

Health and Wellness Action Team Research Notes

At the February meeting, the group landed on 3 areas of potential measures – obesity, mental health, and substance abuse. The information below is a compilation of information to help the group come closer to a decision about which measures to use to assess the county’s progress toward reaching its goal.

Four sources were used to compile this data (links/copies of complete studies are available) - County Health Rankings: Mobilizing Action Toward Community Health, published by the University of Wisconsin Population Health Institute with the support of the Robert Wood Johnson Foundation¹, the NH Childhood Obesity Report by the Foundation for Healthy Communities², Community Health Status Indicators put together by the U.S. Department of Health and Human Services³, and the 2009 Youth Risk Behavior Survey⁴.

In County Health Rankings, NH ranked 8th overall in health outcomes based on poor life expectancy and 5th in health factors for its overall good ratings in behaviors like smoking, drinking and obesity as well as a clean environment. The data used here was the data that could be compiled for counties all across the country and cannot be easily compared to straight data from the original source. In some cases, multiple years were grouped together, and in other cases, coefficients were calculated. Each factor was then assigned a “weight” based on how readily available, consistent, and how much it could be potentially changed by community efforts it was. Each value was compared to a state value and a target value, which represented the 90th percentile (only 10% of all counties were better). If you look at the various health factors’ rankings, an interesting anomaly appears with Carroll County: while Carroll scores poorly in Clinical Care (Access to Care and Quality of Care) and Socio-economic Factors (Education, Employment, Income, Family and Social Support and Community Safety), it scores very well in its citizen’s Health Behavior (i.e. Tobacco Use, Diet and Exercise, Unsafe Sex and Alcohol Use) and has the best Physical Environment (Environmental Quality, Access to Health Food, Limited Access to Alcohol) of all 10 NH Counties. However, this still leads to Carroll citizens experiencing the 8th worst Health Outcomes, including the 9th highest mortality rate.

The Youth Risk Behavior Survey is given to high school students to find out about the risky or healthy behaviors kids might be doing and their perceived risks of such activities (substance abuse, drinking, fighting, bullying, suicides, etc). The data shown here are youth from Kennett High School and Moultonborough Academy; Kingswood High School youth last took it in 2005.

In the NH Childhood Obesity Report, researchers reviewed medical charts at 25 different primary care practices in 17 different communities. Among other things, researchers compared obesity rates based on type of insurance coverage and type of provider. Data was not broken down by county in this study.

The Community Health Status Indicators report was compiled by the National Health and Human Services Department. It compares this county to other counties (“peer counties”) in the U.S. that have similar demographics as well as targets based on a 95% confidence interval and the Healthy People 2010 target, a national health goal and objective setting activity led by the Office of Disease Prevention and Health Promotion and a compendium of health outcomes desired by the Year 2010.

¹ <http://www.countyhealthrankings.org/new-hampshire/carroll>

² <http://www.healthynh.com/fhc/initiatives/REPORT%20FINAL.pdf>

³

<http://communityhealth.hhs.gov/RiskFactorsForPrematureDeath.aspx?GeogCD=33003&PeerStrat=26&state=New%20Hampshire&county=Carroll>

⁴ <http://www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/youthrisk.htm>

1. Obesity Measures

YRBS:

- Nearly 30% of students reporting thought they were slightly or very overweight (NH: 28.8%). About half of the youth who filled out a survey are trying to lose weight (NH: 44.5%). About 6 of every 10 students exercise to manage their weight (NH: 60.6%), and nearly 3 in 10 ate less food/calories to manage their weight (NH: 39.8%). About 20% of the students watch TV for 3+ hours a day on a school day (NH: 25.2%).
- More were physically active (CC: more than 50%, NH: 45.6%), believe their parents have clear rules and standards (CC: more than 80%, NH: 80.6%)
- Drank sodas (past 7 days) (CC: less than 20%, NH: 20.5%)

NH Childhood Obesity Report:

- Of the 1,453 6-12 year olds, 32.8% were considered overweight or obese (29.8% of females, 35.8% of males were considered overweight or obese). Of the original group, 16.5% were obese (19% for the U.S.).
- More covered under Health Kids Gold and Silver were obese and overweight (37.7% versus 30.6% of kids covered under private insurance).
- Not only did few providers even note in the records that a child is overweight or obese (86% of kids age 6-9; 72% of children age 10-12), but of those who were identified few were given diet or physical activity assessments, blood sugar, or cholesterol tests or were given referrals to nutritionists. Results also differed by the type of practice (pediatric, family practitioners, or a mix of both).

