



# KIDS COUNT

## New Hampshire Data Book 2008

**OUR MOST VULNERABLE COMMUNITIES**

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KIDS COUNT is a national and state-by-state effort to document the condition of children and families and to highlight the most promising ways of helping kids grow up to be healthy, productive adults. Since 1990, KIDS COUNT has been the cornerstone of the Annie E. Casey Foundation’s effort to raise public awareness of children’s issues and to promote public accountability for improving outcomes for vulnerable children and families. In the Granite State the KIDS COUNT project is based at the Children’s Alliance of New Hampshire.

Since 1988, the Children’s Alliance of New Hampshire has worked to promote the policies and practices that enable all children to lead healthy and productive lives and to reach their full potential. We are a nonprofit, nonpartisan, multi-issue child advocacy organization focusing our efforts where there is the greatest need and the greatest ability to affect change.

**WE BELIEVE THAT:**

Children do well when families do well, and families do well when assured adequate opportunity and resources.

•

Individuals, families, communities, government and the private sector have a shared responsibility to assure child well-being.

•

Investing NH resources for the well-being of children is essential to the future of our state.

•

Every child in New Hampshire should have the opportunity to thrive.

**WE ARE THE CHILDREN’S ALLIANCE OF NEW HAMPSHIRE**

Our vision is to be the leading independent and inspirational voice for children in New Hampshire, widely recognized as the foremost source of accurate data on child well-being, and as an educator, convener, collaborator and leader for courageous policy positions and community action, while maintaining our focus on building our internal capacity and sustainability.

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# EXECUTIVE SUMMARY

NEW HAMPSHIRE IS AN ENORMOUS SUCCESS. The state leads the nation in a number of rankings, including quality of life, favorable tax climate and standard of living. We are near the top in personal income, health and educational attainment. There is plenty of reason to be proud.

However, in our state of plenty 60,000 children are being left behind. This report is about those children – a group large enough to fill the Verizon Wireless Arena six times over -- and how New Hampshire's structures of support are failing them.

The KIDS COUNT New Hampshire Data Book 2008 documents how these children, and the 27 cities and towns they live in, are not plugged into the same opportunities as others. The report shows how the state's changing economy is making it harder for their families to cover basic living expenses.

## NEW HAMPSHIRE DISPARITIES

It is not surprising that New Hampshire has disparities when it comes to the well being of our children and families. The Children's Alliance has reported such disparities in its KIDS COUNT publications throughout the years. In 1994, we reported that "economic disparity is the most striking element of KIDS COUNT New Hampshire's regional approach...children are affected by conditions in their communities and, in some cases, they are born into an environment already loaded with risks." All along, with the subsequent release of special reports and KIDS COUNT data books from 1995 through 2003 up to today, the Children's Alliance has documented that even though New Hampshire compares favorably to other states, it has striking socioeconomic differences between cities and towns.

More than 14 percent of the children living in these 27 communities live in poverty. They also start at an educational disadvantage. On average, one in five high school students in these communities drop out before graduation, cutting them off from the higher education that is their safest route to a good-paying job. Children in these communities suffer from higher rates of infant and child death and higher rates of abuse and neglect than children in the rest of the state. For many of these children, the list of obstacles endangers their childhood and their future.

Fortunately, New Hampshire has already shown itself capable of making smart investments in efforts to address vexing children's issues. The public-private partnership that created New Hampshire's Healthy Kids program is one example. The program's commitment to broad outreach and public-private investment has given New Hampshire children one of the highest rates of health insurance coverage in the nation. Another example is New Hampshire's longstanding partnership with private healthcare providers to reduce the incidence of low-birth weight infants, a triumph enjoyed across all income groups. New

Hampshire must remain vigilant to ensure the continued success of these programs, but their existence proves that positive change is possible.

The 60,000 children who are the focus of this report need to be plugged into the opportunities afforded other children in the state. Why? Because every child, every family deserves the opportunity to thrive. It's also a practical matter: these children are our future innovators and wealth creators. They are our next generation of doctors, firefighters, teachers, and elected leaders. It will be up to them to preserve the New Hampshire way.

History has shown that New Hampshire can find solutions when a challenge such as this is identified and a commitment is made. This report is the cornerstone of the Children's Alliance of New Hampshire's effort to continue that tradition. The challenge is clear: improving the lives of these 60,000 children and the communities in which they live. Here is our commitment: over the next year, the Children's Alliance will generate dialogue, strengthen existing partnerships and seek new alliances to take on that challenge. With this report, the work begins.

# INTRODUCTION

WHEN AN ECONOMY generates broad economic opportunity, parents are able to provide for their children. That is why family economic security is one of the best indicators of a child's school readiness, academic success, and social and emotional development. Yet, while good jobs and family assets certainly play a prominent role in long term child well-being, so too do a variety of other family and community supports. Access to early education and quality learning environments build self-esteem and create better economic prospects for children. Preventative and quality healthcare along with safe communities provide children a path to healthy social, cognitive, emotional, and physical development. All of these structures of support create a web of opportunity in which our children can grow and thrive.

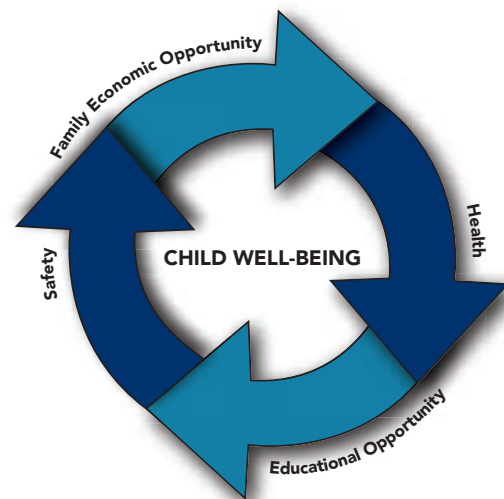
This KIDS COUNT report shows that more than 60,000 children who live in 27 of New Hampshire's 233 cities and towns often do not have the benefits and advantages of these structures. Significant numbers of these 60,000 children live in poverty (14 percent) and rely on food stamps (15 percent) to cover basic nutritional needs. Their families frequently struggle to meet a "basic needs" family budget. They go to high schools where almost one in five students drops out before graduation. They endure higher rates of abuse and neglect, as well as higher rates of infant and child death.

The Children's Alliance of New Hampshire identified these children, and the 27 cities and towns in which they live, through the Child Well-Being Index (CWBI). The CWBI is a summary index that standardizes seven common indicators of child opportunity. It gives a compiled score to each of New Hampshire's 233 cities and towns, with those in the lowest-performing cities and towns grouped together in Quintile 5 and those in the highest-performing cities and towns grouped together in Quintile 1. (See next page for a complete listing of towns by quintile). While the 27 cities and towns in Quintile 5 are remarkably diverse in terms of geography, size and demographic make-up, they share a physical concentration of children who experience poorer outcomes than their peers elsewhere in the state. This presents a challenge not only to parents and children, but also to the organizations and institutions that serve them such as healthcare agencies, family services and schools.

