

Greater Portsmouth Community Health Profile



The Greater Portsmouth Public Health Network
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Executive Summary

In 2005, the NH Department of Health and Human Services (DHHS) awarded the City of Portsmouth a grant to establish a New Hampshire Public Health Network similar to other regional health networks across the State. The purpose of the network grant program is to develop regional approaches to emergency response and public health planning. The Greater Portsmouth Public Health Network (GPPHN) incorporates the City of Portsmouth, and the towns of New Castle, Rye, Newington, and Greenland.

The Greater Portsmouth Public Health Network completed the Center for Disease Control's Local Public Health Assessment in May 2005; participants prioritized four Essential Services that became the Public Health Improvement Plan's (PHIP) Scope of Work. One of the priorities was to *Monitor Health Status by obtaining data that provides information on the communities' health*. The GPPHN decided that the development of this data, would take the form of a Community Health Profile.

The Community Health Profile was developed by the Community Health Institute. This profile uses available data to paint a picture of who is living in the Greater Portsmouth communities and seeks to identify the leading health issues facing residents. It is our hope that the information presented in this profile will be useful as agencies focus on individual organizational strategic planning initiatives and work towards improving the health of all residents.

In order to develop this profile, the analysts reviewed and analyzed data from federal, national, state and local sources. Comparisons between member towns and the entire region were made with state and national data. Comparisons were also made to goals laid out in *Healthy New Hampshire 2010*, New Hampshire's health promotion and disease prevention agenda for the 21st century. This analysis has identified several areas where residents of Greater Portsmouth are generally healthier than the residents of New Hampshire overall. Additionally, this Community Health Profile has identified several health-related areas that are worthy of community level action. **In Greater Portsmouth, local agencies have recognized the need for action in these areas over the past several years and have designed and implemented interventions for some of the challenges discussed below.**

Residents of the Greater Portsmouth region fared well on the following health measures:

Maternal and birth data

- The Greater Portsmouth region performs better than New Hampshire overall for most indicators. In particular, a higher proportion of the births to residents of Greater Portsmouth received early and 'early and adequate' prenatal care.

Causes of death

- Residents aged 65–74 die from heart disease at lower rates than the state.

Youth substance use

- Between 2001 and 2005, the percentage of high school students that reported using alcohol and marijuana in the past month declined.

Injuries

- The rate of both outpatient discharges and inpatient hospitalizations for motor vehicle occupant injuries among Greater Portsmouth residents is lower than the New Hampshire rate overall.
- There is also a lower outpatient discharge rate for overexertion in the region than the state rate.

Dental health

- The rate of emergency department visits for dental caries for Greater Portsmouth residents is significantly lower than New Hampshire's rate.

Community level health interventions could be considered to address the following:

Maternal and birth data

The following indicators for the region do not meet the Healthy New Hampshire 2010 goals:

- Maternal alcohol use

- Maternal tobacco use
- Percentage of babies born with a low birth rate

Causes of death

- The three leading causes of death are heart disease, invasive cancer, and cerebrovascular disease. These rates are no different than for the state of New Hampshire, however, they are the cause of most deaths in the region.
- For all ages combined and for 85 years and over, residents of the Greater Portsmouth region die from Alzheimer's Disease at higher rates than the state.

Heart disease

- The congestive heart failure inpatient hospital discharge rates for residents aged 55–64 years and 75–84 years were higher than the same aged New Hampshire residents.

Cancer

- Breast cancer incidence rate for the Greater Portsmouth region is higher than both the state's and the nation's incidence rates.

Respiratory disease

- Asthma outpatient hospital discharge rates were higher for Greater Portsmouth residents than for New Hampshire residents for ages 0–24 and 45–74.

Diabetes

- Diabetes is one of the top five leading causes of death for residents aged 55–74.

Mental health

- Suicide is the number one cause of death for residents aged 15–34 years and is in the top five causes of death for those aged 45–54.
- The top three diagnoses of emergency department discharges for mental health admissions for Greater Portsmouth residents are: neurotic disorders, depressive disorders and nondependent drug use.
- The rate of emergency department discharges for nondependent drug use, alcohol dependent syndrome, acute reaction to stress and alcoholic psychoses for Greater Portsmouth residents are greater than for the New Hampshire overall.
- Alcohol and other drug related deaths are among the top five causes of death for residents aged 35–54.

Youth substance use

- In 2005, the proportion of students reporting the use of cocaine and inhalants in the past month was higher than the same age group for the state of New Hampshire.
- A higher percentage of high school students reported that they had obtained illegal drugs at school compared to that reported by students overall in the state.
- The rate of inpatient discharges for poisoning among 15–24 year olds is higher than for the state.

Injuries

- There is a higher rate of outpatient discharge among Greater Portsmouth residents for 'falls and struck by or against' injuries.

Osteoporosis

- There are significantly more osteoporosis-related conditions being treated on an inpatient basis among Greater Portsmouth residents than for the New Hampshire population at large.

In developing this profile, we have analyzed numerous data sets in an attempt to be as comprehensive as possible. However, there may be health issues not captured in the profile because of lack of data. Even with these limitations, the profile highlights the majority of the most compelling health issues for the region.

Acknowledgments

The Greater Portsmouth Public Health Network is a collaboration of six seacoast communities with funding provided by the Centers for Disease Control and Prevention through the NH Division of Public Health Services in coordination with the NH Department of Safety.

This effort was guided by a work group of the GPPHN Advisory Committee. The workgroup was chaired by Mary Cook, M.Ed, Public Health Coordinator with membership including Martha Wassell, Infection Control Clinician/Portsmouth Regional Hospital; Dr. Gail Snow, Rye Health Officer; Richard DiPentima, Portsmouth Resident, Kim McNamara, Portsmouth Health Officer; and David Moore, Portsmouth Community Development Program Manager.



Methodology

Project description:

The Community Health Institute (CHI) was contracted by the City of Portsmouth to develop a Community Health Profile for the five municipalities that make up the Greater Portsmouth Public Health Network: Greenland, New Castle, Newington, Portsmouth, and Rye. This profile uses available data to paint a picture of who is living in the Greater Portsmouth communities and seeks to identify the leading health issues facing residents. It is our hope that the information presented in this profile will be useful as agencies focus on individual strategic planning initiatives and work towards improving the health of all residents.

Methods:

In order to develop this profile, the analysts reviewed and analyzed the following sources:

1990 and 2000 Census Data	U.S. Census Bureau
Birth Characteristic Indicators, 1999-2003; Leading Causes of Death, 1999–2001; Causes of Death not Classifiable as Leading Causes, 1999–2001; NH DHHS Hospital Discharge Data, Various Date Ranges The NH State Cancer Registry	Bureau of Health Statistics and Data Management at the New Hampshire Department of Health and Human Services (NH DHHS)
The SEER Cancer Statistics Review	National Cancer Institute
Behavior Risk Factor Surveillance System, Selected Metropolitan/Micropolitan Area Trends, 2004–Rockingham County, NH	United States Centers for Disease Control and Prevention
Community Survey of Priorities, Assets and Needs Executive Summary (SPAN), September 2004	United Way of the Greater Seacoast
Healthy New Hampshire 2010 Report	NH DHHS

There are other types and sources of data useful in developing a health profile that were not available for this analysis. These include:

- Cancer: mortality by type and stage of diagnosis
- Communicable disease incidence data
- Local data from the Youth Risk Behavior Surveillance System (YRBSS)
- Environmental data (for example: radon, lead and data from the public beach inspection program)
- Behavior Risk Factor Surveillance System (BRFSS) data collected at the local level
- Data on crime

Demographic data analysis:

In the analysis of the census data, demographic information was compared to census information for New Hampshire and for the United States. Data from 1990 and 2000 were used to compare demographic trends in Greater Portsmouth towns to that of the state and the nation.

