

United Way  
of Merrimack County

# Community Counts

2009 Community Assessment  
Merrimack County, NH



**LIVE UNITED**

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# Executive Director's Message

Our Board of Governors, other volunteers, community partners and our staff are very excited about United Way of Merrimack County's move to Community Impact. United Way has been here, first as the Concord Community Chest, since 1926. We have always prided ourselves on being open and receptive to new ideas but we realized recently that we truly were not keeping up with societal changes. The funds we were raising were getting spread too thinly and we were unable to reliably report hard results of the money raised making a real difference.

This Community Assessment is a first step in helping to direct our resources to make a more significant difference. We already have enthusiastic volunteers ready to allocate funds in the areas of Education and Lifelong Learning, Physical and Mental Health and Wellness and Economic Self-Sufficiency. They will be directing funds to programs that can prove they are making a difference.

We are also using this opportunity to focus on eliminating duplication of services. We will be rewarding programs and groups that show us they are working together to help the citizens of our communities.

By the time you read this community assessment, we will have qualified a number of partners for this first year of Community Impact, both agencies that have actually been partners since 1926, to others that are newer to our community and consistently meeting real needs.

Thank you for reading this report. We are eager for feedback and we are also looking forward to showing you, in the next year, how we have impacted real needs.

Elizabeth Hager



# Community Assessment Introduction

## Purpose

This United Way of Merrimack County (UWMC) community assessment is intended to serve as a resource for community impact priority setting and funding decisions by UWMC's board of directors, UWMC's volunteers and other funders of health and human services. This report can also be utilized by donors, agencies, and the public so that a greater awareness of critical issues, needs and assets can be incorporated to strengthen existing partnerships as well as forge new ones to strategically address the needs of Merrimack County.

## Study area

The focus of this assessment is exclusive to the 27 communities that reside within Merrimack County, New Hampshire.

Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Danbury, Dunbarton, Epsom, Franklin, Henniker, Hill, Hooksett, Hopkinton, Loudon, New London, Newbury, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Webster, Wilmot

Some of the data presented in this report includes state and federal information as a means of comparison only. The use of the larger configurations allows for a more comprehensive picture of the social and economical status of the county.

## Data sources

This assessment research relied upon multiple data and information sources including federal census and state administrative data, health and human services data reports, and focus group information. Chapter endnotes describe these sources fully.

Focus groups were convened during the spring and summer of 2009 to discuss the quality of life in Merrimack County communities. Local leadership, service providers, client groups, concerned citizens, and donors were invited to attend several general information as well as topic-specific focus groups.

This report combines statistical research and community discussions to provide the basis for UWMC to strategically target and leverage funding in Merrimack County in order to respond to community issues and priorities.

## Impact areas

Education, income and health are the building blocks for a good life. For many hard-working families and individuals, the basic ingredients for a good life are increasingly beyond reach. Nationally, almost one in four working parents doesn't earn enough to provide for their families, while an alarming 25% of United States teenagers will not graduate on time, jeopardizing their chances to make a successful transition to adulthood. Only one in three adults can be considered healthy, based on national risk factor data from the Centers for Disease Control and Prevention, and more than 49 million Americans lack even basic health insurance.<sup>1</sup>

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<sup>1</sup> United Way of America (2008). Goals for the Common Good: The United Way Challenge for America. Available at: [www.liveunited.org/goals/upload/uw\\_common\\_good.pdf](http://www.liveunited.org/goals/upload/uw_common_good.pdf)

UWMC recognizes that an education is essential to getting and keeping a job with a livable wage and health benefits, that an income must be adequate to pay for today's necessities and save for the future, and that access to quality health care keeps children on track in school and adults productive at work. If we remove any one of these building blocks – the other two topple.

As a result of this, UWMC has developed the following three impact areas:

- Economic Self-Sufficiency
- Education and Lifelong Learning
- Physical and Mental Health and Wellness

### What are indicators?

Indicators are quantitative measures of community life. Specifically, community indicators examine both the social factors and economic mechanisms of life in order to collectively provide a roadmap for the community showing where we have been, where we are now, and what critical areas need attention in order to reach where we want to go.

Several factors about community indicators should be kept in mind:

- Community indicators are designed to compare the community to itself, not to evaluate the community against the progress of other communities.
- Data provide only numerical indicators. Other important dimensions of community life are not included because quantitative indicators may not be available.
- Community indicators do not, by themselves, explain why trends move as they do or what should be done to make improvements. They simply provide the information needed to generate conversations and encourage community involvement in order to improve trends.

### In summary

This report is just the beginning of an effort to reignite a movement that is committed to creating opportunities for everyone in Merrimack County – and we invite you to be a part of it. Together, united, we can inspire hope and create opportunities for a better tomorrow.

