ReThink Health Upper Connecticut River Valley
an affiliate of ReThink Health

The Dartmouth Institute for Health Policy & Clinical Practice

Claremont Health Survey

KEY FINDINGS

Prepared by:

ReThink Health: Upper Connecticut River Valley

With thanks to all of our community partners

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Valley Regional Healthcare

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CLAREMONT HEALTH SURVEY RESULTS

I. BACKGROUND

In the summer of 2014, ReThink Health: Upper Connecticut River Valley, The Dartmouth Institute for Health Policy and Clinical Practice, Valley Regional Hospital, and several community partners conducted a health survey in Claremont, NH. The aim was to better understand the current health status of the community and to identify challenges to health and wellness. 518 adults took the survey for a 3% response rate. This brief report highlights the results.

II. DEMOGRAPHICS

Age, Sex & Race

Table 1 shows the age and sex of survey respondents. Whereas the age of our sample was representative of the adult population in Claremont, sex was not. Three-quarters of survey participants were female compared to 52% of adults in Claremont. This is important to consider when interpreting the results. Race of our sample was representative of Claremont with 95% of respondents identifying as White.[1]

Table 1: Age and sex distribution of respondents

Sex	Age					Total #
	18-24	25-44	45-65	65-84	85+	
Female	30	153	156	52	4	395 (76%)
Male	5	34	48	31	5	123 (24%)
Total #	35 (7%)	187 (36%)	204 (39%)	83 (16%)	9 (2%)	518 (100%)

Residence

Two-thirds (67%) of participants lived in Claremont. The other third worked or received services in Claremont.

Socioeconomic Status

One in four respondents (26%) said they do not always have enough money to buy the things they need to live every day. We called this *financial insecurity*.

III. SELF-REPORTED HEALTH STATUS

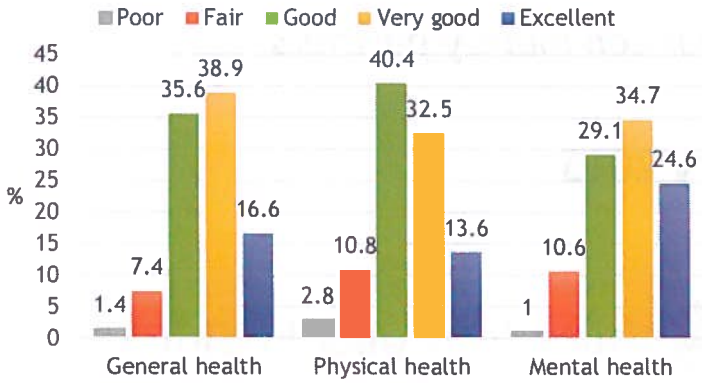

Figure 1: Respondents' self-rated health status

The majority of respondents rated themselves positively on questions about their general, physical, and mental health (see Figure 1). Average composite scores for physical and mental health were similar to the US general population.[2]

Prevalent Health Conditions

The most prevalent conditions among participants were *allergies* (30%); *mental, emotional, or psychiatric* (29%); *blood pressure* (26%); *cholesterol* (21%); *bone, joint, or musculoskeletal* (21%); and *eye* (20%). 95% of respondents were confident that they could control and manage their conditions.

CLAREMONT HEALTH SURVEY RESULTS

IV. HEALTH RISK ASSESSMENT

Health risk was assessed using 12 avoidable risk factors (see Table 2). In the US population, men and women could gain an average of 9.6 and 9.0 years of life, respectively, if they removed all 12 avoidable risk factors.[3] In our sample, respondents could gain an average of 7.4 years (9.3 for males, 6.8 for females) if they removed all avoidable risk factors. Next, we highlight a few risk factors, underscoring prevalence and related challenges.

Table 2: Factors used to calculate avoidable health risk

Avoidable risk factors
Smoking
High blood pressure
Excess body weight
High blood sugar
High cholesterol
Physical activity
Nut intake
Vegetable intake
Fruit intake
Omega-3 intake
Alcohol intake
Seatbelt use

Excess Body Weight

Prevalence of obesity and overweight (body mass index [BMI] ≥25) was 70%. This is similar to the US rate of 69%.[4] Prevalence of obesity alone (BMI ≥30) was 41%, compared to 27% statewide and 35% in the US.[5] This suggests that obesity is a major problem for Claremont.

