

Health and Human Services Needs Assessment

Merrimack County, N.H.

2000

conducted for:
Merrimack County United Way



Primary research by:
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Quechee, Vermont

Principal sponsors:
Merrimack County, N.H.
Community Provider Network of Central N.H.

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INTRODUCTION

This study was designed to identify the general health and human service needs of Merrimack County, as perceived by the general public, community leaders and providers of human services.

The United Way of Merrimack County offers this study as a service to its community and hopes the results will be used as a resource by providers and community groups as they plan their activities for people in need. The United Way of Merrimack County is committed to using this study as a resource in its own planning process.

PRINCIPAL HUMAN SERVICE PROBLEMS

Five principal human service needs have been identified in Merrimack County:

- w The cost of obtaining health care services, principally including medical care, dental care, prescription drugs and health insurance;
- w The needs of teenagers, including recreation and youth development programs, substance abuse problems, youth violence, lack of jobs for teens and teen pregnancy;
- w Child-rearing needs, including the cost and availability of child care, need for after-school programs, support services for single parents and parenting education services;
- w Substance abuse problems, including both drug and alcohol abuse;
- w A lack of public transportation.

RESEARCH METHODS

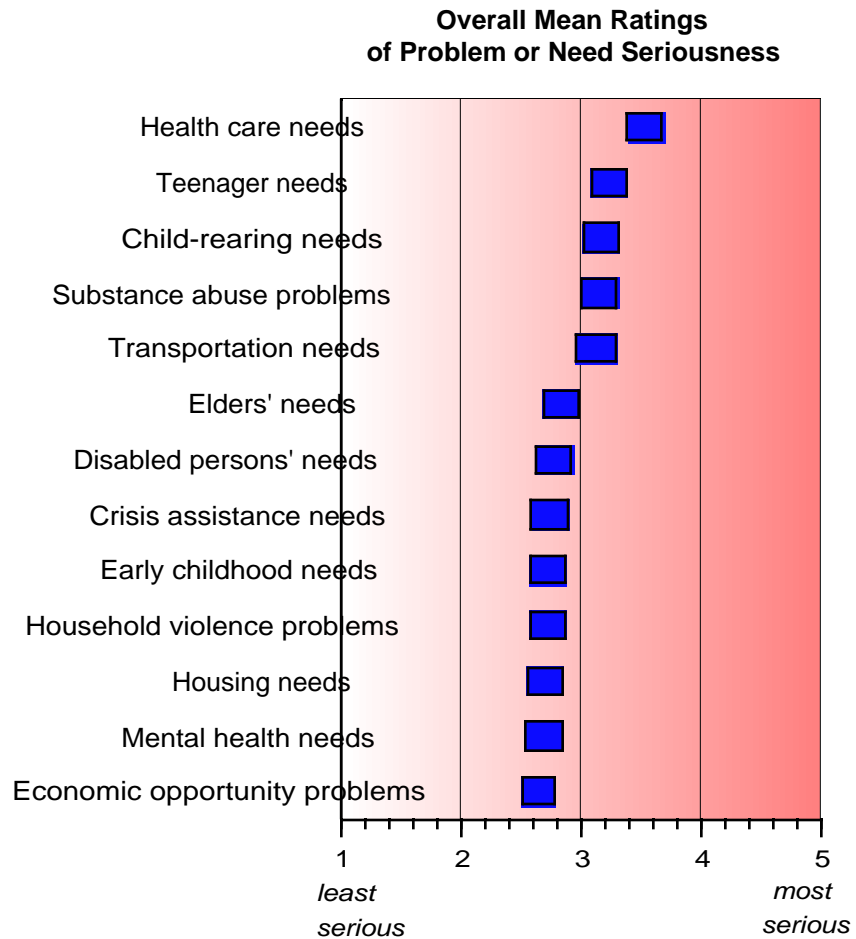
This study relied on four sources of information: a series of focus groups with individuals involved in providing human services, a series of informal volunteer-led “consumer” focus groups, a review of secondary data sources used to identify Merrimack County communities at greatest risk of adverse health and social outcomes and a telephone survey of 300 households throughout Merrimack County. Results from the focus groups and the secondary data study were used as inputs to structure the design of the community survey.

OVERALL RESULTS

The graph below illustrates the overall results from the telephone survey. Thirteen human service problems or needs were identified in the focus group research as serious enough to warrant being included in the telephone survey.

Survey respondents were asked to rate the “seriousness” of each problem or need on a five-point scale. The thirteen items are listed below in descending order of their average seriousness scores.

The graph shows that the first five items are viewed as distinctly more serious than the remaining eight. These five items all are above the mid-point of the seriousness scale. And, the top item—health care needs—is distinctly more serious than the other four.



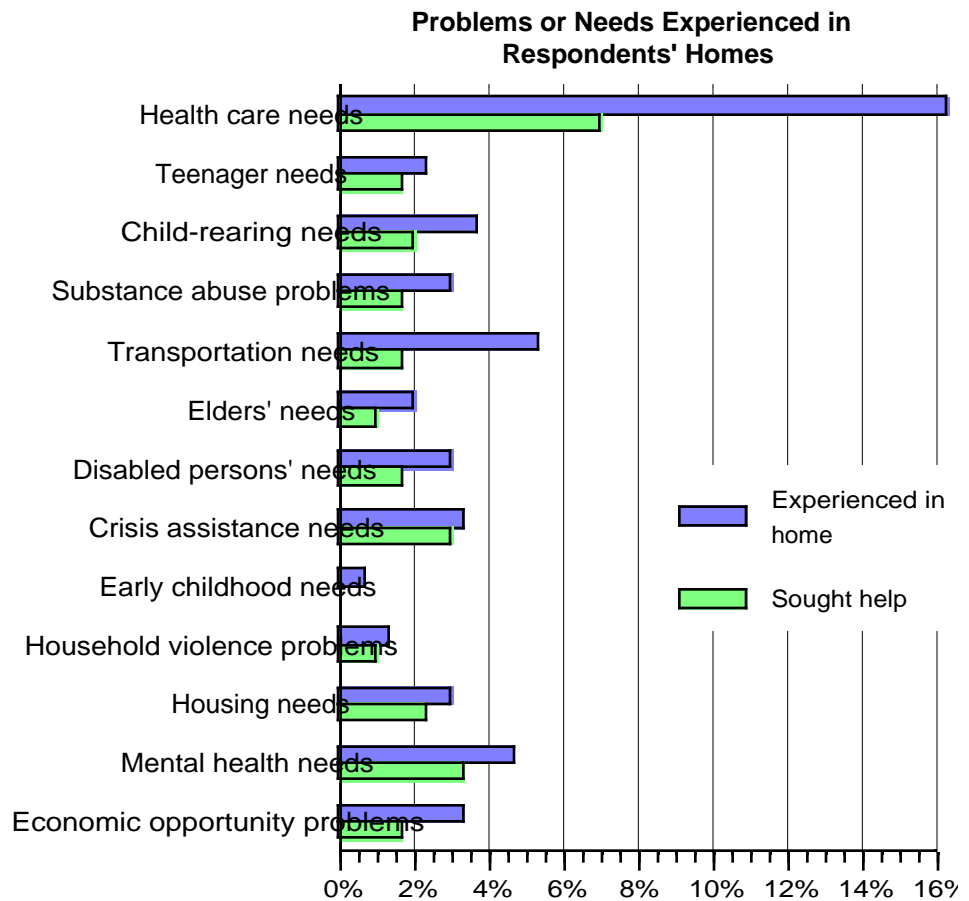
Each bar in the graph above is centered at the average seriousness score for the item identified at the left. The width of the bar shows the statistical uncertainty surrounding the average score. When two bars overlap one should regard the two scores as tied.

Experience of Problems in Respondents' Homes

While the telephone survey provides evidence of public opinion, it also permits a direct gauge of whether problems are being experienced by survey respondents.

The graph below illustrates the proportions of respondents who are experiencing each of the problem or need categories in their home and the proportion who have sought help for that problem or need. The problem or need categories are listed in descending order by average seriousness rating.

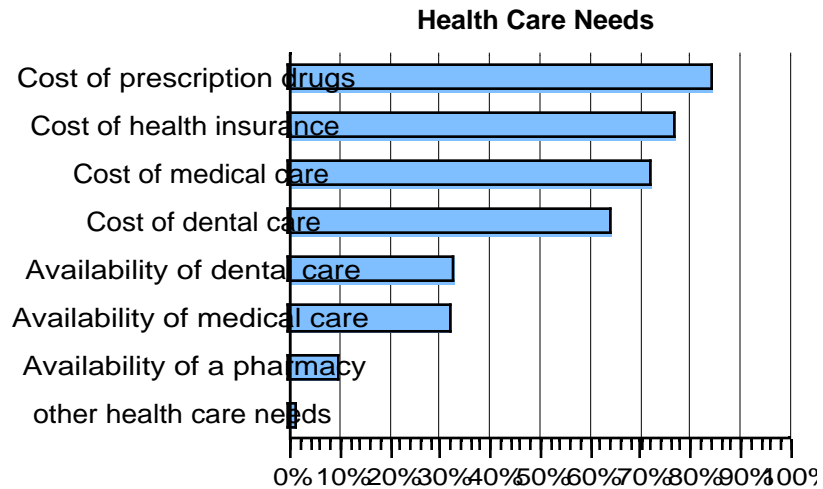
Note that while the top-ranked “health care problems” category has the most respondents who say they’ve experienced it in their homes, several low-ranked categories have relatively high proportions of respondents with direct experience: transportation needs and mental health needs principal among them.



THE PRINCIPAL NEED

Health care needs

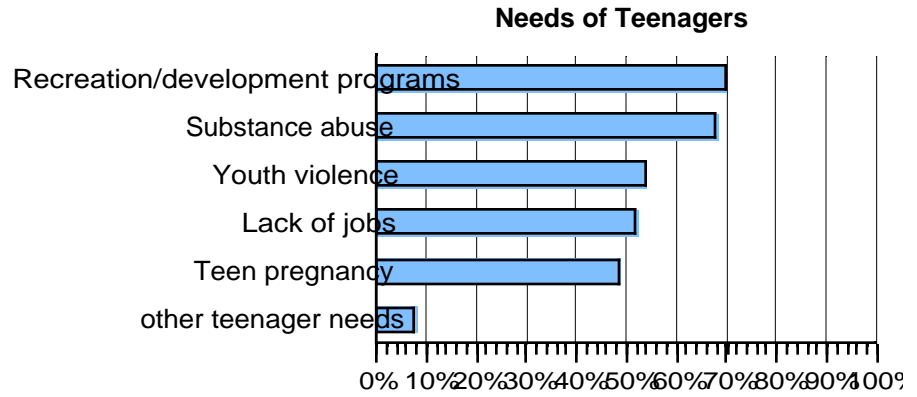
Individuals who saw the top-ranked health care needs category as serious focused much more on the cost of services rather than on the availability of services. The cost of prescription drugs was most often mentioned, but costs of health insurance and of medical and dental care also were very frequently mentioned.



