

## **United Way of Merrimack County 2007 Needs Assessment**

### **I. Introduction**

The 2007 United Way of Merrimack County Needs Assessment is a snapshot in time that illuminates the top issues facing our community's most vulnerable citizens. The goal of this report is to provide the United Way, agencies and organizations across the County, and coalitions such as the Community Provider Network of Central New Hampshire, with community input and data for the purpose of focusing their individual and collective efforts on best serving the needs of Merrimack County residents.

#### Methodology

The United Way of Merrimack County convened focus group meetings at eight different times and locations throughout the county between October 2006 and February 2007. A variety of social service organizations hosted the meetings at which a total of 63 county residents participated. Each group was presented with the same series of questions, and each group ended the meeting with a list of the three most important unmet needs.

After the input from the focus groups was compiled it was presented to members of the Community Provider Network of Central NH (CPN), a coalition of over twenty CEOs and Executive Directors of service provider organizations in Merrimack County. CPN members were asked to react to the focus group feedback as well as add other needs that they believed to be priorities for county residents.

In addition to focus group and provider organization feedback, this report includes county- and/or state specific statistics or data that help create an enhanced picture of the needs of Merrimack County residents.

*Feedback on health care in this needs assessment is focused mainly on home care services for seniors and health-related issues pertaining to services for people with disabilities and individuals who are homeless. For a more comprehensive assessment of community health, please see Concord Hospital's 2003 Capital Region Community Health Needs Assessment.*

#### Acknowledgments

A special thanks goes to those organizations who contributed to this report by hosting focus group meetings: Families in Transition (Concord), The Friendly Kitchen (Concord), the Mountain View Senior Center (Bradford), the TRIP Center (Franklin), Community Bridges (Concord), the Friends Emergency Housing Program (Concord), Second Start (Concord), the Youth Advisory Council of the Concord Substance Abuse Coalition (Concord), and the Community Action Program, Belknap-Merrimack Counties.

### **II. Executive Summary - 2007 Priorities:**

- **Housing**
- **Health Care**
- **Transportation**
- **Childcare**
- **Education/Employment Supports**
- **Information on Existing Services**
- **Mental Illness Services**

### ➤ Substance Abuse Services

Not surprisingly, the need for both affordable **housing** and more transitional, temporary housing in the County was raised at every single focus group meeting. Other priority needs are **health care, transportation, child care, and education/employment supports**. Many focus group participants spoke of the need for **better information on existing resources** in the community and better coordination between service providers and between towns. **Mental illness** and **substance abuse** continue to be significant factors that contribute to and exacerbate community needs.

Beyond the specific feedback on the needs listed above, one major outcome of the focus group meetings and service provider discussion was the recognition that community needs cut across a range of services and service providers and therefore can only be solved by engaging the whole community in creating solutions. Social service organizations; city, state, and federal government partners; community coalitions; and volunteers must come together to address the needs that continue to challenge Merrimack County's most vulnerable citizens.

### III. Overview of Merrimack County Demographics

#### Population

According to the Economic and Labor Market Information Bureau/NH Employment Security, the population of Merrimack County in 2005 was 146,881. This figure represents a 1% increase from 2004 and a 7.8% increase from 2000. (By comparison, the state's population increased by 6.0% from 2000 to 2005.) Merrimack County ranked 3<sup>rd</sup> highest in rate of population change among the state's ten counties. Most of this change in population from 2000 to 2005 was from net in-migration instead of natural change. Merrimack County's net in-migration -- the difference between how many people moved in and how many moved out -- was 6.7% (a gain of 9,072 residents), while its natural change -- the difference between births and deaths -- was 1.3% (a gain of 1,776 residents). (*Carsey Institute*)

While the population of the New England states as a region has grown less than the national average over the last 15 years (increasing by 8% compared to an 18% increase nationally from 1990 to 2004), Merrimack County is growing faster than the New England region and even faster than the nation, with a 22% increase in population since 1990.

However, the age demographics to watch are the young adult cohort group (25 - 34 year olds) and the senior cohort group (65+). Since 1990, the County's population of 25 - 34 year olds has decreased by 26% (22,030 in 1990; 16,342 in 2005) while the population of those aged 65 and above has increased by 11% (14,577 in 1990; 16,232 in 2005).

#### Poverty (2005 American Community Survey, U.S. Census Bureau)

In Merrimack County, the poverty rate (the percent of people living below the poverty level) was:

- 7.0% in 2005
- 6.3% in 2004
- 5.9% in 1999
- 5.5% in 1989

By People

- People age 65+: 5%
- All children under 18 years: 6%
- All families: 5%
- Female householder families: 14%

By Town

Town	2005 Population	% of Families Below Poverty
Allenstown	4,969	2.2
Andover	2,215	4.5
Bow	8,020	2.0
Bradford	1,504	2.5
Canterbury	2,267	2.0
Chichester	2,502	2.3
<b>Concord</b>	42,336	6.2
<b>Danbury</b>	1,137	8.9
Dunbarton	2,542	2.3
Epsom	4,466	1.9
<b>Franklin</b>	8,763	8.9
Henniker	4,867	2.0
Hill	1,094	2.9
Hooksett	13,279	3.2
Hopkinton	5,620	0.7
Loudon	5,062	4.2
New London	4,463	1.5
Newbury	2,042	0.0
Northfield	4,972	0.9
Pembroke	7,366	3.0
<b>Pittsfield</b>	4,374	6.8
Salisbury	1,253	0.6
Sutton	1,798	2.8
<b>Warner</b>	2,973	5.0
Webster	1,823	3.6
Wilmot	1,314	1.8

Source: 2006 Economic & Labor Market Information Bureau, NH Employment Security

For federal poverty guidelines, see appendix.