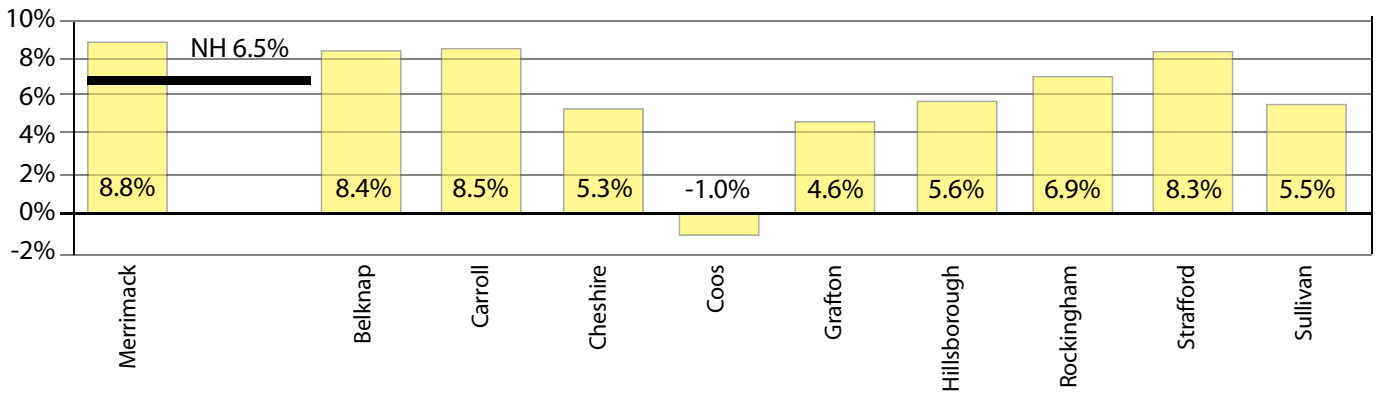


# Merrimack County Overview

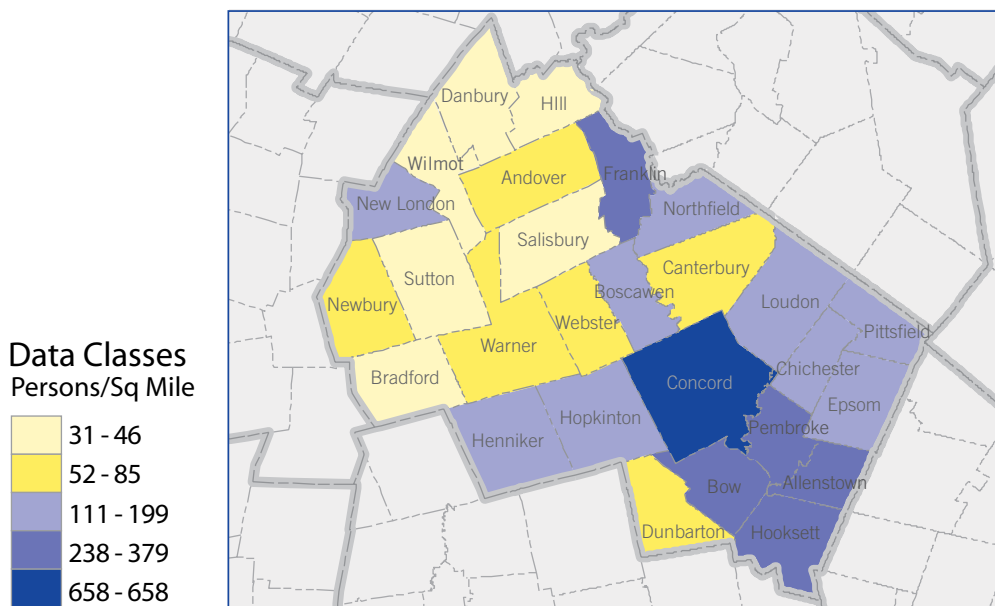
## Demographics

Merrimack County is growing and changing more rapidly than the rest of the state. According to the United States Census Bureau<sup>2</sup>, the 2008 population estimate for the state of New Hampshire is approximately 1.3 million. This reflects a 6.5% growth increase since the last census in 2000. However, Merrimack County is growing at a rate of 8.8% with trend analysis indicating this increased growth rate will only continue.<sup>3</sup> By the end of 2010, Merrimack County is expected to increase by 13% since 2000.

Estimated Population Growth 2000 to 2007



Merrimack County has the third highest population (148,161 in 2008) in the state and is 11.3% of the total state population. Its county seat, and majority of population, is Concord. Franklin, Pembroke, Allentown, Hooksett and Bow are the next largest communities in population with at least 238 persons per square mile.<sup>4</sup> The western part of the county is the least populated.



**“United Way of Merrimack County is uniquely positioned to act as a convener of all stakeholders: United Way enjoys a strong and committed relationship with agencies, the business community and government.”**

**- Franklin Forum**

There are approximately 55,400 households in Merrimack County, a 6% increase since 2000.<sup>5</sup> Approximately one-third (34%) of these households have one or more children under the age of 18, which represents a slight decrease in families from 2000 (36%). Almost 7% of all households in Merrimack County are single-parent female headed households with children.

Twenty-two percent of the households in Merrimack County have residents aged 65 and older. Additionally, 10% of the total number of households is aged 65 or older and living alone. Meanwhile, approximately 1,800 grandparents live with their grandchildren under 18 years of age. Of that, 40% are the primary guardian.

The population characteristics of Merrimack County have been fairly consistent for the past decade. While the area is approximately 96% White, the largest growth is among the Asian population (1.5%) and the Black / African American population (1.2%). Although the Latino Diaspora has been felt in southern New Hampshire regions, it has not begun to dramatically affect Merrimack County, with Hispanic / Latino population growth under half a percent.<sup>6</sup>

The median age in 2007 for Merrimack County was 39.5 years with the greatest growth in the 55-59 age-group (30% growth from 2000 to 2007) and the 60-64 age-group (32% growth from 2000 to 2007).<sup>7</sup> This follows a 74% growth of persons aged 45 to 54 between 1990 and 2000 which does not suggest that growth is solely due to the influx of aging families and individuals preparing for retirement, but rather that natural community growth is being significantly impacted by an aging population while younger individuals and families are leaving.

This recent dramatic growth in the 55 and up age cohorts is concerning when considered against the limited growth of working age adults in the area. In addition to affecting the workforce, these young adults and families leaving the area have resulted in a considerable decrease of young children. The most significant reduction of youth can be found at the elementary school level (13% decrease of youth aged 5 to 9 years

from 2000 to 2007). The decrease of youth for those entering middle school, aged 10 to 14, is lower (-3%) as well as those from birth to preschool (-2%) aged 0 to 5. This pattern has significant implications on the local labor force, educational systems and community engagement.

In summary, this brief demographic overview of Merrimack County provides a context for understanding the remainder of the assessment. County growth expectations coupled with the general aging of the population are changing the community landscape and having a significant impact on the building blocks to a good life. Will Merrimack County have adequate resources and infrastructure for this specific type of growth?

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2 U.S. Census Bureau (2009). State and County Quick Facts: New Hampshire.