OTHER TOP-RANKED PROBLEMS OR NEEDS

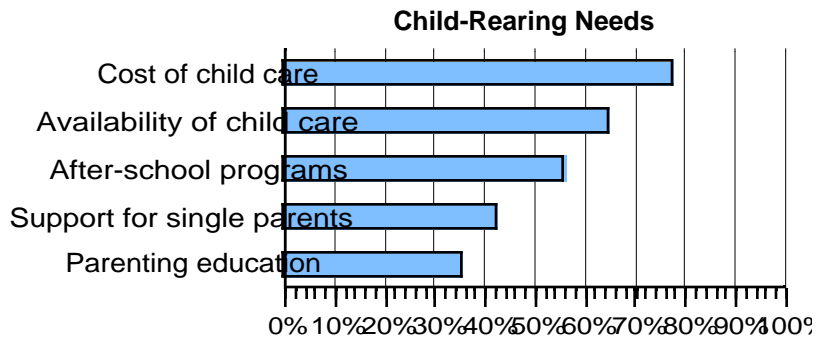
Needs of teenagers

Needs of teenagers are seen as most serious in two areas—a need for more or better recreation and youth development programs and a problem with substance abuse among teens. Other widely mentioned teen problems or needs included youth violence, lack of jobs and teen pregnancy.



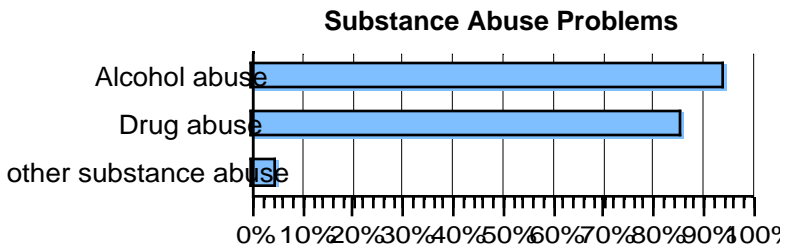
Child-rearing Needs

Concerns for third-ranked child-rearing needs focus first on child care services, including both cost and availability. After-school programs also are widely cited. Though less widely mentioned, support and training programs for parents also came up frequently.



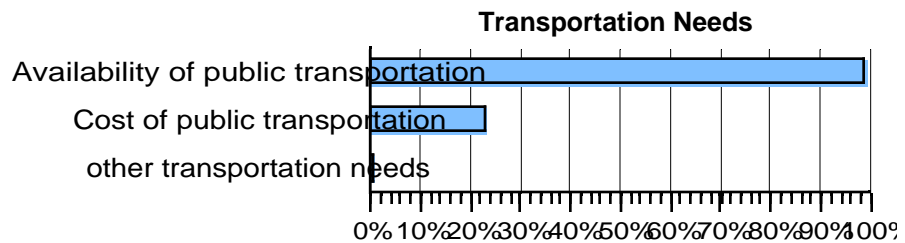
Substance abuse problems

This is the fourth-ranked need. Survey respondents saw both alcohol and drug abuse as matters of great concern.



Transportation needs

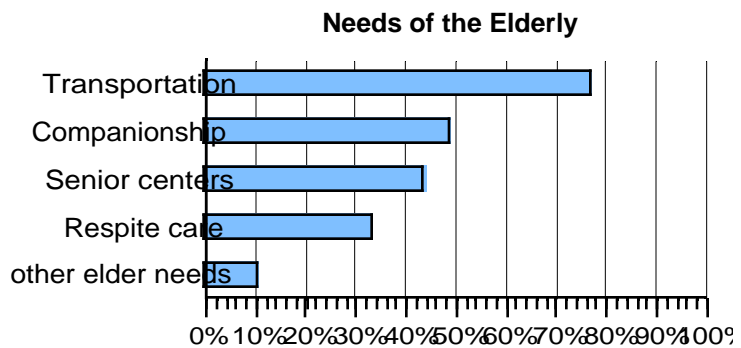
Availability of public transportation—or more accurately the lack of such services—is seen as the principal problem in this category. Cost is regarded as a much less serious matter.



REMAINING EIGHT CATEGORIES

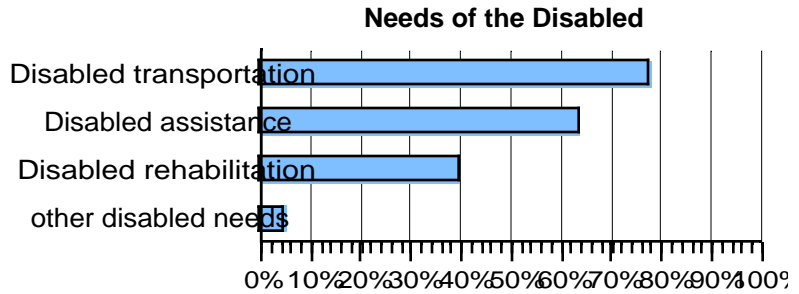
The average seriousness scores for the remaining eight categories are so close that they are well within the statistical margin of error of the community survey and thus each of the eight should be regarded as having been rated the same as the others.

Needs of the elderly



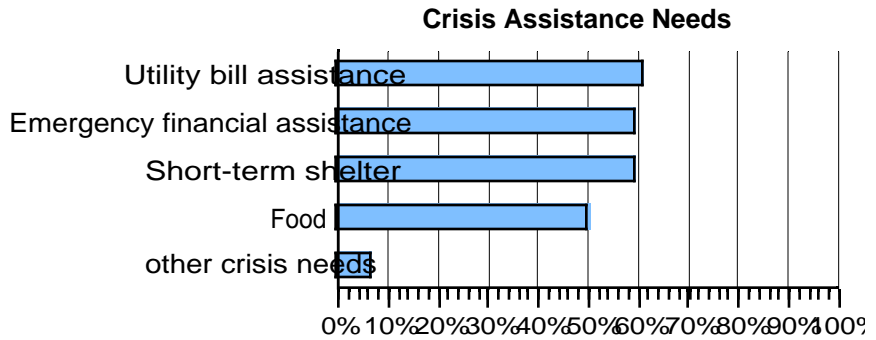
Needs of the disabled

Transportation and other types of assistance are seen as the principal needs of the disabled.



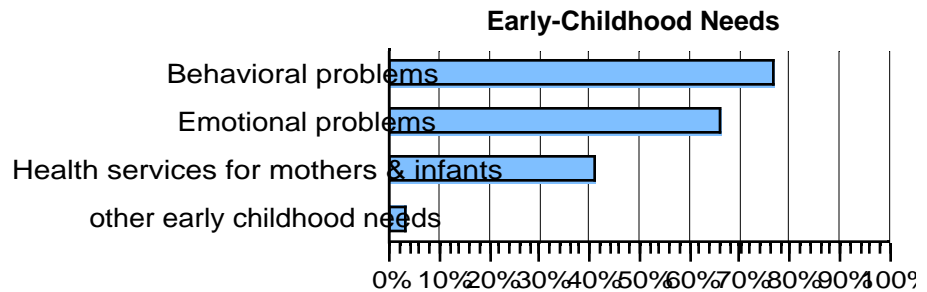
Crisis assistance needs

Several types of crisis assistance needs were cited by survey respondents, including assistance with utility bills, emergency financial assistance, short-term shelter and food.



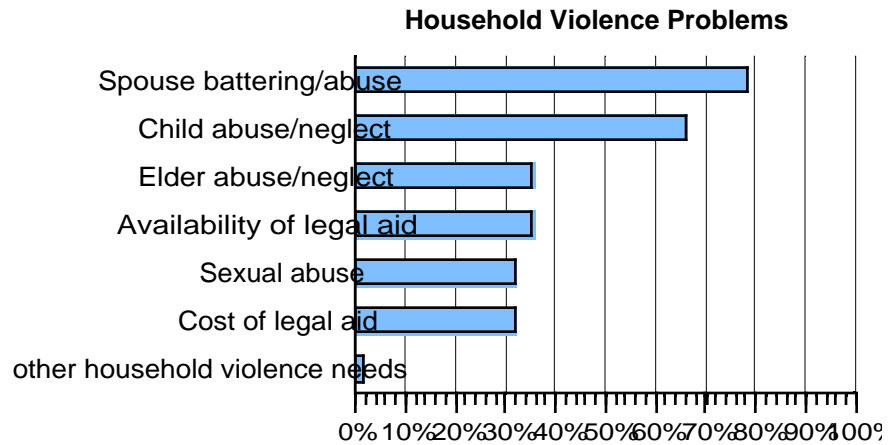
Early-childhood needs

The needs of early childhood are seen principally as problems with child behavior and emotions.



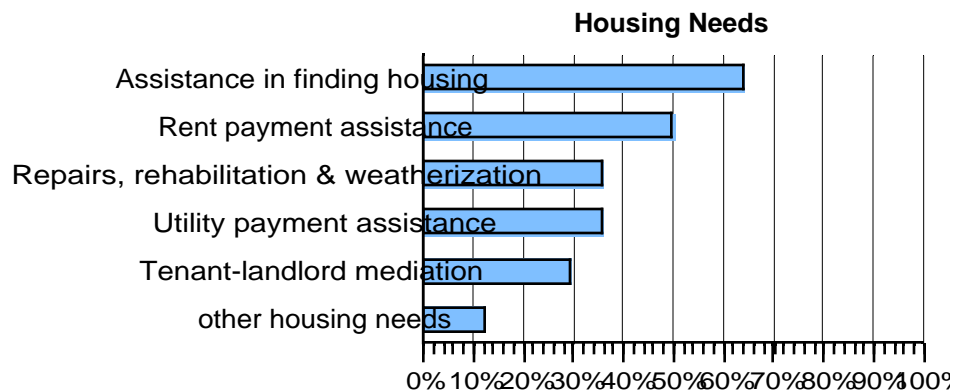
Household violence problems

Spouse battering or abuse and abuse or neglect of children are viewed as the principal problems within the household violence category.



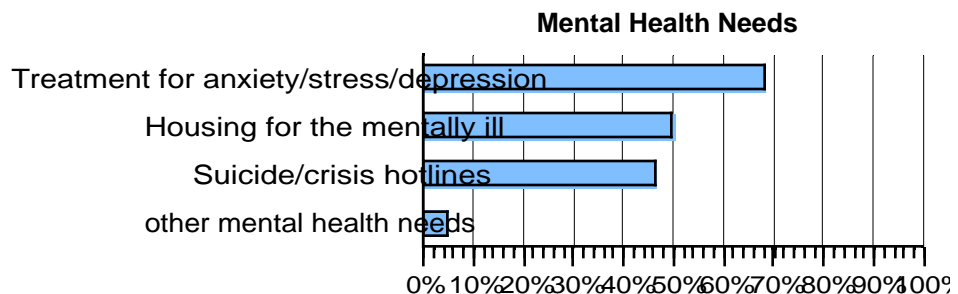
Housing needs

Concern with housing needs focuses principally on assistance for those seeking housing and on rent-payment assistance.



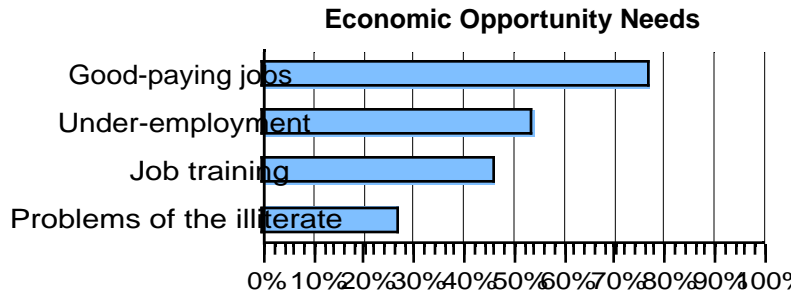
Mental health needs

Treatment support for those with mental health needs is the top concern within this category. Housing for the mentally ill and suicide or crisis hotline services also were frequently mentioned.



Economic opportunity problems

Those who viewed problems of economic opportunity as serious within Merrimack County most frequently mentioned a need for good-paying jobs. Respondents also often mentioned problems of under-employment and a need for job training services.