Disability

In Merrimack County, among people at least five years old in 2005, 13% reported a disability.

Age	2000	2005 Estimate
• age 5 – 20 w/disability	9.5% (2,949 of 31,158)	7%
• age 21 – 64 w/disability	15.8% (12,289 of 77,848)	11%
• age 65+ w/disability	38.4% (5,979 of 15,581)	35%

\* *American 2005 American Community Survey, U.S. Census Bureau*

### Refugees

According to the NH Office of Energy and Planning, more than 6,000 refugees have come to NH since the early 1980s. While many of NH's refugees live in Hillsborough County, there has also been significant resettlement in Concord, with Franklin resettling the 2<sup>nd</sup> highest number of refugees in Merrimack County.

Merrimack County Resettlement by federal fiscal year

	FY02	FY03	FY04	FY05	FY06	Total
<b>Concord</b>	11	38	75	126	54	304
<b>Franklin</b>	13	6	0	2	0	21

*Source: NH Office of Energy and Planning*

### Employment

Merrimack County's unemployment rate was 3% in December of 2006. This compares to 3.3 % in New Hampshire and 4.5% in the U.S. as a whole. (Carsey Institute)

According to NH Employment Security, Economic & Labor Market Information Bureau's Merrimack County Employment Projections for 2004 – 2014:

- Manufacturing employment is projected to decline by 6.3% (projected statewide decline: 3.3%);
- Merrimack leads all counties except Belknap in projected growth in arts, entertainment and recreation employment (34.4%);
- The fastest growing occupations in Merrimack County are home health aides, followed by pharmacy technicians;
- Occupations with the most openings through 2014 are:
  - Retail salespersons
  - Cashiers
  - Waiters and waitresses
  - Food preparation and serving workers (including fast food)
  - Registered nurses
- The largest employer sector in Merrimack County is the government. Health care and social assistance is the second largest sector and is projected to grow by almost 34%.
- Occupations in Merrimack County that are projected to decline in employment are:
  - Secretaries (except legal, medical, executive)
  - Mail clerks and mail machine operators (except postal service)
  - Cutting, punching, and press machine operators and tenders.

Wages (from the Carsey Institute, Indicators for NH)

In 2005, the real wage per job (adjusted for inflation) in Merrimack County was \$38,013. This figure represents the average wage or salary per job (calculated by taking all wage and salary payments and dividing by the number of jobs). The 2005 real wage per job was:

- up from \$34,378 ten years earlier,
- lower than the NH average
- lower than the average for the nation as a whole
- ranked 4<sup>th</sup> – from highest to lowest – among NH’s ten counties.

Median Household Income (Carsey Institute)

The 2004 median household income for Merrimack County was \$55,463, ranking it third – from highest to lowest – out of NH’s ten counties. This income is the level of income at which half the population has lower incomes and half has higher incomes. The 2005 figure of \$55,463, which was adjusted for inflation, is lower than in previous years:

- \$58,715 in 1999
- \$58,204 in 1989

Livable Wage

A livable wage is defined as a wage that is sufficient to pay for basic needs. Basic needs are defined as: food, rent, utilities, basic telephone service, clothing and household expenses, transportation by automobile, child care, health care, and a small allowance for personal expenses.

“NH’s Basic Needs & Livable Wage Report 2006,” coordinated by the UNH Office of Economic Initiatives and the North Country Council, Inc., reported the following estimated livable wage for Merrimack County (by household type):

Two parents & two children (both parents working)	Two parents & two children (one parent working)	Two parents & one child (both parents working)	Two parents & one child (one parent working)	Single person & two children	Single person & one child	Single person
\$11.73/\$48,815	\$17.96/37,360	\$10.23/\$42,550	\$16.10/\$33,493	\$19.50/\$40,561	\$17.09/\$35,550	\$10.63/\$22,106

*(hourly wage/ annual income)*

Livable Wage and the Minimum Wage

New Hampshire has the lowest minimum wage in New England at \$5.15 per hour. The other New England states have the following minimum wages:\*

- Maine - \$6.75
- Rhode Island - \$7.40
- Massachusetts - \$7.50
- Vermont - \$7.53
- Connecticut - \$7.65

\*Source: U.S. Department of Labor

From “Brother, Can You Spare \$7.25?” Business NH Magazine (February 2007):

- Mark MacKenzie of the NH AFL-CIO: In addition to a gap existing between the minimum wage and a livable wage, “the chasm between white collar executives and blue-collar workers is growing. According to the Economic Policy Institute’s Minimum Wage Issue Guide, in 1975, CEO’s earned 78 times that of minimum wage earners. Today’s average chief executive earns 821 times that of a minimum wage worker.”

- From “Characteristics of Minimum Wage Workers” (U.S. Bureau of Labor Statistics):
  - 60% of minimum wage earners work in restaurants and bars
  - Two-thirds are women
  - 73% are white
  - 70.2% have a high school diploma
  - 26% are teenagers (16-19)
  - 47% are age 25 or older

#### Other Financial Data

- “The typical New Hampshire resident owes \$17,200 on revolving and installment accounts, the kinds of debt that include credit cards, car payments and home equity loans – but not mortgages, considered one of the few good debts. The state tops the country in these personal debts; the national average is \$12,100. (The Concord Monitor, February 25, 2007)
- NH college students have the highest overall average debt in the nation -- \$22,793. (Project on Student Debt)

#### Education

In 2005, 91.4% of Merrimack County residents aged 25 and over had graduated from high school, compared to 88.2% in 2000. (*U.S. Census Bureau, 2000 and 2005 American FactFinder*)

In 2005, 34.5% of county residents aged 25 and over had obtained a bachelor’s degree or higher, compared to 29.1% in 2000. (*U.S. Census Bureau, 2000 and 2005 American FactFinder*)

“New Hampshire prepares high school students fairly well for college. However, the state trails leading states in enrolling them – as well as working-age adults – in college-level education or training. Since the early 1990s, colleges and universities in New Hampshire have become less affordable for students and their families. If these trends are not addressed, they could limit the state’s access to an educated, competitive workforce and weaken its economy over time.” (“Measuring Up 2006,” The National Center for Public Policy and Higher Education)

### **IV. Findings**

The Needs Assessment process revealed no surprises or new revelations about existing and emerging human needs in our community. As one social service provider commented upon seeing the feedback from the community focus groups, “This list looks much like those from previous years.”

