

HEALTHY LIFE: AGE 18-64

KEY ISSUES

- Manchester residents experience significantly higher rates of all-cause premature mortality (death before age 65) than the rest of New Hampshire.
- Behavioral and mental health is an important concern across all age groups in adulthood. The rate of emergency department visits for psychiatric concerns among residents in Manchester and the Manchester HSA is significantly higher than the rest of NH. Furthermore, the rate is significantly higher among Manchester residents than the Manchester HSA.
- Efforts to increase access to preventive screenings and the medical management of chronic diseases, such as diabetes, are necessary to improve adult health.
- The rate of emergency department visits for illicit drug use among residents in Manchester and the Manchester HSA is significantly higher than the rest of NH. Furthermore, the rate is significantly higher among Manchester residents than the Manchester HSA.
- Social and economic factors, such as lack of health insurance and unemployment, are just as important in determining health status as health behaviors.

OVERVIEW

Healthy life in adulthood is a complex interaction between past and present experiences including biological, cultural and social factors and behavior.² It is important to consider these interactions in adulthood to better understand the development of a healthy life and to employ intervention strategies at the appropriate place in the life course. There are several transitional periods in adulthood that play a key role in defining health status and contribute to determining health status later in life.

The period from age 18 to 29 years is a transitional period and a critical time when many behaviors and risk factors are established that will affect health status later in life.⁸¹ These years represent the beginning of adulthood, when young people seek to obtain financial and emotional independence.^{82, 83} During this same period of life, however, is when young adults commonly experience a loss of social support programs such as food assistance, school-based programs, and health insurance under a parent's plan, as they no longer qualify for services based on age.⁸¹

The period from 50 to 64 years is another transitional period. Behaviors, life situation, and surrounding environments for adults in this age group can shape health and well being as they become older. This group (often referred to as the “baby boomer group”) has grown significantly in the last decade and is expected to become an even more significant portion of the region’s population over the next 20 years.

MANCHESTER CITY 2007			
	NUMBER	PERCENT OF CITY POPULATION, 2007	PERCENT OF CITY POPULATION, 2000
Residents 18 to 64 years	70,010	64.6%	63.3%
Residents 18 to 29 years	18,912	17.4%	17.9%
Residents 30 to 49 years	31,946	29.4%	31.8%
Residents 50 to 64 years	19,152	17.6%	13.6%
<i>Source: American Community Survey 2007</i>			

DEMOGRAPHICS

POPULATION OF 18-64 YEAR OLDS, 2000		
	NUMBER	% OF CITY POPULATION
Auburn	3,041	65.0%
Bedford	10,950	59.9%
Candia	2,586	66.1%
Deerfield	2,323	63.2%
Goffstown	11,049	65.3%
Hooksett	7,810	66.6%
New Boston	2,672	64.6%
<i>Source: United States Census Bureau, 2000</i>		

CURRENT HEALTH

LEADING CAUSE OF DEATH

The rate of premature mortality (death before age 65) is significantly higher in Manchester compared to the rest of New Hampshire (256.9 deaths/100,000 people under age 65 Manchester vs. 201.7 deaths per 100,000 rest of New Hampshire, 2006 data).⁶¹

Nationally, in New Hampshire and in the Manchester HSA, causes of death vary in adulthood by age grouping. For example, in 2006, the top five leading causes of death for Manchester City adults ages 18 to 29 were different from the top five leading causes of death for Manchester adults ages 30 to 64.

In the group of those 18 to 29 years, accidents and intentional self-harm were the leading cause of death followed by cancers and congenital malformations. Both Manchester and Manchester HSA have the same top five leading causes of death for this age group, and they are not significantly different from the rest of New Hampshire.

Leading causes of death data for Manchester, HSA, and NH residents are illustrated on the following pages.

18 TO 29 YEARS: LEADING CAUSES OF DEATH			
MANCHESTER, 2006	DEATH RATE PER 100,000 POPULATION	REST OF NH, 2006	DEATH RATE PER 100,000 POPULATION
Accidents	28.5	Accidents	37.4
Intentional Self-Harm	28.5	Intentional Self-Harm	12.1
Malignant Neoplasms (Cancers)	11.4	Malignant Neoplasms (Cancers)	5.5
Assault (Homicide)	0*	Assault (Homicide)	3.3
Congenital Malformations	5.7	Congenital Malformations	1.1
* While homicide was among the leading causes of death for adults 18-29 for the years used to create the ranking, 2000-2006, in 2006 there were no homicides in this age group in Manchester Source: NH DHHS			

In the older age group, those ages 30 to 64, cancers and diseases of the heart were the leading causes of death followed by accidents, intentional self-harm and chronic lower respiratory diseases. Both Manchester and Manchester HSA have the same top leading causes of death, and they are not significantly different from the rest of New Hampshire.

