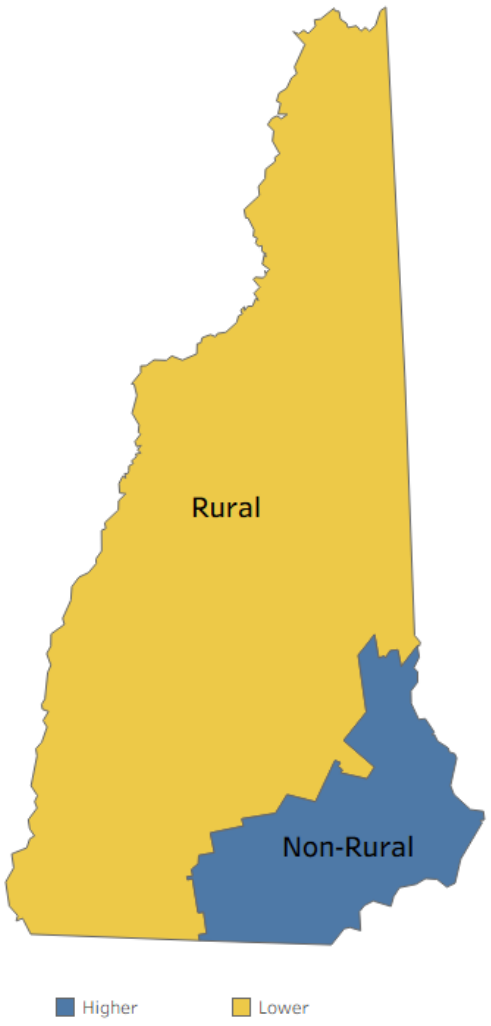


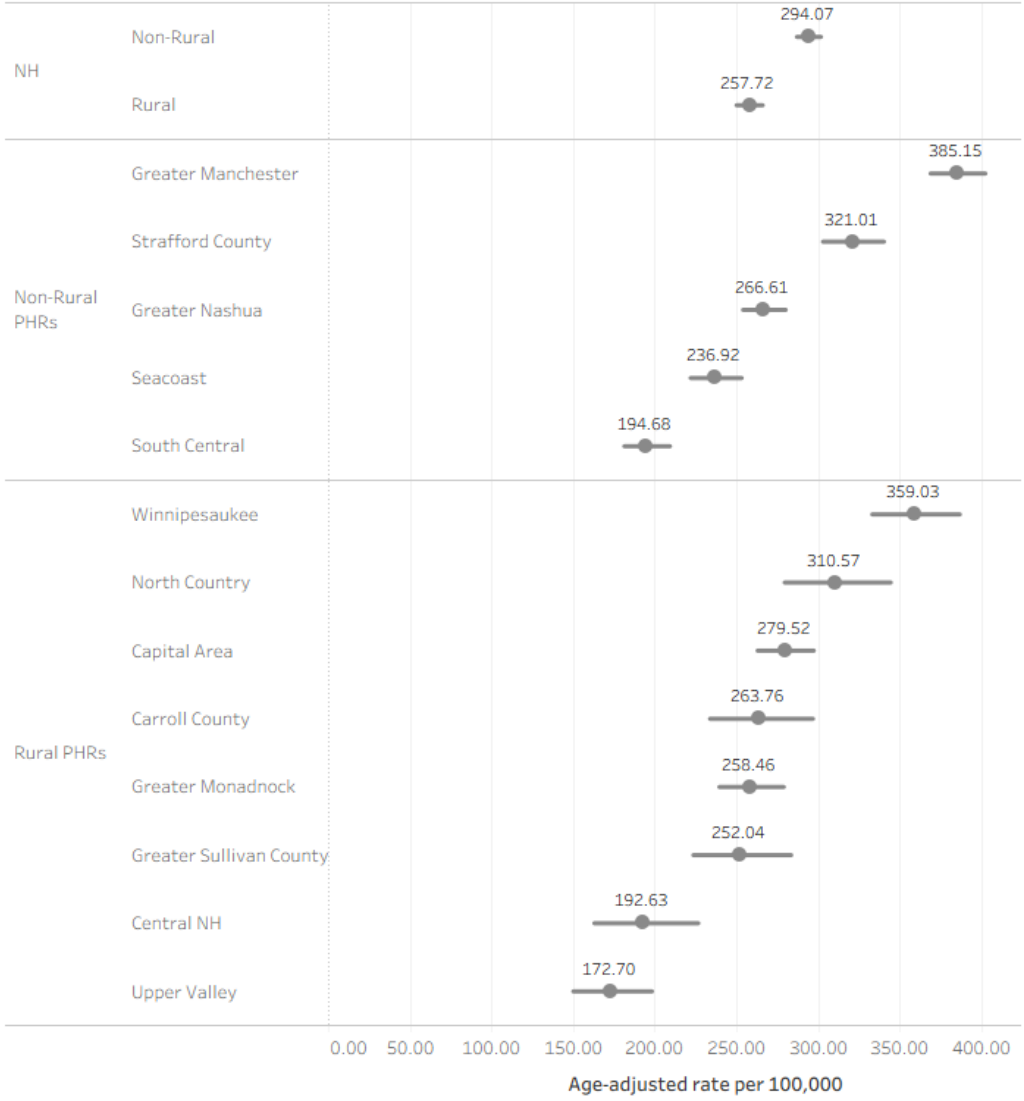
Source: NH Vital Records Birth Certificate Data

Behavioral Health

This section summarizes indicators of behavioral health outcomes, including mental health, substance use, and related health impacts.