Birth characteristics analysis:

In the analysis of birth characteristic information, the percentage of births to residents of Greater Portsmouth—which have the following characteristics—were compared to births to New Hampshire residents.

- Low birth weight (<2500 grams)
- Very low birth weight (<1500 grams)
- Births paid for by Medicaid
- Births to mothers with less than a high school education
- Births to unmarried mothers
- Births with early prenatal care

- Births with early and adequate prenatal care
- Births with reported maternal alcohol use
- Births with reported maternal tobacco use

Ninety-five percent confidence intervals provided by the NH DHHS were compared to determine if the percentages of births having a particular characteristic for Greater Portsmouth were significantly different from the state. Finally, the proportion of births to Greater Portsmouth residents that received *early and adequate prenatal care*, were *low birth weight*, and with reported *maternal smoking or alcohol use* were compared to Healthy New Hampshire 2010 targets. The Healthy New Hampshire 2010 (HNH2010) draws on the national health promotion and disease prevention agenda for 2010 to set state-specific goals for better health and improved health behaviors. HNH2010 sets state-level goals to focus resources, talents, and voices that can make a real difference for our families, neighbors, and communities (www.healthynh2010.org)

Leading causes of death analysis:

In the leading causes of death analysis, the leading causes of death for Greater Portsmouth residents overall were compared to the leading causes for New Hampshire overall. Ninety-five percent confidence intervals provided by the NH DHHS were compared to determine if the rates for each cause of death for Greater Portsmouth were significantly different from the state.

An analysis of the top five leading causes of death by 10-year age category was conducted. Where the number of events (deaths) were too small for rate calculations, leading causes of death for each age group were ranked. Deaths were included in the ranking when more than one death event occurred for that cause and age category. The ranked causes of death for Greater Portsmouth were compared to the ranked causes of death for New Hampshire overall for each age category. Where rates were calculable, death rates and confidence intervals from specific causes for a particular age group were compared to death rates and confidence intervals for that cause for the state overall to determine if there were significant differences in these rates.

In addition to reviewing the leading causes of death, other causes of death not classifiable as leading causes according to the U.S. Centers of Disease Control and Prevention's definition of leading causes were also reviewed as a part of this profile. In this review, it was determined that a large proportion of deaths were occurring that were attributable to substance use. These were:

- Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent
- Mental and behavioral disorders due to use of alcohol, dependence syndrome
- Mental and behavioral disorders due to use of alcohol, harmful use
- Mental and behavioral disorders due to multiple-drug use and use of other psychoactive substances, harmful use

These four death classifications were grouped in this analysis and classified as "alcohol and drug-related" deaths.

Hospital discharge data analysis:

In the hospital discharge data analysis, hospital discharge rates and 95% confidence intervals for Greater Portsmouth residents and New Hampshire residents were compared to determine if statistically significant differences in hospital discharge rates existed within diseases and age groupings.

Hospital discharge data does not capture out-of-state hospitalizations of Greater Portsmouth residents. Hospital discharge data reflects resident usage of any New Hampshire hospital. Discharge data is likely to reflect health system usage patterns and variations in admission and treatment policies from region to region. Care should be taken in interpreting the results of this analysis.

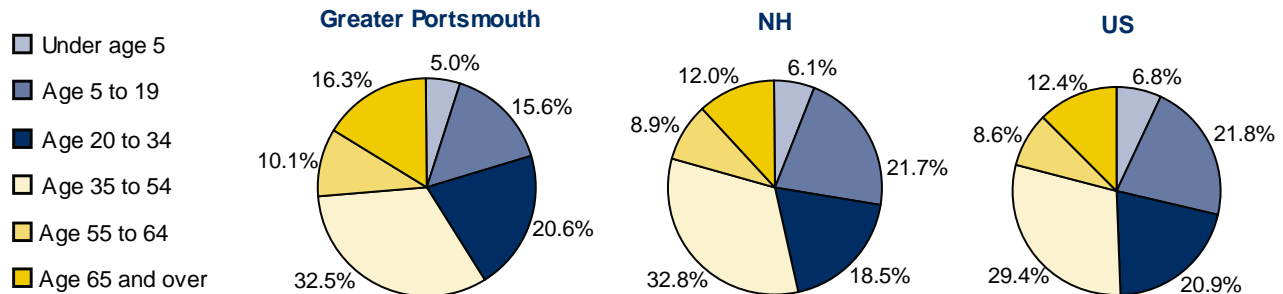
Analysis of behavioral risk factor surveillance system data:

Data from the Behavior Risk Factor Surveillance System (BRFSS) Selected Metropolitan/Micropolitan Area–Rockingham County was compared to New Hampshire BRFSS data. Note that this data was drawn from a representative sample of residents of Rockingham County; it is not specific to the five Greater Portsmouth regional towns covered by this profile.

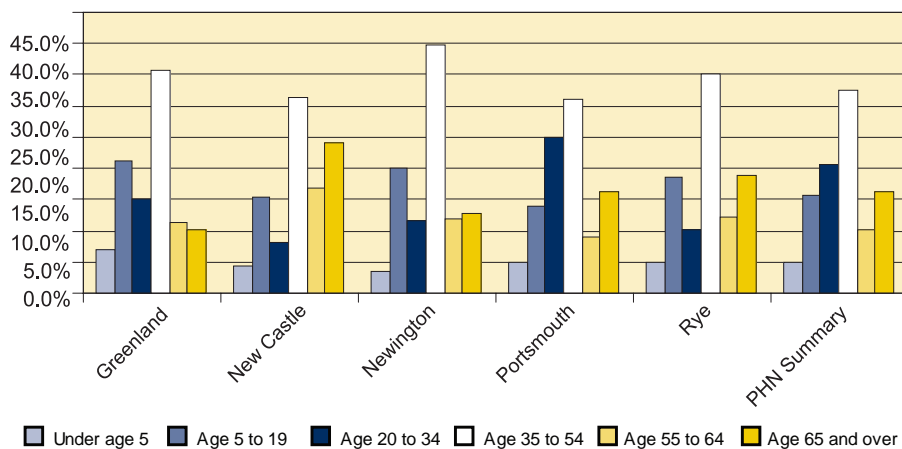
Demographics—Who Lives in Greater Portsmouth?

Age

Population by Age Group



Population by Age Group and Municipality, 2000



Population by Age Group and Municipality, 2000

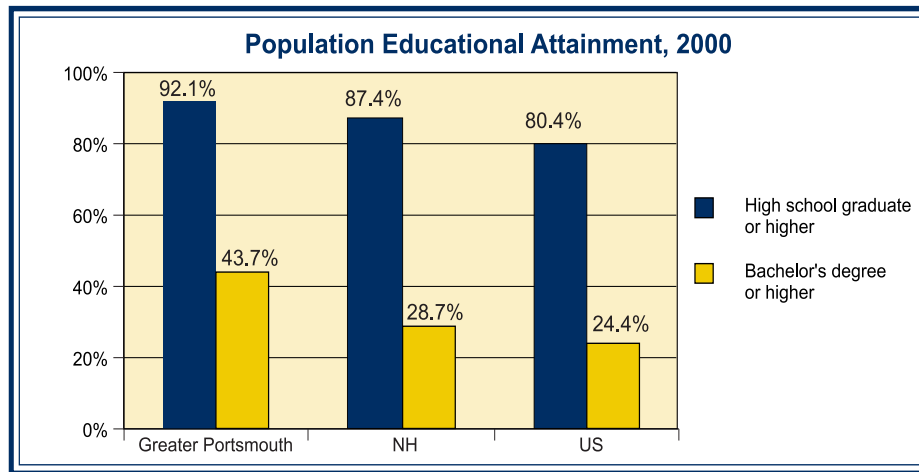
	Greenland	New Castle	Newington	Portsmouth	Rye	PHN Summary
Under age 5	6.9%	4.3%	3.6%	4.9%	4.8%	5.0%
Age 5 to 19	21.2%	15.3%	20.1%	13.8%	18.7%	15.6%
Age 20 to 34	15.0%	8.2%	11.6%	25.0%	10.3%	20.6%
Age 35 to 54	35.7%	31.3%	39.7%	31.2%	35.0%	32.5%
Age 55 to 64	11.2%	16.8%	12.0%	9.0%	12.2%	10.1%
Age 65 and over	10.1%	24.1%	12.9%	16.3%	19.0%	16.3%

The residents of Greater Portsmouth are slightly older than the residents of New Hampshire and the U.S. overall. The median age of the residents of Greater Portsmouth is 39.9 years, compared with 37.1 years for New Hampshire and 35.3 for the United States.

