1-1-2010

Healthy New Hampshire 2010, improving health-and quality of life- for the people New Hampshire. Presented by the healthy New Hampshire 2010 leadership council and the New Hampshire department of health and human services.

New Hampshire Department of Health and Human Services

Healthy New Hampshire 2010

Improving health—and quality of life—for the people of New Hampshire

Presented by the Healthy New Hampshire 2010 Leadership Council and the New Hampshire Department of Health and Human Services

Table of Contents

For more information about *Healthy New Hampshire 2010* and related topics, please visit our website at: www.healthynh2010.org

For additional copies of Healthy New Hampshire 2010
please contact the New Hampshire Department of Health and Human Services, Bureau of Health Promotion at 1-800-852-3345, ext. 4551 (from within New Hampshire), or at 603-271-4551 (outside New Hampshire).
TDD Access: 1-800-735-2964

Dear New Hampshire Citizens,

I am pleased to introduce *Healthy New Hampshire 2010*, New Hampshire's first disease prevention and health promotion agenda. The foundation of the Healthy New Hampshire plan has been a collaborative effort of New Hampshire leaders and citizens under the direction of the Healthy New Hampshire Leadership Council.

The objectives outlined in this document will provide healthcare providers and consumers with a framework for healthy living. When reviewing the data presented in this publication, it is important to remember that even small changes in a risk factor can have a profound impact on the health of the state's population over time. For example, a one percent decline in smoking prevalence could prevent thousands of tobacco-related deaths in the future. Improvements in our most important health problems are unlikely to occur dramatically, but progress can be made with sustained efforts.

Policies and preventive interventions inspired by *Healthy New Hampshire 2010* can reduce the burden of illness, enhance quality of life and increase longevity in the 21st century. A critical component of these policies and interventions is the elimination of disparities that are too often a roadblock in achieving health. New Hampshire joins the national Healthy People 2010 effort to promote a healthy life for all its citizens and has an ambitious agenda to ensure our message excludes none.

Only by coming together as individuals, organizations and communities, will we be able to achieve *Healthy New Hampshire 2010*'s ambitious and important vision. Working together, we will create a healthier New Hampshire over the next 10 years.

Sincerely,

Donald L. Shumway
Commissioner
New Hampshire Department of Health and Human Services

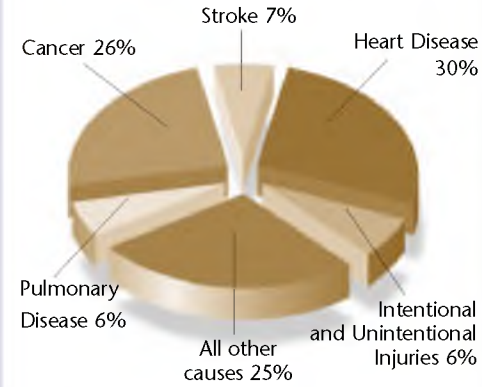
The Healthy New Hampshire 2010

Healthy New Hampshire 2010 is New Hampshire's health promotion and disease prevention agenda for the first decade of the 21st century. As a private-public initiative, this agenda represents a shared vision and acknowledges a shared responsibility for improving the health and quality of life for all New Hampshire citizens. *Healthy New Hampshire 2010* focuses on healthy behaviors, our common environment, and other shared factors that are the foundation for healthy living.

Many of the health problems that affect us most – such as cancer, heart disease, stroke, and injuries – are rooted in behaviors that New Hampshire citizens can do something about. A century of public health and biomedical advances has allowed us to understand more than ever that a healthier, more active quality of life is within our personal grasp. Tobacco use, diet, inactivity, and alcohol use together may account for more than 40% of all deaths. Other factors play a role in our health too. We all benefit from access to quality health services and safe environments in which to live, work and play.

Healthy New Hampshire 2010 will guide efforts in these essential areas and track our progress toward improvement. As a private-public initiative, *Healthy New Hampshire 2010* can serve as the framework to focus resources, talents and voices that can make a real difference for our families, neighbors and communities.

Leading Causes of Death in New Hampshire, 1998



SOURCE: Bureau of Health Statistics and Data Management, 1998

How Are We Doing in 2001?

New Hampshire is the fastest growing state in New England, according to the 2000 census. We have also never been more diverse in terms of language and culture. New Hampshire's 1.2 million residents generally enjoy a high quality of life, including a beautiful natural environment in which to live. We have a relatively low poverty rate, low unemployment, and high per capita income.[1] We consistently rank as one of the healthiest states in the country as measured by such factors as child health, health care access, and health care quality. Average life expectancy of New Hampshire citizens is nearly 77 years, which is close to the national average. Yet, there is much more to be done. State averages mask disparities in the health and quality of life of some of New Hampshire's residents.

Mission

The health of many New Hampshire's citizens continues to be affected by preventable deaths, disease, disability, and disparities in health status. As displayed by the chart on page 2, many of the leading causes of death in New Hampshire are potentially preventable. Rural and urban poverty, the 96,000 people who remain uninsured, the increasing numbers of elderly in need of assistance, and the rising cost of prescription drugs all present challenges to the State's health care systems. These systems will need to increasingly reflect our cultural and linguistic diversity to assure that no one has limited access to the information and services that contribute to a healthy life.

The absence of public transportation in New Hampshire's rural areas and in some urban areas presents an additional obstacle to those seeking health care. An ongoing shortage of health care providers serving rural and low-income urban populations, as well as our elderly citizens, will also challenge our collective action in the coming decade.

Socioeconomic status is an important predictor of health that deserves particular focus. In New Hampshire, the top fifth of the population has experienced a 50% increase in income over the last 20 years, while the poorest fifth experienced a 4% decrease in income, widening the gap between rich and poor.[2] From 1985 to 1996, the number of New Hampshire's children living in poverty increased by 25%, compared to a decrease of 5% nationally.[3] During the same ten year period, the number of families with children headed by a single parent increased by 41% in New Hampshire, an increase three times that of the nation.[3] Clearly our agenda for health promotion in the next decade must address these unsettling trends. We are each called to reach out to our neighbors most in need and we are called to finally achieve equity of opportunity for all to lead full, active lives.

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

— Margaret Mead

The mission of Healthy New Hampshire 2010 is to inspire action and focus resources, engaging private and public partners, to improve the quality of life—and years of healthy life—for the New Hampshire public.

How was this agenda developed?

Modeled after the national *Healthy People 2010* initiative, the *Healthy New Hampshire 2010* agenda includes objectives in 11 broad "Focus Areas." The *Healthy New Hampshire 2010* focus areas and objectives were determined through a consensus driven process, which considered the size and severity of health problems and their amenability to intervention. Focus Area Workgroups, comprised of more than 100 public and private health professionals, advocates, educators and policy makers, worked together to develop the specific objectives of *Healthy New Hampshire 2010*. Focus area objectives are expected to stimulate population-based interventions and guide policy development toward achievement of desired health outcomes. Evaluation of progress in meeting objective targets will be ongoing in the coming decade.

What Needs To Be Done?

Healthy New Hampshire 2010 provides the framework for a systematic approach to health improvement. It identifies significant and preventable threats to health and defines New Hampshire's health and prevention agenda for the first decade of the 21st century. *Healthy New Hampshire 2010* represents the commitment of local and State leaders to develop community and statewide efforts that promote healthy behaviors, create healthy environments, and increase access to quality health care. Strategies expected to emerge from this planning process will help New Hampshire's residents gain the knowledge, motivation, and opportunities needed to improve health and well-being.

Achieving *Healthy New Hampshire 2010* targets will require an increase in public health capacity. The *New Hampshire Turning Point Initiative*, a collaboration of public and private agencies, seeks to begin the process of addressing this need by demonstrating models for strengthening community level public health infrastructure in New Hampshire. *Healthy New Hampshire 2010* and the *New Hampshire Turning Point Initiative* will work closely during the coming decade to achieve the shared goal of improving the health and well-being of New Hampshire residents.

What Can You Do?

Community residents and organizations can be powerful initiators of change. In addition to serving as the State's agenda, *Healthy New Hampshire 2010* is intended to offer a framework for individuals, organizations and communities to assess, plan and evaluate how well their own communities are doing to address health concerns. Some of the ways you can be involved include:

- ✓ Learn more about worksite policies that can promote healthy and productive lifestyles;
- ✓ Get involved with efforts to assess health status and needs in your community;
- ✓ Get involved with health promotion activities occurring in your community;
- ✓ Help kids learn about life choices that contribute to health;
- ✓ Support laws and policies that help build a healthier New Hampshire;
- ✓ Use *Healthy New Hampshire 2010* objectives to assess progress in your community;
- ✓ Most importantly, you can be an example of healthy living for your friends and family!