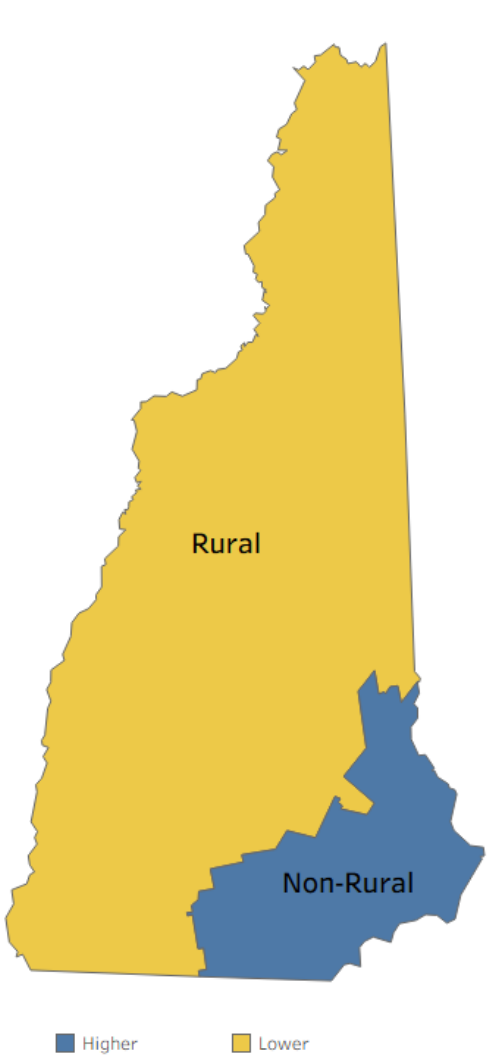
Alcohol/Drug-related - ED Visit, Age-Adjusted Rate per 100,000 Population, 2020-2022