This report is the first part of the Children's Alliance of New Hampshire's regional strategy to raise awareness and build solutions with these institutions. While the report focuses on child well-being in the lowest performing cities and towns, it is clear that the differences in outcomes from one group of children to the next are not great. That is, boundaries that separate children in Quintile 5, the poorest performing group, from those in other quintiles are not fixed. The cities and towns in each quintile change year to year.

Thus, the Child Well-Being Index and this report are a starting point to better understand the unique combination of barriers and challenges that many children and families face. It is an opportunity to generate new dialogue among state and local decision-makers, policy experts, educators and citizens, to strengthen and build on existing partnerships in Quintile 5 communities, to seek new alliances with groups in other quintiles, and to develop solutions to bring better outcomes to all Granite State children.

## THE STRUCTURES OF SUPPORT TO CHILD WELL-BEING



The Child Well-Being Index (CWBI) is a summary index that standardizes seven common indicators of child opportunity and gives a compiled score to each of New Hampshire's 233 cities and towns. The highest-performing cities and towns across the indicators are Quintile 1 (Q1) communities, while those with the lowest scores and the greatest barriers to opportunity and the worst outcomes for children are Quintile 5 (Q5) communities. The Index is based on the national model used and vetted by the Annie E. Casey Foundation in its National KIDS COUNT Data Book. See the Appendix for more on the CWBI methodology.

#### QUINTILE 1: HIGHEST SCORES

Amherst	Deerfield	Hancock	Londonderry	Newfields	Shelburne
Atkinson	Dunbarton	Hanover	Lyme	Nottingham	South Hampton
Auburn	Durham	Hollis	Madbury	Randolph	Stratham
Bedford	Ellsworth	Hopkinton	Mont Vernon	Rye	Sugar Hill
Bow	Francestown	Kensington	New Boston	Salem	Westmoreland
Brentwood	Hampstead	Lee	New Castle	Sandown	Windham
Brookline	Hampton Falls	Litchfield	New London	Sharon	

#### QUINTILE 2:

Barrington	Croydon	Greenfield	Lyndeborough	Pelham	Temple
Bradford	Danville	Greenland	Mason	Plainfield	Warner
Brookfield	East Kington	Harrisville	Merrimack	Plaistow	Waterville Valley
Canterbury	Exeter	Henniker	Milford	Rindge	Weare
Chester	Fremont	Hill	Moultonborough	Salisbury	Wilmot
Chesterfield	Gilford	Holderness	Newbury	Sandwich	Wilton
Chichester	Gilmanton	Hooksett	Newton	Springfield	
Clarksville	Goffstown	Hudson	North Hampton	Strafford	
Cornish	Grantham	Kingston	Northwood	Sutton	

#### QUINTILE 3: MIDDLE SCORES

Andover	Derry	Gorham	Madison	Pembroke	Walpole
Antrim	Dover	Greenville	Marlborough	Peterborough	Washington
Barnstead	Dublin	Groton	Meredith	Plymouth	Webster
Bath	Dummer	Hampton	Middleton	Richmond	Wentworth
Belmont	Easton	Jackson	Milan	Rollinsford	Windsor
Bennington	Eaton	Jaffrey	Monroe	Roxbury	Wolfeboro
Benton	Epping	Keene	Nelson	Stark	Whitefield
Bethlehem	Epsom	Landaff	New Durham	Stoddard	Woodstock
Bridgewater	Errol	Langdon	New Hampton	Sunapee	
Campton	Fitzwilliam	Lebanon	New Ipswich	Surry	
Candia	Franconia	Lincoln	Newington	Swanzey	
Center Harbor	Freedom	Loudon	Newmarket	Thornton	
Deering	Gilsum	Lyman	Orford	Tuftonboro	

#### QUINTILE 4:

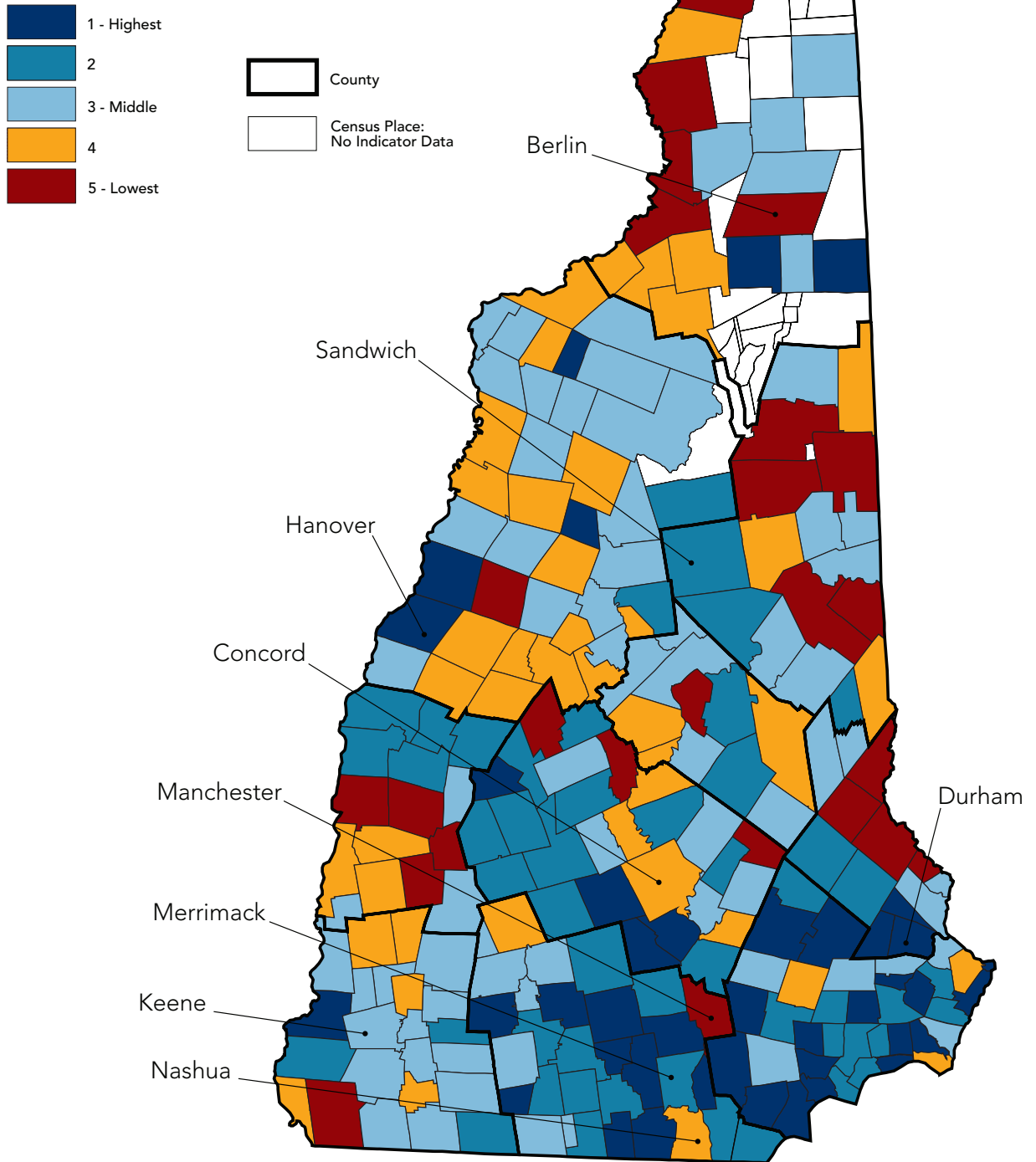
Acworth	Bristol	Dalton	Jefferson	Piermont	Tamworth
Alexandria	Canaan	Enfield	Lisbon	Portsmouth	Tilton
Allenstown	Carroll	Grafton	Littleton	Raymond	Troy
Alstead	Charlestown	Haverhill	Marlow	Rumney	Unity
Alton	Chatham	Hebron	Nashua	Sanbornton	Wakefield
Ashland	Columbia	Hillsborough	Northfield	Seabrook	Warren
Boscawen	Concord	Hinsdale	Orange	Sullivan	