3 U.S. Census Bureau (2008). Population Estimates 2008: New Hampshire Counties (table gct-t1-r).

4 U.S. Census Bureau (2008). Population Estimates 2008: Persons Per Square Mile 2008 Thematic Map (table tm-m2).

5 U.S. Census Bureau (2007). American Community Survey Selected Social Characteristics in the United States: 2005-2007.

6 U.S. Census Bureau (2007). American Community Survey Demographic and Housing Estimates: 2005-2007.

7 U.S. Census Bureau (2007). American Community Survey Demographic and Housing Estimates: 2005-2007.





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# Economic Self-Sufficiency

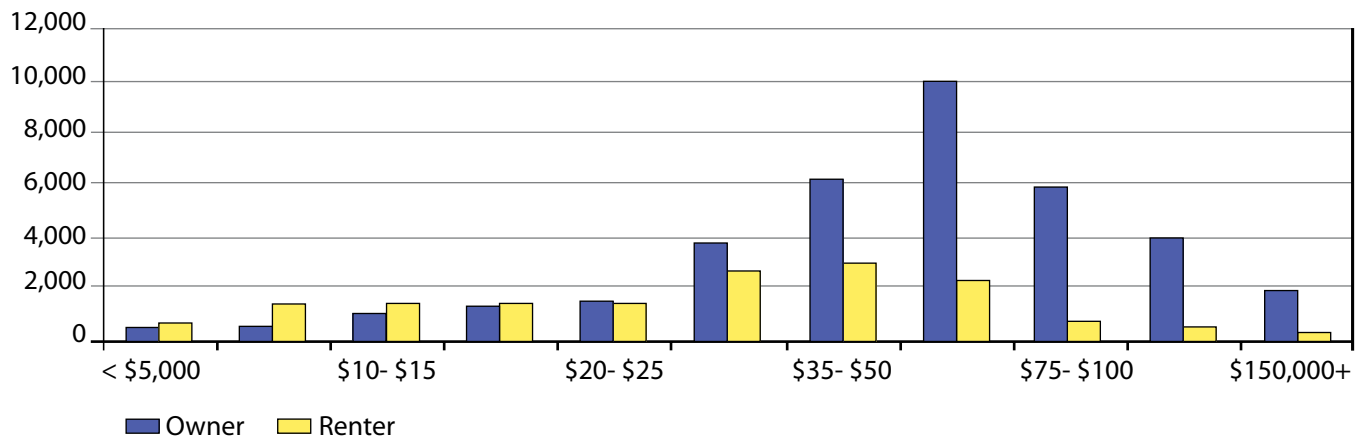
Economic self-sufficiency includes the basic human need for shelter along with an income adequate to pay for today's necessities and save for the future. A key element in successful communities, financial stability represents economic opportunity and security for individuals and families and creates sustainability.

Many families, even when a person holds down two or more jobs, find they are barely getting by with little to no ability to save for college, a home or retirement. Just one unanticipated expense, such as a car breakdown or an illness, can mean a week without a paycheck and lead to an economic crisis. Likewise, for those entering retirement there are concerns about the rising cost of housing, health care, utilities and other needs. Rent and utility assistance are among the top reasons people call 2-1-1 NH for help.<sup>8</sup>

Merrimack County's median household income in 2007 was \$58,508, slightly less than the statewide average of \$62,048.<sup>9</sup> The median household income of Merrimack County increased 22.5% from 2000 to 2007, slightly less than New Hampshire's 25.4% and greater than the United States increase of 21%. However, according to a recent survey the cost of living in our area of the country is 40% higher than the national average.<sup>10</sup> As a result, more residents of Merrimack County are spending more of their income on housing and utilities than the average American.

In Merrimack County, just over one-third of all households had incomes less than \$35,000 while one-quarter of all households had incomes greater than \$75,000.<sup>11</sup> Perhaps not surprisingly, households who own their homes tend to have greater incomes than those who rent. Less than 25% of homeowners in Merrimack County

Merrimack County Household Income by Tenure, 2007



had incomes less than \$35,000 while almost 60% of renters had incomes less than \$35,000. Conversely, one-third of homeowners had incomes greater than \$75,000 while just 8% of renters had incomes greater than \$75,000.

An estimated 30% of all Merrimack County renters paid more than 30% of their income in housing costs.<sup>12</sup> Nationally, this rate is closer to 22%. The federal government states that housing that costs more than 30% of income is considered to be unaffordable. People paying more than 30% of their income are vulnerable to not being able to afford other basics and still maintain their housing. Today, mortgages can be obtained that consume as much as half of all income. From a low of \$28,300 in 1994, income needed to afford the median priced home has increased 147% in Merrimack County to \$75,000 in 2008 making homeownership available to less than one-fourth of the population.

In 2009, a study by the National Low Income Housing Coalition found that the fair market rent for a two-bedroom apartment in Merrimack County is approximately \$986.<sup>13</sup> In order to afford this level of rent plus utilities, without paying more than 30% of income on housing, a household must earn at least \$39,440 annually. An annual salary of \$39,440 would mean an hourly wage of at least \$18.96 per hour. The current minimum wage is \$7.25 per hour. Therefore, in order to afford the average rent, a household would need at least 2.6 full-time workers in the home. Perhaps most remarkably, this indicated a 48% increase since 2000.

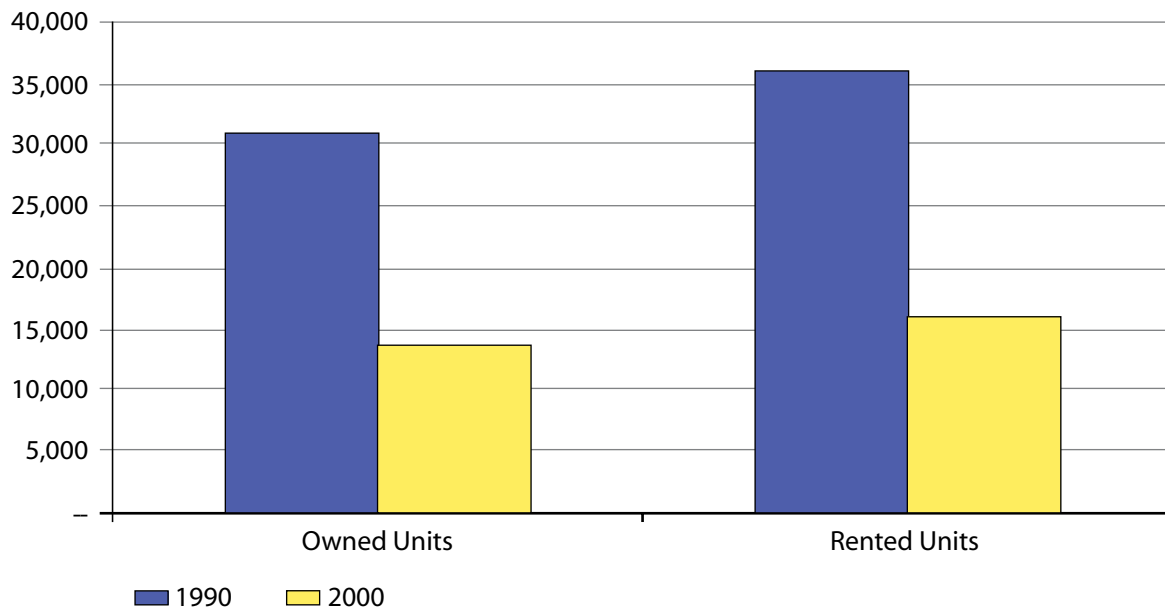
The availability of homes for sale and rent has declined significantly as well, causing more pressure on the market and increasing rates. In the past decade, vacant for-sale units declined 57% while vacant for-rent units declined 76%.<sup>14</sup> This trend indicates an unhealthy housing market placing artificial inflation on housing and rental costs, which can make housing unattainable for certain segments of the population such as elderly on a fixed income, low-to-moderate income families, and entry-level workers potentially resulting in displacement.