County Health Ranking study:

- Low adult obesity rate (CC: 21%, NH: 25%, Target: 22%)

Community Health Status Indicators:

- Premature death factors: No exercise (CC: 20.5%), obesity (CC: 16.3%), high blood pressure (CC: 26.3%; no NH data), diabetes (CC: 6.8%); not eating more than 5 servings of fruit or vegetables a day (69.3%) (NH: no data)

Behavioral Risk Factor Surveillance Survey⁶:

- No physical activity in last 30 days: 25.9%, NH:21.5%
- Fair or poor health status: 10.4%, 11.4%
- Obese: 25%, NH:24.9%

2. Mental Health Measures

YRBS:

- About 1 out of 5 felt so sad or hopeless that they stopped doing some activities (NH: 24.2%). About 1 out of 10 considered suicide in the past year (NH: 13.4%), with fewer following through with a plan or attempting (about half of the original group) (NH: 5.4%).
- Almost 50% feel like they matter to the community (NH: 42.8%).

County Health Rankings:

- Number of days people self-defined as being poor mental health days was higher than the state's value and the report's target value⁷

Community Health Status Indicators:

- Suicide: 16.9 per 100,000 (1999-2003); higher than peer group (7.2-16.3) and target (4.8)

⁶ 2008 data

⁷ BRFSS, 2000-2008. (CC: 3.5 days, NH: 3.2, target: 2.8)

- Between 1999-2003, 40% of deaths of 15-24 year olds were caused by injuries and 24% were caused by suicides (no state aggregate data provided).
- Between 1999-2003, 25-44 year olds died from injuries (32%), cancer (15%), suicide (13%), or heart disease (11%) (no state aggregate data provided).

5 3. Risky behaviors/substance abuse

YRBS:

- Not quite 20% have smoked cigarettes in the past 30 days (NH: 18.7%), less than 10% using smokeless tobacco (NH: 7.9%); most perceive the risk of tobacco (NH: 96.2%).
- More than two-thirds of students have ever had at least one drink of alcohol (NH: 68%), with less than 20% having it before they were 13 (NH: 15.6%). About 40% of kids said they had been drinking in the past month (NH: 37.7%), about 25% of them admitted to binge drinking in the past 30 days (NH: 24.4%).
- Less than 40% of students reported ever using marijuana (NH: 40.6%), with nearly half that amount using it in the past 30 days (NH: 23.6%) (less than 5% using on school property (NH: 4.1%)). Nearly 20% said they were offered or sold/given drugs on school property in the past year (20.8%).
- About 20% have reported using prescription drugs without a prescription (NH: 23.8%); about 10% reported using them to get high (NH: 12%). Nearly 10% also admitted to sniffing glue or inhaling paints or aerosols (NH: 11.9%).
- Few students have never worn a helmet when riding a bike (more than 50%, 62.8% NH), used a seatbelt (about 10%, 11.4% NH)
- Didn't use any form of protection against pregnancy in the past year (about 5%, 8.2% NH)

Community Health Status Indicators

- Motor vehicle injuries: 19.9 per 100,000; higher than targets
- Unintentional injuries: 24.7 per 100,000; higher than 2010 target
- Smoker (CC: 21.8%)
- Premature death factors: high blood pressure (CC: 26.3%; no NH data), diabetes (CC: 6.8%)

Behavioral Risk Factor Surveillance Survey⁸:

- Heavy drinking: 7.7%, NH: 6.4%
- Diabetes: 8.2%, NH: 7.2%
- Currently smoking: 17%, NH: 17.1%

County Health Rankings:

- Low adult smoking rate⁹ (CC and NH: 20%, target: 18%), low adult binge drinking rate (CC: 14%, NH: 16%, target: 14%)⁴, low Chlamydia rate (measure of sexually risky behavior) (CC: 101 per 100,000; NH: 156, target: 98)¹⁰.
- Higher motor vehicle crash death rate (CC: 23 per capita, NH: 11, target: 9)¹¹, and a higher percentage of children in poverty (CC: 15%, NH: 9%, target: 7%)¹².

⁸ 2008 data

⁹ BRFSS, 2002-2008.

¹⁰ National Center for Health Statistics, 2006.

¹¹ National Center for Health Statistics, 2000-2006.

¹² Small Area income and Poverty Estimates, U.S. Census, 2007.