30 TO 64 YEARS: LEADING CAUSES OF DEATH			
MANCHESTER, 2006	DEATH RATE PER 100,000 POPULATION	REST OF NH, 2006	DEATH RATE PER 100,000 POPULATION
Malignant Neoplasms (Cancers)	135.4	Malignant Neoplasms (Cancers)	109.1
Diseases of the Heart	72.4	Diseases of the Heart	62.2
Accidents	33.4	Accidents	29.3
Intentional Self-Harm	24.1	Intentional Self-Harm	14.1
Chronic Lower Respiratory Diseases	22.3	Chronic Lower Respiratory Diseases	11.6
Source: NH DHHS			

HEALTH STATUS

The most reliable alternative measure of morbidity for the HSA population is hospital visit rates. The tables on the following page illustrate the major causes of hospitalization for those ages 18-29 compared to those ages 30-64. In the younger age group, most hospitalizations are for episodic or acute conditions while in the older age group, hospitalizations mainly occur for conditions associated with chronic illness. Thus, prevention of chronic illness, including early diagnoses and screening has been identified as the most important area of focus for the community for the future.

Among Manchester HSA adults ages 18 to 29 years the highest rates of hospitalization are for episodic mood disorders, acute appendicitis, diabetes, cellulitis and depressive disorders in 2006.

18 TO 29 YEARS: LEADING CAUSES OF HOSPITALIZATION			
MANCHESTER, 2006	HOSPITALIZATION RATE PER 1,000 POPULATION	MANCHESTER HSA, 2006	HOSPITALIZATION RATE PER 1,000 POPULATION
Episodic Mood Disorders	3.2	Episodic Mood Disorders	2.6
Diabetes	1.8	Acute Appendicitis	1.4
Acute Appendicitis	1.7	Diabetes	1.1
Cellulitis and Abscess	1.4	Cellulitis and Abscess	0.9
Depressive Disorders	0.6	Depressive Disorders	0.7

Source: NH DHHS, Hospitalization Data

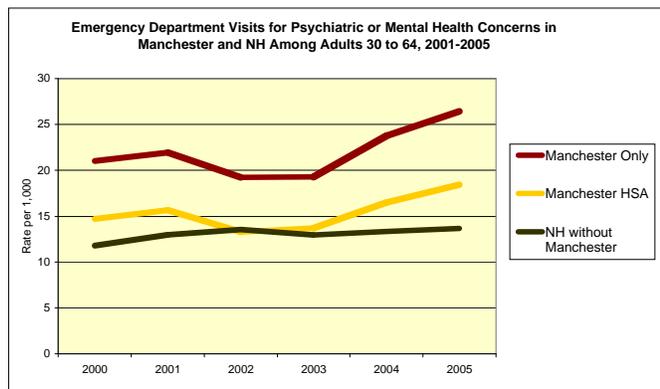
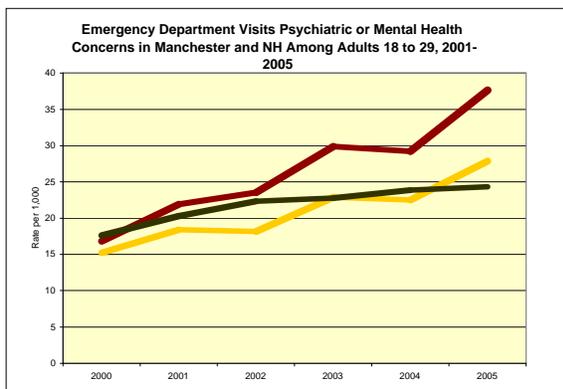
Episodic mood disorders, osteoarthritis, chronic ischemic heart disease, acute myocardial infarction, and respiratory and chest symptoms are the top five reasons for admission to an area hospital for HSA residents ages 30 to 64 years in 2006.

30 TO 64 YEARS: LEADING CAUSES OF HOSPITALIZATION			
MANCHESTER, 2006	HOSPITALIZATION RATE PER 1,000 POPULATION	MANCHESTER HSA, 2006	HOSPITALIZATION RATE PER 1,000 POPULATION
Episodic Mood Disorders	3.9	Episodic Mood Disorders	3.3
Osteoarthritis	2.6	Osteoarthritis	2.5
Chronic Ischemic Heart Disease	2.3	Chronic Ischemic Heart Disease	2.1
Acute Myocardial Infarction	1.8	Acute Myocardial Infarction	1.6
Respiratory and Chest Symptoms	1.8	Respiratory and Chest Symptoms	1.4

Source: NH DHHS, Hospitalization Data

Additionally, and of concern to the community, the leading cause of all hospitalizations among adults under 65 in 2006 was episodic mood disorders which include admissions for alcoholism, suicidal ideation and depression and other diagnoses which may be early symptoms of more chronic mental health conditions. In 2005, Manchester and the Manchester HSA had higher rates of emergency room visits for psychiatric or mental health concerns compared to the rest of New Hampshire.

