Unrealized Health Potential:

A Snapshot of New Hampshire

UNREALIZED HEALTH POTENTIAL AMONG CHILDREN

Based on two important indicators of health, infant mortality and children's general health status, children in New Hampshire are not as healthy as they could be. The levels of health for most New Hampshire children fall short of levels for children in the most-advantaged subgroups in the state and across the country. This snapshot describes these gaps as well as the social factors that are linked with these differences in health.

INFANT MORTALITY

New Hampshire ranks 2nd among states based on the relatively small size of the gap in infant mortality by mother's education, when comparing the current overall state rate of 4.7 deaths per 1,000 live births with the lower rate—3.5 deaths per 1,000 live births—seen among infants born to the state's most-educated mothers. If New Hampshire achieved this lower rate overall, infant mortality in the state would be close to the *national benchmark* of 3.2 deaths per 1,000 live births—the lowest infant mortality rate seen in any state among babies born to mothers with 16 or more years of schooling. Despite the relatively low infant mortality rate seen for babies born to the most-educated mothers in New Hampshire, rates in other maternal education and racial or ethnic groups did not meet the national benchmark.

CHILDREN'S GENERAL HEALTH STATUS

New Hampshire ranks 1st among states based on the relatively small size of the gap in children's general health status by family income, when comparing the current overall rate of 8.3 percent of children in less than optimal health with the lower rate—6.4 percent—seen among children in higher-income families. Even if New Hampshire achieved this lower rate overall, the state's rate would still exceed the *national benchmark* for children's general health status of 3.5 percent—the lowest rate of less than optimal health seen in any state among children in families that both were higher income and practiced healthy behaviors. In New Hampshire, the general health status of children in every income, education and racial or ethnic group did not meet the national benchmark.

SOCIAL FACTORS AFFECTING CHILDREN'S HEALTH

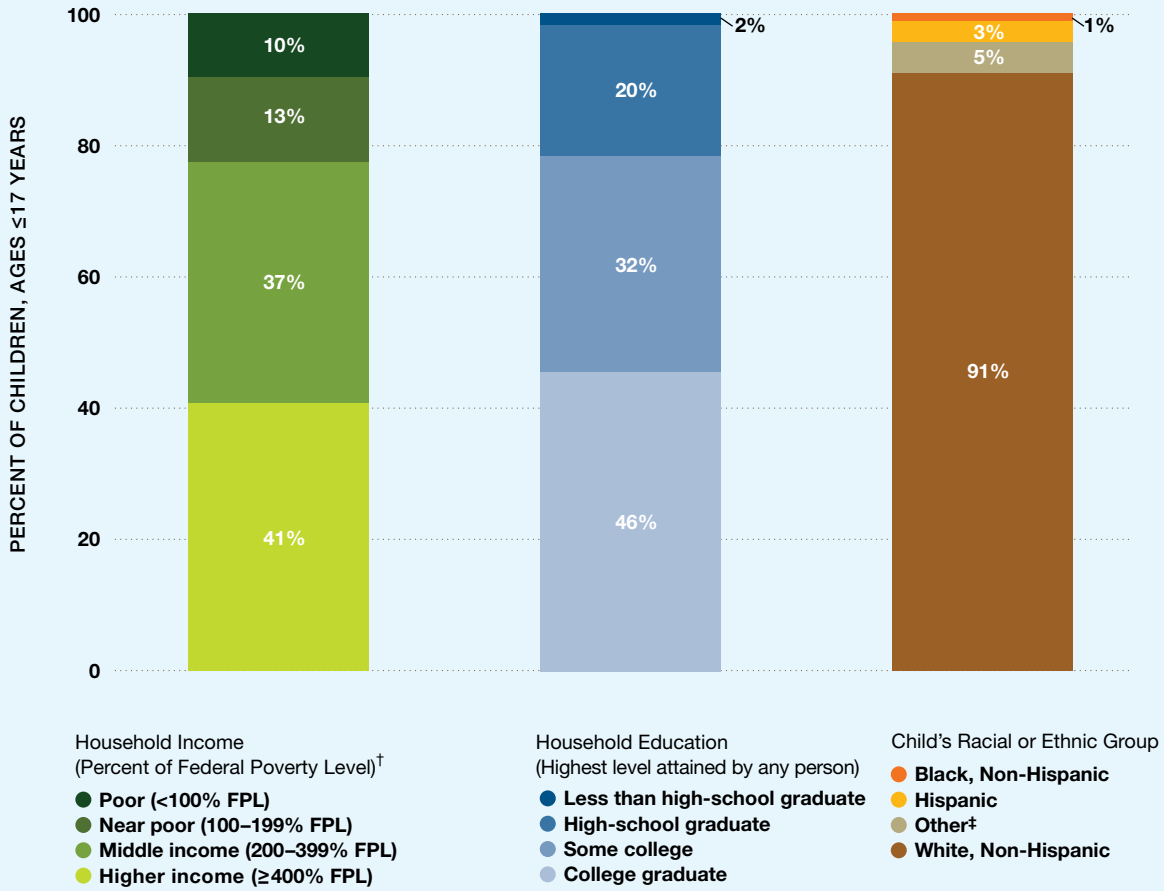
Social factors such as income, education and racial or ethnic group can greatly affect a child's health. This snapshot describes these factors and how they are linked with infant mortality and children's general health status in the state.