#### QUINTILE 5: LOWEST SCORES

Albany	Conway	Franklin	Manchester	Pittsburg	Stratford
Bartlett	Danbury	Goshen	Milton	Pittsfield	Winchester
Berlin	Dorchester	Laconia	Newport	Rochester	
Claremont	Effingham	Lancaster	Northumberland	Somersworth	
Colebrook	Farmington	Lempster	Ossipee	Stewartstown	

# CHILD WELL-BEING IN NEW HAMPSHIRE

Standardized Quintile Distribution by Town





# FAMILY ECONOMIC OPPORTUNITY

NEW HAMPSHIRE’S ECONOMIC STRUCTURE has changed. What was once a state economy with broad access to good-paying jobs has shifted to what some have described as a “boutique economy,” one that affords great rewards to those with the requisite levels of education and skills, but few options for everyone else.<sup>1</sup> Data show that jobs paying a livable wage in the state are on the decline, family incomes have stagnated, and the economic stability of Granite State families has diminished.

Since the last recession, for example, wages for the lowest wage-earners in New Hampshire either fell or stagnated while those for the state’s top half of wage-earners grew by 5.7 percent or more. Further, median household income for families with children has barely climbed over the last five years.<sup>2</sup> Almost one-quarter (23 percent) of New Hampshire children live in families with limited access to all the resources needed for a child to thrive.<sup>3</sup> Their families struggle to meet a family budget that covers basic living costs such as food, rent, utilities, basic phone service, clothing and childcare.<sup>4</sup> And just as worrisome is the increase in the rate of New Hampshire children living in poverty, which is the most common measure of economic disadvantage. New Hampshire’s child poverty rate is up 3 percentage points, or 50 percent, from the beginning of the decade.<sup>5</sup>

**WAGES in New Hampshire by Earning Group (in 2006 dollars\*)**

	2001	2002	2003	2004	2005	2006	% change
<b>LOWEST Wage Earners</b>	\$8.54	\$8.86	\$8.90	\$8.67	\$8.51	\$8.49	-0.6%
	\$10.26	\$10.57	\$10.86	\$10.63	\$10.49	\$10.30	0.4%
	\$11.87	\$12.21	\$12.59	\$12.52	\$12.55	\$12.25	3.2%
	\$13.83	\$13.71	\$14.28	\$14.45	\$14.49	\$14.37	3.9%
<b>MEDIAN Wage Earners</b>	\$15.71	\$15.92	\$16.48	\$16.54	\$16.45	\$16.61	5.7%
	\$17.69	\$18.13	\$19.25	\$19.27	\$19.11	\$19.17	8.4%
	\$20.79	\$21.32	\$22.91	\$22.88	\$22.54	\$22.28	7.2%
	\$25.08	\$25.76	\$27.32	\$27.42	\$26.91	\$27.48	9.6%
<b>HIGHEST Wage Earners</b>	\$33.29	\$33.93	\$35.62	\$36.01	\$36.00	\$35.21	5.8%

Source: Economic Policy Institute analysis of Current Population Survey data.

\* Using CPI-U-RS.

1 A number of reports and studies have documented this change including the Carsey Institute’s “State of Working New Hampshire 2007,” Network NH’s “High Technology in New Hampshire: The Future is Now,” and the UNH Office of Economic Initiatives’ “The Availability of Livable Wage Jobs in New Hampshire.”

2 Inflation-adjusted data from the Census Bureau’s American Community Survey show median family income (with children) increased by less than 1/2 percent in New Hampshire from 2002 to 2006.

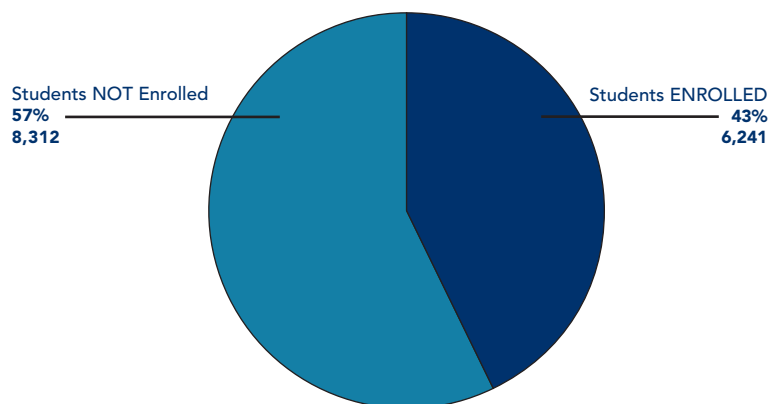
3 Data are from the U.S. Census Bureau, 2006 American Community Survey, and defined as families with children who have incomes less than twice the federal poverty standard. These families have incomes that fall below or just meet the bare minimum of a basic needs family budget in New Hampshire. See footnote 4 for a definition of and source for the basic needs family budget.

4 The basic needs family budget is based on the actual cost of living in New Hampshire and defined in “New Hampshire’s Basic Needs & Livable Wage” by D.A. Kenyon & Associates (adjusted to 2006 dollars using CPI-U-RS).

5 Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2006 American Community Survey. The federal definition of poverty in 2006 is \$13,896 for a one-parent, one-child family or \$20,440 for a two-parent, two-child family.