Feedback from the eight community focus groups and 20+ member organizations of the Community Provider Network of Central New Hampshire focused on core service areas and can be grouped into the following seven categories:

#### **Housing (#1)**

##### Focus Group and Provider Feedback

Affordable housing and temporary housing topped the list of needs by six of the eight focus groups and was highlighted as a major issue in Merrimack County by the provider group. Many participants commented that high rents and low-wages (minimum wage) were barriers to them in finding housing that they could afford. Long waiting lists for subsidized housing

resulted in people having no where to live. Individuals listed high property taxes and heating costs as additional affordability factors, as well as maintenance costs, especially for seniors and people with disabilities. Adults with children spoke of the relationship between housing costs and safety and convenience. The few housing options that are affordable are often unsafe, inconveniently located in relation to transportation, and in disrepair. Some participants also spoke of other barriers to accessing rental housing, such as credit checks, criminal background checks, and rules that restrict children.

Temporary emergency housing is available in the community but very limited in how many individuals and families can be accommodated. Focus group participants stated the need for transitional housing for women and their children and for older women “caught in the middle.”

Providers echoed the need for affordable workforce housing and temporary housing in Concord and Merrimack County and pointed out the impact of the growing housing demand by people with mental illness on public housing in Concord. With more public housing being used by people with mental illness, there is an increased need for subsidized seniors-only housing. With less funding available from the state and federal government, providers expressed a need for and interest in addressing the housing problem in Merrimack County through high impact public-private collaborations.

#### Supporting Data

The need for more affordable housing and temporary housing is well-documented in Merrimack County:

- The median monthly gross rent for two bedroom units in Merrimack County in 2006 was \$950. (*NH Housing Finance Authority*)
- Housing is generally believed to be affordable if it costs 30% or less of a household’s gross monthly income. 40% of Merrimack County renters (at all income levels) pay 30% or more of their monthly income on rent. 25% pay 35% or more on rent (*U.S. Census Bureau, 2005 American Community Survey*). Evidence at the state level shows that this percentage increases for those with households lower than median. The New Hampshire Consolidated Plan 2006-2010 claims that “data from the 2000 Census indicates that 69% of renter households with incomes of 30% or less of median area income were paying more than the accepted norm of 30% of their incomes for housing costs at that time. Nearly 53% of all households at that income level were paying more than half of their incomes for housing.”
- Among the top ten reasons community members called NH HelpLine in 2006, four had to do with housing (rental deposit assistance, rent payment assistance, homeless financial assistance, and homeless shelter information), making up almost 20% of the total calls.
- In 2006, The Friends Emergency Housing Program in Concord reported turning away seven to ten families a week.
- According to the Concord Monitor (2/24/07), the waiting list for a Section 8 housing voucher can be three to five years.
- According to the 2005 report “Housing New Hampshire’s Workforce” by the NH Workforce Housing Council:

- Working families seeking moderate and low-priced homes continue to face few choices they can afford;
- Projected growth by occupation, and overall economic forecasts for New Hampshire, suggest a continued strong housing demand by workers making moderate and low-to-moderate incomes; and
- Affordable housing for people in the middle is probably declining and the pressure is likely to increase if more communities adopt certain types of growth management strategies.
- A single woman with two or more children needs to earn an annual income of \$40,561 (or \$19.50 per hour) to afford a two bedroom apartment in Merrimack County. (“NH’s Basic Needs & Livable Wage Report 2006,” coordinated by the UNH Office of Economic Initiatives and the North Country Council, Inc.)
- Based on Census figures and a 2006 report by the NH Department of Education, The Friends Program estimates there to be approximately 330 homeless children in Merrimack County. In 2006, The Friends Emergency Housing Program, the only family shelter in Merrimack County, served 44% of these children (144).
- The average age of a homeless individual in the U.S. today is nine years old. Homeless families with children are the fastest growing segment of the homeless population. (*National Coalition for Homelessness Fact Sheet, 2002*)
- According to New Hampshire Housing Finance Authority’s 2006 Action Plan, New Hampshire homeless shelters provided temporary refuge to 6,435 individuals, but needed to turn away 9,634 people for lack of space and other resources (as reported in “A Home for Everyone – NH’s 10-Year Plan to End Homelessness)

Other evidence supports the value of investing in housing supports in the community:

- It is well documented that individuals who are homeless often use other community services, such as the hospital’s emergency room, when they really just need a warm place to sleep at night. According to the states’ Ten Year Plan to End Homelessness, one inpatient day at a hospital cost \$609 in 2005 while one day of supportive housing cost \$32.
- The New Hampshire Workforce Housing Council, in their 2005 report entitled “Housing New Hampshire’s Workforce,” reports the following consequences to New Hampshire from NOT addressing the need for affordable workforce housing:
  - 1,300 to 2,800 fewer jobs;
  - \$57 to \$121 million less personal income;
  - \$123 to \$253 million reduction in Gross State Product; and
  - \$21 to \$33 million less in state and local revenues.
- “The lack of an adequate, balanced supply of housing in New Hampshire not only creates a hardship for those at the middle and lower income levels, it poses a threat to the state’s economic health and future. Addressing this issue requires that a broad range of individuals, organizations and public officials become engaged in efforts to change attitudes towards housing development.” (*New Hampshire Consolidated Plan 2006-2010, New Hampshire Housing and Community Development Planning Council*)

## **Health Care (#2)**

### Focus Group and Provider Input

Throughout the feedback gathering process, input was voiced concerning lack of access to and affordability of health care and dental care. For the purpose of this needs assessment, though, health care feedback is focused mainly on home care services for seniors and health-related issues pertaining to services for people with disabilities and individuals who are homeless.

