



GREATER NASHUA MEASURES UP

The 2009 Community Assessment

A Summary of Human Service Needs and Assets

Amherst ~ Brookline ~ Hollis ~ Hudson ~ Litchfield ~ Lyndeborough

Merrimack ~ Milford ~ Mont Vernon ~ Nashua ~ Wilton

ACKNOWLEDGEMENTS

The Community Assessment Committee would like to express its appreciation to Southern New Hampshire Health System, St. Joseph Hospital and United Way of Greater Nashua for sponsoring the assessment, and BAE Systems for printing assistance. Without the support from these organizations, this effort could not have been accomplished.



**United Way
of Greater Nashua**

Greater Nashua Measures Up: The 2009 Community Assessment, is available for download (as PDF file) at www.unitedwaynashua.org.

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INTRODUCTION

As with the 2002 and 2006 versions of the Community Assessment, the 2009 edition has been titled, Greater Nashua Measures Up, because we have again attempted to document and evaluate the health and well-being of residents living in the 11 communities of our area. We use the World Health Organization's definition of health - a state of complete well-being, physical, social and mental, and not merely the absence of disease or infirmity. With this definition as our framework, the 2009 assessment takes a comprehensive view of the community. Many different sources of data and information have been used to complete this report. As in the assessments of 1992, 1994, 1996, 1999, 2002, and 2006, we again conducted a survey interviewing a representative sample of the region's residents to get a perspective about the issues they face. The Regional Household Survey questioned 500 respondents. Data from other local surveys, the 2000 Census, and local and state government statistics are included. Non-profit agencies and the recipients of program services were also involved in the assessment process.

Greater Nashua Measures Up has been a collaborative effort of local volunteers and organizations. Instead of conducting independent studies, Southern New Hampshire Health System and St. Joseph Hospital have agreed to use this assessment as the basic information upon which they will build their institutional planning efforts. A 21-member steering committee has guided the assessment process from its inception.

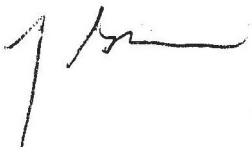
Starting with the 1999 Community Assessment reports, data for these reports has been sorted thematically under six outcomes that describe the basis of a healthy community:

1. A healthy community values growth and diversity of its population.
2. A healthy community ensures that the basic human/physiologic needs are met.
3. A healthy community fosters respect for oneself, each other and the community as a whole.
4. A healthy community provides a safe, secure and stable environment for its residents.
5. A healthy community cares for one another and the community as a whole.
6. A healthy community supports education and personal growth along the entire spectrum of life.

At the end of this report is a Summary of Indicators, which allows readers to quickly get a perspective on the region's health status. We do not provide an exhaustive array of data in the summary, but attempt to focus on analyzing trends. We have attempted to include the most recent data available. To facilitate finding programs that address the needs identified in this report, we have included information about the new statewide information and referral service, 2-1-1 NH (see page 32). By dialing 2-1-1, anyone in New Hampshire can receive free and confidential help linking them to available health and human service programs that deal with their needs.

Many issues identified here also were highlighted in the 2006 community assessment report. As discussed at the conclusion of this report, the committee is very interested in building working relationships with people, groups and organizations to develop a "community agenda" that addresses key issues identified in this study.

For the Community Assessment Committee,



Rolf Goodwin, Chair



METHODOLOGY

Several techniques have been used to gather information to complete this project.

Regional Household Survey. An extensive set of questions was posed to 500 area residents over the telephone in December 2007. Survey respondents came from a randomly selected sample representative of households in the region. The types of questions asked were comprehensive and in part sought to identify what local residents perceived to be the major human care issues in their lives and in the community as a whole.

Human Services Agency Survey. Area health and human service agencies were asked to complete the community issues portion of the Regional Household Survey. Sixty-one responses were analyzed separately from the household responders. Answers from the agency survey strongly parallel those of the Regional Household Survey.

Focus Groups. Five focus groups including two groups of service recipients, two groups of new immigrants, and area clergy contributed their thoughts and ideas to the assessment.

Analysis of Data Developed by Others. Statistics collected from many sources were studied to help document local health and social trends. These include the 2000 Census of Population and Housing, the Bureau of the Census' 2006 American Community Survey, New Hampshire Housing Finance Authority's Annual Residential Rental Cost Survey, and Greater Nashua Continuum of Care's point-in-time count of the area's homeless, as well as state and local government data on education, employment, crime, and health status.

OUTCOME 1: A healthy community values growth and diversity of its population.

Respect for one's neighbors is an important community value. An appreciation for our region's diversity makes us a stronger community. The growing number of people in our area can bring strains from increased traffic and congestion, to an increased demand for services such as schools and other public services.

POPULATION TRENDS

The population of the 11 towns composing Greater Nashua grew by 14.1% between 1990 and 2000. This growth rate was less than the region's 24.7% increase of the previous decade (1980-1990), but was above the rate for the state of New Hampshire as a whole (11.4%). The 2007 estimate of the region's population indicates that Nashua remains the most populous community with just less than half of the area's population (44.8%), and having increased 0.6% since 2000. The outlying communities have been experiencing higher

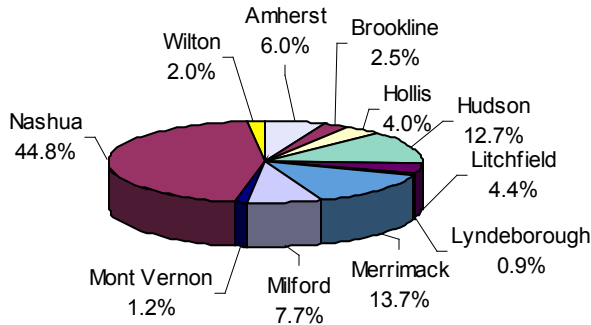
from the 2000 Census figure.¹ (See Endnotes for a list of references.)

Population Change in Greater Nashua by Town

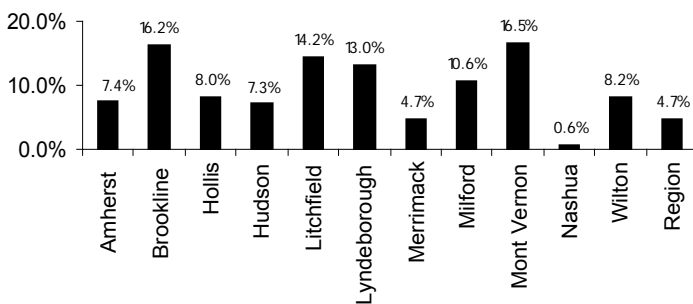
Area	2007 Estimate	Census Population		Percent Change		Projected 2010-2030
		2000	1990	1990-2000	2000-2007	
Amherst	11,563	10,769	9,068	18.8%	7.4%	16.1%
Brookline	4,858	4,181	2,410	73.5%	16.2%	23.2%
Hollis	7,576	7,015	5,705	23.0%	8.0%	19.9%
Hudson	24,608	22,928	19,530	17.4%	7.3%	18.3%
Litchfield	8,408	7,360	5,516	33.4%	14.2%	28.9%
Lyndeborough	1,791	1,585	1,294	22.5%	13.0%	17.2%
Merrimack	26,297	25,119	22,156	13.4%	4.7%	18.5%
Milford	14,965	13,535	11,795	14.8%	10.6%	16.8%
Mont Vernon	2,370	2,034	1,812	12.3%	16.5%	14.7%
Nashua	87,150	86,605	79,662	8.7%	0.6%	6.9%
Wilton	4,049	3,743	3,122	19.9%	8.2%	16.1%
Total	193,635	184,874	162,070	14.1%	4.7%	13.5%
Hillsborough County	401,397	380,841	336,073	13.3%	5.4%	13.6%
New Hampshire	1,315,000	1,235,786	1,109,252	11.4%	6.4%	14.6%

Source: NH Office of Energy and Planning

Regional Population Distribution 2007



Population Growth 2000-2007



rates of growth in the 2000s. Faster growing towns in the region include: Mont Vernon, up 16.5%; Brookline, up 16.2%; Litchfield, up 14.2%; and Lyndeborough, up 13%. The population of the region is projected to grow by 18.8% between 2010 and 2030. The 2007 population for the region is estimated at 193,635, up 4.7%

Persons under age 20 comprised 29.4% of the population of Greater Nashua in 2000, ranging from 27.0% in Nashua, to 35.6% in Brookline.¹ Those aged 65 and older made up 9.3% of area residents and spanned from a low of 3.5% in Litchfield to 11.6% in Nashua.² Over the next 20 years, persons aged 65 and older are projected to be the fastest growing age group in Hillsborough County, increasing at five times the rate of the general population.²

DIVERSITY

The population of Greater Nashua is becoming more diverse. Based on the 2000 Census, 7% of area residents were foreign born, with 41.5% entering this country between 1990 and 2000. Nashua's figures are somewhat higher: 10% are foreign born with 48% entering in the 1990-2000 period (4,180 foreign born residents relocated to Nashua in the 1990s).

School enrollments indicate the growing diversity of the area. As of October 2008, 73.6% enrolled in the Nashua School District were White (not Hispanic), 14.6% were Hispanic, 6.4% were Asian, 2.7% were Black, and 2.7% were from other or unrecorded racial groups. In October 2001, 82% of school district students were White (not

Hispanic). During the 2007-2008 school year, Nashua School District had 1,065 students who spoke 44 languages other than English. Languages spoken at home include Spanish, Portuguese, Mandarin, Vietnamese, Telugu, Gujarati, Russian, Arabic, Swahili, Tamil, Urdu, Chinese, Korean, and 23 other languages. The School District employs part-time translators in Spanish, Portuguese, and Mandarin.

In August 2008, there were 743 students attending Adult Learning Center who came from over 70 different lands. Spanish and Portuguese were the most common languages spoken. Countries represented at the agency include Brazil (151 students), Mexico (135), Dominican Republic (96), Columbia (76), the China (43), El Salvador (34), Vietnam (23), Honduras (20), Ecuador (16), Burundi (14), India (11) and Peru (10), plus the US Commonwealth of Puerto Rico (55).

The community assessment included two focus groups comprising some of Greater Nashua's newest immigrants--some who had been here less than one year. The focus group participants originally came from Mexico, the Dominican Republic, Columbia, Brazil, India, China, Thailand, South Korea, Egypt, and Russia. Some had come to Nashua directly from their native lands. The people who came here most recently found that language was their biggest challenge. They needed translation assistance and sought the completion of their ESL (English as a Second Language) coursework. Focus group participants generally felt the community was welcoming and often friendlier than other places where they had lived. Focus group members who had been here longer needed to find information about locations and services, and several reported having negative interactions with the police.

During the past year, over 50 individuals have been relocated to Nashua by the U.S. State Department be-

cause of their refugee status. Some had been tortured and many had been living in relocation camps in Africa for long periods. Most of these refugees have relocated from Burundi and Somalia, and several arrived from Iraq. A local taskforce spearheaded by the Nashua Health Department has been planning how to coordinate services for these individuals and future refugees to make the transition to American life and culture less stressful. Employment, education, health care and housing were focus areas at the outset. Area churches have been instrumental in assisting the refugees.