Looking at variations in age distribution among the towns making up Greater Portsmouth, Greenland is the youngest community—with a median age of 38.1 years—and New Castle is the oldest community, with a median age of 49.6 years.

Source: U.S. Census

Education

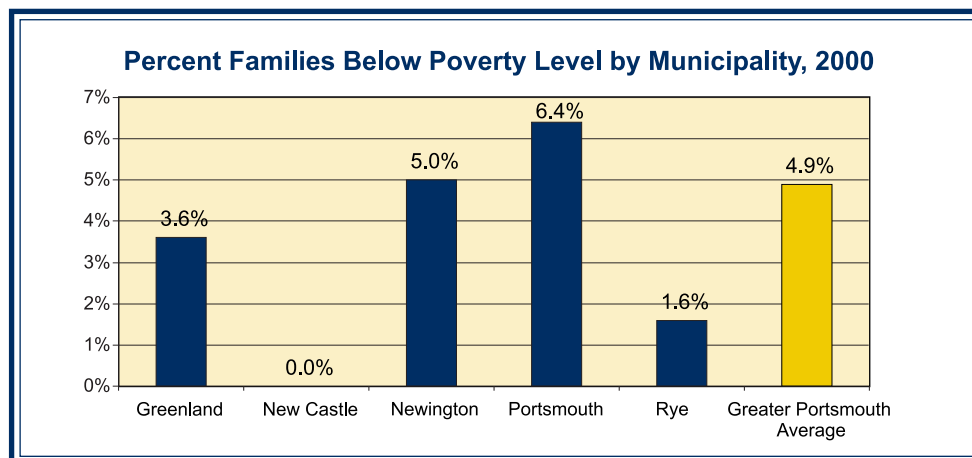
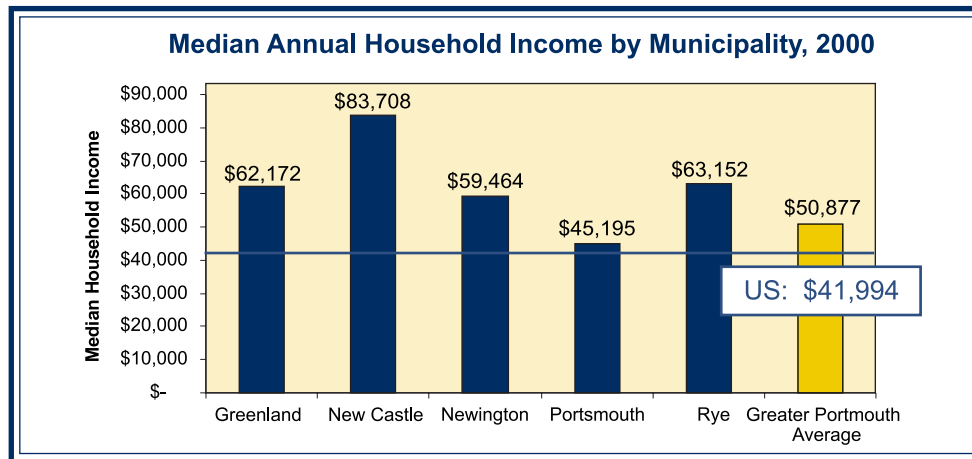


The communities of Greater Portsmouth have a higher percentage of residents who have earned at least a high school diploma, as well as a higher proportion of residents who hold at least a Bachelor's degree.

Source: U.S. Census



Income and poverty levels



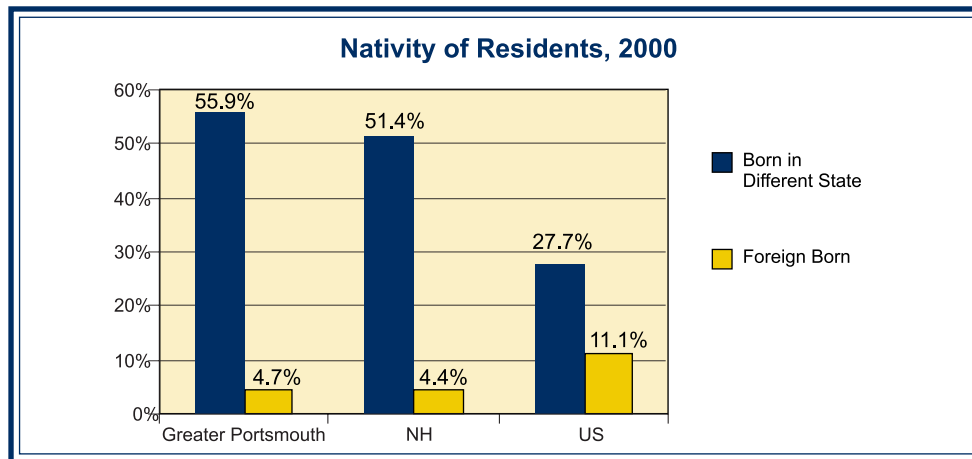
The median household income in Greater Portsmouth is \$50,877, which is slightly higher than New Hampshire's median income of \$49,467, and much higher than the U.S. median household income of \$41,994. The wealthiest towns are New Castle and Rye. Portsmouth has the lowest median income among the towns of Greater Portsmouth.

In spite of the fact that the median income of the communities of Greater Portsmouth is slightly higher than that of the state, Greater Portsmouth has a higher percentage of families below poverty level than New Hampshire (Greater Portsmouth: 4.9%, NH: 4.3%). The percentage of households in the United States living below the poverty level is 9.2%.

Source: U.S. Census



Foreign-born residents



Greater Portsmouth and New Hampshire have a much higher percentage of residents than the U.S., who relocated from other states, but a much lower percentage of foreign-born residents than the nation overall.

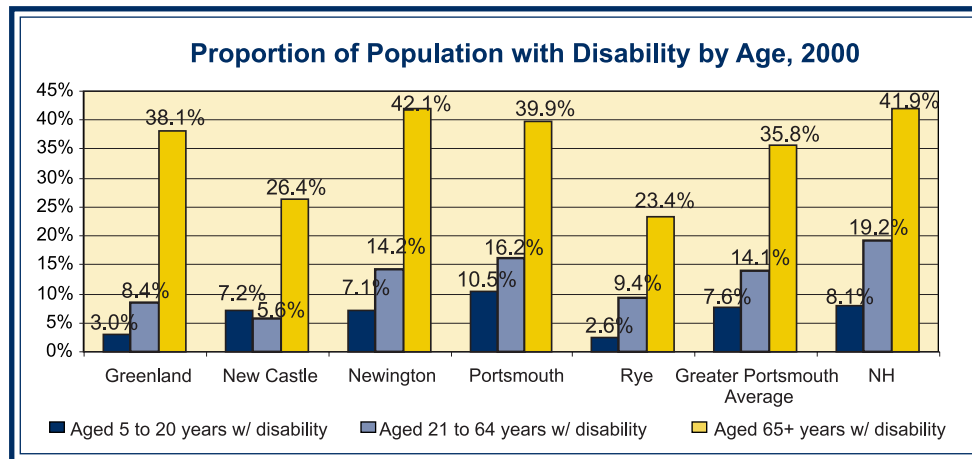
Greater Portsmouth had slightly more residents who classified themselves as “Non-White” than New Hampshire: Greater Portsmouth: 4.95%; New Hampshire: 3.96%. Almost a quarter of U.S. residents (24.86%) classified themselves as “Non-White” in the 2000 U.S. Census.

