COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.
EMPOWERING COMMUNITIES SINCE 1965

Community Needs Assessment

March 2022

crescendo

Table of Contents

Executive Summary

Letter from the Executive Director

The purpose of the Community Action Program Belknap-Merrimack Community Needs Assessment is to enhance understanding of the unique needs of each town and city in Belknap and Merrimack Counties. The report is meant to further inform the work of CAPBM and any other interested community entity to improve conditions of living for Belknap and Merrimack County residents. It is more than gathering and analyzing data; the community assessment is a foundation for creating change.

The assessment will help CAPBM address community, family, and individual needs by providing a snapshot of the service area and the characteristics of families residing in the area, including their economic well-being, educational status, health, and welfare. It will help to inform CAPBM about the efforts of other agencies or organizations to address particular issues and where gaps in services may be found.

Additionally, this assessment provides the foundation for strategic and operational planning, assessing the impact of CAPBM on meeting the communities' needs, determining what programs or strategies may no longer be relevant, and deciding which strategies may provide new opportunities for our community.

We appreciate our board of directors, our staff, our community partners, and our community leaders who support our work and unite us in ensuring that we successfully help people help themselves and each other. Believing in the promise of Community Action, that it changes peoples' lives, embodies the spirit of hope, improves communities, and makes America a better place to live.

About Community Action Program Belknap-Merrimack Counties

The Community Action Program Belknap-Merrimack Counties, Inc. (CAP-BMC) commissioned a Community Needs Assessment (CNA) to help the agency better understand their service areas and provide quality and comprehensive services and programs that meet the needs of their communities. The Community Needs Assessment included a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and community members – including those from low-income and underserved populations. The methodology used facilitates the prioritization of needs and establishes a basis for continued community engagement and implementation. The major sections of the methodology included the following:

- Overview of the community served
- Environmental profile
- Community stakeholder discussions
- Community survey results
- Needs prioritization processes

The Impact of the COVID-19 Pandemic

It is important to note that this CNA was completed during the third year of the ongoing COVID-19 pandemic. The dramatic changes throughout 2020, 2021, and continuing into 2022 caused by the COVID-19 pandemic have impacted traditional projection tools and data collection methodology. Where relevant, the impacts of new data due to the COVID-19 pandemic are noted throughout this report. In

addition, in-person interviews and focus group discussions were conducted by telephone or in a virtual setting as this decision may have impacted traditional in-person dynamics for the CNA.

Overview of Communities Served

The secondary data sets in the Belknap and Merrimack County section share essential information for both counties, the State of New Hampshire, and the U.S., where appropriate. Belknap County is part of New Hampshire's valued Lakes Region, sitting primarily on the edge of Lake Winnipesaukee, the state's largest body of water. Merrimack County is home to New Hampshire's state capital of Concord and an additional 26 cities and towns. The data also highlights diverse communities, median incomes and poverty levels, educational attainment, and other lifestyle factors that impact the needs of the CAP-BMC service area, as well as the development of effective strategies to meet evolving needs and community challenges.

Key observations:

- Between July 2019 and July 2020, New Hampshire's population grew by 5,500 to 1,366,000 - the largest population percentage increase in New England.
- The average age of a New Hampshire resident is nearly five years older than the average American, as the population in Belknap and Merrimack County consists mostly of older adults aged 65 years and older - which has a major impact on local community service requirements. As individuals age, their health may decline – requiring greater access to healthcare and community-based services.
- Over half of both Belknap and Merrimack County households earn an annual income below the county average ($89,116, $94,698). The annual income of families increases as family size grows more in Merrimack County than Belknap County despite having a similar income with two-person families.
- While the percentage of the population that lives below the federal poverty limits is low in both Belknap and Merrimack counties, the percentage of children under the age of five living in poverty is quite high.
- Almost 22 percent of those identifying as American Indian or Alaskan Native are living in poverty in Merrimack County despite being only 0.3 percent of the county population.
- More residents aged 25 and over living in poverty in Belknap County achieve lesser levels of educational attainment. Approximately 22 percent of impoverished community members ages 25 and over do not graduate high school.
- More New Hampshire residents who are living in poverty worked in the past year compared to the U.S. (21.4%, 15.0%, respectively). Approximately a quarter of impoverished women in New Hampshire and Belknap County are unemployed.

Community Stakeholder Discussions & Focus Groups

Qualitative data was collected through focus groups with community members and stakeholder interviews with CAP-BMC Board members and other community leaders. Stakeholder interviews provided the opportunity to have in-depth discussions about social, mental health, and service issues

with leaders and individuals from the community. There were 31 one-on-one interviews conducted in total, each lasting approximately 20-30 minutes in length. Five focus group discussions were held via Zoom using a formal interview guide that covered 22 participants' broad perceptions of their community which enabled the participants to highlight areas of consensus as to what they see as the greatest community needs facing the community. Educators, healthcare professionals, elected officials, community organization leaders, faith-based leaders, business leaders, low-income residents, and others were included in the qualitative research.

- Key community stakeholders voiced the need for increased access and knowledge of services. Community members expressed frustration regarding access to the necessary forms and paperwork required to receive CAP-BMC services, as there is no existing form of 'online portal' to increase accessibility for more vulnerable populations such as people living with a disability, those who lack transportation, and the senior community.
- Community discussions indicate the high-level need for behavioral healthcare and substance use disorder treatment is rooted in the ability to recruit and retain providers and staff within care facilities, a lack of youth-based mental health services as well as a lack of services for individuals with co-occurring diagnoses.
- Affordable and quality childcare in both communities is a major issue – tied to other barriers such as transportation, the workforce, livable wages, etc. Participants cited a list of causes for this need including a lack of brick-and-mortar childcare facilities and the qualified staff to run them. Concerns were expressed particularly with children that need a higher level of attention or children struggling with behavioral health.
- Many stakeholders discussed the lack of affordable housing for low-income individuals, families, and seniors. Community members frequently cited a sheer lack of units as well as the overall affordability. Several participants mentioned hindrances by landlords who have grown weary of housing low-income and other vulnerable residents due to financial pressures caused by the pandemic. The stigma attached to low-income housing was also mentioned.
- Stakeholders had very positive things to stay about CAP-BMC and its partners. Awareness of community organizations and the services they offer is key to helping to most vulnerable populations. Many stakeholders believe that word-of-mouth and community outreach is the best way to reach individuals in the local community
- The COVID-19 pandemic has impacted the lives of all residents in Belknap and Merrimack Counties, some communities more than others. Community stakeholders expressed that individuals who were vulnerable prior to March of 2020 became more vulnerable in serval ways, such as the LGBTQ+ and senior community.

Community Survey Results

A community-wide survey was deployed in the community for approximately six weeks with 918 individuals completing the survey. The paper survey was available in English, French, Nepali, Kinyarwanda, and Swahili. Paper copies of the survey were made available for those who did not have access to the internet or other technology. Survey respondents were asked to pick the top five causes of poverty in Belknap and Merrimack Counties. Over 70 percent of respondents reported the lack of affordable and safe housing as the top cause of poverty in the service area followed by a lack of jobs paying a living wage and lack of affordable childcare. Almost 80 percent of respondents identified the

housing market not being affordable as the top condition of poverty followed by lack of childcare and homelessness.

- Approximately 47 percent of the respondents reported living in Merrimack County, 22 percent living in Belknap County, and 30 percent living in other nearby counties.
- All counties ranked “making dental care more affordable” as the top need. Affordable housing and childcare options are also ranked high in all counties.
- When analyzing the top five needs for the total service area by household income, incomes under $50,000 identified affordable dental care as the top priority. As household income increases, the top needs shift towards housing-related needs. Childcare is one of the top needs for all income brackets.

Community Needs Prioritization Approach

Prioritizing the needs identified through qualitative and quantifiable data was a unique process essential to building consensus between internal organizational leadership and staff, community members, and partnering agencies on which interventions to initiate and implement within service areas. This process incorporates Strategic Secondary Research, Community Stakeholder Interviews, Focus Group Discussions, Community Needs Survey, and Service Use Data Analysis. Crescendo worked with CAP-BMC’s leadership to implement a needs prioritization process.

After completing the needs prioritization process of the **25** greatest needs, the Leadership Group identified the following issues to collectively focus their resources, capacity, and advocacy work to meet the needs of residents across Belknap and Merrimack Counties. The top 25 community needs for the two-county service area are as follows:

Rank	Community Needs
1	Increasing awareness of CAP-BMC in the community
2	Reducing the stigma around poverty and asking for help
3	Increasing the number of high-quality licensed childcare providers
4	Reducing stigma associated with mental health and substance misuse
5	Making dental care more affordable
6	Increasing the number of landlords who accept housing vouchers
7	Providing additional utility assistance (heating fuel, electricity, etc.)
8	Increasing the number of dentists who serve Medicaid patients
9	Making public transportation available in rural communities
10	Creating more emergency shelter beds for people experiencing homelessness
11	Increasing the total number of affordable childcare providers
12	Improving access to high-speed internet and technology
13	Creating technical school, trade school, or other job training options
14	Providing more recreational opportunities for youth
15	Increasing the number of mental health providers in rural communities
16	Increasing the number of substance use disorder providers and services
17	Providing more transportation options to childcare services
18	Developing more livable wage job opportunities
19	Providing more senior housing options
20	Increasing programs for housing repairs
21	Developing long-term (post-COVID) rental and mortgage assistance programs
22	Increasing the number of affordable apartments
23	Providing more flexible and affordable childcare options for working parent(s)
24	Expanding crisis services for mental health and substance use disorders
25	Reducing the number of opioids and other drugs (heroin, meth, cocaine, etc.) misuse

The results of the Community Needs Assessment will be used by the Center for Community Action to create a workplan for Community Service Block Grant (CSBG) programs.

The Community Action Program Belknap-Merrimack Counties

In 1965, President Lyndon Johnson began waging war on poverty. To combat poverty, Community Action Agencies (CAAs) were established. They are local private and public non-profit organizations that carry out the mission which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor in the United States. CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community. They also depend heavily on federal funding, which now comes primarily from the Community Services Block Grant (CSBG) program. There are currently over 1,000 CAAs, engaged in a broad range of activities; typical activities include promoting citizen participation, providing energy assistance and home weatherization, administration of Head Start & Early Head Start and childcare programs, job training, health, nutrition, housing, and employment-related assistance; and to address the problems and barriers which block the achievement of self-sufficiency.

Community Action Program, Belknap-Merrimack Counties, Inc. was established in May 1965 and is one of five Community Action Agencies in New Hampshire. Each CAA has a board consisting of at least one-third of low-income community members, one-third of public officials, and up to one-third of private sector leaders. The primary mission of the organization is to work with low-income families, the elderly, and individuals with disabilities to assist them in their efforts to become or remain financially and socially independent. The Agency accomplished this task by providing a broad array of services that are locally defined, planned, and managed. The agency sponsors and manages 73 programs designed to meet the needs of children, families, single parents, and the elderly. Without the services provided by our agency, many residents would be without a means to provide for their basic needs including food and shelter.

The agency is funded by Federal, State, county, and local funds (37 cities and towns in Belknap and Merrimack Counties). The agency receives United Way grants, foundation and charitable grant funds, fees for service, private business donations, and donations from individuals. The current projected operating budget of the agency is $20,000,000 for the fiscal year 2017.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

Service Offered by CAP-BMC

Community Needs Assessment Approach

The methodology for this community needs assessment (CNA) includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders and healthcare consumers – especially those from underserved populations. The methodology utilized helped prioritize the needs and establish a basis for continued community engagement and simply developing a broad, community-based list of needs. The major sections of the methodology include the following:

Stage 1: Environmental Analysis	**Purpose:** Organizational Profile of CAP-BMC's Served Communities
	Method: Secondary Research
Stage 2: Needs Assessment & Stakeholder Input	**Purpose:** Comprehensive Community-based Research
	Methods: Community Stakeholder Interviews, Focus Group Discussions & Access Audit
Stage 3: Prioritization & Reporting	**Purpose:** Implementation Planning, Program Initiation & Report Development
	Methods: Needs Prioritization & Reporting of Results

This CNA was completed during the third year of the ongoing COVID-19 pandemic. The pandemic has caused an increase in anxiety, depression, and fear and has brought to light both the importance of and lack of health services and associated providers. The primary research – both qualitative and quantitative – indicates that the pandemic has caused many residents to delay getting the appropriate care they needed for both management of chronic conditions and some acute conditions as well. The long-term effects on both health and society will play out over the coming years.

Leadership Team

Jeanne Agri	Executive Director
Michael Tabory	Chief Operating Officer
Beth Hayward	Community Services Program
Heather Patton	Head Start, Early Head Start, and Childcare
Jill Lesmerises	Chief Fiscal Officer
Kathy Howard	Executive Secretary
Maria Morais	Human Resources Director
Randy Emerson	Emergency Food Assistance Program
Robert Plante	Senior and Affordable Housing
Susan Wnuk	Community, Health, and Nutrition Services
Suzanne Demers	Elder Services and Summer Food Assistance Program
Terri Paige	Concord Area Transit
Christopher Vought	Housing Rehabilitation and Energy Conservation & NH Electric Assistance Program

Data Limitations

Overall, Community Needs Assessments utilize the more up-to-date secondary data sets available. The dramatic changes throughout 2020, 2021, and continuing into 2022 caused by the COVID-19 pandemic have impacted traditional projection tools and data collection methodology. The U.S. Census American Community Survey (ACS), which provides essential detailed population-based information related to service area communities, revised its messaging, altered mailout strategies, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[1]

Additionally, the release date for data reflecting 2016 to 2020 has been delayed past the traditional December 2021 deadline. In-person interviews and focus group discussions were conducted only by telephone or in a virtual setting. It is important to note that this decision may have impacted traditional in-person dynamics for the CNA. Where relevant, the impacts of new data due to the COVID-19 pandemic are noted throughout this report.

[1] See U.S. Census Bureau

Insights into Causes of Poverty & Community Stability

Simply put, *"people living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity".* These disparities mean people living in poverty are more likely to die from preventable diseases. Programs and policies that make food, housing, health care, and education more affordable can help reduce poverty.[2]

Prior to COVID, in 2018 the official poverty rate[3] in the U.S. had declined to 11.8 percent. This was the first time in 11 years that the official poverty rate was significantly lower than 2007, the year before the Great Recession. In 2019 the official poverty rate was 10.5 percent- the sixth year of decline.[4] Yet as anyone who has actually lived at these income levels knows, the Federal Poverty Level describes an austere level of existence.

Across the nation, that 10.5 percent rate describes 34 million people living in poverty. Of those, approximately 10.5 million individuals were under the age of 18. While New Hampshire has one of the lowest poverty rates in the country at seven percent there are still pockets of high poverty rates throughout the state.

2021 Poverty Guidelines	
Persons in family/household	**Federal Poverty Guideline**
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660

Generational & Situational Poverty

There are two forms of poverty – generational and situational poverty. *Bridges Out of Poverty*[5] defines generational poverty as "having been in poverty for at least two generations" and situational poverty as "a lack of resources due to particular events, such as a death, chronic illness, or divorce among other reasons." One of the key indicators to identifying the type of poverty is "attitude." Generational poverty has its own culture, hidden rules, and belief system. The below table provides some characteristics of generational and situational poverty.

Generational Poverty	Situational Poverty
At least two generations	A lack of resources due to a particular event
The common attitude is hopelessness	The common attitude of pride and refusal to accept charity or help
Casual register language	Formal register language
Matriarchal family structure	Traditional family structure
Less emphasis on education	More emphasis on education
Often poorer health	Often good health

Please note that the table above contains generalized characteristics of generational and situational poverty. These attributes are not exclusive to people experiencing poverty.

[2] Healthy People 2030 description of its Social Determinant of Health Objective 01: Reduce the proportion of people living in poverty.
[3] Assistant Secretary for Planning and Evaluation (ASPE), 2021 Poverty Guidelines.
[4] Income and Poverty in the United States: 2019.
[5] RK Payne, PE DeVol, T Dreussi Smith. Bridges Out of Poverty: Strategies for Professionals and Communities. 2001.

Causes & Conditions of Poverty

To understand the causes and conditions of poverty in the Belknap and Merrimack County Service area, two questions were added to the community survey to better understand the perceived causes and conditions. “Causes of poverty” are negative factors that make it more difficult for low-income people to provide for themselves and/or reduce access to resources that might help them meet their basic needs. “Conditions of poverty” are negative environmental, safety, health, and/or economic conditions that reduce investment or growth in communities where low-income individuals live. Survey respondents were asked to pick the top five causes of poverty in Belknap and Merrimack Counties. Over 70 percent of respondents reported the lack of affordable and safe housing as the top cause of poverty in the service area followed by a lack of jobs paying a living wage and lack of affordable childcare.

Rank	Cause of Poverty	Percent of Respondents
1	Lack of affordable and safe housing	70.3%
2	Lack of jobs paying a living wage	63.7%
3	Lack of affordable childcare	59.0%
4	Substance (drug or alcohol) abuse	53.9%
5	Single-parent households	41.9%
6	Untreated mental health conditions	38.0%
7	Lack of reliable transportation	31.5%
8	Lack of college, technical, or trade school education	25.5%
9	Lack of affordable health care	23.5%
10	Disability	20.8%
11	Inter-generational poverty	17.2%
12	Outdated policy or regulatory eligibility standards	13.5%
13	Lack of parental involvement	13.5%
14	Lack of jobs available	11.2%
15	Teen pregnancy	6.7%
16	Systemic racism or prejudice	6.1%

Almost 80 percent of respondents identified the housing market not being affordable as the top condition of poverty followed by lack of childcare and homelessness.

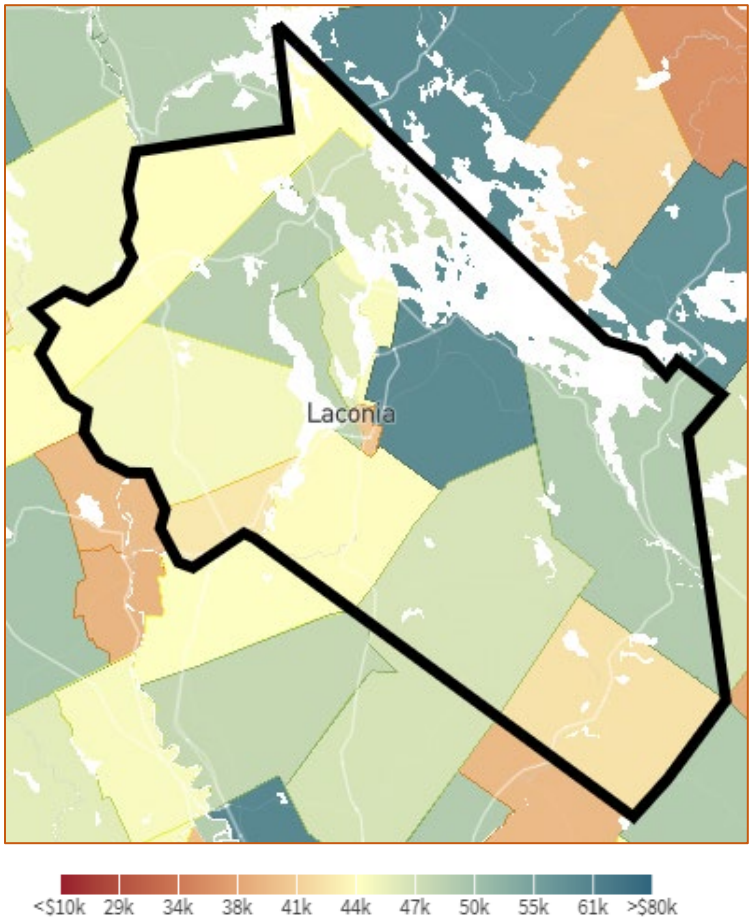
Rank	Conditions of Poverty	Percent of Respondents
1	The housing market is not affordable	79.1%
2	Lack of childcare or low-quality childcare	66.7%
3	Homelessness	48.4%
4	Lack of mental health and substance abuse providers	46.0%
5	Lack of financial or budgeting education	40.8%
6	Lack of transportation options	38.5%
7	Substandard or unsafe housing	33.9%
8	Individuals on public assistance programs	32.3%
9	Poor performing schools	21.7%
10	Lack of dentists	17.9%
11	Vacant housing	15.4%
12	Lack of adequate nutrition	13.2%
13	Lack of health care providers	12.6%
14	High crime rates	12.6%

The Opportunity Atlas

The Opportunity Atlas is a useful tool for analyzing census data to track economic and social factors among individuals born in distinct geographic regions. To further illustrate the needs and disparities of CAP-BMC's service areas, Exhibit 1 captures the median household income at age 35 in Belknap and Merrimack County. The blue color represents higher income opportunities for children raised in a respective area, while orange and red indicate lower income opportunities. Blue and green colors represent higher income opportunities for children raised in a respective area, while orange and red indicate lower income opportunities.

Belknap County is part of New Hampshire's valued Lakes Region, sitting primarily on the edge of Lake Winnipesaukee, the state's largest body of water. The average annual household income in Belknap County ranges from $40,000 to $57,000 with an average income of $46,000. Gilford households earn the highest within the county while Laconia earns the lowest house annual income. The average individual income at age 35 excluding spouses is $31,000.

Exhibit 1: Household Income at Age 35, Belknap County



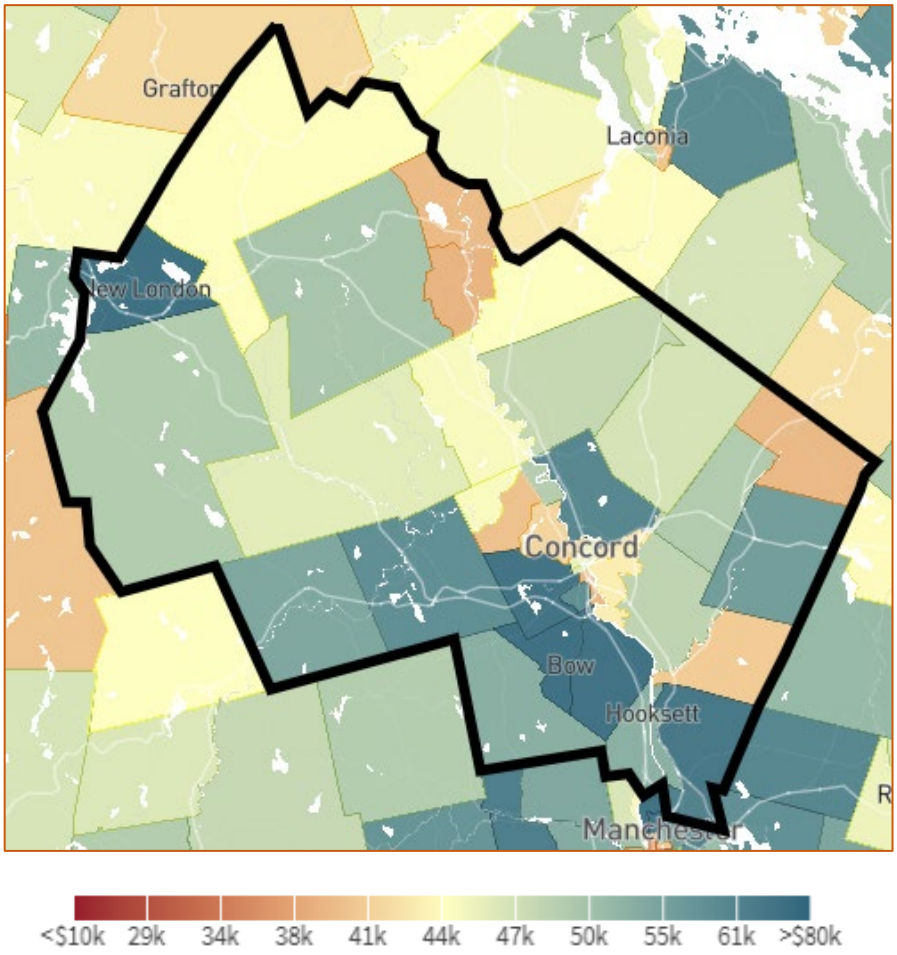
Source: The Opportunity Atlas [6]

[6] The Opportunity Atlas

Merrimack County is home to New Hampshire's state capital of Concord and an additional 26 cities and towns. The average annual household income in Merrimack County is greater compared to Belknap County, and contains more economic diversity with annual household incomes ranging from $39,000 to $62,000.

Merrimack has a greater number of communities with an annual income above $50,000, primarily being communities on the western and southern border. The highest-earning areas throughout Merrimack County are New London, Bow, and segments of Concord and Hooksett. Lowest earning communities include segments of Franklin and Concord, as well as Pittsfield and Allenstown. The average individual annual income at age 35 excluding spouses is a minor increase from Belknap County at $32,000.

Exhibit 2: Household Income at Age 35, Merrimack County



Source: The Opportunity Atlas

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of need in the community. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. This tool may be used to rank overall population wellbeing and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.

Social Vulnerability Index Indicators	
Socioeconomic Status	Below Poverty Unemployed Low Income No High School Diploma
Household Composition & Disability	Population 65 + Population Under 18 Population Living With a Disability Single-Parent Households
Minority Status & Language	Ethnic Minorities Population Who Doesn't Speak English
Housing & Transportation	Multi-Unit Structures Mobile Homes No Vehicle Access Group Quarters

Notable SVI characteristics are compared across the United States, New Hampshire, and service area counties.

Exhibit 3: Social Vulnerability Index

	United States	New Hampshire	Belknap County	Merrimack County
Total Population	324,697,795	1,348,124	60,887	149,917
Median Age	38.1	42.9	47.4	42.8
Median Household Income	$62,843	$76,768	$69,447	$75,737
Below Poverty[7]	13.4%	7.6%	8.6%	6.5%
Unemployment Rate[8]	5.9%	3.1%	3.0%	2.9%
Age 65 +	15.6%	17.5%	21.4%	17.6%
Age 17 or Younger	22.6%	19.3%	18.7%	19.4%
Population with Disability	12.6%	12.8%	16.3%	14.0%
Single-Parent Households[9]	20.4%	19%	26%	19%
Speak English less than "very well"	8.4%	2.5%	0.6%	2.0%
Multi-Unit Housing Structures	3.4%	5.3%	4.3%	5.1%
Mobile Homes	5.6%	5.3%	7.1%	5.6%
No Vehicle	55.4%	36.8%	7.0%	32.1%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

[7] "Below poverty" refers to the percentage of individuals with incomes below 100% of the New Hampshire State Poverty level which was $12,490 in 2019.
[8] U.S. Bureau of Labor Statistics, June 2021.
[9] County Health Rankings, 2015 – 2019.

Belknap & Merrimack County

The following analysis highlights diverse ethnicities, relatively low median incomes, and other lifestyle factors that impact the needs of the service area, as well as the development of effective strategies to meet evolving needs. To analyze these and other characteristics, the domains included in the CAP-BMC secondary research include an examination of the general demographics of the service area, social determinants of health, and other factors such as health status and disease burden.