Although not one of the top five leading causes of hospitalization in 2006, emergency department visits for accidents among Manchester adults ages 18 to 64 were significantly higher compared to the HSA and the rest of New Hampshire. These rates remain significantly higher even when emergency department visits for automobile accidents are excluded from our calculation of rates.



Source: NH DHHS

ACCESS TO HEALTHCARE SERVICES

HEALTH INSURANCE

For adults being without health insurance or being underinsured is a major barrier to obtaining access to preventive health services and health care. Having health insurance is an important factor for establishing a regular medical home and a relationship with a health care provider. When people are uninsured or underinsured, the cost of care is too great for most. Although limited data about the uninsured are available for Manchester or Manchester HSA, the local profile of the uninsured is assumed to be similar to that of the state.⁶²

- Nearly one out of every four persons in New Hampshire under the age of 65 went without health insurance for all or part of 2002 and 2003 (23%, n=259,000).⁶²
- Younger adults (ages 18 to 34) are more likely to be uninsured (18.3%), cite cost as a barrier to obtaining health care (14.1%), and report having no regular health care provider (15.5%).⁶³

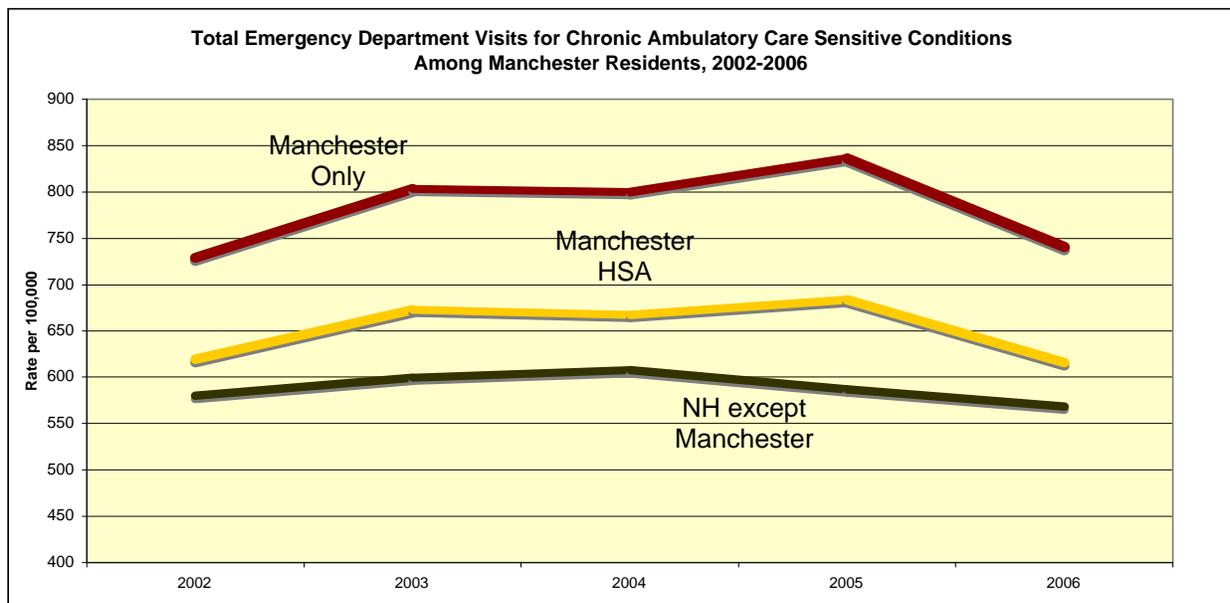
For the Manchester area the following is known:

- The Manchester HSA health care organizations provide health care services to approximately 15% of the state's uninsured population.⁶⁴
- About 10% of Manchester City adults ages 18 years and older reported that they could not access health care because of the cost (2005-2007).⁸⁵

AMBULATORY CARE SENSITIVE CONDITIONS AS A PROXY FOR ACCESS

In a community high rates of emergency department visits for chronic ambulatory care sensitive conditions, such as asthma or diabetes; may be an indicator of a lack of prevention efforts, a primary care resource shortage, or other factors that create barriers to obtaining timely and effective care.⁸⁷ Chronic ambulatory care sensitive conditions are conditions where timely and effective outpatient care can decrease emergency care and hospitalizations by preventing the onset of an illness or condition or managing a chronic disease or condition.