Healthy New Hampshire 2010 Focus Areas

1. Access to Quality Health Services
2. Alcohol, Tobacco, and Other Drugs
3. Cancer and Chronic Conditions
4. Environmental Health
5. Heart Disease, Stroke, and Diabetes
6. Immunization and Infectious Diseases
7. Injury and Violence Prevention
8. Maternal, Infant, and Child Health
9. Mental Health
10. Nutrition and Physical Activity
11. Reproductive and Sexual Health

Terms Defined

Objective: A desired health-related outcome or characteristic.

Baseline: A starting point from which progress is measured.

Target: The level of an objective measure to be achieved.

Developmental: Objectives for which baseline data does not exist. Developmental objectives that do not have a data system to measure them at the midcourse will be reconsidered.

NA: No baseline data available.

Access to Quality Health Services

"Oral health is essential to the general health and well-being of all Americans."

— David Satcher,
United States
Surgeon General, 1999

Access to quality, comprehensive health care – including dental and mental health services, is critical to the elimination of health disparities and to increasing the quality and years of healthy life for New Hampshire residents. Those lacking access to primary health care are more likely to be diagnosed at a later stage of an illness, be admitted to a hospital, die in the hospital, and have a higher mortality rate than those with good access to preventive services and ambulatory health care.

Barriers to access include lack of insurance coverage, lack of a usual source of care, lack of money to pay for care, and lack of knowledge or skepticism about the benefits of care. A shortage of health care providers to address general and special needs, a lack of healthcare facilities, cultural differences, language differences, and transportation difficulties present additional barriers.

In 1998, the Department of Health and Human Services reported on the status of the healthcare system in New Hampshire and identified the need to improve access to services for people less able to use existing health services. The *Guidelines for Change*[4] proposed specific changes to the healthcare system to improve access and create a healthier New Hampshire. State and local leaders are working together to implement those changes by developing community coalitions and using local leadership to tailor and increase the accessibility of services.

Primary Health Services

Objective:
Increase the percentage of persons age 65 and under who have a usual source of health care.

NH Baseline 1999	93%[5]
US Baseline 1998	86%[6]
NH Target 2010	96%

Health insurance does not guarantee that health care is accessible or affordable. Significant numbers of privately insured persons lack a usual source of primary care or report delays or difficulties in accessing care due to cost-sharing requirements. Those insured through the non-group market often are able to only afford catastrophic coverage that does not include reimbursement for primary and preventive health care services.

Having a primary care provider as the usual source of care is especially important. The benefits of primary care include the provision of integrated, accessible health care services by clinicians who work in partnership with patients and who practice in the context of the family and community.

Objective:
Increase the percentage of persons age 65 and under who have health insurance.

NH Baseline 1999	91%[5]
US Baseline 1998	86%[6]
NH Target 2010	100%

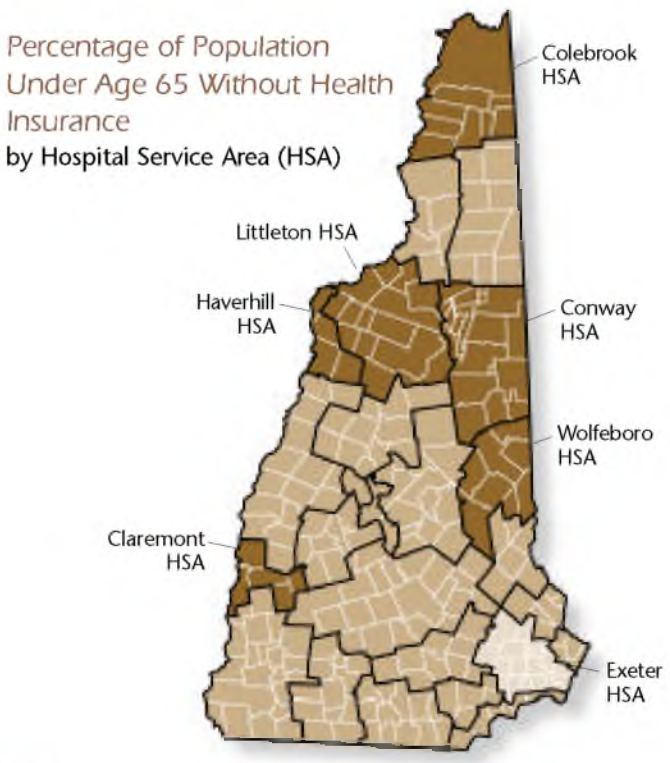
An important measure of access to health care is the percentage of people who have comprehensive health insurance. Uninsured and underinsured individuals are much less likely to have a primary care provider; to have received appropriate preventive care, such as routine mammograms or Pap tests; or to have had any recent medical visits. Lack of insurance over an extended period increases the risk of chronic illness and premature death.

Objective:

Increase public health capacity to measure health care access and health status indicators in racial and ethnic minority populations.

NH Baseline	NA
US Baseline 2000	10% of the National Healthy People 2010 objectives contain population specific baselines.[6]
NH Target 2010	Developmental

Healthy New Hampshire 2010 acknowledges the diversity of the state's population. Data indicate that racial and ethnic minorities make up about 3.5% of New Hampshire's population, and limited information is available regarding their health status. Currently, assessment of minority health issues in New Hampshire draws upon the experience of individuals in and working with minority populations, and is inferred from national data. *Healthy New Hampshire 2010* partners statewide are committed to working together to collect, analyze, and disseminate racial and ethnic population specific data about health care access and health status indicators. This will allow for the development of culturally sensitive public health interventions.



SOURCE: 1999 New Hampshire Health Insurance Survey

Oral Health Services

Through increased access to appropriate and timely dental care, New Hampshire residents can enjoy improved oral health. Barriers to care include cost, lack of dental insurance, lack of public programs, a shortage of dentists and dental hygienists, language and cultural barriers, and fear of dental visits.

Objective:

Increase the percentage of third grade children with dental sealants on their teeth.

NH Baseline	NA
US Baseline 1998	23%[6]
NH Target 2010	Developmental

Tooth decay is the single most common chronic disease of childhood, five times more common than asthma and seven times more common than hay fever. More than half of all children have decay by the second grade. By the time students finish high school, 78% have decay. An increased use of dental sealants, along with tooth brushing with fluoridated toothpaste and sound dietary practices, are necessary to reduce tooth decay.

Objective:

Increase the percentage of New Hampshire residents served by a fluoridated public water supply.

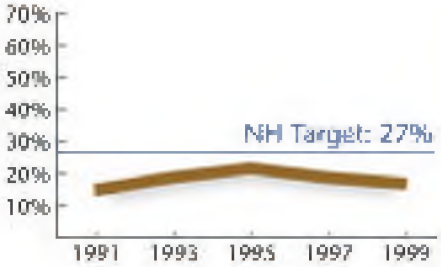
NH Baseline 2000	38%[7]
US Baseline 1992	62%[6]
NH Target 2010	65%

Fluoridation helps to reduce tooth decay, reduces the need for invasive dental procedures, and helps people retain their teeth. The consumption of fluoridated water benefits all residents of a community. In 2000, Manchester became the 11th community in New Hampshire with a fluoridated water supply.

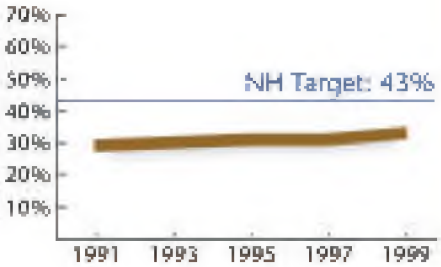
Alcohol, Tobacco, and Other Drugs

Community and statewide efforts that include tobacco price increases, development and enforcement of tobacco control policy, counter-marketing media campaigns, and parent and youth education can be successful in reducing adolescent use of tobacco.