**“2-1-1 information and referral is an important asset to the community. It serves to refer people to a variety of services they may need, and acts as an informal community assessment. 2-1-1 should be supported and expanded”**

**- Economic Forum**

## Merrimack County Housing Units by Tenure



Out of the top five industries in Merrimack County, 24% are comprised of educational services, healthcare services, and social services.<sup>15</sup> This sector traditionally earn low-to-moderate incomes which means they are particularly affected by an unhealthy housing market.

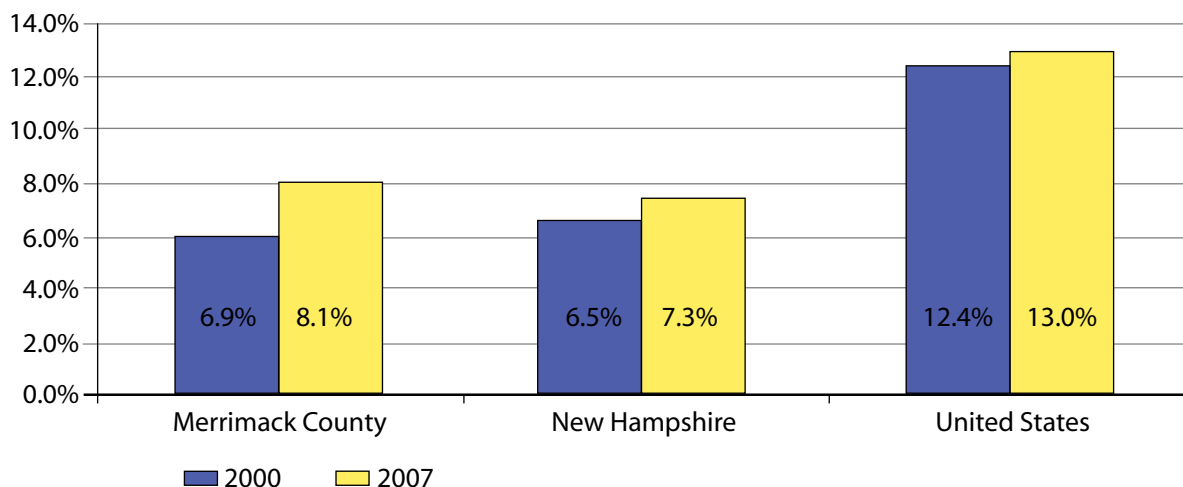
The employed labor force in Merrimack County increased steadily from 1993 to 2008. Persons employed increased from 63,545 in 1993 to a high of 77,680 in 2007. Overall, the employed labor force increased 22.2% from 1993 to 2008, an increase of almost 1.5% per year. Conversely, the unemployment rate in Merrimack County averaged 3.1% from 1993 to 2008 with a high of 4.7% in 1993 to a low of 2.1% in 1999.<sup>16</sup> As of 2009, the unemployment rate in Merrimack County is 5.9%, significantly higher than the 15-year average and indicative of major national and regional trends.

The poverty rate in Merrimack County increased from 5.9% in 2000 to 8.1% in 2007, an increase over 37%. The poverty rate for Concord in 2000 was 8% which was higher than the 5.9% for Merrimack County and higher than 6.5% for New Hampshire but lower than the national rate of 12.4%. The poverty rate for New Hampshire increased from 6.5% in 2000 to 7.3% in 2007, an increase of 12.3%. The poverty rate for Merrimack County increased faster and to a higher level than the rate for New Hampshire from 2000-2007.

**“Some problems require huge public policy initiatives: tax reform, zoning changes, and universal health care access for example. Community members and agencies can only do so much.”**

**- New London Forum**

## Merrimack County Persons Below Poverty, 2000 to 2007



In summary, rapid population growth and a high cost of living has put unhealthy pressure on the housing and economic markets. While New Hampshire has a higher median income than the national average, making the dollar go farther has become very difficult for Merrimack County residents and the gap between low-income and high-income has grown exponentially leaving a dwindling middle class. Economic self-sufficiency is not just something that young adults and families strive for as poverty affects all ages and can have long-term consequences to the region.

- 8 2-1-1 NH Call Reports (2008, 2009). Available at: <http://211nh.org>
- 9 U.S. Census Bureau (2007). American Community Survey Selected Economic Characteristics: 2005-2007.
- 10 Accra Survey (2006). Cost of Living Index: Median Household Income Adjusted by Cost of Living.
- 11 U.S. Census Bureau (2007). American Community Survey Selected Economic Characteristics: 2005-2007.
- 12 U.S. Census Bureau (2007). American Community Survey Selected Housing Characteristics: 2005-2007.
- 13 National Low Income Housing Coalition (2009). Out of Reach 2009: Persistent Problems, New Challenges for Renters. Available at: <http://www.nlihc.org/oor/oor2009/>
- 14 NH Housing Finance Authority (2008). Housing Demographic Data: Vacancy Data. Available at: [http://www.nhhfa.org/demographic\\_housing.cfm](http://www.nhhfa.org/demographic_housing.cfm)
- 15 U.S. Census Bureau (2007). American Community Survey Selected Economic Characteristics: 2005-2007.
- 16 NH Department of Employment Security (2009). Economic and Labor Market Information Bureau: New Hampshire Economic Conditions. Available at: <http://www.nh.gov/nhes/elmi/>



# Community Education

Children should have the opportunity to enjoy their childhood and to develop to their full potential. With the current economic downturn, young people as well as adults are being forced to learn to survive in increasingly adverse environments at school, at home and within social peer groups that are affected by increasing unemployment rates, school budget cuts, home foreclosures, lack of transportation, crime rates, and other factors. For this generation of youth, school should be one of the safe havens they have. Further, investing in our youth provides greater long-term positive results as education represents the greatest return on investment at any age in terms of obtaining a job and increasing earning potential.