VARIATION BY DEMOGRAPHIC CHARACTERISTICS

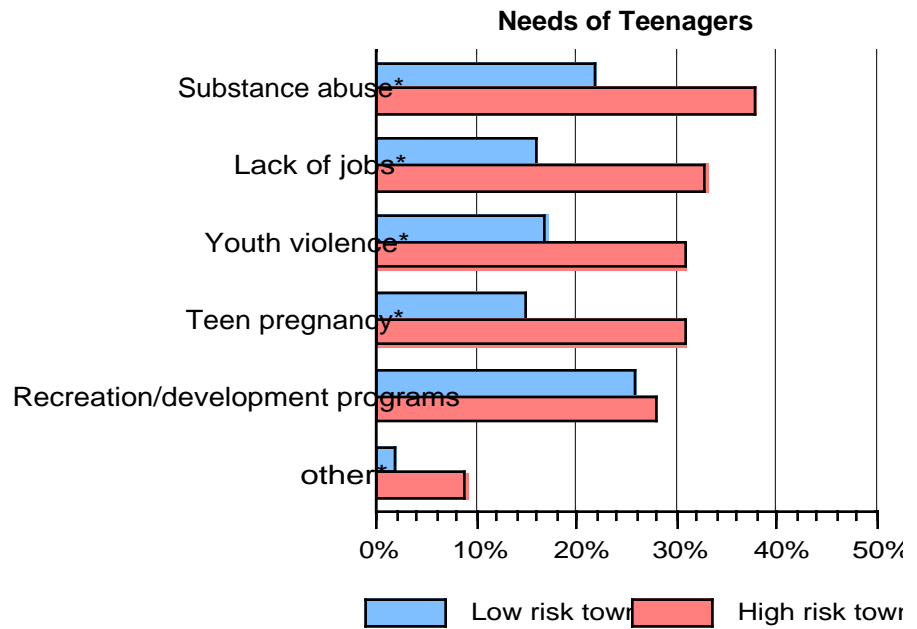
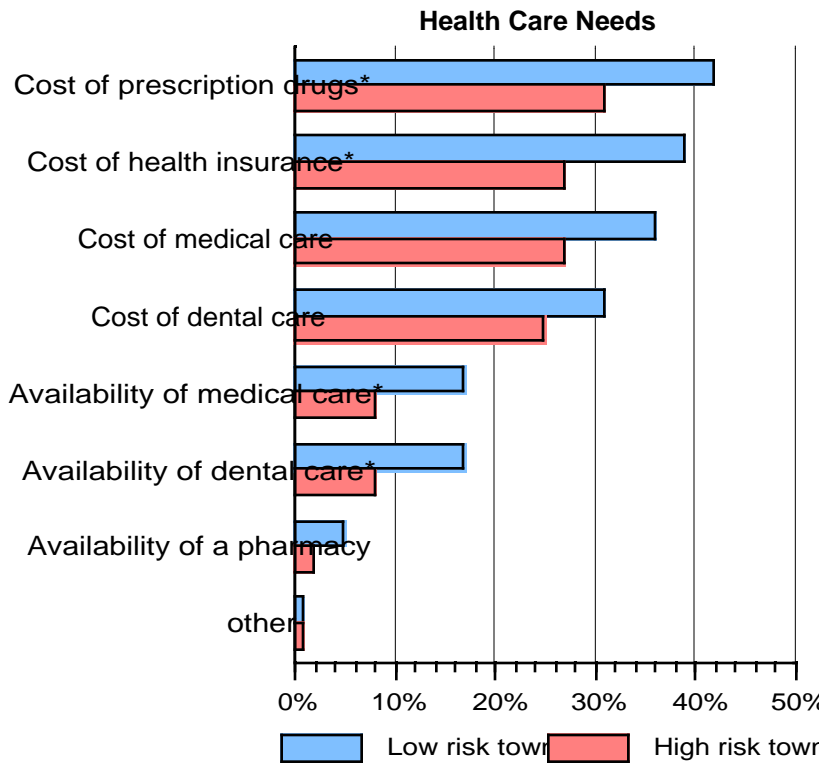
In many cases one’s age, income, gender, education or where one lives within Merrimack County have something to do with how one perceives the seriousness of human service needs.

Low-Risk Towns vs. High-Risk Towns

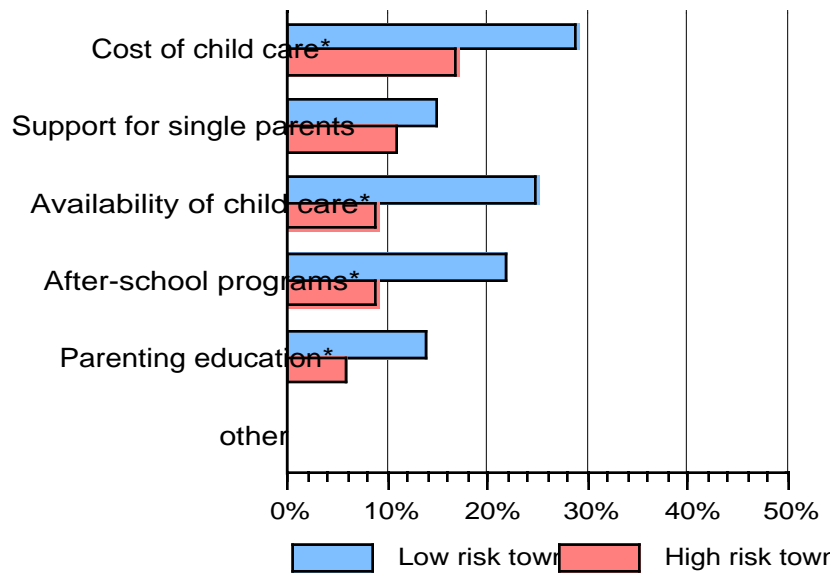
Respondents who live in the towns identified as being at greatest risk of adverse health and social outcomes see problems somewhat differently from respondents who live in the other parts of the county. The high-risk towns: Franklin, Pittsfield, Pembroke, Allenstown, Northfield, Boscawen and Danbury.

The comparisons are illustrated in the graph below. Every category for which the difference between low- and high-risk is statistically significant is shown with an asterisk at the end of the category name.

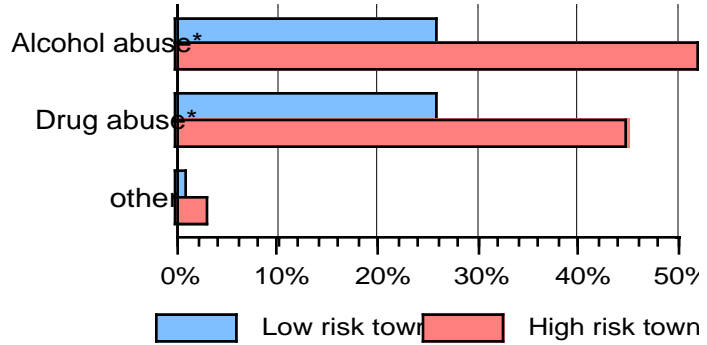
With two notable exceptions, respondents from the high-risk towns see the thirteen problem or need categories in the same order of seriousness as respondents in other towns. The exceptions are “substance abuse problems” and “transportation needs,” which move to the top of the seriousness scale for the high-risk towns.



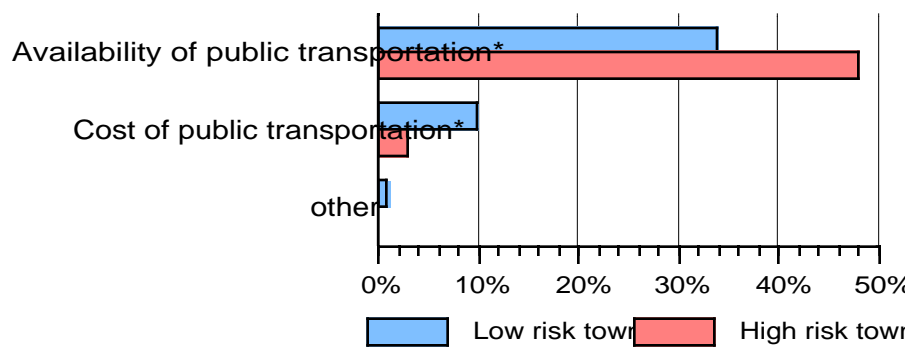
Child-rearing needs

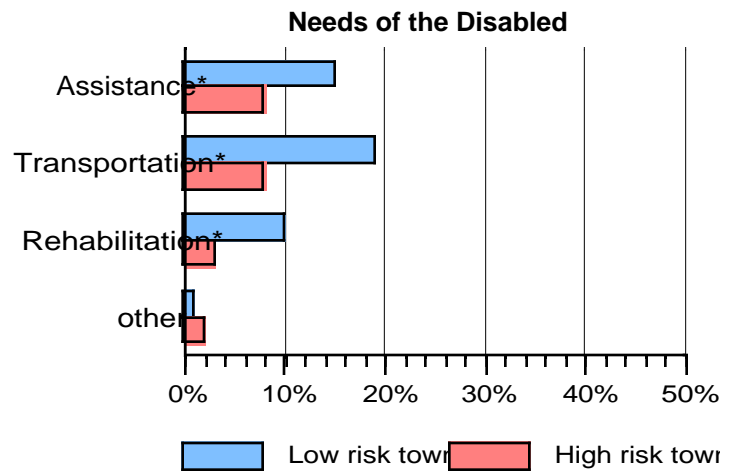
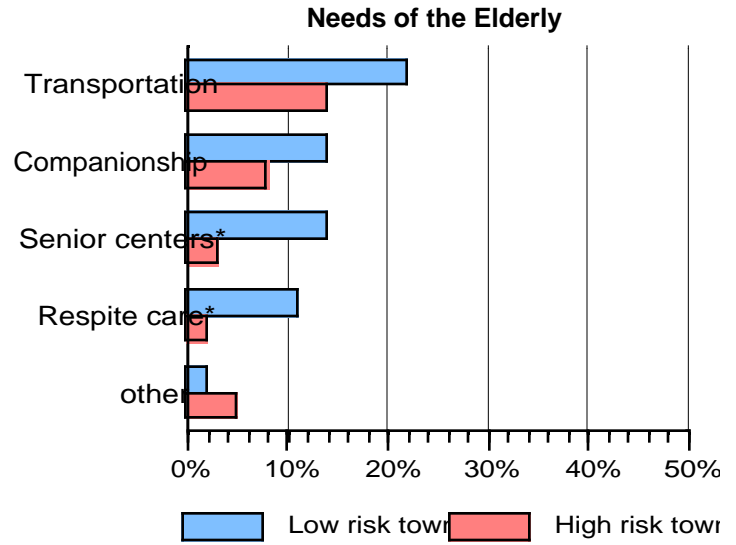