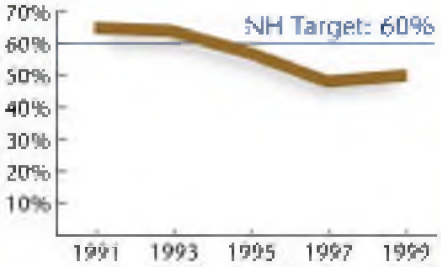
High School Students Who Report Never Using Alcohol



High School Students Who Report Never Using Tobacco



High School Students Who Report Never Using Marijuana



SOURCE: NH Youth Risk Behavior Survey (YRBS)

Alcohol, tobacco and drug dependence are the leading causes of chronic illness and premature deaths in New Hampshire. Treatment can help end addiction. Smoking is responsible for approximately 1,700 deaths each year, and is the leading, preventable cause of death and disability in New Hampshire. During 1999, 103,540 New Hampshire adult smokers attempted unsuccessfully to quit.[10] Currently, 25% of adults in the state are cigarette smokers and 31% are former smokers.

Long-term heavy drinking increases risk for heart disease and stroke, several forms of cancer, cirrhosis, and other liver disorders. Alcohol use also contributes to a substantial proportion of injuries and deaths related to motor vehicle crashes, falls, fires, drowning and firearms. Alcohol is often a factor in homicides, suicides, domestic violence and child abuse. Use of alcohol during pregnancy can result in growth and mental retardation and birth defects. (see Maternal, Infant, and Child Health).

Use of drugs such as heroin, marijuana, cocaine, and methamphetamine can be associated with injury, illness, disability, lost productivity, crime, and death. An estimated 13.9 million Americans use illegal drugs with marijuana use being the most common. Injection drug use is associated with transmission of HIV and blood borne infections.

Prevention, treatment, and long term support for recovery are key to reducing deaths and other adverse health effects attributable to alcohol, tobacco, and other drugs. Challenges in treating addictions include designing treatment interventions appropriate to the population served and treating co-occurring mental health disorders. To effectively reduce alcohol and drug use, it is essential to close the gap between the need for treatment and availability and access to treatment.

Alcohol

Objective:
Increase the percentage of youth who report never using alcohol.

NH Baseline 1999	17%[8]
US Baseline 1999	19%[9]
NH Target 2010	27%

Objective:
Reduce the percentage of youth who report having used alcohol in the past 30 days.

NH Baseline 1999	53%[8]
US Baseline 1999	50%[9]
NH Target 2010	43%

Objective:
Reduce the number of alcohol related deaths on New Hampshire roads.

NH Baseline 1997	47 deaths per year (crude rate: 4.0/100,000 resident population)[11]
US Baseline 1997	6.1 deaths/100,000 population[6]
NH Target 2010	24 deaths per year

Alcohol use and alcohol-related problems are common among adolescents. Those who start drinking at age 14 years or under are four times more likely to develop alcohol dependence as those who start drinking at age 21 or older. Even low risk drinking, generally defined as consuming one to two drinks a day, contributes to automobile fatalities.

Tobacco

Objective:
Increase the percentage of youth who report never using tobacco.

NH Baseline 1999	33%[8]
US Baseline 1999	30%[9]
NH Target 2010	43%

Objective:
Reduce the percentage of youth who report having used tobacco in the past 30 days.

NH Baseline 1999	34%[8]
US Baseline 1999	35%[9]
NH Target 2010	24%

Tobacco use and nicotine addiction usually begin in adolescence. Approximately 80% of adults who currently use tobacco started smoking before age 18. One in three teens that are regular smokers will eventually die of smoking related causes. Therefore, preventing tobacco use among youth is a major focus of tobacco control efforts. The goals of comprehensive tobacco prevention and reduction efforts include preventing people from starting to use tobacco, as well as, helping people to quit and reducing exposure to secondhand smoke.

Other Drugs

Objective:
Increase the percentage of youth who report never using marijuana.

NH Baseline 1999	50%[8]
US Baseline 1999	53%[9]
NH Target 2010	60%

Objective:
Reduce the percentage of youth who report having used marijuana in the past 30 days.

NH Baseline 1999	30%[8]
US Baseline 1999	27%[9]
NH Target 2010	20%

Youth who smoke marijuana are more than twice as likely to be absent from school or class, steal, cause personal injury, or destroy property than those who do not smoke marijuana. Drugs were a factor in five of the 37 New Hampshire youth injury deaths in 1998.[12]

Treatment

Objective:
Increase availability of and access to treatment for adolescent alcohol use, adult alcohol and drug use, and adult tobacco use.

NH and US Baseline	NA
NH Target 2010	Developmental

Objective:
Increase parental monitoring of youth alcohol and tobacco use.

NH Baseline 1998-1999	70%[13]
US Baseline	NA
NH Target 2010	80%

Parents and guardians play a primary role in helping their children understand the dangers of alcohol, tobacco, and drugs. Fifty-one percent of youth with low parental monitoring drink alcohol, compared to only 10% with high parental monitoring. Thirty-six percent of youth with low parental monitoring smoke tobacco, while only 8% with high parental monitoring smoke. Adults also help young people to develop skills to resist peer pressure and choose alternative healthy activities.[13]

Cancer and Chronic Conditions

The following play key roles in cancer prevention and survival:

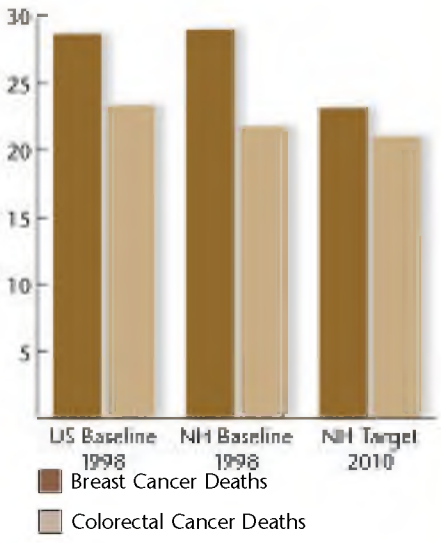
- ✓ Public education about prevention
- ✓ Early detection
- ✓ Treatment

Cancer is the second leading cause of death in New Hampshire. New Hampshire ranks 10th in the nation in cancer death rates for all sites.[14] Cancers of the lung, prostate, female breast, colon, and rectum are the most commonly occurring, and account for more than half of all newly diagnosed cancers. New Hampshire ranks 9th and 5th in the nation in breast and colorectal cancer death rates, respectively.[14]

Musculoskeletal conditions, including arthritis and chronic back conditions, affect many people's health and quality of life. Arthritis is the leading cause of disability in persons 15 years of age and older and affects more than 15% of Americans.

Respiratory problems are a significant national public health problem. Chronic obstructive pulmonary disease (COPD) and asthma are among the 10 leading chronic conditions causing restricted activity. Any decline in COPD incidence is unlikely without substantial reductions in smoking rates. Each year, because of secondhand tobacco smoke, an estimated 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections. Asthma is often triggered or worsened by tobacco smoke. Pediatric asthma is a growing public health problem and is one of the most common causes of chronic illness in children, affecting more than five million children nationwide.

Breast Cancer and Colorectal Cancer Deaths in NH
(per 100,000 population)



SOURCE: NH Bureau of Health Statistics and Data Management

Cancer

Objective:
Reduce breast cancer deaths (per 100,000 population).

NH Baseline 1998	28.9[15]
US Baseline 1998	28.6[6]
NH Target 2010	26.0

Objective:
Reduce colorectal cancer deaths (per 100,000 population).

NH Baseline 1998	23.3[15]
US Baseline 1998	21.6[6]
NH Target 2010	21.0

Several types of cancer can be prevented and the prospects for surviving cancer continue to improve. Forty to fifty percent of all cancers can be prevented through smoking cessation and improved dietary habits. Lung cancer, the most common cause of cancer death, is largely attributable to smoking (see Alcohol, Tobacco and Other Drugs). Excess body fat and alcohol consumption can contribute to breast cancer. Consuming less dietary fat while increasing fruit and vegetable consumption can reduce the risk of colorectal cancers. Physical activity and weight control also can contribute to cancer prevention (see Nutrition and Physical Activity).

Musculoskeletal Conditions

Objective:

Increase the percentage of adults with arthritis who are receiving treatment.

NH and US Baseline	NA
NH Target 2010	Developmental

Medical treatment offers considerable relief from pain and other symptoms for all types of arthritis. Early diagnosis and treatment of arthritis and educational and behavioral interventions can relieve symptoms and reduce disability. However, many people with arthritis do not seek treatment. In January 2000, New Hampshire began to collect data about the percentage of adults with arthritis who are being treated for arthritis. A baseline for this measure will be available in 2001.

Objective:

Reduce the percentage of adults who experience activity limitations due to back or neck problems.