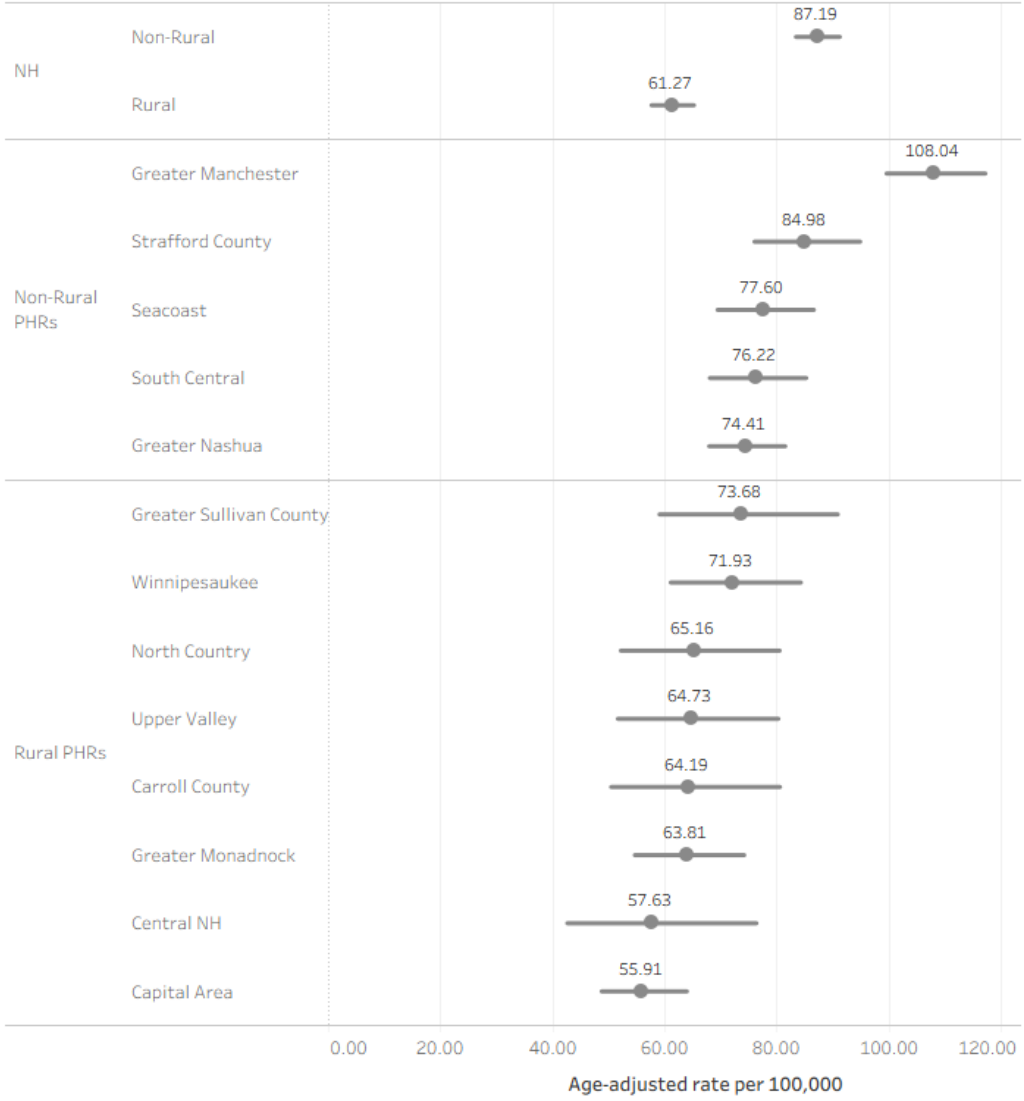




Source: NH Hospital Discharge Data Set (HDDS)

Alcohol/Drug-related - Inpatient, Age-Adjusted Rate per 100,000 Population, 2020-2022

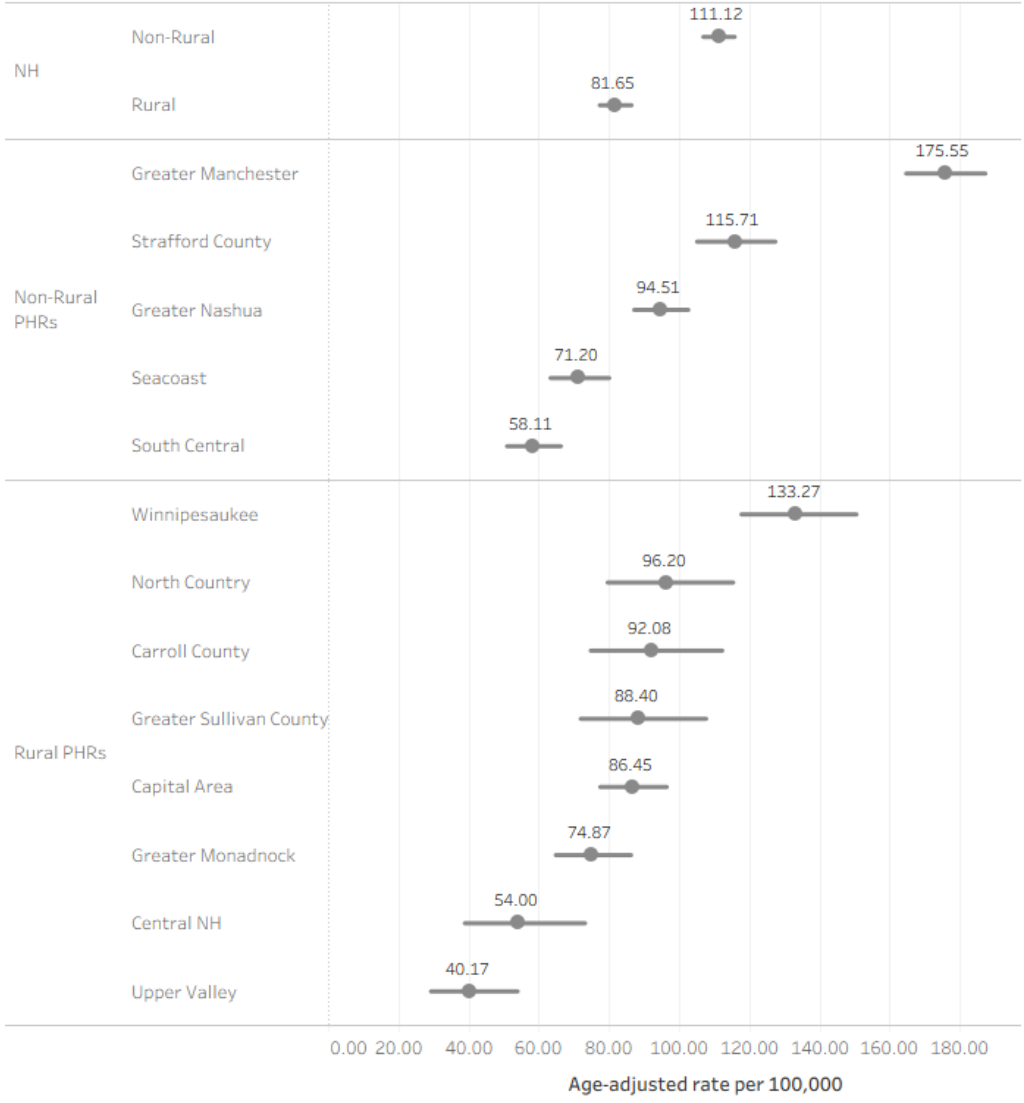




Source: NH Hospital Discharge Data Set (HDDS)

