New Hampshire

Summary

Low Disparities
- Between metropolitan and non-metropolitan areas for poverty
- Between females and males for avoided care due to cost
- Between metropolitan and non-metropolitan areas for uninsured

High Disparities
- Between those with less than a high school education and college graduates for high health status
- Between those with less than a high school education and college graduates for smoking
- Between females and males for premature death

1 Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
2 Rates worse than national average.
3 Rates same or better than national average.

Highlights

- **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 5.1 to 3.5 deaths (before age 1) per 1,000 live births
- **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 8.8% to 5.8%
- **Avoided Care Due to Cost** in female adults between 2011-2013 and 2017-2019 from 15.0% to 11.6%
- **Cancer** in male adults between 2011-2013 and 2017-2019 from 5.9% to 8.0%
- **Premature Death** in the white population between 2005-2009 and 2015-2019 from 6,118 to 7,336 years of potential life lost before age 75 per 100,000
- **Frequent Mental Distress** in female adults between 2011-2013 and 2017-2019 from 12.7% to 15.9%

Trends

High Health Status by Race & Ethnicity

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In New Hampshire, income inequality has decreased since 2011. New Hampshire’s ratio is currently lower than the national ratio.

For source details and methodology visit www.AmericasHealthRankings.org.