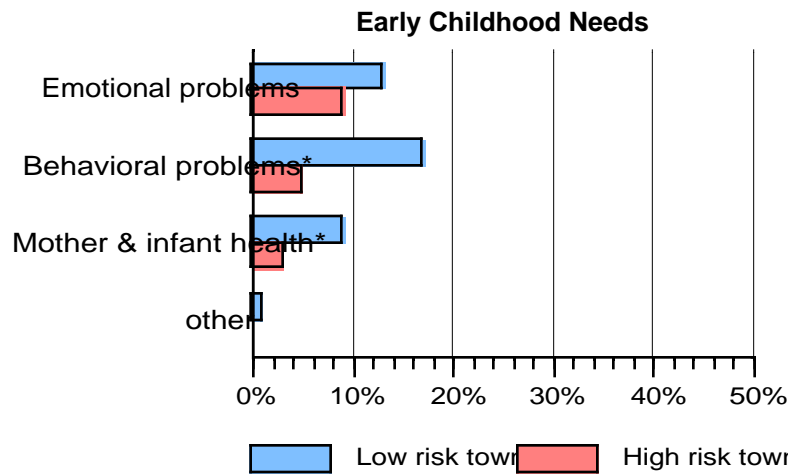
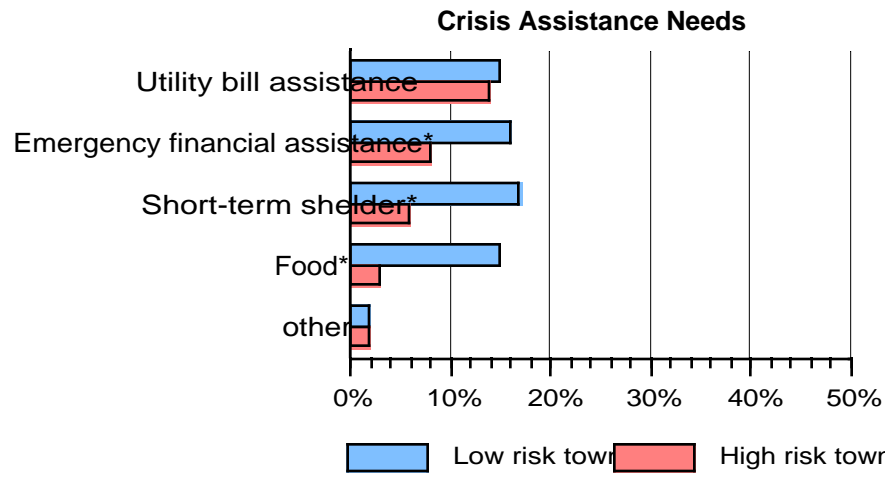
Substance Abuse Problems

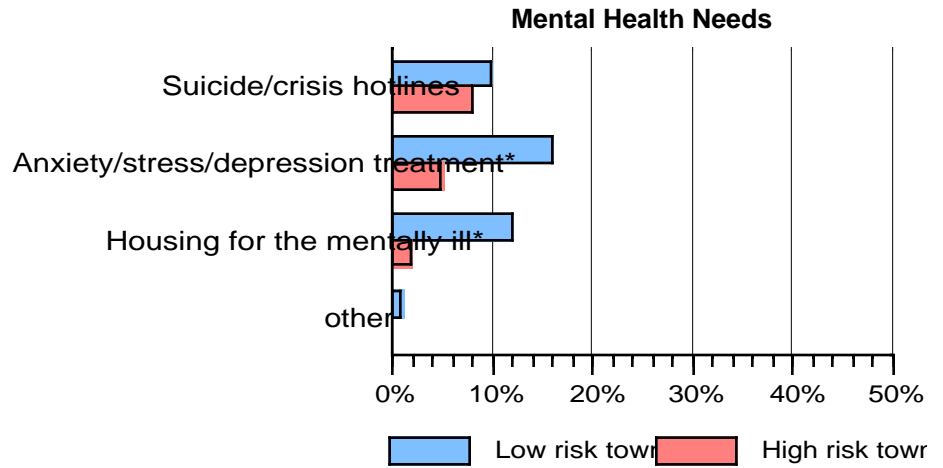
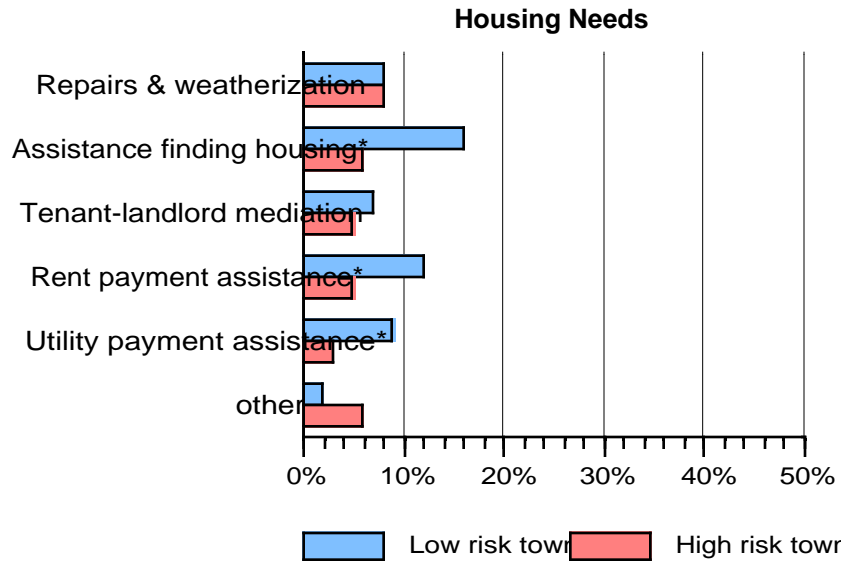