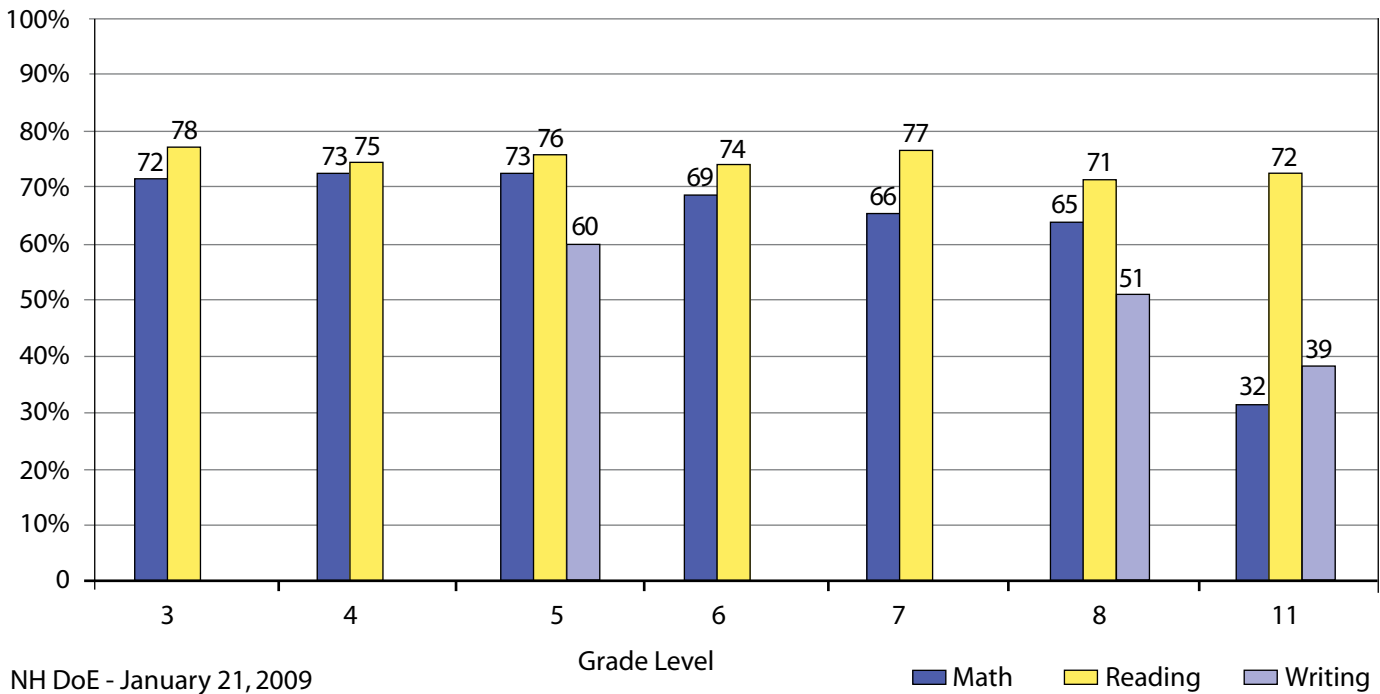
According to a recent economic study, every dollar invested in high quality pre-kindergarten, accompanied with intensive family assistance, saves up to \$17 in future government expenditures.<sup>17</sup> That means that a comprehensive early childhood development program for all children from low-income families would demonstrate a positive return on investment by year 17 and after 25 years would save over \$31 billion in government spending on expenses such as prison costs, unemployment, and remedial education. Currently, there is no single state-funded statewide pre-kindergarten program in New Hampshire. According to the 2008 census estimates, there are approximately 8,000 children under the age of 5 and almost 7% of all households in Merrimack County are single-parent female headed households with children.<sup>18</sup>

In New Hampshire, the New England Common Assessment Program (NECAP) is utilized to help determine the proficiency of students in grades three through eight and high school. The test was developed with grade-level expectations in mathematics, reading and writing. Multiple studies have clearly demonstrated that elementary school students must learn to read by the third grade and successfully complete algebra by the start of the tenth grade in order to ensure success in school. One of the most reliable predictors of educational success is whether or not a child is reading at a third grade level by the end of third grade. In 2008, reading scores have been consistent statewide with proficiency-or-better scoring of over 70% for all grades. The mathematics section does well in grades three through five with a proficiency-or-better scoring of over 70% however these scores start to steadily decline in middle school to an eventual score of 32% by the eleventh grade.<sup>19</sup> Of equal concern are the writing scores which are less than 40% proficient-or-better in the eleventh grade.

**“It is essential that there is early intervention in all areas: education, health and self-sufficiency. For example, it is too late to talk about high school drop out rates in the sophomore year of high school. Intervention should start in the first or second grade – probably well before that.”**

**- Education Forum**

## Percent of Students Proficient or Above, Fall 2008 NECAP



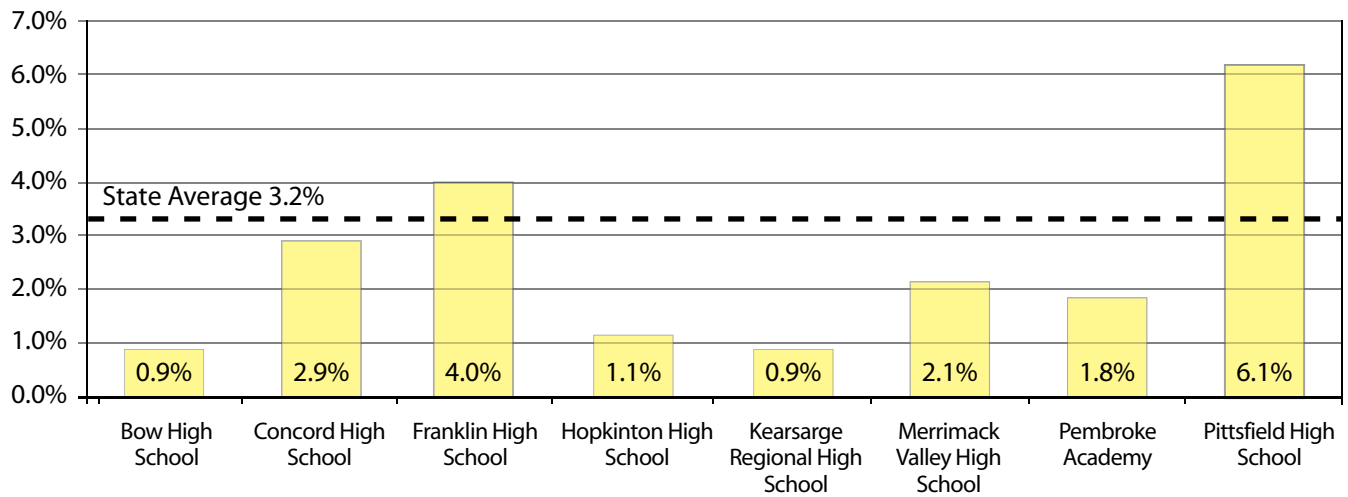
Young people not completing a high school education have an increased chance of experiencing challenges in life associated with a lower income and a lower health status. In general, high schools throughout New Hampshire are trying to help young people find ways to complete their education, such as GED programs, but they are often caught in the dilemma of trying to meet reporting requirements of the state government which directly influence school funding. The multitude of reporting requirements results in various measures of the high school dropout rate, which become even more complicated at the school district level.