From 2002 to 2006, 741 emergency department visits per 100,000 residents in Manchester were associated with chronic ambulatory care sensitive conditions. This rate is significantly higher compared to the rest of New Hampshire (568 visits/100,000).



Source: NH DHHS

DENTAL INSURANCE

Dental care is associated with higher out-of-pocket costs compared to medical insurance. Typically, fewer people have dental insurance than general medical coverage, and for those who do have dental insurance, coverage is generally less comprehensive than medical insurance.⁸⁶

RISKS TO FUTURE HEALTH

HEALTHY BEHAVIORS

This section provides an overview of the most common health risk behaviors among adults ages 18 to 64. These health behaviors contribute to the development of chronic diseases in adulthood that are represented among the leading causes of death and hospitalization for Manchester area adults.

Tobacco Use

The proportion of Manchester adults ages 18 to 34 who currently smoke is 30.5% (2005-2007). This is a concern because decisions made in young adulthood, such as tobacco use, will directly affect current and future health status.³ Furthermore, a significantly higher proportion of Manchester adults ages 35 to 44 currently smoke compared to those in this age group in the state.

TOBACCO USE			
HEALTHY PEOPLE 2010 TARGET = 12.0%			
	MANCHESTER	MANCHESTER HSA	REST OF NEW HAMPSHIRE
Proportion of adults age 18 to 64 who are currently smoking (2008)	20.1%	18.5%	18.9 %
Proportion of adults 18-34 who are currently smoking (2005-07)	30.5%	28.3%	25.3%
Proportion of adults 35-44 who are currently smoking (2005-07)	33.9%*	28.5%	21.5%
*Statistically significant difference from Rest of NH Source NH Behavioral Risk Factor Surveillance System			

In addition, smoking rates vary statistically by income. For example, 37% of Manchester adults age 18 and older with an income less than \$25,000 reported that they smoke compared to only 15.7% for those in the same age group with an income at or above \$75,000 annually.

Overweight and Obesity

In Manchester, 64% of adults ages 18 to 64 years of age are either overweight or obese as illustrated in the table below.

OVERWEIGHT AND OBESE (HP 2010 TARGET = 15.0%)		
	MANCHESTER	REST OF NEW HAMPSHIRE
Proportion of adults age 18 to 64 who are overweight as defined by Body Mass Index (2008)	38.5%	37.4%
Proportion of adults age 18 to 64 who are obese as defined by Body Mass Index (2008)	25.5%	25.5%
<i>Source: NH Behavioral Risk Factor Surveillance System</i>		

Overweight and obesity is an important risk factor for heart disease, cancer and diabetes.⁶⁵ During the past 20 years there has been a dramatic increase in obesity in the United States. In fact, this rapid increase in overweight and obesity among adults in the United States has been called a national epidemic because it is estimated that over 60% of American adults are either overweight or obese.⁶⁵

Physical Activity

A key factor that makes overweight and obesity more likely is not getting enough physical activity. In 2007, 51% of Manchester HSA adults ages 18 to 64 were not meeting the Healthy People 2010 physical activity objective of getting moderate activity for at least 30 minutes on five or more days per week or participating in vigorous activity for 20 minutes on at least three days per week. This includes nearly 10% of Manchester residents (approximately 11,000 people) and about 7% of the HSA population in this age group who reported not participating in any physical activity at all.

PHYSICAL ACTIVITY			
	MANCHESTER	MANCHESTER HSA	REST OF NEW HAMPSHIRE
Proportion of adults age 18 to 64 who report no moderate or vigorous physical activity (BRFSS 2007)	9.9%	7.4%	6.6%
<i>Source: NH Behavioral Risk Factor Surveillance System</i>			

Alcohol and Other Drug Use

The proportion of Manchester and HSA adults ages 18 to 64 who report binge drinking (defined as five or more alcoholic beverages on one occasion) was 21.2% for the Manchester and 20.7% for the HSA population.

In 2005, there were 426 emergency department visits for illicit drug use per 100,000 Manchester residents. This rate is significantly higher than the rest of New Hampshire (176 visits per 100,000 population).