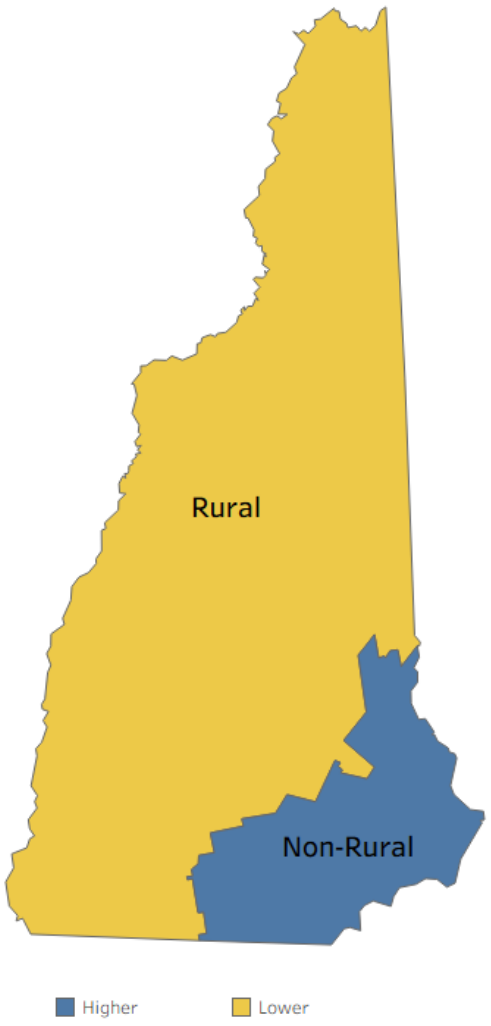
Opioid Overdose - ED Visit, Age-Adjusted Rate per 100,000 Population, 2020-2022