NH Baseline 1997	3.2%[16]
US Baseline 1997	3.2%[6]
NH Target 2010	2.0%

Chronic back conditions are both common and debilitating. Nationally, back pain is the most frequent reason for physician visits, the fifth-ranked reason for hospitalization, and the third most common reason for surgical procedures. Changes in the work or home environment, training in proper lifting techniques, strength and endurance training, and maintaining a healthy weight can prevent or reduce back problems.

Respiratory

Objective:

Reduce hospitalizations for pediatric asthma (per 10,000 population age 0 through 17 years).

NH Baseline 1998	10.5[15]
US Baseline 1996	23.0[17]
NH Target 2010	7.9

Asthma is the most frequently occurring preventable condition leading to pediatric hospital admissions. Effective management strategies can avert many of the problems caused by asthma and reduce hospitalizations. Children with asthma can lead normal lives when management includes the following elements:

- ✓ Avoid exposure to environmental factors that may induce asthma, i.e. second hand smoke.
- ✓ Treat asthma with medication when appropriate, and monitor lung function.
- ✓ Educate individuals with asthma to become partners in their own care.

Environmental Health

Human exposures to hazardous agents in the air, water, soil, and food, and to physical hazards in the environment contribute to disease, disability, and death. Essential to the health of New Hampshire residents is a heightened public consciousness about individual and collective actions that preserve the natural environment and protect public health.

Providing safe drinking water free of disease causing agents is a vital public health function. Approximately 2/3 of New Hampshire's population uses a community water supply system that must comply with drinking water standards established and monitored by the New Hampshire Department of Environmental Services (DES). Private wells or other non-public water systems make up the balance of the State's water supply.

It is important to not overlook environmental hazards that exist in homes. Reducing exposure to those contaminants such as lead, found in paint on older buildings, arsenic, and radon, can contribute to longer, disease-free lives. Improving indoor and outdoor air quality will lead to better health. Asthma and other respiratory conditions often are triggered or worsened by substances in the air, such as tobacco smoke, ozone, or other particles and chemicals.

Arsenic

Objective:

Reduce human exposure to arsenic by increasing the percentage of public water systems that are in compliance with the new EPA Maximum Contaminant Level (MCL) for arsenic.

NH Baseline 1999	80% systems in compliance with the new MCL of 0.005 mg/L[18]
US Baseline	NA
NH Target 2010	100%

Objective:

Increase the percentage of private wells tested for arsenic.

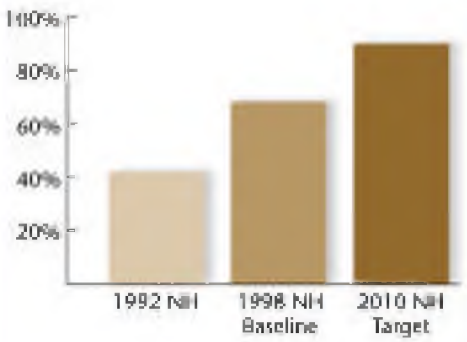
NH and US Baseline	NA
NH Target 2010	Developmental
(Test 50% of existing wells and 100% of new wells.)	

Arsenic occurs naturally in New Hampshire's bedrock, and is therefore a natural water contaminant in the State. Chronic exposure to arsenic may contribute to bladder cancer.

The current Maximum Contaminant Level (MCL) for arsenic in public water systems is 0.05 mg/L. The Environmental Protection Agency (EPA) will finalize the new MCL, 0.005 mg/L, in 2001. New Hampshire will take an important step toward decreasing the negative health impacts of arsenic in drinking water by implementing the new MCL.

In 2000, DES incorporated arsenic in standard water analysis, and encourages private well owners, particularly those with bedrock wells, to test for arsenic. Water treatment methods exist to reduce confirmed elevated arsenic levels in private water supplies.

Proportion of Employed Adults Who Report A Smoke-Free Workplace



SOURCE: NH Behavioral Risk Factor Surveillance System (BRFSS)

Radon

Objective:
Reduce human exposure to radon by increasing the percentage of homes tested for radon in the air.

NH Baseline 1998	19%[19]
US Baseline	NA
NH Target 2010	50%

Objective:
Increase the percentage of public water systems that are in compliance with the new EPA MCL or Alternate Maximum Contamination Level (AMCL) for radon.

NH Baseline 1999	6% systems in compliance with the new MCL of 300pCi/L[18] 70% systems in compliance with the new AMCL of 4000pCi/L[18]
US Baseline	NA
NH Target 2010	100% systems in compliance with either the new MCL or AMCL

Objective:
Increase the percentage of private wells tested for radon.

NH and US Baseline	NA
NH Target 2010	Developmental

Radon exposure increases the risk for lung and intestinal cancers. The two chief sources of radon gas in New Hampshire homes are:

- Radon gas originating from radon dissolved in a ground-water supply source.
- Migration of radon from soil into basements through cracks or openings in the foundation.

A combination of air and water testing best identifies the total extent of radon exposure in homes. Nineteen percent of New Hampshire residents report having had their present home or a previous residence tested for radon in the air, but no system currently exists to track proportion of homes with private wells tested for radon in water.

Objective:
Reduce the number of tested children under age six who have blood lead levels >10µg/dL.

NH Baseline 1999	820 of 14,610 tested children < age 6 years[20]
US Baseline 1991-1994	4.4%[6]
NH Target 2010	410 of tested children < age 6 years

Lead exposure threatens the neurological development and lives of young children. The decline in childhood lead poisoning in the last decades of the 20th century, resulting from broad based screening and effective community clean up efforts, represents a public health success. In spite of the success achieved, more remains to be done before childhood lead poisoning becomes a disease of the past.

Air Quality

Objective:
Increase the percentage of newly constructed and renovated buildings that are professionally designed to meet established air quality standards.

NH and US Baseline	NA
NH Target 2010	Developmental

Standards established by EPA's Energy Star Homes Program and numerous professional organizations promote energy conservation and improvements in indoor air quality.

Objective:
Increase the percentage of employed adults who report a smoke-free workplace.

NH Baseline 1998	68%[19]
US Baseline	NA
NH Target 2010	90%

A reduction in environmental tobacco smoke can be achieved through prevention and reduction in smoking (see Alcohol, Tobacco and Other Drugs) and through policies that promote smoke-free public places.

Objective:
Decrease the number of emissions that exceed the National Ambient Air Quality Standard.

	Ozone	Carbon Monoxide	Sulfur Dioxide	Particulate Matter
NH Baseline 1999 (exceedances)	19	0	0	0[18]
US Baseline	NA	NA	NA	NA
NH Target 2010 (exceedances)	5	0	0	0

Motor vehicles emit particulate matter and sulfur dioxide and contribute to the production of ground level ozone. One means of reducing harmful air emissions is to promote walking and biking, which also have significant health benefits. Choosing to use public transportation, where available, car-pooling, and using fuel-efficient means of transportation can also reduce emissions.

Heart Disease, Stroke and Diabetes

Reduce the Risk

Lifestyle changes, coupled with dietary and drug therapy, can *reduce* heart disease and stroke risk factors.

Factors that *increase* the risk of heart disease and stroke that can be modified include:

- ✓ high blood pressure
- ✓ cigarette smoking
- ✓ high blood cholesterol
- ✓ obesity
- ✓ physical inactivity
- ✓ diabetes

Heart disease is the leading cause of death in the nation and in New Hampshire, and stroke, the third. Diabetes is the seventh leading cause of death, primarily from diabetes associated cardiovascular disease. The proportion of New Hampshire's population age 65 years and older will increase dramatically, by 22%, in the first decade of the 21st century. Heart disease and stroke deaths rise significantly after age 65 years and the reported incidence of diabetes prevalence in New Hampshire is nearly three times higher for people 65 years of age and older than for all New Hampshire adults.

Heart Disease and Stroke

Objective:
Reduce coronary heart disease deaths (per 100,000 population).

NH Baseline 1998	205.6 deaths[15]
US Baseline 1998	208 deaths[6]
NH Target 2010	164.5 deaths

Objective:
Reduce stroke deaths (per 100,000 population).

NH Baseline 1998	55.8 deaths[15]
US Baseline 1998	60 deaths[6]
NH Target 2010	44.6 deaths

Objective:
Increase the percentage of adults who report having had their blood cholesterol checked within the last five years.

NH Baseline 1999	74%[21]
US Baseline 1999	69%[22]
NH Target 2010	80%

More than half of heart disease deaths occur suddenly, within one hour of symptom onset, and in non-hospital settings. Education regarding the early warning signs of heart attack and stroke, including accessing 911, can reduce death and disability due to heart disease and stroke.