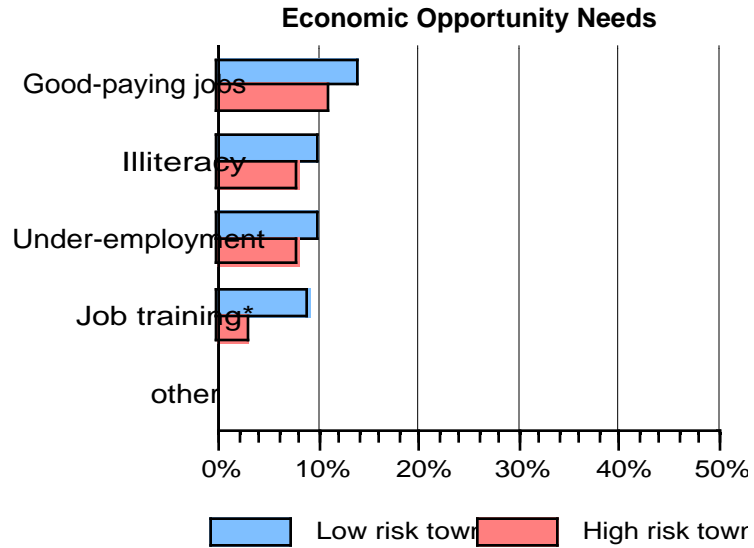
Transportation needs







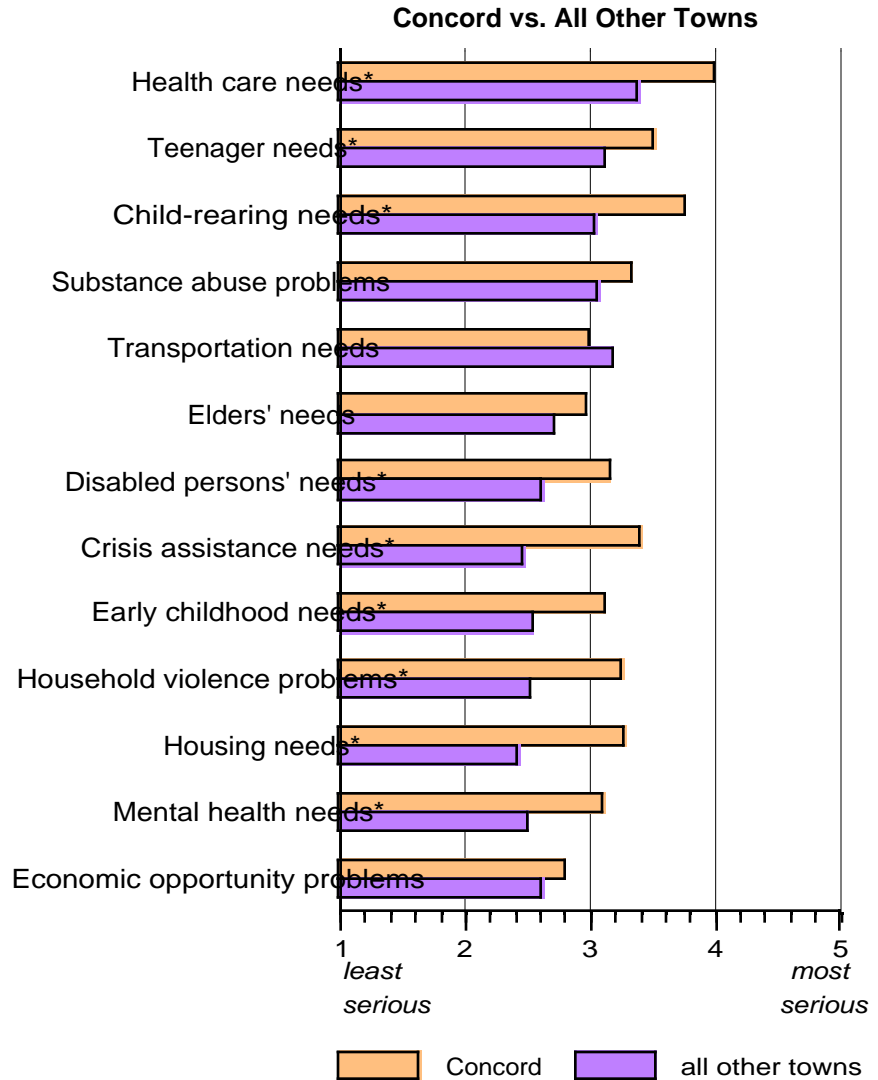




Concord vs. Other Towns

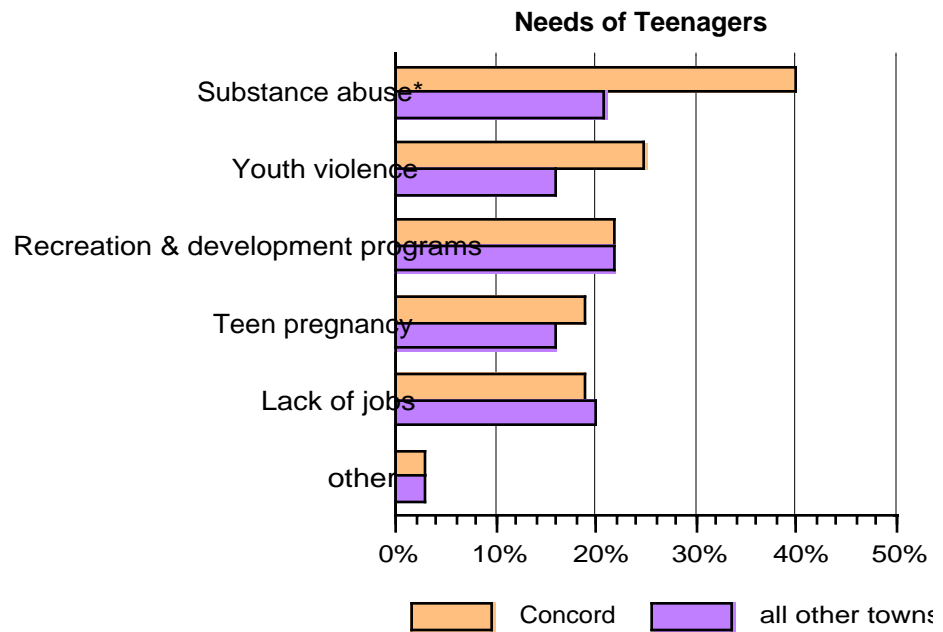
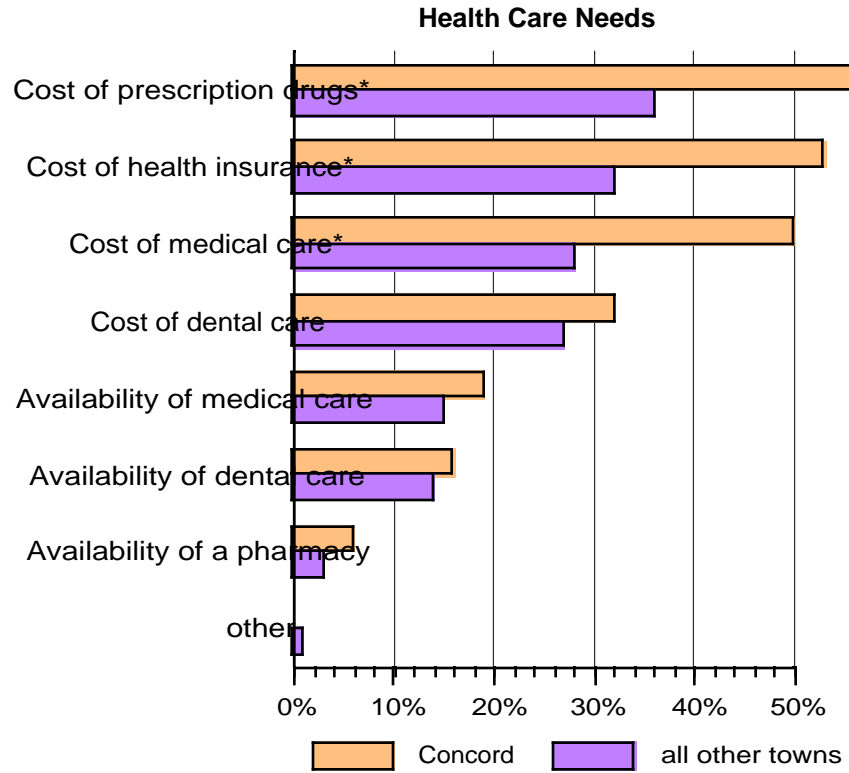
Concord is substantially larger than any other town in Merrimack County. And, as the comparison illustrated in the graph below shows, attitudes among Concord respondents are often very different from attitudes elsewhere in the county. (Every category for which the difference Concord and the other towns is statistically significant is shown with an asterisk at the end of the category name.)

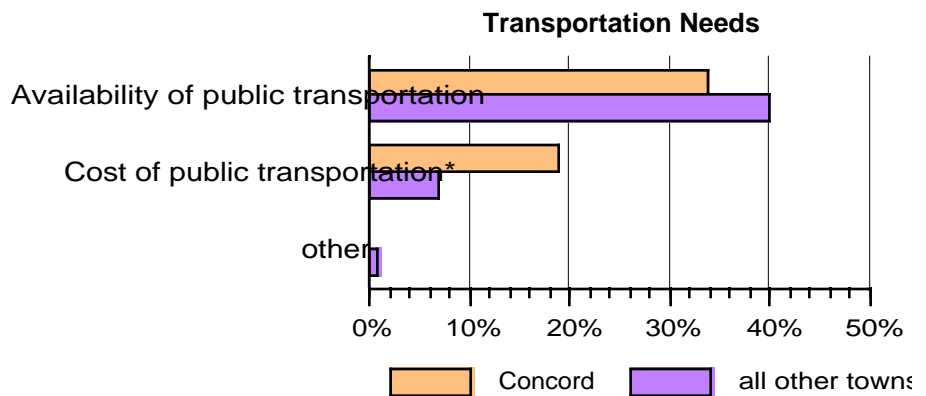
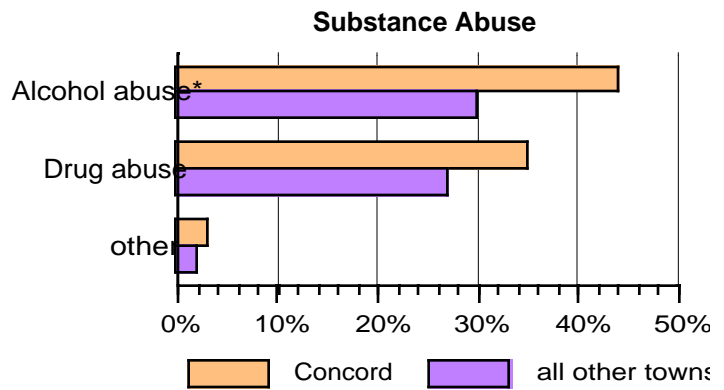
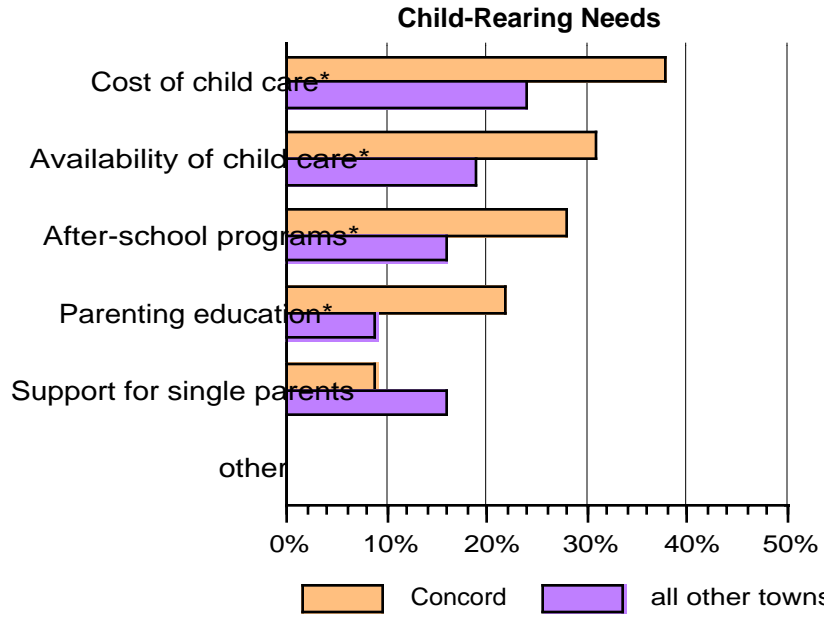
Overall, Concord respondents and respondents from elsewhere in the county rank the thirteen need or problem categories about the same. However, for twelve of the thirteen categories Concord residents see the needs as substantially more serious. The discrepancy between the two groups is greatest for “crisis assistance needs” (where the difference is 0.9 points on the five-point rating scale) and for “housing needs” (where the difference is 0.8 points). Two others with substantial differences (both 0.7 points) are “child-rearing needs” and “household violence problems.”

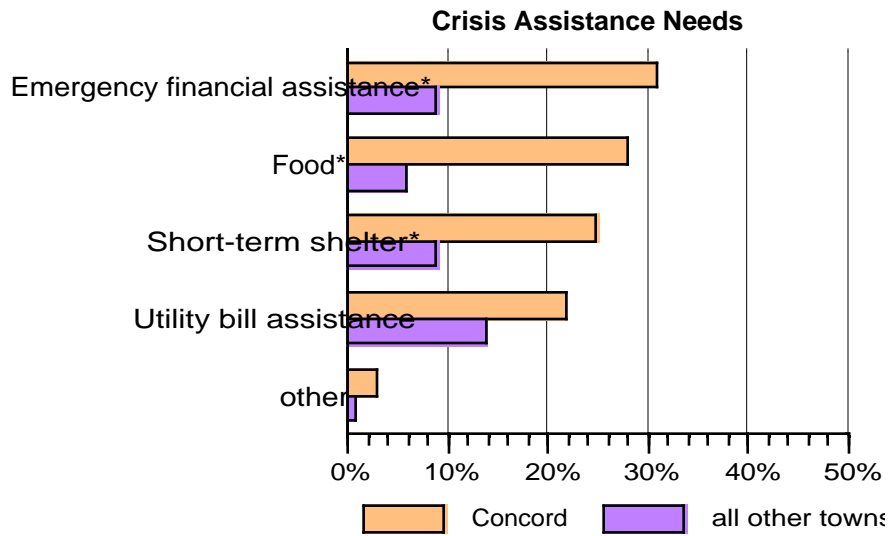
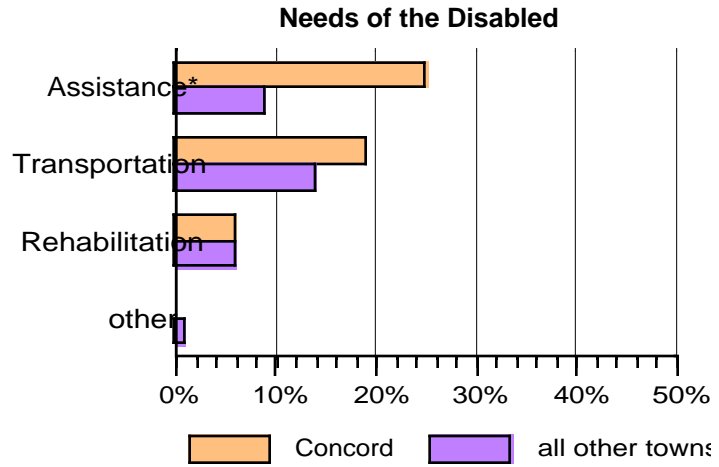


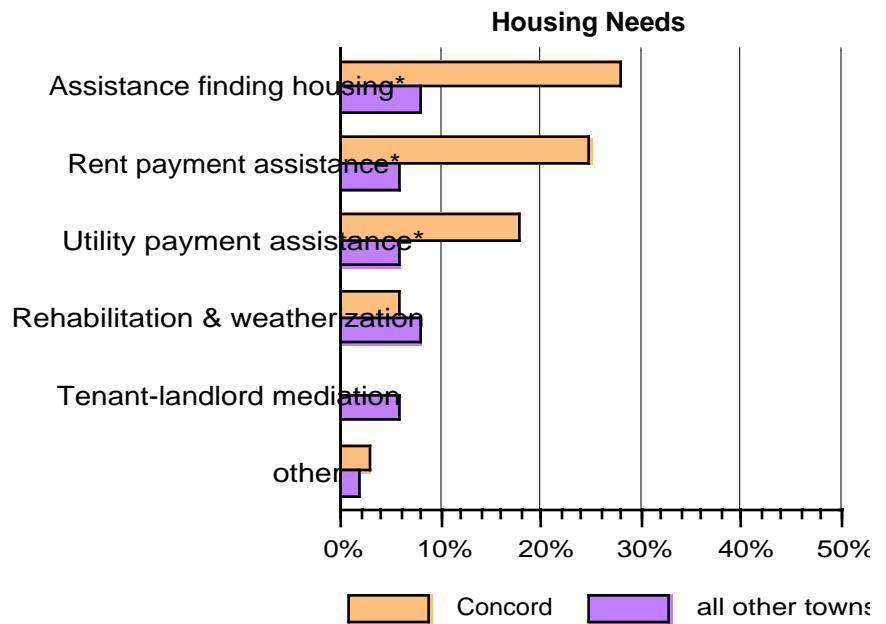
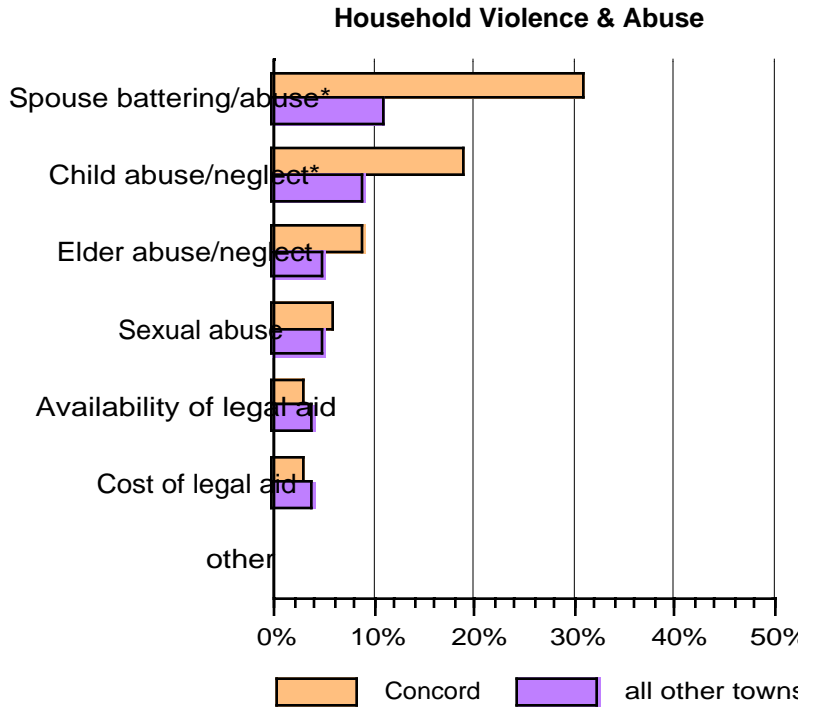
The series of graphs below look more specifically at the problem or need categories in which Concord differs from all the other Merrimack County towns. Here, survey respondents were asked to indicate which specific items they thought applied to their high seriousness rating for an overall category.