BINGE DRINKING			
	MANCHESTER 2006	MANCHESTER 2008	REST OF NEW HAMPSHIRE 2008
Proportion of adults age 18 to 64 who report binge drinking within the last month	16.8%	21.2%	19.0%
ILLICIT DRUG USE			
	MANCHESTER 2001	MANCHESTER 2005	REST OF NEW HAMPSHIRE 2005
Rate of emergency department visits for illicit drug use among Manchester residents (per 100,000 pop)	279*	426*	176
*Statistically significant difference from Rest of NH Source: NH Behavioral Risk Factor Surveillance System			

Substance abuse continues to be a major health problem in the United States for adults. It is estimated that one in 13 adults are either alcoholics or abuse alcohol heavily and an estimated three million individuals in the United States have serious drug problems.⁶⁶

“Long-term heavy drinking increases an individual’s risk for heart disease and stroke, several forms of cancer, cirrhosis and other liver disorders, and mental health problems. Alcohol use also contributes to a substantial proportion of injuries and deaths related to motor vehicle crashes, falls, fires, drowning and firearms. Alcohol use 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.”⁶⁷

Use of illicit drugs, such as heroin, marijuana, cocaine, and methamphetamine, or nonmedical use of prescription drugs such as pain relievers, tranquilizers, stimulants, and sedatives, can be associated with serious consequences.⁶⁸ These include injury, illness, disability, and death as well as crime, domestic violence, and lost school or workplace productivity.^{69,70} Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, as well as drug use disorders may also result from drug use.^{70,71}

FAMILY AND SOCIAL ENVIRONMENTS

Positive family and social environments are important to building positive individual social supports, and in general, a greater sense of community. Important differences in health status are associated with living alone, whether one owns or rents his home, and with having access to public transportation.⁷²⁻⁷⁵

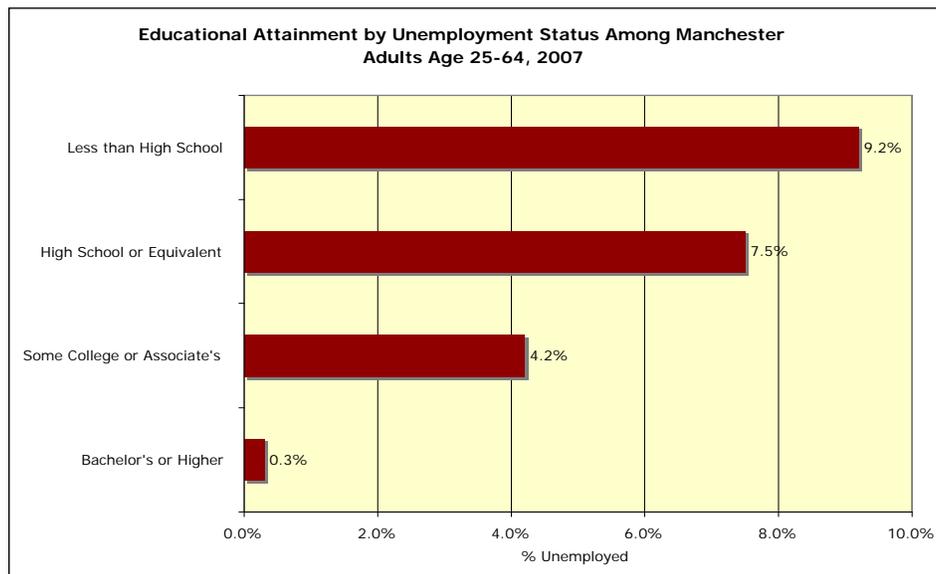
Of the 45,481 households in Manchester in 2007, 23.4% consist of residents ages 15 to 64 living alone. Furthermore, 50.3% of households were renter occupied, and approximately 44% were non-family households.

HOUSEHOLDS IN MANCHESTER			
	NUMBER	PERCENT OF HOUSEHOLDS, 2007	PERCENT OF HOUSEHOLDS, 2000
Total Family households	25,484	56.0%	59.0%
Residents age 15-64 years living in owner occupied housing	18,085	39.7%	34.5%
Residents age 15-64 years living in renter occupied housing	22,878	50.3%	45.4%
Total Non-Family Households	19,997	43.9%	40.9%
Households with Residents age 15-64 years living alone	10,673	23.4%	21.4%
Source: American Community Survey 2007			

In 2007, 6.7% of Manchester residents age 16 and older used public transportation or walked/rode a bicycle to work.⁸ The lack of a *robust public transportation* system was mentioned as a major barrier several times during the focus groups sessions with Manchester residents. Transportation is vital for many reasons, but it is especially important for traveling to employment outside of the home, access to basic services, such as financial institutions or the supermarket, and connecting with health care services.

EDUCATION

About 14% of Manchester adults age 18 and older had less than a high school diploma (2007). This is important because an individual's level of educational attainment is linked with his or her employability.