Between 1990 and 2000, the area's Hispanic population increased 110.6%, to 3.5% of the total population. According to the 2000 Census, Greater Nashua had 6,513 Hispanic persons, with 5,388 residing in Nashua. This level of increase compares with a growth of 109.4% for Asians (2,139 to 4,478), 32.2% for Blacks (1,800 to 2,380), and 9.9% for Whites (156,897 to 172,457). Nashua has the largest number of persons of Hispanic origin in New Hampshire. Based on survey results from the U.S. Bureau of the Census's 2006 American Community Survey, the Hispanic population in Nashua is estimated to be 7,088, comprising 7.9% of the city's residents, which is an increase from 6.2% in 2000⁶.

HOUSEHOLD STRUCTURE

Approximately one in seven (14.7%) families in Greater Nashua is led by a single parent, with three out of four such families headed by women. One in 12 (8.3%) Greater Nashua residents live alone. Area elders are more than three times likelier to live alone than the general population (26.7% of people age 65+ live alone). Of area adults age 65+ who are not living in institutions or other group quarters, 15.4% of senior men and 34.5% of senior women live alone.²

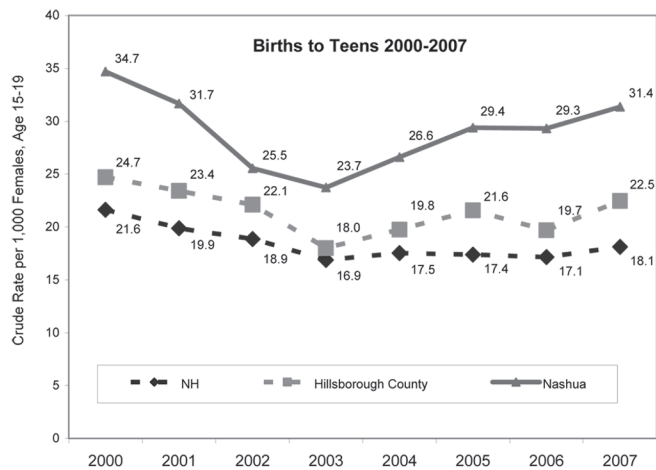
OUTCOME 2: A healthy community ensures that the basic human/physiologic needs are met.

Good physical health and a healthy environment are fundamental to a high level quality of life. Access to affordable services that include disease prevention programs are vitally important to a caring community.

HEALTH STATUS

Indicators about the health of Greater Nashua residents are generally good. In 2007, the Behavioral Risk Factor Survey found that one in 10 (10.7%) Hillsborough County residents contacted said that their current health status was fair or poor. Factors that have been found to contribute to poor health status were documented among county residents: currently a smoker (17.8%); being overweight (38.3%); having no physical activity in past 30 days (19.5%); and heavy drinking (5.0%), defined as two drinks daily among men and one drink daily among women⁷.

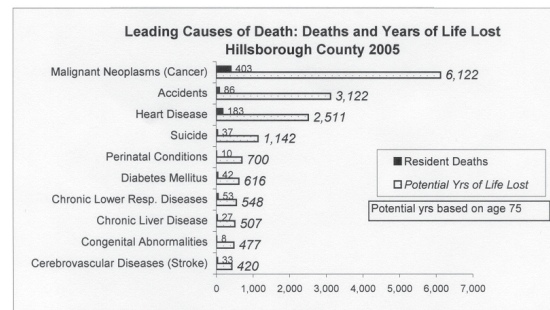
The Nashua birth rate among teen mothers (births per 1,000 females age 15-19) of 31.4 births in 2007 was well above rates for Hillsborough County (22.5), and the state rate (18.1). This follows a consistent pattern during the decade⁸.



Source: NHDHHS, Health Statistics & Data Management
Note: Births among residents. Excludes resident births out of state

Three-year death rates (2003-2005) for the leading causes of death show Greater Nashua rates are below those of the state as a whole. Death rates for Nashua residents exceed those of the other 10 towns in the region, but remain below the disease-specific death rates of the state. The exception is Alzheimer's disease, where the Nashua death rate exceeds the New Hampshire rate (31.2 deaths per 100,000 residents, com-

pared to 25.4). The cancer death rate exceeds the death rate from heart disease in the region (161.3 to 145.0), while the reverse is true for causes of death statewide (heart disease at 201.5 and cancer at 194.1). The leading causes of death in Greater Nashua and the state are cancer, heart disease, chronic lower respiratory diseases, stroke, Alzheimer's disease, accidents, Diabetes Mellitus, influenza and pneumonia, and suicide. When considering the total potential years of life lost due to disease (based on a life expectancy of 75 years), the significance of cancer deaths becomes very apparent. Cancer claimed almost twice the potential years lost as the next cause of death, accidents (6,122 to 3,122 lost years).⁸



Source: NHDHHS, Health Statistics and Data Management

Approximately 1.6% of the population is developmentally disabled. Developmental disabilities include such impairments as mental retardation, autism, cerebral palsy, and other severe learning disabilities that result in functioning similar to mental retardation. The state-designated regional provider of services and supports to the developmentally disabled, Gateways Community Services, served 1,747 persons during 2008. The number of people supported by the agency who have been diagnosed with autism more than doubled between 2003 and 2007 (110 to 231, a 110% increase)⁹.

HEALTH CARE

Three of the top 10 issues identified as major concerns in the community as well as four of the top issues reported as major personal or family concerns by respondents to the Regional Household Survey were related

to medical care or the health care system. Leading community issues identified in the Regional Household Survey include “getting medical insurance people can afford” (51% ranking it as a major problem), “medical care people can afford” (45% listing it as a major problem), and “medications people can afford” (42%). “Getting medical insurance people can afford” led the personal issue category as responses to the Regional Household Survey (20% of respondents listed the issue as major concern to themselves or their family). Other health care issues rated highly as personal or family issues include “medical care people can afford” (18%), “medications people can afford” (16%), and “finding a job with medical benefits” (11%).

In the survey of human service providers, these same health care issues - “getting medical insurance people can afford”, “medications people can afford”, “medical care people can afford”, and “find a job with medical benefits” - were rated more frequently than in the Regional Household Survey as major community concerns (89%, 79%, 74%, and 61%, respectively). The anticipated job losses due to the economic recession are expected to exacerbate such issues.

Five percent of calls to 2-1-1 NH from Greater Nashua during July through December 2008 were for medical-related issues, including medical, dental, and substance abuse services.

In 2007, the Behavioral Risk Factor Survey found that 9% of Hillsborough County respondents had no health insurance coverage, which was less than the overall New Hampshire level of 11.4%.⁷ Among those Hillsborough County residents covered by commercial health insurance in 2005, the top reasons for visiting a physician’s office comprised general medical exams, hyper-

tension, supervision of caring for a child, and acute sinusitis. In terms of emergency department visits, leading diagnoses among privately insured County residents in 2005 included injury and poisoning, ill-defined symptoms, disease of the respiratory system, diseases of the musculoskeletal system, and diseases of the digestive tract.⁸

In an effort to work together on local health issues and to effectively coordinate community resources, the Greater Nashua Healthy Community Collaborative was formed in 1997. The Collaborative is investigating the need for and use of medical interpretation services for those with limited proficiency in the English language, working with physicians and community organizations on addressing childhood obesity, and facilitating tobacco cessation efforts. Past activities have included working to expand prescription assistance programs and developing a patient brochure on how to talk with health care providers upon becoming uninsured.

DENTAL CARE

“Dental care people can afford” and “getting dental insurance people can afford” were two of the top 10 community and personal/family issues cited in the Regional Household Survey. “Dental care people can afford” was listed by 40% of respondents as a major community concern and 16% listed the issue as a major personal/family problem. “Getting dental insurance people can afford” was rated as a major community issue by 39% of survey responders and 18% listed it as a major personal/family issue. Among agency survey respondents, 84% listed “getting dental insurance people can afford” as a major community concern, and 82% named “dental care people can afford” as a major concern.

OUTCOME 3: A healthy community fosters respect for oneself, each other and the community as a whole.

Taking care of oneself, but also looking out for others symbolizes a caring community. People's lives can often benefit with the help of caring persons and institutions.

SUBSTANCE ABUSE

Substance abuse, including alcohol and other drugs, is a serious issue in New Hampshire.¹⁰

- The 2003 National Survey on Drug Use and Health, a survey of civilian, non-institutionalized persons aged 12 years old or older, indicated that the state has a higher than average rate of alcohol abuse and dependence (9.1% compared to 7.6% nationally), and has one of the highest rates of abuse or dependence on illicit drugs among young adults (27.8% vs. 21.3% for those 18-25 years of age).
- Over one-third (37%) of all New Hampshire motor vehicle deaths in 2004 were alcohol related.
- One in five Medicaid hospital days is attributed to substance abuse.
- About one-half (53% statewide, 47% locally) of those persons who were found by NH Division of Children, Youth and Families to be neglectful or abusive parents or guardians in 2007 were also identified as substance abusers.
- Over 80% of all New Hampshire prisoners in state and county jails had alcohol or other drug problems that may have played a role in their commission of crimes that range from domestic violence to burglaries to sex offenses.

Substance abuse by youth was identified in the Regional Household Survey as an important local issue. Respondents listed "illegal drug use by youth" and "alcohol use by youth" as major community concerns (25% and 22%, respectively). The two issues were only slightly self-reported as household issues. Only 2% listed "Alcohol use by youth" and 1% named "illegal drug use by youth" as major issues at home. Similarly, while 17% of respondents to the survey listed "alcohol misuse by adults" and 12% listed "illegal drug use by adults" as a major community concern, only 1% of sur-

vey responders reported these issues as major issues at home.

Smoking is the leading preventable cause of death and disability in New Hampshire. Data from the Youth Risk Behavior Survey administered in 2007 to a sample of students statewide -- including Merrimack, Litchfield, and Souhegan high schools -- revealed that one in five (20%) youth surveyed had smoked cigarettes in the past 30 days. This level compares with approximately one in six adults (18%) in Hillsborough County who smoke.

The Youth Risk Behavior Survey found that about 40% of students had at least one or more drinks of alcohol during the previous month. On one or more occasions in the previous 30 days, approximately 25% of local high school youth had been binge drinkers, consuming five or more drinks of alcohol within a couple of hours. Some 25% of youth surveyed used marijuana one or more times in the past month. Three in four teens say it would be easy to very easy to get beer, wine or hard liquor, and one in four report that it would be easy to very easy to get drugs like cocaine, LSD or amphetamines. Of those teens who have used addictive substances, many had their first experiences by age 13, (statewide 20% using alcohol, 12% smoking, and 9% marijuana).¹¹

Other local sources document the problem of substance abuse in our communities. Almost one-half (49%) of those who responded to the survey of local agencies listed "alcohol use by youth" as a major community issue, along with "alcohol misuse by adults" and "illegal drug use by youth" (both 44%), and "illegal drug use by adults" (41%). In the focus group of clergy from the Souhegan Valley area, the misuse of alcohol, prescription medications and other substances was identified

as an important concern in their communities.

The Greater Nashua Community Prevention Coalition was established in early 2008 to help deal with the problem of alcohol use by youth and young adults. The coalition brings together people representing the schools, police, the courts, the New Hampshire Liquor Commission, youth-serving organizations and other relevant stakeholders. The coalition is developing a comprehensive plan that will focus on alcohol consumption among teenagers and young adults.

MENTAL ILLNESS

In 2007, 32% of Hillsborough County residents responding to the Behavioral Risk Factor Survey reported that their mental health was not good on one or more of the past 30 days.⁸ The Souhegan clergy focus group referenced the accessibility and affordability of mental health services as a problem among local residents.