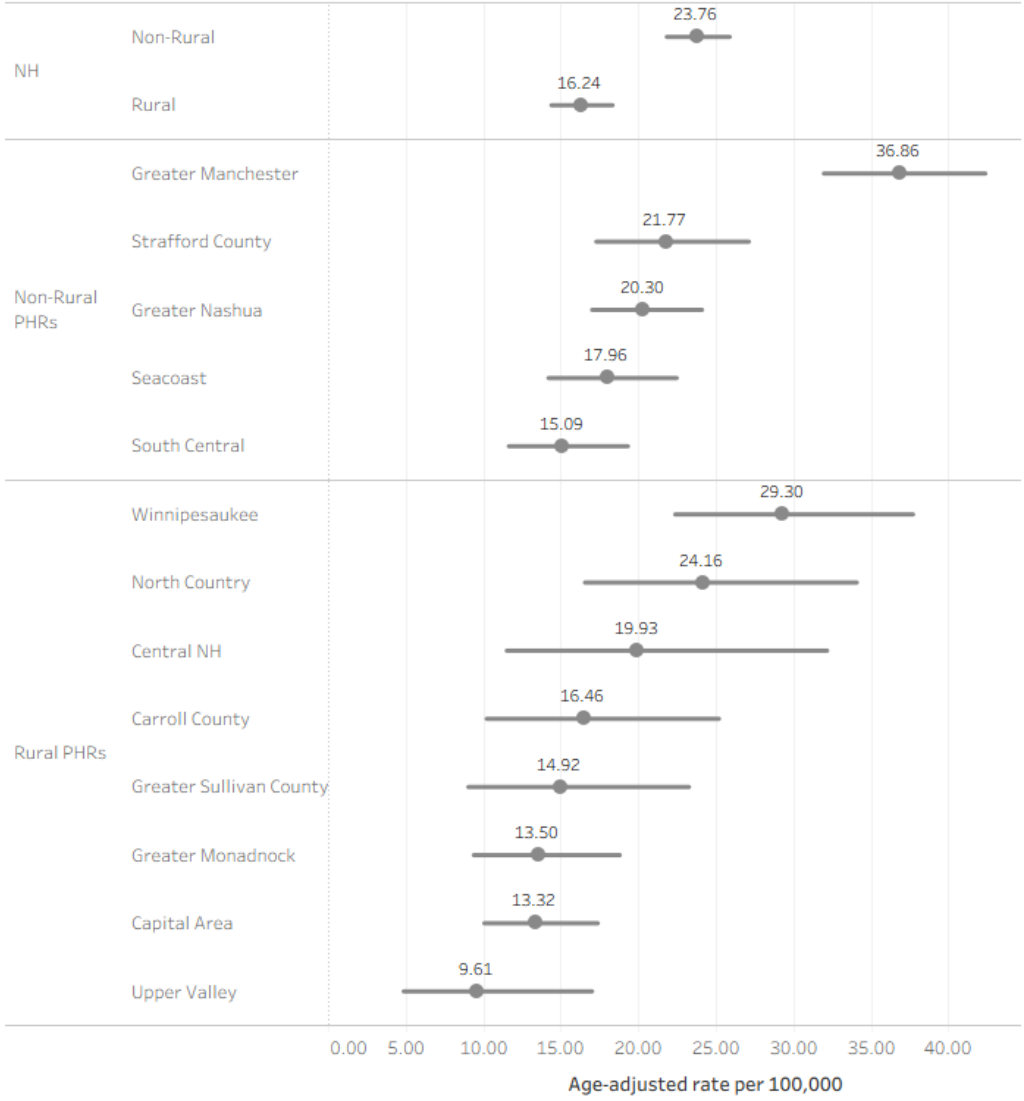




Source: NH Hospital Discharge Data Set (HDDS)

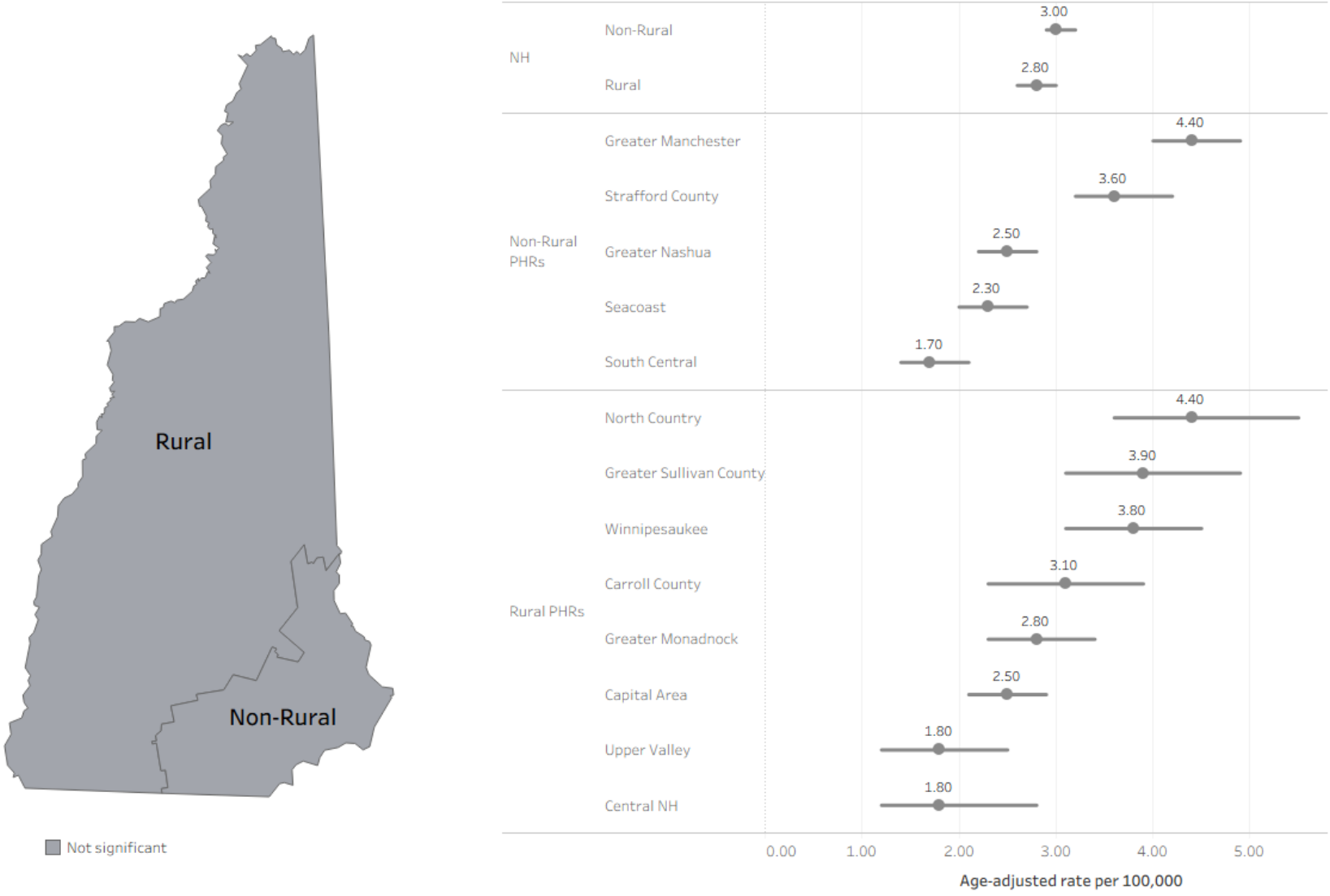
Opioid Overdose - Inpatient, Age-Adjusted Rate per 100,000 Population, 2020-2022