"[I would like] more time with [my] health care provider to discuss solutions to health issues like weight loss"

Smoking

Prevalence of smoking was 13%, compared to 20% in the county, 16% in NH, and 18% in the US.[6] Financially insecure respondents were five times more likely to smoke than financially secure respondents. Age and sex also predicted smoking among respondents, though small sample sizes limited confidence. One-third (32%) of young adults (aged 18-25) currently smoke. The odds of smoking decreased as age increased. Males were twice as likely to smoke as females, controlling for age and financial security.

"Eating healthy is expensive when you are just barely scraping by"

Fruit & Vegetable Intake

Two-thirds (69%) of respondents did not meet national guidelines for weekly fruit intake, and more than half (63%) did not meet national guidelines for weekly vegetable intake.[7] Cost and lack of year-round availability were reported as major barriers.

Physical Activity

Figure 2 displays respondents' overall level of physical activity. 14% reported 0 days of exercise (moderate or vigorous) in the previous week. Time, cost of exercise facilities, and lack of safe outdoor recreation areas were reported as major barriers.

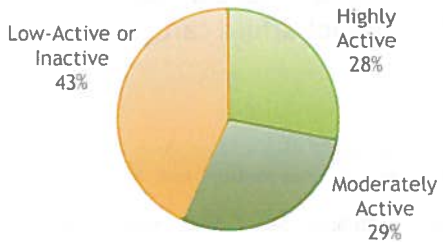

Figure 2: Percent of respondents in each of three physical activity level categories

"I love to walk and would like to ride a bike so I would like a nice walking and bike trail in town"

CLAREMONT HEALTH SURVEY RESULTS

V. ACCESS TO CARE

93% of respondents reported having a regular place of care. More than 1 in 10 respondents (13%) were unable to obtain some type of needed care. Of those who needed mental health care, one in five (23%) did not obtain it. Table 3 shows frequently identified barriers for each type of care.

Table 3: Prevalence of barriers to obtaining needed care

Barrier	Type of care		
	Medical	Dental	Mental Health
Unable to afford care	62%	78%	48%
Not enough time	23%	3%	30%
Insurance-related reasons	31%	41%	9%
Provider unavailability	0	5%	26%
Other reasons	31%	32%	44%

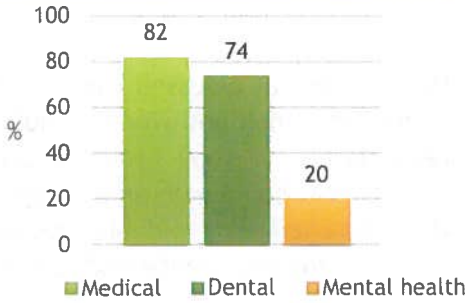

Figure 3: Percent of respondents who needed, sought, or wanted care, tests, or treatment in the last 12 months

Geographic Access

One in five respondents travel 30 minutes or more to get to their regular place of care.

Health Insurance

94% of respondents had health insurance. The majority received insurance through an employer or union (Figure 4). Uninsured respondents were five times more likely to report being unable to obtain needed care – and had a lower average mental health score – than insured respondents. The uninsured rate for respondents aged 18-64 was 7%, compared to 17% in the county, 15% in NH, and 19% in the US.[8]

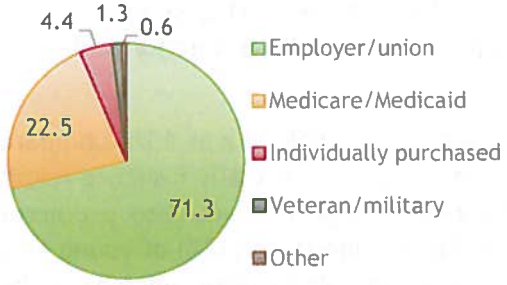

Figure 4: Sources of health insurance

"I would like health care to be more available for everyone. A walk-in clinic would be great, especially one that can accept people regardless if they have insurance or not."

Economic Access

Financial insecurity was strongly linked to having insurance and being able to obtain needed care. 14% of financially insecure respondents were uninsured compared with 3% of other respondents. 34% of financially insecure people were unable to obtain needed care compared with 6% of other respondents. Among those without a regular place of care, 36% said it was because they cannot afford care.

References

[1] U.S. Census Bureau, "Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data," http://factfinder.census.gov/.
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[8] U.S. Census Bureau, Small Area Health Insurance Estimates, *State and County by Demographic and Income Characteristics, 2012*; U.S. Census Bureau, Current Population Reports, *Health Insurance Coverage in the United States: 2013*, U.S. Government Printing Office, Washington, DC, 2014.