People reported in the Regional Household Survey that both stress at work and at home were important concerns in their lives and in the community. “High levels stress at home” and “high levels of stress at work” were of major concern in the community at 19% and 16%, respectively. As personal issues, “high levels of stress at home” and high levels of stress at work were identified major concerns by 9% of survey respondents.

“Depression/anxiety” was rated an important personal and community issue. Thirteen percent of household survey respondents said “depression/anxiety” was an

important community condition, while just 3% reported the issue to be an important problem for themselves or family members. Other related issues included “behavioral or emotional problems with youth” (12% listed it as a major community concern, 2% as a personal issue), and “road rage” (14% a community issue and 3% a personal issue).

The Youth Risk Behavior Survey found that thoughts of suicide were not uncommon among teens. About one in seven teens surveyed said that they seriously considered attempting suicide during the past year statewide. Approximately one in 10 had made plans within the past year about how they would attempt suicide. Nineteen percent of students said their suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.¹¹

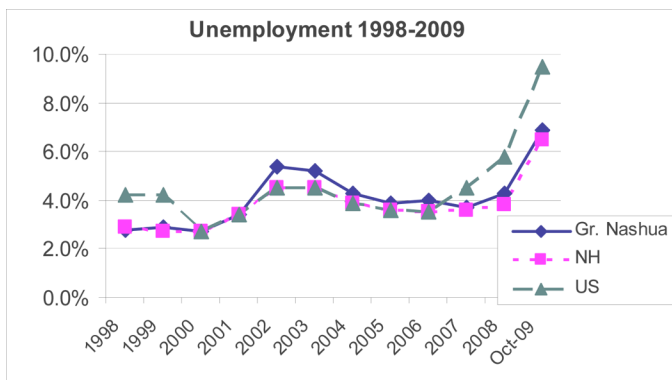
Mental health issues were rated more highly by human service providers, with 51% of agency professionals listing “mental illness” as a major issue in the community, and 55% naming “depression/anxiety” as a major community problem. Respondents identified “stress at home” (51%), “depression/anxiety” (46%), “mental illness” (44%), and “behavioral or emotional problems with youth (43%) as important issues. Dual diagnoses--the presence of both a mental and substance abuse problem--are quite frequent. Fifteen percent of those adults who are affected annually by mental illness also experience a co-occurring substance abuse problem. Among clients of Greater Nashua Mental Health Center, approximately 88% have dual diagnoses.¹²

OUTCOME 4: A healthy community provides a safe, secure and stable environment for its residents.

Everyone has the need for food and shelter. The extent that the basic needs can be satisfied, first by the individual and then by the community as a whole, signifies a compassionate community. Personal security and safety are fundamental to a healthy community. Without them, other enjoyable pursuits are much less rewarding and meaningful.

THE ECONOMY

Greater Nashua’s rate of unemployment has held at 3 - 4 percent over the past several years, but during 2009, the rate increased to 6 - 7 percent. The average annual unemployment rate for Greater Nashua (a 19-town area in southern NH as defined by the NH Division of Employment Security) in 2007 was 3.7%, but as of October 2009, the rate was at 6.9%, which exceeded the state rate of 6.5%. In general, the local rate has been tracking above the state unemployment rate. There were 6,743 initial unemployment insurance claims made in 2007, and 5,708 such claims were filed through August 2008. Worsening economic conditions are expected to increase unemployment and initial claims beyond the mark set in 2007.¹³



Note: Before 2004 data for Greater Nashua was based on the PMSA. After 2004 data are for a larger 19 town area.

Source: NH Employment Security, Economic and Labor Market Information

About one in five (18%) respondents to the Regional Household Survey reported that “job security” was a major issue for the community, while one in 10 (11%) said they or family members contend with a lack of job security. Six percent (6%) of survey respondents said “finding a job” was a major concern for themselves or family members, while 23% said it was a major commu-

nity issue. As reported in Outcome 2, Regional Household Survey respondents said that “finding a job with medical benefits” was an important issue for the community as a whole (20%) and in their own lives (11%). Since survey responses were collected many months before the economic downturn during the fall of 2008, these findings probably underestimate the current concern about such issues. Recently (October 2008), the Souhegan clergy focus group spoke about increasing economic concerns, including job losses, decreased retirement savings resulting from declines in the stock market, the growing need for fuel assistance, and high health care costs.

POVERTY

“Poverty” was listed by 20% of survey participants in the Regional Household Survey as a major issue in the community, with 3% describing it as a major problem in their own lives. However, 56% of respondents to the human service agency survey said “poverty” was a major community concern. “Having enough money to meet everyday expenses (food, housing, clothing, and utilities)” was rated by 28% of Regional Household Survey respondents as a major community issue and by 11% as a family or personal issue. The issue was rated as a major concern by 46% of those responding to the agency survey.

Data from 2-1-1 NH reveals that during the period of July through December 2008, 39% of Greater Nashua callers sought information about financial supports, including temporary financial assistance, help with utility payments, government programs, and emergency food.

With New Hampshire’s minimum wage set at \$7.25 per hour, what wage level is sufficient to exist in our communities? The University of New Hampshire Office of Economic Initiatives and the North Country Council con-

ducted a study in 2006 on “livable wage” rates in the state, which included an analysis of counties, cities and towns in the state.¹⁴ For Nashua, livable wage levels were calculated to be:

- \$12.37 per hour for a two-parent family with two children if both parents were working outside the home;
- \$18.17 per hour for a two-parent family with two children with one parent working outside the home;
- \$10.66 per hour for a two-parent family with one child if both parents were working outside the home;
- \$16.29 per hour for a two-parent family with one child if one parent were working outside the home;
- \$21.02 per hour for a single parent with two children;
- \$18.15 per hour for a single parent with one child ;
- \$11.14 per hour for a single person.

(When both parents are working, the hourly wage above was estimated for each adult. If both parents work, children were assumed to required childcare. Employer-provided health insurance was also assumed.)

A contributing factor to poverty among families is the inability of custodial parents to obtain child support payments. (See the above reference to single women with children living in poverty.) During 2008, there were 3,211 open child support cases (families comprising 5,981 children) that were under court support orders and administered by New Hampshire Division of Child Support Services’ Nashua District Office. In one-quarter of these cases (25.6% or 822 cases), non-custodial parents made no child support payments. The cumulative amount owed to custodial parents tracked by the Division totaled \$23 million by the end of the state’s 2008 fiscal year.¹⁵

During New Hampshire’s 2008 fiscal year, 1,200 area residents (582 households) received TANF (Temporary Assistance to Needy Families, formerly called AFDC or Aid to Families with Dependent Children), 7,196 (3,540 households) got food stamps, and 8,949 (4,514 households) were qualified for Medicaid. Recipients may receive more than one kind of support due to eligibility factors. A total of 14,413 persons, including 8,909 children, were in households that received some form of state financial assistance. The number of local TANF recipients declined between fiscal years 2006 and 2008 while those assisted by Food Stamps and Medicaid increased.¹⁶

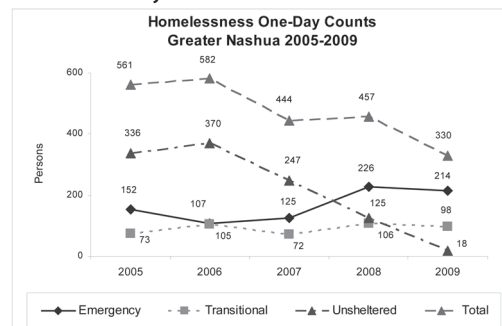
The Nashua Welfare Department provided 5,111 vouchers for rent, food/personal care, medical needs, utilities and other necessities of life during the city’s 2006 fiscal

year. During 2007, the number of vouchers declined to 4,110. Correspondingly, the number of households receiving vouchers fell from 1,433 in 2006 to 1,257 during 2008. Based on data from the Nashua, Milford, Hudson and Merrimack welfare departments, the trends in the number of vouchers issued and households receiving help have generally been declining. As stated previously, the new economic realities may well result in an increase in requests for state and local government assistance.¹⁷

Two focus groups of persons who were using community programs were conducted and included members who had used local emergency and transitional services. They spoke about their inability to afford the expenses of everyday life: housing, transportation, health care, dental services, car repair, clothing, and food. They said that local agencies were of great help to them, but some of them disputed eligibility requirements for government programs.

HOMELESSNESS

On January 28, 2009, local human service organizations and other agencies conducted a one-day count to determine the number of homeless individuals living in Greater Nashua. Data show that 330 people were identified as homeless. Of these persons, 18 were living on the street or in structures considered unsuitable for habitation. The remaining were residing in emergency shelters and transitional programs. The annual one-day tally does not record persons and families who have “doubled-up” with friends and relatives in temporary living situations. The number of unsheltered persons has significantly fallen in recent years, down from 582 in the 2006 count. The number of people found in emergency shelters in the area grew from the one-day count of 107 in 2006 to 226 in 2008.¹⁸ The decline of unsheltered individuals and the increase of those using homeless shelters were due in part to the coordination and the collaboration of services fostered by the Greater Nashua Continuum of Care. The Continuum comprises providers of non-profit and governmental health and human services that relate to the needs of the homeless and those who may become homeless.



Source: Greater Nashua Continuum of Care

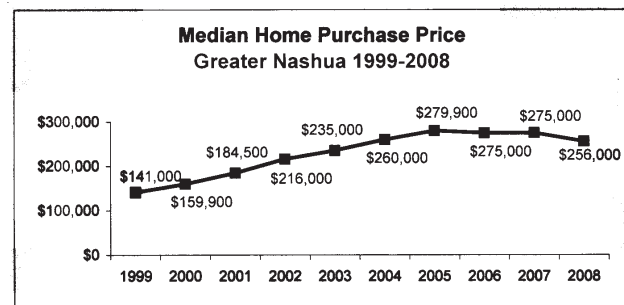
Five percent (5.3%) of the contacts made to 2-1-1 NH from Greater Nashua residents during May through July 2008 related to homelessness concerns (e.g. shelters, transitional living). Many homeless people have several significant problems in their lives. Of those staying in Nashua Soup Kitchen and Shelter's facilities during 2004, 33% had substance abuse problems, 30% were known to suffer from mental illness, and 18% were dually diagnosed with mental health and substance abuse issues.¹⁹

AFFORDABLE HOUSING

Almost one-half (45%) of the respondents to the Regional Household Survey reported that "housing people can afford" was as a major issue in the community, thereby ranking it as one of the leading issues identified in the survey. As a personal or family concern, 11% said "housing people can afford" was a major issue in their lives. Of those responding to the survey of human service providers, 92% agreed that affordable housing was a major problem; in fact it was the top-ranked issue of their survey.