In 2002, Rochester-Strafford Counties and Portsmouth had a lower proportion of people aged 5 and over that spoke English “less than ‘very well’.” According to the United Way Community SPAN report, 1.4% of residents of Rochester and Strafford Counties and 2% of Portsmouth residents report speaking English less than very well, compared with 2.4% of New Hampshire residents.

Source: U.S. Census, United Way Community SPAN report



People with disabilities



The U.S. Census collects information on the following types of individuals' disability status:

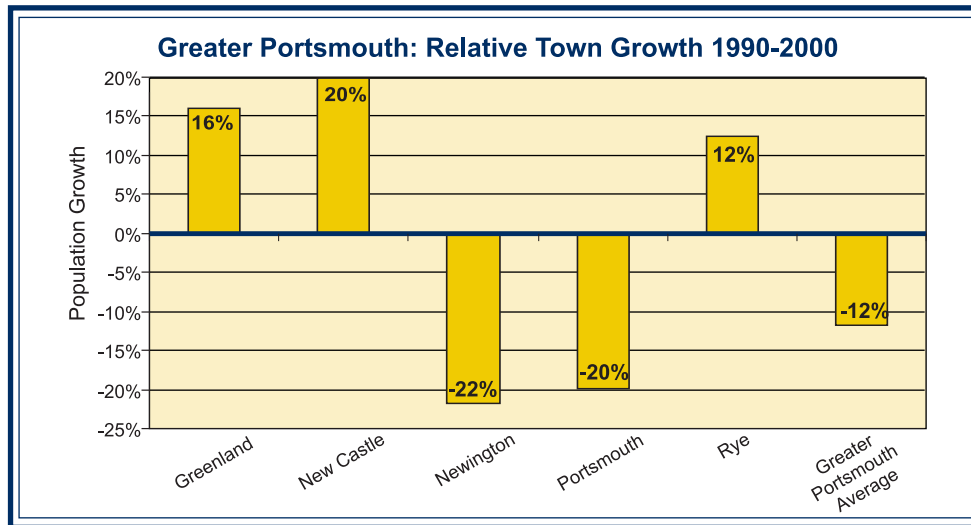
Physical, mental (difficulty with cognitive tasks such as remembering, learning, concentrating), sensory, self-care, 'go-outside-home' (difficulty going outside the home to shop or visit doctor) and employment.

Greater Portsmouth has a lower disability rate at all ages than New Hampshire. Looking within the Greater Portsmouth towns, the town with the lowest proportion of individuals reporting any disability is Rye.

Source: U.S. Census



Population growth



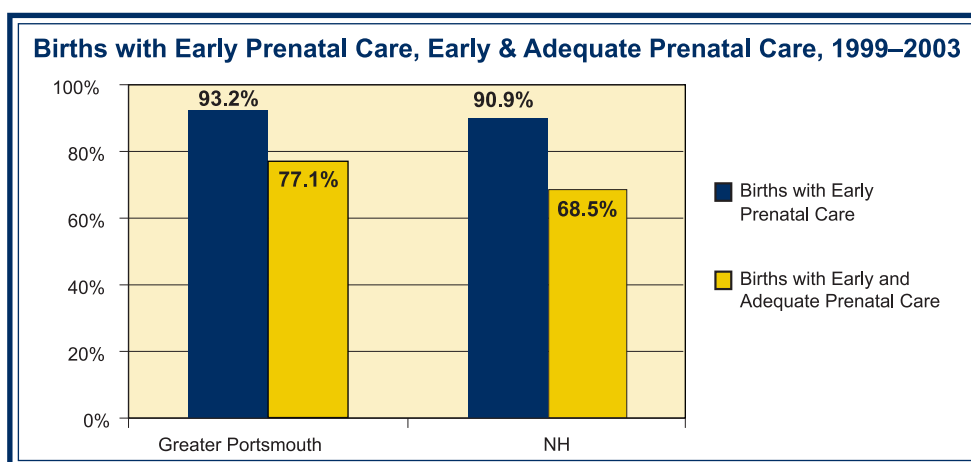
Overall, the population of Greater Portsmouth decreased by 12% between 1990 and 2000, while both New Hampshire and U.S. were growing substantially (NH +11%, US +13%). This may be due, in part, to the closure of Pease Air Force Base in March of 1991. However, several Greater Portsmouth communities experienced positive population growth in this time period (Greenland, New Castle, and Rye).

Source: U.S. Census



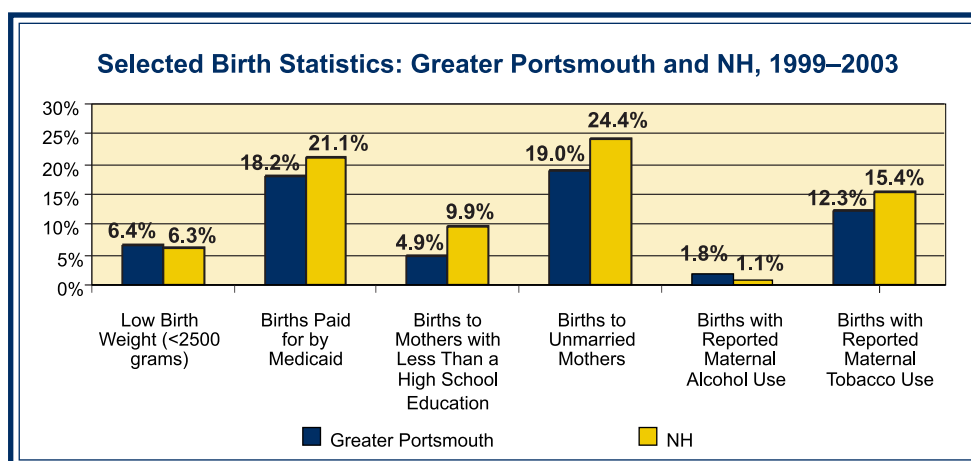
How is our Health?

Maternal and birth data



A higher proportion of Greater Portsmouth residents who gave birth between 1999–2003 received early, and early and adequate prenatal care. Early prenatal care is defined as care beginning in first trimester of pregnancy. Early and adequate prenatal care is defined as care beginning in first trimester of pregnancy, and including three major components: risk assessment, treatment for medical conditions or risk reduction, and education throughout the course of the pregnancy. It is based on an Adequacy of Prenatal Care Utilization Index.

The Healthy New Hampshire 2010 goal for the proportion of women giving birth who receive early and adequate prenatal care is 90%. Slightly more than three-quarters (77.1%) of Greater Portsmouth residents who gave birth received early and adequate prenatal care between 1999–2003.