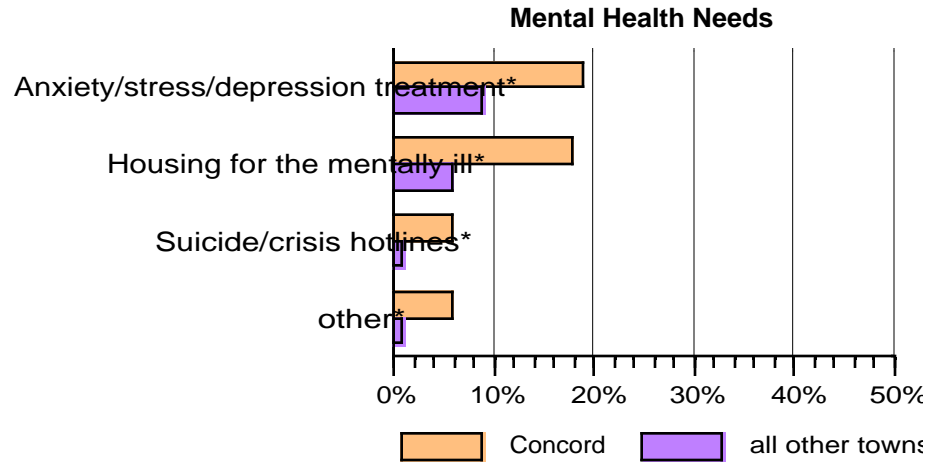
Statistically significant differences were found in eleven of the thirteen categories. Items on which differences are statistically significant ($p \leq 0.1$) are indicated by an asterisk after the item name. In every such case, the respondents from Concord cited items more frequently than did respondents from elsewhere in the county.





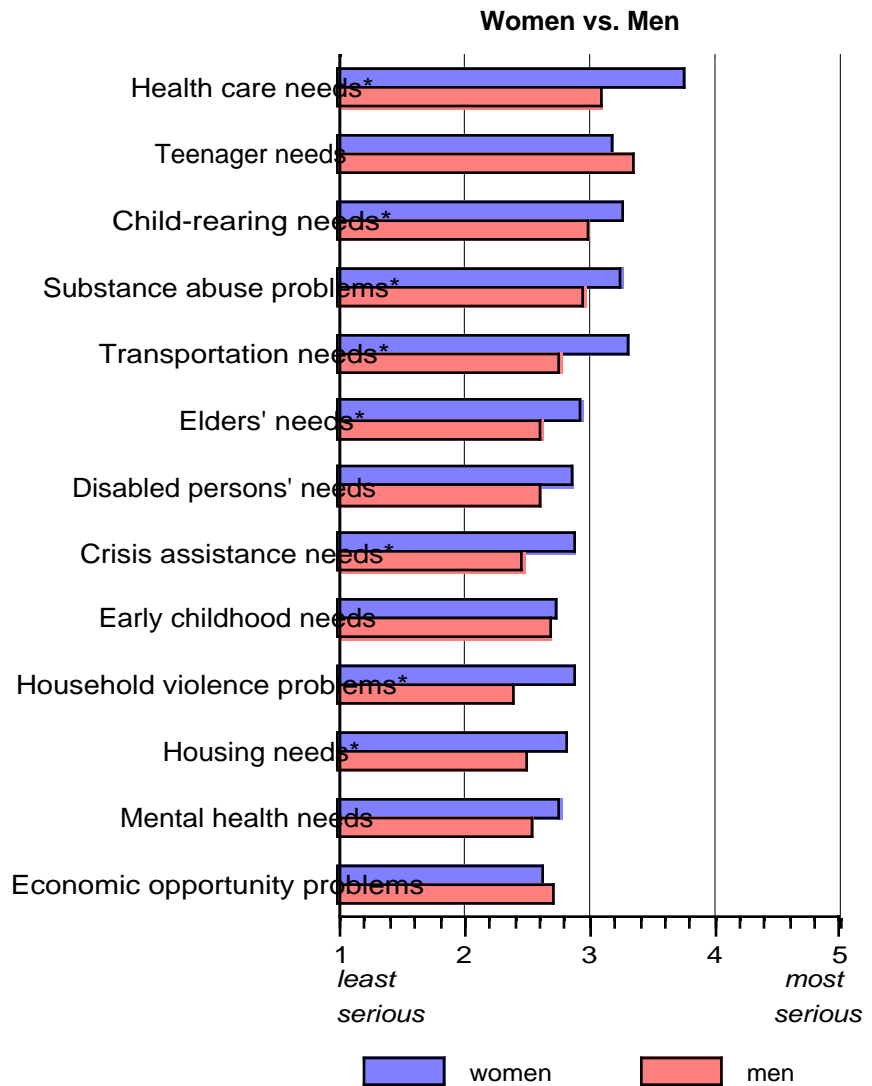






Women vs. Men

Though not substantial, the differences between women and men almost always tilt in the direction of women seeing problems or needs as somewhat more serious than men. Generally however both women and men rank the problem or need categories in about the same order (though men would put “teenager needs” at the top ahead of “health care problems.” (Every category for which the difference between women and men is statistically significant is shown with an asterisk at the end of the category name.)

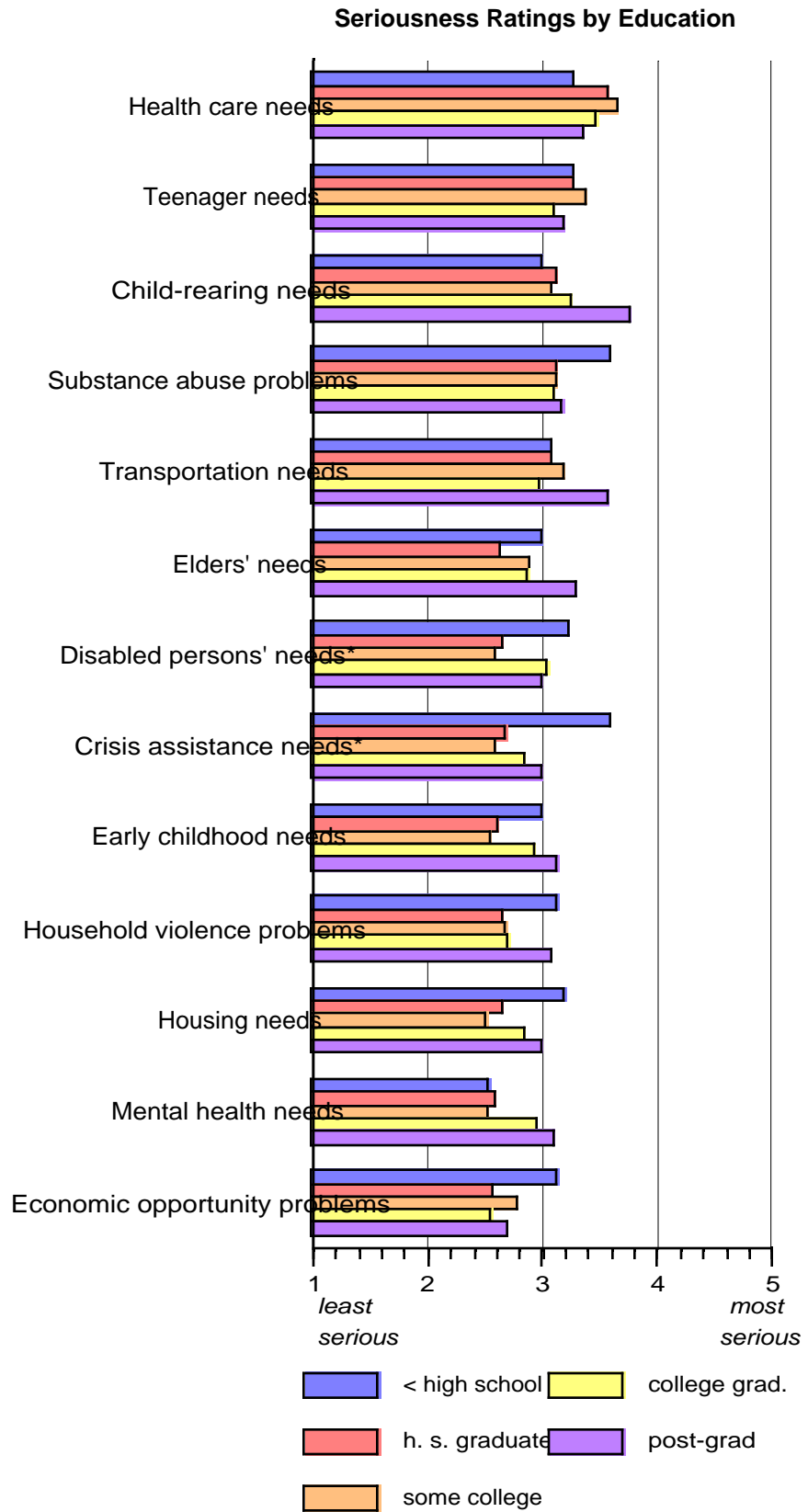


Seriousness by Income Category

Income appears not to be a major factor affecting respondents’ views of the seriousness of problems or needs. On only one category—“teenager needs”—are the differences by income category statistically significant. There, individuals in the