NEW HAMPSHIRE:

Social Factors Affecting Children's Health

Health during childhood is powerfully linked with social factors such as the income and education levels of a child's family and his or her racial or ethnic group. This snapshot of children ages 17 years or younger in New Hampshire shows that:

- Nearly one fourth of New Hampshire's children live in poor or near-poor households, approximately one third live in middle-income households and two fifths live in higher-income households.
- One fifth of children in New Hampshire live in households where no one has education beyond high school, one third live with at least one person who has attended but not completed college and nearly half live with at least one college graduate.
- The overwhelming majority—91 percent—of New Hampshire's children are non-Hispanic white, 3 percent are Hispanic and 1 percent are non-Hispanic black.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: 2006 American Community Survey (for data on income and racial or ethnic group); 2005-2007 Current Population Survey (for education data).

† Guidelines set by the U.S. government for the amount of income providing a bare minimum of food, clothing, transportation, shelter and other necessities. In 2006, the U.S. FPL was $16,079 for a family of three and $20,614 for a family of four.

‡ "Other" includes children in any other racial or ethnic group or in more than one group.

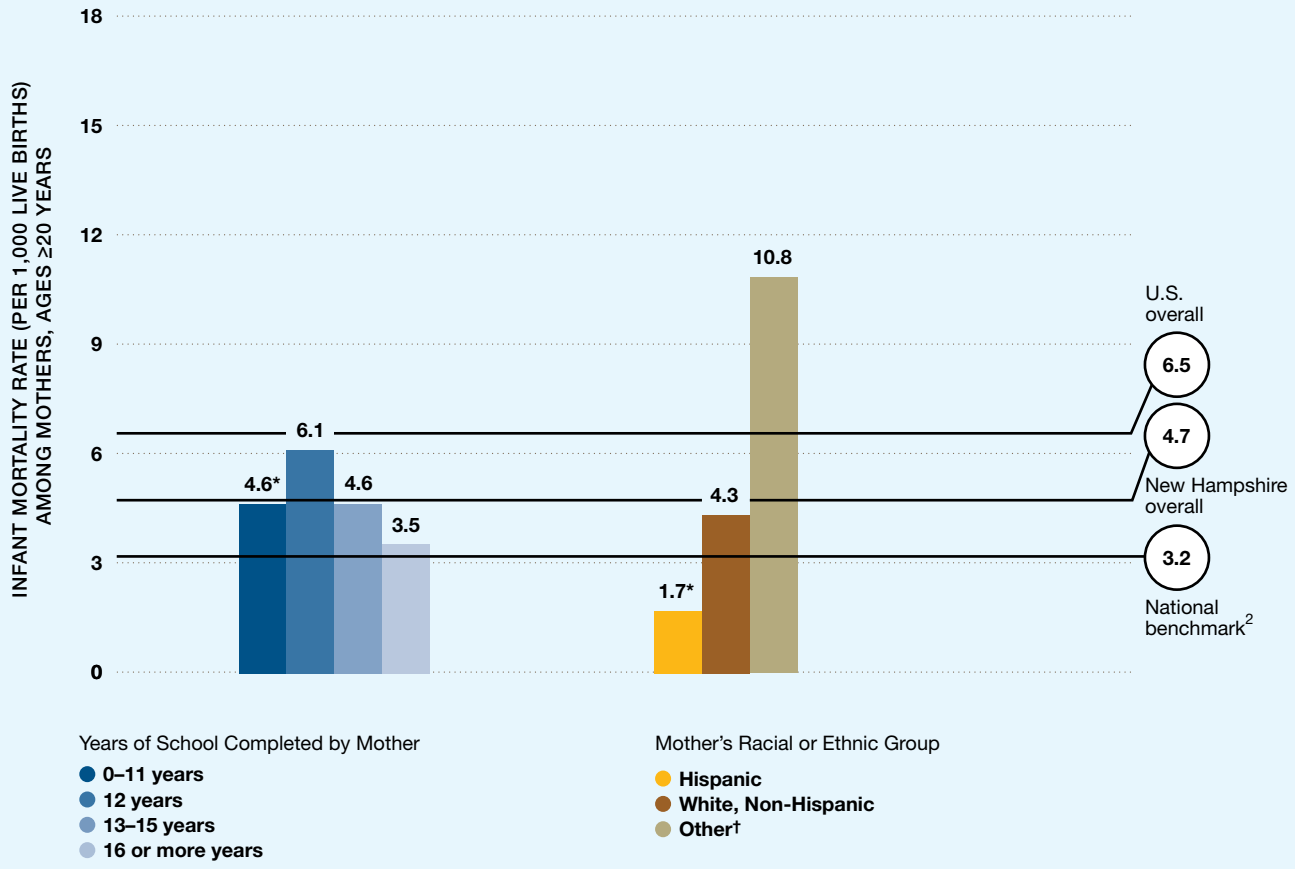
NEW HAMPSHIRE:

Gaps in Infant Mortality

Infant mortality rates[1]—a key indicator of overall health—vary by mother's education and racial or ethnic group in New Hampshire, although the differences are smaller than those seen in most other states.

- Compared with babies born to the most-educated mothers, babies born to mothers with less education appear more likely to die before reaching their first birthdays. The infant mortality rate among babies born to mothers with 12 years of education is approximately 1.5 times the rate for babies born to mothers with 16 or more years of schooling.
- The infant mortality rate among babies born to mothers in the "other" racial or ethnic group is 2.5 times the rate seen among babies of non-Hispanic white mothers.

Comparing New Hampshire's experience against the national benchmark[2] for infant mortality reveals unrealized health potential among New Hampshire babies in almost all maternal education and racial or ethnic groups. Infants in most groups could do better.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: 2000-2002 Period Linked Birth/Infant Death Data Set.

1 The number of deaths in the first year of life per 1,000 live births.

2 The national benchmark for infant mortality represents the level of mortality that should be attainable for all infants in every state. The benchmark used here—3.2 deaths per 1,000 live births, seen in New Jersey and Washington state—is the lowest statistically-reliable rate among babies born to the most-educated mothers in any state.

* Rate based on fewer than 20 infant deaths and considered statistically unreliable.

† Defined as any other or unknown racial or ethnic group, including any group representing fewer than 3 percent of all infants born in the state during 2000-2002.