Between July 2019 and July 2020, New Hampshire's population grew by 5,500 to 1,366,000 - the largest population percentage increase in New England. In 2020 alone, New Hampshire registered as the third-highest percentage (61.6%) of inbound moves in the U.S. The state's cities that are experiencing the most growth are Tilton, Concord, and Lebanon.[10]

The average age of a New Hampshire resident is nearly five years older than the average American. The population in Belknap and Merrimack County consists mostly of senior citizens (65 +). Belknap County has a greater population of seniors compared to Merrimack County.

Exhibit 4: Population by Age & Gender

	United States	New Hampshire	Belknap County	Merrimack County
Total Population	324,697,795	1,348,124	60,887	149,917
Male	49.2%	49.5%	49.3%	49.3%
Female	50.8%	50.5%	50.7%	50.7%
Under 5	6.1%	4.7%	4.4%	4.8%
5 - 9	6.2%	5.2%	4.4%	5.5%
10 - 14	6.4%	5.7%	6.4%	5.4%
15 - 19	6.5%	6.5%	5.6%	6.5%
20 - 24	6.8%	6.7%	5.1%	6.7%
25 - 34	13.9%	12.3%	10.4%	12.0%
35 - 44	12.6%	11.5%	10.9%	11.7%
45 - 54	13.0%	14.5%	14.0%	14.4%
55 - 59	6.7%	8.3%	8.7%	8.4%
60 - 64	6.2%	7.3%	8.7%	7.1%
65 - 74	9.1%	10.5%	13.0%	10.4%
75 - 84	4.6%	4.8%	5.7%	4.5%
85 +	1.9%	2.2%	2.7%	2.6%
Median Age	38.1	42.9	47.4	42.8

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

[10] Migration Gains to New Hampshire From Other U.S. States Are Growing, With the Largest Gains Among Young Adults, Carsey School of Public Policy, University of New Hampshire.

Both Belknap and Merrimack Counties are primarily white with little ethnic diversity. Merrimack County has a larger population of Asian, African, and Latin American residents compared to Belknap County. The number of residents born outside of the United States in Merrimack County is exceptionally high, especially compared to Belknap County.

Exhibit 5: Population by Race & Ethnicity

	United States	New Hampshire	Belknap County	Merrimack County
White	72.5%	92.9%	96.3%	94.1%
Black or African American	12.7%	1.6%	0.7%	1.4%
Hispanic or Latino	18.0%	3.7%	1.7%	2.2%
Asian	6.6%	2.7%	0.9%	2.1%
American Indian & Alaska Native	0.8%	0.2%	0.4%	0.3%
Native Hawaiian & Other Pacific Islander	0.4%	0.1%	0.1%	0.1%
Some Other Race	5.5%	0.6%	0.2%	0.4%
Hispanic or Latino	18.0%	3.7%	1.7%	2.2%
Not Hispanic or Latino	82.0%	96.3%	98.3%	97.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 6: Languages Spoken

	United States	New Hampshire	Belknap County	Merrimack County
English Only	78.4%	92.0%	96.7%	94.0%
Language Other Than English	21.6%	8.0%	3.3%	6.0%
Speak English Less Than "Very Well"	8.4%	2.5%	0.6%	2.0%
Spanish	13.4%	2.4%	0.5%	1.2%
Other Indo-European Languages	3.7%	3.5%	2.0%	3.1%
Asian and Pacific Islander Languages	3.5%	1.6%	0.5%	1.0%
Other Languages	1.1%	0.6%	0.3%	0.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

The number of residents born outside of the United States in Merrimack County is extremely high, especially compared to Belknap County. Belknap County has a greater veteran population compared to Merrimack County despite having a smaller population.

Exhibit 7: U.S. Citizen Status

	United States	New Hampshire	Belknap County	Merrimack County
Foreign-Born Population	44,011,870	82,694	1,804	7,787
Naturalized U.S. Citizen	49.6%	56.0%	56.6%	56.2%
Not A U.S. Citizen	50.4%	44.0%	43.4%	43.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 8: Veteran Population

	United States	New Hampshire	Belknap County	Merrimack County
Population 18 +	250,195,726	1,086,210	49,453	120,669
Veterans	7.3%	8.8%	10.8%	8.9%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,[11] as well as the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. The SDOH has an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.[12]

[11] Healthy People 2030, Social Determinants of Health.
[12] World Health Organization, Social Determinants of Health.

Economic Stability

Economic stability is a known social determinant of health as people living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.[13] Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.[14]

Income & Employment

The median household income is higher in Merrimack County and consists of over double the number of households compared to Belknap County while also consisting of more families that make over $200,000 per year. While the percentage of the population that lives below the federal poverty limits is low in both Belknap and Merrimack counties, the percentage of children under the age of five living in poverty is quite high. Children who live in poverty may not have access to the necessities they need to grow and thrive, such as adequate housing, childcare, and/or early childhood education, food, and clothing.

Exhibit 9: Median Annual Household Income

	United States	New Hampshire	Belknap County	Merrimack County
Total Households	120,756,048	532,037	25,052	58,452
Less Than $10,000	6.0%	3.8%	4.6%	3.7%
$10,000 To $14,999	4.3%	3.0%	2.6%	3.3%
$15,000 To $24,999	8.9%	7.0%	8.4%	6.7%
$25,000 To $34,999	8.9%	7.5%	8.6%	7.9%
$35,000 To $49,999	12.3%	10.5%	12.4%	10.6%
$50,000 To $74,999	17.2%	17.0%	16.4%	17.3%
$75,000 To $99,999	12.7%	14.1%	16.3%	15.4%
$100,000 To $149,999	15.1%	18.7%	16.7%	18.6%
$150,000 To $199,999	6.8%	9.1%	7.8%	8.5%
More than $200,000	7.7%	9.2%	6.2%	7.9%
Median Household Income	$62,843	$76,768	$69,447	$75,737

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- Most households in Belknap County earn $100,000 - $149,000 per year, however, approximately 15 percent of the population earns less than $25,00 annually. This figure is even lower for Merrimack County (approximately 13%).

[13] Healthy People 2030, Economic Stability
[14] American Academy of Family Physicians, Poverty and Health - The Family Medicine Perspective

Exhibit 10: Annual Income by Household Types

	United States				New Hampshire			
	Households[15]	Families[16]	Married-couple families[17]	Nonfamily households[18]	Households	Families	Married-couple families	Nonfamily households
Total Households	120,756,048	79,114,031	58,198,771	41,642,017	532,037	349,667	278,381	182,370
Less than $10,000	6.0%	3.7%	1.4%	11.7%	3.8%	1.9%	0.7%	8.1%
$10,000 to $14,999	4.3%	2.3%	1.1%	8.5%	3.0%	1.2%	0.5%	6.7%
$15,000 to $24,999	8.9%	6.2%	3.7%	14.8%	7.0%	3.7%	2.0%	14.3%
$25,000 to $34,999	8.9%	7.5%	5.5%	12.3%	7.5%	5.2%	3.5%	12.7%
$35,000 to $49,999	12.3%	11.3%	9.7%	14.4%	10.5%	8.7%	7.2%	14.6%
$50,000 to $74,999	17.2%	17.5%	17.2%	16.2%	17.0%	16.4%	15.4%	18.2%
$75,000 to $99,999	12.7%	14.4%	15.8%	8.9%	14.1%	15.7%	16.3%	10.4%
$100,000 to $149,999	15.1%	18.5%	22.0%	7.8%	18.7%	23.1%	25.8%	9.2%
$150,000 to $199,999	6.8%	8.7%	10.8%	2.7%	9.1%	11.9%	14.0%	3.0%
$200,000 or more	7.7%	10.0%	12.8%	2.8%	9.2%	12.2%	14.5%	2.7%
Median Income	$62,843	$77,263	$92,445	$37,561	$76,768	$95,244	$106,754	$42,697
Mean Income	$88,607	$103,863	$120,704	$55,657	$99,165	$117,422	$130,134	$58,933

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

[15]Combined gross cash income of all members of a household, defined as a group of people living together, who are 15 years or older.
[16]A group of two persons or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such persons (including related subfamily members) are considered as members of one family.
[17]A husband and wife enumerated as members of the same household. The married couple may or may not have children living with them.
[18]A non-family householder is a person maintaining a household while living alone or with non-relatives only. *Census.gov

Over half of both Belknap and Merrimack County households earn an annual income below the county average ($89,116, $94,698). New Hampshire has a higher family annual income compared to the U.S. average ($103,863, $117,422) while families in Merrimack County make at least $6,500 more than Belknap County families per year. Compared to the U.S., New Hampshire married-couple families also earn a higher average annual income.

	Belknap County				Merrimack County			
	Households	Families	Married-couple families	Nonfamily households	Households	Families	Married-couple families	Nonfamily households
Total Households	25,052	16,586	13,139	8,466	58,452	38,778	31,231	19,674
Less than $10,000	4.6%	2.6%	1.1%	9.7%	3.7%	2.1%	1.0%	7.6%
$10,000 to $14,999	2.6%	1.8%	0.6%	4.5%	3.3%	1.1%	0.3%	8.2%
$15,000 to $24,999	8.4%	4.6%	2.7%	16.5%	6.7%	3.1%	2.1%	14.8%
$25,000 to $34,999	8.6%	5.4%	3.7%	15.4%	7.9%	4.9%	2.9%	13.8%
$35,000 to $49,999	12.4%	9.9%	9.5%	16.8%	10.6%	8.5%	7.5%	16.0%
$50,000 to $74,999	16.4%	17.9%	17.3%	14.6%	17.3%	17.0%	16.0%	18.3%
$75,000 to $99,999	16.3%	18.0%	18.8%	11.2%	15.4%	18.2%	18.5%	10.0%
$100,000 to $149,999	16.7%	20.5%	23.3%	8.2%	18.6%	23.5%	26.4%	6.8%
$150,000 to $199,999	7.8%	10.9%	12.9%	1.7%	8.5%	11.3%	13.2%	2.4%
$200,000 or more	6.2%	8.6%	10.2%	1.4%	7.9%	10.4%	12.2%	2.0%
Median Income	$69,447	$85,589	$95,686	$38,089	$75,737	$92,777	$102,584	$39,970
Mean Income	$89,116	$105,998	ND	$52,771	$94,698	$112,648	$123,292	$53,929

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Except for residents ages 15 to 24, Merrimack County residents earn more than Belknap County residents. In Belknap County, 15 to 24-year-olds are making over $10,000 more than Merrimack County residents. Senior citizens (65 +) earn a higher income than the national average – this is important as most seniors live on a fixed income. Hispanic or Latino households earn a higher annual income in Belknap County than Merrimack County.

Exhibit 11: Median Annual Household Income by Race & Ethnicity

	United States	New Hampshire	Belknap County	Merrimack County
Total Households	120,756,048	532,037	25,052	58,452
White	$68,785	$77,493	$69,316	$75,905
Black or African American	$41,935	$57,925	ND	$69,750
American Indian or Alaska Native	$43,825	$57,250	ND	ND
Asian	$88,204	$87,364	$84,500	$97,083
Native Hawaiian or Other Pacific Islander	$63,613	ND	ND	ND
Some Other Race	$49,221	$77,734	ND	$89,205
Two or More Races	$59,184	$62,646	ND	$51,449
Hispanic or Latino	$51,811	$60,389	$69,830	$59,602

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 12: Median Annual Income by Age

	United States	New Hampshire	Belknap County	Merrimack County
15 - 24	$32,743	$43,587	$51,458	$40,115
25 - 44	$69,089	$84,505	$73,670	$84,265
45 - 64	$76,021	$93,534	$83,379	$91,913
65 +	$45,837	$52,271	$51,772	$51,220

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

In both service area counties, male householders with no spouse present make less compared to female householders with no spouse present by a large portion. The annual income of families increases as family size grows more in Merrimack County than Belknap County despite having a similar income with two-person families.

Exhibit 13: Median Annual Income by Family Composition

	United States	New Hampshire	Belknap County	Merrimack County
Total Families	79,114,031	349,667	16,586	38,778
With Own Children of Householder Under 18	$74,592	$98,118	$87,336	$95,860
With No Own Children of Householder Under 18	$79,033	$93,408	$84,698	$91,301
Married-Couple Families	$92,445	$106,754	$95,686	$102,584
With Own Children Under 18	$99,977	$119,313	$109,282	$112,076
Female Householder, No Spouse Present	$38,304	$47,553	$45,427	$49,640
With Own Children Under 18	$28,993	$34,976	$23,874	$32,193
Male Householder, No Spouse Present	$53,063	$64,641	$54,071	$68,042
With Own Children Under 18	$45,116	$53,656	$51,894	$54,265

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Education services, health care, and social assistance is the largest employment industry in the state as well as in both counties. In Belknap County, retail trade is the second largest workforce followed by arts, entertainment, recreation, accommodation, and food services.

Exhibit 14: Employment Status

	United States	New Hampshire	Belknap County	Merrimack County
Population 16 +	259,662,880	1,121,659	51,021	124,603
In Labor Force	63.4%	67.7%	64.0%	66.6%
Civilian Labor Force	63.0%	67.5%	63.9%	66.5%
Employed	59.6%	65.1%	61.4%	64.1%
Unemployed	3.4%	2.4%	2.5%	2.4%
Armed Forces	0.4%	0.2%	0.1%	0.2%
Not In Labor Force	36.6%	32.3%	36.0%	33.4%
Unemployment Rate	5.3%	3.6%	3.9%	3.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit: Employment by Industry Type

	United States	New Hampshire	Belknap County	Merrimack County
Civilian Employed Population, 16 +	154,842,185	729,701	31,344	79,851
Agriculture, Forestry, Fishing/ Hunting & Mining	1.8%	0.8%	0.4%	0.8%
Construction	6.6%	6.8%	9.3%	7.2%
Manufacturing	10.1%	12.7%	9.7%	9.4%
Wholesale Trade	2.6%	2.6%	2.1%	3.0%
Retail Trade	11.2%	12.3%	14.5%	11.9%
Transportation, Warehousing & Utilities	5.4%	3.8%	2.7%	3.1%
Information	2.0%	2.0%	2.0%	2.1%
Finance and Insurance, Real Estate, Rental and Leasing	6.6%	6.3%	5.7%	6.4%
Professional, Scientific, Management, Administrative & Waste Management Services	11.6%	11.1%	9.0%	10.0%
Educational Services, Health Care & Social Assistance	23.1%	24.8%	25.0%	27.3%
Arts, Entertainment, Recreation, Accommodation & Food Services	9.7%	8.6%	10.9%	7.7%
Other Services, Except Public Administration	4.9%	4.3%	4.5%	5.0%
Public Administration	4.6%	3.9%	4.3%	6.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 15: Mode of Transportation to Work

	United States	New Hampshire	Belknap County	Merrimack County
Population 16 +	152,735,781	714,588	30,807	78,708
Car, Truck, or Van, Drove Alone	76.3%	80.6%	80.1%	80.9%
Car, Truck, or Van, Carpooled	9.0%	7.9%	9.5%	7.9%
Public Transportation (Excluding Taxicab)	5.0%	0.9%	0.2%	0.3%
Walked	2.7%	2.7%	2.4%	2.5%
Other Means	1.8%	1.3%	1.9%	1.3%
Worked From Home	5.2%	6.6%	5.9%	7.1%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Impoverished Communities

The percentage of the state population living in poverty is approximately half that of the United States. More women are impoverished statewide as well as in both service area counties. The population of children under five years old living in poverty in Belknap is notably greater compared to Merrimack County and New Hampshire. Belknap County also has a greater population of residents under the age of 18 living in poverty.

Exhibit 16: Population Living in Poverty by Age & Gender

	United States	New Hampshire	Belknap County	Merrimack County
Population in Poverty[19]	13.4%	7.6%	8.6%	6.5%
Male	12.2%	6.8%	8.0%	5.8%
Female	14.6%	8.3%	9.3%	7.3%
Under 5	20.3%	10.6%	19.3%	6.9%
5 - 17	17.9%	8.8%	11.2%	6.5%
18 - 34	16.3%	10.8%	10.1%	10.5%
35 - 64	10.5%	6.0%	7.8%	5.2%
65 +	9.3%	5.7%	5.2%	5.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 17: Population Living in Poverty by Race & Ethnicity

	United States	New Hampshire	Belknap County	Merrimack County
White	11.1%	7.2%	8.4%	6.3%
Black or African American	23.0%	19.8%	27.5%	10.6%
American Indian or Alaska Native	24.9%	11.1%	0.0%	21.9%
Asian	10.9%	9.1%	7.9%	11.3%
Native Hawaiian or Other Pacific Islander	17.5%	19.3%	0.0%	0.0%
Hispanic or Latino	19.6%	16.4%	13.4%	9.3%
White Alone, Not Hispanic or Latino	9.6%	6.9%	8.3%	6.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- Those who identify as Black or African American in both counties make up a small part of the impoverished population (0.7%, 1.4%, respectively) and account for most of the populations in poverty, primarily in Belknap County. Almost 22 percent of those identifying as American Indian or Alaskan Native are living in poverty in Merrimack County despite being only 0.3 percent of the county population.

[19] 100% FPL.

Those who identify as Black or African American in both counties make up a small part of the impoverished population (0.7%, 1.4%, respectively) and account for most of the populations in poverty – primarily in Belknap County. Almost 22 percent of those identifying as American Indian or Alaskan Native are living in poverty in Merrimack County despite being only 0.3 percent of the county population.

Exhibit 18: Population Living in Poverty by Educational Attainment

	United States	New Hampshire	Belknap County	Merrimack County
Population 25 +	10.7%	6.4%	7.4%	5.7%
Less Than High School Graduate	24.9%	18.6%	22.2%	13.8%
High School Graduate (Includes Equivalency)	13.5%	8.6%	8.7%	8.5%
Some College, Associate degree	9.6%	6.0%	7.8%	5.4%
Bachelor's Degree or Higher	4.3%	3.0%	2.7%	2.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- Compared to the United States, New Hampshire residents living in poverty have lower educational attainment. This is especially notable concerning those who earn less than a high school diploma or equivalent certification.
- More residents aged 25 and over living in poverty in Belknap County achieve lesser levels of educational attainment. Approximately 22 percent of impoverished community members ages 25 and over do not graduate high school.

More New Hampshire residents who are living in poverty worked in the past year compared to the U.S. (21.4%, 15.0%, respectively). Approximately a quarter of impoverished women in New Hampshire and Belknap County are unemployed.

Exhibit 19: Poverty by Employment Type

	United States	New Hampshire	Belknap County	Merrimack County
Civilian Labor Force, 16 +	7.6%	4.0%	4.2%	3.6%
Employed	6.3%	3.4%	3.6%	3.1%
Male	5.3%	2.7%	2.7%	2.3%
Female	7.4%	4.1%	4.5%	4.0%
Unemployed	30.8%	21.5%	19.3%	18.3%
Male	27.9%	19.6%	16.2%	18.0%
Female	34.1%	24.2%	27.3%	18.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 20: Population Living in Poverty, Work Experience

	United States	New Hampshire	Belknap County	Merrimack County
Population 16 +	12.0%	7.2%	7.6%	6.6%
Worked Full-Time, Year-Round in The Past 12 Months	2.7%	0.9%	0.6%	0.6%
Worked Part-Time/Part-Year in The Past 12 Months	16.3%	10.2%	9.4%	9.7%
Did Not Work	21.4%	15.0%	15.2%	13.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- Belknap County consists of a slightly higher percentage of individuals 16 years old and over compared to Merrimack County, however, both counties have lower percentages of those who reported working full- or part-time in the past 12 months.

Population Living With a Disability

Over 39 million Americans live with some form of disability in the United States. This measure is relevant because persons with a disability comprise a vulnerable population that may require target services and outreach by providers. Adults living with a disability are more likely to experience obesity, heart disease, and diabetes, as approximately 38.2 percent of adults with a disability are obese while 26.2 percent of adults without a disability are obese, and 16.3 percent of adults with a disability have diabetes while 7.2 percent of adults without a disability have diabetes.[20]

Overall, the population living with a disability in both service area counties is slightly greater than the national and state percentage. Belknap County has a slightly greater population of children aged 5 to 17 years living with a disability compared to Merrimack County.

Exhibit 21: People Living With a Disability Summary

	United States	New Hampshire	Belknap County	Merrimack County
Total Disabled Population	12.6%	12.8%	16.3%	14.0%
Male	12.5%	12.9%	17.6%	14.0%
Female	12.7%	12.7%	15.1%	14.1%
Race & Ethnicity				
White	13.1%	13.1%	16.3%	14.3%
Black or African American	14.0%	10.4%	15.4%	10.8%
American Indian or Alaska Native	16.9%	26.0%	36.4%	18.3%
Asian	7.1%	4.6%	9.3%	5.6%
Native Hawaiian or Pacific Islander	10.8%	25.5%	0.0%	0.0%
Some Other Race	8.3%	10.1%	26.3%	0.0%
White Alone, Not Hispanic or Latino	13.9%	13.2%	16.3%	14.3%
Hispanic or Latino	9.0%	9.8%	22.2%	10.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 22: Disability Status by Age

	United States	New Hampshire	Belknap County	Merrimack County
Under 5	0.7%	0.8%	1.5%	1.4%
5 - 17	5.5%	6.0%	6.2%	5.9%
18 - 34	6.3%	7.3%	10.9%	9.0%
35 - 64	12.6%	11.8%	15.2%	13.2%
65 - 74	24.8%	22.4%	24.7%	24.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

[20] Centers for Disease Control & Prevention. National Center on Birth Defects and Developmental Disabilities, 2020

New Hampshire has a higher percentage of children under five years old with a hearing or vision disability compared to the United States.

Exhibit 23: Disability Status for Population Under Five Years Old

	United States	New Hampshire	Belknap County	Merrimack County
Hearing	0.5%	1.5%	1.4%	0.5%
Vision	0.4%	0.0%	1.4%	0.4%
Cognitive Difficulty	ND	ND	ND	ND
Ambulatory	ND	ND	ND	ND
Self-Care	ND	ND	ND	ND

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 24: Disability Status by Type

	United States	New Hampshire	Belknap County	Merrimack County
Total Population Living With a Disability	12.6%	12.8%	16.3%	14.0%
Independent Living	5.8%	5.1%	5.7%	5.4%
Self-Care	2.6%	2.1%	2.3%	1.9%
Hearing	3.6%	4.0%	6.2%	4.4%
Vision	2.3%	1.9%	2.5%	2.0%
Cognitive	5.1%	5.2%	6.6%	5.4%
Ambulatory	6.9%	6.1%	7.1%	6.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- In both service area counties, most of the disabled population have ambulatory, cognitive, and hearing difficulties as well as difficulty living independently. Those identifying as American Indian or Alaska Native make up the highest percentage of those living with a disability (36.4%), despite making up just 0.4 percent of Belknap's population. This potentially could be due to the Cowasuck Band of the Pennacook-Abenaki tribal located in present-day Alton.[21]
- Those who experience ambulatory and independent living difficulties are exceptionally concerning due to the high costs of home modifications and other services as it is estimated that a household containing an adult living with a disability (that limits their ability to gain employment) requires approximately 28 percent more income (or an additional $17,690 a year) to obtain the same standard of living as a similar household without a member with a disability.[22]

[21] Native American Organizations With Geographical/Cultural Interests in New Hampshire
[22] National Disability Institute; The Extra Costs of Living with a Disability in the U.S. Resetting the Policy Table, 2020

Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. The goal in addressing this determinant is to create neighborhoods and environments that promote health and safety.[23] The United States is currently in the midst of an affordable housing crisis and the COVID-19 pandemic has only exacerbated the issue. With rising costs of housing, low-income individuals and families may struggle more with the ability to afford necessities, such as adequate housing and utilities.

There are over twice as many households in Merrimack County than in Belknap County, but both are comprised mostly of married-couple families. Female householders count for approximately a quarter of the population across both service areas. Female householders also account for almost 25 percent of New Hampshire's population. Naturally, this results in more women over the age of 65 living alone compared to men (7.4%, 3.6%, respectively).

Exhibit 25: Household Composition

	United States	New Hampshire	Belknap County	Merrimack County
Total Households	120,756,048	532,037	25,052	58,452
Married-couple family	48.2%	52.3%	52.4%	53.4%
With own children of the householder under 18	18.8%	17.9%	15.0%	18.6%
Cohabiting couple household	6.3%	8.0%	6.8%	7.9%
With own children of the householder under 18	2.2%	2.3%	1.9%	2.1%
Male householder, no spouse/partner present	17.8%	16.7%	15.3%	16.1%
With own children of the householder Under 18	1.3%	1.2%	1.2%	1.1%
Householder living alone	12.5%	12.0%	11.4%	11.7%
65 +	3.5%	3.6%	3.9%	3.7%
Female householder, no spouse/partner present	27.7%	22.9%	25.5%	22.6%
With own children of the householder under 18	5.3%	3.6%	4.2%	3.5%
Householder living alone	15.4%	14.3%	15.3%	14.2%
65 +	7.5%	7.4%	8.4%	7.8%
Households with one or more people under 18	31.0%	27.5%	25.3%	28.3%
Households with one or more people 65 +	29.4%	30.6%	34.8%	31.2%
Average family size	3.23	2.96	2.89	2.94

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

[23] Social Determinants of Health, Neighborhood and Built Environment.

More grandparents in Belknap County are responsible for their grandchildren compared to national and state percentages as well as Merrimack County (48.2%, 30.2% respectively).

Exhibit 26: Grandparents Role

	United States	New Hampshire	Belknap County	Merrimack County
Number Of Grandparents Living with Own Grandchildren Under 18 Years	7,239,762	23,478	1,248	2,892
Grandparents Responsible for Grandchildren	34.1%	31.6%	48.2%	30.2%
Years Responsible for Grandchildren				
Less than 1	6.3%	6.0%	10.7%	3.8%
1 or 2	7.2%	6.5%	8.3%	6.9%
3 or 4	5.6%	5.7%	15.8%	5.6%
5 +	15.0%	13.4%	13.5%	13.9%
Number Of Grandparents Responsible for Own Grandchildren Under 18 Years	2,467,425	7,416	602	874
Who is female	63.0%	60.8%	55.5%	60.9%
Who are married	68.6%	73.0%	79.9%	75.1%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Housing

Merrimack County has a greater number of both owned and rented housing units, possibly due to a larger population. In both service area counties, residents are more likely to own. Approximately one-third of Belknap and Merrimack County are renters. In particular, one-third of Merrimack County residents live in large apartment complexes, while a third reside in single-family homes.