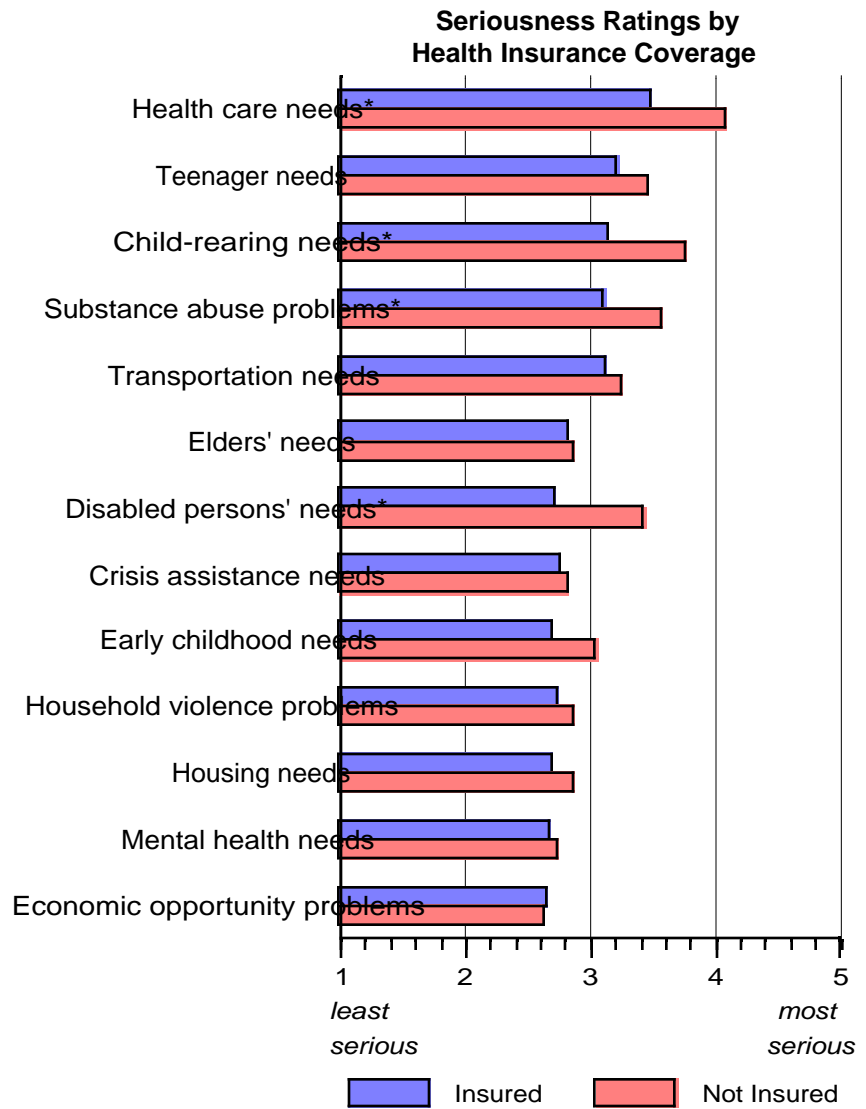
Seriousness by Educational Background

Similar to the income comparison, education appears not to be a major factor affecting respondents' views of the seriousness of problems or needs. On only two categories—"crisis assistance needs" and "disabled persons' needs"—are the differences by educational background statistically significant. Individuals who have not graduated from high school see greater seriousness in the crisis assistance category than others. Needs of the disabled are seen as more serious among individuals with the lowest and highest educational backgrounds, than by those in between.



Seriousness by Health Insurance Coverage

Individuals without health insurance coverage see the “health care problems” category as significantly more serious than do individuals with coverage. Individuals without coverage generally see other problems as more serious as well, with the differences for “substance abuse problems,” “child-rearing needs” and “disabled persons’ needs” being statistically significant.



TRENDS : COMPARISON WITH 1993 NEEDS ASSESSMENT

Comparing the findings from this survey with the findings from the needs assessment done by the Merrimack County United Way in 1993 shows trends in the perception of needs over time.

The top five needs in the 1993 assessment are matched with the top five in the current study, as follows:

<u>1993</u>	<u>2000</u>
Affordable health care	Affordable health care
Family dysfunction	Teenager needs
Child abuse	Child-rearing needs
Affordable housing	Substance abuse
Poverty	Transportation

The descriptive categories and language are a somewhat different from 1993 to 2000, but overall the comparison of the top five needs clearly shows three trends:

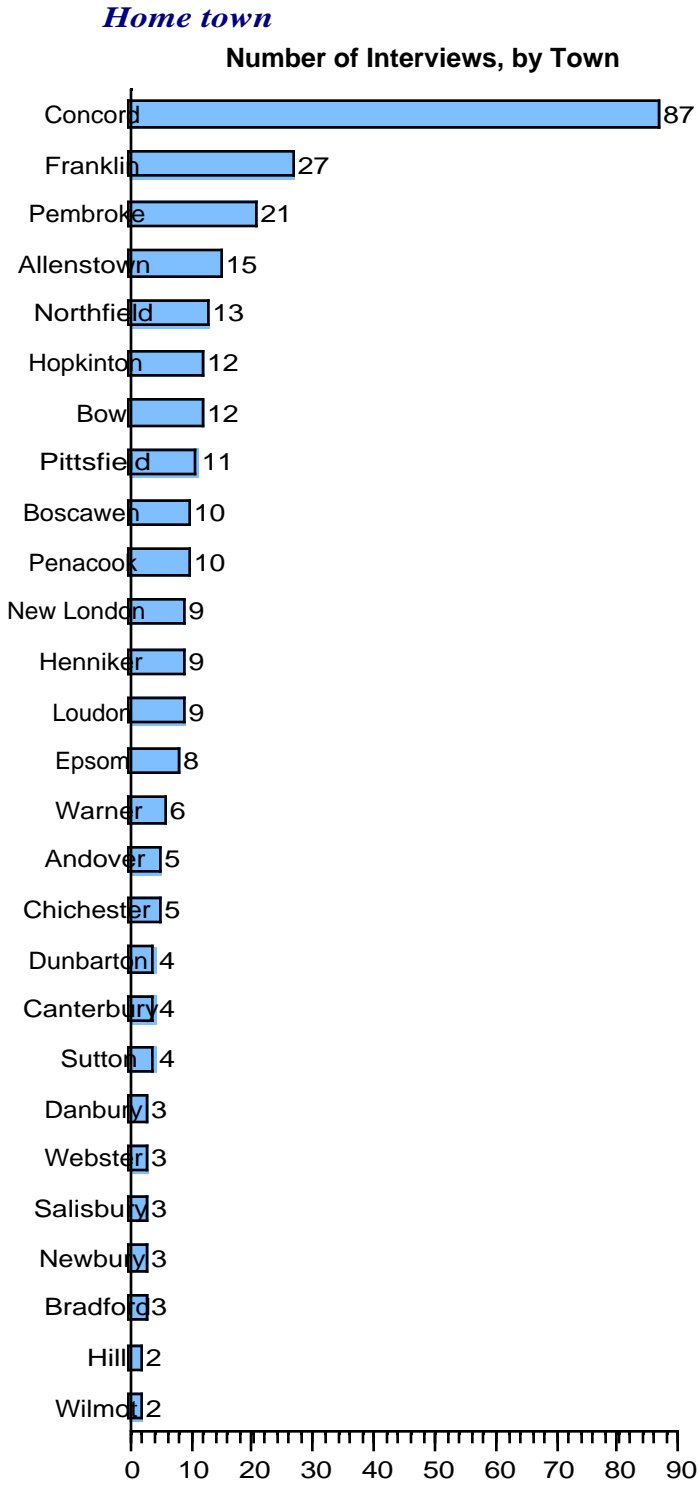
- w Affordable health care remains the top need.
- w The family dysfunction and child abuse issues of 1993 translate generally to the child-rearing needs and substance abuse problems highlighted in the 2000 study.
- w Poverty and affordable housing issues are not as keenly felt in 2000 as they were 1993, while public awareness of the needs of teenagers and for public transportation now is higher than in 1993.

SURVEY RESPONDENT CHARACTERISTICS

The community survey is based on data from 300 telephone interviews with individuals throughout Merrimack County. The survey was designed to produce data which can be viewed as representative of views of all of the county.

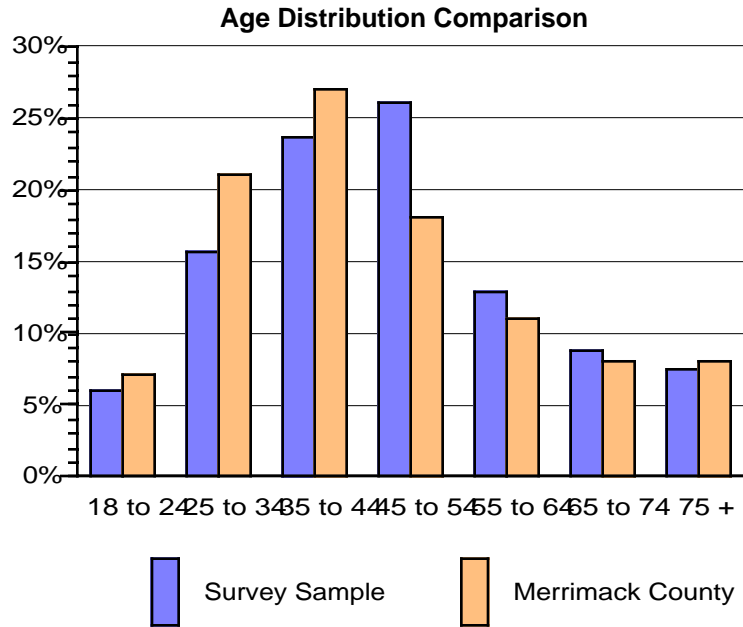
Interviews were done in every town in proportion to each town’s population though the survey sample was overweighted slightly for the towns found in the review of secondary data sources to be at greatest risk for adverse health and social outcomes.

The high-risk towns were Franklin, Pittsfield, Pembroke, Allenstown, Northfield, Boscawen and Danbury. Together their population makes up about 22 percent of the county, but in the survey sample they were weighted to provide 33 percent of the responses.



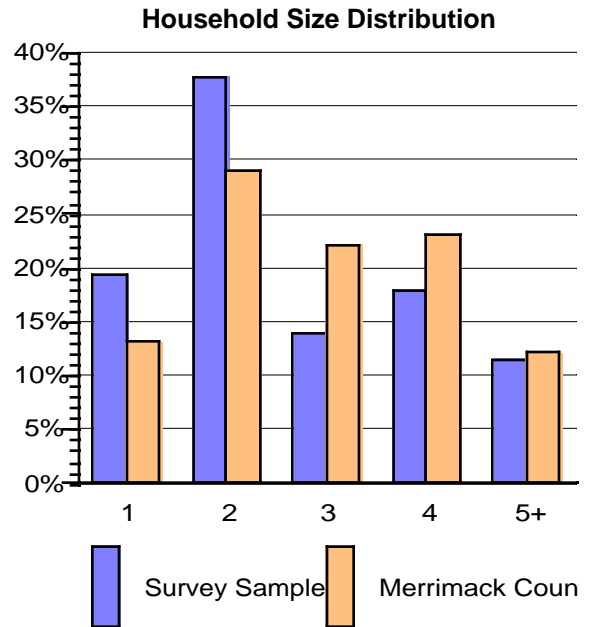
Age distribution

The age distribution of the survey sample is quite close to the actual distribution for the county (1998 NH Office of State Planning data), as is illustrated below. The principal discrepancy is in the 25 to 54 range, where the sample is slightly over-weighted on the 45 to 54 range and slightly under-weighted in the 25 to 44 range.