According to federal standards, housing is considered to be affordable when it costs no more than 30% of the total household income. Data from the 2000 Census shows that for the region, 32% of households living in apartment units experienced a gross rent greater than 30% of their incomes, and 22% of households living in dwellings with mortgages had selected costs (including property financing, real estate taxes, property insurance, and utilities) exceeding 30% of incomes.³

The affordable housing issue in Greater Nashua rep-

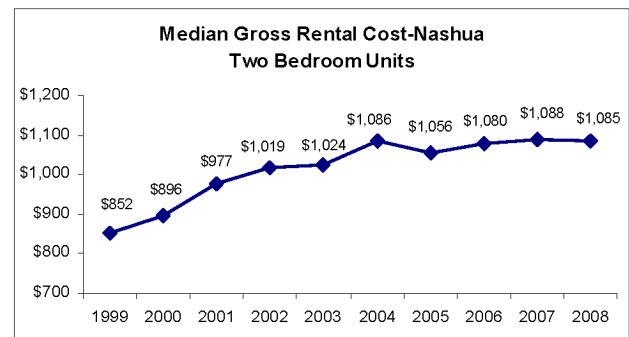


Source: NH Housing Finance Authority

resents not only a discrepancy between income and housing costs, but a lack of housing choice as well. Limited options exist for many home buyers and renters. Median home purchase prices for the area have been declining. The median purchase price in the Greater Nashua area was \$256,000 in the first half of 2008, a 6.9% decrease from \$275,000 in 2007, and down 9.3% from the high of \$279,900 recorded in 2005.²⁰ The

rising cost of land and construction in New Hampshire, coupled with the lack of supply, had been driving costs upward in recent years. Housing experts recognized that for many years the region did not produce enough housing to meet the demand. The current economic downturn and the tightening of credit policies have curtailed housing development even further. Between January and August 2008, there were 684 foreclosures in the towns of Greater Nashua.²¹

Families who cannot afford to own a home in the current market are increasing the demand for rental properties. The median rental cost for a two-bedroom unit in Nashua during 2008 was \$1,085 per month, down slightly from the prior year level of \$1,088.²² There are long waiting lists for most types of public housing. For low-income persons and families, the wait for a two-bedroom Nashua Public Housing Authority apartment is at least two years, and waiting for a three-bedroom unit will take one year or more. The wait for a voucher for Section 8 subsidized housing from the Housing Authority is approximately five years.²³ The anticipated job losses due to the economic recession are expected to exacerbate housing issues.



Source: NH Housing Finance Authority, Residential Rental Cost Surveys

Fourteen percent of the callers to 2-1-1 NH from Greater Nashua during the period of July through December 2008 asked about information on housing-related concerns including rent assistance, subsidized housing, and emergency shelter. The Souhegan Valley clergy focus group identified several housing-related issues facing their communities, including high real-estate taxes, rental costs, housing for entry-level workers, and adult children moving back with parents for financial reasons.

Employers repeatedly cite the affordable housing shortage as a major deterrent in both employee recruitment and retention. In a 2008 survey of New Hampshire businesses, 82% agreed or strongly agreed that the cost of rental housing was high relative to incomes, and 88% agreed or strongly agreed that the cost of housing to

purchase was also high relative to incomes.²¹ The high cost of housing has caused employees to seek housing beyond the towns surrounding their employer's location, thereby increasing commuting time. Lengthy commutes have an impact on employee performance, detract from time spent with family and in the community, and add to growing traffic concerns. In addition, the high levels of out-migration among young adults from New Hampshire are hurting the state. One of the primary reasons for their out-migration is the absence of affordable housing. "This exodus will leave New Hampshire with slowing workforce growth, declining numbers of children—the future workforce—and a population aging at an even faster rate due to increasing numbers of older residents".²⁴

What are the solutions? Quality design, placement, and land use are vital. Changes in restrictive zoning requirements will facilitate the adoption of "smart growth" principles for the creation of walkable neighborhoods that offer a variety of housing types and opportunities. Mixed-use development will help strengthen the existing infrastructure of our communities and promoting independence among our citizens. Adaptive re-use is an effective way to preserve historical integrity while serving the housing needs of our community. Municipalities can offer incentives to developers who commit to producing affordable housing units. Employer-driven solutions such as relocation assistance and forgivable loans are also helpful tools. State and local efforts have been initiated in New Hampshire to provide an adequate supply of housing options for our present and future workforce. Greater Nashua Workforce Housing Coalition was formed to address the challenges of bringing moderately priced housing to the region through the construction or rehabilitation of existing structures.

The goals of the coalition include:

- Developing broad-based interest in and support for affordable housing for low- to moderate-income households
- Engaging the public about housing's impact on the economic vitality of the region, and
- Encouraging the production of workforce housing by promoting best practices/"smart growth" techniques.

United Way and over 30 other non-profit organizations, for-profit companies and local governments participate in the coalition.

CRIME AND PERSONAL SAFETY

New Hampshire has a very low crime rate compared to other states. In 2007, the state ranked 50th in overall crime out of the 50 states and the District of Columbia,

and 49th in both property and violent crime. A person's perception of crime as an important local concern can depend on where he or she lives. In the 2007 survey of the moderate- to low-income urban area known as the "Tree and Ledge Street Neighborhood" of Nashua, 77% of the residents surveyed identified crime/drugs as an issue facing their area. This rating surpassed parking (63%), housing costs (51%), jobs/keeping business (39%), and education/public schools (22%) as important issues facing the neighborhood. Physical concerns of those questioned included road and sidewalk conditions (33%), untidy rental units (23%), untidy yards (23%), and inoperable vehicles (13%). Actions of concern committed by nearby residents consisted of speeding (42%), traffic (25%), vandalism (21%), and graffiti (12%).²⁵

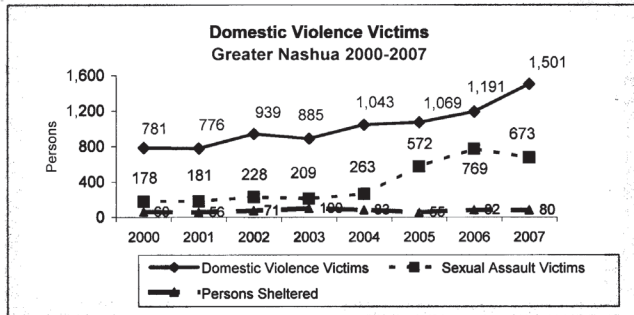
Based on data reported to the FBI, towns within the region had increases in both violent crime and property crime between 2005 and 2006. Including the reporting towns of Nashua, Amherst, Hudson, Merrimack, Milford and Wilton, there were 252 violent crimes known by law enforcement in 2006, up 14.0% from 221 in 2005. (Violent crime is defined to include murder, non-negligent homicide, forcible rape, robbery and aggravated assault.) Property crimes increased 16.9% locally from 3,272 in 2005 to 3,441 in 2006. (Property crime includes burglary, larceny-theft, motor vehicle theft and arson.)²⁶

Data from the Youth Risk Behavior Survey conducted in 2007 at three area high schools and statewide reflect some unfortunate experiences of crime and violence that young people have endured. Over one-quarter of the students statewide (28%) said they had property such as their car, clothing or books stolen or deliberately damaged on school premises once or more frequently within the past year. Some students (7% statewide) report that they had carried a weapon such as a club, knife, or gun onto school property at least once during the past month. About one-third of the youth surveyed (30%) said they had been in a physical fight one or more times in the past year.¹¹

DOMESTIC VIOLENCE

In 2007, 80 persons relied on the help of the local domestic violence shelter, up 33.3% from 60 in 2000. The number of nights of shelter for domestic violence victims increased 17.3% between 2000 and 2007 from 2,087 to 2,449 nights, respectively. The reported numbers of domestic violence victims in the region increased dramatically, nearly doubling (up 92.1%), from 781 to 1,501 between 2000 and 2007. Even more striking has been the increase in sexual assault victims (up

278.1%) from 178 in 2000 to 673 in 2007.²⁷ Violence is also happening to our youth. About 10 percent of youth questioned by the Youth Risk Behavior Survey reported being hit, slapped or physically hurt on purpose by a boyfriend or girlfriend during the past year. Some 7 percent said they had been physically forced to have sexual intercourse.¹¹



ABUSE AND NEGLECT

“Child abuse and neglect” was listed by 15% of respondents to the Regional Household Survey as a major community issue. New Hampshire Division of Child Protection Services makes assessments regarding the abuse or neglect of children when it determines that a credible report has been supplied. In 2007, the Division conducted 771 assessments for child abuse and/or neglect in the Nashua area. Eighty-three (83) of these assessments averaging 1.5 children per case were substantiated. In 2000, the Division made 841 assessments and substantiated 90 cases.²⁸ Over 90% of investigations do not result in the removal of children from the home. When removal occurs, over 80% of removals are due to parent neglect.²⁹

In 2003, 1,066 preschool and elementary school-aged children participated in the Child Assault Prevention program provided by The Youth Council at Nashua elementary schools and local childcare centers. The program helps children keep themselves safe and provides a supportive setting for victims to disclose their abuse and begin the healing process. Four in 10

children (455 or 43%) chose to have a private session with program facilitators to talk about their concern and issues regarding the material taught. Nearly 10 percent (102 or 9.5%) of program participants were referred to the school guidance department for further support. Nine children eventually were referred to New Hampshire Division of Children, Youth and Families for further assessments.³⁰

“Elder abuse and neglect” was listed by 8% of respondents to the Regional Household Survey as a major community issue. There were 196 reports alleging abuse and neglect inflicted on persons age 60 or older in Greater Nashua during the state’s 2008 fiscal year. Over one-half of these cases (108 or 55.1%) were believed to be due to self-neglect. Other types of reports consisted of neglect (32 reports), exploitation (25), emotional abuse (21), physical abuse (7), and sexual abuse (3). Statewide, the majority of victims were female (66.8%) with most victims between 70 and 89 years of age (67.5%). Perpetrators usually were related to their victims (60.4%).³¹

PUBLIC TRANSPORTATION

Public transportation was rated as a major community concern in the region by 23% of the respondents to the Regional Household Survey. Seven percent ranked public transportation as a major personal issue. The issue of public transportation was rated by 43% of agency survey respondents as a major issue in the community.

The trips on the Nashua Transit System’s fixed route bus service, City Bus, have increased in recent years, up 36% between 2000 and 2007. However, ridership on City Lift, the door-to-door transit service for the handicapped and disabled, declined 22.2% from 2000 to 2007.³² City Bus serves the city of Nashua. City Lift covers Nashua, Merrimack and Hudson. Other transportation service to those without or unable to use automobiles is limited and provided on a volunteer basis.

OUTCOME 5: A healthy community cares for one another and the community as a whole.

Certain actions of everyday life exemplify the values held by our community. They can range from how we care and support families, children and elders, to participation in civic affairs.

CHILDCARE

Results from NH Division of Employment Security's survey on childcare in 2000 indicated that 56% of the responding companies lost full-time employee hours and 41% lost part-time employee hours because of family childcare issues. Many employers in New Hampshire reported they did not have a specific plan in place for dealing with childcare situations, but were quite flexible in handling of these issues when they arise. One-half of the responding firms reported they offer their employees the chance to use leave time, sick time, or flex time to manage childcare needs.³³

"Childcare people can afford" was viewed by 28% of Regional Household Survey participants as a major community issue. Eight percent of respondents rated affordable childcare as a major issue in their families. Five percent of respondents identified "finding childcare" as a major issue within their families. Of the respondents to the survey of human service agencies, 74% reported that "childcare people can afford" was a major concern in the community.

Based on a September 2008 survey of childcare centers in Nashua, an estimated 220 children were on waiting lists at 19 facilities. Depending on age of the child served, many centers did not have waiting lists. The average weekly cost at the childcare programs surveyed was \$246 for infant care (ages 6 weeks to 13 months), \$231 per week for young toddlers, \$224 for older toddlers, and \$205 for preschoolers (ages 3 to 5).³⁴

For every licensed family childcare provider in our area, there are probably four more that are not licensed. To remain unlicensed, family childcare providers may serve no more than three children at one time in addition to caring for their own children.