Diabetes

Screening for risk factors is an important step in identifying and treating individuals at risk for diabetes. Primary risk factors for diabetes include overweight and obesity, improper diet, and physical inactivity (see Nutrition and Physical Activity). Obesity, a health problem affecting an increasing number of youth and adults, will contribute to the future burden of diabetes and heart disease if current trends are not reversed.

Objective:

Increase the percentage of adults with diabetes who report having had a glycosolated hemoglobin measurement in the last 12 months.

NH Baseline 1996-1998	19%[23]
US Baseline 1998	24%[6]
NH Target 2010	50%

Control of blood sugar (glycemic control) can significantly reduce the risk of complications due to diabetes. The American Diabetes Association recommends that glycosolated hemoglobin, an indicator of glycemic control, be measured twice per year if treatment is stable. Testing should be done more frequently if treatment changes or if levels are elevated.

Objective:

Increase the percentage of adults with diabetes who report having had a dilated eye exam in the last 12 months.

NH Baseline 1996-1998	71%[23]
US Baseline 1998	56%[6]
NH Target 2010	80%

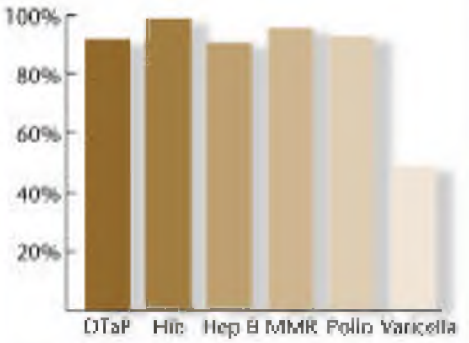
Early detection of subtle complications from diabetes is essential for the prevention of serious disabilities. Diabetes is the leading cause of kidney failure, lower extremity amputation, and new cases of blindness among adults ages 20 to 74 years. The American Diabetes Association recommends a yearly dilated eye examination to prevent diabetes-related blindness.

Long-term Consequences of Uncontrolled Diabetes

- ✓ Blindness
- ✓ Amputation
- ✓ Kidney failure
- ✓ Cardiovascular disease

Immunization and Infectious Diseases

Proportion of New Hampshire Children Vaccinated in 1999

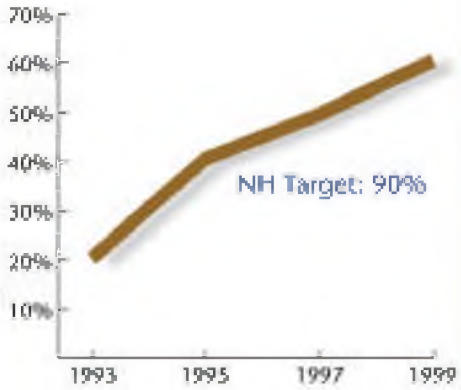


Note: Varicella vaccine (chicken pox) has been provided by the NH Immunization Program since 1997

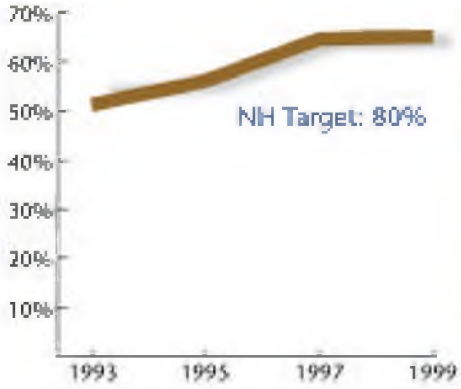
- DTaP: Diptheria, Tetanus & Pertussis
- Hib: Haemophilus influenza type b
- Hep B: Hepatitus B
- MMR: Measles, Mumps & Rubella

SOURCE: National Immunization Survey

Pneumonia Vaccination Among Persons Over 65 Years of Age



Annual Influenza Vaccine Among Persons Over 65 Years of Age



SOURCE: NH Behavioral Risk Factor Surveillance System (BRFSS)

The decline in vaccine preventable disease is one of the most significant public health accomplishments of the 20th century. Immunization can prevent the debilitating, sometimes fatal, effects of infectious diseases such as polio, measles and rubella. Additional benefits include prevention of work loss by parents to care for ill children and prevention of lost earnings from disability.

Organisms that cause vaccine preventable diseases have not disappeared. Rather, they have receded and will reemerge if vaccination coverage drops. Vaccines protect both vaccinated individuals and protect communities as well. When vaccination levels in a community are high, the few who are not vaccinated often are indirectly protected. Vaccination coverage levels above 90% of the population are usually sufficient to prevent circulation of viruses and bacteria causing vaccine preventable disease.

Vaccine preventable diseases can cause illness in all age groups, but elderly persons with chronic health conditions such as heart disease, diabetes and chronic respiratory disease are particularly at risk. In 1998, 296 New Hampshire residents died of pneumonia and influenza. An annual influenza vaccine and a lifetime dose of pneumococcal vaccine are effective strategies to prevent and reduce illness and deaths from these highly infectious diseases.

Strategies to protect people from vaccine-preventable diseases include: educating health care providers about the importance of childhood and adult immunization; minimizing financial barriers to obtaining vaccinations; improving vaccine service delivery and monitoring of vaccinations; increasing community participation, education and partnership; and entry requirements for school and childcare.

State registries that enroll children and record their vaccinations are another valuable tool for helping parents and providers identify immunization needs of individual children, assessing coverage in individual practices, and generating community wide estimates of immunization status. New Hampshire's immunization registry moved from pilot testing to provider enrollment in late 2000.

Objective:

Increase the percentage of two year olds who receive all universally recommended vaccines.

NH Baseline 1999	78%[24]
US Baseline 1998	73% (does not include varicella)[6]
NH Target 2010	90%

Objective:

Increase the percentage of adolescents who receive all recommended vaccines.

NH Baseline 1999	98% (without 3 Hepatitis B)[25]
US Baseline	NA
NH Target 2010	98% (with 3 Hepatitis B)

The threat of illness and disability caused by vaccine preventable diseases, such as hepatitis B and measles, continue beyond childhood. Public health partnerships with schools help to ensure high vaccination levels among adolescents.

Objective:

Increase the percentage of independently living adults age 65 or over who report ever having been vaccinated against pneumococcal disease.

NH Baseline 1999	60%[21]
US Baseline 1999	55%[22]
NH Target 2010	90%

In the United States, the estimated annual incidence of pneumococcal infection among the population aged 65 years and older is 50-83 cases per 100,000 persons. One of every 20 individuals who contract pneumococcal pneumonia dies from the infection. The death rate among adults age 65 years and over is even higher.

Objective:

Increase the percentage of independently living adults, age 50 or over, who report having been vaccinated against influenza in the last 12 months.

NH Baseline 1997	46%[16]
US Baseline 1997	NA
NH Target 2010	80%

Seniors account for 90% of influenza related deaths in the United States. In April 2000, the Advisory Committee on Immunization Practices (ACIP) recommended universal vaccination of all adults 50 years of age and older for influenza.

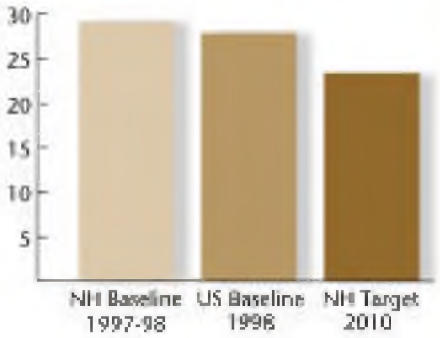
Injury and Violence Prevention

Injuries are the 5th leading cause of death in New Hampshire. Someone dies of an injury every 20 hours in New Hampshire and many more are incapacitated by injuries or suffer lifelong disabilities.

Injuries include trauma from intentional acts such as assaults and suicide, as well as from motor vehicle crashes, fires, firearms, drowning, suffocation, falls, poisonings, and other unintentional events. Thirty-three percent of injury deaths are classified as intentional and 67% as unintentional. Suicide is the leading cause of injury death in New Hampshire (see Mental Health).

Injuries are not "accidents;" injuries are predictable and preventable. Decreasing injuries requires the combined efforts of health, education, transportation, law, engineering, and safety science professionals, faith and community leaders, and families.

Fall Injury Deaths for Adults Aged 65 and Older in New Hampshire
(per 100,000 population)



SOURCE: NH Bureau of Health Statistics and Data Management

Objective:
Reduce fall injury deaths for adults age 65 and older (per 100,000 population).