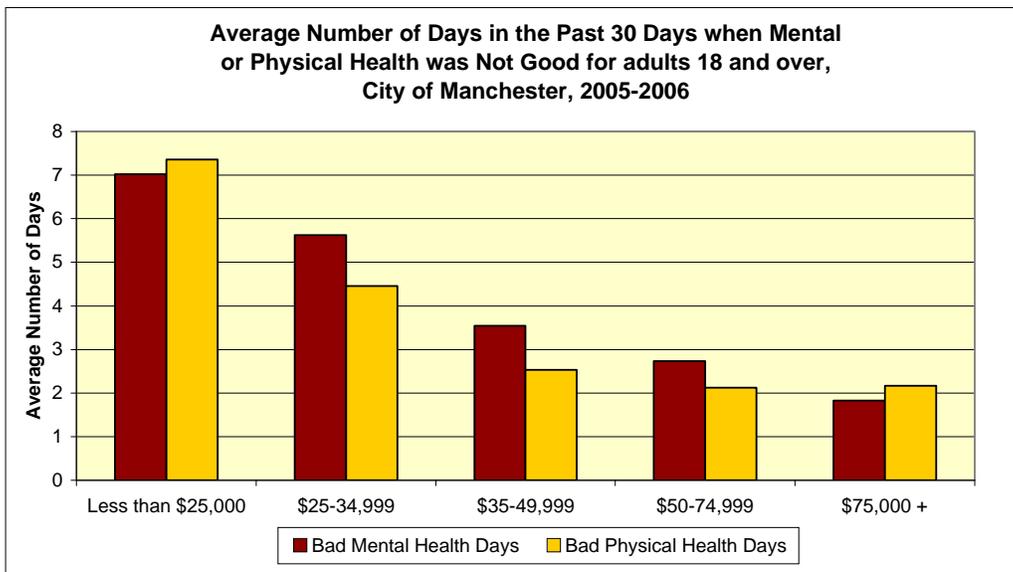


Source: American Community Survey

- About 9% of Manchester adults ages 24 to 64 with less than a high school degree were unemployed as compared with only 0.3% of Manchester adults ages 24 to 64 with a Bachelor's degree or higher (2007).
- Over 15% of Manchester adults ages 18 to 24 had less than a high school degree (2007), which is a decrease from year 2000 (25.9%).
- There were notable differences in education status by gender and education. In 2007, there was a higher proportion of males age 25 to 34 having less than a high school diploma than females of the same age group – 17.9% and 6.6%, respectively. Moreover, females ages 25 to 34 years have a higher percentage of individuals attaining a Bachelor's degree or higher (31.5%) compared to males of the same age group (15.6%).

ECONOMIC CIRCUMSTANCES

When exploring self-rated health status by other determinants of health the most apparent inequity exists by income. Individuals making less than \$25,000 annually reported approximately seven days of poor mental or physical health compared to about only two days for individuals making \$75,000 or more annually.

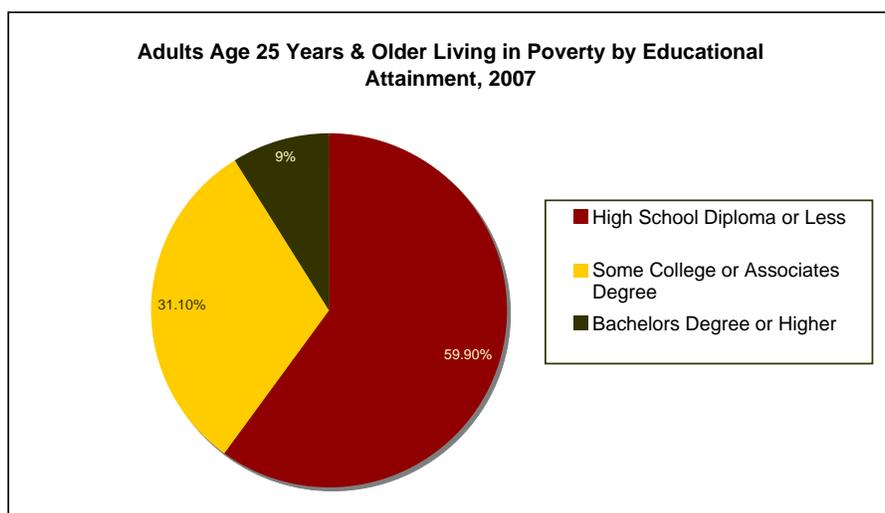


Source: NH DHHS

Thus, of great concern for Manchester is the significant increase in the number of adults living in poverty. In 1990, 7.0% of Manchester adults ages 18 to 64 lived at or below 100% of the Federal Poverty Level compared to 11.5% in 2007.

Poverty is greatly influenced by educational attainment, which in turn often determines employment status and occupation type.

- In 2007, nearly 60% of adults age 25 and older that were living at or below the poverty line in Manchester had a high school diploma or less.
- Only 9% of adults at or below the poverty line had a Bachelor’s degree or higher.