SUPPORT FOR YOUTH

"Social and recreational activities for youth" was rated as a major community problem by 12% of the respon-

dents to the Regional Household Survey. Only 3% of respondents said that it was a major problem for their family. Teen pregnancy, sexual activity and gangs were also of concern. The issues of substance abuse, mental health, and teen violence have been discussed previously in this report. "Gangs" were perceived by 15% of the respondents to the Regional Household Survey as a major community concern. The 2007 Youth Behavioral Risk Survey found that about 25% of the high school students surveyed (grades 9-12) had engaged in sexual intercourse within the previous three months.¹¹

The 2005 state plan for improving the health and well-being of adolescents, "New Hampshire's Adolescent Health Plan: Supporting New Hampshire's Youth, Moving Toward a Healthier Future", details ways to build capacity to increase knowledge about adolescence and physical development. The document speaks to the "highest priority health issues" of nutrition and physical activity, mental health and alcohol, drug and tobacco use, reproductive health, and injury prevention. The plan states, "to support healthy development, adolescents need challenging opportunities for learning, recreation, work and civic engagement in safe environments where positive adult role models are available to develop critical thinking, decision-making, relationship, and refusal skills".³⁵

SUPPORT FOR ELDERS

As discussed previously, the fastest growing age group in the population is projected to be those age 65+, growing at over five times the rate of the general population. The New Hampshire State Plan on Aging discusses the impact on these changing demographics. "If current trends continue, New Hampshire will see a steady increase in the age group of 45 and above at the same time that the age group of 44 and younger will be declining. In the short term, the need for community-based care will continue to be directly related to the population age 75 and older who currently use these services. In the long run, the needs may shift as the population becomes 85 and older and potentially

requires increasing support”.³⁶ Supporting seniors was discussed as an important issue in the community at the focus group held with the Souhegan area clergy. Nearly one in five respondents (18%) to the Regional Household Survey said “help for elderly or the disabled in their homes” was a major issue in the community. “Day care for the elderly or disabled” and “in-home health care” were reported to be major community issues identified from the Regional Household Survey respondents, 12% and 8%, respectively. Telephone calls in fiscal year 2008 to ServiceLink, the information and referral service specializing in advising elders and caregivers, reflect the concern of the elderly and the people who watch out for them. The largest category of calls related to Medicare (30.8% of calls) and the Medicaid Choices for Independence Program, formerly known as the Home and Community Based Care Program (26.4% of calls). Other calls fit into the following categories: information and referral, case management/counseling, long-term care information, financial information, and caregiver education.³⁷

Caregivers provide unpaid care and support to family members and friends. Three in four caregivers are women. Replacing these helpers in the U.S. with paid home care is estimated to cost at least \$45 billion annually. As part of a survey in New Hampshire during 2000, 15% of people said they were caregivers to a friend or relative aged 60 or older during the past month.

The New Hampshire Conference on Aging held “NH Speaks”, an event in 2006 where some 400 seniors were asked to list the challenges and obstacles New Hampshire seniors face in regard to maximizing their ability to live independently. Responses included: 1) the lack of choices, availability and affordability of transportation, including medical transport, transportation for longer distances, and wheelchair accessibility, 2) the lack of housing choices, 3) personal expenses exceeding income, 4) the affordability and management of medications, and 5) the difficulties of living alone and in isolation.³⁸



OUTCOME 6: A healthy community supports education and personal growth along the entire spectrum of life.

A healthy community wants its youth sent off with a good foundation for living. Receipt of a well-rounded education is an excellent way to assist youth in being successful, in post-high school academics, the world of work and other endeavors. Placing a high value on education for children and young adults, and also supporting renewal through lifelong learning are valued traits in a healthy community.

SCHOOL MATRICULATION

Eighty percent (79.8%) of Greater Nashua youth who completed high school in the 2006-2007 academic year (including students receiving a high school diploma, certificate of completion, or nonstandard diploma) entered a post-secondary educational experience. The level of students entering a post-high school educational program scheduled for four years or less ranged from 69.2% at Wilton-Lyndeborough to 87.8% at Souhegan Cooperative.³⁹

About one out of 10 (11.3%) of high school students in New Hampshire do not graduate on-time. During the 2007-2008 school year, 194 students dropped out of Greater Nashua’s public schools. Looking at the cumulative drop-out rate, which factors all four years of a student’s attendance in high school (2004-2005 through

2007-2008), six of eight area districts had rates below the state rate of 11.3%: Hollis-Brookline Cooperative, 2.1%; Wilton-Lyndeborough, 4.5%; Nashua, 8.1%; Milford, 8.9%; Merrimack, 9.8%; and Souhegan Cooperative, 9.2%. Correspondingly, single-year drop-out rates for 2006-2007 year were low at Hollis-Brookline (0.5%), and Wilton-Lyndeborough (1.2%). Six of eight districts were below the state rate of 3%. Factors contributing to students leaving school prior to graduation include student interest and success in school, pregnancy, and the income and educational background of parents.³⁹

GEDs

A student who does not complete high school may pursue a GED. There has been an average of 248 GED recipients in each of the last five years (between the 2003-2004 and 2007-2008 academic years).⁵

WHAT'S NEXT?

The purpose of previous community assessments has been to gather and report on the health and human care needs of residents in the 11 communities of Greater Nashua. Just as with the 2006 assessment, this year's report will be used to attempt to accomplish more. For its part, United Way of Greater Nashua intends to work collaboratively with others to create a "community agenda", selecting a number of issues to focus on over several years and make a measurable impact. This work will involve developing new and innovative partnerships spanning the non-profit, for-profit, government, and faith sectors. As a result of the findings of past assessment reports, the first "community initiative", Workforce Housing, began in early 2005.

The information contained in Community Assessments has been used as a tool for interested persons and organizations. Community service organizations have used assessment reports as aides to prioritize their annual projects. Non-profit organizations have used assessment reports to help with strategic planning and

to improve grant submissions. United Way of Greater Nashua has utilized assessment results to help set priorities for the use of contributions from the Community Campaign.

Individuals, groups, agencies and collaborations are again encouraged to use the findings of this report. Only through comprehensive collaborative action can the necessary forces and resources be marshaled to impact the pressing issues of our area.

This assessment has attempted to use the best available data that could be gathered during the study's timeframe. United Way of Greater Nashua facilitates our local community assessments. To suggest or share additional sources of data with the assessment steering committee, please contact United Way at 603-882-4011.

The Community Assessment Steering Committee would like to thank the people, agencies and private entities that have been involved in this process.

COMMUNITY ASSESSMENT COMMITTEE, CONSULTANTS

Community Assessment Steering Committee

<u>Name</u>	<u>Organization</u>	<u>Name</u>	<u>Organization</u>
Rolf Goodwin, Chair	McLane, Graf, Raulerson & Middleton, PA	Ray Lambert	Ocean Bank
Betsy Abrahams	The Youth Council	Richard Leavitt	Congregation Church of Amherst
Joy Barrett	Big Brothers Big Sisters	Bob Mack	City of Nashua Welfare
Cecile Carlton	Nashua School District	Germano Martins	NH Dept. of Health & Human Svcs.
Kathy Cowette	St. Joseph Hospital	John Mills	Anheuser-Busch, Inc.
Chris Dolloff	Cityside Management Corp.	Joel Patterson	Shaws Supermarket-Merrimack
Mariellen Durso	Nashua Area Health Center	Camille Pattison	Nashua Reg. Planning Commission
Paul Etkind	Nashua Public Health	Beth Raymond	Gateways Community Services
Tim Gendron	Bank of America	Doug Rupert	Wilton Resident
Suzanne Keller	Southern NH Medical Center	Lucy Saia	Home Health and Hospice Care
		Maryse Wirbal	Nashua Pastoral Care Center

Consultants and Facilitators

<u>Name</u>	<u>Organization</u>	<u>Role</u>
Sharon Dalton	Adult Learning Center	Focus Group Facilitator
Shuk-Ming Tsang-Lui	Adult Learning Center	Focus Group Facilitator
Yara Dasilva	Adult Learning Center	Focus Group Facilitator
Daniel Reidy	UNH Cooperative Extension Service	Focus Group Facilitator
Carol Bowen	Bowen Marketing Research	Regional Household Survey Consultant
Ray Peterson	United Way of Greater Nashua	Community Assessment Coordinator

Top Issues Identified From Surveys, 2008 & 2004

Top Issues Identified from Community Surveys, 2008

Regional Household Survey Community Issues		Regional Household Survey Personal/Family Issues		Human Service Providers' Survey Community Issues		Rates as a Major Problem
Rank	Issue	Rank	Issue	Rank	Issue	%
1	Getting medical insurance people can afford	1	Getting medical insurance people can afford	1	Housing people can afford	92%
2	Housing people can afford	2/3	Medical care people can afford	2	Getting dental insurance people can afford	89%
3	Medical care people can afford	4/5	Getting dental insurance people can afford	3	Getting dental insurance people can afford	84%
4	Medications people can afford	6	Dental care people can afford	4	Dental care people can afford	82%
5	Dental care people can afford	7/10	Household budgeting	5	Medications people can afford	79%
6	Getting dental insurance people can afford		Housing people can afford	6/7	Finding a job with medical benefits	61%
7/8	Child care people can afford		Having enough money to meet everyday expenses		Medical care people can afford	74%
9	Having enough money to meet everyday expenses		Finding a job with medical benefits	9	Poverty	56%
10	Illegal drug use by youth		Job security	10/11	High levels of stress at home	51%
11	Public transportation	11/12	High levels of stress at home	12	Legal services people can afford	49%
12/13	Alcohol use by youth		High levels of stress at work	13/15	Having enough money to meet everyday expenses	46%
14/15	Child care people can afford	13	Child care people can afford		Household budgeting	46%
16/18	Poverty	14/15	Public Transportation	16/18	Depression/anxiety	44%
	High levels of stress at home		Legal services people can afford		Alcohol misuse by youth	44%
	Household budgeting	16/18	Help for elderly or the disabled in their homes	19/20	Public transportation	43%
	Legal services people can afford		Finding a job		Behavioral or emotional problems with youth	43%
	Job security	19/21	Finding disability services			
19	Help for elderly or the disabled in their homes	19/21	Depression/anxiety			
20	Alcohol misuse by adults	19/21	Finding child care			
	High levels of stress at work	19/21	Support for family caregivers			

Top Issues Identified from Community Surveys, 2004

Regional Household Survey Community Issues		Regional Household Survey Personal/Family Issues		Human Service Providers' Survey Community Issues		Rates as a Major Problem
Rank	Issue	Rank	Issue	Rank	Issue	%
1	Getting medical insurance people can afford	1	Getting dental insurance people can afford	1/3	Housing people can afford	82%
2	Housing people can afford	2	Getting medical insurance people can afford	2	Dental care people can afford	82%
3	Medications people can afford	3/4	Dental care people can afford	4	Medical care people can afford	82%
4	Getting dental insurance people can afford	5	Medical care people can afford	5	Getting dental insurance people can afford	75%
5	Medical care people can afford	6/7	Medical care people can afford	6	Getting dental insurance people can afford	70%
6	Dental care people can afford		Finding a job with medical benefits	7	Getting dental insurance people can afford	65%
7/8	Alcohol use by youth	8	Job security	8	Finding a job with medical benefits	63%
9	Legal services people can afford	9	Housing people can afford	9/10	Child care people can afford	56%
10	Child care people can afford	10	Public transportation		Alcohol misuse by adults	55%
11/13	Having enough money to meet everyday expenses	11/12	Finding a job		Depression/anxiety	55%
	High levels of stress at work		Having enough money to meet everyday expenses	11/12	Poverty	52%
	Job security	13/14	High levels of stress at work	13/15	Behavioral or emotional problems with youth	52%
14/15	Public transportation		High levels of stress at home		Mental illness	51%
	Day care for the elderly	15	Legal services people can afford		Homelessness	51%
16	High levels of stress at home	16	Child care people can afford	16	High levels of stress at home	50%
17	Alcohol use by youth	17	Household budgeting	17	Legal services people can afford	45%
18	Poverty	18/19	Child care	18/19	Public transportation	43%
19	Drug addiction by youth		Help for the elderly in their homes	20/21	Job security	43%
20/23	Help for the elderly in their homes	20/25	Quality housing (e.g. enough room in the house)		Alcohol use by youth	42%
	Alcohol misuse by adults		Day care for the elderly		Drug Addiction by adults	42%
	Finding a job		Depression/anxiety			
	Child abuse & neglect		Poverty			
	Road rage		Quality education			
			Road rage			
			Social and recreational activities for youth			

Household survey based on 500 telephone respondents who are distributed proportionately across the population living in Greater Nashua town; margin of error +/- 4%. Surveys conducted in February 2008 and November 2004. Human service provider's survey results from 61 agencies conducted March 2008.