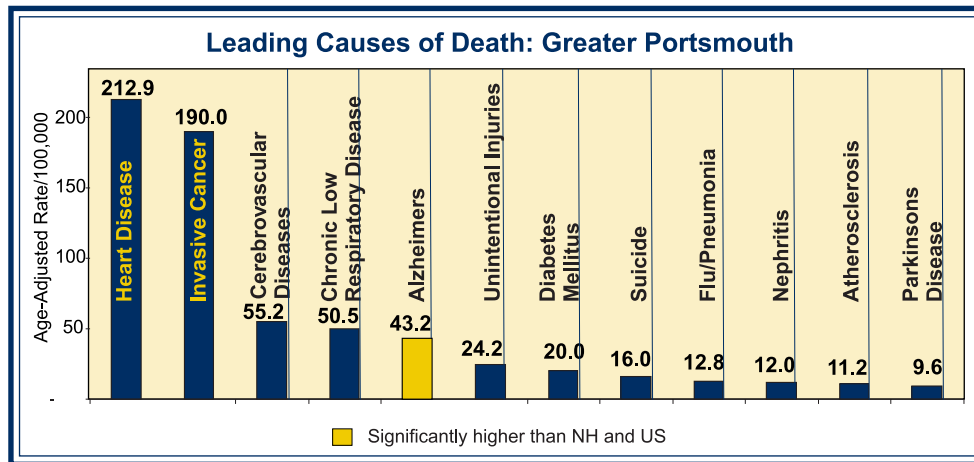


The Greater Portsmouth region performs better than New Hampshire overall on all but one birth-related indicator: In Greater Portsmouth, maternal alcohol use is reported in a higher proportion of births than in New Hampshire. Twelve percent (12.3%) of new mothers in Greater Portsmouth report smoking during their pregnancies, compared with 15.4% of mothers in New Hampshire overall; the Healthy New Hampshire 2010 goal is to reduce maternal tobacco use to 10% of all new mothers reporting smoking during pregnancy.

The Healthy New Hampshire 2010 goal for the percentage of babies born at low birth weight is 5%. Currently, the percentage of newborns born to residents of Greater Portsmouth with low birth weight is 6.4%. Low Birth Weight is defined as newborns weighing less than or equal to 2500 grams.

Source: Birth Characteristic Indicators, 1999–2003 www.healthypeople.gov; Healthy NH 2010 report

Causes of death



The leading causes of death for Greater Portsmouth residents, as well as for New Hampshire residents overall, are: heart disease, invasive cancer, cerebrovascular disease, chronic lower respiratory disease, Alzheimer's disease, unintentional injuries, suicide, flu/pneumonia, nephritis, atherosclerosis, and Parkinson's disease.

Greater Portsmouth residents are dying at the same rates as New Hampshire residents for all but one of these diseases. Residents of Greater Portsmouth die of Alzheimer's disease at **significantly higher rates** than the New Hampshire population (43.2/100,000 for Greater Portsmouth, compared with 24.1/100,000 for New Hampshire).

Source: Leading Causes of Death, 1999–2001



Leading causes of death by age

Rank	Age Category							
	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85+ years
1	Suicide	Suicide	Accidents	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
2	Unintentional Injuries	Homocide	Alcohol and Drug Related	Heart Disease	Heart Disease	Heart Disease	Cancer	Cancer
3		Unintentional Injuries	Cancer	Alcohol and Drug Related	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Alzheimer's
4		Cancer	Heart Disease	Suicide	Unintentional Injuries	Stroke	Stroke	Stroke
5		Heart Disease	Diabetes	Stroke/ Unintentional Injuries	Diabetes	Diabetes	Alzheimer's	Chronic Lower Respiratory Disease

While heart disease, cancer, and stroke are the leading causes of death for Greater Portsmouth, an examination of leading causes of death by age group reveals that unintentional injuries and suicide are the leading causes of preventable death for our younger residents.

There are no differences in death rates by disease and age category between Greater Portsmouth and New Hampshire for most of the causes of death for which rates were calculable. However, the heart disease death rate (shaded) for 65–74 year olds was **significantly lower** for Greater Portsmouth residents than for New Hampshire residents (342/100,000 for Greater Portsmouth compared with 581/100,000 for New Hampshire overall).

The death rate from Alzheimer's disease (shaded) was **significantly higher** for Greater Portsmouth residents 85 years and over than for New Hampshire residents in the same age category (Greater Portsmouth 1631/100,000 compared with 953/100,000 for New Hampshire).

Source: Leading Causes of Death, 1999–2001



Diseases of the vascular system

Vascular disease includes any condition that affects the circulatory system, including heart disease and stroke.

Heart disease

The leading cause of death for all residents of the Greater Portsmouth region is heart disease.

Heart disease is the leading cause of death for residents aged 75 and over, and is among the top five leading causes of death for Greater Portsmouth residents aged 25–74. The overall death rate from heart disease in the Greater Portsmouth region is the same as New Hampshire's rate.

From 1999–2001, the rate of inpatient hospital discharges for heart disease in the 65–74 year-old age group was lower than for New Hampshire, (4,234/100,000 for Greater Portsmouth vs. 4,964/100,000 New Hampshire overall).

Congestive heart failure inpatient hospital discharge rates for Greater Portsmouth residents aged 55–64 years and 75–84 years were higher than for same aged New Hampshire residents.

For Greater Portsmouth residents aged 55–64, the death rate from congestive heart failure was 433/100,000, compared with 267/100,000 for New Hampshire overall. For Greater Portsmouth residents aged 75–84 years, the death rate from congestive heart failure was 2,504/100,000 compared with 1,976/100,000 for New Hampshire.

Source: NH DHHS Inpatient Hospital Discharge Data, 1999–2001

Stroke

Stroke (Cerebrovascular disease) is the third leading cause of death for the residents of Greater Portsmouth. The death rate is not significantly different from the New Hampshire rate. Stroke is among the top five leading causes of death for Greater Portsmouth residents ages 45–54 and 65 and over.



Cancer

Age-adjusted Incidence Rate per 100,000 Population by Sex and Primary Site

Top Cancers 1997-2001					
Males			Females		
1	Prostate	157.8	1	Breast	167
2	Lung & Bronchus	93.6	2	Lung & Bronchus	55.6
3	Colorectal	54.6	3	Colorectal	38.6
4	Bladder	50.5	4	Other	36.1
5	Other	50.3	5	Corpus Uteri	26.0
6	Melanoma of the Skin	30.1	6	Melanoma of the Skin	23.2
7	Non-Hodgkin's Lymphoma	19.0	7	Ovary	15.5
8	Kidney & Renal Pelvis	18.2	8	Bladder	14.9
9	Oral Cavity & Pharynx	17.9	9	Non-Hodgkin's Lymphoma	13.6
10	Stomach	15.4	10	Leukemia	12.3
11	Pancreas	12.7	11	Thyroid	11.3
			12	Pancreas	9.3

Cancer is the second leading cause of death for residents of Greater Portsmouth. Cancer is the leading cause of death for residents aged 45–74, and is among the top five leading causes of death for Greater Portsmouth residents aged over 25 years.

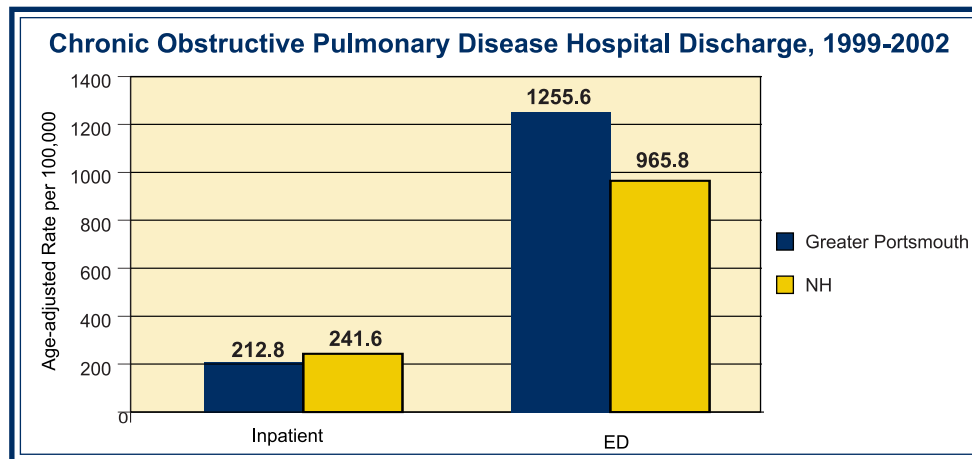
Cancer incidence rates among Greater Portsmouth residents are similar to those of New Hampshire residents overall for most cancers. The only cancer incidence rate that is **statistically significantly different** from the New Hampshire rate is the breast cancer rate (Greater Portsmouth's breast cancer incidence rate is 167/100,000, compared with 135.8/100,000 for New Hampshire overall). Greater Portsmouth's breast cancer rate is also **significantly different** from the SEER* national rate (142.0/100,000).