#### *Seniors*

For seniors, health is closely related to safety, socialization, and getting basic needs filled. Next to housing, the need for supports for seniors that allow them to live safely in their homes was the most common refrain from the feedback groups. With people getting older and living longer, the need for affordable home-based supports is clear. Focus group participants commented on issues of availability and affordability of supports such as meal delivery, companion services, and home health visits. Other services for seniors mentioned by focus group members included spiritual counseling, mental health counseling, training and education to caregivers (including family members), the need for better financial compensation for caregivers (including family members), and affordable and available wellness and fitness classes for seniors. Individuals who reside in more rural parts of Merrimack County reported that their rural locations, as well as HIPAA regulations, limited their ability to either obtain help for themselves or to help others.

#### *People with Disabilities*

Feedback group participants highlighted a need for more personal care attendants or home care aides to address emergent needs and day-to-day preventive care of people with disabilities. The inadequate supply of such care providers was named as a top area of need for people with disabilities. Medical equipment and services for individuals whose incomes exceed Medicaid eligibility limits were also ranked as top needs for people with disabilities.

#### *Individuals who are Homeless*

Beyond the feedback from participants who are homeless who spoke of minimal or non-existent access to health care and dental care, input was provided about the importance of social interaction and “sense of family” that happens through local service providers such as The Friendly Kitchen. The means to connect with others and experience caring relationships is crucial to one’s physical and emotional well being, especially for people experiencing homelessness. Access to showers and laundry facilities were other needs of people who are homeless that are related to a lack of housing. At one focus group meeting the need for temporary shelter for pets was mentioned as a need of individuals and families who live in shelters or temporary housing.

### Supporting Data

According to Ross Gittel, “the decline of the young adult population in New England has significant implications for the future labor force, economy and character of the region. Younger workers provide the economic foundation for the future strength and resilience of the region’s businesses . . . and the imbalanced growth in the older population leaves the region vulnerable to a host of health and elder care costs without the productive base to support them.” (The Carsey Institute’s “The Declining Young Adult Population in New England,” Winter 2007)

This drop in the young adult population, coupled with the anticipated doubling of the number of senior citizens in New Hampshire over the next two decades, presents troubling implications for home health care.

“The increase in population will drive a corresponding rise in the demand for services, in particular health related services for seniors . . . which underscores the need to obtain, train, and retain health service employees across all spectrums of NH’s health care system.” (*New Hampshire State Plan on Aging, 2006-2007*)

A report by the New Hampshire Community Loan Fund (*“Home Alone in New Hampshire,” winter 2006-2007*) sums up nicely how important it is to improve the quality of direct care jobs: “If New Hampshire improves the quality of direct-care jobs, the impact will reach far beyond the workforce. Quality jobs will help stabilize the workforce, reduce the high cost of turnover for employers, and improve the outcomes for in-home care and support services. Elderly and disabled consumers will have reliable support so they can live safely in their own homes and neighborhoods, while family caregivers can remain active participants in the workforce and the community.”

Other information that reinforces the focus group feedback:

- At the 2005 “NH Speaks” Forum, participants ranked as the 5<sup>th</sup> most important issue “isolation, including the difficulties of living alone.” Activities to be worked on included enhancing senior companion programs, educating older adults about senior centers and what they offer, transportation, and outreach/advocate for “programs that reach out to support elders within all communities for all issues.”
- The NH Department of Health and Human Service’s Medicaid Modernization Initiative, launched in 2004, is geared toward reducing rising Medicaid by focusing resources on community-based care . This initiative will save the state money and also meet the needs and desires of seniors, people with disabilities and their families. The effort emphasizes preventative care that utilizes less expensive services such as nursing home expenses. The guiding principles behind the Medicaid Modernization Initiative include “quality and prevention, consumer empowerment and choice, personal responsibility, and community solutions.” (*NH State Plan on Aging, 2006-2007*)
- Community based care is cheaper. A 2004 report by the American Association of Retired Persons (AARP) stated that the average annual cost of nursing home care in New Hampshire was \$61,685 per year (or \$1,186 per week). Community-based care, while also expensive, costs Medicaid only 44% of the price it would pay for nursing home care.
- The U.S. Administration on Aging recognized the following among their top strategic goals for 2006:
  - Increase the number of older people who have access to an integrated array of health and social supports, and
  - Increase the number of older people who stay active and healthy.
- The cost of one year’s supply of home-delivered meals is about the same as one day in the hospital. (*“Focus on your Health: Senior Nutrition,” U.S. Department of Health and Human Services, March 2002*)

Just as personal preference and cost considerations make community-based supports the answer to the long-term care needs of seniors, they are also preferred and sought by people with disabilities and their families.