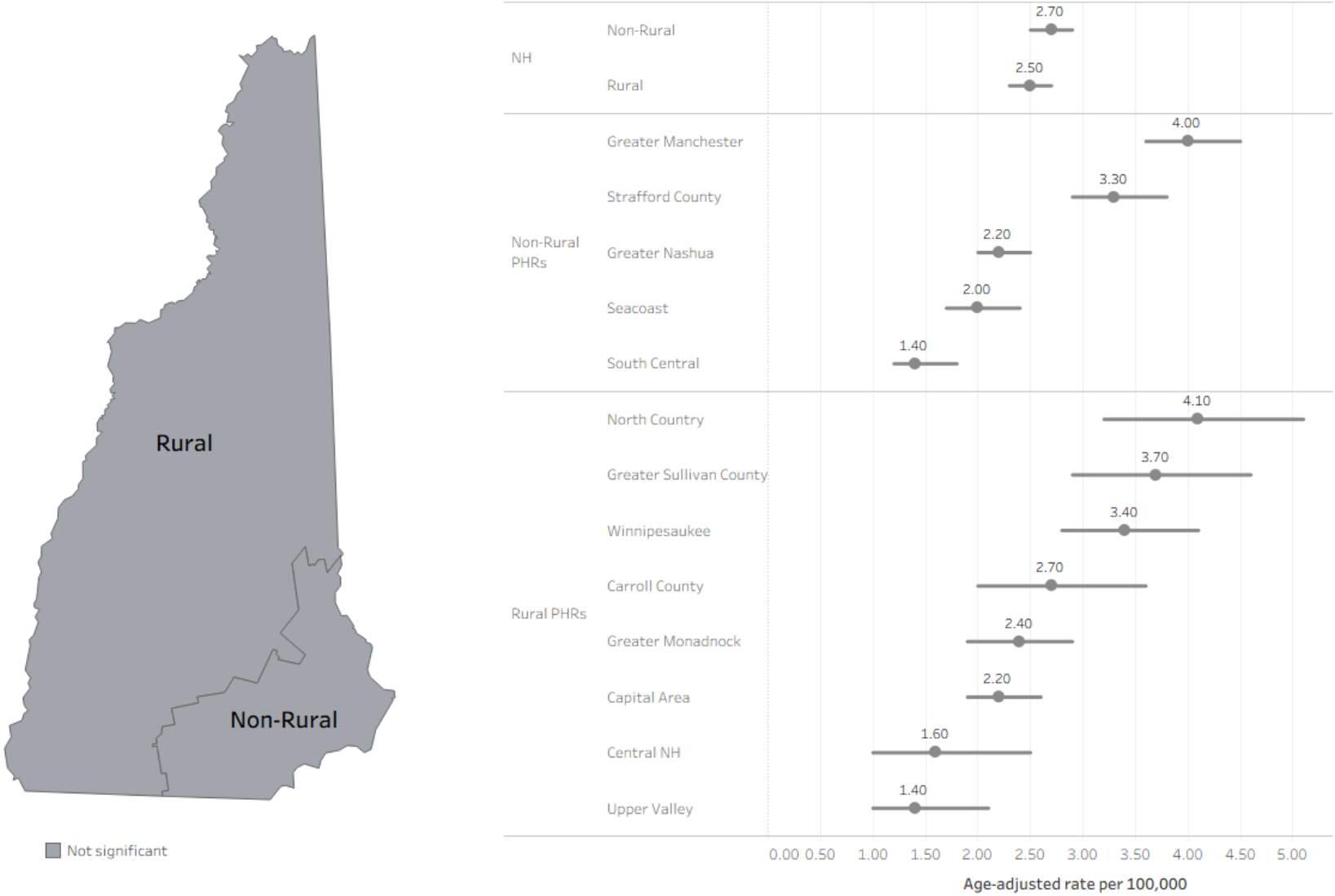
Source: NH Hospital Discharge Data Set (HDDS)

Drug Overdose Deaths, Age-Adjusted Rate per 100,000 Population, 2020-2024



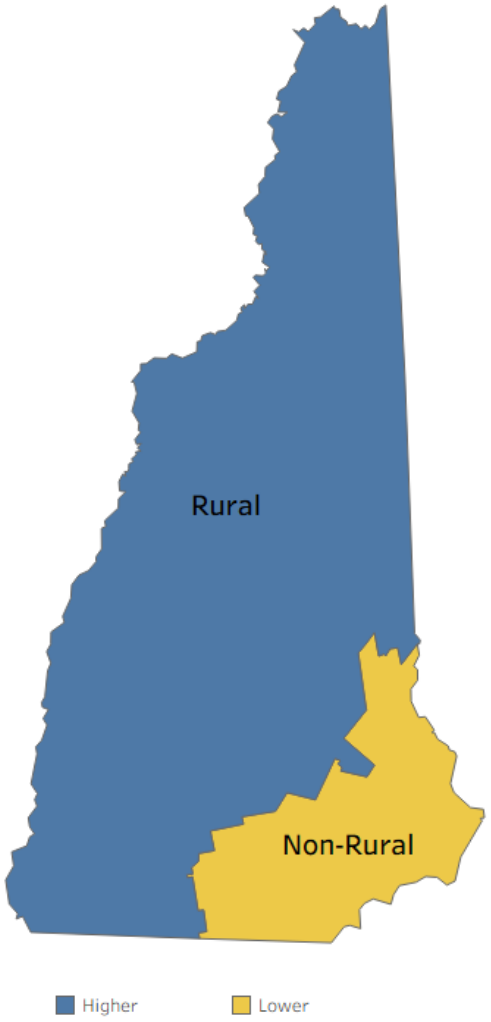
Source: NH Vital Records Death Certificate Data