Source: American Community Survey, 2007

Additionally, the rate of unemployment has been increasing in Manchester and was higher than the state between December 2008 and May 2009. Similar to the variation observed when assessing educational attainment by poverty status, the rate of unemployment also varies by poverty status. In 2007, 10.6% of Manchester residents age 16 and older that were living below the poverty line were unemployed. Among residents age 16 and older at or above the poverty line, 4.2% were unemployed.

FOCUS GROUP PARTICIPANTS WEIGH IN: HEALTHY LIFE—AGE 18-64

Most focus group participants interviewed for this assessment in the adult age group were at vulnerable stages in their lives or at higher risk of poor health due to: (a) having a chronic health condition or disability, (b) being new to America and struggling to learn how to manage one's life in a foreign culture, (c) being a veteran.

The issues discussed most frequently across all focus groups were the lack of affordable, quality dental care for uninsured or underinsured residents, and the lack of mental health services in the community.

- There are not enough dentists who accept Medicaid or uninsured patients and if the participants can find a dentist who takes an uninsured patient, the cost of care is astronomical.

“If someone is really sick, you can call 911 and get treated, but if you’re in a lot of pain because of dental problems, there’s no way to get care unless you can come up with the cash.”

- There is a lack of mental health care available through community providers. Several participants stated that they use the emergency departments in the area to access mental health care services that should be available to them in outpatient settings by mental health care providers.
- Several veterans reported that their TRICARE coverage was insufficient, and they were unable to see certain doctors.
- Several participants with disabilities or caring for a family member with a disability reported having a difficult time navigating the medical system.
- The Bhutanese and Bosnian refugee populations who were not connected to any assistance group reported having great difficulty acquiring any kind of insurance coverage and then difficulty again in connecting with the medical system.
- The Somali refugees interviewed were connected with the Somali Development Center (SDC) and reported having no barriers to accessing care; i.e., the SDC helped guide them through the system by bringing them to the appropriate providers, making appointments, providing transportation, and assisting with interpretation.

DATA SNAPSHOT: HEALTHY LIFE—AGE 18-64

HEALTHY LIFE INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER
Family and Social			
Percent of households with an adult householder under age 65 living alone, 2007, American Community Survey	23.5%*	na	15.8% all NH
Number of domestic violence arrests, 2008, Manchester Police Dept	1,154	na	missing
Percent of workers 16 years and older who have no access to a vehicle, 2007, American Community Survey	3.8%	na	1.8% all NH
Proportion of the population without a home or a cellular telephone	developmental		
Number of homeless individuals	developmental		
Rate of incarceration of the population for different groups	developmental		
Rate of volunteerism among adults age 18 to 64 years	developmental		
Proportion of the population who participate in social or civic organizations	developmental		
Economic Circumstances			
Percent of people age 18-64 whose income in the last 12 months is below 100 percent of poverty, 2007, American Community Survey	11.5%	na	6.6%
Percent of housing units occupied by owner, 2007, American Community Survey	49.4%	na	74.1% all NH
Annual average unemployment rate, 2008, NH Employment Security	4.3% (n=2,660)	na	3.8% all NH (n=28,240)
Unemployment rate, month of July, 2009, NH Employment Security	7.7%	na	6.6%
Unemployment rate among 18-29 year old adults	developmental		
Education			
Percent of the population age 18 to 64 who did not graduate from high school, 2007, American Community Survey	11.2%	na	7.9%
Percent of the population age 18 to 64 who have a bachelor's degree or higher, 2007, American Community Survey	23.3%		30.9%
Physical Environment			
Percent of the population age 16-64 that has an employment disability, 2007, American Community Survey	7.90%	na	6.1% all NH

HEALTHY LIFE INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER	HP 2010
Behavior				
Percent of adults age 18 to 64 who are current smokers, 2008, NH DHHS Behavioral Risk Factor Surveillance System	20.1%	18.5%	18.9%	12%
Percent of adults age 18 to 64 who have participated in binge drinking during the past 30 days, 2008, NH DHHS Behavioral Risk Factor Surveillance System	21.2%	20.7%	19.0%	6%
Percent of adults age 18 to 64 who meeting the recommendation for moderate or vigorous physical activity, 2007, NH DHHS Behavioral Risk Factor Surveillance System	49.0%	49.0%	55.7%	30%
Rate per 100,000 of discharges from the emergency department for self inflicted injury for all ages, 2005, NH DHHS, Hospitalization Data	149* (n=159)	113 (n=201)	111 (n=1,311)	
Rate per 100,000 of discharges from the emergency department for drug abuse for all ages, 2005, NH DHHS, Hospitalization Data	426* (n=483)	305* (n=560)	176 (n=2,129)	