- “From a policy perspective, to shift or rebalance long-term care utilization in favor of the preferred home and community-based care is to give people with disabilities of all ages what they want and to “de-medicalize” long-term care through de-institutionalization. It has long been established that there is a consumer preference for home and community-based long-term care. Along with consumer preference, there is the recognition that with support and service accommodations, people remain active and participating members of their families and their communities, rather than becoming isolated “patients” in a health care facility.”  
*(“Communities as Partners in the Long-Term Care Solution,” The Policy Resource Center at the Institute for Health, Law and Ethics at Pierce Law Center, Spring 2005)*

Information from the “A Home for Everyone,” NH’s Ten-Year Plan to End Homelessness, highlights the enormous costs of homelessness in both personal and economic terms:

- “Researchers at San Diego State University tracked 15 chronically homeless persons for 18 months and determined that the annual community cost for emergency medical service was \$65,600 per person.” *(San Diego Serial Inebriate Program (SIP) Evaluation Report on Utilization of Health Resources, September 2004)*
- “Nearly one-third of homeless and housed women reported a chronic health condition with high rates of asthma, anemia, and ulcers.” *(National Center on Family Homelessness)*
- “The limited studies of homeless children indicate that homelessness has a devastating impact on children and youth across a number of dimensions. Homeless children suffer from high rates of acute and chronic illnesses including fever, ear infection, cough, stomach problems, asthma, diarrhea, and headaches. Homeless children are also more likely than other children to experience emergency room visits, be hospitalized, have delayed immunizations, and to have elevated blood lead levels. They also have high rates of developmental delays and twice as likely to have learning disabilities. Lack of preventive and routine healthcare and poor nutrition aggravate weak health.” *(Georgetown Journal on Poverty Law and Policy, The McKinney-Vento Homeless Assistance Act – Education for Homeless Children and Youths Program: Turning Good Law into Effective Education, Spring 2004)*
- “Being homeless has an enormous physical and mental impact on individuals and families. Health problems, job related difficulties, family stress, decreased self-worth, and premature deaths are all directly associated with being homeless.”

### **Transportation (#3)**

#### Focus Group and Provider Feedback

Focus group participants cited expanded hours and routes for public transportation and the greater availability of door-to-door service as needs in the Concord area. Franklin residents, and individuals from more rural parts of the county, spoke of dire need for more transportation due to the lack of any public transportation or taxi service in their area. The one group of teenagers that offered feedback listed transportation as a priority need particularly for teens who reside outside of Concord and who need/want to access school and social events in Concord.

### Supporting Data

Improved transportation options are particularly needed by seniors, individuals with disabilities and chronic illnesses, and individuals who are struggling to afford basic human needs. The lack of transportation impacts their ability to work, access medical care, stay connected to families and friends, and participate in social, recreational and community activities.

At the May 2005 New Hampshire Conference on Aging, the 400+ participants who participated in the “NH Speaks” Forum -- older adults, community providers, public officials and caregivers -- listed the lack of transportation choices, availability, and affordability as the top challenge to living independently. With most Americans expected to live as many as 10 years after they stop driving, it is clear that the availability of transportation is and will be a vital issue for our community’s older adults.

The need for accessible and affordable transportation is also crucial for low income members of our community to access health care. “Medicaid transportation provides the nation’s poorest people access to preventative care and saves the program by helping them avoid more costly emergency care and transportation. For instance, according to the American Institute for Preventative Medicine, the average cost of an office visit is \$55, which is drastically less than the cost of an emergency room visit at \$462.” (Dale J. Marsico, Executive Director, Community Transportation Association of America)

At the September 2006 National Summit on Faith and Community-Based Partnerships: Transportation for Those in Need, Dr. William Spriggs (Department of Economics, Howard University) emphasized the role of transportation in employment. He pointed out that transportation needs can be very complex as low-income parents struggle to travel from home to their child’s daycare to work – and then back again at the end of the day – often at times that are outside normal business hours when public transportation is operating. “It is essential that these issues are considered in order to improve conditions for low-income workers if they are ever to truly be able to earn their way out of poverty.”

Pull-Quote for Transportation Section:

“We’re all in this together . . . We benefit when we act as a community, and we have to help this community understand that investing in transportation gives an absolutely fabulous return to every single one of us.”

-- Jon Burkhardt, Senior Study Director, Westat Inc., (Rockville, MD)

### **Childcare (#4)**

#### Focus Group and Provider Feedback

Feedback on childcare focused on availability, affordability, and accessibility. Several participants reported having a hard time finding childcare centers that would accept Title XX funds, and parents of children with disabilities felt that accessible preschool and after school care was nearly nonexistent in Merrimack County.

Participants spoke of the need for affordable preschool childcare and afterschool care to enable parents to work and pursue educational goals in order to attain economic self-sufficiency. In addition, there is need for weekend and evening childcare for families with parents who work during those times.

A lack of transportation was cited as an additional obstacle to obtaining childcare, with limited routes and limited hours listed as barriers to accessing certain child care options.

Most of the participants citing childcare as a need did so based on the need for safety of their children while they worked rather than on the developmental and educational benefits that would be derived from quality care.

Several participants also cited babysitting as a need. Access to care in the evening, in the home, and for short or flexible periods of time is particularly needed by families in transition and single parents.

### Supporting Data

#### *Child Care*

Child Care Facts/Statistics (from NH's 2006 Basic Need & Livable Wage Report)

- In 2000, 64% of two-parent families in New Hampshire had both parents earning income in the labor force. This exceeds the U.S. average of 58.6%. (*U.S. Census, 2000*)
- New Hampshire child care rates for licensed providers are higher for younger children or infants. Average NH weekly rates for full-time care by age group:\*
  - \$169.91 for infants
  - \$163.07 for toddlers
  - \$149.01 for young preschoolers
  - \$135.89 for preschoolers

\*Michael F. Kalinowski and Fanny Xu. 2004. "Final Report of the NH Early Care and Education Market Rate Survey for 2003."

According to information reported by Belknap-Merrimack County Headstart in 2006, over 79% of the children enrolled in their program would have no preschool experience were it not for Headstart. These children would otherwise be at increased risk in the public schools.