Drug Overdose Deaths involving Opioids, Age-Adjusted Rate per 100,000 Population, 2020-2024



Source: NH Vital Records Death Certificate Data

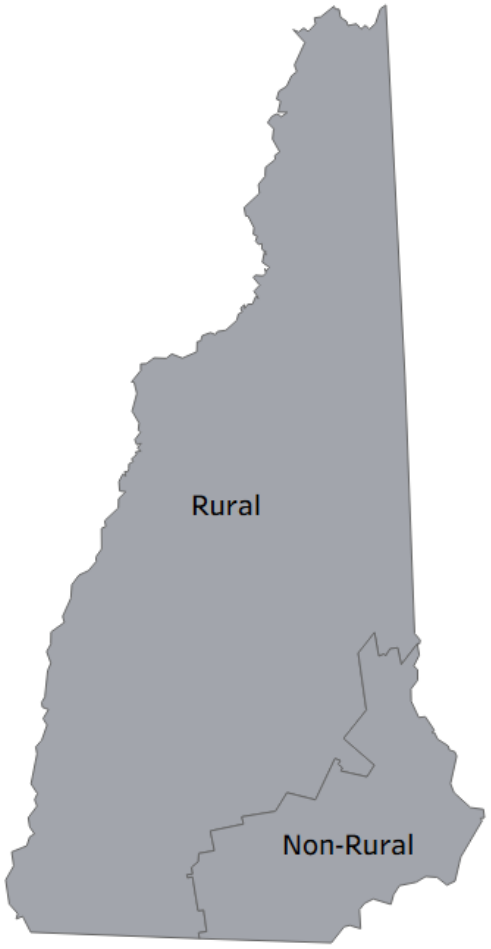
Self-Inflicted Harm - ED Visit, Age-Adjusted Rate per 100,000 Population, 2020-2022