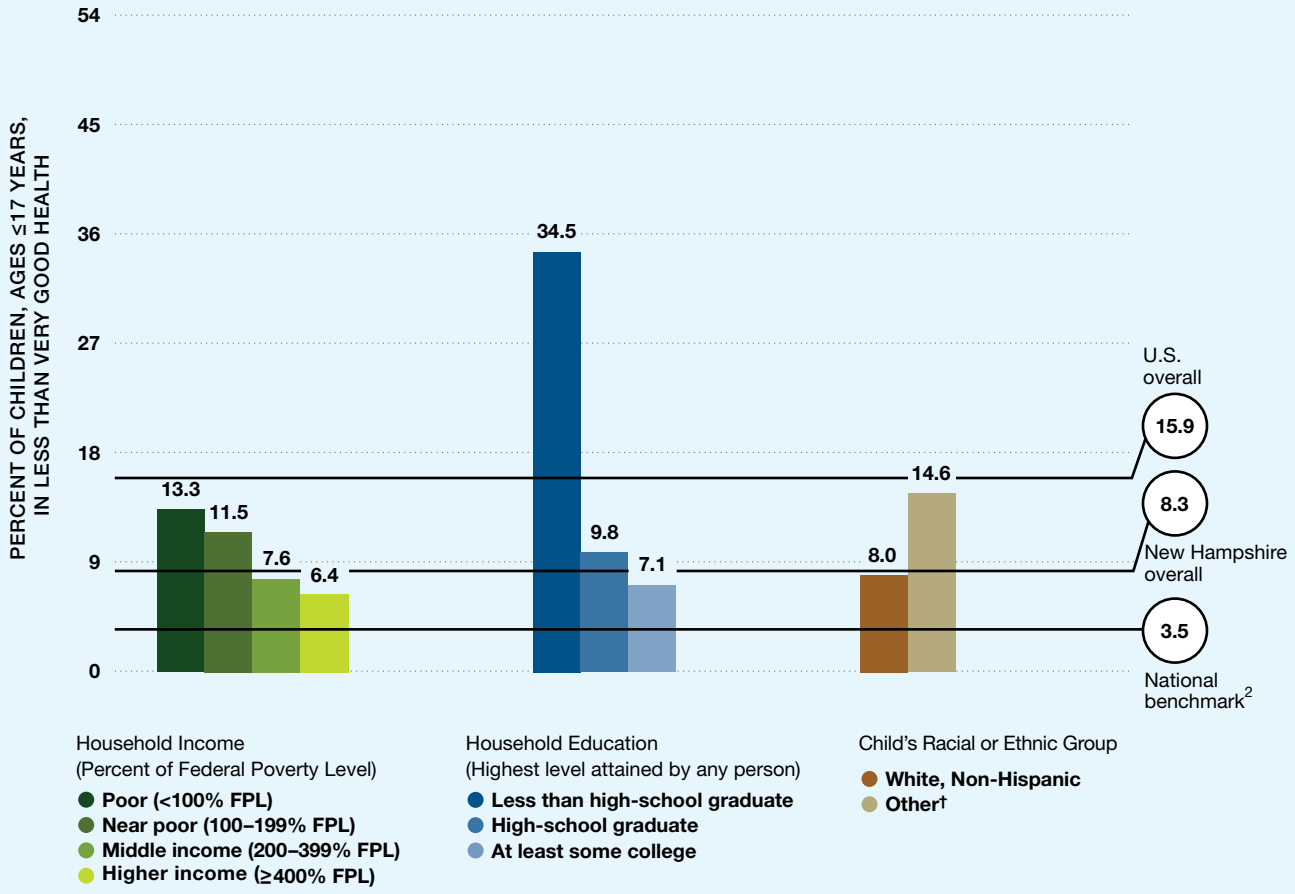
NEW HAMPSHIRE:

Gaps in Children's General Health Status

Within New Hampshire, children's general health status[1] appears to vary by family income and education and by racial or ethnic group. Children in less-advantaged groups typically experience worse health than those with greater advantages.

- Although children in households with less income appear to have higher rates of less than optimal health than children in higher-income households, differences across groups are not statistically significant.
- Children in households without a high-school graduate are nearly five times as likely to be in less than optimal health as children living with an adult who has completed some college.
- The difference in rates of less than optimal health between racial or ethnic groups is not statistically significant.

Comparing New Hampshire's experience against the national benchmark[2] reveals unrealized health potential among New Hampshire children in every income, education and racial or ethnic group.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2003 National Survey of Children's Health.

1 Based on parental assessment and measured as poor, fair, good, very good or excellent. Health reported as less than very good was considered to be less than optimal.

2 The national benchmark for children's general health status represents the level of health that should be attainable for all children in every state. The benchmark used here—3.5 percent of children with health that was less than very good, seen in Colorado—is the lowest statistically-reliable rate observed in any state among children whose families were not only higher income but also practiced healthy behaviors (i.e., non-smokers and at least one person who exercised regularly).

† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of children in the state in 2003.