The average New Hampshire family spends between 18-25% of its annual income on child care, while the average child care provider in the state earns \$14,000 per year, with little or no benefits. Staff turnover in the child care field can be as high as 41% in some programs, mainly attributable to this poor compensation. (*The Governor's Business Commission on Child Care and Early Childhood Education, 2000*)

The lack of affordable, quality child care in NH goes beyond affecting children and families by having a significant impact on the state's economy. "In 2000, almost 25% of working parents reported that at least one parent had to quit his or her job – or switch from full-time to part-time work – due to lack of child care. In New Hampshire alone, businesses lose as much as \$24,000,000 a year from child care related staff absenteeism or turnover." (*NH Child Care Resource & Referral Network*)

62% of NH children under age 6 have all available parents in the labor-force (compared to 60% nationally). Of children age 6 to 12, 69% have all available parents in the labor force (compared to 63% nationally). (*Kids Count Databook 2005*)

## *Afterschool*

- The hours between 3 pm and 6 pm are the peak hours for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex. (*Fight Crime: Invest in Kids, 2002*)
- In New Hampshire, 23% (or 53,792) NH K-12 youth take care of themselves after school. (*New England After 3 PM, Afterschool Alliance, May 2004*)
- In New Hampshire, 35% (or 67,123) children not in afterschool would be likely to participate if an afterschool program were available in the community, regardless of their current care arrangement (*New England After 3 PM, Afterschool Alliance, May 2004*)
- Afterschool programs are serving a high-need population. At more than half (55%) of the programs surveyed, more than three in five students qualify for free or reduced price lunches. (*Uncertain Times: Funding Insecurity Puts Afterschool Programs at Risk; Afterschool Alliance, August 2006*)
- Only 11% of U.S. children (6.5 million) participate in afterschool programs. An additional 15 million would participate if a quality program were available in their community. (*America After 3 PM, May 2004*)
- In addition to the safety afterschool programs provide children after school, they also advance learning. A recent statewide evaluation in New Hampshire found that 59% of elementary school and 62% of middle school students who regularly attended afterschool programs showed progress in overall academic performance. (*Afterschool Learning: A Study of Academically Focused Afterschool Programs in NH, J. L. Mahoney, H. Lord, and E. Caryl.*)
- According to a study by Brandeis University, decreased worker productivity due to stress and absenteeism caused by afterschool care issues cost employers \$496 to \$1,984 per employee, per year (depending on the employee's annual salary). (*Community, Families and Work Program at Brandeis University, 2004*)
- 21<sup>st</sup> Century Community Learning Centers, one of the largest federal funding sources for afterschool, is unreliable and competitive even for previously funding applicants. New Hampshire was not able to fund any new 21<sup>st</sup> CCLC afterschool programs with FY 2005 funding, and the state has experienced a 1% loss in funding since FY 2004. (*New England After 3 PM, Afterschool Alliance, May 2004*)

## **#5 Education and Employment Supports**

### Focus Group and Provider Feedback

Employment supports and vocational training were named as needed services to assist individuals in obtaining better-paying jobs to access health insurance and to afford housing, child care and transportation. Individuals spoke of the need to obtain specialized skills in order to be qualified for more jobs and higher paying positions. Again, focus group participants commented that the minimum wage doesn't allow one to raise a family or pay the rent, so job training was viewed as a key to better employment opportunities. High school student participants said they needed more help with non-college options and said they would have taken advantage of vocational education opportunities (at Concord High) if they had had a better understanding of what the benefits were (e.g. opportunities and skills provided for the future).

In the area of education, participants spoke of needing training on personal financing and budgeting, and high school student participants said they would like better access to tutoring.

Input from people with disabilities and family members centered on the need for community awareness and acceptance of people with disabilities in school and the workplace. Awareness, acceptance, and active support of people with disabilities by community members can result in employment and higher education opportunities – life activities that are necessary to share a quality of life enjoyed by the rest of the community.

### Supporting Data

#### *Financial Training*

The U.S. Department of Agriculture reports that “too many individuals and families are experiencing financial crisis because of inadequate savings, too much debt, and poor planning for potential major life events.” They cite the following statistics:

- On average, U.S. households carry about \$8,000 in credit card debt, up two-thirds compared to a decade ago.
- More than half of Americans report living paycheck to paycheck.
- During the past decade, the rate of personal bankruptcy in the U.S. rose by 69%.

A survey conducted for the Jumpstart Coalition for Personal Financial Literacy showed that high school students in New Hampshire scored higher than the national average on a personal finance survey in 2006 by answering 54.1% of the questions correctly. “Although encouraging, these results indicate that, despite the attention now paid to the lack of financial literacy, the problem is not about to resolve itself any time soon.” (*Dr. Lewis Mandell, professor of finance and managerial economics at the University of Buffalo School of Management.*)

#### *Disability*

Educational inequities exist for people with disabilities:

- According to the UNH Institute on Disability, a significant disparity exists in statewide assessment scores for language arts and math between students with and without disabilities. In 2005, 43% of 3<sup>rd</sup> grade youth with a disability scored at the “substantially below proficient” level in reading and 36% scored at a similar level in math. (*Access NH: Living with Disability in the Granite State, UNH-IOD, September 2006*)
- Students with disabilities are twice as likely to drop out of high school than students who do not have disabilities. In the 2003/2004 academic year, one in 13 youth with a disability dropped out of high school compared to one in 26 youth without a disability. (*Access NH: Living with Disability in the Granite State, UNH-IOD, September 2006*)

## **#6 Better dissemination of information on services**

### Focus Group and Provider Feedback

Focus group participants commented on the need for better access to information about existing services and how to access them, and suggested better coordination and cooperation between agencies and between communities. Individuals expressed the need for better information in areas such as emergency services, care giving supports and education, and parenting resources.