The impact of these trends on children living in Quintile 5 (Q5) cities and towns is striking. The high proportion of young children from Q5 communities eligible for free or reduced price lunch in school is just one indicator that shows the negative impact.<sup>6</sup> Of the 14,553 children going to elementary schools in Q5 cities and towns, more than four in 10 students, or 6,241 children, receive free or reduced-price lunch to meet their daily nutrition needs. They live in families whose income cannot meet the daily costs of living (such as rent, childcare and health insurance) and in turn rely on this program to meet their most basic nutritional needs.

**Q5 CHILDREN in Elementary School Eligible for FREE or REDUCED PRICE LUNCH**  
2006-2007 School Year



Source: New Hampshire Department of Education, Division of Program Support

**SCHOOL LUNCH PROGRAM**

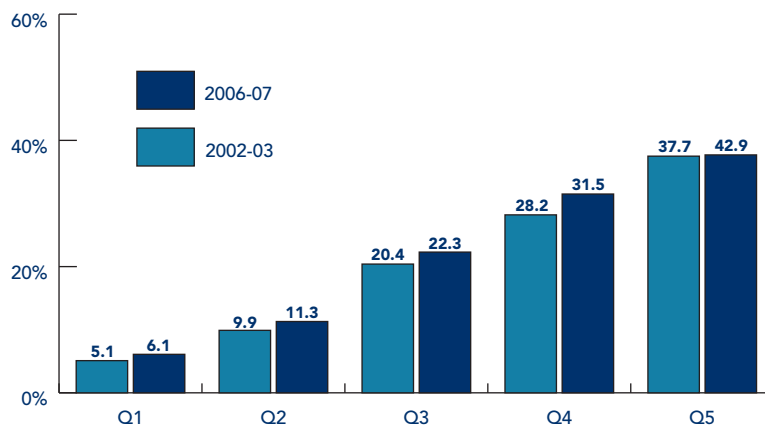
Measuring the number of children eligible for free or reduced-price lunch is often a way to quantify family economic vulnerability where other measures fall short. In particular, it allows Granite Staters to track economic conditions community-by-community in the state where other indicators are only available for the state as a whole. It is also used to measure economic distress because it looks at income for families that reach into poor and low-income households, not just the extreme poor. In fact, increasingly the federal definition of poverty is viewed as an inadequate measure of economic vulnerability. It was developed in the 1960s and insufficiently reflects a family's economic needs and circumstances in the 21st century. It does a poor job of capturing the changing price of housing, the rising cost of healthcare, and the addition of cash benefit programs to a family budget. The debate on the adequacy of the federal standard of poverty is vigorous. For more, see "Counting What Counts" by Doug Nelson from the Annie E. Casey Foundation (August 29, 2007) and the Economic Policy Institute's article by Jared Bernstein in Economic Snapshots (April 1, 2007), titled "More Poverty Than Meets the Eye."

<sup>6</sup> A child living in a family of three that earns less than \$21,580 is eligible for the school-based, supplemental nutrition program. See <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm> for a full chart on the federal income guidelines for the USDA's Federal Free and Reduced-Price Lunch program.

Analyzing the same data through the lens of the CWBI allows us to see the disparity that exists between quintiles. A school-age child living in a Q5 community is six times more likely to be eligible for the free or reduced-price lunch program than his or her peers in Q1. While more than four in ten children in Q5 elementary schools are eligible for the federal free or reduced priced lunch program, only one out of 20 children in Q1 schools are eligible.

Furthermore, the rate of children eligible for the program in Q5 has risen more than the other quintiles over the past five years. The number of Q5 children eligible has jumped from 37.7 percent in the 2002–2003 school year to 42.9 percent in the most recent school year, a total increase of five percentage points, while the rate of children eligible in Q1 increased by only one percentage point during the same time.

### TOTAL CHILDREN in Elementary School Eligible for FREE or REDUCED PRICE LUNCH 2002-03 and 2006-07 School Year



Source: New Hampshire Department of Education, Division of Program Support

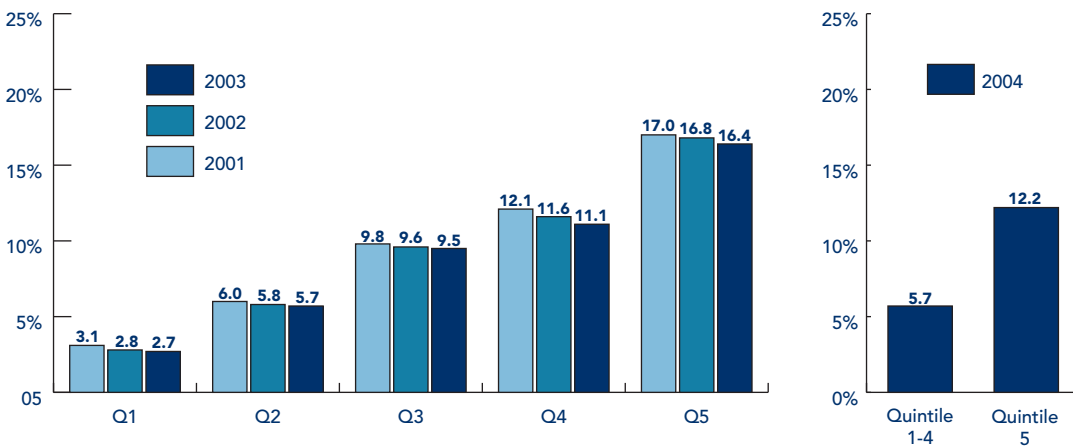


# EDUCATIONAL OPPORTUNITY

LEARNING OPPORTUNITIES that begin in early childhood prepare children for success in school and throughout their lives. A quality education is the foundation for success, but that opportunity is not shared by all children. Children living in New Hampshire’s Q5 communities face a series of challenges that often limit their educational opportunity and outcomes. In particular, statistics show that educational disparity begins early in life for children living in Q5, and extends into elementary school, particularly for children enrolled in special education.

One important and early indicator of achievement is the educational level of parents. A child born to a mother who has not completed high school faces increased challenges to literacy and school readiness, is at higher risk to drop out of high school, and is more likely to be living in poverty. The good news is that the data for this indicator has improved for the state as a whole. Year after year smaller proportions of Granite State children are born to mothers without a high school diploma or GED. Yet, the Children’s Alliance analysis of data by the Child Well-Being Index shows considerable disparities by quintile. In Q5 cities and towns, one child out of every eight is born to a mother without a diploma or GED – substantially higher than children living in other quintiles. Furthermore, even though there has been improvement on this indicator among all quintiles over the last four years, the improvement has not narrowed the gap between Q5 and the other quintiles.