Currently, the state is attempting to restructure the dropout calculation, thus making it more uniform. As a result, the approach to measuring dropouts is likely to underestimate the problem. As of the 2007-08 academic year, the high school dropout rates or Merrimack County schools ranged from 0.9% to 6.1%.<sup>20</sup> It is important to note that not all students who do not graduate dropout, with many students continuing their high school education through alternative means.



Merrimack County high school graduates made up about 11% of all high school graduates in the state during the 2007-08 academic year. About half of all graduates in Merrimack County went on to a 4-year college or university and a further 24% went to a vocational, technical institute or community college. In the United States, the high school graduation rate is 68.6%. New Hampshire has a much better graduation rate of 78.6% and ranks second in New England in terms of graduation rates (VT = 79.9%).

### Dropout Rate, Merrimack County High Schools, 2007 - 2008



In summary, most studies point to the social and economic benefits of a quality education. Overwhelmingly, interventions focused on education recognize the need for better preparation for school; the effects of standardized testing on a quality education; and the problems clustering around high school dropouts, including adult illiteracy and inadequate job training. Education is a critical priority as it can often be a root cause behind many complex issues such as poverty. Parents who lack a quality education are often low-income therefore are often forced to leave their children in the care of other children while they work multiple jobs or lack health care for preschool children when brain development is most critical. Efforts in education should attempt to reach even more parents and caregivers of the youngest children to provide them the tools they need to track and improve their child's ability to achieve developmental milestones and succeed in school.

17 Parks, G. (2000). The Highscope Perry Preschool Project. Office of Juvenile Justice and Delinquency Prevention Bulletin. Available at: <http://www.highscope.org>

18 U.S. Census Bureau (2007). American Community Survey Demographic and Housing Estimates: 2005-2007.

19 NH Department of Education (2009). New England Common Assessment Program (NECAP) 2008 Results: Percent of Students Proficient or Above by Subject 2008. Available at: <http://www.ed.state.nh.us/education/doe/organization/curriculum/necap/2008/resultsofnecap2008.htm>

20 NH Department of Education (2009). Dropouts and Completers. Available at: <http://www.ed.state.nh.us/education/data/dropoutsandgraduates.htm>



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# Community Health

Health is strongly linked to education and income. Good health allows children to learn better and adults to increase their income through productive work. Conversely, health problems often lead to increased school absences (a predictor of dropping out of high school) among children, as well as increased on-the-job absences by adults. To further connect the dots, entry level and lower paying jobs are often without health benefits. A lack of health care coverage often means that primary care, important to preventing or treating illness before it becomes more serious, is an unattainable luxury. A serious illness with no or insufficient health insurance has driven thousands of Americans into financial crisis. Fifty percent of bankruptcies in 2005 and 2006 were caused by medical debt.<sup>21</sup>

The rising cost of healthcare has followed in-step with the growing prevalence of costly chronic diseases. For instance, obesity associated health problems cost the United States \$117 billion annually.<sup>22</sup> In 2004, a study of New Hampshire school children found that 18% of girls and 22% of boys had Body Mass Index (BMI) levels that would be considered overweight or obese. This is higher than the national average of 16%. An additional 20% of boys and girls were at risk of becoming overweight or obese.<sup>23</sup> Furthermore, over 70% of overweight children and adolescents remain overweight or become obese as adults.<sup>24</sup> Locally, obesity is an issue for all ages. Approximately one-fourth (23.6%) of all Merrimack County residents are obese.

With the growing obesity epidemic in the United States, and in most developed countries around the world, there has been a significant rise in obesity-related diseases such as diabetes, cardiovascular disease, and heart disease. In 2006, approximately 8.3% of the population of Merrimack County had diabetes. In 2007, this number dropped slightly to 8.0% however this is higher than the state average of 7%.<sup>25</sup> New Hampshire spends an estimated \$302 million in obesity related medical expenditures each year.<sup>26</sup>

**“Encouraging wellness and creating opportunities for a healthy lifestyle would be of great benefit. Education about nutrition and health should be increased in school. Access to physical activity and exercise should be more available in the community and workplace.”**