Providers acknowledged the need for improved coordination between service agencies and communities to better serve their clients/consumers. Discussion on this issue explored ideas like creating a community case management system, creating better linkages between organizations, developing relationships among program managers across different

organizations working with the same clients, and bringing all players (public and private) to the table to discuss broad issues such as housing.

#### Supporting Data

N/A

### **Substance Abuse and Mental Illness**

#### Focus Group and Provider Feedback

It was both surprising and not surprising that substance abuse and mental illness, two key contributing factors to other pervasive community needs, were not discussed by focus group participants. Despite the role they play in contributing to other issues, it can be assumed that these issues did not surface either because they were simply not relevant to the particular focus group members who participated or because of the personal, face-to-face setting of the focus groups and the stigma that is still attached to substance abuse and mental illness.

The service providers, however, spoke extensively of both substance abuse and mental illness as primary needs to be addressed in our community. They raised the need for a social detox program in Merrimack County (to complement Concord Hospital's medical detox program) where detox from drugs and alcohol can happen in a supportive environment. The providers also called for "sober" housing and other kinds of supportive housing. Mental illness was addressed with equal concern as it is at the root of several community needs such as housing.

#### Supporting Data

The New Hampshire Consolidated Plan for 2006-2010 (*New Hampshire Housing and Community Development Planning Council*) lists individuals with serious mental illness and chronic substance abuse as two of their top three sub-population priorities. The plan recognizes the importance of keeping people housed rather than re-housing them once they are homeless. So, prevention strategies for people who are mentally ill and who are chronic substance abusers are the highest priorities.

- A January 2005 survey of emergency shelter/temporary housing participants found that 35% were severely mentally ill and 32% were chronic substance abusers.
- A January 2005 survey of unsheltered homeless individuals found that 24% were severely mentally ill and 18% were chronic substance abusers.

According to "A Home for Everyone: NH's 10-Year Plan to End Homelessness": "There are few issues that touch on so many services simultaneously as homelessness. Subpopulations of homeless persons identified in New Hampshire include, but are not limited to, veterans, the chronically ill, people with HIV/AIDS, victims of domestic violence, and those with long-term mental illness and substance abuse issues." The report states that 20-25% of people who are homeless have a serious mental illness, and about 50-70% have an alcohol or other drug use disorder.

The National Alliance for the Mentally Ill's report "Grading the States 2006: New Hampshire" cited increased community resources – particularly Community Mental Health Centers and housing – as urgent needs for people with mental illness in New Hampshire.

“Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.” (*National Alliance for the Mentally Ill (NAMI) website - “About Mental Illness”*)

New Futures reports the following costs of underage drinking ([www.new-futures.org](http://www.new-futures.org)):

- Underage alcohol use is six times more likely to kill young people than all illegal drugs combined;
- Young people who drink are more likely to engage in a broad range of risky behaviors including drinking and driving, high-risk sex, and violent behavior;
- Research suggests that underage alcohol consumption costs the state of New Hampshire \$214 million per year when considering violence, traffic crashes, high-risk sex, property crime, unintentional injuries, poisonings and psychoses, fetal alcohol syndrome, and alcohol treatment.

Treatment for alcohol and other drug problems in New Hampshire is cost-effective ([www.new-futures.org](http://www.new-futures.org)):

- A 2002 analysis of over 150 different studies on the cost effectiveness and/or cost benefit of alcohol and drug treatment services determined that for every \$1 spend on alcohol and drug treatment services, the cost savings ranged from a high of \$23 to a low of \$4.
- Every American pays \$277 in state taxes to “shovel up” the wreckage of substance abuse (through state agency budgets such as Corrections, Medicaid, Public Safety and Welfare), but only pays \$10 for direct services to prevent and/or treat alcohol and drug problems.

The 2005 NH Youth Risk Behavior Survey (YRBS) found that 73.4% of high school students had used alcohol and 44.4% had used marijuana. Statewide, 47% of high school students reported regular alcohol use. The 2005 PRIDE survey of alcohol, drug and tobacco use at Concord High School found that 59.8% of students used alcohol during the year and 31.9% used marijuana.

% Students Who Use – Any Alcohol (Concord High School and Rundlett Middle School)

Grade Level	# of Valid	# of Miss	Daily	Weekly	Monthly	Annual
6 <sup>th</sup>	377	3	0.0	0.0	0.5	9.0
7 <sup>th</sup>	320	5	0.0	2.5	4.1	18.1
8 <sup>th</sup>	363	1	0.0	1.9	4.4	27.8
9 <sup>th</sup>	386	1	1.6	7.8	17.9	48.4
10 <sup>th</sup>	370	6	1.6	11.4	26.5	57.0
11 <sup>th</sup>	380	7	0.5	12.9	30.0	63.7
12 <sup>th</sup>	311	4	1.6	21.9	42.4	72.3
6-8	1060	9	0.0	1.4	2.9	18.2
9-12	1447	18	1.3	13.1	28.5	59.8
Total	2507	27	0.8	8.1	17.7	42.2

Source: 2005 Pride Survey

% Students Who Use – Any Marijuana (Concord High School and Rundlett Middle School)

Grade Level	# of Valid	# of Miss	Daily	Weekly	Monthly	Annual
6 <sup>th</sup>	377	3	0.0	0.0	0.0	1.1
7 <sup>th</sup>	319	6	0.3	0.9	1.3	3.4
8 <sup>th</sup>	361	3	0.6	2.2	3.3	8.0
9 <sup>th</sup>	385	2	2.3	9.4	14.0	22.9
10 <sup>th</sup>	365	11	4.9	13.7	19.2	28.8
11 <sup>th</sup>	380	7	4.5	12.9	19.5	33.2
12 <sup>th</sup>	310	5	6.1	17.7	28.7	45.2
6-8	1057	12	0.3	1.0	1.5	4.2
9-12	1440	25	4.4	13.2	19.9	31.9
Total	2497	37	2.6	8.0	12.1	20.1

Source: 2005 Pride Survey

**V. Conclusions/Next Steps**

The feedback and data included in this report will be used by United Way of Merrimack County to guide the organization’s decision-making process for funding initiatives that most effectively address the needs of Merrimack County residents.