Exhibit 27: Occupied Housing Units by Type

	United States		New Hampshire		Belknap County		Merrimack County	
	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units
Occupied Housing Units	78,724,862	44,077,990	532,037	153,859	18,918	6,134	41,953	16,499
1, Detached	82.4%	26.7%	63.3%	16.0%	84.6%	28.2%	83.7%	13.9%
1, Attached	5.9%	6.2%	5.1%	5.3%	2.5%	6.0%	4.5%	6.5%
2 Apartments	1.2%	7.2%	5.3%	12.4%	1.6%	12.7%	2.5%	11.5%
3 or 4 Apartments	0.9%	10.1%	5.7%	17.2%	1.0%	17.7%	0.9%	17.2%
5 - 9 Apartments	0.8%	11.5%	4.7%	14.3%	0.9%	13.6%	0.5%	15.9%
10 or More Apartments	2.6%	33.9%	10.5%	32.1%	0.8%	19.0%	0.9%	33.2%
Mobile Home or Other	6.2%	4.4%	5.3%	2.8%	8.5%	2.8%	7.0%	1.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Merrimack has almost double the number of total housing units, and approximately 25 percent fewer vacant housing units compared to Belknap County. This could be due to the number of vacation homes occupied part-time: one-sixth of the county is located on Lake Winnipesaukee, Lake Winnisquam, and many smaller lakes – the largest amount of inland water among New Hampshire's counties.[24]

Exhibit 28: Housing Occupancy

	United States	New Hampshire	Belknap County	Merrimack County
Occupied Housing Units	122,802,852	532,037	25,052	58,452
Owner-Occupied	64.1%	71.1%	75.5%	71.8%
Renter-Occupied	35.9%	28.9%	24.5%	28.2%

	United States	New Hampshire	Belknap County	Merrimack County
Total Housing Units	137,428,986	634,726	38,607	64,960
Occupied Housing Units	87.9%	83.8%	64.9%	90.0%
Vacant Housing Units	12.1%	16.2%	35.1%	10.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- Almost 30 percent of all housing units in New Hampshire are occupied by renters. Rental units are most popular in Merrimack County; however, most residents are more likely to own their housing unit than rent for both service area counties.

[24] New Hampshire Community Profiles, 2020

New Hampshire's housing stock is considerably older compared to the typical stock nationwide. The mass of New Hampshire's rental units was built prior to 1940, compared to the U.S. where most units were built between 1960 and 1999. There have been almost no housing units built in the past five years which ultimately impacts the current housing crisis and further opportunities for residents in both service area counties to find housing in general.

Exhibit 29: Year Structure Built

	United States		New Hampshire		Belknap County		Merrimack County	
	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units
2014 or later	2.4%	2.5%	1.6%	1.6%	2.0%	0.8%	1.8%	0.8%
2010 - 2013	2.8%	3.1%	2.1%	2.3%	2.2%	1.7%	2.1%	1.3%
2000 - 2009	14.1%	11.1%	12.1%	7.3%	18.2%	9.1%	14.6%	6.6%
1980 - 1999	27.4%	26.9%	30.5%	26.2%	30.0%	24.9%	30.9%	28.7%
1960 - 1979	25.8%	28.0%	23.5%	23.0%	22.0%	21.5%	21.6%	22.0%
1940 - 1959	15.3%	14.6%	10.3%	10.3%	7.8%	13.7%	9.1%	7.2%
1939 or earlier	12.2%	13.7%	19.9%	29.3%	17.8%	28.3%	20.0%	33.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 30: Count of Bedrooms

	United States		New Hampshire		Belknap County		Merrimack County	
	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units
No Bedroom	0.4%	5.6%	1.5%	4.6%	0.4%	4.9%	0.2%	7.4%
1 Bedroom	2.3%	24.6%	10.4%	29.0%	3.5%	27.1%	2.6%	29.6%
2 or 3 Bedrooms	66.3%	62.5%	68.2%	61.0%	74.0%	59.8%	73.3%	58.1%
4 + Bedrooms	31.0%	7.3%	19.9%	5.4%	22.1%	8.2%	23.9%	4.9%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimate

- Due to the age of most housing structures in New Hampshire (before 1940) there is a strong possibility that contemporary heating methods have not been installed or updated in rental units. Typically, renters are responsible for monthly electricity costs, potentially causing barriers for low-income individuals and families.

Overall, more Merrimack County residents own their homes compared to Belknap County. The median home value is slightly higher in Merrimack County ($11,100). Both service area counties fall below the median home value for New Hampshire but are above the national median value.

Exhibit 31: Owner-Occupied Unit Value

	United States	New Hampshire	Belknap County	Merrimack County
Owner-Occupied Units	77,274,381	378,178	18,918	41,953
Less Than $50,000	6.9%	4.1%	5.3%	4.8%
$50,000 To $99,999	12.0%	4.6%	6.2%	4.6%
$100,000 To $149,999	13.3%	8.0%	10.6%	8.3%
$150,000 To $199,999	14.0%	13.9%	20.2%	17.5%
$200,000 To $299,999	19.6%	31.4%	28.5%	36.2%
$300,000 To $499,999	19.3%	28.5%	18.5%	23.7%
$500,000 To $999,999	11.4%	8.0%	7.8%	4.0%
$1,000,000 or More	3.4%	1.4%	2.9%	0.9%
Median Home Value	$217,500	$261,700	$226,500	$237,600

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 32: Mortgage Status

	United States	New Hampshire	Belknap County	Merrimack County
Owner-Occupied Units	77,274,381	378,178	18,918	41,953
Housing Units with A Mortgage	62.7%	65.8%	63.1%	65.3%
Housing Units Without a Mortgage	37.3%	34.2%	36.9%	34.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- The most recent market data shows that the median single-family home value in New Hampshire increased from $283,000 in 2019 to $300,000 in 2019 and has since risen to $335,000 as of 2020.[25] As of June 2021, the median single-family home value statewide was $409,000 likely caused by the COVID-19 pandemic.

[25] Source: New Hampshire Realtors Year-Over-Year Market Data

The U.S. Department of Housing and Urban Development (HUD) defines cost burden if a household is spending 30 to 40 percent of their household income on housing and severely cost-burdened if a household is spending more than 50 percent of their household income on housing expenses.

Exhibit 33: Selected Monthly Owner Costs

	United States	New Hampshire	Belknap County	Merrimack County
Housing Units with A Mortgage	48,416,627	248,689	11,929	27,398
Less Than $500	1.2%	0.3%	0.4%	0.3%
$500 To $999	17.0%	5.6%	9.3%	5.2%
$1,000 To $1,499	27.4%	19.0%	25.7%	21.3%
$1,500 To $1,999	21.0%	28.0%	33.9%	31.1%
$2,000 To $2,499	13.0%	21.8%	15.2%	21.0%
$2,500 To $2,999	7.9%	12.9%	8.6%	11.5%
$3,000 or More	12.5%	12.4%	6.9%	9.7%
Housing Units Without a Mortgage	28,857,754	129,489	6,989	14,555
Less Than $250	11.4%	2.2%	3.3%	1.7%
$250 To $399	23.0%	5.5%	6.8%	4.4%
$400 To $599	28.6%	15.7%	23.0%	14.1%
$600 To $799	16.6%	25.4%	22.7%	25.5%
$800 To $999	8.7%	22.5%	18.6%	24.1%
$1,000 or more	11.8%	28.8%	25.6%	30.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 34: Selected Monthly Owner Costs as A Percentage of Household Income

	United States	New Hampshire	Belknap County	Merrimack County
Housing Units with A Mortgage (Excluding units where percentage cannot be computed)	48,182,974	247,861	11,929	27,264
Less than 20.0 percent	45.9%	41.1%	41.9%	41.1%
20.0 to 24.9 percent	15.7%	18.5%	15.8%	19.2%
25.0 to 29.9 percent	10.5%	12.1%	12.0%	11.8%
30.0 to 34.9 percent	6.9%	7.9%	8.3%	8.6%
35.0 Percent or more	20.9%	20.3%	22.0%	19.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- The owner costs in New Hampshire for housing units that do have a mortgage are approximately $1,500 to $1,999 per month, compared to housing units without a mortgage at $400 to $599.

Most residents in Belknap County pay approximately $500 to $1,000 in monthly rent while Merrimack residents are more likely to pay $1,000 to $1,500, more in line with New Hampshire renters. Almost 40 percent of households in Belknap are cost-burdened, making them more likely of spending more of their income on housing than anything else (nearly 41% statewide).

Exhibit 35: Gross Rent

	United States	New Hampshire	Belknap County	Merrimack County
Occupied Units Paying Rent (Excluding units where percentage cannot be computed)	41,311,872	147,905	5,737	15,706
Less Than $500	9.4%	9.0%	9.4%	11.2%
$500 To $999	36.2%	30.7%	40.7%	34.5%
$1,000 To $1,499	30.0%	39.1%	35.3%	40.1%
$1,500 To $1,999	14.0%	15.6%	11.0%	11.2%
$2,000 To $2,499	5.6%	3.9%	3.1%	2.2%
$2,500 To $2,999	2.4%	1.0%	0.3%	0.5%
$3,000 or More	2.4%	0.7%	0.2%	0.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 36: Gross Rent as A Percent of Household Income

	United States	New Hampshire	Belknap County	Merrimack County
Occupied Units Paying Rent (Excluding units where percentage cannot be computed)	40,366,338	145,858	5,672	15,525
Less Than 15.0 Percent	13.1%	11.8%	10.2%	11.7%
15.0 To 19.9 Percent	12.9%	14.1%	12.2%	14.5%
20.0 To 24.9 Percent	12.9%	14.6%	15.0%	14.3%
25.0 To 29.9 Percent	11.6%	13.4%	15.7%	14.4%
30.0 To 34.9 Percent	9.1%	9.6%	7.6%	8.7%
35.0 Percent or More	40.5%	36.6%	39.3%	36.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Most homeowners and renters in New Hampshire rely on oil and electricity as a primary source of heat compared to less expensive options like pellet stoves or natural gas.

Exhibit 37: Services & Facilities

	United States		New Hampshire		Belknap County		Merrimack County	
	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units
With Telephone Service	98.7%	96.9%	98.7%	97.5%	98.7%	95.6%	99.4%	96.5%
Utility Gas	52.2%	40.5%	20.7%	32.5%	5.6%	24.9%	22.0%	33.6%
Bottled, Tank, or LP Gas	6.0%	2.6%	16.2%	11.7%	18.0%	11.1%	16.9%	9.6%
Electricity	32.4%	50.4%	9.4%	23.4%	3.6%	21.0%	3.2%	30.1%
Fuel Oil, Kerosene, etc.	5.6%	3.2%	43.8%	26.6%	60.3%	37.8%	44.1%	21.1%
Coal or Coke	0.1%	0.1%	0.1%	0.1%	0.4%	0.0%	0.1%	0.2%
All Other Fuels	3.1%	1.3%	9.1%	3.5%	12.0%	4.9%	13.6%	4.5%
No Fuel Used	0.7%	1.9%	0.7%	2.2%	0.1%	0.2%	0.1%	0.9%
Complete Plumbing Facilities	99.7%	99.4%	99.5%	99.2%	99.4%	98.8%	99.7%	99.5%
Complete Kitchen Facilities	99.6%	98.3%	99.2%	98.2%	99.8%	98.4%	99.6%	98.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimate

Renters commonly have less access to a vehicle compared to those that own their home. This is particularly true in Merrimack Count where 14.9 percent of renters have no access to a vehicle while just 1.7 percent of homeowners lack access.

Exhibit 38: Vehicle Availability

	United States		New Hampshire		Belknap County		Merrimack County	
	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units	Owner-Occupied Housing Units	Renter-Occupied Housing Units
No vehicle available	3.1%	18.5%	5.1%	13.5%	1.9%	11.7%	1.7%	14.9%
1 vehicle available	25.4%	45.1%	29.7%	48.2%	24.8%	53.9%	20.8%	48.3%
2 vehicles available	42.4%	27.1%	41.6%	30.5%	46.1%	28.2%	46.8%	29.5%
3 or more vehicles available	29.2%	9.3%	23.5%	7.9%	27.2%	6.3%	30.6%	7.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 39: Computer & Internet Access

	United States	New Hampshire	Belknap County	Merrimack County
Total Households	120,756,048	532,037	25,052	58,452
With A Computer	90.3%	93.0%	93.4%	92.3%
With A Broadband Internet Subscription	82.7%	87.7%	86.5%	86.5%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Between 2019 and 2020, New Hampshire's total homeless population changed by 20 percent, while the sheltered population changed by 6 percent. The unsheltered population changed by 134 percent. In 2020, 1,675 people were homeless on any given night, a 279 percent increase from 2019. There are 12.3 homeless individuals per 10,000 living in New Hampshire. Most homeless students in New Hampshire are living in hotels, motels, shelters, or "double-up" with another family.

Exhibit 40: Homelessness in New Hampshire

	New Hampshire
Total Homeless Population	1,675
Total Family Households Experiencing Homelessness	219
Veterans Experiencing Homelessness	116
Persons Experiencing Chronic Homelessness	446
Unaccompanied Young Adults Experiencing Homelessness (Aged 18-24)	65

Source: New Hampshire State of Homelessness: State & CoC Dashboards, 2019 – 2020

Exhibit 41: Student Homelessness in New Hampshire

	New Hampshire
Total Number of Homeless Students	3,982
Total Number of Unaccompanied Homeless Students	308
	199
Nighttime Residence	
Unsheltered	199
Shelters	398
Hotels/motels	391
Doubled up	2,993

Source: New Hampshire State of Homelessness: State & CoC Dashboards, 2019 – 2020

Access to Food

Food insecurity rates for New Hampshire and Merrimack County are slightly lower compared to the U.S. Belknap County has a higher rate of food insecurity compared to Merrimack County and New Hampshire.

Exhibit 42: Food Insecurity Rate

	United States	New Hampshire	Belknap County	Merrimack County
Total Population	324,697,795	1,348,124	60,887	149,917
Food Insecure	35,207,000	119,990	5,750	12,550
Food Insecurity Rate	10.9%	8.8%	9.4%	8.4%

Source: Feeding America. 2019. Source geography: County

Exhibit 43: Fruit & Vegetable Consumption

	United States	New Hampshire
Total Population (Age 18)	251,268,403	1,088,160
Adults with Inadequate Vegetable Consumption	20.3%	16.5%
Adults with Inadequate Fruit Consumption	39.2%	36.9%

Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System Prevalence & Trends Data, 2019

Healthcare Access & Quality

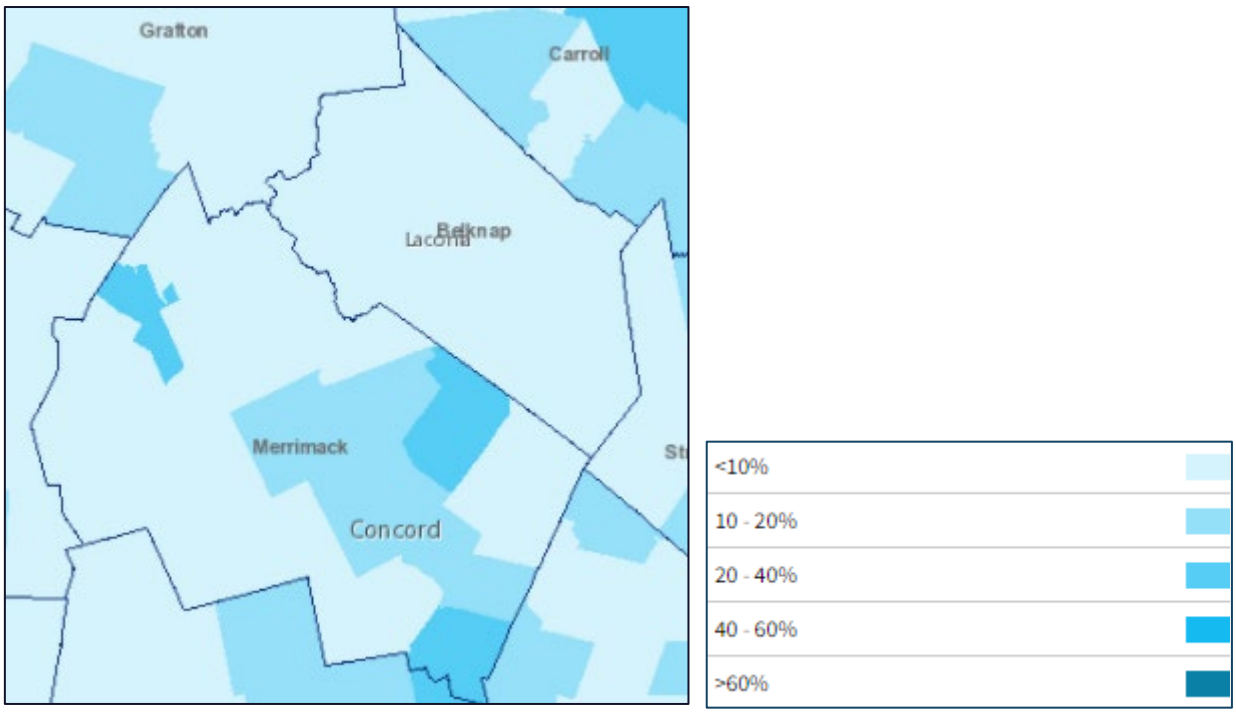
Many people in the United States do not get the health care services they need. Addressing this determinant should increase access to comprehensive, high-quality health care services.[26] Overall, more uninsured residents are living in Belknap County with either no insurance or public health care coverage.

Exhibit 44: Health Insurance Status

	United States	New Hampshire	Belknap County	Merrimack County
Total Population	319,706,872	1,331,286	60,163	146,402
With Health Insurance Coverage	91.2%	94.1%	93.4%	94.3%
With Private Health Insurance	67.9%	76.7%	71.9%	76.8%
With Public Coverage	35.1%	31.2%	38.4%	31.5%
No Health Insurance Coverage	8.8%	5.9%	6.6%	5.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 45: Health Insurance Status



[26] Healthy People 2030, Healthcare Access & Quality

In 2019, approximately 93 percent of children of all ages visited a doctor in the past year. This includes seeing a doctor, nurse, or other health care professional for sick-childcare, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care. Children in New Hampshire receive preventive and doctor checkups more than the average American child; however, nine percent of children statewide had no preventative visits.

Exhibit 46: National Survey of Children's Health Indicators

2019	United States	New Hampshire
Visited Doctor in the Past Year [27]		
All Ages	87.3%	93.2%
0 - 5	90.9%	95.6%
6 - 11	86.3%	89.6%
12 - 17	84.9%	94.4%
Child Received a Preventive Check Up in the Past Year		
One or more preventive visits	83.3%	90.9%
No preventive care visits	16.7%	9.1%
Child Health Indicators		
Child living in "working poor" household[28]	13.0%	6.4%
Child's household receiving 1-2 types of assistance in the past year	32.0%	16.0%
Child received free or reduced-cost breakfasts/lunches at school in the past year	31.3%	14.5%

Source: National Survey of Children's Health, 2019

- Approximately six percent of children are living in a "working poor" household meaning that they live with parent(s) employed full-time with incomes less than 100 percent of the federal poverty level. Sixteen percent of children statewide live in a household that received one or two types of assistance, while 14.5 percent received reduced-cost lunch or breakfast. This number is lower than the previously indicated percentage between 2013 and 2015 (28.3%, respectively).

[27] Child saw a doctor, nurse, or other health care professional for sick-childcare , well-child check-ups, physical exams, hospitalizations, or any other kind of medical care.
[28] Working Poor; Parent(s) are employed full-time with incomes less than 100% of the federal poverty level.

Education Access & Quality

People with higher levels of education are more likely to be healthier and live longer. To address this determinant, communities must increase educational opportunities and help children and adolescents do well in school.[29] Additionally, poverty and education are inextricably linked as some children may leave school early to work or may only pursue a high school diploma. Individuals with a high school diploma earn an average of $35,256 per year or approximately $678 a week[30]. Those with just a high school diploma or less may struggle to find a job that pays a livable wage.

Exhibit 47: Population With a High School Diploma by Race & Ethnicity

	United States	New Hampshire	Belknap County	Merrimack County
White	89.9%	93.4%	93.3%	93.8%
Black or African American	86.0%	86.4%	99.1%	85.4%
American Indian or Alaska Native	80.3%	84.8%	64.7%	81.5%
Asian	87.1%	88.2%	86.4%	82.2%
Native Hawaiian or Other Pacific Islander	87.0%	96.0%	ND	100.0%
Some Other Race	62.7%	85.1%	97.3%	52.8%
Hispanic or Latino	68.7%	78.7%	88.1%	87.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Exhibit 48: Educational Attainment by Population Aged 25 & Over

	United States	New Hampshire	Belknap County	Merrimack County
Less Than 9th Grade	5.1%	2.1%	1.5%	2.2%
9th to 12th Grade, No Diploma	6.9%	4.8%	5.3%	4.6%
High School Graduate (Includes Equivalency)	27.0%	27.4%	29.5%	27.7%
Some College, No Degree	20.4%	18.5%	20.9%	18.3%
Associate Degree	8.5%	10.2%	10.2%	11.6%
Bachelor's Degree	19.8%	22.7%	19.5%	20.5%
Graduate or Professional Degree	12.4%	14.3%	13.0%	15.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

- The percentage of high school graduates for both counties is slightly above the United States while Merrimack County experiences slightly higher educational attainment concerning post-secondary and graduate degrees.
- In comparison, more individuals who identify as Black and African American graduate high school in Belknap County while the percentage of those identifying as American Indian or Alaska Native students is 16.8 percent lower than Merrimack County.

[29] Healthy People 2030. Education Access & Quality.
[30] The Average Salary by Education Level.

Children

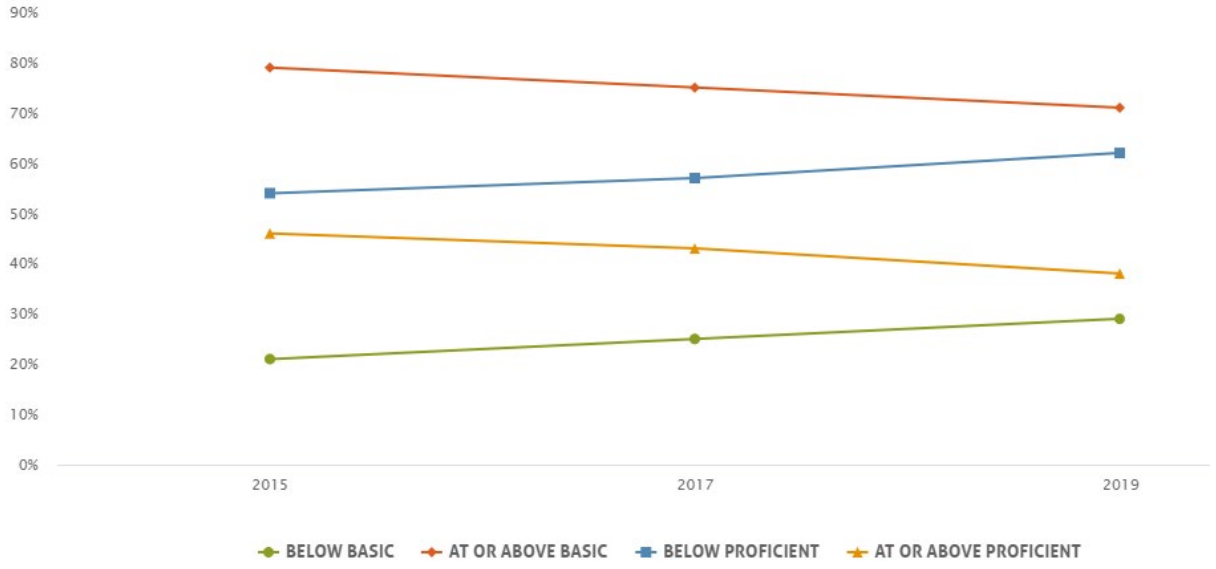
The percentage of fourth-graders with at or above proficient reading skills has shifted little since 2015 while fourth-graders in New Hampshire continue to exceed above the national figures. Between 2017 and 2019, New Hampshire showed a seven percent decrease in reading proficiency.

Exhibit 49: Fourth Graders with Proficient Reading Ability (at or above)

	United States	New Hampshire
2015	35%	46%
2017	35%	43%
2019	34%	38%

Source: U.S. Department of Education National Assessment of Educational Progress

Exhibit 50: Fourth Graders with Proficient Reading Ability (at or above) in New Hampshire, 2015 - 2019



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

- One in five children cannot read at the basic level statewide. This figure represents serious future implications as research shows that children who do not read proficiently by third grade are four times more likely to leave high school without a diploma than proficient readers.[31]

[31] The Annie E. Casey Foundation. Double Jeopardy : how third grade reading skills and poverty influence high school graduation (May 2021)

Federal funding for the Head Start program in New Hampshire increased from 2018 to 2019 by $919,933, however, there was no change in enrollment. For a more in-depth overview of the Head Start program, please see Appendix B.

Exhibit 51: Head Start Enrollment

	2018	2019
Number of Children Enrolled	1,563	1,563
State Federal Funds	$18,834,273	$19,754,206

Source: Early Childhood Learning & Knowledge Center, Head Start Program Facts Fiscal Year, 2018 & 2019

Exhibit 52: Elementary Students Receiving Free or Reduced Lunch

United States[32]	New Hampshire	Belknap County	Merrimack County
51.8%	28.3%	34.5%	29.2%

Source: New Hampshire Department of Education Division of Program Support (2013 – 2015)

- More students in Belknap County received free or reduced lunch between 2013 and 2015 compared to Merrimack County.

Vulnerable Children

There was a national and statewide decrease in the number of children placed in non-relative and relative foster family homes. New Hampshire saw an increase in group home/institution placements while this number decreased in the U.S. from 2018 to 2019. The service area counties consisted of 17 percent of statewide child maltreatment cases in 2016.

Exhibit 53: Child Maltreatment

	United States	New Hampshire
Child abuse & neglect referrals	3,994,016	17,630
Rate of referrals made per 1,000 children in the population	69.1	ND
Percent of referrals that met the criteria for an investigation or assessment	58%	59%
Number of children who received an investigation or assessment for abuse or neglect	3,476,034	12,798
Rate of investigations or assessments per 1,000 children in the population	47.2	50.1
Average response time from report to investigation	64 hours	113 hours
Number of children found to be victims of maltreatment	656,243	1,217
Rate of victims per 1,000 children in the population	8.9	4.8
Percent of children investigated/assessed who were found to be victims of maltreatment	19%	10%

Source: New Hampshire Child Trends, 2019

[32] Students Eligible for Free or Reduced-Price School Meals, 2015.