**- Health Forum**

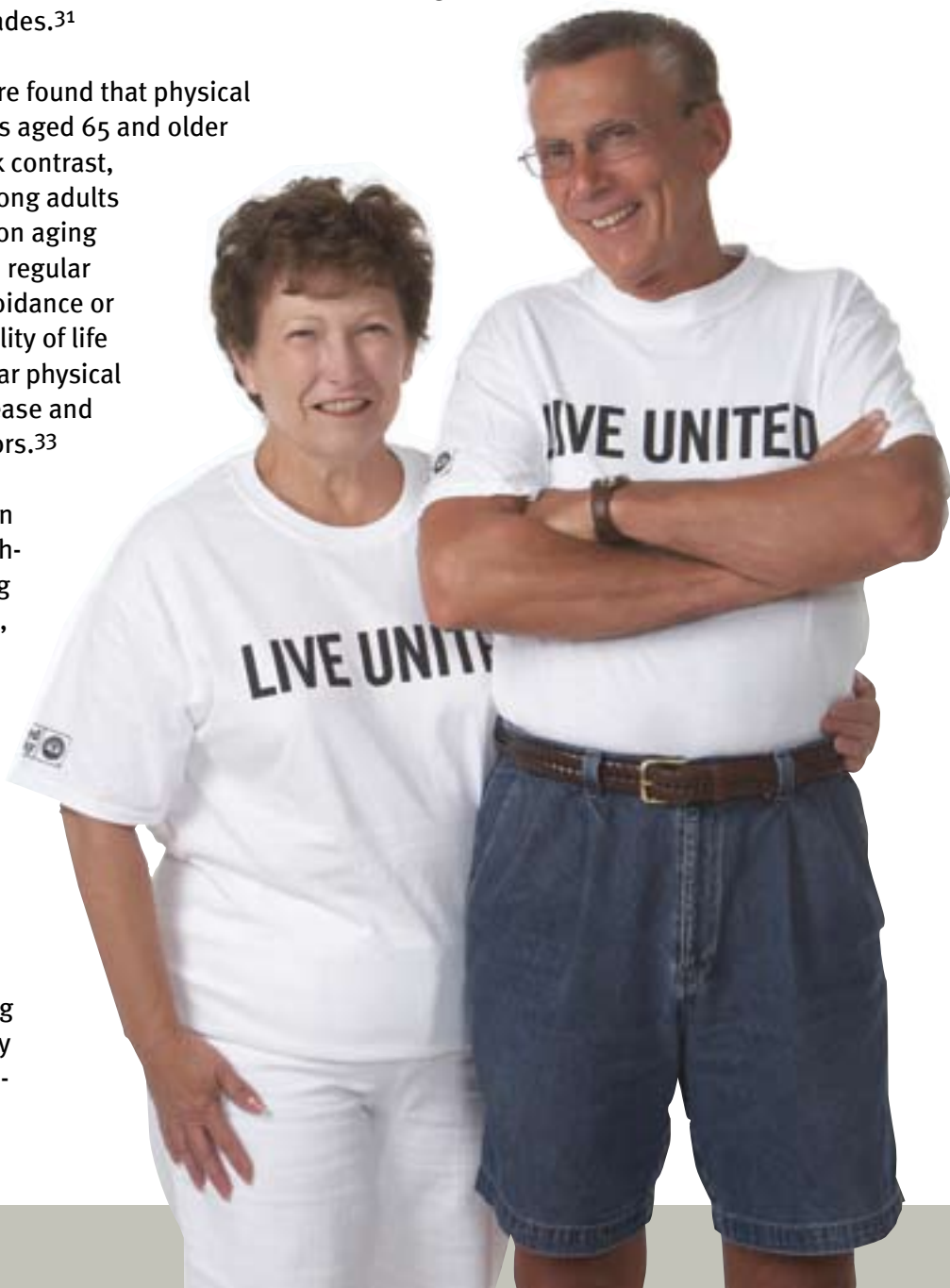
Throughout the state cardiovascular diseases and conditions, such as heart disease and hypertension, are among the most prevalent chronic diseases affecting almost a quarter (22%) of the population.<sup>27</sup> Many others suffer from cancer, depression, and asthma. The two leading causes of death in Merrimack County are heart disease and cancer, reflecting national trends.<sup>28</sup> Currently the fourth leading cause of death in the region is chronic lower respiratory disease (CLRD). CLRD is comprised of three major diseases: chronic bronchitis, emphysema, and asthma. These diseases are often preventable and frequently manageable through early detection, improved diet, exercise, and treatment therapy. Total costs related to chronic disease, including direct expenditures such as health care costs and indirect costs such as lost productivity, amount to \$3.3 billion in New Hampshire.<sup>29</sup> Chronic diseases are often associated with an aging population so as the population continues to age in Merrimack County, issues of healthcare will become increasingly prevalent.

In the report, “The State of Aging and Health in America”, the Centers for Disease Control and Prevention (CDC) stated that, “the aging of the U.S. population is one of the major public health challenges we face in the 21st century.”<sup>30</sup> In 2005, one-third of New Hampshire’s population was aged 50 years and older. As a result of the aging of the post-WWII “baby boomer” generation, the number of adults over age 50 will increase over the next several decades.<sup>31</sup>

A recent study of seniors in New Hampshire found that physical health declined significantly among adults aged 65 and older compared to those 50 to 64 years. In stark contrast, mental health was significantly better among adults aged 65 years and older.<sup>32</sup> A state report on aging and health concluded that good nutrition, regular physical activity, a healthy weight and avoidance or cessation of tobacco use can improve quality of life and prevent many chronic diseases. Regular physical activity can reduce the risk of chronic disease and improve functioning, particularly for seniors.<sup>33</sup>

Health insurance has long been used as an indicator of a population’s access to healthcare. For individuals working at low-paying jobs that do not offer healthcare coverage, or do not offer adequate coverage for essential medical needs, paying for coverage can be unaffordable due to increasing co-pays and deductibles.

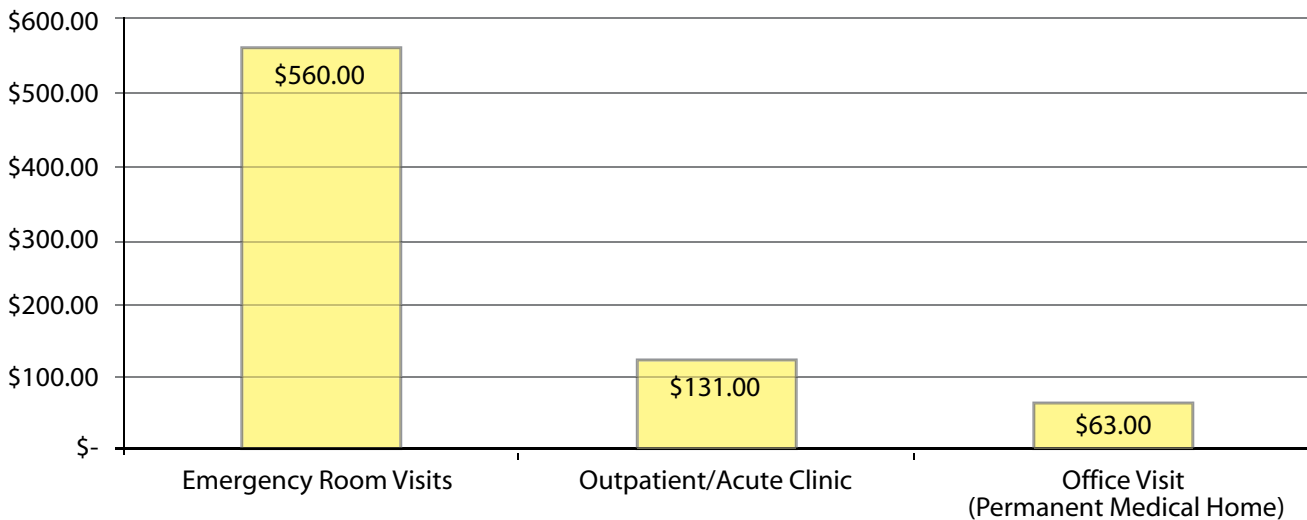
In addition, losing access to quality healthcare coupled with rising medical costs can devastate a family. In the current recession, families may lose their healthcare benefits if one or more working adults loses a job, and purchasing coverage privately can be difficult and very expensive. Medical bills are the most common reason people declare bankruptcy.<sup>34</sup>