## BIRTHS to Mothers with Less than 12 Years of Education



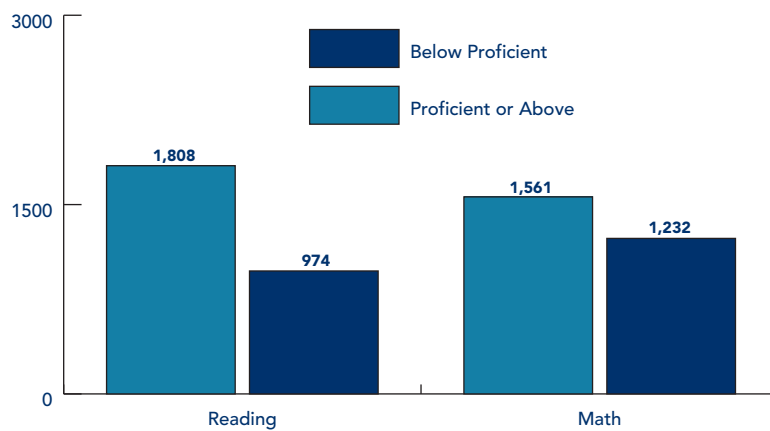
Source: New Hampshire Department of Health and Human Services, Bureau of Health Statistics and Data Management

NOTE: Data for 2001 to 2003 are for three year rolling averages and not directly comparable to 2004 data, which are single year data. In addition, for 2004 data the sample sizes for individual quintiles 1-4 are too small to make reliable estimates and, as a result, the data for 2004 are combined as a group.

In Q5 communities the disadvantages present at birth persist as the child enters school. The New England Common Assessment Program (NECAP) is the newest statewide assessment test adopted by New Hampshire, which sets grade-level expectations and test specifications in Mathematics, Reading and Writing. These standardized test scores for 3rd grade students in Q5 elementary schools show significant achievement challenges. Of the roughly 2,700 3rd grade children from Q5 elementary schools taking the tests, 1,232 students (44 percent) were not able to achieve proficiency in Mathematics and almost 1,000 students did not achieve proficiency in Reading.<sup>7</sup>

### Q5 3rd Grade Children Achieving Above or Below Proficient on the NECAP Test

2006-07 Academic Year



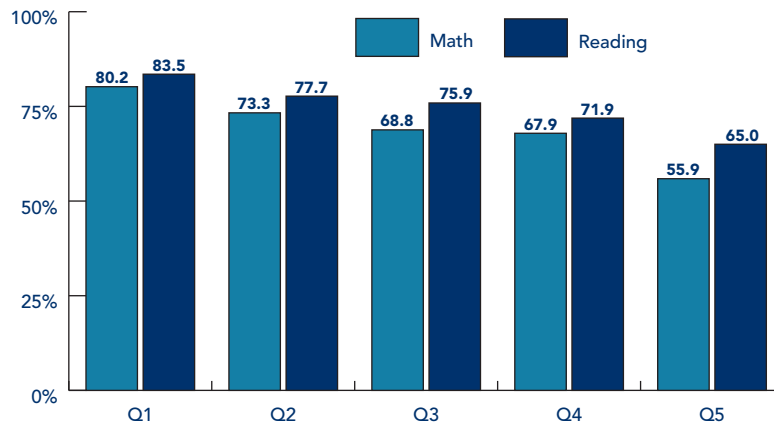
Source: New Hampshire Department of Education

<sup>7</sup> Our past KIDS COUNT reports used 3rd and 10th grade scores to measure educational achievement. The most current data available for NECAP, the newest state test, doesn't yet include 10th grade scores. Proficiency or above includes students who have achieved level 3 (proficient) or level 4 (proficiency with distinction) on the NECAP test. Below proficiency are those students achieving a level 1 (substantially below proficient) or level 2 (below proficient).

When we compare Q5 proficiency data to that of other quintiles, striking differences arise. While only 65 percent of 3rd graders in Q5 achieved proficiency or higher in Reading, more than 83 percent of 3rd graders in Q1 communities did. A similar pattern occurs on the Math portion of NECAP, where roughly 56 percent of Q5 3rd grade students achieved proficiency or above on the test, while 80 percent of 3rd grade students from Q1 communities achieved proficiency or above.

### 3rd Grade Children Achieving Proficient or Above on READING and MATH for the NECAP Test

2006-07 Academic Year



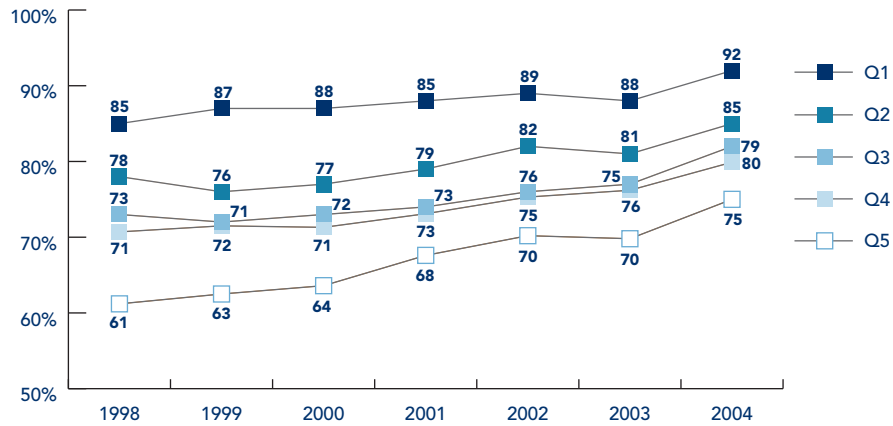
Source: New Hampshire Department of Education

### MINORITY STUDENTS

Minority 3rd graders in Q5 communities do much worse than minority students in Q1 communities on the NECAP test. Less than one-half of third grade minority students in Q5 achieved proficiency on the Reading portion of the statewide NECAP test and an even smaller share (roughly four in ten) achieved proficiency on the Math portion of the NECAP test. (Note: Two years of data on the NECAP were aggregated and then averaged to increase the sample size for each quintile of minority students.)

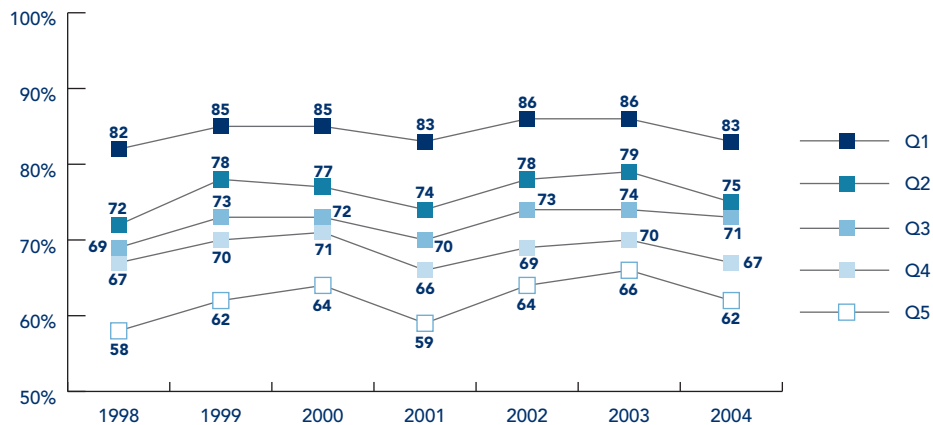
Despite the sizable differences that exist today, Q5 schools closed some of the disparity gap, particularly in Math, over the last nine years. In 1998, 61 percent of 3rd grade students attending schools in Q5 cities and towns scored basic or above on the Math portion of the older New Hampshire Educational Improvement and Assessment Program (NHEIAP) test.<sup>8</sup> By 2004, that rate improved to 75 percent, a faster rate of improvement than 3rd grade students from Q1 elementary schools.