Additionally, it is hoped that the information will be helpful to organizations serving Merrimack County residents as they design programs, plan service delivery models, and seek funding for solutions to the many issues addressed in this report.

Finally, the input and information contained in this report will hopefully serve as a valuable tool in the creation of collaborative responses to our community’s needs. If, indeed, community needs can best be solved by the whole community, this needs assessment can perhaps serve as a springboard for partnerships that can address the needs of Merrimack County’s most vulnerable members. For example, the Community Provider Network of Central New Hampshire could use the feedback and data to facilitate “cross-silo” partnerships (churches, the City of Concord, child care providers like the YMCA, etc.) to address the needs of single working parents to access evening and weekend child care. Or, the United Way of Merrimack County could use the data and input to convene a broad-based, collaborative approach to address the multi-pronged consequences of substance abuse in our communities. Whatever the issue, it is hoped that this assessment will help focus the community’s efforts on creating effective and lasting solutions to essential human needs in Merrimack County.

[Add here: Quote from Liz or Ed Barnwell (community needs are solved by the whole community)]

**2007 POVERTY LEVEL GUIDELINES**  
**ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC**  
**Income Guidelines as Published in the Federal Register on January 24, 2007**  
**Federal Register Vol. 72, No. 15, pp 3147-3148**

**ANNUAL GUIDELINES**

<b>FAMILY SIZE</b>	<b>100% POVERTY*</b>	<b>120%</b>	<b>133%</b>	<b>150%</b>	<b>170%</b>	<b>175%</b>	<b>185%</b>	<b>190%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>	<b>400%</b>
1	10,210.00	12,252.00	13,579.30	15,315.00	17,357.00	17,867.50	18,888.50	19,399.00	20,420.00	25,525.00	30,630.00	40,840.00
2	13,690.00	16,428.00	18,207.70	20,535.00	23,273.00	23,957.50	25,326.50	26,011.00	27,380.00	34,225.00	41,070.00	54,760.00
3	17,170.00	20,604.00	22,836.10	25,755.00	29,189.00	30,047.50	31,764.50	32,623.00	34,340.00	42,925.00	51,510.00	68,680.00
4	20,650.00	24,780.00	27,464.50	30,975.00	35,105.00	36,137.50	38,202.50	39,235.00	41,300.00	51,625.00	61,950.00	82,600.00
5	24,130.00	28,956.00	32,092.90	36,195.00	41,021.00	42,227.50	44,640.50	45,847.00	48,260.00	60,325.00	72,390.00	96,520.00
6	27,610.00	33,132.00	36,721.30	41,415.00	46,937.00	48,317.50	51,078.50	52,459.00	55,220.00	69,025.00	82,830.00	110,440.00
7	31,090.00	37,308.00	41,349.70	46,635.00	52,853.00	54,407.50	57,516.50	59,071.00	62,180.00	77,725.00	93,270.00	124,360.00
8	34,570.00	41,484.00	45,978.10	51,855.00	58,769.00	60,497.50	63,954.50	65,683.00	69,140.00	86,425.00	#####	138,280.00

\*For family units of more than 8 members, add \$3,480

**MONTHLY GUIDELINES**

<b>FAMILY SIZE</b>	<b>100% POVERTY</b>	<b>120%</b>	<b>133%</b>	<b>150%</b>	<b>170%</b>	<b>175%</b>	<b>185%</b>	<b>190%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>	<b>400%</b>
1	850.83	1,021.00	1,131.61	1,276.25	1,446.42	1,488.96	1,574.04	1,616.58	1,701.67	2,127.08	2,552.50	3,403.33
2	1,140.83	1,369.00	1,517.31	1,711.25	1,939.42	1,996.46	2,110.54	2,167.58	2,281.67	2,852.08	3,422.50	4,563.33
3	1,430.83	1,717.00	1,903.01	2,146.25	2,432.42	2,503.96	2,647.04	2,718.58	2,861.67	3,577.08	4,292.50	5,723.33
4	1,720.83	2,065.00	2,288.71	2,581.25	2,925.42	3,011.46	3,183.54	3,269.58	3,441.67	4,302.08	5,162.50	6,883.33

5	2,010.83	2,413.00	2,674.41	3,016.25	3,418.42	3,518.96	3,720.04	3,820.58	4,021.67	5,027.08	6,032.50	8,043.33
6	2,300.83	2,761.00	3,060.11	3,451.25	3,911.42	4,026.46	4,256.54	4,371.58	4,601.67	5,752.08	6,902.50	9,203.33
7	2,590.83	3,109.00	3,445.81	3,886.25	4,404.42	4,533.96	4,793.04	4,922.58	5,181.67	6,477.08	7,772.50	10,363.33
8	2,880.83	3,457.00	3,831.51	4,321.25	4,897.42	5,041.46	5,329.54	5,473.58	5,761.67	7,202.08	8,642.50	11,523.33

Ref: Federal Register: January 24, 2007+A13 Volume 72, Number 15, Page 3147-3148

Instruction for Update:

Visit US Department of Health & Human Service :

<http://aspe.hhs.gov/poverty/07fedreg.htm>