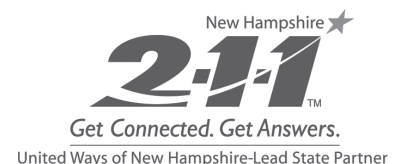
GREATER NASHUA CALLS TO 2-1-1 NH

2-1-1 is an easy to remember telephone number that connects callers, at no cost, to information about critical health and human services available in their community. Launched on June 11, 2008, 2-1-1 NH is an initiative of the United Ways of New Hampshire in partnership with Public Service Company of New Hampshire. It is sponsored by the Citizens Bank Foundation, Exeter Hospital, New Hampshire Charitable Foundation and the State of New Hampshire.

Leading Greater Nashua Calls to 2-1-1 NH July 1, 2008-December 31, 2008

<u>Category by Group</u>	<u># of Calls</u>	<u>Call Group</u>	<u>% of Calls</u>
Financial Supports		720	39%
TEMPORARY FINANCIAL AID (E.G., TOWN WELFARE)	232		
UTILITY ASSISTANCE	158		
EMERGENCY FOOD	77		
UNDESIGNATED TEMPORARY FINANCIAL AID	76		
PUBLIC ASSISTANCE PROGRAMS	75		
HOLIDAY PROGRAMS (E.G., CHRISTMAS GIFTS FOR CHILDREN, FOOD BASKETS)	46		
MONEY MANAGEMENT	31		
SOCIAL INSURANCE PROGRAMS (E.G., SOCIAL SECURITY)	25		
Housing and Shelter		261	14%
HOUSING EXPENSE ASSISTANCE	98		
HOUSING/SHELTER	92		
EMERGENCY SHELTER	40		
SUBSIDIZED RENTAL HOUSING	31		
Information and Referral		154	8%
INFORMATION & REFERRAL (SPECIALIZED I & R: E.G., DISABILITIES, HOMELESS)	118		
INFORMATION LINES (E.G., ICE STORM INFO LINE, WEBSITES)	36		
Health/Dental/Substance Abuse		89	5%
HEALTH SUPPORTIVE SERVICES	29		
DENTAL CARE	27		
SUBSTANCE ABUSE SERVICES	33		
LEGAL ASSISTANCE	49	49	3%
LOCAL TRANSPORTATION	39	39	2%
INDIVIDUAL & FAMILY SUPPORT SERVICES	32	32	2%
<u>EMPLOYMENT</u>	<u>23</u>	<u>23</u>	<u>1%</u>
Subtotal - Above Categories	1367	1367	74%
<u>Other Categories</u>	<u>484</u>	<u>484</u>	<u>26%</u>
TOTAL CALLS TO REGION	1851	1851	100%

Source: 2-1-1 NH



SUMMARY OF INDICATORS

Outcome 1: A healthy community values growth and diversity of its population.

Indicator	Description^{1,6}	<u>2000</u>	<u>2007</u>	<u>Increase</u>				
Population	Population of Greater Nashua	184,874	193,635	4.7%				
	Population of Nashua	86,605	87,150	0.6%				
	Nashua as % of Region	46.8%	45.0%					
	Faster Growing Towns							
	Mont Vernon	2,034	2,380	16.5%				
	Brookline	4,181	4,858	16.2%				
	Litchfield	7,360	8,408	14.2%				
	Lyndeborough	1,585	1,791	13.0%				
	<u>Population Age Groups</u>							<u>Median</u>
	<u>by Community, 2000¹</u>	<u>Under 5</u>	<u>5 - 19</u>	<u>20 - 34</u>	<u>35 - 54</u>	<u>55 - 64</u>	<u>65+</u>	<u>Age</u>
	Amherst	6.2%	27.8%	9.8%	38.5%	10.4%	7.3%	38.7
	Brookline	9.2%	26.4%	12.7%	39.5%	7.2%	5.0%	35.7
	Hollis	6.5%	24.9%	9.3%	40.2%	10.8%	8.3%	39.6
	Hudson	7.4%	22.8%	18.9%	34.7%	8.3%	7.9%	35.4
	Litchfield	9.3%	26.2%	18.6%	36.9%	5.6%	3.5%	33.2
	Lyndeborough	6.1%	22.6%	16.3%	37.6%	10.3%	6.9%	37.9
	Merrimack	6.9%	24.3%	16.8%	36.6%	9.1%	6.4%	36.0
	Milford	7.3%	22.7%	19.8%	32.8%	7.8%	9.6%	35.1
	Mont Vernon	5.8%	26.1%	11.5%	38.6%	8.9%	9.1%	38.5
	Nashua	6.5%	20.5%	21.6%	31.2%	8.5%	11.6%	35.8
	Wilton	6.4%	22.7%	16.4%	35.4%	8.4%	10.8%	37.4
	Total	6.9%	22.5%	18.8%	33.9%	8.6%	9.3%	35.8
Diversity	<u>% of Greater Nashua Population</u>	<u>1990</u>	<u>2000</u>					
	<u>by Race³</u>							
	White	96.7%	93.3%					
	Asian	1.4%	2.4%					
	Black	1.1%	1.3%					
	Native American	0.2%	0.2%					
	Other Races	0.6%	1.6%					
	Persons of two or more races	N/A	1.2%					
	<u>Persons of Hispanic Origin</u>	<u>1990</u>	<u>2000</u>	<u>2006</u>	<u>2008</u>			
	<u>(Any Race)^{1,3,6}</u>							
	Number of Hispanic Persons in Greater Nashua	3,093	6,513					
	% of Total Population	1.9%	3.5%					
	% of Nashua's Population	3.0%	6.2%	7.9%				
	% Nashua School District enrollment Hispanic, 2007-2008 School Year				14.6%			

Continued on next page

Outcome 2: A healthy community ensures that the basic human/physiologic needs are met.

<u>Indicator</u>	<u>Description</u>	<u>Hillsborough</u>									
<u>Health</u>	<u>Health Status/Health Behaviors,</u>	<u>County</u>	<u>NH</u>								
Status	<u>Adults 2007</u>										
	Current health status fair or poor	10.7%	11.2%								
	Any days in the past 30 days during which mental health was not good	32.0%	32.2%								
	No health care coverage	9.0%	11.4%								
	Currently smoking	17.8%	18.7%								
	Overweight	38.3%	38.4%								
	Obese	22.2%	22.4%								
	No physical activity in past 30 days	19.5%	19.6%								
	Current asthma	9.4%	9.7%								
	Have diabetes	6.8%	7.4%								
	<u>% of Students Who (2007):¹¹</u>	<u>Merrimack HS</u>	<u>Campbell HS</u>	<u>Souhegan HS</u>	<u>NH</u>						
	Were physically active for at least 60 minutes per day on 5 or more of the past 7 days	44.9%	43.4%	53.7%	47.4%						
	Watched 3 or more hours of TV on an average school day	28.8%	23.3%	21.6%	25.0						
	Ever had sexual intercourse	41.5%	43.8%	35.2%	43.9%						
	Had sexual intercourse and used a condom (boys)	33.5%	38.6%	34.8%	36.5%						
	Had sexual intercourse and did not use any birth control to prevent pregnancy before or during last intercourse (girls)	7.6%	17.8%	5.1%	8.8%						
	Had sexual intercourse and drank alcohol or used drugs before last intercourse	25.9%	38.6%	34.8%	36.5%						
	<u>Teen Births (excluded out-of-state births)⁸</u>	<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>	
	Births to mothers age 15-19	<u>No.</u>	<u>Rate*</u>	<u>No.</u>	<u>Rate*</u>	<u>No.</u>	<u>Rate*</u>	<u>No.</u>	<u>Rate*</u>	<u>No.</u>	<u>Rate*</u>
	Nashua	64	23.7	73	26.6	82	29.4	84	29.3	92	31.4
	Hillsborough County	236	18.0	265	19.8	295	21.6	276	19.7	322	22.5
	NH	769	16.9	812	17.5	818	17.4	819	17.1	878	18.1
	* Rate Per 1,000 Females Age 15-19										

Outcome 2, continued

<u>Indicator</u>	<u>Description</u>	<u>Nashua</u>	<u>Other Towns</u>	<u>Greater Nashua</u>	<u>NH</u>
Health Status	<u>Causes of Death⁸</u>				
	<u>3-Year Crude Death Rates 2003-2005</u> <u>(Rates Per 100,000 Population)</u>				
	Diseases of the heart	182.7	113.4	145.0	201.5
	Malignant neoplasms	180.1	145.6	161.3	194.1
	Chronic lower respiratory diseases	39.5	30.3	34.5	45.1
	Cerebrovascular diseases	33.8	26.1	29.6	41.5
	Alzheimer's Disease	31.2	13.4	21.5	25.4
	Accidents	29.3	22.6	25.6	34.3
	Diabetes Mellitus	21.3	13.1	16.8	23.6
	Influenza and pneumonia	18.6	8.6	13.2	19.0
	Intentional self-harm (suicide)	11.4	8.6	9.9	11.7
	<u>Emergency Dept Visits - Hillsborough County Residents, 2005</u>				
	<u>Commercially Insured Patients 2005</u>		<u>Crude</u>		
	<u>Conditions by Inpatient Diagnoses</u>	<u>Events</u>	<u>Rate</u>		
	<u>Per 100,000 Persons⁸</u>				
	Injury and poisoning	44,080	10,984.5		
	Ill-defined smptoms, conditions	24,359	6,070.1		
	Diseases of the respiratory system	12,554	3,128.4		
	Diseases of the musculoskeletal system and connective tissue	9,614	2,395.8		
	Disease of the digestive tract	8,977	2,237.0		
	Diseases of the nervous system and sense organs	7,242	1,804.7		
	Mental disorders	5,594			
	Diseases of the genitourinary system	5,315	1,394.0		
	Diseases of the skin and subcutaneous tissue	5,276	1,324.5		
			1,314.8		
	<u>Leading Physician Office Visits - Hillsborough County Residents</u>				
	<u>Commercially Insured Patients 2005⁸</u>	<u>Number</u>			
	<u>Diagnosis Name</u>	<u>of Visits</u>			
	General medical examination	15,764			
	Essential hypertension	6,886			
	Health supervision infant or child	4,933			
	Acute sinusitis	4,559			
	Disorders of lipid metabolism (cholesterol and fat processing)	4,555			
	Diabetes Mellitus	3,686			
	Other & unspecified disorders of back	3,677			
	Acute upper respiratory infections	3,494			
	Acute pharyngitis (soar throat)	3,447			
	General symptoms	2,877			
	Other & unspecified disorders joint	2,830			
	Symptoms involving respiratory system & other chest symptoms	2,699			
	Other soft tissue disorders (muscle problems, rheumatism)	2,593			
	Other symptoms involving abdomen & pelvis	2,576			
	Neurotic disorders	2,476			
	Peripheral enthesopathies (aches and pain of old age)	2,419			
	Acute bronchitis and bronchiolitis	2,233			
	Depressive disorders	1,853			
	Special investigations & examinations	1,830			
	Asthma	1,780			

Outcome 3: A healthy community fosters respect for oneself, each other and the community as a whole.