NH Baseline 1997-1998	29.2 deaths[15]
US Baseline 1998	27.9 deaths[26]
NH Target 2010	23.3 deaths

Falls are the third leading cause of injury death in New Hampshire. For those 65 years of age and older, falls are the eighth leading cause of death and the most frequent cause of injury hospitalizations. In 1998, 68 deaths resulted from falls in this age group.

Objective:
Reduce motor vehicle occupant deaths (per 100,000 population).

NH Baseline 1997-1998	6.8 deaths[15]
US Baseline 1998	15.0 deaths[6]
NH Target 2010	5.4 deaths

Motor vehicle crashes are the leading cause of unintentional injury death in New Hampshire. The youngest and the oldest drivers have the highest risk of death from motor vehicle crashes. Among those 15 through 19 years of age, the rate is 15.0 deaths per 100,000, and among those 75 years of age and older, the rate is 18.6 deaths per 100,000 population. Many motor vehicle related fatalities can be prevented by proper use of seat belts and child safety restraints and by enforcement of laws regarding intoxicated drivers.

Objective:

Reduce firearms deaths (per 100,000 population).

NH Baseline 1997-1998	7.1 deaths[15]
US Baseline 1997	12.1 deaths[6]
NH Target 2010	4.9 deaths

Fifty-six percent of suicide deaths between 1996 and 1998 were by firearms. Domestic violence deaths are often firearms related. Proper storage of firearms in the home and restricting access to firearms by children and youth are both critical factors in the reduction of firearms deaths. Restricting access to firearms for those with a domestic violence or other criminal history, depressed individuals, and intoxicated individuals, can help reduce the risk of assault with firearms and intentional self-inflicted and unintentional shootings.

Objective:

Reduce physical assault injury (outpatient and ER discharges/100,000 population).

NH Baseline 1998	262.0 injuries[15]
US Baseline	NA
NH Target 2010	209.6 injuries

Violence claims the lives of many Americans. The elderly, women, and children are often targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know. Poverty, intolerance, alcohol and other drugs, lack of education, and lack of employment opportunities are important risk factors for violence and must be addressed as part of any comprehensive solution to violence in New Hampshire. Effective strategies for reducing violence begin early in life, before violent attitudes and behaviors are witnessed and modeled.

Objective:

Reduce unintentional injury, excluding motor vehicle occupant injury, of children and adolescents (inpatient discharges/100,000 population age 0-19 years of age).

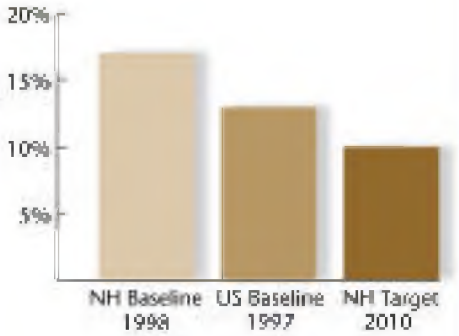
NH Baseline 1998	146.5 injuries[15]
US Baseline	NA
NH Target 2010	117.2 injuries

Children and young adults are disproportionately affected by unintentional injuries. Falls are a significant cause of non-fatal injury among children and adolescents. Bicycle and pedestrian accidents, cuts, being struck, bites, poisoning, and burns also contribute to unintentional injury requiring hospitalization.

Maternal, Infant, and Child Health

The health of mothers, infants, and children is a reflection of the overall health of a community and a predictor of the health of the next generation.

Pregnant Women Who Report Smoking Cigarettes in New Hampshire



SOURCE: NH Bureau of Health Statistics and Data Management

Objective:
Reduce low birth weight (<2500 grams) and very low birth weight (<1500 grams) births.

	LBW	VLBW
NH Baseline 1998	5.7%[15]	1.1%[15]
US Baseline 1998	7.6%[6]	1.4%[6]
NH Target 2010	5.0%	0.8%

Low birth weight (LBW) is a major cause of infant mortality. It is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Despite the low proportion of pregnancies resulting in LBW, expenditures for the care of LBW infants total more than half of the costs incurred for all newborns. Risk factors associated with LBW include maternal smoking, maternal LBW, prior LBW birth history, low pre-pregnancy weight, multiple births, and low pregnancy weight gain.

Nationally, the disparity in incidence of LBW is wide. African Americans experience a higher proportion of LBW and VLBW births than other population groups. Current data do not permit an adequate assessment of low birth weight rates by race in New Hampshire.

Objective:
Increase the percentage of women who receive early and adequate prenatal care.

NH Baseline 1998	86.5%[15]
US Baseline 1997	74%[6]
NH Target 2010	90%

Studies have established that prenatal care reduces the risk of low birth weight. Timely, high-quality care, begun early in pregnancy and continued throughout pregnancy, helps prevent poor birth outcomes and improve health by reducing risks and behaviors that contribute to poor outcomes. Risk assessment, risk reduction, and education are key components of prenatal care.

In New Hampshire, African American and Hispanic women are less likely to begin prenatal care in the first trimester. To begin to remedy causes that prevent women from obtaining the care they need, we need to identify and address barriers to health care such as economics, access to health insurance, and a lack of understanding of minority health issues.

Objective:

Reduce the percentage of pregnant women who report smoking cigarettes.

NH Baseline 1998	17%[15]
US Baseline 1997	13%[6]
NH Target 2010	10%

Cigarette smoking is the greatest known risk factor for low birth weight births. In New Hampshire, more than one-third of pregnant teens smoke.

Objective:

Reduce the percentage of pregnant women who report drinking alcohol in the past month.

NH Baseline	NA
US Baseline 1997	14%[6]
NH Target 2010	Developmental

Alcohol use during pregnancy is linked to fetal death, LBW, growth abnormalities, mental retardation, and fetal alcohol syndrome (FAS). New Hampshire specific data that measures prevalence of use requires development.

Objective:

Increase the proportion of newborns that are screened for hearing loss by age one month.

NH and US Baseline	NA
NH Target 2010	Developmental

Hearing loss is the most commonly occurring congenital disability in the United States. The consequences of hearing loss are significant and can result in lifelong communication, social, psychological, behavioral, and educational problems. However, infants identified with hearing loss can be fitted with amplification devices as young as 4 weeks of age. These children are then able to learn, speak, and develop socially at the same rate as children with normal hearing. Implementation of a universal newborn hearing-screening program in New Hampshire in 2000 will provide baseline data for this developmental objective.

Mental Health

"Mental illnesses are just as real as other illnesses, and they are like other illnesses in most ways. Yet fear and stigma persist, resulting in lost opportunities for individuals to seek treatment and improve or recover."

— Donna Shalala, United States Secretary of Health and Human Services, 1999

In the United States, mental illness is comparable to heart disease and cancer as a cause of chronic illness and disability. Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups. In the past year, about 20% of Americans had a diagnosis of a mental disorder alone or a co-occurring mental and addictive disorder. Mental and behavioral disorders and serious emotional disturbances in children and adolescents can lead to school failure, alcohol or drug use, violence, or suicide. Americans 65 years of age and older may experience mental disorders that are not part of normal aging. These include depression, anxiety, and dementia. Alzheimer's disease strikes 8 to 15% of people over age 65.

Consumer and family organizations, concerned about fragmentation and inaccessibility of mental health services, encourage individuals to seek needed mental health services. Such groups work to prevent discrimination towards persons with mental illness, promote self-help groups, promote recovery from mental illness, and overcome stigma associated with mental illness, all of which create barriers to providing and receiving effective mental health treatment.

Objective:
Reduce suicide deaths (per 100,000 population).

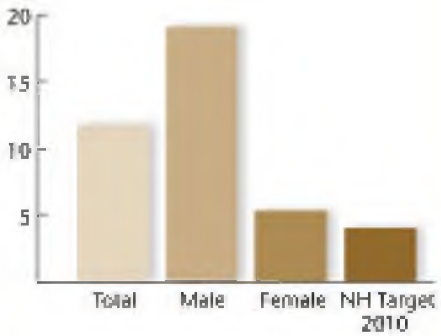
	Total	Male	Female
NH Baseline 1996-1998	11.8 deaths	19.1 deaths	5.3 deaths[15]
US Baseline 1998	11.3 deaths	19.2 deaths	4.3 deaths [6]
NH Target 2010	4.0 deaths		

Objective:
Reduce suicide attempts (outpatient/ER self inflicted injury discharges per 100,000 population).