Exhibit 54: Children In Foster Care By Placement Type

	Placement Type	2018	2019
United States	Foster family home - non-relative	198,753	196,139
	Foster family home - relative	139,004	134,017
	Group home or institution	47,293	44,902
	Pre-adoptive home	17,707	17,972
	Runaway	4,247	4,129
	Supervised independent living	7,214	7,928
	Trial home visit	21,630	20,546
New Hampshire	Foster family home - non-relative	564	498
	Foster family home - relative	410	373
	Group home or institution	310	323
	Pre-adoptive home	12	24
	Runaway	13	6
	Supervised independent living	ND	1
	Trial home visit	220	ND

Source: Child Trends analysis of data from the Adoption & Foster Care Analysis & Reporting System, June 2021

The Impact of COVID-19

- Belknap and Merrimack make up 14% of all COVID-19 cases and 16.0% of all COVID-19 fatalities statewide (March 1, 2020 – January 24, 2022).
- 58.2% of Merrimack County and 55.6% of Belknap County were considered vaccinated as of 1/24/2022. 56.1% of New Hampshire residents were considered fully vaccinated as well.

Exhibit 55: Total Cases & Fatalities [33]

	New Hampshire	Belknap County	Merrimack County
Population	1,348,124	60,887	149,917
Total Cases	257,793	11,426	26,2886
Total Fatalities	2,135	155	190

Exhibit 56: State Fatalities by Age

Age	Percent
0-9	0.0%
10-19	0.0%
20-29	0.2%
30-39	1.0%
40-49	2.1%
50-59	5.1%
60-69	14.1%
70-79	24.5%
80 +	53.0%

Exhibit 57: State Fatalities by Race & Ethnicity

	Cases	Fatalities
White	83.1%	93.3%
Black / African American	1.9%	1.0%
Asian	2.1%	0.8%
Other	6.4%	2.4%
Hispanic or Latino	6.2%	2.5%

Exhibit 58: Vaccination Status Map

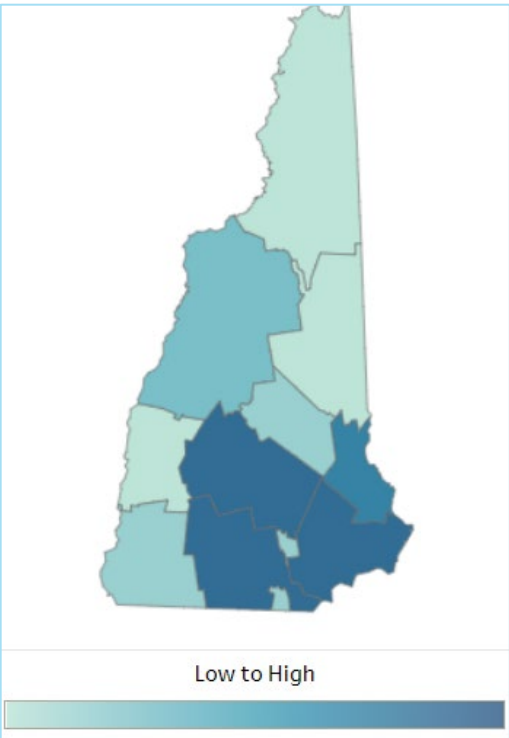


Exhibit 59: People with COVID-19

	Infected	Hospitalized	Fatalities
Healthcare Workers	3.4%	3.6%	0.7%
Long-Term Care Setting (staff & residents)	4.1%	13.3%	49.2%

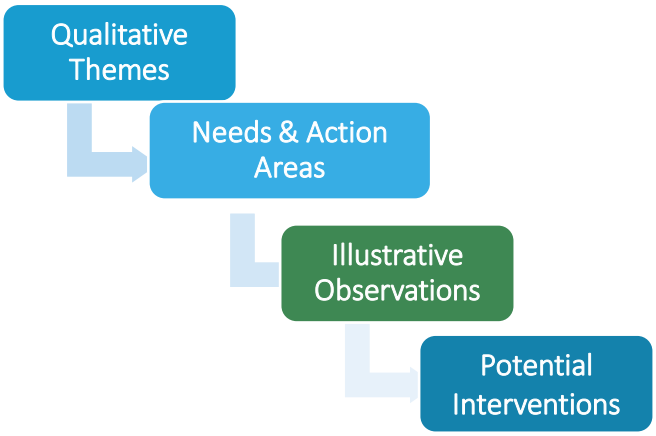
All COVID-19 data is as of 1/24/2022 from the New Hampshire COVID-19 Response Dashboard, COVID19.nh.gov/dashboard

[33] 03/01/2020 - 8/24/2021.

Qualitative Research Approach

Primary qualitative research for the project included focus group discussions and one-on-one interviews with key stakeholders from the CAP-BMC service area. Educators, healthcare professionals, elected officials, community organization leaders, faith-based leaders, business leaders, low-income residents, and others were included in the research. There were 31 one-on-one interviews conducted in total, each lasting approximately 20-30 minutes in length. The interviews provided the opportunity to have in-depth discussions about social, mental health, and service issues with leaders and individuals from the community. In addition, five focus group discussions were held via Zoom using a formal interview guide that covered 22 participants' broad perceptions of their community which enabled the participants to highlight areas of consensus as to what they see as the greatest community needs facing the community.

This combination of qualitative methodology resulted in several themes about areas of need. These can be described as Qualitative Themes. Each of these themes cuts across and impacts the subsequent Needs and Action Areas. The themes identified below are the Needs and Action Areas and utilize de-identified Illustrative Observations in italics which are representative of respondents' consensus perspectives. In many cases, the observations highlight examples of Potential Interventions.



The qualitative research stage included valuable input from several community members such as,

Belknap-Merrimack Community Action Program Leadership & Staff
Educational Institutions
Non-profit & Community-based Organizations
Harm Reduction Coalitions
Mental Health & Substance Use Disorder Care Facilities
Healthcare Facilities
New Hampshire Department of Health & Human Services

Qualitative Discussion Themes

The qualitative data reflects more community-based resources for the housing insecure population (i.e. homeless, unsheltered community) of both Belknap and Merrimack Counties.

- *We have a coalition to end homeless to find apartments for long-term homeless, but they aren't teaching life skills to transition.*
- *We have one park that has a lot of homeless encampments, centrally located, and the homeless took over. The city maintenance refused to clean because they were getting harassed. It puts us in a hard spot. It's a cycle of summons, court dates, and bench warrants. It's a select few. They try to hide as much as they can. We have the wow trail that runs through the city but a lot of homeless use for their walking and camping.*
- *There is a high percentage of people with a mental health disorder at the shelters. There needs a place for people who are between homeless and getting their own place and more permanent housing with case management.*
- *We do see a lot of homeless on the streets; we have a lot of issues. We did some revitalization with the city - we upgraded the parks and beaches. We have one park that has a lot of homelessness encampment - centrally located and the homeless took over; the city maintenance refused to clean because they were getting harassed. It puts us in a hard spot.*
- *We're concerned with youth homelessness, a lot of unaddressed mental health or substance abuse issues. They may be homeless due to coming out of the foster system.*

Participants expressed concerns over the stigma that is commonly attached to housing insecure populations.

- *People have that "not in my backyard" mentality. Shelters for the homeless and housing authorizes to get people off the street, they don't want that around them.*
- *I see and hear things like 'not in my back yard, get a job', and unfortunately a lot of representatives for our state are old timers from Laconia. They are the forefathers right now making sure things stay the same way. That's a challenge.*
- *There's a lot of stigma with homelessness. We've done a lot of education and we've had a lot of town-hall conversations with people to answer questions or complain.*
- *In Belknap and Merrimack County, people have the 'not in my backyard' mentality. To combat that, the county providers are very aware - we are trying to show the community we are responsive. For example, encampments and bathrooms were a huge concern - but if we can be responsive, it shows a level of partnership and were willing to address their concern.*

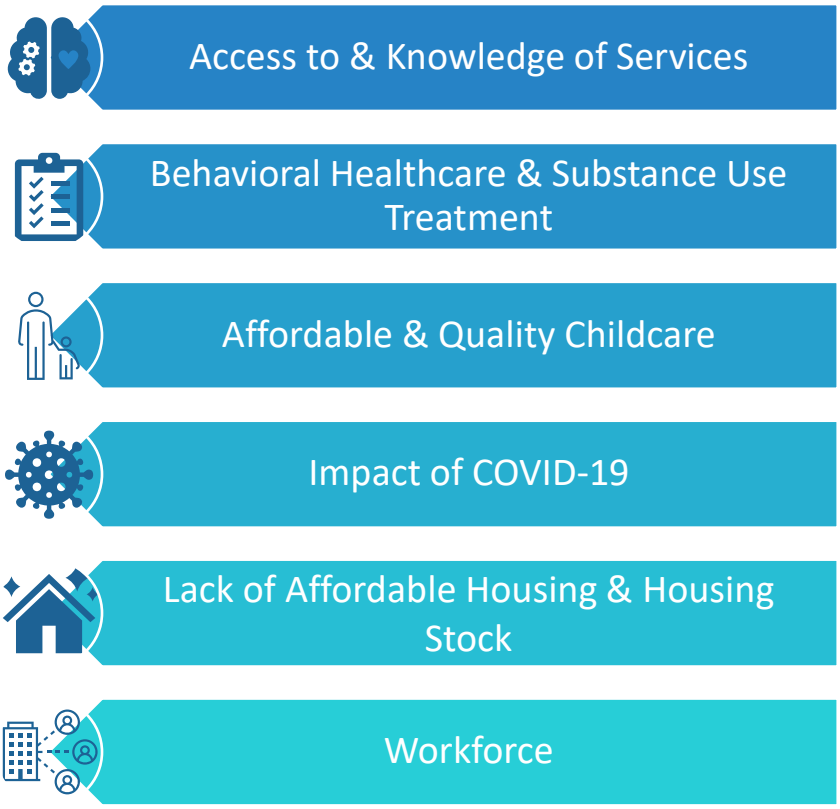
Inadequate transportation in the Belknap Merrimack County area was a common root cause of many high-level needs found within the qualitative data analysis. Access to reliable and affordable broadband was also identified as a barrier to achieving success for all individuals.

- *There is a lack of access to broadband and transportation. Young people don't want to be bogged down with car payments - they are more interested in public transportation.*
- *People can't afford Ubers or taxis. There is a bus service but not a lot of people use it. People are walking or ride a bike, and often times it'll get stolen.*
- *Having support for the elderly is important. Coming from a more urban [area] lack of public transportation for elderly who aren't able to drive. There are a few volunteer organizations that do transport. They do have a bus that comes to transport to Concord.*
- *Transportation has been an issue in New Hampshire forever. People are really dependent on vehicles and many low-income people can't afford to purchase a reliable vehicle – they may be one breakdown away from losing their job.*
- *Transportation is kind of a problem no matter where you are but it's more of a challenge in rural communities. In Concord there is transportation available, but the timing and reliability are the issues. Even though there are private volunteer driver programs, the ability to plan in advance can be a barrier.*
- *Since COVID, CAP-BMC has transformed to remote status online or on the phone but in those outlying areas, they don't have reliable internet. Parts of the community are not savvy about technology.*
- *Transportation is the biggest challenge. Now there is the opportunity for people to do what they want and find a job that has meaning and value to them.*

High-Level Action Areas & Observations

In addition to the Action Areas below, certain actions flow naturally from the "themes" above. These are important to include in any planning response. For example, "Improving recruitment and retention" is an appropriate and necessary response to the "Staffing Shortages" faced in the community. The following High-Level Action Areas are most representative of respondents' consensus in both the qualitative interviews and the focus group discussion. These key action areas and some associated observations that are representative of respondents' consensus perspectives from the interviews are included on the following pages.

Please note, the Action Areas are in alphabetical (not prioritized) order.



Access to & Knowledge of Services

> *"We need to get better at blasting who we are. Our programs speak loudly but our agency does not. The programs do a great job marketing themselves, but not the organization."*
>
> *Community Interviewee*

While most interview and focus group participants conveyed that there is a strong community collaboration between organizations in the Belknap-Merrimack area, key stakeholders including CAP-BMC staff and leadership voiced the need for increased effort to market the many services and opportunities for those in need to access services. Community comments and insights expressed frustration regarding access to the necessary forms and paperwork required to receive CAP-BMC services, as there is no existing form of 'online portal' to increase accessibility for more vulnerable populations such as people living with a disability, those who lack transportation, and the senior community. There was also a strong call voiced by staff for more internal training opportunities, especially cross-training, across the multitude of services and programs CAP-BMC offers.

- *Completion of paperwork is a barrier. Often times it's a barrier cause folks don't have the bandwidth to do one more thing. Case management does help to a degree, but it doesn't solve the problem.*
- *One of the things we don't see is that there's not a lot of marketing. There's nothing in our federal budget that allows us to market our weatherization program. We are really vocal on trying to get this changed with the department of energy.*
- *There's not someone that knocks on your door to tell them about resources. Unless you take the initiative to seek help yourself, and a lot of folks don't have the bandwidth to deal with it. It can be very overwhelming especially if you have experienced something very significant.*
- *There's an assumption that people understand tech. Whether it's the elderly or people that are in crisis mode they have to learn more stuff that they don't have the time or bandwidth to do right now.*
- *I can see why community members get frustrated applying. Once you apply you can't get anybody to help you and the process is so long. We know everything is backed up, it's just a matter of people falling off the edge with no communication back and forth. Community members feel like they aren't important, so they won't try a second time - they are just giving up.*
- *People are not at all aware especially because these resources are changing consistently, most don't realize [they] are available. Many of them absolutely do not know all those details are various programs because of the makeup of CAP. They will talk to one person and think they have all resources of that agency, but they are talking to one person for one program.*
- *It's so hard for disabled people to access these services as CAP does not have any electronic paperwork on their website. Outreach workers are beginning to lose the trust they have earned because of the fact that they are one person trying to express this to hundreds of people daily.*

- *We need to become linguistically and culturally appropriate in our outreach. We tend to think everyone speaks English and feels welcomed, but we need to invest in translation and invest in partnerships with grassroot organizations who already have trusted organizations/partnerships.*
- *We need more ways to connect across programs. Good data systems across programs are missing in New Hampshire. Someone needs to pay attention to data and analyze it, connect some dots, and find what works.*
- *We need to get better at blasting who we are. Our programs speak loudly but our agency does not. The programs do a great job marketing themselves but not the organization. Programs do their own fundraising and marketing, that doesn't exist here.*
- *CAP has a really strong staff, but it's challenging because there are so many funding streams that come with different requirements. Consistency and training would be helpful for all staff. The opportunity for more trainings across the board for CAP staff. The staff bends over backward – but hiring and retaining staff is still an issue.*
- *There are gaps. People just do not know the services anymore. New people can utilize CAP programs especially because of COVID. The marketing and outreach from CAP have just stopped.*
- *Social media is truly untouched because people don't have the bandwidth to do so. We are creating a lot of materials independently like brochures for every sector and service CAP-BMC has. We are about community.*
- *Internally, staff doesn't know other departments within the agency. If that's happening internally, I assume that's also happening in the community.*
- *We need to get better at blasting who we are. Our programs speak loudly but our agency does not. The programs do a great job marketing themselves but not the organization.*

Behavioral Healthcare & Substance Use Disorder Treatment

> *"We're a product of the mental health crisis, we have people waiting for weeks in an emergency department hallway to get into a mental health hospital bed."*
>
> *Focus Group Participant*

Mental health and substance use disorders affect people of all ages, genders, races, and ethnic groups. Prior to COVID-19, out of the 330.1 million people living in America, nearly one in five (61.2 million) were living with a mental illness and/or substance use disorder which is a 5.9 percent increase from 2019. [34] The prevalence of substance use disorders and mental health disorders in New Hampshire is higher for all ages compared to the national averages. New Hampshire also presents a lower percentage of adults who do not receive treatment for a mental illness compared to the United States. More adults living with a mental illness or substance use disorder statewide could not see a doctor due to costs. Access to mental health and substance use disorder care and treatment is a clear challenge in both service area counties exacerbated by COVID-19. Community discussions indicate that this high-level need is rooted in the ability to recruit and retain providers and staff within care facilities, a lack of youth-based mental health services as well as a lack of services for individuals with co-occurring diagnoses (an individual with both a mental health and substance use disorder).

- *People are discharged by hospitals into dangerous situations. For example, discharged into homelessness with no referrals, no resources upon discharge except for a printout about their diagnoses.*
- *Mental illness is a full gambit of everything. With meth being on the rise there's a lot more drug-induced psychosis. Very high in meth use it's starting with youth kids getting Adderall. It is on the rise – in the next few years, I think it will be as bad as the opioid epidemic.*
- *It's a lack of staffing for mental health providers in the Lakes Region. They get a lot of funding through the federal government, but it's a steppingstone for early-career providers. They work a few years and then move for more money.*
- *It's hard for people struggling with mental health to get into programs. If we try to get someone to care, it is extremely hard to get them to care soon, there are lots of revolving doors.*
- *Finding youth services for mental health is hard, the waitlists [in the] area is very long. It can be a couple of years depending on what you need.*
- *A lot of people have worked hard to create a ten-year plan (around mental health) to implement a mobile crisis unit. There is a staff shortage in the MH and SUD industry, especially for children. We need to invest in workforce development.*
- *Very high in meth use it's starting with youth kids getting Adderall. It is definitely on the rise. In the next few years, I think it will be as bad as the opioid epidemic. It's hard to get youth in substance use treatment due to age, most facilities in New Hampshire don't take anyone under 18.*

[34] The National Survey on Drug Use and Health, 2019.

- *Expand state hospitals and forensic psych units. People with serious mental illnesses are being imprisoned.*
- *People can no longer make it through a workday without needing a drink. People are going back to the office after they have developed a SUD. Specialty units in larger hospitals are shutting down services.*
- *Barriers to care include a lack of transportation, financial assistance, stigma is huge too. There are huge waitlists and insurance doesn't cover the services that are needed. There is only one facility that addresses co-occurring mental health and substance use disorders.*
- *A ton of grandparents are raising their kids because of mom and dad's substance use, and due to the mask issue, they (grandparents) are scared they will send their kids to school, and they will be taken out.*
- *Implement more detox centers, especially for people with alcoholism. They are shut out because they need to be medically detoxed and it's really hard to find.*
- *We have a low perception of harm. A lot of kids think there is no harm in some drugs, especially marijuana and alcohol.*
- *Not enough substance use disorder inpatient services. About 80 percent of our folks have issues with substance use and when someone is ready there are no beds in the state.*
- *Right now, we are seeing people not access services due to their insurance. Detox is taking a month to enter and people with private insurance can have a lot of doors open and get into those treatment centers. There is not a lack of services - there is a barrier due to insurance.*
- *If you have mental health and substance use disorders, it's hard to get both conditions addressed. One man wanted to do inpatient but said he was suicidal and hasn't used in a while, but they wouldn't let him in substance use treatment. It took about three hospital visits, a psych hospital visit, multiple walk-ins, and then the case manager went with him.*

Affordable & Quality Childcare

> *"It is certainly a challenge for younger kids with significant behavioral health challenges. They have limited space for kids because they don't have qualified personnel."*
>
> *Focus Group Participant*

Access to safe and affordable childcare is an essential building block to the overall quality of life for families in the United States. Parents and caregivers have more opportunities to pursue a career and higher education that contribute to stability and financial security.[35] During the pandemic, daycare facilities closed, and childcare programs were put on pause. This only worsened the already high cost of care as providers are heavily reliant on parent fees, accounting for 52 percent of total industry revenue.[36] In 2020, mothers spent eight hours a day on average on direct or indirect childcare last year *while* simultaneously working an average of six hours on weekdays.[37] A 2021 survey focused on the cost of childcare indicates that most caregivers pay approximately $185 to $270 for full-time childcare for one infant child, and approximately $145 to $270 for one preschooler each week.[38] Participants cited a list of causes for this need including a lack of brick-and-mortar childcare facilities and the qualified staff to run them. Concerns were expressed particularly with children that need a higher level of attention or children struggling with behavioral health.

- *I have a mortgage and I pay almost the same in childcare. Am I working to pay for the daycare? As someone who did licensed childcare, the cost associated with running a daycare has gone way, way, way up so it's hard for local places.*
- *We serve the most at-risk children; it's very, very difficult to find a staff person to maintain the behaviors of these kids. It's been a real challenge. The colleges have really changed to youth development and elementary school, but there are no classes on children with Adverse Childhood Experiences or trauma in the classroom.*
- *The burnout is crazy. All these children are living below the federal poverty level and have multiple Adverse Childhood Experiences, they don't have the qualifications. Even if we find someone that has a great background, they don't have the skills to be effective in the classroom with these children.*
- *Attracting and sustaining staff. You want to pay teachers $20 to $25 an hour and provide comprehensive benefits. When you're a private childcare organization, that is an enormous expense. The conversations have not changed – but this time is more pervasive regarding staffing. We don't know where the people are!*
- *The education requirements of those staff, and within the last few years colleges have changed their curriculum. We cannot find the courses they need to take to get qualified. There have also been lots of programs that have closed so there's a lack of childcare plus the cost.*
- *There are 18-month waitlists in Manchester. They take siblings over newer folks because they want to keep the families – it is 12K per year for families. They were struggling to keep people engaged as staff. I think they had 100 – 120 families and it was still that much of a waitlist. There are just not enough resources out there.*

[35] Hamm, Baider, White, et.al. America, It's Time to Talk About Childcare . October 2019.
[36] Workman. The True Cost of High-Quality Childcare Across the United States. Center for American Progress. June 2021.
[37] Bauer, Estep & Yee. (2021, June 23). Time waited for no mom in 2020. The Hamilton Project.
[38] Health Management Associates. (May 8, 2021). 2021 Maine Child Market Rate Survey.

- *If someone gets state help, there are programs that are all income-driven, but people are not willing to find high-paying jobs because they will lose their assistance.*
- *Childcare is a barrier to providing services too. If there's a family with five or six kids and dad is going to a mental health program and seeking services for one or two kids, where do the other kids go when they are receiving services?*
- *Afterschool care is nothing, especially with COVID. Parents need to be home for their children or rely on family or neighbors.*

Impact of COVID-19

The COVID-19 pandemic has impacted the lives of all residents in Belknap and Merrimack Counties, some communities more than others. Community stakeholders expressed that individuals who were vulnerable prior to March of 2020 became more vulnerable in serval ways, such as the LGBTQ+ and senior community.

- *As COVID ends we will be seeing an increase in major public health issues. The municipalities are their own community, but there is a lack of strong interactions between municipalities, there is no communication. In public health, there is no overreaching county-wide infrastructure.*
- *Relationships during COVID-19 have ended, and there has been an increase in overdoses.*
- *COVID-19 has hit everyone across the board, but some LGBTQ+ and recovery communities have been hit a bit harder due to social isolation.*
- *Social isolation for youth has been a huge factor for us. Wanting to get back to normal and come and go as we please. Similar issue with our seniors. Taking a toll on them as well.*
- *Everything is impacted due to the pandemic; a time of great uncertainly and disruption; if you're vulnerable then you're even more vulnerable now. It has elevated the urgency of addressing the greatest needs in the community. Telehealth has helped remove some barriers. My hope is we can retain some of these tools going forward.*
- *Our workforce is aging. People that used to go driving. Many took early retirement because of COVID.*
- *There are not enough childcare providers and we have lost so many facilities due to them not making it through COVID.*
- *What we find is post-COVID is that there are not enough workers for the workforce. The jobs available are low pay and not sustainable livable wage jobs.*
- *It's a bigger issue since the pandemic due to availability, affordability, and lack of staffing for childcare. We can't have high-quality childcare without high-quality providers, and we don't pay them enough.*
- *Wives and mothers are not going back to work because of the cost of childcare. You don't really have a choice.*

Lack of Affordable Housing & Housing Stock

In 2019, more than 80 percent of renters earning less than $25,000 were cost-burdened nationwide, with a large majority severely burdened paying more than 50 percent of their income for housing.[39] Among those not in the labor force as of September, 1.6 million people were prevented from looking for work due to the pandemic.[40] Interview and focus group participants frequently voiced that housing was a 'landing space' for people, a vital component when trying to improve other aspects of their lives. Affordable housing for both low-income and middle-class families proved a top concern in the Belknap and Merrimack County areas, of the interviewees who were asked about their top concerns, housing was mentioned as a priority community challenge. Community members frequently cited a sheer lack of units as well as the overall affordability. Several participants mentioned hindrances by landlords who have grown weary of housing low-income and other vulnerable residents due to financial pressures caused by the pandemic. Stigma attached to low-income housing was also mentioned.

- *We have a lack of housing in Laconia. We need to start working on repurposing old housing stock for newer low-income housing. Developers are buying the property, evicting people, redoing everything, and re-renting to everyone at market rate.*
- *Housing was hard pre-COVID, and rental stock is not adequate. Properties for lower-middle-class who are working and making a wage consistently [don't have?] the ability to find rentals, and housing has been hard for a number of years.*
- *There is not enough supply and there's stigma that surrounds low-income housing. We do have landlords that try to help but sometimes they get burned [out?] and with COVID landlords are struggling, they want to help but are not getting paid to do that.*
- *The problem is there is no physical housing. Landlords are not taking the bait for the incentives. For example, ten people are looking for an apartment, [but] now you have 30 people looking and those people will pay full price – it's hard to compete with that.*
- *There is no housing for mid-range people. People with decent-paying jobs don't want to live in low-income housing, there is a stigma that surrounds low-income housing. We need to build houses that aren't mansions or low-income. They are being priced out.*
- *Housing is the only thing we need. We have the money, and we have the programs, it's the units. We can't provide services if we don't have anywhere to put them*
- *Low-income people are impacted by finding housing that is affordable; finding a rental and drivable location is tough for people; lower rent will require a long drive.*
- *Affordable housing is not an option. People don't qualify for what they are used to. People are living in tents at campgrounds and keeping that a secret. There are no additional services in this area.*

[39] National Council of State Housing Agencies. New Harvard Housing Study Highlights Affordability Challenges Amidst Post-Pandemic Economic Recovery, June 2021.
[40] U.S. Bureau of Labor Statistics, Economic News Release. October 10, 2021.
NOTE: To be counted as unemployed, by definition, individuals must be either actively looking for work or on temporary layoff.

- *No retirement homes or senior living facilities, It's a struggle for elderly people, they are on a fixed income, plus medication.*
- *We do have programs, but they are limited. People don't have $3,000 right off the bat (for a security deposit, first, and last month's rent). You need to be able to commit, it takes time and apartments go really fast. Landlords don't want to hold apartments over someone that has cash in hand.*
- *Housing is scarce and the cost of rent these days is astronomical. Eighty-five percent of clients are low income and to get a two- or three-bedroom is ranging upwards of $2,000 a month now and that's not sustainable for our clients.*
- *The programs we have in our HUD program we only have space for two to three clients every two years and in our Housing First program we only cover first and security deposit, so it does nothing for a majority of our clients and that doesn't include the rising cost of utilities, gas, and childcare issues.*
- *We also have landlords in our world that are hesitant of housing people that are victims of sexual and domestic violence. They have a stereotype of clients that are working with us, even if we are covering their housing costs. In their minds, it is drama that comes along with it. It's a never-ending battle.*
- *If you can't even get a roof over your head, how are you supposed to do anything else? If you're worried about housing and you have no landing space for you and your family, then you are continuously in crisis so you can't take advantage of any other services or support. I think that housing is a barrier that gets in the way of us doing so much more for families.*

Workforce

One cannot separate the basic needs from the requirement of employment. The pandemic put a strain on many aspects of employment, and people have been afraid of being infected at work or not returning to the workforce. Among those not in the labor force as of September, 1.6 million people were prevented from looking for work due to the pandemic.[41] There is a clear disparity between those with various levels of education, as well as the ability to pay a livable wage, which was a primary concern, uniquely relevant to non-profit federally funded organizations as raising wages is extremely restrictive. Approximately 80 percent of organizations identified salary as a major barrier to hiring staff.[42] A barrier to accessing employment for those who may need it most includes having a criminal record, a lack of childcare, and transportation.