<u>Indicator</u>	<u>Description</u>						
Substance Abuse	<u>Diagnosed Alcohol and Drug Abuse Dependence (DSM IV) Within the past year:</u> ³⁵						
		<u>All Ages</u>		<u>Ages 12-17</u>		<u>Ages 18-25</u>	
		<u>NH</u>	<u>US</u>	<u>NH</u>	<u>US</u>	<u>NH</u>	<u>US</u>
	Alcohol abuse or dependence	9.1%	7.6%	7.5%	5.9%	23.2%	17.4%
	Alcohol dependence	3.5%	3.3%	2.3%	2.1%	7.7%	6.9%
Drug abuse or dependence	10.9%	9.2%	11.7%	8.9%	27.7%	21.4%	
Illicit drug dependence	2.1%	1.9%	3.2%	3.0%	7.4%	5.4%	
					<u>Overall State (58 School Districts & 1600 Students)</u>		
	<u>% of Students Who (2007):</u> ¹¹	<u>Merrimack HS</u>	<u>Campbell HS</u>	<u>Souhegan HS</u>			
	Drove a car or other vehicle after drinking alcohol one or more times during the past 30 days	13.2%	13.9%	14.4%	12.1%		
	Smoked cigarettes on one or more of the past 30 days	18.9%	22.3%	21.0%	19.6%		
	Had at least one drink of alcohol on one or more of the past 30 days	44.9%	43.4%	37.5%	44.0%		
	Had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	31.9%	28.2%	24.4%	29.3%		
	Had used marijuana one or more times during the past 30 days	22.6%	25.3%	23.1%	25.1%		
	Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	12.7%	16.8%	10.7%	14.3%		
	Think it would be easy or very easy to get some beer, wine or hard liquor	75.0%	71.5%	75.7%	73.7%		
	Think it would be easy or very easy to get a drug like cocaine, LSD, or amphetamines	25.1%	30.2%	24.5%	28.0%		
	Have never been offered, sold, or given an illegal drug on school property by someone during the past 12 months	81.4%	76.4%	80.3%	75.8%		
	Agree or strongly agree their parents or other adults in their family have clear rules and standards for their behavior	78.3%	69.1%	85.6%	79.6%		
	Have parents or other adults in their family never or rarely talk with them about what they are doing in school	15.8%	19.0%	9.9%	16.8%		

Outcome 3, continued

Indicator Mental Health	<u>Greater Nashua Household Survey Respondents (2007):</u>	<u>Major Personal/Family Issue</u>						
	High level of stress at work	9%						
	High level of stress at home	9%						
	Depression/anxiety	5%						
	<u>% of Students Who (2007):¹¹</u>	<u>Merrimack HS</u>	<u>Campbell HS</u>	<u>Souhegan HS</u>	<u>Overall State</u>			
	Seriously considered attempting suicide during the past 12 months	15.4%	14.2%	10.0%	14.3%			
	Made a plan about how they would attempt suicide during the past 12 months	10.4%	12.8%	8.8%	10.6%			
Unemployment	<u>Unemployment-average annual rates:¹³</u>	<u>2003</u>	<u>2004</u>	<u>Jun-05</u>	<u>2006</u>	<u>2007</u>	<u>Dec-08</u>	
	Gr. Nashua	5.2%	4.3%	3.9%	4.0%	3.7%	4.3%	
	NH	4.5%	3.9%	3.6%	3.5%	3.6%	4.3%	
	US	4.5%	3.9%	3.6%	3.5%	4.5%	7.1%	
	Note: beginning in 2004 the local labor market area was redefined from 13 to 19 towns, including Derry and Londonderry.							
	<u>Initial State Unemployment Insurance Claims</u>						<u>Thru 8/08</u>	
	Nashua District Office, NH Office of Economic Security ¹³	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	
		7,853	7,130	7,120	6,410	6,743	5,708	
Poverty	<u>Poverty Levels and Household Income 2000¹</u>	<u>Families Below the Poverty Level</u>		<u>Female Householder, no Husband Present, with Related Children Below Poverty</u>		<u>Median Household Income</u>		
		<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>			
	Amherst	31	1.0%	7	9.6%	\$89,384		
	Brookline	10	0.9%	10	13.7%	\$77,075		
	Hollis	57	2.8%	0	0.0%	\$92,847		
	Hudson	76	1.2%	40	8.1%	\$64,169		
	Litchfield	45	2.2%	28	18.9%	\$73,302		
	Lyndeborough	5	1.2%	2	12.5%	\$59,688		
	Merrimack	86	1.2%	59	10.7%	\$68,817		
	Milford	114	3.1%	61	17.9%	\$52,343		
	Mont Vernon	6	1.0%	6	25.0%	\$71,250		
	Nashua	1,119	5.0%	522	24.2%	\$51,969		
	Wilton	31	3.1%	13	19.7%	\$54,276		
Region	1,580	3.2%	748					
	<u>Gr. Nashua Recipients of State Welfare Assistance¹⁶</u>							
	<u>Receiving Any Type of State Financial Assistance-Unduplicated Persons</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>				
	Adults	5,135	5,197	5,504				
	Children	8,446	8,578	8,909				
	Total Individuals	13,581	13,775	14,413				
	Total Households	8,192	8,399	8,949				

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Outcome 3, continued

<u>Indicator</u>	<u>TANF (Temporary Assistance to Needy Families)</u>						
<u>Poverty</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>				
Adults	466	358	315				
Children	1,128	989	885				
Total Individuals	1,594	1,347	1,200				
Total Households	709	625	582				
	<u>2006</u>	<u>2007</u>	<u>2008</u>				
<u>Medical (Medicaid)</u>							
Adults	1,037	1,116	1,142				
Children	7,745	8,066	8,551				
Total Individuals	8,782	9,182	9,693				
Total Households	4,494	4,749	5,024				
	<u>2006</u>	<u>2007</u>	<u>2008</u>				
<u>Food Stamps</u>							
Adults	3,522	3,681	3,939				
Children	3,174	3,275	3,257				
Total Individuals	6,696	6,956	7,196				
Total Households	3,182	3,348	3,540				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Nashua</u>		<u>Milford</u>	
<u>Welfare Vouchers Issued¹⁷</u>							
Number of vouchers:							
Shelter/Rent	2,301	1,919	1,660	222	134	60	
Food/Personal Care	1,117	995	1,193	14	29	17	
Medical	1,286	1,335	877	72	47	20	
Fuel/Utilities	385	430	364	91	38	21	
Other	22	29	16	32	26	27	
Total Vouchers Issued	5,111	4,708	4,110	431	274	145	
Total Number of Households	1,433	1,334	1,257	151	151	92	
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Hudson</u>		<u>Merrimack</u>	
Number of vouchers:							
Shelter/Rent	170	151	147	70	67	67	
Food/Personal Care	52	51	27	4	4	7	
Medical	37	28	12	35	27	13	
Fuel/Utilities	11	25	26	35	31	47	
Other	2	1	1	0	1	0	
Total Vouchers Issued	272	258	213	144	130	134	
Total Number of Households	NA	NA	NA	48	42	50	
Children in Nashua School District on Free & Reduced Fee Lunch (Does not include half-day Kindergarten students) ⁴	<u>2004</u>		<u>2007</u>				
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>			
	3,546	27.8%	3,901	32.5%			

Outcome 3, continued

Indicator	Description	January 25, 2006				January 24, 2007			
		Sheltered				Sheltered			
Homeless-ness	<u>One-Time Count of Homeless in Gr. Nashua¹⁸</u>	<u>Emer-gency</u>	<u>Transi-tional</u>	<u>Unshel-tered</u>	<u>Total</u>	<u>Emer-gency</u>	<u>Transi-tional</u>	<u>Unshel-tered</u>	<u>Total</u>
	Number of Homeless Families with Dependent Children	9	27	43	79	22	18	30	70
	Number of Persons in Homeless families with Children	30	73	141	244	69	46	84	199
	Single Individuals and Persons in Households without Children	77	32	229	338	56	26	163	245
	Total Persons	107	105	370	582	125	105	247	444
		January 30, 2008				January 28, 2009			
	<u>One-Time Count of Homeless in Gr. Nashua¹⁸</u>	Sheltered				Sheltered			
		<u>Emer-gency</u>	<u>Transi-tional</u>	<u>Unshel-tered</u>	<u>Total</u>	<u>Emer-gency</u>	<u>Transi-tional</u>	<u>Unshel-tered</u>	<u>Total</u>
	Number of Homeless Families with Dependent Children	41	24	13	78	34	29	1	64
	Number of Persons in Homeless families with Children	133	63	37	233	107	80	3	190
	Single Individuals and Persons in Households without Children	93	43	86	222	107	18	15	140
	Total Persons	226	106	125	457	214	98	18	330

Outcome 4: A healthy community provides a safe, secure and stable environment for its residents.