HEALTHY LIFE INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER	HP 2010
Health				
Percent of adults age 18 to 64 years who reporting that their general health is good to excellent, 2008, NHDHHS Behavioral Risk Factor Surveillance System	85.7%	88.8%	91.2%	
Percent of adults age 18 to 64 years who are obese or overweight, 2008, NHDHHS Behavioral Risk Factor Surveillance System	63.9%	63.4%	62.9%	40%
Overall rate of diabetes per 1,000 people that is clinically diagnosed, 2005, Centers for Disease Control and Prevention	developmental		65	25
Cervical cancer incidence rate per 100,000 women, 2002-2006, NH DHHS, Cancer Data	13.8* (n=40)	11.3* (n=54)	6.2 (n=196)	
Prostate cancer incidence rate per 100,000 men, 2002-2006, NH DHHS, Cancer Data	183.3* (n=432)	177.1 (n=695)	155.3 (n=4,493)	
During the past 30 days, average number of days for which adults age 18 and over report that their mental health was poor or not good. 2005-2007, NH DHHS Behavioral Risk Factor Surveillance System	3.8	3.4	3.2	
The proportion of individuals who experienced a major depressive episode within the last year	developmental			
Rate per 100,000 of Chlamydia infection among 20-24 year olds, 2008, NH DHHS, Communicable Disease Surveillance	2057.9* (n=141)	1184.3 (n=158)	787.3 (n=701)	
Cases of HIV infection in population 18 to 54 years old, 2008, NH DHHS, Communicable Disease Surveillance	7	9	34	
Breast cancer mortality rates per 100,000, 2001-2005 NH DHHS, Cancer Data	25.8 (n=83)	24.8 (n=125)	24 (n=818)	22.3
Age specific death rate per 100,000 for all causes for adults 18 to 64 years, 2006, NH DHHS, Death Data	331.7* (n=237)	267.3 (n=314)	259.6 (n=2,033)	
Age-specific death rate per 100,000 population (premature death), for NH residents, age less than 65 years, 2006, NH DHHS, Death Data	256.9* (n=248)	207.6 (n=332)	201.7 (n=2,141)	
Suicide rate per 100,000 for adults age 15 to 64, 2006, NH DHHS, Death Data	23.8	20.8	12.8	5
Leading causes of hospitalization for adults age 18 to 29, 2006, NH DHHS Hospitalization Data	Episodic mood disorders; Acute appendicitis; Cellulitis and abscess, except fingers and toes; Diabetes; Depressive disorders			
Leading causes of hospitalization for adults age 30 to 64, 2006, NH DHHS, Hospitalization Data	Episodic mood disorders; Acute myocardial infarction; Chronic ischemic heart disease; Osteoarthritis; Respiratory and chest symptoms			
Leading causes of death for adults age 18-29, 2006, NH DHHS, Death Data	Accidents; Suicide; Malignant neoplasms; Homicide; Congenital malformations, deformations and chromosomal abnormalities			
Leading causes of death for adults age 30-64, 2006, NH DHHS, Death Data	Malignant neoplasms; Diseases of heart; Accidents; Suicide; Chronic lower respiratory diseases			

HEALTHY LIFE INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER	HP 2010
Access				
Percent of the population age 18-64 who received an influenza vaccination within the last 12 months, 2008, NH DHHS Behavioral Risk Factor Surveillance System	31.4%	32.7%	36.0%	
Percent of women age 18-64 who have gotten a pap smear within the last 3 years, 2008, NH DHHS Behavioral Risk Factor Surveillance System	87.1%	87%	86.1%	90%
Percent of female population over 50 years old who have gotten a mammogram in the past 2 years, 2008, NHDHHS Behavioral Risk Factor Surveillance System	92.6%*	89.8%	84.7%	70% for 40 and older
Unintentional Injury emergency department discharges, excluding motor vehicle accidents for adults age 18 to 29 years, 2005, NH DHHS, Hospitalization Data	21.4%* (n=1,881)	16.9% (n=2,356)	16.7% (n=14,811)	
Rate per 1,000 of hospitalization for acute ambulatory care sensitive conditions for adults age 18 to 29 years, 2006, NH DHHS, Hospitalization Data	5.1* (n=89)	3.5 (n=100)	2.6 (n=466)	
Percent of adults age 18-64 who have a primary care provider	developmental			
Percent of adults age 18-64 who have no health insurance	developmental			
Percent of adults age 18-64 who have no dental insurance	developmental			
Percent of adults age 18-29 who have no health insurance	developmental			
<i>* Significantly different from the rest of New Hampshire excluding Manchester</i>				