- *COVID-19 is forcing people to pay a higher wage, but non-profits are stuck to what our funding source gives us. We have to come up with the money ourselves if we want to pay more money. It is not a living wage but we're getting better simply because there are no options.*
- *It's hard to find a full-time job that pays a livable wage; lots of people work seasonal or low-paying jobs.*
- *A lot more positions are open now due to COVID. In New Hampshire, there are over 25 openings for master's level mental health jobs. What's happening is that people are accessing telehealth, which leaves the mental health centers doing direct community outreach, especially for the homeless population, understaffed.*
- *Job training is an issue. There's the job you'd like to have but there's the skill set you don't have to get the job you want. If you look at the restaurant market or retail market and the need for employees and then you have the folks that are overqualified but can't find work in their field.*
- *If you spend all your time training people to do science and math, who is going to wait on tables, who is going to work behind the deli counter? We need to rethink the education market and rethink what job security looks like.*
- *We got this spike in applications when the tax credits for COVID stopped coming in and benefits were ending, but it was just a paycheck. In our line of work, we can't have people that just want a paycheck. It's hard to sort through that. It's very hard with non-profit pay.*
- *The high-pay jobs are very competitive in Belknap County. It's hard to switch jobs. There is a huge gap between those with master's degrees and bachelor's degrees sometimes.*
- *The barriers to employment include background checks for people with felonies, transportation, and childcare.*
- *Look at any schools, they're hurting for teachers and paraprofessionals. One school is down to eight teachers. I don't think there are a lot of career jobs around here. There are a lot of openings, these aren't necessarily career options. It's not sustainable.*

[41] U.S. Bureau of Labor Statistics, Economic News Release. October 10, 2021 .
NOTE: To be counted as unemployed, by definition, individuals must be either actively looking for work or on temporary layoff.
[42] National Council of Nonprofits, Nonprofits struggling to hire staff amid labor shortage. November 10, 2021.

Community Strengths of CAP-BMC's Service Area

In addition to identifying barriers and challenges within the Belknap and Merrimack County area, key stakeholders recognized the positive traits of their communities.

- *Very collaborative, everyone works together with the problems across the continuum of care, and I feel a sense of each organization to look how we can work together.*
- *We live in a community [Laconia], it's a city, not a huge city - we have a lot of outdoor activities, walking trails, three lakes, very positive in regard to positive ways of living. The non- and for-profit organizations work really well together. We just connect really well - we're not working in silos.*
- *State that is small enough that decision-makers, policymakers, and people with life experience can find each other and enact real change; a state with a lot of capacity (untapped) and wealth.*
- *Lots of resources available to individuals to be successful in life regardless of age; lots of connectivity - organizations want to know what other people are providing; in Belknap – the landscape is nice; livability - natural engagement; trails.*
- *We have federally qualified health centers [Franklin/Laconia] that people should be able to access for care. They don't have limits of maximum patients; we can accommodate many new people and it's a good opportunity for families that need the extra wrap-around services.*
- *Great community support. We're a non-profit but our town provides us the space, and the community has supported us.*
- *Incredible collaboration in the communities. Everyone's willing to look at what they've done forever and rethink about how you can make this better.*

Community Survey Results

The community survey was deployed in the community for approximately six weeks from November 1, 2021, through December 13, 2021. Over 900 individuals completed the community survey. The paper survey was available in English, French, Nepali, Kinyarwanda, and Swahili. Paper copies of the survey were made available for those who did not have access to the internet or other technology.

Demographics

Of the 918 individuals who took the survey, approximately 47 percent of the respondents reported living in Merrimack County, 22 percent living in Belknap County, and 30 percent living in other nearby counties.

Exhibit 60: Annual Household Income by County

	In what County do you live?			
	Belknap	**Merrimack**	**Other**	**Total**
Under $15,000	27.5%	20.2%	29.1%	24.4%
Between $15,000 and $29,999	27.5%	27.7%	36.6%	30.3%
Between $30,000 and $49,999	22.5%	24.5%	19.4%	22.5%
Between $50,000 and $74,999	11.7%	13.5%	13.1%	13.0%
Between $75,000 and $99,999	5.0%	7.1%	0.0%	4.5%
Between $100,000 and $150,000	5.0%	5.7%	1.7%	4.3%
Over $150,000	0.8%	1.4%	0.0%	0.9%
Total	100.0%	100.0%	100.0%	100.0%

Exhibit 61: Age Groups by County

	In what County do you live?			
	Belknap	**Merrimack**	**Other**	**Total**
Under 18	0.8%	1.0%	1.1%	1.0%
18 to 24	16.7%	8.4%	12.6%	11.4%
25 to 34	46.2%	41.1%	47.9%	44.3%
35 to 44	23.5%	25.1%	28.9%	25.9%
45 to 54	3.0%	9.0%	4.2%	6.3%
55 to 64	6.8%	9.7%	4.2%	7.4%
65 or older	3.0%	5.7%	1.1%	3.7%
Total	100.0%	100.0%	100.0%	100.0%

Exhibit 62: Race/Ethnicity by County

	In what County do you live?			
	Belknap	**Merrimack**	**Other**	**Total**
White or Caucasian	67.2%	67.1%	67.2%	67.1%
Black or African American	2.1%	2.5%	.8%	1.9%
Asian or Asian American	1.6%	2.7%	1.5%	2.1%
Native American or Alaska Native	1.6%	.7%	.4%	.8%
Native Hawaiian or other Pacific Islander	.0%	.0%	.4%	.1%
Hispanic or Latino	.5%	1.7%	2.3%	1.6%
Another race/ethnicity	.0%	.2%	.0%	.1%
I prefer not to say	1.6%	4.2%	3.1%	3.3%

Exhibit 63: Gender by County

	In what County do you live?			
	Belknap	**Merrimack**	**Other**	**Total**
Male	9.0%	6.0%	3.2%	5.8%
Female	91.0%	93.6%	96.8%	94.0%
Non-binary	.0%	.3%	.0%	.2%
Total	100.0%	100.0%	100.0%	100.0%

Exhibit 64: Highest Level of Education Achievement

	In what County do you live?			
	Belknap	**Merrimack**	**Other**	**Total**
Less than high school or equivalent	8.5%	5.8%	8.4%	7.2%
High school diploma or equivalent	32.3%	30.8%	34.7%	32.4%
Some college	20.0%	24.1%	25.8%	23.7%
Technical or trade school	7.7%	7.1%	5.3%	6.7%
Associate's degree	10.0%	11.5%	7.4%	9.9%
Bachelor's degree	17.7%	14.2%	13.2%	14.6%
Graduate or professional degree (Masters, Ph.D., MD, etc.)	3.8%	6.4%	5.3%	5.5%
Total	100.0%	100.0%	100.0%	100.0%

Survey Results

The following table shows the community needs in rank order for the total service area by the percentage of respondents who selected "need a lot more focus." More data tables are found in Appendices D and E.

Exhibit 65: Total Service Area Community Needs by Rank Order

Rank	Community Need	"Need A Lot More Focus"
1	Making dental care more affordable	65.7%
2	Increasing the number of dentists who serve Medicaid patients	57.5%
3	Increasing the number of affordable apartments	56.2%
4	Providing more flexible and affordable childcare options for working parent(s)	54.0%
5	Increasing the number of affordable childcare providers	52.0%
6	Increasing the number of affordable houses for sale	51.5%
7	Increasing the number of mental health providers in rural communities	50.2%
8	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	50.2%
9	Developing more livable	49.6%
10	Expanding crisis services for mental health and substance use disorders	47.9%
11	Reducing the amount of opioid misuse	46.9%
12	Increasing the number of high quality licensed childcare providers	46.6%
13	Reducing stigma associated with mental health and substance misuse	44.3%
14	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	42.9%
15	Providing more recreational opportunities for youth	41.6%
16	Creating more emergency shelter beds for people who are homeless	41.4%
17	Increasing the number of landlords who accept housing vouchers	41.0%
18	Creating higher quality rental apartments and houses	41.0%
19	Developing rental and mortgage assistance programs	40.9%
20	Providing more after-school programs for school-aged children	40.5%
21	Making public transportation available in rural communities	38.9%
22	Expanding food options for people with dietary restrictions or allergies at food pantries	38.1%
23	Increasing the number of substance use disorder providers and services	37.8%
24	Providing more transportation options to childcare services	37.3%
25	Reducing the amount of alcohol misuse	35.5%
26	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	34.9%
27	Reducing the amount of smoking and vaping	34.9%
28	Reducing the amount of childhood obesity	34.3%
29	Expanding open hours at food pantries	34.1%
30	Creating technical school, trade school, or other job training options	32.8%
31	Providing more senior housing options	32.8%
32	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	32.7%
33	Reducing the amount of adult obesity	32.6%
34	Increasing the number of detox facilities	32.3%
35	Providing help with the cost of vehicle repairs	31.9%

36	Improving access to high-speed internet and technology	31.5%
37	Providing help with utility assistance (heating fuel, electricity, etc.)	30.8%
38	Providing job growth opportunities	30.6%
39	Adding better routes and time schedules to current public transportation system	30.3%
40	Providing help with the cost of vehicle insurance and regular maintenance	29.3%
41	Increasing programs for major housing repairs (roofs, windows, etc.)	27.7%
42	Providing help with weatherization	27.2%
43	Providing soft skills education (customer service, showing up on time, etc.)	23.7%
44	Increasing programs for minor housing repairs (paint, upgrades, etc.)	21.2%

Exhibit 66 shows the top ten needs by county. All counties ranked "making dental care more affordable" as the top need. Affordable housing and childcare options are also ranked high in all counties.

Exhibit 66: Top 10 Needs by County

Rank	Belknap	Merrimack	Other	Total
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable
2	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments
3	Increasing the number of affordable apartments	Increasing the number of affordable houses for sale	Increasing the number of dentists who serve Medicaid patients	Providing more flexible and affordable childcare options for working parent(s)
4	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of affordable apartments	Increasing the number of dentists who serve Medicaid patients
5	Increasing the number of affordable childcare providers	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of affordable childcare providers
6	Expanding crisis services for mental health and substance use disorders	Increasing the number of dentists who serve Medicaid patients	Reducing the amount of drug misuse (heroin, cocaine, etc.)	Increasing the number of affordable houses for sale
7	Increasing the number of high-quality licensed childcare providers	Developing more livable-wage jobs	Increasing the number of high-quality licensed childcare providers	Increasing the number of high-quality licensed childcare providers
8	Reducing the amount of drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Increasing the number of affordable houses for sale	Developing more livable-wage jobs
9	Increasing the number of affordable houses for sale	Increasing the number of high-quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities
10	Increasing the number of mental health providers in rural communities	Creating more emergency shelter beds for people who are homeless	Expanding crisis services for mental health and substance use disorders	Reducing the amount of drug misuse (heroin, cocaine, etc.)

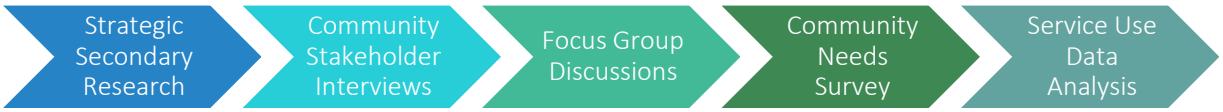
Exhibit 67 shows the top five needs for the total service area by household income. For household incomes under $50,000, the top need is affordable dental care. As the household income increases, the top needs shift towards housing-related needs. Childcare is one of the top needs for all income brackets.

Exhibit 67: Top Five Needs by Household Income

Rank	Under $15,000	Between $15,000 - $29,999	Between $30,000 - $49,999	Between $50,000 - $74,999	Between $75,000 - $99,999	Between $100,000 - $150,000	Over $150,000
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Increasing the number of affordable apartments	Increasing the number of affordable houses for sale	Providing more senior housing options	Creating technical school, trade school, or other job training options
2	Increasing the number of dentists who serve Medicaid patients	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers	Making dental care more affordable	Developing more livable wage job opportunities	Increasing the number of affordable houses for sale	Adding better routes and time schedules to current public transportation system
3	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Increasing the number of high quality licensed childcare providers	Expanding crisis services for mental health and substance use disorders
4	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Making dental care more affordable
5	Increasing the number of affordable houses for sale	Increasing the number of affordable childcare providers	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Making dental care more affordable	Creating more shelter beds for certain populations (children, etc.)	Expanding open hours at food pantries

Community Needs Prioritization Approach

Prioritizing the needs identified through qualitative and quantifiable data is a unique process essential to building consensus between internal organizational leadership and staff, community members, and partnering agencies on which interventions to initiate and implement within service areas. This process incorporates the following research to inform the list of needs:



The secondary and primary research techniques generated an extensive list of community needs, service gaps, barriers to services, and recommendations to address them. In order to synthesize material and create consensus among CAP-BMC's leaders regarding the recommendations, CAP-BMC utilized the following prioritization process.

The research identified **25** community needs. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the stakeholders. An additional complexity to this Community Needs Assessment is the size of the service area geography. To address this potential challenge, Crescendo worked with CAP-BMC's leadership to implement a needs prioritization process.

The results: 1) clearly identify the core impact areas, 2) create a prioritized list of needs to be addressed, and 3) develop a sense of ownership of the ongoing initiatives developed to address the needs.

There were two steps or "rounds" in the process. The first round involved a short survey disseminated electronically and completed anonymously with comments. The second step was a virtual prioritization session to draw conclusions that would be consistent with the organization's strategic planning process.

Prioritized Needs

After completing the needs prioritization process of the 25 needs, the Leadership Group identified the following issues to collectively focus their resources, capacity, and advocacy work to meet the needs of residents across Belknap and Merrimack Counties.

Exhibit 68: Top 25 Prioritized Needs

Rank	Community Needs
1	Increasing awareness of CAP-BMC in the community
2	Reducing the stigma around poverty and asking for help
3	Increasing the number of high-quality licensed childcare providers
4	Reducing stigma associated with mental health and substance misuse
5	Making dental care more affordable
6	Increasing the number of landlords who accept housing vouchers
7	Providing additional utility assistance (heating fuel, electricity, etc.)
8	Increasing the number of dentists who serve Medicaid patients
9	Making public transportation available in rural communities
10	Creating more emergency shelter beds for people experiencing homelessness
11	Increasing the total number of affordable childcare providers
12	Improving access to high-speed internet and technology
13	Creating technical school, trade school, or other job training options
14	Providing more recreational opportunities for youth
15	Increasing the number of mental health providers in rural communities
16	Increasing the number of substance use disorder providers and services
17	Providing more transportation options to childcare services
18	Developing more livable wage job opportunities
19	Providing more senior housing options
20	Increasing programs for housing repairs
21	Developing long-term (post-COVID) rental and mortgage assistance programs
22	Increasing the number of affordable apartments
23	Providing more flexible and affordable childcare options for working parent(s)
24	Expanding crisis services for mental health and substance use disorders
25	Reducing the amount of opioids and other drugs (heroin, meth, cocaine, etc.) misuse

Appendices

Appendix A: Health Status Profile

Appendix B: Head Start Overview

Appendix C: Community Action Program Family Planning Program

Appendix D: Additional Community Survey Data Tables

Appendix E: Additional Needs Prioritization Tables

Appendix A: Health Status Profile

The leading causes of death per 100,000 New Hampshire and service area county residents are cancer and heart disease. Both Belknap and Merrimack County have higher rates of suicide compared to the U.S. but have a smaller prevalence of people who experience a stroke.

Exhibit 69: Leading Causes of Death[43]

	United States	New Hampshire	Belknap County	Merrimack County
Cancer	155.5	156.0	170.2	159.9
Heart Disease	166.0	148.9	173.6	149.1
Accidents	45.7	60.6	70.6	57.2
Chronic Lower Respiratory Disease	40.8	41.2	43.1	43.0
Stroke[44]	37.3	28.2	30.9	27.7
Alzheimer's disease	29.4	24.9	14.6	25.5
Diabetes	21.2	18.0	18.4	22.9
Suicide	13.6	17.8	18.0	19.3

Source: HDPulse: An Ecosystem of Minority Health & Health Disparities Resource, National Institute on Minority Healthy & Health Disparities, 2014 – 2018

Exhibit 70: Chronic Disease Prevalence Summary [45]

	United States	New Hampshire	Belknap County	Merrimack County
Heart Disease	ND	3.8	8.0	6.4
High Blood Pressure	ND	30.0	32.3	29.4
Asthma	9.5	12.4	10.0	10.6
Diabetes	9.8	8.6	10.2	8.6

Source: Centers for Disease Control & Prevention, Chronic Disease Indicators, 2018

- The prevalence of all chronic diseases above is higher in Belknap County compared to Merrimack and most rates statewide. The prevalence of heart disease is over twice as high compared to rates statewide (8.0, 3.8).

[43]Latest Five-Year Averages, Age-Adjusted Rates Per 100,000
[44]Source: Interactive Atlas of Heart Disease and Stroke, 2017 – 2019
[45]Age-Adjusted Rates Per 100,000

Despite a smaller population, Belknap County has a higher ratio of primary care providers compared to Merrimack County. As of June 2021, the Health Professional Shortage Area Database shows that Belknap and Merrimack Counties currently have a shortage of mental health providers as well as primary care physicians. One mental health facility in Merrimack County currently holds a Health Shortage Area score of 20 out of 26, higher numbers representing a higher priority.[46]

Exhibit 71: Healthcare Provider to Population Ratio

	New Hampshire	Belknap County	Merrimack County
Mental Health Providers	310:1	180:1	240:1
Primary Care Physicians	1,100:1	1,610:1	920:1
Dentists	1,300:1	1,460:1	1,290:1

Source: County Health Rankings & Roadmaps, 2018

Exhibit 72: Health Status

	United States	New Hampshire	Belknap County	Merrimack County
Poor physical health days	ND	4.2	3.7	4.0
Poor mental health days	4.1[47]	3.7	3.2	3.3
Percent of days in frequent mental distress	12%[48]	15%	14%	13%

Source: County Health Rankings & Roadmaps, 2018

- Days in frequent mental distress are more common in New Hampshire and service area counties, while poor physical health days are in line compared to figures nationwide.

- The COVID-19 pandemic will undoubtedly increase days of poor mental health and the percent of days in mental distress as recent data indicates that more than 25 percent of high school students reported worsening emotional and cognitive health and over 20 percent of parents with children ages 5 to 12 reported similar worsening conditions for their children during the pandemic. Loneliness and isolation will contribute to the poor mental health of parents which in turn could be a contributing factor in negative mental health outcomes for children.[49]

[46] The Health Professional Shortage Area. HPSA Find. Health Resources & Services Administration (2021)
[47] Source: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, 2018
[48] Source: America's Health Ranking, 2018
[49] Kaiser Family Foundation, The Pandemic's Impact on Children's Mental Health, (May 2021)

Healthy Eating, Physical Activity & Obesity

Nearly 20 percent of the population in both counties currently smoke, above the national percentage, and approximately one in three Belknap and Merrimack County residents are obese.

Exhibit 73: Physical Health Indicators

	United States[50]	New Hampshire	Belknap County	Merrimack County
Adults who are Obese	31%	29%	28%	28%
Current Smokers	14%	17%	17%	17%
Physical Inactivity	24%	21%	21%	20%

Source: New Hampshire Health & Human Services Data Portal, 2019

Exhibit 74: Population Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits

	United States	New Hampshire	Belknap County	Merrimack County
Total Households	120,756,048	532,037	25,052	58,452
Households receiving SNAP Benefits	14,171,567	36,708	1,970	4682
Percent Households Receiving SNAP Benefits	11.7%	6.9%	7.9%	8.0%

Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

- Overall, New Hampshire has a lower percentage of households receiving SNAP benefits. Merrimack and Belknap County have nearly equal percentages of households that receive SNAP benefits, both higher compared to statewide.

[50] United States Data Source: Community Commons, National Center for Chronic Disease Prevention and Health Promotion, 2018

Appendix B: Head Start Overview

Head Start Overview

Appendix B is included to meet the requirements included in the U.S. Department of Health and Human Services Head Start Program Performance Standards: Subchapter B – The Administration for Children and Families, Head Start Program, 1302.11 Determining community strengths, needs, and resources.

The Community Action Program Belknap-Merrimack Counties is the primary service provider of Head Start programs within the service area offering a total of 486 slots. There are several other childcare centers in the services area, including the following:

- Boys and Girls Club
- UMCA
- Merrimack Valley Child Care
- Waypoint (three home visiting programs)
- School districts
- Family Centers
- The Children's Place

As of January 2022, CAP-BMC provided Head Start services to families in Concord, Laconia, Franklin, Pittsfield, Tilton, Contoocook, Pembroke, Loudon, Canterbury, Penacook, Epsom, Boscawen, Chichester, Allenstown, Alton, Ashland, Meredith, Gilmanton, Belmont, Northfield, Gilford, Merrimack, Henniker, Warner, Northfield, Winnisquam, and Center Barnstead.

In Laconia, the community has several social services and education-based services to offer to families as well as a consistent effort toward program quality improvement and collaboration between organizations. In Franklin, the community is well-connected and recognizes a gap in inter-organizational referrals. There are ongoing efforts to close this gap to reduce barriers related to enrollment and overall program success.

Program Eligibility

Head Start programs provide critical childcare and early education to qualifying families. Exhibit 68 shows the minimum criteria for families to be eligible to receive a slot(s) in CAP-BMC's Head Start programs.

Exhibit 75: Child Care Criteria

Work	Full time 31 hours per week. Includes work + travel. State allows ½ hour each way for travel. Must be 1st or 3rd shift.
	We cannot bill for 2nd shift because we are not open. The third shift gets sleep time.
Job Search	92 calendar days of job search.
	If on TANF and working with NHEP it's unlimited.
Education	Must lead to a degree or certificate program.
	Cannot be higher than an Associate Degree (unless working with NHEP).
	Cannot be a Liberal Arts degree.
	Can get General Ed course applying to Nursing Program.
	Two years lifetime allowance for education.
Short Term Disability	Six weeks if you can return to activity.
Long Term Disability	If one parent is disabled and one parent is in full-time activity.
	Must get doctors not for disabled parent.
Family Criteria	Biological parents- boy/girlfriend.
	Biological parent only must meet the above criteria
	Child in common of both parents must meet the above criteria regardless of marriage.

The following table shows the key factors in children ages birth to five who are potentially eligible for Early Head Start and Head Start. The CAP-BMC service area has approximately 978 children under the age of five who live below the federal poverty level that may be eligible for Early Head Start and Head Start based on household income. The following are estimates of those eligible for Head Start services in the area. When data was not available for the age in question, the estimates were extrapolated from the data provided.

Exhibit 76: Head Start Eligibility Population

	New Hampshire	Belknap County	Merrimack County
Children Under 5 Below FPL	10.6%	19.3%	6.9%
Homeless Children (2018 -2019)[51]	3,993	285	272
Children in Foster Care [52]	1,206	ND	ND
Children receiving TANF [53]	4,541	ND	ND
Women with births in the past 12 months, below FPL	835	ND	2,051
Children Under 5 Living With a Disability	0.8%	1.5%	1.4%

Source: U.S. Census Bureau, American Community Survey 2019 5-Year Estimates

Nearly 20 percent of children aged five and younger are living in poverty (100% below the FPL). In both service area counties, there were approximately 557 children experiencing homelessness between 2018 and 2019. This figure is expected to rise as over 4,000 children in New Hampshire were documented as homeless in 2020 during the COVID-19 pandemic, more prevalent in the Black or African American community as well as within Indigenous families.[54]

Additional Priority Considerations for program enrollment include:

- Single & Teen Parents
- Incarcerated Parents / Families involved in the justice system
- Children & families impacted by Substance Use Disorder
- Uninsured families
- Families with a lack of transportation

[51] The State of Homelessness in New Hampshire, 2019.
[52] Number of children of all ages currently in foster care on September 30, 2019.
[53] U.S. Department of Health & Human Services. Office of Family Assistance TANF Caseload Data, June 2021.
[54] New Hampshire Charitable Foundation. A New Strategy To Reduce Homelessness, Increase Affordable Housing, 2021.

The Community Action Program Belknap-Merrimack Counties Head Start Enrollment

This section indicates demographic characteristics of children enrolled in the Head Start program supported by CAP-BMC for the 2021-2022 program term. Federal funding for the Head Start program in New Hampshire increased from 2018 to 2019 by $919,933, however, there was no change in enrollment.

Exhibit 77: Head Start Enrollment

	2018	2019
Number of Children Enrolled	1,563	1,563
State Federal Funds	$18,834,273	$19,754,206

Source: Early Childhood Learning & Knowledge Center, 2018 – 2019 Head Start Program Facts Fiscal Year

Exhibit 78: Child Enrollment by Gender

	Male	Female
Concord	102	120
Franklin	34	29
Laconia	75	84
Pittsfield	18	17
Warner	7	3
Total	**236**	**253**

Source: CAP-BMC Management Report. Demographics, January 2022

Exhibit 79: Child Enrollment by Race & Ethnicity

	Black	White	American Indian or Alaskan Native	Asian	Other	Unspecified	Multiracial
Concord	67	99	0	35	0	1	17
Franklin	0	58	0	0	0	1	4
Laconia	1	137	0	0	0	0	19
Pittsfield	1	30	0	1	0	0	3
Warner	0	9	0	1	0	0	0
Total	**69**	**333**	**0**	**37**	**0**	**2**	**43**

	Hispanic Children Enrolled
Concord	21
Franklin	3
Laconia	16
Pittsfield	2
Warner	0
Total	**42**

Source: CAP-BMC Management Report. Demographics, January 2022

The tables below indicate children who may be more vulnerable to poor health outcomes and inequities.