Indicator	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>Thru 4/08</u>
Affordable Housing						
Nashua Rental Vacancy Rate (Two Bedroom Units) ²²	1.7%	1.6%	1.7%	1.9%	2.4%	4.1%
Gr. Nashua Median Monthly Rent (Two Bedroom Unit) ²²	\$1,012	\$1,042	\$1,056	\$1,091	\$1,123	\$1,124
Nashua Median Home Purchase Price ²⁰	\$224,000	\$243,533	\$266,000	\$262,500	\$259,900	\$234,900
<u>Foreclosures²¹</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>Thru 8/08</u>		
NH Foreclosure Deeds	462	1,057	2,071	3,610		
Gr. Nashua Foreclosure Deeds				684		
<u>Wait Time for Public Housing (Based on Turnover of Units), 2008²³</u>						
2-Bedroom Family Unit	2 Years					
3-Bedroom Family Unit	1 Year					
4-Bedroom Family Unit	6 Months					
1-Bedroom Elderly Unit	2 Years					
2-Bedroom Elderly Unit	6 Months					
Section 8 Subsidized Units	5 Years					

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Outcome 4, continued

Indicator	Description	Violent Crime*		Property Crime*						
		2005	2006	2005	2006					
Crime and Personal Safety	<u>Criminal offenses known to law enforcement</u> ²⁶									
	Amherst	7	9	309	217					
	Hudson	23	26	370	401					
	Merrimack	2	3	252	300					
	Milford	20	20	218	205					
	Nashua	164	190	2,061	2,241					
	Wilton	5	4	62	77					
	Total **	221	252	3,272	3,441					
* Violent crime includes murder and nonnegligent homicide, forcible rape, robbery, and aggravated assault. Property crime includes burglary, larceny-theft, motor vehicle theft, and arson.										
** Data for those towns in the region reporting both 2005 and 2006 data to the FBI										
	<u>% of Students Who (2007):</u> ¹¹	<u>Merrimack HS</u>	<u>Campbell HS</u>	<u>Souhegan HS</u>	<u>Overall State</u>					
	Carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	5.1%	9.6%	4.2%	6.5%					
	Had property such as their car, clothing, or books stolen or deliberately damaged on school property on one or more times during the past 12 months	30.9%	29.9%	27.6%	27.5%					
	Were in a physical fight one or more times during the past 12 months	31.0%	35.1%	27.3%	29.6%					
	Were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	8.7%	12.5%	7.1%	9.4%					
	Have ever been physically forced to have sexual intercourse	7.8%	12.7%	5.1%	8.1%					
Domestic Violence		<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>03-07 % chg</u>
	Reported number of domestic violence victims in Greater Nashua ²⁷	781	776	939	885	1,043	1069	1191	1501	69.6%
	Reported number of sexual assault victims in Gr. Nashua	178	181	228	209	263	572	769	673	222.0%
	Persons receiving shelter from crisis program	60	56	71	100	83	55	82	80	-20.0%
	Number of nights of shelter provided	2,087	2,826	3,415	3,502	2,637	2,451	2,436	2,449	-30.1%

Outcome 4, continued

<u>Indicator</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2006</u>	<u>2007</u>	
Child Abuse and Neglect								
DHHS Assessments for Child Abuse and Neglect in Greater Nashua ²⁸	841	861	834	746	667	700	771	
Number of Substantiated Cases of Neglect and/or Abuse	90	74	87	80	56	70	83	
Notes: On average 1.5 children are involved per case in 2007. Bedford added to regional data in 2007.								
<u>Court Ordered Child Support-DHHS Nashua District Office²⁸</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>			
Cases	2,877	2,811	2,997	3,191	3,211			
Children	6,494	6,347	5,863	6,029	5,981			
Cases Receiving Payment to Custodial Parent	2,192	2,163	2,242	2,400	2,389			
Cases Receiving No Payment to Custodial Parent	685	648	755	791	822			
Collections during the fiscal year	\$7.6 Million	\$7.8 Million	\$8.2 Million	\$9.1 Million	\$9.7 Million			
Amount Owed (Cumulative Years)	\$19.1 Million	\$19.6 Million	\$21.1 Million	\$22.4 Million	\$23.3 Million			
Public Transportation								
<u>Unlinked Trips³²</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
City Bus (fixed route)	257,895	254,885	265,866	270,222	350,669	315,468	348,018	350,669
City Lift (door-to-door)	50,737	48,240	44,511	46,014	39,474	38,256	38,884	39,474

Outcome 5: A healthy community cares for one another and the community as a whole.

Indicator	% of NH Residents Who Actively Volunteer, 2005 ⁴⁰	64%		
Civic Participation				
% of Eligible Gr. Nashua Voters Who Voted in the Presidential Election ⁴¹	<u>2000</u>	<u>2004</u>	<u>2008</u>	
	54%	74%	78%	
% of Students Who (2007): ¹¹	<u>Merrimack HS</u>	<u>Campbell HS</u>	<u>Souhegan HS</u>	<u>Overall State</u>
Performed any organized community service as a volunteer one or more times during the past 30 days	34.4%	50.7%	57.4%	40.6%
During an average week, spent one or more hours in clubs or organizations (other than sports) outside of school, such as 4-H, Boys and Girls Club, or YMCA	36.6%	30.7%	32.3%	27.4%

Outcome 6: A healthy community supports education and personal growth along the entire spectrum of life.

<u>Indicator</u>	<u>Description</u>	<u>2003-2004</u>			<u>2004-2005</u>		
School Drop-Outs	Dropout Rates for Grades 9-12 ³⁹	<u>Number</u>	<u>Annual</u>	<u>Cumulative</u>	<u>Number</u>	<u>Annual</u>	<u>Cumulative</u>
	District						
	Hollis-Brookline Cooperative	11	1.4%	5.5%	9	1.1%	4.3%
	Hudson	45	3.1%	11.8%	48	3.2%	12.2%
	Litchfield	8	1.6%	6.2%	10	2.0%	7.8%
	Merrimack	59	3.6%	13.6%	52	3.1%	7.8%
	Milford	22	2.5%	9.6%	28	3.1%	7.8%
	Nashua	197	4.7%	17.5%	206	4.7%	7.8%
	Souhegan Cooperative	7	0.7%	2.8%	11	1.0%	7.8%
	Wilton-Lyndeborough	10	4.0%	15.1%	13	4.9%	7.8%
	Region	359			377		
	NH	2,500	3.8%	14.4%	2306	3.4%	12.8%
	Range within State		0.0%- 13.7%	0.0%- 44.5%		0.0%- 8.5%	0.0%- 29.9%
	Dropout Rates for Grades 9-12 ³⁹						
	District	<u>Number</u>	<u>Annual</u>	<u>Cumulative</u>	<u>Number</u>	<u>Annual</u>	<u>Cumulative</u>
	Hollis-Brookline Cooperative	13	1.5%	5.9%	7	0.8%	3.2%
	Hudson	48	3.1%	11.8%	65	4.1%	15.4%
	Litchfield	8	1.5%	5.9%	6	1.1%	4.3%
	Merrimack	41	2.5%	9.6%	34	2.1%	8.1%
	Milford	21	2.4%	9.3%	21	2.4%	9.3%
	Nashua	61	3.0%	11.5%	123	2.9%	11.1%
	Souhegan Cooperative	13	1.2%	4.7%	18	1.8%	7.0%
	Wilton-Lyndeborough	10	3.7%	14.0%	12	4.6%	17.2%
	Region	215			286		
	NH	2,129	3.1%	11.8%	2,185	3.2%	12.2%
	Range within State		0.0%- 7.0%	0.0%- 25.2%		0.0%- 6.8%	0.0%- 24.5%
	Dropout Rates for Grades 9-12 ³⁹						
	District	<u>Number</u>	<u>Annual</u>	<u>Cumulative</u>	Regional 5-year average = 286		
	Hollis-Brookline Cooperative	4	0.5%	2.1%	Definition of a dropout (as of 2003) -a student who completed the prior year of school but did not return in September of the next school year, or a student who dropped out during the prior school year and did not return by October of the next school year. Excluded from drop-out data are students who were home schooled, suspended/ temporarily expelled, transfers, truants, incarcerated, or deceased.		
	Hudson	43	3.2%	12.3%			
	Litchfield	11	3.4%	13.0%			
	Merrimack	27	2.5%	9.8%			
	Milford	16	2.3%	8.9%			
	Nashua	77	2.1%	8.1%			
	Souhegan Cooperative	14	2.4%	9.2%			
	Wilton-Lyndeborough	2	1.2%	4.5%			
	Region	194					
	NH	1,682	3.0%	11.3%			
	Range within State		0.0%- 8.9%	0.0%- 31.1%			
High School Completers	2006-2007 School Year Gr. Nashua Students ³⁸	Entering 4-yr. college 58.9%	Entering less than 4-yr. prg 20.9%	Employed 14.7%	Unknown 5.5%		
GEDs	Persons completing GEDs locally by school year ⁴	<u>2003-2004</u> 279	<u>2004-2005</u> 256	<u>2005-2006</u> 264	<u>2006-2007</u> 215	<u>2007-2008</u> 227	

ENDNOTES

- ¹ Nashua Regional Planning Commission
- ² New Hampshire Office of Energy and Planning
- ³ U.S. Bureau of the Census, 2000 Census of Population and Housing
- ⁴ Nashua School District
- ⁵ Adult Learning Center
- ⁶ U.S. Bureau of the Census, 2006 American Community Survey
- ⁷ Centers for Disease Control, 2007 Behavioral Risk Factor Survey
- ⁸ New Hampshire Department of Health and Human Resource, Bureau of Health Status and Data Management
- ⁹ Gateways Community Service
- ¹⁰ New Hampshire Department of Health and Human Resources, *Overcoming the Impact of Alcohol and Other Drugs: A Plan for New Hampshire*, 2007
- ¹¹ Centers for Disease Control, 2007 Youth Risk Behavior Survey
- ¹² Greater Nashua Mental Health Center, 2005
- ¹³ New Hampshire Department of Employment Security, Market Information Bureau
- ¹⁴ University of New Hampshire Office of Economic Initiatives and North Country Council, *New Hampshire's Basic Needs and Livable Wage Report*, 2006
- ¹⁵ New Hampshire Division of Child Support Services
- ¹⁶ New Hampshire Division of Financial Assistance
- ¹⁷ Nashua, Hudson, Merrimack and Milford Welfare departments
- ¹⁸ Greater Nashua Continuum of Care, *One-day Counts of the Homeless*
- ¹⁹ Nashua Soup Kitchen and Shelter, 2005
- ²⁰ New Hampshire Housing Finance Authority, *Annual Survey of Housing Prices*
- ²¹ New Hampshire Housing Finance Authority, 2008
- ²² New Hampshire Housing Finance Authority, *Annual Survey of Rents*
- ²³ Nashua Public Housing Authority, 2008
- ²⁴ Peter Francese and Lorraine Stuart Merrill, *Communities and Consequences: The Unbalancing of New Hampshire's Human Ecology, and What We Can Do About It*, Peter E. Randall Publisher, 2008
- ²⁵ City of Nashua Community Development and Urban Programs Department, "Survey Analysis of the 'Tree and Ledge Street Neighborhood': Transforming the Tree Street area into the Tree Street Community", 2008
- ²⁶ Federal Bureau of Investigation, *Crime in the United States*, released annually
- ²⁷ Bridges
- ²⁸ New Hampshire Division of Child Protection Services
- ²⁹ New Hampshire Division of Child Protection Services, 2004
- ³⁰ The Youth Council
- ³¹ New Hampshire Bureau of Elder and Adult Services
- ³² National Transit Database, released annually
- ³³ New Hampshire Division of Employment Security, 2000
- ³⁴ Office of the Nashua Child Care Coordinator
- ³⁵ New Hampshire Department of Health and Human Services, "New Hampshire's Adolescent Health Strategic Plan: Supporting New Hampshire Youth , Moving Toward a Healthier Future, 2005"
- ³⁶ New Hampshire Bureau of Elder and Adult Services, "New Hampshire State Plan on Aging, October 1, 2005-September 30, 2007"
- ³⁷ ServiceLink, 2008
- ³⁸ New Hampshire Bureau of Elder and Adult Services, "New Hampshire State Plan on Aging 2006-2007, NH Speaks: An Independent Aging Agenda Event, May 26, 2005"
- ³⁹ New Hampshire Department of Education, released annually
- ⁴⁰ New Hampshire Charitable Foundation
- ⁴¹ New Hampshire Secretary of State

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