	Total	Age 15-44 years
NH Baseline 1998	112.2 discharges	212.0 discharges[15]
US Baseline	NA	NA
NH Target 2010	84.1 discharges	159.0 discharges

Suicide represents one of the leading causes of preventable death. It occurs most frequently as a consequence of a mental disorder. Although women attempt suicide more often than men, completed suicide is significantly higher among men. Suicide is attempted most frequently during adolescence and through mid-life.

New Hampshire Suicide Deaths, 1996-1998
(per 100,000 population)



SOURCE: NH Bureau of Health Statistics and Data Management

Objective:

Increase the number of persons who receive mental health screening and assessment in a primary health care setting.

NH and US Baseline	NA
NH Target 2010	Developmental

The primary health care setting is the initial point of contact for many adults with mental disorders. Attention to mental health in primary care settings can promote early detection and intervention, thus improving quality of life.

Objective:

Increase the number of persons who receive mental health screening upon entry into the criminal justice system.

NH and US Baseline	NA
NH Target 2010	Developmental

People with mental illnesses are over-represented in jail populations. Nationally, the proportion with severe mental illness in city and county jails falls between 6% to15%, and in state prisons, 3% to 11%. Comprehensive mental health assessment of persons entering the criminal justice system can determine the extent of the problem in New Hampshire.

Nutrition and Physical Activity

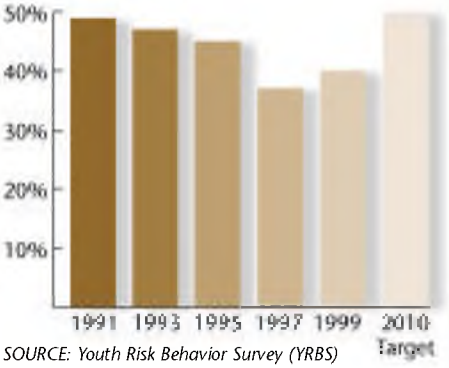
Healthy eating and exercise patterns, established in childhood and maintained throughout life, result in higher quality of life and can prevent premature death and disability. Moderate physical activity and a healthy diet reduce risks for high blood pressure, diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer (see Cancer and Chronic Disease).

Objective:
Reduce the prevalence of overweight and obesity.

	Adults	9th-12th graders
NH Baseline 1999	50%[21]	9%[8]
US Baseline 1999	56%[22]	10%[9]
NH Target 2010	40%	5%

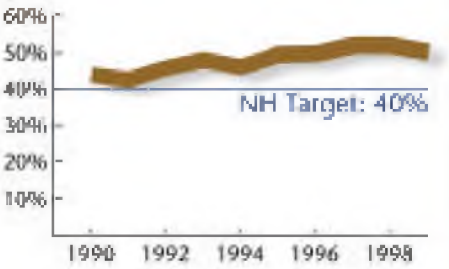
Dietary excesses and imbalances have replaced once commonplace nutrient deficiencies. Excesses coupled with inactivity have resulted in an alarming increase in the number of overweight and obese children and adults in the United States in the past decade. In adults, overweight is currently defined as a Body Mass Index (BMI) ≥25, obesity is defined as a BMI ≥30. Overweight in children and adolescents is defined as ≥95th percentile for BMI on National Center for Health Statistics growth charts.

Proportion of 9th–12th Graders Who Are Enrolled in Physical Education



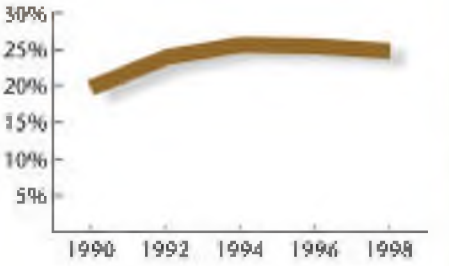
SOURCE: Youth Risk Behavior Survey (YRBS)

Overweight Among Adults



SOURCE: NH Behavioral Risk Factor Surveillance System (BRFSS)

Adults With No Leisure-Time Physical Activity



SOURCE: NH Behavioral Risk Factor Surveillance System (BRFSS)

Objective:

Increase the percentage of persons who engage in physical activity for thirty minutes or more five or more times per week.

	Adults	9th-12th graders
NH Baseline	24% (1998)[19]	27% (1999)[8]
US Baseline	15% (1997)[6]	27% (1999)[9]
NH Target 2010	50%	50%

Physically inactive people are almost twice as likely to develop heart disease as people who engage in regular physical activity. Regular physical activity, especially important for people who have joint or bone problems, has been shown to improve muscle function, and may protect against lower back pain. People with disabilities and certain health conditions, such as arthritis, are less likely to engage in moderate or vigorous physical activity than are people without disabilities, increasing the health disparity between populations with disabilities and those without.

Objective:

Increase the percentage of 9th through 12th grade students enrolled in physical education class.

NH Baseline 1999	40%[8]
US Baseline 1999	56%[9]
NH Target 2010	50%

Major decreases in vigorous physical activity occur during grades 9 through 12, and the decrease is more profound for girls than for boys. Because children spend much of their time in school, the type and amount of physical activity encouraged in schools is important for the development of an active lifestyle.

Objective:

Increase the percentage of persons who consume 5 or more servings of fruits and vegetables daily.

	Adults	9th-12th graders
NH Baseline	28% (1998)[19]	25% (1999)[8]
US Baseline	24% (1998)[22]	24% (1999)[9]
NH Target 2010	50%	50%

An adequate intake of fruits and vegetables assures a nutrient dense and fiber rich, not calorie dense, diet. Unfortunately, children eat only half the recommended five servings of fruits and vegetables a day. Educating school-aged children about nutrition is important to establishing healthy eating habits that last a lifetime. The Dietary Guidelines for Americans provide practical advice to help families achieve optimal nutrition.

Objective:

Increase the percentage of persons who meet dietary recommendations for calcium.

	Adults	9th-12th graders
NH Baseline 1999	37%[21]	29%[8]
US Baseline 1999	NA	18%[9]
NH Target 2010	75%	75%

Diet and physical activity are both associated with osteoporosis, which affects more than 25 million persons in the United States and is the major underlying cause of bone fractures in postmenopausal women and seniors. The National Osteoporosis Foundation estimates that 14% of New Hampshire adults over 50 years of age have osteoporosis. Osteoporosis can be prevented by an adequate calcium intake and regular physical activity, particularly weight- bearing activity. Since the start of this decade, consumption of calcium-rich foods, such as milk products, has declined, especially among teenaged girls and young women.

Reproductive and Sexual Health

"The level of sexual activity among teens with low parental monitoring is over three times the level of sexual activity of teens with high parental monitoring. Unlike supervision, monitoring does not require parents' physical presence; however, monitoring does entail an active, non-intrusive interest, awareness and involvement in teens' day-to-day life."

— Teen Assessment Project, 1998-1999

People often have difficulty talking openly about sexuality. As a result, individuals are at risk for unplanned pregnancy and sexually transmitted disease. Abstinence is the only *fail-safe* way to prevent sexually transmitted diseases and unintended pregnancy. Delayed onset of sexual activity, active parental involvement, fostering critical thinking skills and resilience in our children and, for those adolescents who choose to engage in sexual activity, ready access to family planning services, can protect teens and young adults and prepare them for healthy personal relationships.

Objective:

Increase the percentage of 9th through 12th graders who report never having engaged in sexual intercourse.

NH Baseline 1999	57%[8]
US Baseline 1999	50%[9]
NH Target 2010	64%

Objective:

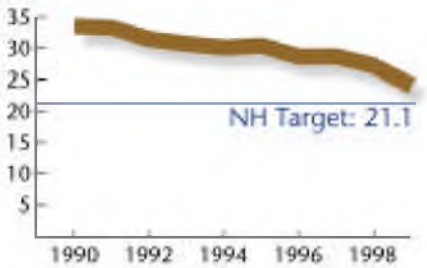
Increase the percentage of sexually active 9th through 12th graders who report having used a condom during their last sexual intercourse.

NH Baseline 1999	55%[8]
US Baseline 1999	58%[9]
NH Target 2010	61%

Contraceptive use is an important determinant of pregnancy and birth rate. Additionally, correct and consistent use of latex condoms can help reduce HIV and STD transmission.

Teen Birth Rate

Births per 1,000 Females Age 15-19



SOURCE: Bureau of Health Statistics and Data Management

Objective:

Reduce teen births (per 1000 females 15-19 years of age).