Exhibit 80: Enrolled Children Living With a Disability

	Autism	Health Impairment	Speech / Language	Developmental	Unspecified
Concord	0	1	5	9	0
Franklin	1	2	0	5	1
Laconia	0	1	2	15	0
Pittsfield	0	0	0	1	0
Warner	0	0	0	1	0
Total	**1**	**4**	**7**	**31**	**1**

Source: CAP-BMC Management Report. Disability Summary, January 2022

Exhibit 81: Enrolled Foster & Homeless Children

	Foster Children	Homeless Children
Concord	1	42
Franklin	4	8
Laconia	2	52
Pittsfield	6	6
Warner	1	0
Total	**24**	**108**

Source: CAP-BMC Management Report. Eligibility Income Grid, January 2022

Exhibit 82: Parental Status

	Single Parent	Two Parents
Concord	127	118
Franklin	23	41
Laconia	113	55
Pittsfield	12	23
Warner	2	8
Total	**227**	**245**

Source: CAP-BMC Management Report. Eligibility Income Grid, January 2022

Other Resources Available in the Community

There are a variety of resources available in the community that address the needs of eligible children and families.

SNAP Benefits	Childcare Assistance
NHEP	Head Start
School District & Public Libraries	Concord Hospital Family Center
DHMC	Waypoint
The Children's Place	ACERT Team
Community Action Agencies	Granite State United Way
City Welfare	Community Bridges
Home Visiting (HFA)	First Responders (EMS, Fire, Police)
Lakes Region Community Service Council	Step Ahead
Healthy Families America	Woodland Heights

Appendix C: Community Action Program Family Planning Program

The Community Action's Family Planning Program is one of 14 clinics under the New Hampshire Family Planning Program providing essential services like annual exams, STI and HIV testing and treatment, breast and cervical cancer screenings, pregnancy testing, linkage to prenatal care, and other confidential services.

Located in Laconia, the program serves both women and men of reproductive age in the northern Merrimack, Belknap, Southeastern Grafton, and Southern Carroll Counties. Family Planning offers screenings, pap smears, pregnancy tests, lab work, breast exams, STI testing, and a range of birth control options. The Family Planning Program accepts most insurance and is provided on a sliding fee scale and does not deny services based on the ability to pay. The Community Action Program also assists uninsured patients in applying for the New Hampshire Family Planning Medical Assistance Program, which provides coverage for family planning services including visits, birth control methods, and STI testing.

Recent legislation within New Hampshire's Executive Council rejected a proposed extension to increase access to reproductive health services for approximately 7,000 lower-income residents who receive reproductive and sexual healthcare.[55] The Community Action Program is one of several facilities included in this decision to end financial support for reproductive and sexual healthcare, eliminating the only facility under the state's Family Planning Program in Belknap County. In Merrimack County, one out of two Family Planning facilities were also denied fiscal support from the state which provided services such as miscarriage management and transgender health care. In addition to denying fiscal support for CAP-BMC's family planning services, the state also has denied fiscal support for Planned Parenthood of New England, five of the 14 Family Planning Programs offering patient education, LGBTQ+ care, and men's health services.

[55] New Hampshire Public Radio. Republican-Controlled Executive Council Rejects Awarding Contracts To Reproductive Health Clinics September 15, 2021

CAP-BMC Family Planning Program Services

Maternal Health

The 2016-2019 birth rate is approximately 48 births per 1,000 women statewide, between the ages of 15 to 44. In 2019, 11,839 live births occurred statewide. The birth rate in New Hampshire has slightly declined since 2016 from 50.9 to 48.2 while exact figures are unknown, rates for Belknap and Merrimack County fall between 46.9 and 50.9. The highest average birth rates between 2017 and 2019 per 1,000 women were to women ages 30 to 39 (75.8), followed by women ages 20 to 29 (61.5), and ages 40 and older (9.7).[56]

The procedure for measuring teen births in Exhibit 82 indicates the average number of births by women between ages 15 and 19 per 1,000 between 2013 and 2019.[57] In 2019, New Hampshire had the lowest teen birth rate in the nation at 6.6 births per 1,000 women, and the second-lowest rate of infant mortality and babies born underweight.[58]

Babies born under five and a half pounds are considered to have a low birth weight. The five-year average (2016 – 2019) indicates that the average percent of babies being underweight statewide is seven percent. Infant mortality indicates death within the first year of life. Statewide rates of infant deaths have been steadily declining since 2017 from 51 deaths to 37 deaths per 1,000 births.

Exhibit 83: Birth-Related Indicators

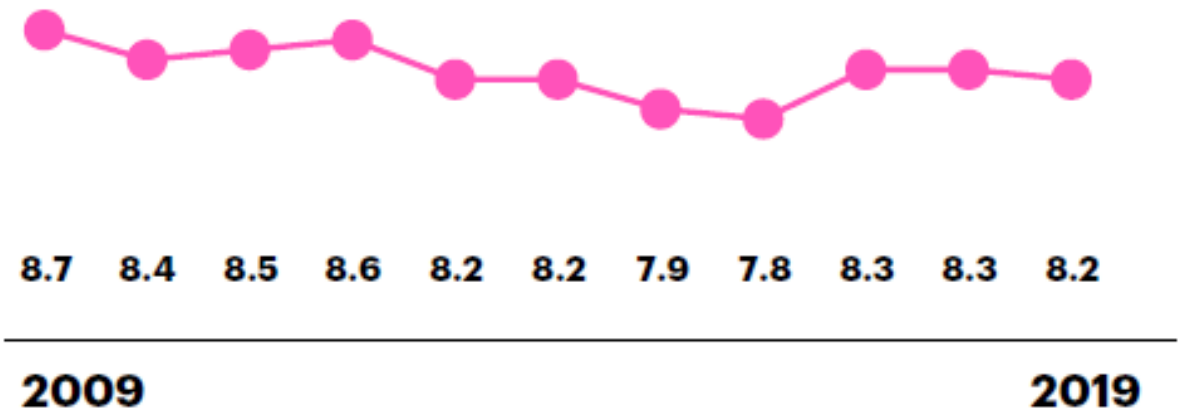
	New Hampshire	Belknap County	Merrimack County
Birth Rate	48.2	ND	ND
Teen Birth Rate	10	11	9
Low Birth Weight	6.6%	7.0%	6.1%
Infant Mortality Rate	3.5	ND	4.3

Source: March of Dimes, Peristats, 2021

[56] March of Dimes. Percentage of births by maternal age: New Hampshire, 2017–2019 Average. (2021)
[57] County Health Rankings & Roadmaps. Five Year Averages, (2013 – 2019)
[58] The Centers for Disease & Prevention. National Center for Health Statistics. Stats of the State (2019)

Preterm births indicate delivery in less than 37 weeks of pregnancy. In 2019, there were 969 preterm births in New Hampshire, representing 8.2 percent of live births.

Exhibit 84: Preterm Birth Rate
Source: March of Dimes, New Hampshire Report Card, 2020



The themes in Exhibit 84 indicate subjects in which a patient asked for advice on or discussed with a healthcare provider before pregnancy. The most frequent discussion topics focused on healthy behavior and mental health including tobacco use, current employment, and mental health regarding depression. Subjects touched upon the least focused more on health-related factors like controlling chronic conditions, sexually transmitted infections, and HIV testing.

Exhibit 85: Healthcare Provider Discussion Themes with Women Pre-Pregnancy

	Percent in Women in New Hampshire
Smoking cigarettes	87.2%
Taking folic acid	43.9%
Asking about the kind of work she does	81.6%
Feeling down or depressed	68.1%
Emotional or physical abuse	65.6%
Having or not having children	51.0%
Using contraception	38.1%
Maintaining a healthy weight	36.3%
Improving health before pregnancy	32.3%
Testing for Human Immunodeficiency Virus (HIV)	22.6%
Sexually transmitted infections	16.8%
Controlling chronic conditions	8.5%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary (2019)

Exhibit 86: Women Living in Poverty One Year Before Pregnancy in New Hampshire

	New Hampshire
0 - 100% Below FPL	14.5%
101 - 185% Below FPL	21.6%
Over 185% Below FPL	63.8%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary (2019)

Exhibit 87: Insurance Status

	New Hampshire
1 Month Before Pregnancy	
Enrolled in Medicaid	16.8%
Uninsured	7.9%
During Pregnancy	
Medicaid Funded Prenatal Care	31.1%
Dental Insurance	68.4%
2 - 6 months Postpartum	
Enrolled in Medicaid	28.1%
Uninsured	3.4%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

- In 2019, approximately 64 percent of pregnant women were living 185 percent or more below the federal poverty level in New Hampshire. For one individual, living below 185 percent below the federal poverty level indicates an annual income of $23,107 or less.
- The percent of women with no insurance prior to pregnancy increased between 2018 and 2019 from 6.8 percent to nearly eight percent. There also was an increase in the number of women enrolled in Medicaid, from 12.5 percent to nearly 17 percent.
- More pregnant women sought Medicaid-funded prenatal care in 2019 compared to 2018 (25.2%, 31.1%, respectively), and remained enrolled in Medicaid postpartum (20.1%, 28.1%, respectively). There was a slight increase of mothers without health coverage two to six months after birth compared to 2018 (4.5%, 3.4% respectively).

These discussion themes share topics that healthcare providers asked pregnant women about during prenatal office visits. Providers mostly inquired about substance use followed by plans to breastfeed.

Exhibit 88: Prenatal Healthcare Provider Discussion Topics

	New Hampshire
If using any prescription medications	98.8%
Smoking cigarettes	97.5%
Drinking alcohol	97.0%
Using illegal substances	85.6%
Feeling down or depressed	88.0%
Being hurt emotionally or physically	81.3%
Plans to breastfeed	95.2%
Plans to use postpartum birth control	81.3%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

Exhibit 89: Perceived Bases of Discrimination In Healthcare During Pregnancy

	New Hampshire
Insurance Type	5.4%
Income Level	5.1%
Substance Use Disorder	3.6%
Body Weight	3.3%
Age	2.8%
Race / Ethnicity	1.6%
Sexual Orientation	*

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

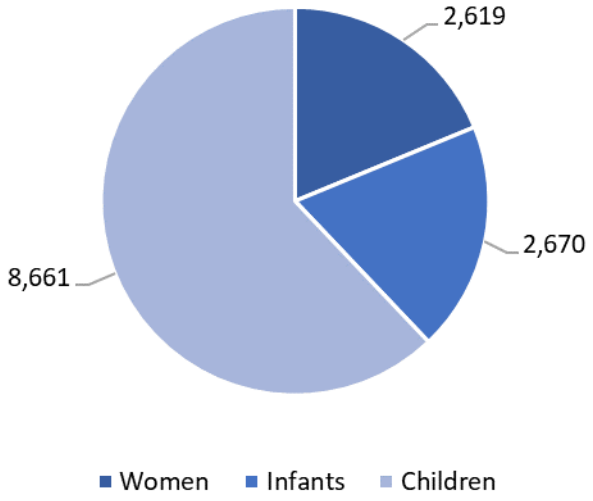
Exhibit 90: Method of Accessing Information on Issues During Pregnancy

	New Hampshire
Social Media	46.2%
Cell Phone Applications	52.2%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

- Out of the women who felt discriminated against by a healthcare provider during pregnancy, most felt like insurance status and income level were the top causes. The asterisk related to sexual orientation indicates less than 10 women statewide felt that this was a cause of discrimination.
- Nearly half of pregnant women are seeking information on issues during their pregnancy through social media while over half are using cell phone apps.

Exhibit 91: Women, Infants & Children Nutrition Program (WIC) State Participation Overview

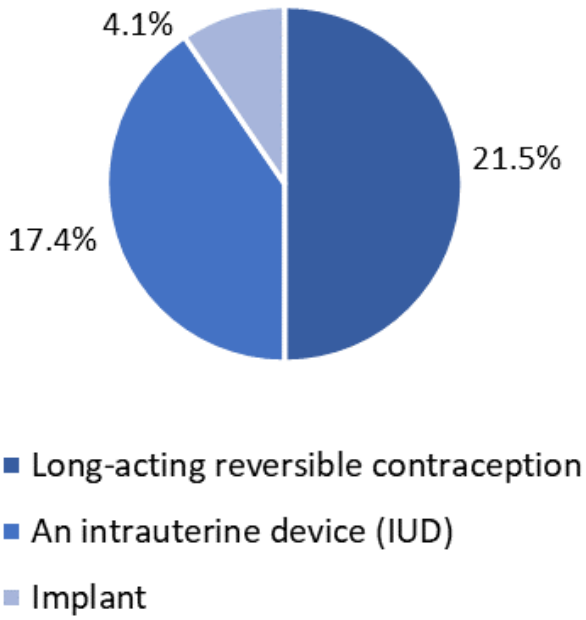


	New Hampshire
Total Participants	13,950
Women	2,619
Infants	2,670
Children	8,661
Women Enrolled During Pregnancy	21.3%
Mothers Enrolled Along With Their Infant After Pregnancy	25.1%

Source: U.S. Department of Agriculture. Food & Nutrition Service. WIC State Level Participation by Category & Program Costs: Level Monthly Spreadsheets, 2021

- According to the latest monthly report published in early September 2021, the total number of individuals enrolled in New Hampshire's WIC program is 3.4 percent higher compared to the same point in time in 2020. The latest Pregnancy Risk Assessment Monitoring System, or PRAMS, 2019 report shares that over 20 percent of participants were pregnant and over a quarter enrolled with their child postpartum.

Exhibit 92a: Women Using Postpartum Contraception



	New Hampshire
Total women using postpartum contraception	81.8%
Long-acting reversible contraception	21.5%
An intrauterine device (IUD)	17.4%
Implant	4.1%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

- Over 80 percent of women who gave birth opted to use contraception, mainly a long-acting but reversible method.

Over three-quarters of pregnant women were employed during their pregnancy and approximately half of these women decided to return to the workforce. Approximately half of the employed women returning to the workforce after childbirth took nine to 12 weeks of leave (48.0%).

Exhibit 93: Maternity Leave & Women Returning to the Workforce After Pregnancy

	New Hampshire
Total women employed during pregnancy	77.9%
Women who returned to work within 2-6 months postpartum	51.8%
Maternity leave	
Unpaid leave	45.7%
Paid leave	36.7%
Took a combination of paid and unpaid leave	14.6%
Important factors affecting the decision about taking leave	
Financially able (or not) to afford to take leave	37.5%
Job did not offer paid leave	40.2%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

Exhibit 94: Postpartum Check-Up Healthcare Provider Discussion Topics

	New Hampshire
Total women who had a postpartum checkup	90.8%
Discussed postpartum contraception	90.2%
Discussed healthy eating, exercise, & losing pregnancy weight	51.7%
Discussed birth spacing	54.1%
Gave or prescribed a contraceptive	38.2%
Inserted an IUD or implant	20.7%
Asked if smoking cigarettes	65.2%
Tested for diabetes	9.1%
Using illegal substances	85.6%
Asked about feeling down or depressed	95.9%
Asked about emotional or psychical abuse	65.4%
Advised taking a vitamin with folic acid	53.7%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

- During postpartum office visits, healthcare providers most frequently asked women about their mental health, contraception, and substance use. Mental health and substance use are two themes most frequently discussed during pre- and post-birth healthcare visits.

The top reasons women chose to use marijuana throughout their pregnancy were primarily to relieve stress or anxiety and to feel relaxed or have fun. These percentages have not shifted since 2017. The percentage of women who smoke cigarettes postpartum has declined from 13.6 percent in 2017 to 10.5 percent in 2018 but rose to 11.3 percent in 2019. The percentage of women experiencing depression before and during pregnancy has increased, predominantly during pregnancy.

In 2019, 17.3 percent of women experienced symptoms of depression, a 3.8 percent increase over a year. Nearly half of pregnant women feeling down or depressed did seek help from a healthcare provider. Nationally, the rate of diagnosed postpartum depression was seven times higher in 2015 compared to 2000 and in 2018, one in eight women experienced symptoms of postpartum depression.59 The rate of depression after birth declined slightly from eight percent in 2018.

Exhibit 95: Substance Use During & After Pregnancy

	New Hampshire
Used marijuana or hash during pregnancy	8.8%
Used marijuana or hash since giving birth	8.5%
Reasons cited for the use of marijuana or hash among users at any time:	
Relieve stress or anxiety	65.3%
For fun or to relax	41.9%
Relieve vomiting	27.6%
Relieve a chronic condition	14.0%
Other reasons	16.2%
Smoked cigarettes in the last three months of pregnancy	9.1%
Smoked cigarettes 2 - 6 months postpartum	11.3%
Used e-cigarettes in the last three months of pregnancy	1.8%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

Exhibit 96: Post-Partum Depression

	Pre-Pregnancy	Prenatal	Postpartum
Depression	17.1%	17.3%	7.5%
Sought mental health care for depression	14.5%	49.3%	19.1%

Source: New Hampshire Pregnancy Risk Assessment Monitoring System Data Summary, 2019

[59] Centers for Disease Control & Prevention. Reproductive Health. Depression During & After Pregnancy (2021)

Access to Prenatal Care in New Hampshire

Exhibit 97: Access to Hospitals or Birth Centers, 2017

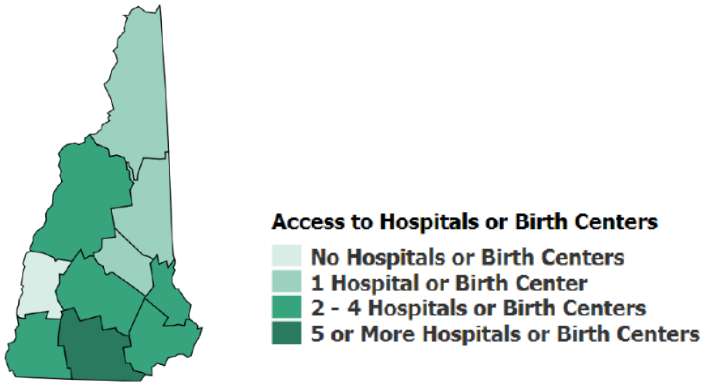
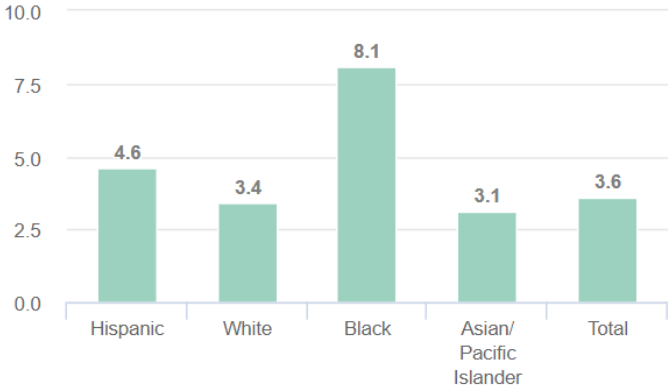


Exhibit 99: Late or No Care by Race & Ethnicity



- In 2017, 10 percent of counties had no hospital or birth center offering maternity care.
- During 2017 and 2019 (average), mothers identifying as Black or African American (8.1%) had the highest rates of late or no prenatal care compared to other maternal race and ethnicity categories.

Exhibit 98: Inadequate Prenatal Care by Race & Ethnicity

	Percent of Women
Hispanic	4.6%
White	3.4%
Black	8.1%
Asian or Pacific Islander	3.1%
Total	3.6%

- During 2017 and 2019 (average), American Indian/Alaska Native mothers (26.0%) had the highest rates of inadequate prenatal care compared to other maternal race and ethnicity categories.
- The rate of inadequate prenatal care among births to American Indian/Alaska Native women (26.0%) was two times higher than the rate among white women (8.7%).

Exhibit 100: Distribution of Obstetric Providers, 2017

	Per 1,000 Births
Belknap	240.0
Merrimack	222.4

- Obstetric provider defined as obstetrician, certified nurse midwife, or certified midwife.

Source: March of Dimes, Peristats

Sexual Health

In 2019, there were approximately 189.2 cases of Chlamydia per 100,000 residents in Belknap County, the second-lowest rate in the state and a decrease from 2018 which was 222.4 per 100,000 residents. Merrimack County had 218.6 cases, which was a decrease from 229.7 in 2018.

Exhibit 101: Prevalence of Chlamydia

	Rate per 100,000
New Hampshire	263.1
Belknap County	189.2
Carroll County	151.3
Cheshire County	293.1
Coos County	218.6
Grafton County	263.7
Hillsborough County	315.3
Merrimack County	218.6
Rockingham County	209.5
Strafford County	352.9
Sullivan County	236.4

Source: Centers for Disease Control & Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, 2021

Exhibit 102: Prevalence of Gonorrhea

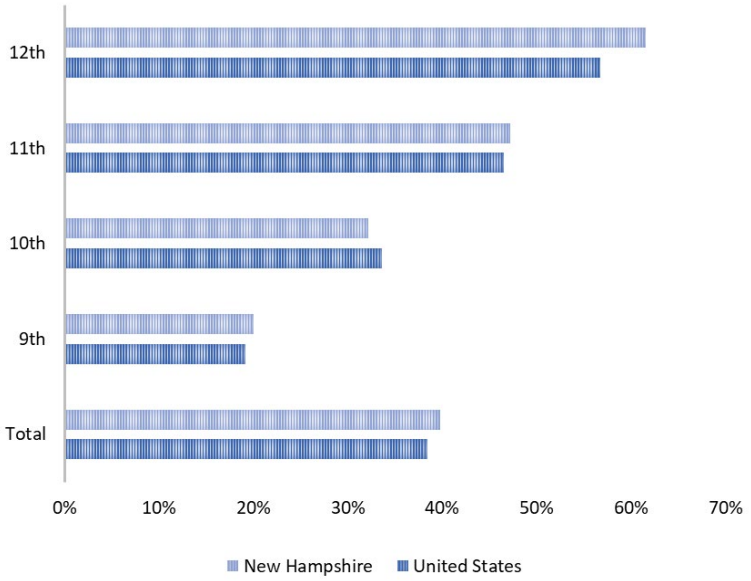
	Rate per 100,000
New Hampshire	30.2
Belknap County	19.6
Carroll County	16.4
Cheshire County	22.3
Coos County	15.8
Grafton County	24.5
Hillsborough County	47.0
Merrimack County	15.2
Rockingham County	22.0
Strafford County	42.9
Sullivan County	7.0

Source: Centers for Disease Control & Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, 2021

- In 2019, there were approximately 19.6 cases of Gonorrhea per 100,000 residents in Belknap County, nearly a 10 percent decrease from 2018 (29.4). Merrimack County had 15.2 cases, nearly a 25 percent decrease from 2018 (38.5).

Youth Sexual Health

Exhibit 103: Lifetime Sexual Intercourse, High School Students

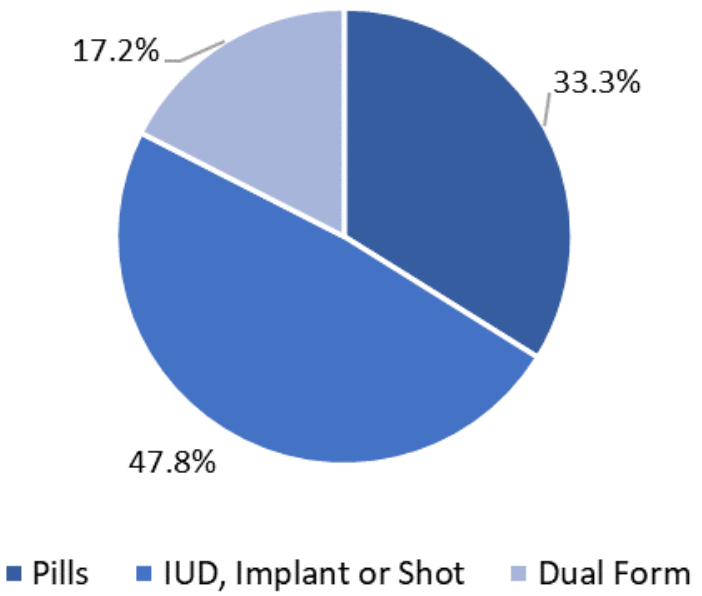


	United States	New Hampshire
Total	38.4%	39.8%
9th	19.2%	20.0%
10th	33.6%	32.2%
11th	46.5%	47.2%
12th	56.7%	61.6%

Source: Centers for Disease Control & Prevention High School Youth Risk Behavior Survey Data, 2019

- Nearly 40 percent of all high school students, of all sexes, in New Hampshire report having sex once while 30 percent report having sex at least once in the past three months. Approximately 7.2 percent of high school students in New Hampshire report having intercourse with more than four people. By 9th grade, approximately 20 percent of students have engaged in sexual intercourse. Approximately 10 percent of high school students have experienced some form of sexual violence at least once.

Exhibit 24: Methods of Birth Control, High School Students [60]



Pill	33.3%
IUD, Implant, or Shot	47.8%
Dual Form	17.2%

Source: Centers for Disease Control & Prevention High School Youth Risk Behavior Survey Data, 2019

- Overall, nearly half of high school students in New Hampshire use an IUD, implant, or shot as a method of birth control.

[60] Reported by high school females (9th to 12th grade)

Mental Health & Substance Misuse

The prevalence of overall substance use in New Hampshire is higher compared to the United States average. Marijuana seems to be the substance of choice for all ages. Cocaine use by those 18 to 25 years old is higher than the U.S. average. Alcohol use is overall more common in Merrimack County. The prevalence of substance use disorders and mental health illnesses in New Hampshire is higher for all ages compared to the U.S. New Hampshire has a lower percentage of adults who did not receive treatment for a mental illness compared to the United States. More adults living with a disability in New Hampshire could not see a doctor due to costs.