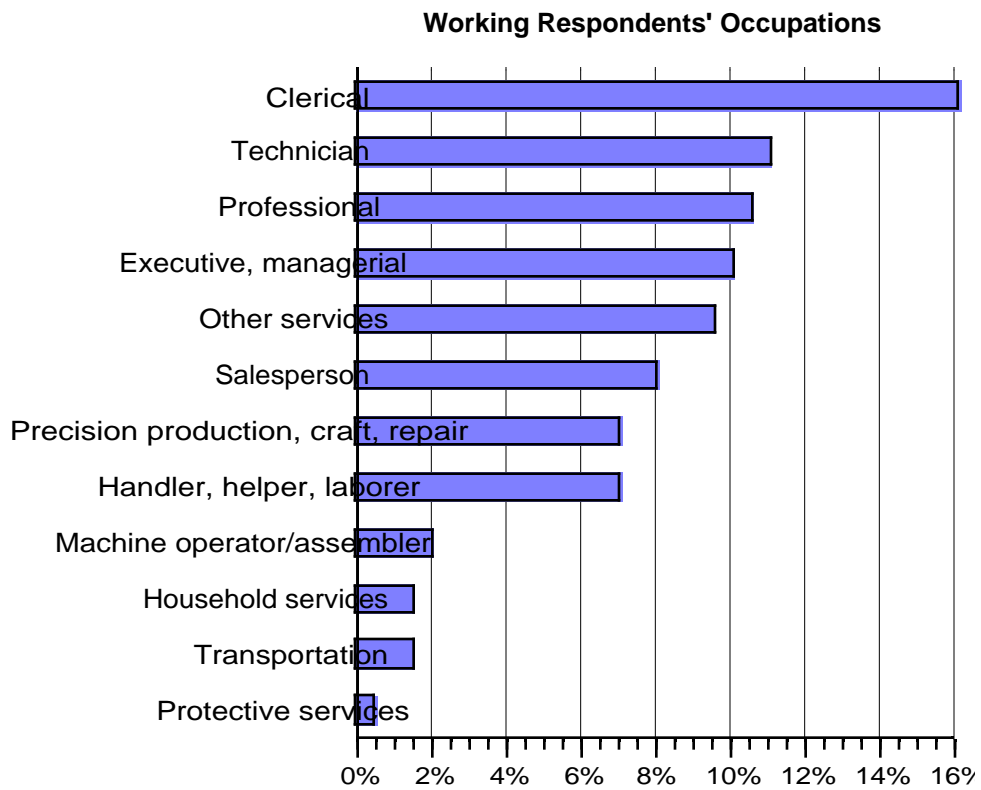
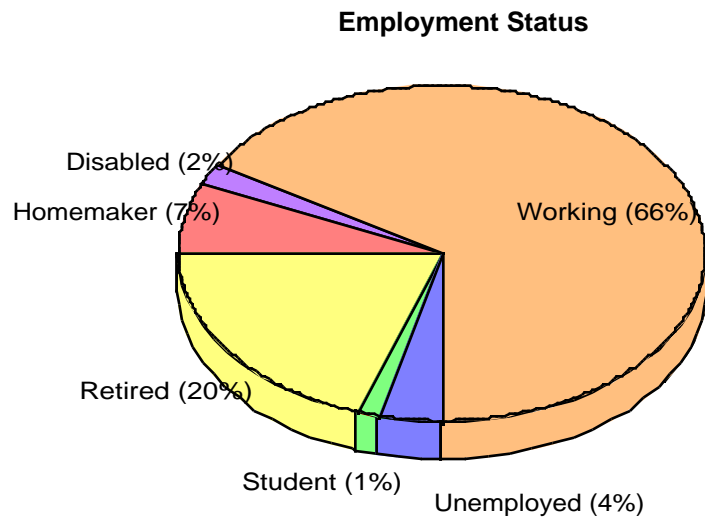
Household size distribution

The size of households responding to the survey is fairly close to the overall distribution of household sizes as reported in the 1990 Census. The survey sample is slightly over-represented with one- and two-person households and slightly under-represented with three- and four-person households.



Respondents' occupations

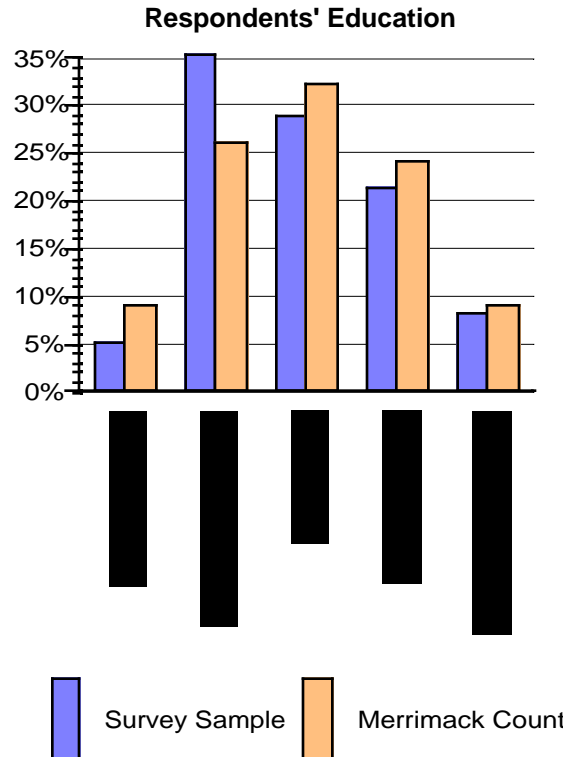
About two of every three respondents are working. Most of the rest either are retired or are homemakers.



Respondents' education

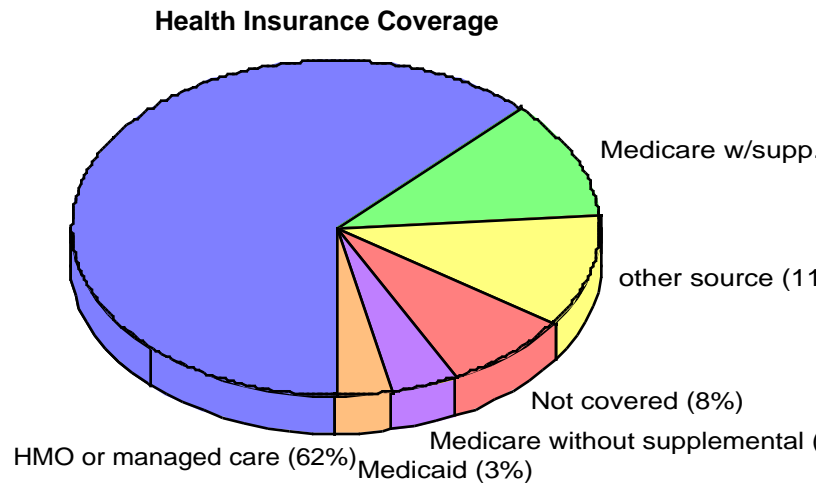
Few respondents have less than a high school education. About one-third are high school graduates, one-third have some college and one-third are college graduates.

Survey respondents' educational attainments are very similar to those for the entire Merrimack County population, as reported in the 1990 Census. The survey sample has a slight over-representation of high school graduates, and slight under-representation in all other categories.



Health insurance coverage

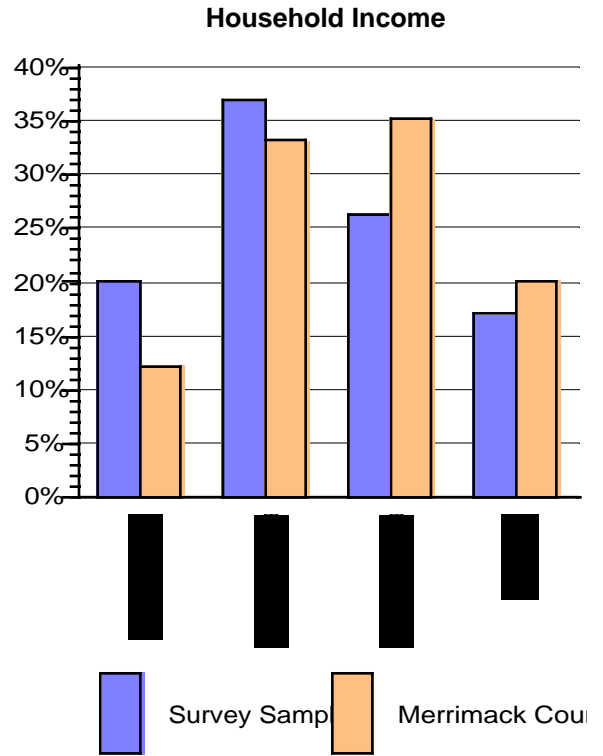
Eight percent of those interviewed said they had no health insurance coverage. Roughly twice that proportion (15%) said they or someone else in their household are without coverage. Most respondents have coverage from an HMO or managed care provider.



Household income

The median household income for survey respondents is just under \$50,000. Nearly two of every three respondents have household incomes between \$25,000 and \$74,999.

The income distribution for survey respondents is quite similar to that for all of Merrimack County as reported in the 1990 Census. The survey sample has a slight over-representation for incomes up to \$49,999, and a slight under-representation for higher incomes.



RESEARCH METHODOLOGY

This study is built on four components: a series of focus groups with individuals who provide human services within Merrimack County, a series of informal volunteer-led focus groups with individuals who use human services, a review of secondary data sources used to identify Merrimack County towns at greatest risk of adverse health and social outcomes and a telephone survey of 300 Merrimack County households.

Results from the focus groups and the secondary data study were used as inputs to structure the design of the community survey.

The research design, implementation and reporting was carried out by Millyn Moore & Associates, a Quechee, Vermont research firm. Millyn Moore & Associates has performed similar community needs assessments for several other United Way organizations in New Hampshire, and has broad experience in other marketing and social policy research applications.

Community Survey

The community survey was designed to be a statistically precise quantitative study, measuring public perceptions, experiences and behavior relating to human services needs or problems. The survey was done by telephone, reaching 300 households in all Merrimack County towns, in proportion to the number of households in each town with a slight overweighting bias favoring six towns found in the secondary data study to be at greatest risk for adverse social outcomes. This overweighting treated Allenstown, Northfield, Boscawen, Danbury, Pittsfield and Franklin as if they were 33 percent of the county population (excluding Hooksett) instead of their actual 22 percent. After the survey was complete, an analysis of the data showed the effect of this overweighting on overall survey findings was not statistically significant.

Telephone numbers for the survey were taken from known working blocks of residential telephone numbers, with the final digits generated at random in a computer. This allowed survey interviewers to reach all telephone-equipped households including households with non-listed numbers. According to the 1990 Census, 98 percent of all Merrimack County housing units have a telephone.

The telephone interviews were done September 8 and September 29, 2000 with calls being made during the evening hours. Interviewers made three attempts at each randomly generated telephone number. After getting a response to a call, interviewers screened respondents to determine if they were at least 18 years of age and a full-time local resident.

Percentages calculated from the entire sample of 300 interviews have a margin of error of plus or minus six percentage points. (For example, 62 percent of respondents

have health insurance through an HMO or managed care provider. This figure should be interpreted as 62 percent \pm 6 percentage points, placing the statistic in the range of 56 percent to 68 percent.) Averages for the five-point seriousness scales computed from the entire sample have an uncertainty range of approximately plus or minus 0.15 points. (For example, the average seriousness rating for the health care needs category is 3.54. This should be interpreted as 3.54 ± 0.15 or in the range of 3.4 to 3.7. These margins of error or uncertainties should be understood as probabilities—there is a 95 percent chance that if the survey were done again a new result would fall within the uncertainty range. These uncertainties are within acceptable ranges for surveys of this type.

The community survey questionnaire was based on questionnaires used in the past for other community needs assessments, with specific content modified to reflect results from the focus groups. The aim of the survey questionnaire was to obtain respondents' views on the seriousness of a range of human service needs or problems and to collect relevant demographic information for use in making cross-tabulation comparisons.

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