NH Baseline 1999	24.0 births[15]
US Baseline 1998	51.1 births[27]
NH Target 2010	21.1 births

Teen pregnancy can carry serious consequences. Teen mothers are less likely to get or stay married, less likely to complete high school or college, and are more likely to live in poverty and be dependent on public programs. Infants born to teen mothers, especially to mothers under 15 years old, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome.

Objective:

Reduce the incidence of chlamydia infection among adolescents and young adults (per 100,000 population 15-24 years of age).

NH Baseline 1999	528.2 infections[28]
US Baseline 1998	1259.6 infections[29]
NH Target 2010	88.5 infections

Adolescents and young adults are particularly vulnerable to STDs because they often experiment with potentially risky behavior. Chlamydia is the most prevalent STD under surveillance in New Hampshire and 80% of diagnosed chlamydia infections are detected in 15-24 year olds. If not detected and treated, women may endure the long-term consequences of chlamydia: infertility, ectopic pregnancy, chronic pelvic pain, and cancer. Chlamydia often occurs without symptoms.

Screening, early diagnosis and treatment, and treatment of sex partners can reduce the chain of transmission of STDs. Behavioral interventions to reduce risky sexual behaviors can lower the risk for STD and HIV infection.

Objective:

Reduce the number of new cases of HIV infection among adolescents and adults.

NH and US Baseline	NA
NH Target 2010	Developmental

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) affect every racial and ethnic population, every age group, and every socioeconomic group. Nearly 410,800 people have died of AIDS since its recognition in 1981. All states report AIDS cases and most report HIV infection.

Acknowledgments

Some of the photos used in this brochure were contributed by the employees and friends of the NH Department of Health and Human Services.

Healthy New Hampshire 2010 is a public health initiative lead by the Healthy New Hampshire Leadership Council and supported by the New Hampshire Department of Health and Human Services (NH DHHS).

The Healthy New Hampshire Leadership Council is a collaborative alliance of more than fifty public and private health professionals and advocates, educators, and policy makers. Focus Area Workgroups, comprised of more than 100 community and state agency specialists, worked together to develop the specific objectives of *Healthy New Hampshire 2010*.

Contributors to *Healthy New Hampshire 2010* are commended for their efforts to develop this document and their commitment to carry its message into the 21st century.

AETNA/US Healthcare

Alliance for the Mentally Ill of New Hampshire

American Cancer Society, New England Division

American Heart Association, New England Affiliate

American Lung Association of New Hampshire

Anthem Blue Cross/Blue Shield

Arthritis Foundation, Northern New England Chapter

Bi-State Primary Care Association

Brain Injury Association of New Hampshire

Business and Industry Association

Capital Region Family Health Center

Caring Community Network of the Twin Rivers

Catholic Medical Center

Cheshire Medical Center

Child Health Services of Manchester

Children's Alliance of New Hampshire

Cigna Healthcare/Healthsource New Hampshire

Community Health Institute

Concord Hospital

Council for Children and Adolescents with Chronic Health Conditions

CPTE Health Group

Dartmouth Hitchcock Clinic

Dartmouth Hitchcock Medical Center

Dartmouth Injury Prevention Center

Dartmouth Medical School

DHHS District Council Membership

Elliot Hospital

Foundation for Healthy Communities

Franklin Regional Pediatrics

Freudenberg-NOK

Friends for Recovery, New Hampshire

Governor's Advisory Panel on Cancer and Chronic Disease

Harvard Pilgrim Health Care

Health Care for the Homeless/Mobile Community Health Team

Health First

Healthy New Hampshire Foundation

Home Healthcare, Hospice and Community Services

Koop Institute

Lakes Region Pulmonary Medicine

Manchester Health Department

Nashua Adult Learning Center

Nashua Public Health Department

New England Heart Institute

New Futures

New Hampshire Area Health Education Center

New Hampshire Association of Health, Physical Education, Recreation and Dance

New Hampshire Celebrates Wellness

New Hampshire Charitable Foundation

New Hampshire Coalition Against Domestic and Sexual Violence

New Hampshire Coalition on Occupational Safety and Health

New Hampshire Comparative Risk Project

New Hampshire Council of Churches

New Hampshire Department of Corrections

New Hampshire Department of Education

New Hampshire Department of Environmental Services

New Hampshire Department of Health and Human Services

New Hampshire Department of Transportation

New Hampshire Diabetes Advisory Group

New Hampshire Executive Council

New Hampshire Family Planning Council

New Hampshire Family Voices

New Hampshire Healthcare Purchasers Roundtable

New Hampshire Hospital

New Hampshire Hospital Association

New Hampshire Medical Society

New Hampshire Minority Health Coalition

New Hampshire Nurse Practitioner Association

New Hampshire Osteoporosis Advisory Council

New Hampshire Pediatric Society

New Hampshire Public Health Association

New Hampshire Rural Health Coalition

New Hampshire State Cancer Registry, Norris Cotton Cancer Center

New Hampshire State Committee on Aging

New Hampshire State Legislature

North Country Health Consortium

Northern New Hampshire Area Health Education Center

Parkland Medical Center

Planned Parenthood of Northern New England

Safety and Health Council of New Hampshire

Saint Joseph's Hospital

Southern New Hampshire Area Health Education Center

Southern New Hampshire Medical Center

Town of New London

Turning Point

University of New Hampshire Cooperative Extension Service

University of New Hampshire Department of Nursing

University of New Hampshire Teen Assessment Project

Welcoming Light

Data Sources and References

1. *Vital Signs*, three-year moving average, 1996-1998, NH Department of Employment Security, 2000.
2. *Pulling Apart, A State-by-State Analysis of Income Trends*, Center on Budget and Policy Priorities, January 2000.
3. *KIDS COUNT New Hampshire 2000*.
4. *The New Hampshire Health Care System: Guidelines for Change*. Office of Planning and Research, NH Department of Health and Human Services, October 1998.
5. *NH Health Insurance Coverage and Access Survey*, Office of Planning and Research, NH Department of Health and Human Services, 1999.
6. *Healthy People 2010*. 1997 and 1998 data, age adjusted to year 2000 population. U.S. Department of Health and Human Services. Washington DC: January 2000 and November 2000.
7. NH Department of Environmental Services, 2000.
8. *NH Youth Risk Behavior Survey*, NH Department of Education, 1999.
9. *Youth Risk Behavior Survey*, CDC, United States, 1999. MMWR 2000; 49 (No. SS-5).
10. *Adult Needs Assessment Study*, Division of Alcohol and Drug Abuse Prevention and Recovery, NH Department of Health and Human Services, 1999.
11. NH State Police Bureau of Enforcement, NH Department of Safety, 1997.
12. NH District Court and Family Divisions, 1998.
13. *Teen Assessment Project*, University of New Hampshire, 1998-1999.
14. *SEER Cancer Statistics Review 1993-1997*, average annual mortality, National Cancer Institute.
15. Bureau of Health Statistics and Data Management, 1998 and 1999 data and aggregate year data for 97-98 and 96-98, age-adjusted to 2000 standard population, NH Department of Health and Human Services.
16. *NH Behavioral Risk Factor Surveillance System*, NH Department of Health and Human Services, 1997.
17. National Center for Health Statistics, CDC, 1996.
18. NH Department of Environmental Services, 1999.
19. *NH Behavioral Risk Factor Surveillance System*, NH Department of Health and Human Services, 1998.
20. Childhood Lead Poisoning Program, NH Department of Health and Human Services, 1999.
21. *NH Behavioral Risk Factor Surveillance System*, NH Department of Health and Human Services, 1999.
22. *Behavioral Risk Factor Surveillance System*, United States, CDC, 1997, 1998, and 1999.
23. *NH Behavioral Risk Factor Surveillance System*, NH DHHS, 1996-1998 average data.
24. *National Immunization Survey*, National Immunization Program, CDC, 1999.
25. *Annual School Immunization Survey*, NH Immunization Program, NH Department of Health and Human Services, 1999.
26. National Center for Injury Prevention and Control, CDC, 1998.
27. *National Vital Statistics Report*, 48:3. National Center for Health Statistics, CDC, 1998.
28. Bureau of Communicable Disease Surveillance, NH Department of Health and Human Services, 1999.
29. *Summary of Notifiable Diseases*, United States. MMWR 1998; 47(53): 12.

Healthy New Hampshire 2010

New Hampshire Department of Health and Human Services
Office of Community and Public Health
6 Hazen Drive
Concord, NH 03301-6527

For more information about *Healthy New Hampshire 2010* and related topics, please visit our website at: www.healthynh2010.org