Exhibit 104: Prevalence of Mental Illness

	United States	New Hampshire
Ages 18 – 25		
2016 to 2017	23.9	26.7
2017 to 2018	26.0	28.9
2018 to 2019	27.9	33.2
Ages 26 +	**United States**	**New Hampshire**
2016 to 2017	18.6	19.2
2017 to 2018	19.0	20.6
2018 to 2019	18.6	22.4

Source: New Hampshire Health & Human Services Data Portal, 2018 - 2019

Exhibit 105: Prevalence of Substance Use by Age

	Marijuana		Cocaine		Pain Reliever Misuse		Methamphetamine	
	United States	New Hampshire	United States	New Hampshire	United States	New Hampshire	United States	New Hampshire
12 to 17	12.8	16.2	0.4	0.6	2.5	1.9	0.2	0.3
18 to 25	35.1	45.9	5.5	9.2	5.3	4.8	0.8	1
26 & older	14.3	18.3	1.6	1.9	3.4	3.3	0.8	0.4

Source: New Hampshire Health & Human Services Data Portal, 2018 – 2019

Exhibit 106: Adult Mental Health Snapshot

Past Year Occurrence	United States	New Hampshire
Prevalence of mental illness	19%	21%
Substance use disorder in the past year	8%	9%
Any mental illness who are uninsured	11%	8%
Any mental illness reporting unmet need	24%	25%
Any mental illness who did not receive treatment	57%	52%
Living with a disability who could not see a doctor due to costs	29%	27%

Source: Mental Health America Prevalence Data, 2021

Exhibit 107: Prevalence of Substance Use Disorders

	United States	New Hampshire
12 to 17	4.1	4.6
18 to 25	14.6	19.7
26 +	6.7	7.2

Source: New Hampshire Health & Human Services Data Portal, 2018 - 2019

Exhibit 108: Adult Alcohol Use

	New Hampshire	Belknap County	Merrimack County
Current Use	61.8%	55.0%	60.4%
Heavy Use	7.6%	6.0%	6.8%
Binge Drinking	16.2%	14.4%	15.0%

Source: New Hampshire Health & Human Services Data Portal, 2018

Exhibit 109: Youth Mental Health Snapshot

Past Year Occurrence	United States	New Hampshire
At least one major depressive episode (ages 12-17)	14%	15%
With a severe major depressive episode	10%	14%
With a substance use disorder	4%	4%
With major depression who did not receive mental health services	60%	57%
Children with private insurance that did not cover mental or emotional problems	ND	3%
Students identified with emotional disturbance for an individualized education program[61]	8%	13%

Source: Mental Health America Prevalence Data, 2021

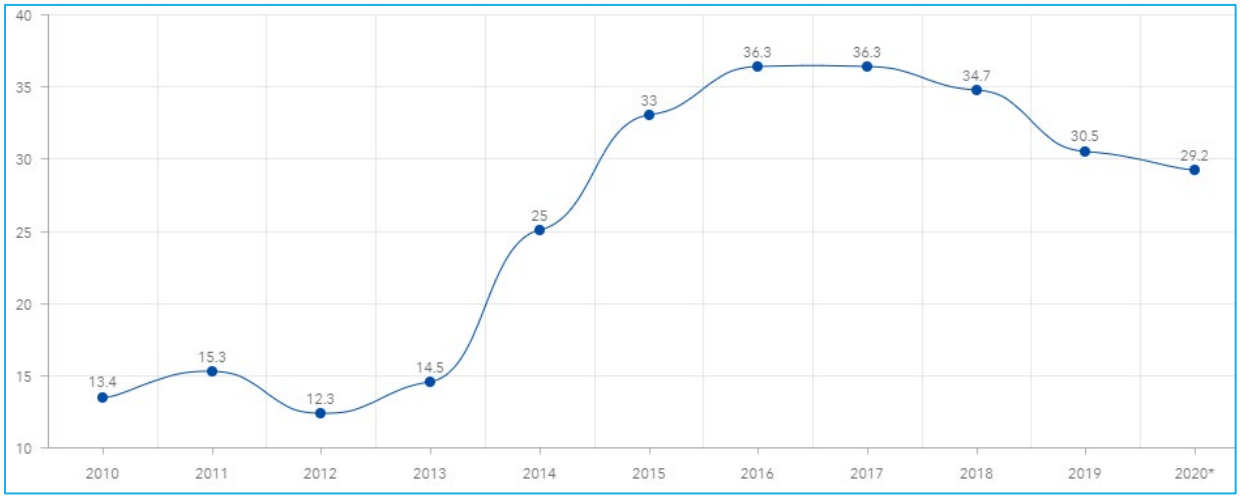
- More New Hampshire youth experienced at least one severe major depressive episode in the past year compared to the United States average. New Hampshire places 9th concerning students who identified with emotional disturbance for an individualized education program nationwide (2,095 students).

[61] Emotional Disturbance is used to define youth with a mental illness that is affecting their ability to succeed in school.

The Opioid Epidemic

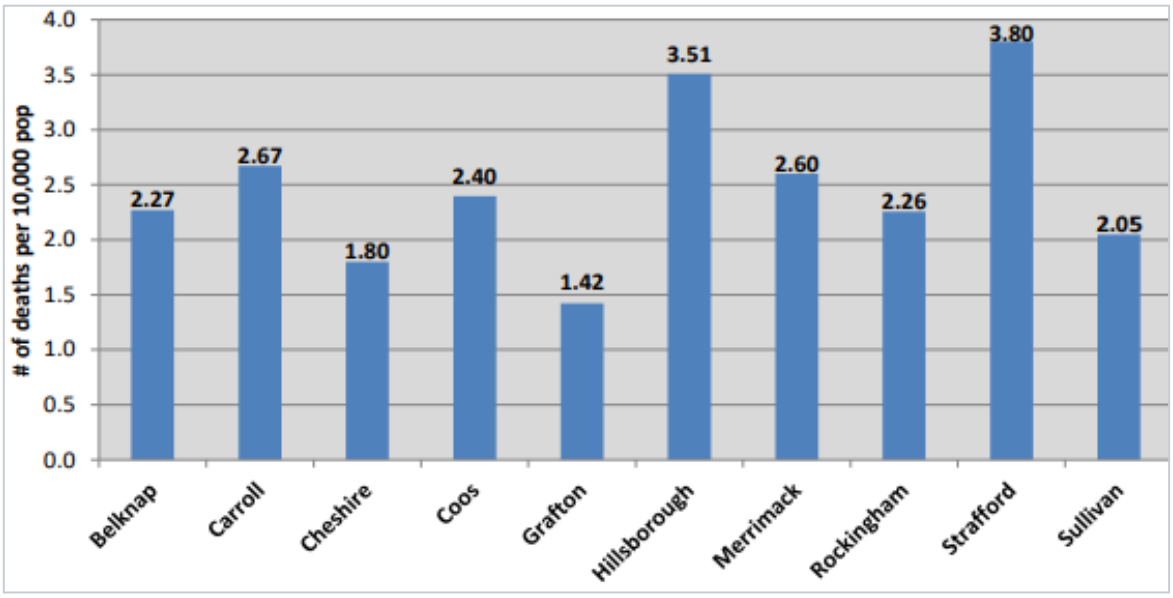
The sharp increase from 2013 to 2014 coincides directly with what the Centers for Disease Control and Prevention identify as the third wave of the opioid epidemic beginning in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl.

Exhibit 110: New Hampshire Drug Overdose Deaths By Year62



Source: The New Hampshire Drug Monitoring Initiative, Overview, 2021

Exhibit 111: Overdose Deaths by County, 2020

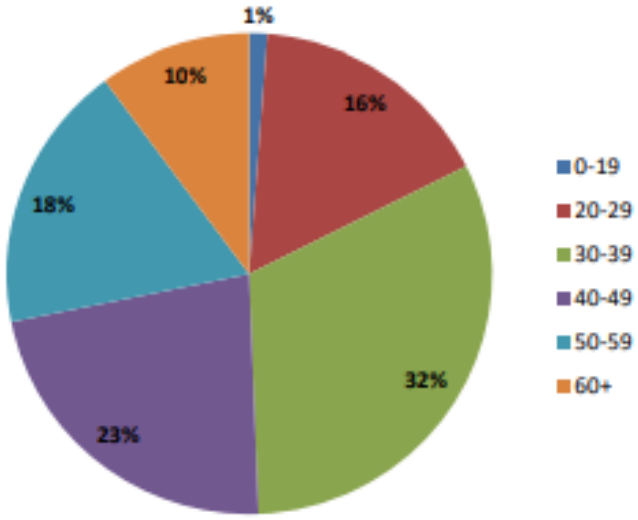


Source: The New Hampshire Drug Monitoring Initiative, Drug Environment Report, June 2021

[62] *2020 numbers are not finalized. They are based on analysis as of 11 March 2021.

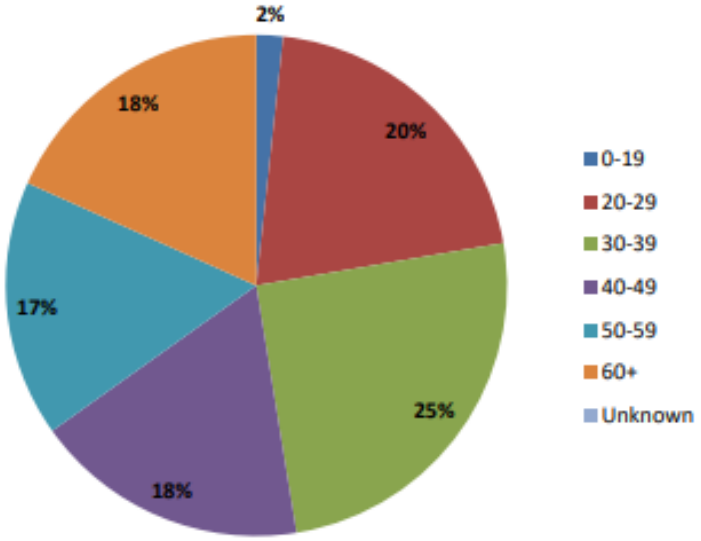
In 2020, 30 to 39-year-olds in New Hampshire experienced the highest percentages of a drug overdose at 32 percent.

Exhibit 112: New Hampshire Drug Overdose Deaths By Age, 202063



Source: The New Hampshire Drug Monitoring Initiative, Drug Environment Report, June 2021

Exhibit 113: Emergency Medical Services Narcan Administration By Age Group, June 2021

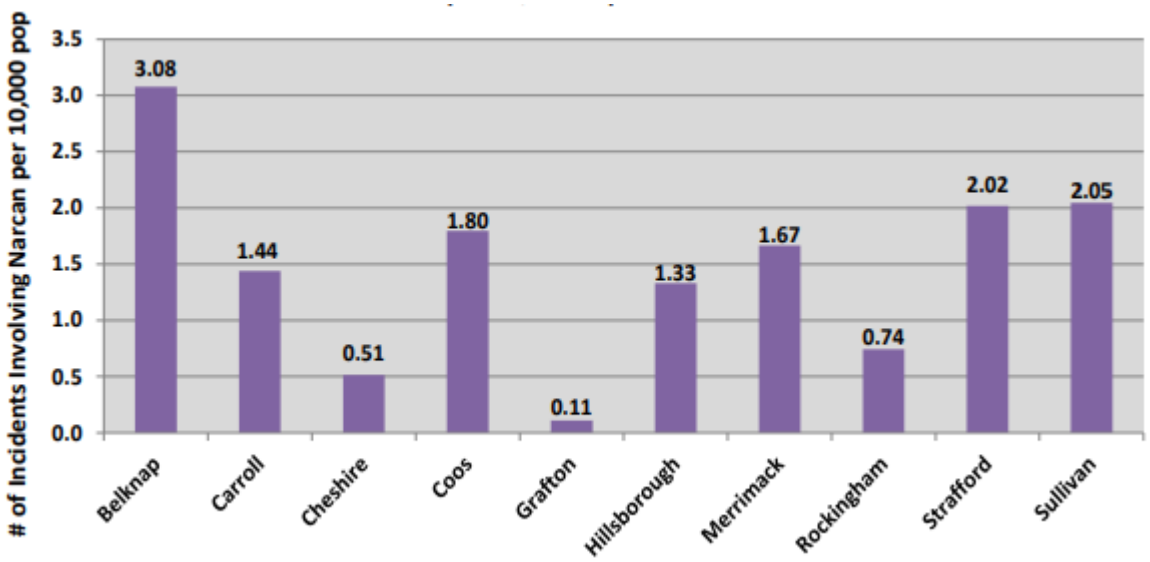


Source: The New Hampshire Drug Monitoring Initiative, Drug Environment Report, June 2021

[63] *2020 numbers are not finalized, and based on analysis as of 14 July 2021

In June 2021, Belknap County had the highest EMS Narcan administration incidents per capita with 3.08 incidents per 10,000 population

Exhibit 114: Emergency Medical Services Narcan Administration By County, June 2021



Source: The New Hampshire Drug Monitoring Initiative, Drug Environment Report, June 2021

- As of June 2021, Belknap County had the highest EMS Narcan administration incidents per capita with 3.08 incidents per 10,000 population.

Appendix D: Additional Community Survey Data Tables

Exhibit 115: Needs by County

Rank	Belknap County	Merrimack County	Other	Total
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable
2	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments
3	Increasing the number of affordable apartments	Increasing the number of affordable houses for sale	Increasing the number of dentists who serve Medicaid patients	Providing more flexible and affordable childcare options for working parent(s)
4	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of affordable apartments	Increasing the number of dentists who serve Medicaid patients
5	Increasing the number of affordable childcare providers	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of affordable childcare providers
6	Expanding crisis services for mental health and substance use disorders	Increasing the number of dentists who serve Medicaid patients	Reducing the amount of drug misuse (heroin, cocaine, etc.)	Increasing the number of affordable houses for sale
7	Increasing the number of high quality licensed childcare providers	Developing more livable-wage jobs	Increasing the number of high quality licensed childcare providers	Increasing the number of high quality licensed childcare providers
8	Reducing the amount of drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Increasing the number of affordable houses for sale	Developing more livable-wage jobs
9	Increasing the number of affordable houses for sale	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities
10	Increasing the number of mental health providers in rural communities	Creating more emergency shelter beds for people who are homeless	Expanding crisis services for mental health and substance use disorders	Reducing the amount of drug misuse (heroin, cocaine, etc.)

11	Developing more livable-wage jobs	Developing rental and mortgage assistance programs	Reducing the amount of opioid misuse	Expanding crisis services for mental health and substance use disorders
12	Creating more emergency shelter beds for people who are homeless	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Developing more livable-wage jobs	Reducing the amount of opioid misuse
13	Reducing the amount of opioid misuse	Reducing the amount of drug misuse (heroin, cocaine, etc.)	Providing more recreational opportunities for youth	Creating more emergency shelter beds for people who are homeless
14	Increasing the number of landlords who accept housing vouchers	Expanding crisis services for mental health and substance use disorders	Reducing stigma associated with mental health and substance misuse	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)
15	Making public transportation available in rural communities	Reducing the amount of opioid misuse	Increasing the number of substance use disorder providers and services	Reducing stigma associated with mental health and substance misuse
16	Providing more transportation options to childcare services	Increasing the number of landlords who accept housing vouchers	Creating more emergency shelter beds for people who are homeless	Developing rental and mortgage assistance programs
17	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Reducing stigma associated with mental health and substance misuse	Developing rental and mortgage assistance programs	Increasing the number of landlords who accept housing vouchers
18	Providing more after-school programs for school-aged children	Creating technical school, trade school, or job training options	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing more recreational opportunities for youth
19	Reducing stigma associated with mental health and substance misuse	Creating higher quality rental apartments and houses	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more after-school programs for school-aged children
20	Providing more recreational opportunities for youth	Providing more after-school programs for school-aged children	Increasing the number of landlords who accept housing vouchers	Creating higher quality rental apartments and houses
21	Creating higher quality rental apartments and houses	Providing more recreational opportunities for youth	Providing more transportation options to childcare services	Making public transportation available in rural communities

22	Increasing the number of substance use disorder providers and services	Making public transportation available in rural communities	Providing more after-school programs for school-aged children	Increasing the number of substance use disorder providers and services
23	Developing rental and mortgage assistance programs	Increasing the number of substance use disorder providers and services	Making public transportation available in rural communities	Providing more transportation options to childcare services
24	Adding better routes and time schedules to current public transportation system	Providing more senior housing options	Creating higher quality rental apartments and houses	Expanding food options for people with dietary restrictions or allergies at food pantries
25	Expanding food options for people with dietary restrictions or allergies at food pantries	Expanding food options for people with dietary restrictions or allergies at food pantries	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Creating technical school, trade school, or job training options
26	Providing more senior housing options	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of childhood obesity	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)
27	Expanding open hours at food pantries	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Expanding open hours at food pantries	Providing more senior housing options
28	Reducing the amount of alcohol misuse	Providing more transportation options to childcare services	Increasing the number of detox facilities	Reducing the amount of childhood obesity
29	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing help with utility assistance (heating fuel, electricity, etc.)	Providing help with utility assistance (heating fuel, electricity, etc.)	Reducing the amount of alcohol misuse
30	Reducing the amount of childhood obesity	Providing job growth opportunities	Reducing the amount of alcohol misuse	Increasing programs for major housing repairs (roofs, windows, etc.)
31	Providing help with the cost of vehicle repairs	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Reducing the amount of smoking and vaping	Expanding open hours at food pantries
32	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Reducing the amount of alcohol misuse	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing job growth opportunities

33	Providing job growth opportunities	Reducing the amount of adult obesity	Providing more senior housing options	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)
34	Creating technical school, trade school, or job training options	Reducing the amount of childhood obesity	Creating technical school, trade school, or job training options	Providing help with utility assistance (heating fuel, electricity, etc.)
35	Reducing the amount of smoking and vaping	Increasing the number of detox facilities	Reducing the amount of adult obesity	Increasing the number of detox facilities
36	Providing help with the cost of vehicle insurance and regular maintenance	Expanding open hours at food pantries	Providing help with the cost of vehicle repairs	Reducing the amount of adult obesity
37	Increasing the number of detox facilities	Improving access to high-speed internet and technology	Providing job growth opportunities	Providing help with the cost of vehicle repairs
38	Reducing the amount of adult obesity	Providing help with the cost of vehicle repairs	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Reducing the amount of smoking and vaping
39	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of smoking and vaping	Providing help with the cost of vehicle insurance and regular maintenance	Adding better routes and time schedules to current public transportation system
40	Providing help with weatherization	Providing help with the cost of vehicle insurance and regular maintenance	Improving access to high-speed internet and technology	Providing help with the cost of vehicle insurance and regular maintenance
41	Providing help with utility assistance (heating fuel, electricity, etc.)	Adding better routes and time schedules to current public transportation system	Providing help with weatherization	Improving access to high-speed internet and technology
42	Improving access to high-speed internet and technology	Providing help with weatherization	Adding better routes and time schedules to current public transportation system	Providing help with weatherization
43	Providing soft skills education (customer service, showing up on time, etc.)	Providing soft skills education (customer service, showing up on time, etc.)	Providing soft skills education (customer service, showing up on time, etc.)	Providing soft skills education (customer service, showing up on time, etc.)

44	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)

Exhibit 116: Needs by Income Level - Total Service Area

Which of the following ranges best describes your total annual household income in the past year?							
Rank	**Under $15,000**	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Increasing the number of affordable apartments	Increasing the number of affordable houses for sale	Providing more senior housing options	Creating technical school, trade school, or other job training options
2	Increasing the number of dentists who serve Medicaid patients	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers	Making dental care more affordable	Developing more livable	Increasing the number of affordable houses for sale	Adding better routes and time schedules to current public transportation system
3	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Increasing the number of high quality licensed childcare providers	Expanding crisis services for mental health and substance use disorders
4	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Making dental care more affordable
5	Increasing the number of affordable houses for sale	Increasing the number of affordable childcare providers	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Making dental care more affordable	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Expanding open hours at food pantries

6	Increasing the number of landlords who accept housing vouchers	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of affordable houses for sale	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing stigma associated with mental health and substance misuse	Increasing the number of affordable childcare providers	Providing soft skills education (customer service, showing up on time, etc.)
7	Increasing the number of affordable childcare providers	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of affordable houses for sale	Increasing the number of affordable childcare providers	Making dental care more affordable	Reducing the amount of opioid misuse
8	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Providing more after-school programs for school-aged children	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of substance use disorder providers and services
9	Increasing the number of high quality licensed childcare providers	Developing more livable-wage jobs	Developing rental and mortgage assistance programs	Expanding crisis services for mental health and substance use disorders	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Creating more emergency shelter beds for people who are homeless	Reducing the amount of smoking and vaping
10	Reducing stigma associated with mental health and substance misuse	Increasing the number of affordable houses for sale	Expanding crisis services for mental health and substance use disorders	Increasing the number of high quality licensed childcare providers	Increasing the number of high quality licensed childcare providers	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable apartments
11	Expanding crisis services for mental health and substance use disorders	Developing rental and mortgage assistance programs	Providing more recreational opportunities for youth	Creating more emergency shelter beds for people who are homeless	Improving access to high-speed internet and technology	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities
12	Providing more recreational	Creating more emergency shelter	Creating more emergency shelter	Reducing stigma associated with	Creating technical school, trade school, or other	Providing more transportation	Providing more after-school programs for

	opportunities for youth	beds for people who are homeless	beds for people who are homeless	mental health and substance misuse	job training options	options to childcare services	school-aged children
13	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Developing more livable-wage jobs	Increasing the number of affordable apartments	Providing more after-school programs for school-aged children	Increasing the number of affordable childcare providers
14	Providing help with the cost of vehicle repairs	Increasing the number of landlords who accept housing vouchers	Increasing the number of high quality licensed childcare providers	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more flexible and affordable childcare options for working parent(s)	Developing more livable-wage jobs	Improving access to high-speed internet and technology
15	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing stigma associated with mental health and substance misuse	Providing more after-school programs for school-aged children	Increasing the number of dentists who serve Medicaid patients	Increasing the number of dentists who serve Medicaid patients	Expanding crisis services for mental health and substance use disorders	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)
16	Providing help with the cost of vehicle insurance and regular maintenance	Expanding crisis services for mental health and substance use disorders	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more recreational opportunities for youth	Creating more emergency shelter beds for people who are homeless	Creating higher quality rental apartments and houses	Increasing the number of landlords who accept housing vouchers
17	Creating more shelter beds for certain populations (children, women,	Creating more shelter beds for certain populations (children, women,	Reducing the amount of opioid misuse	Developing rental and mortgage assistance programs	Providing more transportation options to childcare services	Increasing the number of landlords who accept housing vouchers	Increasing the number of affordable houses for sale

	families, LGBTQIA, veterans, etc.)	families, LGBTQIA, veterans, etc.)					
18	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing more after-school programs for school-aged children	Increasing the number of landlords who accept housing vouchers	Adding better routes and time schedules to current public transportation system	Providing job growth opportunities	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)
19	Creating more emergency shelter beds for people who are homeless	Providing more recreational opportunities for youth	Making public transportation available in rural communities	Increasing the number of substance use disorder providers and services	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making public transportation available in rural communities	Reducing the amount of alcohol misuse
20	Providing more transportation options to childcare services	Creating higher quality rental apartments and houses	Creating higher quality rental apartments and houses	Making public transportation available in rural communities	Creating higher quality rental apartments and houses	Creating technical school, trade school, or other job training options	Making public transportation available in rural communities
21	Developing rental and mortgage assistance programs	Expanding food options for people with dietary restrictions or allergies at food pantries	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing more senior housing options	Increasing the number of substance use disorder providers and services	Increasing the number of detox facilities	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)
22	Creating higher quality rental apartments and houses	Increasing the number of substance use disorder providers and services	Reducing the amount of childhood obesity	Creating higher quality rental apartments and houses	Making public transportation available in rural communities	Increasing programs for major housing repairs (roofs, windows, etc.)	Creating more emergency shelter beds for people who are homeless
23	Reducing the amount of opioid misuse	Making public transportation	Creating technical school, trade school, or other	Increasing the number of landlords who	Developing rental and mortgage	Reducing stigma associated with	Providing more recreational

		available in rural communities	job training options	accept housing vouchers	assistance programs	mental health and substance misuse	opportunities for youth
24	Expanding open hours at food pantries	Providing more transportation options to childcare services	Reducing stigma associated with mental health and substance misuse	Creating technical school, trade school, or other job training options	Providing more senior housing options	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of high quality licensed childcare providers
25	Reducing the amount of alcohol misuse	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Providing help with utility assistance (heating fuel, electricity, etc.)	Reducing the amount of adult obesity	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Reducing the amount of childhood obesity	Developing more livable-wage jobs
26	Making public transportation available in rural communities	Reducing the amount of smoking and vaping	Providing more transportation options to childcare services	Increasing programs for major housing repairs (roofs, windows, etc.)	Adding better routes and time schedules to current public transportation system	Developing rental and mortgage assistance programs	Creating higher quality rental apartments and houses
27	Increasing the number of substance use disorder providers and services	Reducing the amount of alcohol misuse	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing more after-school programs for school-aged children	Reducing the amount of opioid misuse	Improving access to high-speed internet and technology	Reducing stigma associated with mental health and substance misuse
28	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing help with the cost of vehicle repairs	Providing more senior housing options	Providing more transportation options to childcare services	Providing more recreational opportunities for youth	Increasing the number of substance use disorder providers and services	Reducing the amount of other drug misuse (heroin, cocaine, etc.)

29	Providing more after-school programs for school-aged children	Increasing the number of detox facilities	Increasing the number of substance use disorder providers and services	Reducing the amount of alcohol misuse	Increasing the number of detox facilities	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Providing help with the cost of vehicle insurance and regular maintenance
30	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Expanding open hours at food pantries	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Increasing the number of landlords who accept housing vouchers	Reducing the amount of opioid misuse	Providing help with the cost of vehicle repairs
31	Increasing the number of detox facilities	Reducing the amount of childhood obesity	Providing job growth opportunities	Providing help with utility assistance (heating fuel, electricity, etc.)	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with weatherization
32	Providing job growth opportunities	Creating technical school, trade school, or other job training options	Reducing the amount of adult obesity	Expanding food options for people with dietary restrictions or allergies at food pantries	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing help with weatherization	Expanding food options for people with dietary restrictions or allergies at food pantries
33	Reducing the amount of childhood obesity	Providing job growth opportunities	Providing help with weatherization	Increasing the number of detox facilities	Reducing the amount of alcohol misuse	Providing job growth opportunities	Increasing the number of detox facilities
34	Creating technical school, trade school, or other job training options	Increasing programs for major housing repairs (roofs, windows, etc.)	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Improving access to high-speed internet and technology	Reducing the amount of childhood obesity	Adding better routes and time schedules to current public transportation system	Providing help with utility assistance (heating fuel, electricity, etc.)