*SEER stands for Surveillance, Epidemiology and End Results, published by the National Cancer Institute.

Source: NH State Cancer Registry and SEER Cancer Statistics Review 1975–2000 for SEER Rates



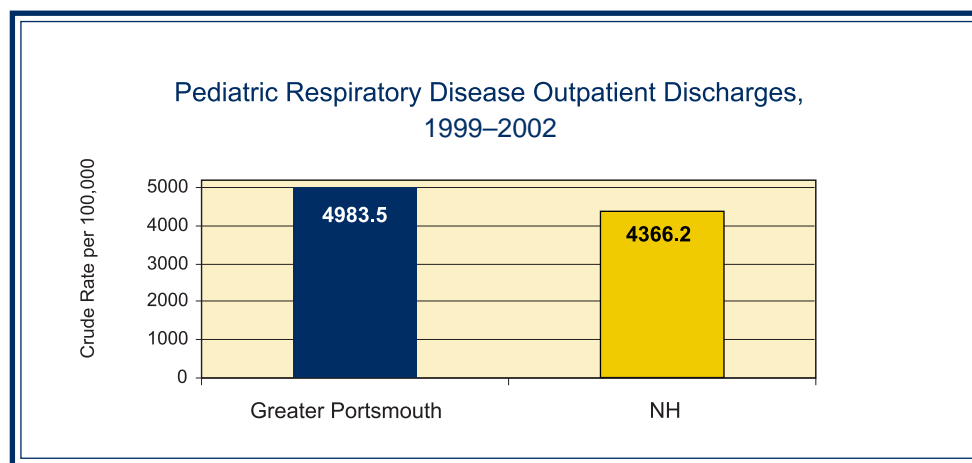
Respiratory disease



Chronic lower respiratory disease is the fourth leading cause of death for Greater Portsmouth residents and is among the top five leading causes of death for Greater Portsmouth residents aged 55 and over.

Greater Portsmouth has a **significantly lower** inpatient discharge rate than New Hampshire for chronic obstructive pulmonary disease (COPD), and a higher rate of emergency department discharges for COPD.

Source: NH DHHS Hospital Discharge Data, 1999–2002

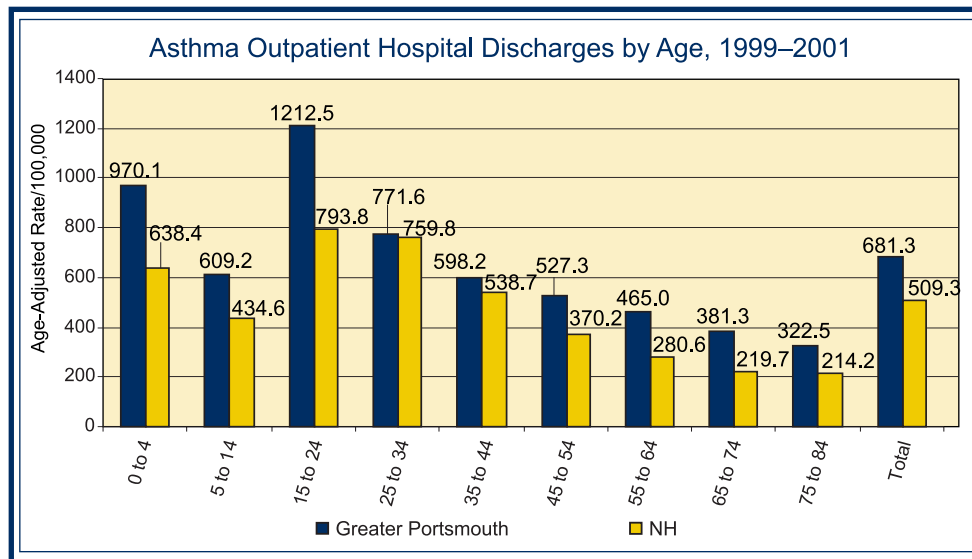


The emergency department pediatric (age<18) hospital discharge rate for respiratory disease was higher for Greater Portsmouth than for New Hampshire as a whole. There were no differences in pediatric inpatient discharge rates.

Source: NH DHHS Hospital Discharge Data, 1999–2002



Respiratory disease (continued)



Outpatient hospital discharge rates for asthma were higher for Greater Portsmouth than for New Hampshire overall, and for ages 0–24 and 45–74 as seen in chart above by age group.

Source: NH DHHS Hospital Discharge Data, 1999–2001

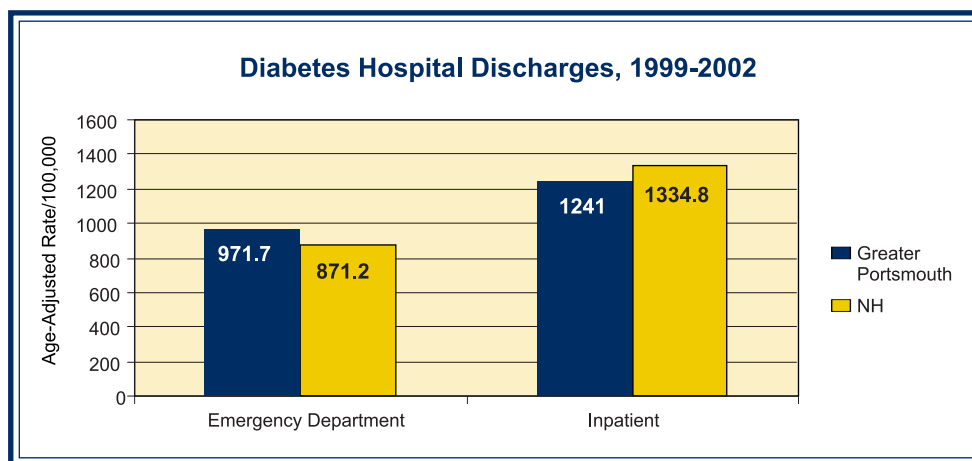
Environmental factors: ozone

Ozone, also known as ground-level ozone or smog, is linked to increased respiratory disease. Ozone is more of a problem in New Hampshire in the summer due to increased temperatures. It is impacted by winds blowing from the south, southwest and southeast. It is also impacted by sea breeze. The federal-based standard for an eight-hour ozone concentration is 80 parts per billion (120 parts per billion for a one-hour average). The Portsmouth monitoring station exceeded the federal standard in Portsmouth on ten individual days in 2002. This station hit a high of 103 parts per billion for an eight-hour period in that year, one of the highest reached in the state. In 2003, the Portsmouth air monitoring station logged one day at 82 ppb and in 2004 had one day at 98 ppb.

Source: NH Department of Environmental Services, Summary of Ozone Events, 2002, 2003, 2004.