### 3rd Grade Children Achieving Basic or Above on MATH for the NHEIAP Test 1998-99 to 2004-05 Academic Year



Source: New Hampshire Department of Education

### 3rd Grade Children Achieving Basic or Above on READING/LANGUAGE ARTS for the NHEIAP Test 1998-99 to 2004-05 Academic Year



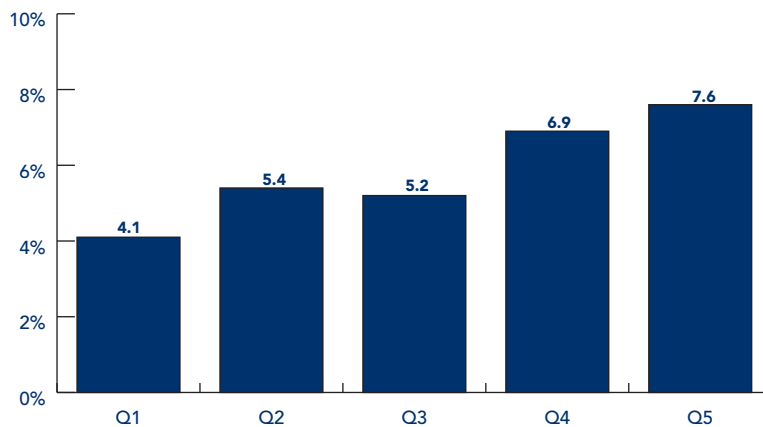
Source: New Hampshire Department of Education

<sup>8</sup> The last year for which the state Department of Education used and gathered data for the NHEIAP as a common assessment test was for the 2004-2005 school year (2004). The Department of Education categorizes NHEIAP test results as novice, basic, proficient, or advanced. More on these definitions can be found at the New Hampshire Department of Education website. The state has since switched to the New England Common Assessment Program (NECAP) test. There are no historical data for the NECAP. Data from the two assessment tests are not comparable.

In addition to test scores, educational disparities also persist for children identified with educational special needs who live in Q5 school districts. The Children's Alliance, in partnership with the New Hampshire Department of Education, analyzed data for a group of children born between October 1987 and September 1988 who entered the special education system at some point in their student careers. From this unique cohort of students, children from Q5 districts identified for special education services were almost two times more likely than their Q1 peers to leave the special education system by dropping out of school.<sup>9</sup>

### Children Exiting the SPECIAL EDUCATION System Due to Drop Out

Cohort of Students Entering School in 1987-88



Source: New Hampshire Department of Education

Other data show substantial disparities in special education identification between the lowest and highest income areas of the state. Children in the lowest income areas are 43 percent more likely to be identified with a speech or language impairment and 98 percent more likely to be identified with developmental delay. These same children are 1.8 times more likely to be identified with emotional disturbance and 3.8 times more likely to be identified with mental retardation.<sup>10</sup>

The disparity among children identified for emotional disturbance is particularly concerning. Q5 children with emotional disturbance (ED) included in our cohort analysis were almost 50 percent more likely to drop out of school than Q1 students with the same disability (16 percent of all Q5 students with ED exiting the system had dropped out versus 11 percent of all Q1 students exiting the system with ED).

<sup>9</sup> There are multiple reasons for children leaving the system. Dropping out of school is the primary reason, but other reasons include moving out of state, refusing services, died, graduation, no longer disabled, and services ended because the child "aged out" at 21.

<sup>10</sup> *KIDS COUNT New Hampshire 2003*, Children's Alliance of New Hampshire, Concord, NH, 2003.



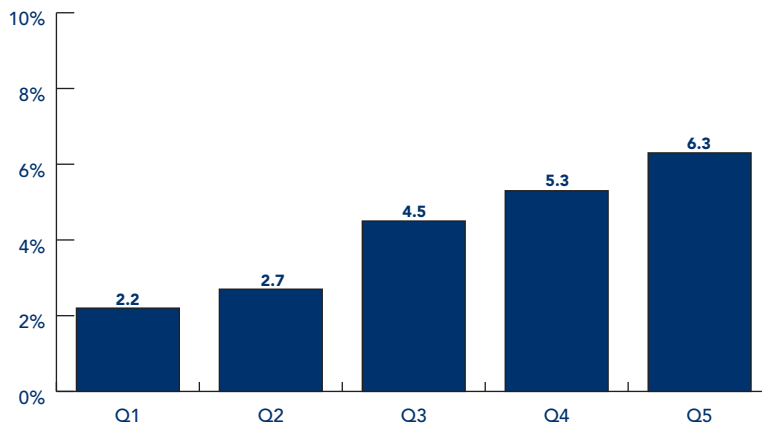
# HEALTH AND SAFETY

WE KNOW THAT environment matters to the physical, emotional, cognitive and behavioral development of children. If a child lives in a house with inadequate heating, inadequate nutrition or in an environment where lead paint is present, illness is more likely and school attendance will suffer. If a child does not have access to preventative healthcare and adequate health insurance then conditions such as asthma or other health related issues may go untreated, and a chronic condition may result. In Q5 communities, healthcare and safety issues are often compounded by other factors that arise from increased poverty in a community. Data in this section show some troubling health and safety trends for children living in Q5 cities and towns, but there is encouraging news as well.

A child's ability to perform in school, develop self-esteem and self-awareness, and interact with family and friends depends on the status of a child's mental health. Mental illness, in turn, is impacted largely by access to support and appropriate mental health services.<sup>11</sup> In New Hampshire, children access mental healthcare through one of ten not-for-profit community mental health agencies, private practitioners, the Division for Children, Youth and Families and other hospital settings.

Research has shown that utilization of community mental health centers is independent of income. Still, our data show that children from Q5 communities use community mental health centers more often than children from other quintiles. In 2006 alone, 3,720 children from Q5 communities were diagnosed with a serious emotional disability (SED) and received community mental health services.<sup>12</sup> That translates to roughly one in 16 children in Q5 communities who live with this additional challenge: a ratio more than three times as large as in Q1 communities. These data suggest that children in Q5 either have a higher incidence of mental illness or they have better access to the resources available through the state's community mental health centers. It is not clear which is the strongest or most likely causation of these differences by quintile.