35	Increasing programs for major housing repairs (roofs, windows, etc.)	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Reducing the amount of smoking and vaping	Providing help with the cost of vehicle repairs	Expanding open hours at food pantries	Providing more recreational opportunities for youth	Increasing programs for minor housing repairs (paint, upgrades, etc.)
36	Providing more senior housing options	Reducing the amount of adult obesity	Reducing the amount of alcohol misuse	Reducing the amount of childhood obesity	Providing help with the cost of vehicle repairs	Reducing the amount of adult obesity	Increasing programs for major housing repairs (roofs, windows, etc.)
37	Reducing the amount of adult obesity	Providing help with utility assistance (heating fuel, electricity, etc.)	Adding better routes and time schedules to current public transportation system	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing help with the cost of vehicle insurance and regular maintenance	Providing help with utility assistance (heating fuel, electricity, etc.)	Developing rental and mortgage assistance programs
38	Providing help with utility assistance (heating fuel, electricity, etc.)	Providing help with the cost of vehicle insurance and regular maintenance	Expanding open hours at food pantries	Reducing the amount of smoking and vaping	Providing help with weatherization	Expanding open hours at food pantries	Reducing the amount of childhood obesity
39	Adding better routes and time schedules to current public transportation system	Providing more senior housing options	Providing help with the cost of vehicle repairs	Providing soft skills education (customer service, showing up on time, etc.)	Reducing the amount of adult obesity	Reducing the amount of alcohol misuse	Increasing the number of dentists who serve Medicaid patients

40	Reducing the amount of smoking and vaping	Improving access to high-speed internet and technology	Increasing the number of detox facilities	Providing help with weatherization	Reducing the amount of smoking and vaping	Reducing the amount of smoking and vaping	Providing more transportation options to childcare services
41	Improving access to high-speed internet and technology	Providing help with weatherization	Providing soft skills education (customer service, showing up on time, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing help with utility assistance (heating fuel, electricity, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing job growth opportunities
42	Providing help with weatherization	Providing soft skills education (customer service, showing up on time, etc.)	Improving access to high-speed internet and technology	Expanding open hours at food pantries	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing more senior housing options
43	Providing soft skills education (customer service, showing up on time, etc.)	Adding better routes and time schedules to current public transportation system	Providing help with the cost of vehicle insurance and regular maintenance	Providing help with the cost of vehicle insurance and regular maintenance	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with the cost of vehicle repairs	Reducing the amount of adult obesity
44	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing job growth opportunities	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing help with the cost of vehicle insurance and regular maintenance	Providing more flexible and affordable childcare options for working parent(s)

Exhibit 117: Needs by Income Level - Belknap County

Belknap County	Which of the following ranges best describes your total annual household income in the past year?						
Rank	**Under $15,000**	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Increasing the number of affordable apartments	Making dental care more affordable	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of landlords who accept housing vouchers	Providing more senior housing options	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)
2	Increasing the number of affordable apartments	Increasing the number of dentists who serve Medicaid patients	Expanding crisis services for mental health and substance use disorders	Making dental care more affordable	Increasing the number of dentists who serve Medicaid patients	Creating higher quality rental apartments and houses	Expanding open hours at food pantries
3	Providing more flexible and affordable childcare options for working parent(s)	Making dental care more affordable	Increasing the number of mental health providers in rural communities	Increasing the number of dentists who serve Medicaid patients	Reducing stigma associated with mental health and substance misuse	Increasing the number of high quality licensed childcare providers	Expanding crisis services for mental health and substance use disorders
4	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers	Increasing the number of dentists who serve Medicaid patients	Providing more after-school programs for school-aged children	Making dental care more affordable	Increasing the number of affordable childcare providers	Increasing the number of substance use disorder providers and services
5	Increasing the number of affordable houses for sale	Increasing the number of landlords who accept housing vouchers	Increasing the number of affordable childcare providers	Increasing the number of affordable apartments	Developing more livable-wage jobs	Providing more transportation options to childcare services	Increasing the number of mental health providers in rural communities
6	Increasing the number of affordable	Providing more flexible and affordable childcare options	Reducing the amount of other drug misuse	Increasing the number of high quality licensed childcare providers	Creating higher quality rental apartments and houses	Providing more flexible and affordable childcare options	Providing more recreational opportunities for youth

	childcare providers	for working parent(s)	(heroin, cocaine, etc.)			for working parent(s)	
7	Developing more livable	Increasing the number of high quality licensed childcare providers	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of detox facilities	Creating technical school, trade school, or other job training options	Creating technical school, trade school, or other job training options
8	Providing help with the cost of vehicle repairs	Creating higher quality rental apartments and houses	Providing more after-school programs for school-aged children	Increasing the number of affordable childcare providers	Expanding food options for people with dietary restrictions or allergies at food pantries	Developing more livable	Adding better routes and time schedules to current public transportation system
9	Increasing the number of high quality licensed childcare providers	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing the amount of childhood obesity	Making public transportation available in rural communities	Providing more transportation options to childcare services	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)
10	Expanding crisis services for mental health and substance use disorders	Developing rental and mortgage assistance programs	Developing more livable-wage jobs	Developing more livable-wage jobs	Improving access to high-speed internet and technology	Increasing the number of affordable apartments	Creating more emergency shelter beds for people who are homeless
11	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of affordable houses for sale	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Creating technical school, trade school, or other job training options	Providing more after-school programs for school-aged children	Providing more senior housing options
12	Reducing the amount of opioid misuse	Expanding crisis services for mental health and	Increasing the number of landlords who	Providing more recreational	Creating more shelter beds for certain populations	Creating more shelter beds for certain populations	Creating higher quality rental

		substance use disorders	accept housing vouchers	opportunities for youth	(children, women, families, LGBTQIA, veterans, etc.)	(children, women, families, LGBTQIA, veterans, etc.)	apartments and houses
13	Increasing the number of mental health providers in rural communities	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing more transportation options to childcare services	Adding better routes and time schedules to current public transportation system	Creating more emergency shelter beds for people who are homeless	Increasing the number of affordable houses for sale	Reducing stigma associated with mental health and substance misuse
14	Providing more recreational opportunities for youth	Reducing the amount of opioid misuse	Creating more emergency shelter beds for people who are homeless	Providing more transportation options to childcare services	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing job growth opportunities	Increasing the number of detox facilities
15	Increasing the number of landlords who accept housing vouchers	Making public transportation available in rural communities	Providing more recreational opportunities for youth	Increasing the number of affordable houses for sale	Making public transportation available in rural communities	Creating more emergency shelter beds for people who are homeless	Reducing the amount of opioid misuse
16	Reducing the amount of alcohol misuse	Reducing stigma associated with mental health and substance misuse	Increasing the number of affordable houses for sale	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable houses for sale	Increasing the number of dentists who serve Medicaid patients	Improving access to high-speed internet and technology
17	Reducing stigma associated with mental health and substance misuse	Developing more livable-wage jobs	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing help with the cost of vehicle repairs	Expanding open hours at food pantries	Reducing the amount of opioid misuse	Making public transportation available in rural communities
18	Creating more emergency shelter	Creating more shelter beds for certain populations	Increasing the number of high	Reducing the amount of opioid misuse	Increasing the number of substance use	Making dental care more affordable	Helping more people who are homeless to find

	beds for people who are homeless	(children, women, families, LGBTQIA, veterans, etc.)	quality licensed childcare providers		disorder providers and services		their missing identification documents (driver's license, social security number, etc.)
19	Providing more transportation options to childcare services	Increasing the number of mental health providers in rural communities	Expanding food options for people with dietary restrictions or allergies at food pantries	Providing help with the cost of vehicle insurance and regular maintenance	Increasing the number of mental health providers in rural communities	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with weatherization
20	Providing job growth opportunities	Creating more emergency shelter beds for people who are homeless	Reducing stigma associated with mental health and substance misuse	Creating more emergency shelter beds for people who are homeless	Reducing the amount of childhood obesity	Making public transportation available in rural communities	Increasing programs for major housing repairs (roofs, windows, etc.)
21	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more after-school programs for school-aged children	Developing rental and mortgage assistance programs	Expanding open hours at food pantries	Providing more after-school programs for school-aged children	Increasing programs for major housing repairs (roofs, windows, etc.)	Developing rental and mortgage assistance programs
22	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing help with the cost of vehicle repairs	Expanding open hours at food pantries	Developing rental and mortgage assistance programs	Increasing the number of affordable childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments
23	Providing more senior housing options	Providing more recreational	Reducing the amount of opioid misuse	Improving access to high-speed	Providing job growth opportunities	Reducing the amount of childhood obesity	Expanding food options for people with dietary

		opportunities for youth		internet and technology			restrictions or allergies at food pantries
24	Increasing the number of substance use disorder providers and services	Increasing the number of substance use disorder providers and services	Creating technical school, trade school, or other job training options	Reducing stigma associated with mental health and substance misuse	Adding better routes and time schedules to current public transportation system	Providing more recreational opportunities for youth	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
25	Making public transportation available in rural communities	Increasing the number of detox facilities	Making public transportation available in rural communities	Creating technical school, trade school, or other job training options	Providing help with weatherization	Reducing the amount of adult obesity	Reducing the amount of alcohol misuse
26	Providing help with the cost of vehicle insurance and regular maintenance	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Increasing the number of affordable apartments	Reducing the amount of smoking and vaping	Reducing the amount of childhood obesity
27	Expanding food options for people with dietary restrictions or allergies at food pantries	Reducing the amount of alcohol misuse	Reducing the amount of alcohol misuse	Providing soft skills education (customer service, showing up on time, etc.)	Reducing the amount of adult obesity	Increasing the number of landlords who accept housing vouchers	Reducing the amount of adult obesity
28	Providing more after-school programs for school-aged children	Providing help with weatherization	Adding better routes and time schedules to current public transportation system	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more flexible and affordable childcare options for working parent(s)	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Making dental care more affordable

29	Developing rental and mortgage assistance programs	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing job growth opportunities	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing the number of high quality licensed childcare providers	Improving access to high-speed internet and technology	Providing more after-school programs for school-aged children
30	Expanding open hours at food pantries	Reducing the amount of smoking and vaping	Increasing the number of substance use disorder providers and services	Creating higher quality rental apartments and houses	Providing help with utility assistance (heating fuel, electricity, etc.)	Adding better routes and time schedules to current public transportation system	Providing more transportation options to childcare services
31	Reducing the amount of smoking and vaping	Providing more transportation options to childcare services	Providing help with weatherization	Reducing the amount of smoking and vaping	Developing rental and mortgage assistance programs	Providing help with utility assistance (heating fuel, electricity, etc.)	Providing more flexible and affordable childcare options for working parent(s)
32	Creating technical school, trade school, or other job training options	Providing more senior housing options	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Developing rental and mortgage assistance programs	Increasing the number of affordable childcare providers
33	Increasing the number of detox facilities	Adding better routes and time schedules to current public transportation system	Providing help with utility assistance (heating fuel, electricity, etc.)	Reducing the amount of adult obesity	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Providing soft skills education (customer service, showing up on time, etc.)
34	Creating higher quality rental apartments and houses	Providing help with the cost of vehicle insurance	Creating higher quality rental apartments and houses	Increasing the number of landlords who	Increasing the availability of prepared foods for	Expanding food options for people with dietary restrictions or	Providing help with utility assistance (heating

		and regular maintenance		accept housing vouchers	seniors (Meals on Wheels, etc.)	allergies at food pantries	fuel, electricity, etc.)
35	Adding better routes and time schedules to current public transportation system	Expanding open hours at food pantries	Providing more senior housing options	Increasing the number of substance use disorder providers and services	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Expanding crisis services for mental health and substance use disorders	Increasing programs for minor housing repairs (paint, upgrades, etc.)
36	Reducing the amount of adult obesity	Reducing the amount of adult obesity	Increasing programs for major housing repairs (roofs, windows, etc.)	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of alcohol misuse	Increasing the number of detox facilities	Increasing the number of landlords who accept housing vouchers
37	Reducing the amount of childhood obesity	Providing help with utility assistance (heating fuel, electricity, etc.)	Reducing the amount of adult obesity	Reducing the amount of childhood obesity	Reducing the amount of smoking and vaping	Increasing the number of substance use disorder providers and services	Reducing the amount of smoking and vaping
38	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Improving access to high-speed internet and technology	Reducing the amount of smoking and vaping	Providing help with utility assistance (heating fuel, electricity, etc.)	Providing more recreational opportunities for youth	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing the number of dentists who serve Medicaid patients
39	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of childhood obesity	Improving access to high-speed internet and technology	Increasing the number of detox facilities	Providing soft skills education (customer service, showing up on time, etc.)	Reducing stigma associated with mental health and substance misuse	Increasing the number of high quality licensed childcare providers
40	Providing soft skills education (customer service, showing up on time, etc.)	Providing job growth opportunities	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Reducing the amount of alcohol misuse	Providing help with the cost of vehicle insurance and regular maintenance	Providing help with weatherization	Providing job growth opportunities

41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Increasing the number of detox facilities	Providing job growth opportunities	Expanding crisis services for mental health and substance use disorders	Reducing the amount of alcohol misuse	Developing more livable-wage jobs
42	Providing help with weatherization	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with the cost of vehicle repairs	Providing help with weatherization	Reducing the amount of opioid misuse	Providing help with the cost of vehicle insurance and regular maintenance	Providing help with the cost of vehicle insurance and regular maintenance
43	Providing help with utility assistance (heating fuel, electricity, etc.)	Creating technical school, trade school, or other job training options	Providing soft skills education (customer service, showing up on time, etc.)	Providing more senior housing options	Providing help with the cost of vehicle repairs	Providing help with the cost of vehicle repairs	Providing help with the cost of vehicle repairs
44	Improving access to high-speed internet and technology	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing help with the cost of vehicle insurance and regular maintenance	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing more senior housing options	Expanding open hours at food pantries	Increasing the number of affordable houses for sale

Exhibit 118: Needs by Income Level - Merrimack County

Which of the following ranges best describes your total annual household income in the past year?							
Rank	**Under $15,000**	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Increasing the number of affordable apartments	Increasing the number of affordable houses for sale	Providing more senior housing options	Reducing the amount of smoking and vaping
2	Increasing the number of affordable houses for sale	Increasing the number of affordable apartments	Increasing the number of affordable childcare providers	Increasing the number of affordable houses for sale	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable houses for sale	Making dental care more affordable
3	Increasing the number of dentists who serve Medicaid patients	Reducing the amount of opioid misuse	Increasing the number of affordable apartments	Creating more emergency shelter beds for people who are homeless	Developing more livable-wage jobs	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing soft skills education (customer service, showing up on time, etc.)
4	Increasing the number of affordable apartments	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of affordable houses for sale	Expanding crisis services for mental health and substance use disorders	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Creating technical school, trade school, or other job training options
5	Increasing the number of landlords who accept housing vouchers	Increasing the number of dentists who serve Medicaid patients	Providing more flexible and affordable childcare options for working parent(s)	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Increasing the number of affordable childcare providers	Increasing the number of high quality licensed childcare providers	Increasing the number of affordable houses for sale
6	Providing more flexible and affordable	Providing more flexible and affordable	Increasing the number of mental	Increasing the number of mental	Making dental care more affordable	Making dental care more affordable	Providing more after-school programs for

	childcare options for working parent(s)	childcare options for working parent(s)	health providers in rural communities	health providers in rural communities			school-aged children
7	Increasing the number of affordable childcare providers	Increasing the number of affordable childcare providers	Increasing the number of dentists who serve Medicaid patients	Making dental care more affordable	Providing more after-school programs for school-aged children	Increasing the number of dentists who serve Medicaid patients	Increasing the number of affordable childcare providers
8	Developing more livable-wage jobs	Increasing the number of high quality licensed childcare providers	Developing rental and mortgage assistance programs	Reducing stigma associated with mental health and substance misuse	Reducing stigma associated with mental health and substance misuse	Increasing the number of affordable childcare providers	Increasing the number of high quality licensed childcare providers
9	Providing help with the cost of vehicle repairs	Developing more livable-wage jobs	Developing more livable-wage jobs	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of high quality licensed childcare providers	Creating more emergency shelter beds for people who are homeless	Developing more livable-wage jobs
10	Providing help with the cost of vehicle insurance and regular maintenance	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more recreational opportunities for youth	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of mental health providers in rural communities	Increasing the number of landlords who accept housing vouchers
11	Expanding food options for people with dietary restrictions or	Developing rental and mortgage assistance programs	Reducing the amount of opioid misuse	Developing rental and mortgage assistance programs	Creating more shelter beds for certain populations (children, women,	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of opioid misuse

	allergies at food pantries				families, LGBTQIA, veterans, etc.)		
12	Expanding open hours at food pantries	Creating more emergency shelter beds for people who are homeless	Creating more emergency shelter beds for people who are homeless	Increasing the number of affordable childcare providers	Increasing the number of affordable apartments	Increasing the number of landlords who accept housing vouchers	Adding better routes and time schedules to current public transportation system
13	Increasing the number of high quality licensed childcare providers	Increasing the number of landlords who accept housing vouchers	Expanding crisis services for mental health and substance use disorders	Increasing the number of landlords who accept housing vouchers	Improving access to high-speed internet and technology	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable apartments
14	Creating more emergency shelter beds for people who are homeless	Reducing stigma associated with mental health and substance misuse	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)	Providing more senior housing options	Creating technical school, trade school, or other job training options	Providing more transportation options to childcare services	Expanding crisis services for mental health and substance use disorders
15	Developing rental and mortgage assistance programs	Increasing the number of mental health providers in rural communities	Increasing the number of high quality licensed childcare providers	Increasing the number of high quality licensed childcare providers	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making public transportation available in rural communities	Reducing the amount of alcohol misuse
16	Increasing the number of mental health providers in rural communities	Increasing the number of affordable houses for sale	Increasing the number of landlords who accept housing vouchers	Providing more flexible and affordable childcare options for working parent(s)	Providing job growth opportunities	Providing more after-school programs for school-aged children	Improving access to high-speed internet and technology
17	Creating more shelter beds for certain populations	Providing more transportation options to childcare services	Creating higher quality rental apartments and houses	Increasing the number of substance use	Creating more emergency shelter beds	Developing more livable-wage jobs	Providing help with the cost of vehicle insurance

	(children, women, families, LGBTQIA, veterans, etc.)			disorder providers and services	for people who are homeless		and regular maintenance
18	Reducing stigma associated with mental health and substance misuse	Providing more after-school programs for school-aged children	Making public transportation available in rural communities	Developing more livable-wage jobs	Providing more transportation options to childcare services	Reducing stigma associated with mental health and substance misuse	Providing help with the cost of vehicle repairs
19	Creating higher quality rental apartments and houses	Expanding crisis services for mental health and substance use disorders	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Creating higher quality rental apartments and houses	Providing more senior housing options	Increasing the number of detox facilities	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)
20	Providing more recreational opportunities for youth	Creating technical school, trade school, or other job training options	Providing more after-school programs for school-aged children	Increasing the number of dentists who serve Medicaid patients	Increasing the number of substance use disorder providers and services	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
21	Expanding crisis services for mental health and substance use disorders	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Adding better routes and time schedules to current public transportation system	Increasing the number of dentists who serve Medicaid patients	Developing rental and mortgage assistance programs	Increasing the number of substance use disorder providers and services
22	Making public transportation available in	Reducing the amount of alcohol misuse	Creating technical school, trade school, or other	Creating technical school, trade school, or other	Developing rental and mortgage	Creating higher quality rental apartments and houses	Making public transportation available in rural communities

	rural communities		job training options	job training options	assistance programs		
23	Providing more transportation options to childcare services	Reducing the amount of childhood obesity	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Providing more recreational opportunities for youth	Reducing the amount of opioid misuse	Reducing the amount of childhood obesity	Expanding open hours at food pantries
24	Creating technical school, trade school, or other job training options	Providing more senior housing options	Providing help with utility assistance (heating fuel, electricity, etc.)	Increasing programs for major housing repairs (roofs, windows, etc.)	Creating higher quality rental apartments and houses	Improving access to high-speed internet and technology	Expanding food options for people with dietary restrictions or allergies at food pantries
25	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Providing job growth opportunities	Providing job growth opportunities	Reducing the amount of adult obesity	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Creating technical school, trade school, or other job training options	Reducing stigma associated with mental health and substance misuse
26	Providing more after-school programs for school-aged children	Increasing the number of substance use disorder providers and services	Reducing stigma associated with mental health and substance misuse	Providing help with utility assistance (heating fuel, electricity, etc.)	Making public transportation available in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities
27	Reducing the amount of alcohol misuse	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing programs for major housing repairs (roofs, windows, etc.)	Making public transportation available in rural communities	Providing more recreational opportunities for youth	Providing help with weatherization	Increasing the number of dentists who serve Medicaid patients
28	Helping more people who are homeless to	Increasing the number of detox facilities	Reducing the amount of childhood obesity	Increasing the number of detox facilities	Adding better routes and time schedules	Increasing the availability of prepared foods for	Providing job growth opportunities

	find their missing identification documents (driver's license, social security number, etc.)				to current public transportation system	seniors (Meals on Wheels, etc.)	
29	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Reducing the amount of adult obesity	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing the number of detox facilities	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Providing help with utility assistance (heating fuel, electricity, etc.)
30	Providing job growth opportunities	Creating higher quality rental apartments and houses	Increasing the number of substance use disorder providers and services	Reducing the amount of alcohol misuse	Reducing the amount of alcohol misuse	Reducing the amount of adult obesity	Providing help with weatherization
31	Increasing programs for major housing repairs (roofs, windows, etc.)	Providing more recreational opportunities for youth	Providing more senior housing options	Expanding food options for people with dietary restrictions or allergies at food pantries	Increasing programs for major housing repairs (roofs, windows, etc.)	Adding better routes and time schedules to current public transportation system	Increasing programs for minor housing repairs (paint, upgrades, etc.)
32	Providing help with utility assistance (heating fuel, electricity, etc.)	Reducing the amount of smoking and vaping	Reducing the amount of smoking and vaping	Providing help with weatherization	Expanding food options for people with dietary restrictions or allergies at food pantries	Increasing the number of substance use disorder providers and services	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)

33	Increasing the number of detox facilities	Providing help with the cost of vehicle insurance and regular maintenance	Providing more transportation options to childcare services	Improving access to high-speed internet and technology	Providing help with the cost of vehicle repairs	Providing soft skills education (customer service, showing up on time, etc.)	Increasing the number of detox facilities
34	Increasing the number of substance use disorder providers and services	Reducing the amount of adult obesity	Providing help with weatherization	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with the cost of vehicle insurance and regular maintenance	Reducing the amount of opioid misuse	Reducing the amount of childhood obesity
35	Improving access to high-speed internet and technology	Increasing programs for major housing repairs (roofs, windows, etc.)	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Increasing the number of landlords who accept housing vouchers	Providing more recreational opportunities for youth	Providing more transportation options to childcare services
36	Reducing the amount of opioid misuse	Expanding open hours at food pantries	Reducing the amount of alcohol misuse	Providing more transportation options to childcare services	Reducing the amount of childhood obesity	Expanding open hours at food pantries	Creating more shelter beds for certain populations (children, women, families, LGBTQIA, veterans, etc.)
37	Reducing the amount of childhood obesity	Making public transportation available in rural communities	Adding better routes and time schedules to current public transportation system	Providing job growth opportunities	Expanding open hours at food pantries	Providing job growth opportunities	Creating more emergency shelter beds for people who are homeless
38	Reducing the amount of adult obesity	Providing help with utility assistance (heating	Providing help with the cost of vehicle repairs	Reducing the amount of childhood obesity	Providing help with weatherization	Providing help with utility assistance (heating	Reducing the amount of adult obesity

		fuel, electricity, etc.)				fuel, electricity, etc.)	
39	Providing more senior housing options	Providing help with the cost of vehicle repairs	Increasing the number of detox facilities	Providing help with the cost of vehicle insurance and regular maintenance	Reducing the amount of adult obesity	Reducing the amount of alcohol misuse	Providing more recreational opportunities for youth
40	Adding better routes and time schedules to current public transportation system	Improving access to high-speed internet and technology	Providing help with the cost of vehicle insurance and regular maintenance	Providing more after-school programs for school-aged children	Reducing the amount of smoking and vaping	Reducing the amount of smoking and vaping	Providing more flexible and affordable childcare options for working parent(s)
41	Providing help with weatherization	Providing soft skills education (customer service, showing up on time, etc.)	Expanding open hours at food pantries	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Providing soft skills education (customer service, showing up on time, etc.)	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Increasing programs for major housing repairs (roofs, windows, etc.)
42	Reducing the amount of smoking and vaping	Adding better routes and time schedules to current public transportation system	Providing soft skills education (customer service, showing up on time, etc.)	Providing help with the cost of vehicle repairs	Providing help with utility assistance (heating fuel, electricity, etc.)	Expanding food options for people with dietary restrictions or allergies at food pantries	Developing rental and mortgage assistance programs

Appendix E: Additional Needs Prioritization Data Tables

Exhibit 119: Prioritized Needs by Level of Need

Rank	Need	Level of Need
1	Increasing the number of affordable apartments	Community
2	Making public transportation available in rural communities	Agency Issue / Community
3	Increasing awareness of CAP-BMC in the community	Agency Issue
4	Reducing stigma associated with mental health and substance misuse	Community
5	Providing more flexible and affordable childcare options for working parent(s)	Agency Issue / Community / Family
6	Increasing the number of mental health providers in rural communities	Community
7	Increasing the number of substance use disorder providers and services	Community
8	Creating more emergency shelter beds for people experiencing homelessness	Family
9	Expanding crisis services for mental health and substance use disorders	Community
10	Providing more transportation options to childcare services	Family
11	Reducing the stigma around poverty and asking for help	Community
12	Increasing the total number of affordable childcare providers	Community
13	Developing more livable wage job opportunities	Community
14	Increasing the number of high quality licensed childcare providers	Community
15	Reducing the number of opioids and other drugs (heroin, meth, cocaine, etc.) misuse	Community
16	Providing more senior housing options	Community
17	Making dental care more affordable	Community / Family
18	Improving access to high-speed internet and technology	Community
19	Increasing the number of landlords who accept housing vouchers	Agency / Community
20	Providing additional utility assistance (heating fuel, electricity, etc.)	Agency
21	Increasing the number of dentists who serve Medicaid patients	Community
22	Increasing programs for housing repairs	Agency
23	Creating technical school, trade school, or other job training options	Community
24	Developing long-term (post-COVID) rental and mortgage assistance programs	Agency/ Community
25	Providing more recreational opportunities for youth	Community

Key	
Locus of Control **1 = Lead** **2 = Partnership/collaboration** **3 = Advocate/support**	**Timeline** **1 = One year impact** **2 = 2-3 year impact** **3 = 3+ year impact**

Exhibit 120: Prioritized Needs by Locus of Control and Timeline of Impact

Rank	Need	Locus of Control	Timeline
1	Increasing the number of affordable apartments	3	3
2	Making public transportation available in rural communities	2	2
3	Increasing awareness of CAP-BMC in the community	1	1
4	Reducing stigma associated with mental health and substance misuse	2	1
5	Providing more flexible and affordable childcare options for working parent(s)	3	3
6	Increasing the number of mental health providers in rural communities	3	2
7	Increasing the number of substance use disorder providers and services	3	2
8	Creating more emergency shelter beds for people experiencing homelessness	2	2
9	Expanding crisis services for mental health and substance use disorders	3	3
10	Providing more transportation options to childcare services	2	3
11	Reducing the stigma around poverty and asking for help	1	1
12	Increasing the total number of affordable childcare providers	2	2
13	Developing more livable wage job opportunities	2	3
14	Increasing the number of high quality licensed childcare providers	1	1
15	Reducing the amount of opioids and other drugs (heroin, meth, cocaine, etc.) misuse	3	3
16	Providing more senior housing options	2	
17	Making dental care more affordable	3	
18	Improving access to high-speed internet and technology	3	1
19	Increasing the number landlords who accept housing vouchers	1	2
20	Providing additional utility assistance (heating fuel, electricity, etc.)	2	1

21	Increasing the number of dentists who serve Medicaid patients	3	
22	Increasing programs for housing repairs	2	3
23	Creating technical school, trade school, or other job training options	2	2
24	Developing long-term (post-COVID) rental and mortgage assistance programs	2	3
25	Providing more recreational opportunities for youth	2	2