Diabetes

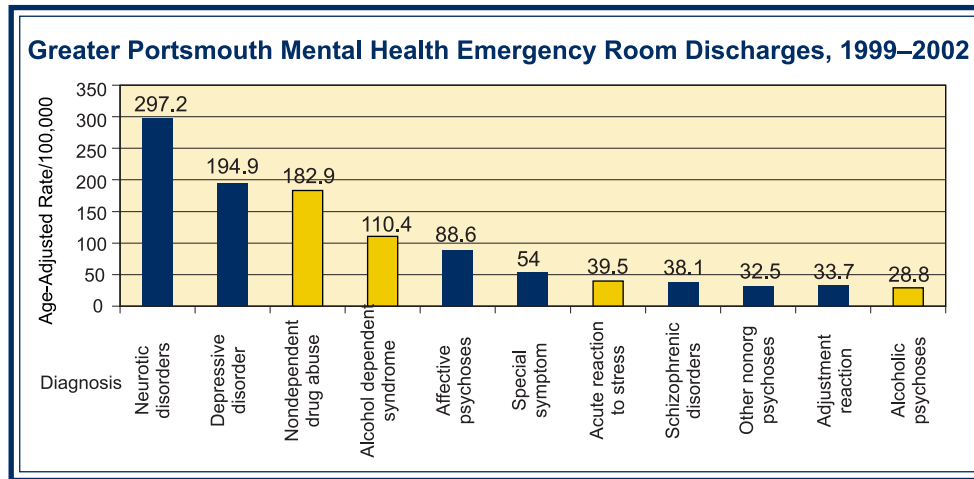


Diabetes is one of the top five leading causes of death for Greater Portsmouth residents aged 55–74. The Greater Portsmouth region has a statistically significant higher rate of emergency department discharges for diabetes than the State of New Hampshire. The reverse is true for inpatient discharges.

Source: NH DHHS Hospital Discharge Data, 1999–2002



Behavioral health



The top three diagnoses for Emergency Room discharges for mental health admissions are neurotic disorders, depressive disorders and nondependent drug abuse. The diagnoses noted in yellow are statistically **significantly higher** than the state. These are nondependent drug abuse, alcohol dependence syndrome, acute reaction to stress and alcoholic psychoses. Three of these four relate to alcohol or drug abuse. Alcohol and other drug related deaths are among the top five causes of death for residents aged 35–54 years old.

The media reported (February 25, 2006) on the results of a 2005 Youth Risk Behavior Survey of Portsmouth High School students. The survey found that the percentage of students reporting using alcohol in that past month declined from 52% of students in 2001 to 47% in 2005; the proportion of students reporting use of marijuana in the past month also declined from 36% in 2001 to 30% in 2005. Almost a quarter (24%) of students reported that they had ridden in a car with someone who had been drinking in 2005, a proportion unchanged from the 2001 results.

The proportion of students reporting use of cocaine and inhalants in the past month was higher than for New Hampshire overall. Cocaine: 13% (NH 3%) Inhalants: 18 (NH 11%). One-third of students (33%) reported that they had obtained illegal drugs at school, compared with 26% of students statewide.

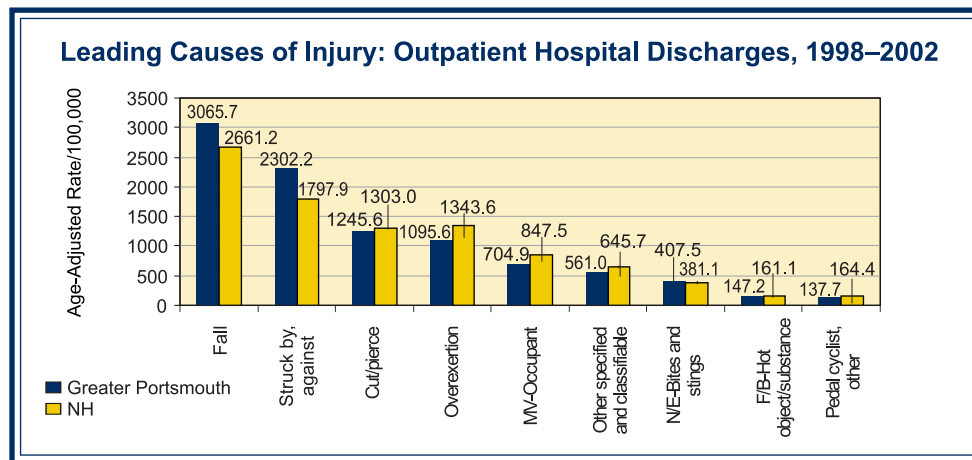
Between 1999 and 2002, Greater Portsmouth had a higher rate of inpatient hospital discharges for poisoning among 15-24 year-olds than the state overall: 286/100,000 vs. 116/100,000 for New Hampshire.

As is the case for New Hampshire overall, suicide is a leading cause of death in Greater Portsmouth residents. It is the eighth leading cause for all ages combined and the number one cause of death for residents aged 15–34 years. It is in the top five causes of death for those aged 45–54 years of age.

Source: The Portsmouth Herald, February 25, 2006, NH DHHS Hospital Discharge Data, 1999–2002

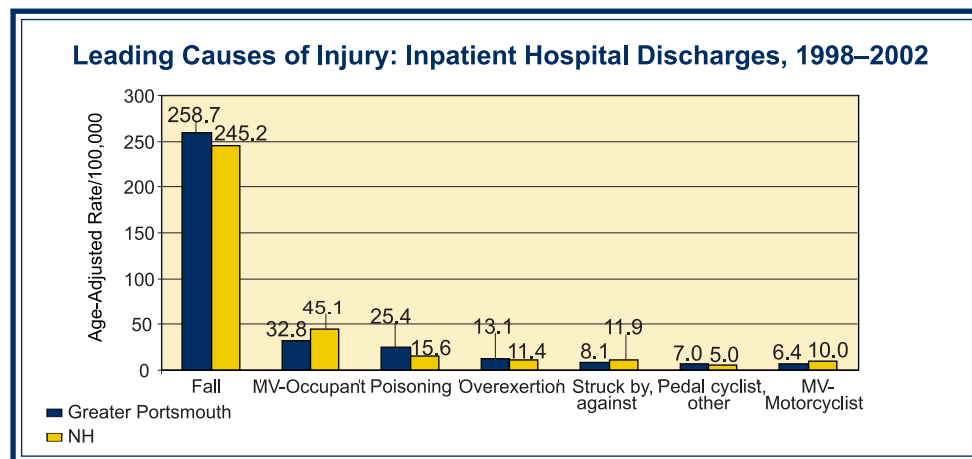


Injuries



Unintentional injuries are the sixth leading cause of death for Greater Portsmouth residents. The Greater Portsmouth region has a similar distribution of injury types as the State of New Hampshire. Falls, struck by or against, and cut/pierce injuries are the three highest outpatient hospital discharge injury types. Greater Portsmouth has a higher rate of outpatient discharges for falls and struck by or against injuries than the state. The region has a lower rate of outpatient discharges for overexertion and motor vehicle occupant injuries than New Hampshire has overall.

Source: NH DHHS Hospital Discharge Data, 1999–2002

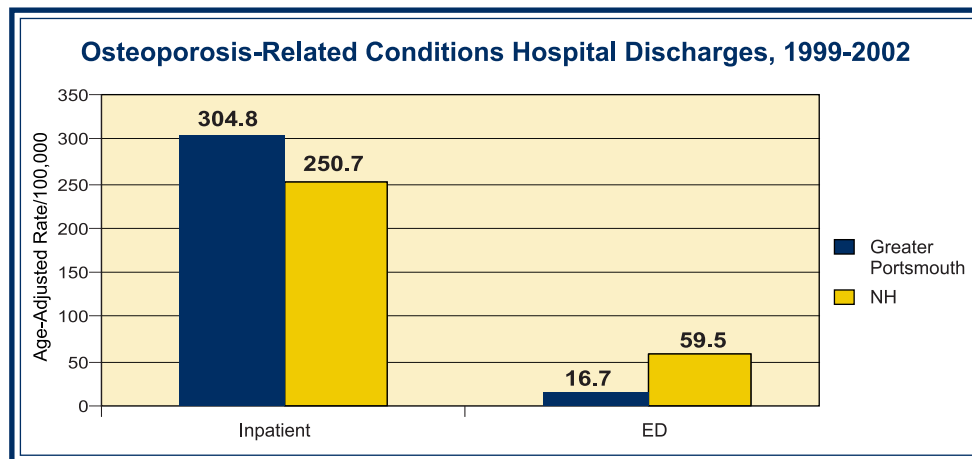


On an inpatient basis, Greater Portsmouth has a **significantly higher** number of inpatient hospital discharges for poisonings and fewer inpatient motor vehicle occupant injuries than the state.