**Child Community MENTAL HEALTH Utilization Rate**  
2006-07 Fiscal Year



Source: New Hampshire Department of Health and Human Services, Bureau of Behavioral Health

11 The Children's Alliance's 2007 statewide KIDS COUNT Data Book reported that only one in five children in need of mental health services nationwide receives care in any given year.

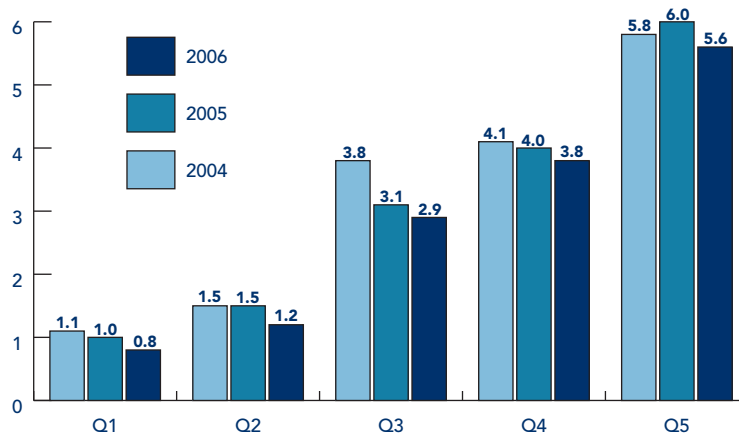
12 SED is the designation used for most children receiving mental health services.

The Children's Alliance was also able to obtain data of mental health utilization for children by city and town over the last three years, from 2004 to 2006. These data show that there were no significant changes in utilization rates or growing differences by quintile.

Like mental health, child abuse and neglect can have a profound impact on a child's development. Child victims of abuse or some form of maltreatment are more likely to experience academic failure, juvenile delinquency, teen pregnancy, substance abuse, and emotional and behavioral health problems. The most common form of child maltreatment in New Hampshire is neglect, which includes physical, emotional, educational or medical disregard. Children living in Q5 communities suffer from these types of neglect and abuse at a much higher rate than children living in Q1 communities.

In 2006, there were 331 unique child victim cases of abuse and neglect among children living in Q5 cities and towns, or 5.6 victims for every 1,000 children.<sup>13</sup> Contrast that with the number and rate of victims in Q1 communities, where in 2006 there were 50 unique victims among children living in Q1 communities, or 0.8 victims for every 1,000 children. These differences have remained constant over the last three years, from 2004 to 2006.

### Number of Child Victims of ABUSE OR NEGLECT, per 1,000 children



Source: New Hampshire Department of Health and Human Services, Division for Children, Youth, and Families

The number of reports of child maltreatment referred to local district offices for investigation gives another indication of the health and safety risks that affect some children. While most of these referrals are unsubstantiated, referrals of abuse or neglect often mean communities and homes in crisis. In 2006, 4,771 individual children living in Q5 communities were subject to an investigation of neglect, physical abuse, sexual abuse or some other maltreatment. This means a child in Q5 is four times more likely to be part of an investigation of abuse or neglect than a child living in a Q1 community (81 referrals per 1,000 children versus 17 referrals per 1,000 children).

In addition to mental health and abuse and neglect data, other data paint the picture of increased health risks to Q5 children. Children in Q5, as found in our 2007 KIDS COUNT statewide Data Book, have a higher rate of infant death and child death, and are more likely to be born to mothers who smoke during pregnancy.<sup>14</sup>

<sup>13</sup> Unique victims are non-duplicated counts of substantiated cases of child maltreatment documented by the New Hampshire Health and Human Services Division for Children, Youth and Families.

<sup>14</sup> See Chapter 2 in the Health and Development Section of the KIDS COUNT New Hampshire Data Book 2007 at <http://www.childreennh.org/documents/NHKCEntireBookFinal.pdf>.

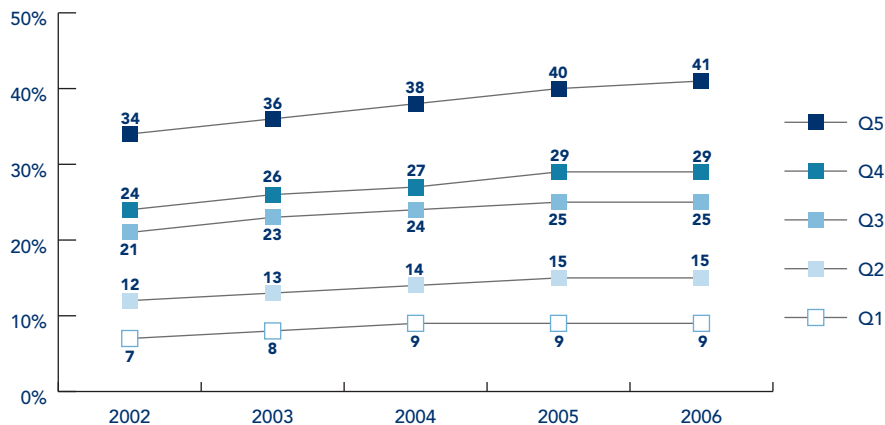
But, not all the news is troubling. There is evidence that concerted, community-based efforts to correct an imbalance in health outcomes can have positive impact and reverse trends working against children in Q5. Analysis of two indicators, health coverage and low birth-weight infants, shows improved outcomes for Q5 children.

Access to healthcare is fundamental to ensuring that children remain healthy and avoid unnecessary or prolonged illnesses, excess morbidity and missed school days. One basic indicator of whether children have good healthcare access is whether they have a usual source for health insurance. Historically, New Hampshire insures more children on average than most other states in the U.S. Combined private and public programs in the state insure roughly 94 percent of Granite State children, as compared with the national rate of 89 percent.<sup>15</sup> In fact, even with the rise of health insurance premiums and their costs increasingly falling on families, New Hampshire's rate of coverage for children has improved over the last decade.

Part of the reason for this sustained, even improved, rate of child health insurance coverage is the success of the New Hampshire Healthy Kids program. Healthy Kids is a public-private partnership that leverages federal and state funding to provide health insurance to children of low income families.<sup>16</sup> As other health insurance products have become more costly, the state has been able to keep down its rate of uninsured children by conducting targeted outreach and education to find eligible children who were otherwise falling through the gap. That appears to be happening in Q5 cities and towns. The number of children with Healthy Kids insurance from Q5 communities has risen from 20,302 children in 2002 to 23,877 by the end of 2006. Four out of every ten children living in Q5 communities in 2006 were covered through Healthy Kids. In addition, the proportion of families accessing Healthy Kids to fill the insurance void for their children has been on the rise.