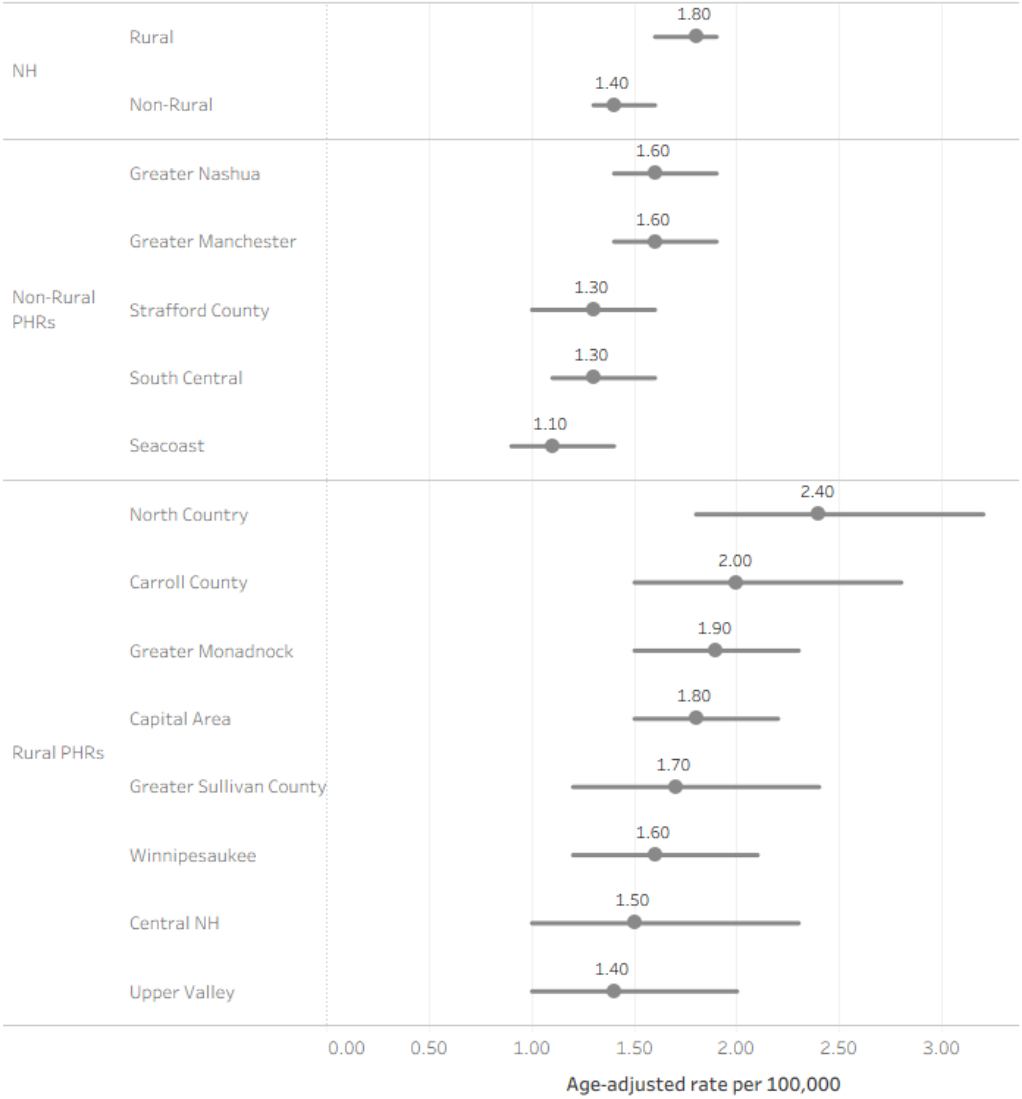


Source: NH Hospital Discharge Data Set (HDDS)

Suicide, Age-Adjusted Rate per 100,000 Population, 2020-2024



Not significant



Source: NH Vital Records Death Certificate Data

Appendix B - Measures Included

Category	Measure	Source	Year(s)	Rate Type
Population Characteristics	Age 65+	ACS	2019-2023	Crude
Population Characteristics	Disability (Civilian, 18-64)	ACS	2019-2023	Crude
Population Characteristics	Veteran (18+)	ACS	2019-2023	Crude
Population Characteristics	Low Income (below 200% of FPL)	ACS	2019-2023	Crude
Population Characteristics	Poverty (below 100% of FPL)	ACS	2019-2023	Crude
Population Characteristics	Education - 4-Year Degree or Higher, (25+)	ACS	2019-2023	Crude
Population Characteristics	Medicaid (19-64)	ACS	2019-2023	Crude
Population Characteristics	Medicaid (0-18)	ACS	2019-2023	Crude
Barriers to Care	No Vehicle (% of households)	ACS	2019-2023	Crude
Barriers to Care	No Household Internet Access	BRFSS	2019-2023	Crude
Barriers to Care	Primary Care Visits > 30 Minutes Away (per member year)	APCD	2023	Crude
Barriers to Care	Mean Travel Time (minutes per member year)	APCD	2023	Crude
Barriers to Care	Primary Care Visits per Year (per member year)	APCD	2023	Crude
Barriers to Care	Primary Care Provider Population Rate	Health Professions Data Center	2022	Crude
Barriers to Care	Primary Care Dentist Population Rate	Health Professions Data Center	2022	Crude
Preventive Care	Dental Visit within Past Year (18+)	BRFSS	2022	Crude
Preventive Care	Lead Testing (12-35 months)	HHLPPP	2024	Crude
Outcomes	Ambulatory Care Sensitive Conditions (ACSCs)-ED	UHFDDS	2020-2022	AA
Outcomes	Prevention Quality Indicators (PQIs)-Inpatient	UHFDDS	2020-2022	AA
Outcomes	Non-Traumatic Dental Conditions - ED	UHFDDS	2020-2022	AA
Outcomes	Proportional Rate, Late-Stage (distant and regional) to Breast Cancer Incidence of All Stages (excluding in situ)	Cancer Registry	2018-2022	AA
Outcomes	Lead Levels (12-35 months)	HHLPPP	2024	Crude
Outcomes	Life Expectancy	Vital Records	2020-2024	Crude
Outcomes	Death-All Causes	Vital Records	2020-2024	AA
Maternal Health	Smoked during Pregnancy	Vital Records	2020-2024	Crude
Maternal Health	Delivery at 42+ Weeks	Vital Records	2020-2024	Crude
Maternal Health	Teen Births	Vital Records	2020-2024	Crude
Behavioral Health	Alcohol/Drug-Related-ED	UHFDDS	2020-2022	AA
Behavioral Health	Alcohol/Drug-Related-inpatient	UHFDDS	2020-2022	AA
Behavioral Health	Opioid Overdose - ED	UHFDDS	2020-2022	AA
Behavioral Health	Opioid Overdose - Inpatient	UHFDDS	2020-2022	AA
Behavioral Health	Self-Inflicted Harm-ED	UHFDDS	2020-2022	AA
Behavioral Health	All Drug Overdose Deaths	Vital Records	2020-2024	AA
Behavioral Health	All Drug Overdose Deaths Involving Opioids	Vital Records	2020-2024	AA
Behavioral Health	Suicide	Vital Records	2020-2024	AA