Source: NH DHHS Hospital Discharge Data, 1998–2002



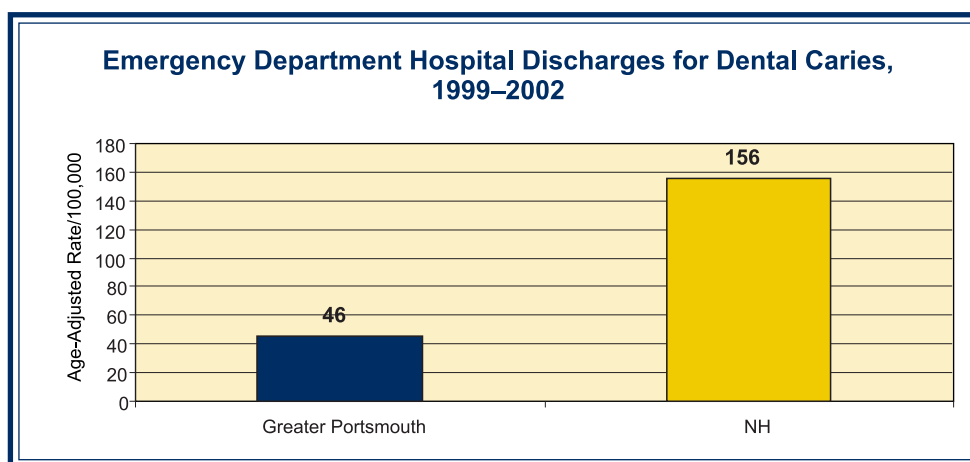
Osteoporosis



There are **significantly more** osteoporosis-related conditions being treated on an inpatient basis, for the residents of Greater Portsmouth than for the New Hampshire population at large, and a **significantly smaller number** in the emergency department.



Dental health

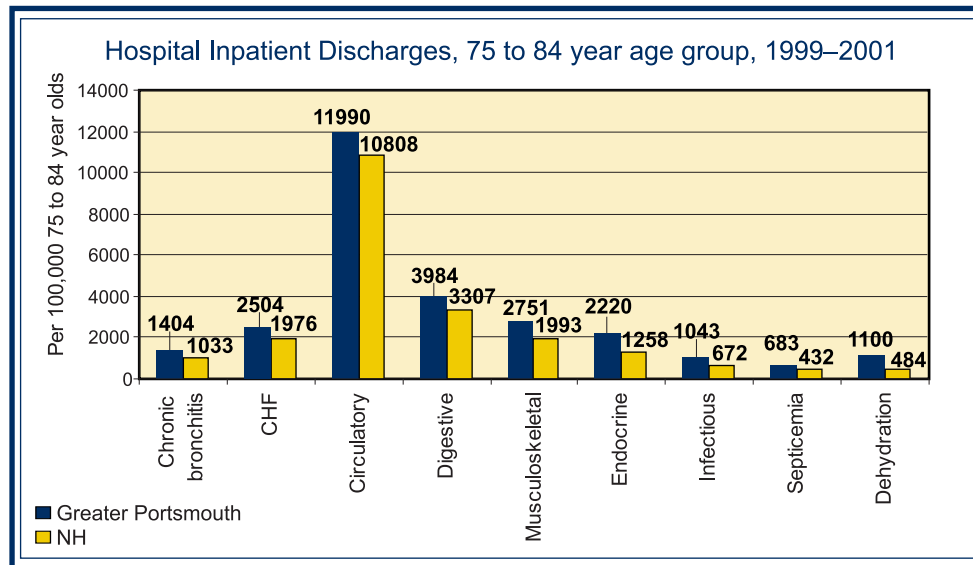


Greater Portsmouth has a **significantly lower rate** of emergency department visits for dental caries as compared to New Hampshire's rate.

Source: NH DHHS Hospital Discharge Data, 1999–2002



Health issues of Greater Portsmouth 75–84 year olds



Those Greater Portsmouth region residents in the 75–84 year age group have inpatient hospital discharge rates that are **significantly higher** than the state for many disease categories.

Source: NH DHHS Hospital Discharge Data, 1999–2001



Conclusion

This analysis has identified several areas where residents of Greater Portsmouth are generally healthier than the residents of New Hampshire overall. Additionally, this Community Health Profile has identified several health related areas that are worthy of community level action. **In Greater Portsmouth, local agencies have recognized the need for action in these areas over the past several years and have designed and implemented interventions for some of the challenges discussed below.**

Residents of the region fared well on the following health measures:

Maternal and birth data

- The Greater Portsmouth region performs better than New Hampshire overall for most indicators. In particular, a higher proportion of the births to residents of Greater Portsmouth received early; and early and adequate prenatal care.

Causes of death

- Residents aged 65–74 die from heart disease at lower rates than the state.

Youth substance use

- Between 2001 and 2005, the percentage of high school students that reported using alcohol and marijuana in the past month declined.

Injuries

- The rate of both outpatient discharges and inpatient hospitalizations for motor vehicle occupant injuries is lower than the New Hampshire rate overall.
- There is also a lower outpatient discharge rate for overexertion in the region than the state rate.

Dental health

- The rate of emergency department visits for dental caries for Greater Portsmouth residents is significantly lower than New Hampshire's rate.

Community level health interventions could be considered to address the following:

Maternal and birth data

The following indicators do not meet the Healthy New Hampshire 2010 goals.

- Maternal alcohol use
- Maternal tobacco use
- Percentage of babies born with a low birth rate

Causes of death

- The three leading causes of death are heart disease, invasive cancer, and cerebrovascular disease. These rates are no different than for the state of New Hampshire, however, they are the cause of most deaths in the region.
- For all ages combined and for 85 years and over, residents of Greater Portsmouth die from Alzheimer's disease at higher rates than the state.
- Among young people in the Greater Portsmouth region and in New Hampshire—aged 15–34—suicide is the leading cause of death.

Heart disease

- The congestive heart failure inpatient hospital discharge rates for residents aged 55–64 years and 75–84 years were higher than the same aged New Hampshire residents.

Cancer

- Breast Cancer incidence rate for the Greater Portsmouth region is higher than both the state's and the nation's incidence rates.

Respiratory disease

- Asthma outpatient hospital discharge rates were higher than the state for ages 0–24 and 45–74.

Diabetes

- Diabetes is one of the top five leading causes of death for residents aged 55–74.

Mental health

- Suicide is the number one cause of death for residents aged 15–34 years and is in the top five causes of death for those aged 45–54.
- The top three diagnoses of emergency department discharges for mental health admissions are neurotic disorders, depressive disorders and nondependent drug use.
- The rate of emergency department discharges for nondependent drug use, alcohol dependent syndrome, acute reaction to stress and alcoholic psychoses are greater than for the state.
- Alcohol- and other drug-related deaths are among the top five causes of death for residents aged 35–54.

Youth substance use

- In 2005 the proportion of students reporting the use of cocaine and inhalants in the past month was higher than the same age group for the state of New Hampshire.
- A higher percentage of high school students reported that they had obtained illegal drugs at school compared to that reported by students overall in the state.
- The rate of inpatient discharges for poisoning among 15–24 year olds is higher than for the state.

Injuries

- There is a higher rate of outpatient discharge for ‘falls and struck by or against’ injuries.

Osteoporosis

- There are significantly more osteoporosis-related conditions being treated on an inpatient basis than for the New Hampshire population at large.

In developing this profile, we have analyzed numerous data sets in an attempt to be as comprehensive as possible. However, because of limitations on the availability of data, there may be health issues that are not specifically addressed in this profile. Even with these limitations, the profile highlights most, if not all, of the most compelling health issues for the region.