As of 2008, 11.5% of Merrimack County residents are uninsured.<sup>35</sup> Not having insurance has serious consequences. Research indicates that people who do not have regular access to healthcare and do not get preventive care are less healthy, have more health complications and chronic illnesses, and are likely to die earlier. Delaying or forgoing needed care can lead to more serious health problems, making the uninsured more likely to be hospitalized for avoidable conditions. Overall, the uninsured are also less likely to receive preventive care. Researchers estimate that continuous health coverage could decrease premature mortality rates by up to 25% among uninsured adults.<sup>36</sup>

Hospitals have to find ways to cover the often unreimbursed cost of treating the uninsured, thus hospital fees and insurance premiums rise. To put this in perspective, an average cost to a person with insurance at their primary care physician, also known as a permanent medical home, is an average of \$63. For a person to use an acute clinic or outpatient center which typically requires the person to be insured, costs an average of \$131. In stark contrast, an emergency room visit averages a cost of \$560.<sup>37</sup> In 2003, a study estimated the United States spends approximately \$35 billion a year to provide uninsured residents with health care and that an additional \$65 to \$130 billion is lost in productivity by uninsured residents who become ill.<sup>38</sup> In 2005, there were almost 60,000 visits to the emergency room in Merrimack County. Of that, over 30% of persons aged 15 to 34 self-paid which usually indicates they are uninsured or underinsured. For persons aged 35 to 44, over 20% were self-pay.<sup>39</sup>

### Health Care Costs - 2003 U.S. Average



The demographics of the uninsured have not changed substantially over time. Today over 70% of the 41 million uninsured Americans come from families where there is at least one full-time worker. Two-thirds of all the uninsured come from low-income families (with incomes less than 200% of the federal poverty level) and many of the uninsured are uninsured for more than one year. Adults make up a disproportionate share of the uninsured representing over three-quarters of the uninsured. About 40% of the uninsured report that their health is not very good (i.e., good, fair, or poor health) compared to 25% of those with private health insurance.<sup>40</sup>

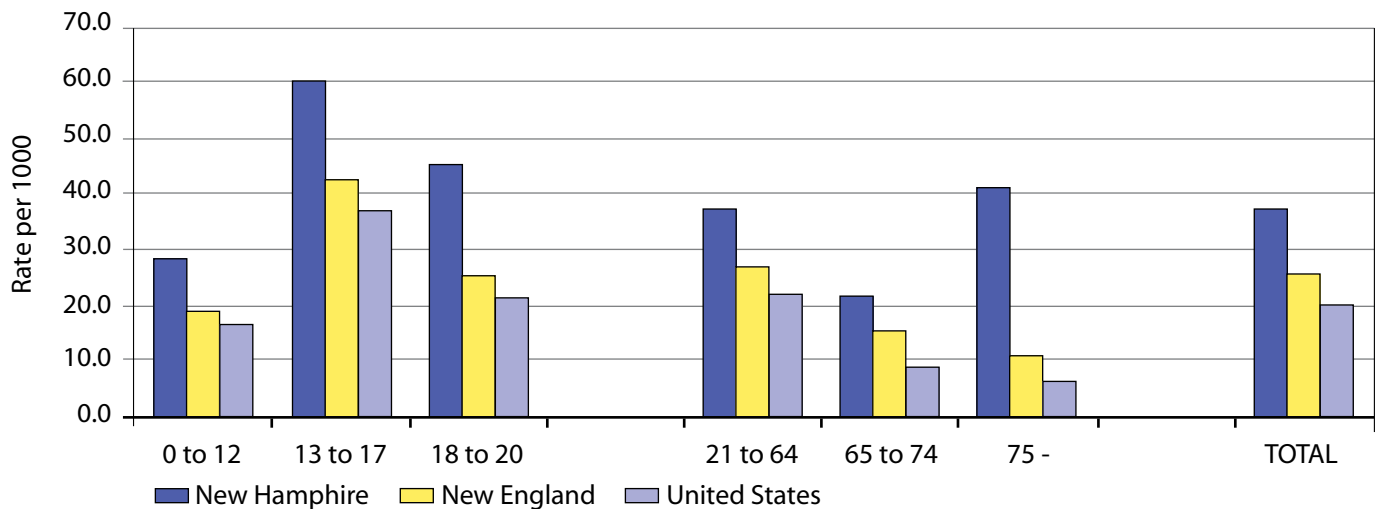
As health care funding has decreased, the resources for mental health have also decreased. In the 2008 Behavioral Risk Factor Surveillance System (BRFSS), 34.8% had at least one day of poor mental health in the past 30 days. In 2006, there were 48,618 persons served by the State Mental Health Authority (SMHA). The

overwhelming majority of these clients were aged 21 to 64 (61%), out of which only 43% are employed, while the second highest group being served was teens and young adults aged 13 to 20 (17.2%).<sup>41</sup>

Unfortunately, there is still stigmatization of people with mental disorders and it manifests through bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Often, patients have limited access to resources and opportunities, such as housing or jobs. This condition can lead to low self-esteem, isolation, and it can deprive people of their dignity by interfering with their full participation in society.<sup>42</sup>

Substance abuse is a growing concern, particularly among adolescents. Abuse of illicit and over-the-counter drugs is on the rise, and the problem cuts across socioeconomic categories. Alcohol, tobacco and marijuana are typically considered the gateways to further substance abuse. According to the 2007 Youth Risk Factor Surveillance System (YRFSS), 71% of students indicated having a drink of alcohol at least once in their lives and 18% indicated doing so before age 13. Approximately 28% of New Hampshire students had five or more drinks of alcohol in a row, within a couple of hours, on one or more in the past 30 days. Twenty-six percent of students in the state said that they smoked a cigarette, chewed tobacco, or used dip on one or more occasion in the past 30 days. Lastly, 40% of students statewide used marijuana one or more times during their life.<sup>43</sup> Youth with emotional and psychological problems are at greater risk for substance use and abuse. Boys with a history of aggressive behavior early in childhood are more likely to use drugs, as are youth with persistent antisocial behavior in early adolescence such as misbehaving in school, skipping school, and getting into fights with other children.<sup>44</sup>

### Rate of Mental Health Services Utilization by Age, 2006



In summary, limited or no healthcare access is a reality for many in Merrimack County. It translates into decreased length and quality of life for the individual and increased burdens on the community through higher costs and health insurance rates. Most experts believe that the numbers of uninsured people across the United States will continue to rise unless significant steps are taken to restructure our employer-based health insurance system. The rising costs of health insurance are leading more employers to make major changes in the coverage they offer their employees or simply to drop these benefits altogether. Locally, the need for physical and mental health services continues to rise. Coupled with an increasingly aging population, this signifies a major health concern for Merrimack County and New Hampshire over the next few decades.

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