### Percentage of Children Using HEALTHY KIDS to Gain Health Insurance

2002-06



Source: New Hampshire Healthy Kids Corporation

<sup>15</sup> U.S. Census Bureau Current Population Survey estimates.

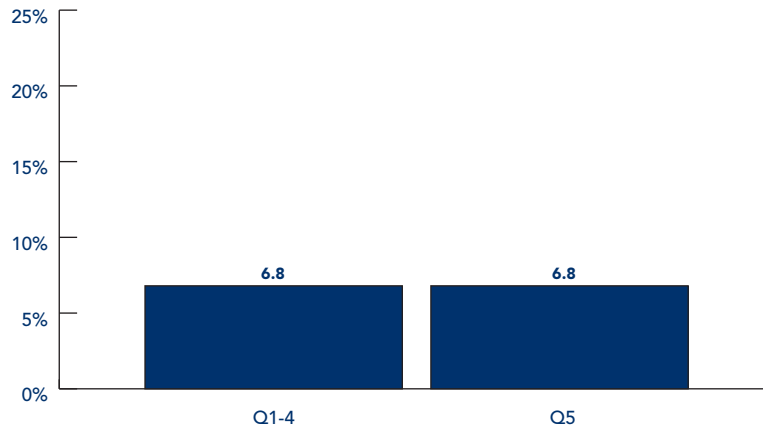
<sup>16</sup> There are three types of coverage: Healthy Kids Gold, the state Medicaid program; Healthy Kids Silver, the state's health insurance program (SCHIP); and Healthy Kids Buy-In, a program with no subsidies that allows families with higher incomes to gain more affordable premiums. For more about each option, income limits and premiums, go to <http://www.nhhealthykids.com/>.

Health statistics also show more good news on the rate of low-birth weight babies being born in Q5 communities. Babies born with low-birth weight (less than 5.5 pounds), are more likely to face serious health problems as newborns and are at increased risk of long-term disabilities. Low-birth weight plays a role in more than six out of every ten infant deaths.

In 2004, the latest year for which statistics are available, the rate of low-birth weight infants born to families living in Q5 communities was 6.8 percent. The rate in Q5 is not significantly different from the rest of the state. This is due, in part, to the state's longstanding commitment to education and aggressive outreach to families regarding pre-natal care and nutrition. It is another example of how good public policy can provide opportunity for children living in Q5 and throughout New Hampshire.

### Percent of LOW-BIRTH WEIGHT INFANTS

2004



Source: Department of Health and Human Services, Bureau of Health Statistics and Data Management

# CONCLUSION

ON THE NATIONAL LEVEL, data show that New Hampshire children fare relatively well on indicators of child well-being. The national KIDS COUNT Data Book shows New Hampshire as having one of the lowest teen birth rates in the country. The state's teen death rate is fourth best, meaning it is among the lowest across all 50 states. The state's overall rate of child poverty is low and median family income is high. These are certainly achievements and indices that the Granite State should be proud of.

Yet, this report also shows that statewide averages do not tell the whole story of child well-being in New Hampshire. Children and families living in 27 Q5 cities and towns face an accumulation of disadvantage across a range of indicators: from family economics, where more than four in ten elementary-school aged children in Q5 communities rely on the free or reduced-price lunch program, to education, where children in Q5 attend schools with large achievement gaps, to health, where they suffer disproportionately from child abuse and neglect. Most of these data show that the disparity among quintiles is not getting better, or if there are signs of improvement, significant disparity still exists.

As New Hampshire strives to maintain its 'first in the nation' status on many levels, it is time to take a hard look at who is falling behind. Identifying the Q5 communities, where one-fifth of New Hampshire's children live, provides us with an opportunity to create change and ensure opportunity where children face the greatest barriers to success.

Fortunately, the state has a history of overcoming challenges such as these. Two indicators in this report are signposts of the resolve that it takes. The report shows upward trends in health coverage of Q5 children and a declining rate of low-birth weight infants in Q5 cities and towns. In each case, improvement was achieved because Granite State decision makers, policy experts, educators, and citizens came together to find solutions, forged creative public-private partnerships and made smart investments in structures of support. They created meaningful change in the lives of New Hampshire children. It is here that the Children's Alliance of New Hampshire intends to continue its work in Q5 cities and towns, across quintiles, and for the betterment of all Granite State children.

# APPENDIX:

## THE CHILD WELL-BEING INDEX (CWBI)

THE CHILD WELL-BEING INDEX was developed as a way to gauge child well-being in each of the 233 New Hampshire towns, based on a set of seven key indicators crossing the spectrum of health, economic and educational status. Every New Hampshire town was placed into one of five child potential quintiles, based on its performance across the seven measures, with one being the highest and five being the lowest.

**The seven standardized indicators that make up the Child Well-Being Index are:**

- Food Stamp Participation Rate for Children 0 to 17 Years Old, 2004
- Child Death Rate for Children 0 to 17 Years Old, 1999-2003
- Teen Birth Rate for Females 15 to 19 Years Old, 1999-2003
- Percent of Children 0 to 17 Years Old in Single Parent Families, 1999
- Cumulative High School Drop Out Rate for Public School Students, 2004-05
- Percent of Children 0 to 17 Years Old Below Poverty, 1999
- Median Family Income, 1999

The Children's Alliance of New Hampshire chose these seven indicators based on the national model used and vetted by the Annie E. Casey Foundation in its National KIDS COUNT Data Book. Whereas the Casey Foundation identified ten indicators to benchmark the progress of child well-being across the 50 states, only seven of those indicators provide reliable data at the town or city level in New Hampshire. Even still, many towns in New Hampshire are so small that to get reliable data we had to group towns by school district. School district grouping created a larger population base, and therefore, more reliable data. Data were grouped by school district on three indicators: child death, teen birth, and high school drop-out rates. Results for the district as a whole were associated with each town for those indicators.

To determine the scores for the Index, the Children's Alliance of New Hampshire calculated the mean and standard deviation of each indicator over 233 municipalities. We then converted the value of each town to standard deviation units above or below the mean. In order to ensure relatively equal weighting for each of the seven indicators, any outliers in the data were converted to numbers that would not be greater than +2.5762 or smaller than -2.5762. Numbers above or below were set at these maximum and minimum figures so as to ensure that any city or town's outlier status did not allow one measure to take on too much importance when compared to the other six measures.

Based on the aggregate score of the seven standardized indicators, the cities and towns were sorted in sequential order from high to low. On the high end, Hanover had a total Index score of +10.0. On the low end, Stratford had a total of -13.0. The cities and towns were grouped into quintiles by Index score, with each quintile accounting for roughly 20 percent of the child population in the state. Quintile 1, for example, includes the cities and towns with the highest scores for the Index. The total child population for those 41 municipalities is 60,834. Quintile 5 includes the cities and towns with the lowest scores for the Index. Those 27 municipalities have a child population of 59,510.



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for Children***

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