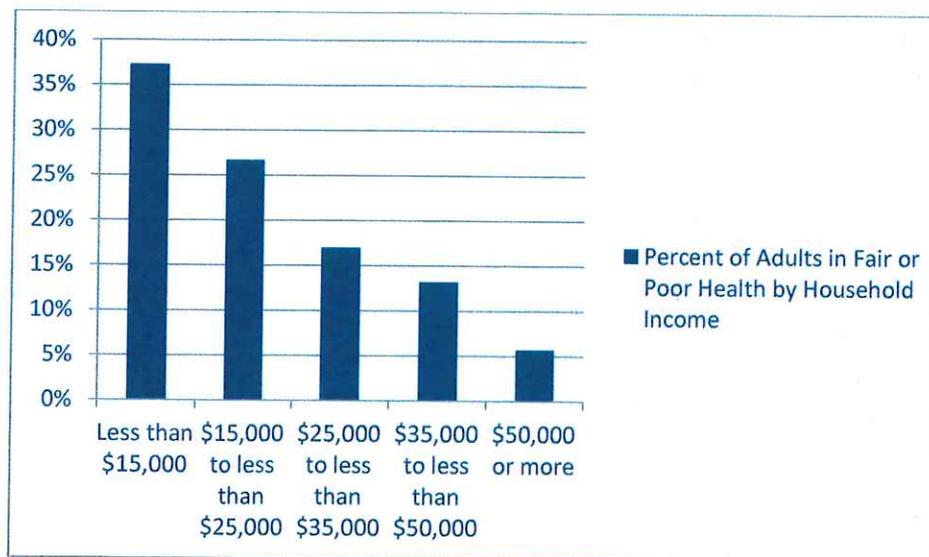


Priority Area 5: Economic Wellbeing

BACKGROUND

According to the County Health Rankings and Roadmaps report, social and economic factors are not only the largest single driver of health outcomes, but also significantly influence health behaviors, the second greatest influence on health and longevity.⁴⁹ The relationship between income and health is not only based on the fact that income allows individuals to purchase quality medical care, but income also provides an array of options for healthy lifestyle choices. People living in poverty are more likely to have limited access to healthy foods, safe neighborhoods, employment options, and quality schools. Even more alarming are the health outcomes for the wealthiest in our society compared to the poorest among us. Income inequality is extremely harmful to one's health and can actually result in a shorter lifespan. According to a 2011 report, people in the highest income bracket live six full years longer than people in the lowest income bracket.⁵⁰ Figure 16 below demonstrates this relationship between NH adults who report being in fair or poor health and household income.

Figure 16. Percent of NH Adults in Fair or Poor Health by Household Income. (2011-2012). Source: BRFSS.

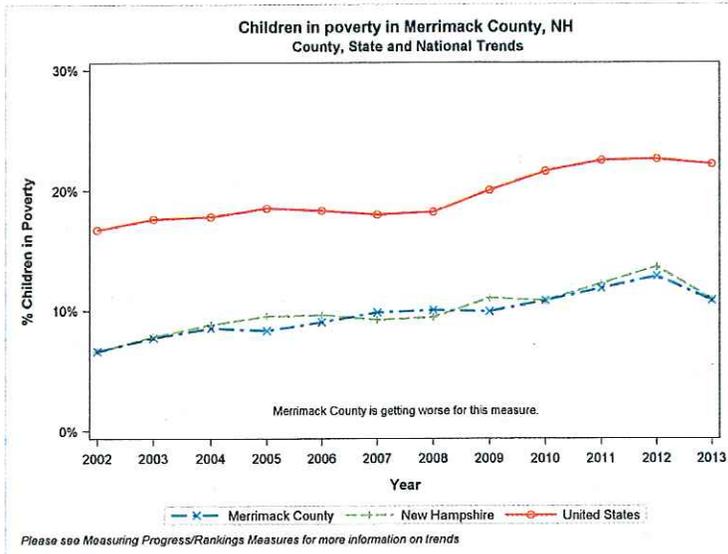


Unfortunately, our most vulnerable populations, including children, are most at-risk for negative health outcomes associated with poverty. In fact, early poverty can result in developmental damage to young children, with IQ at age five correlated more closely with family income than other known influences such as maternal education, ethnicity, and living in a single female-headed household.

⁴⁹ Robert Wood Johnson Foundation. (2015). County Health Rankings and Roadmaps. Retrieved from www.countyhealthrankings.org on November 15, 2015.

⁵⁰ Braveman P, Egerter S, Barclay C. *Income, wealth and health*. Princeton: Robert Wood Johnson Foundation (RWJF); 2011. Exploring the Social Determinants of Health Issue Brief No. 4.

Figure 17. Children in poverty in Merrimack County. (2002-2013). Source: US Census.

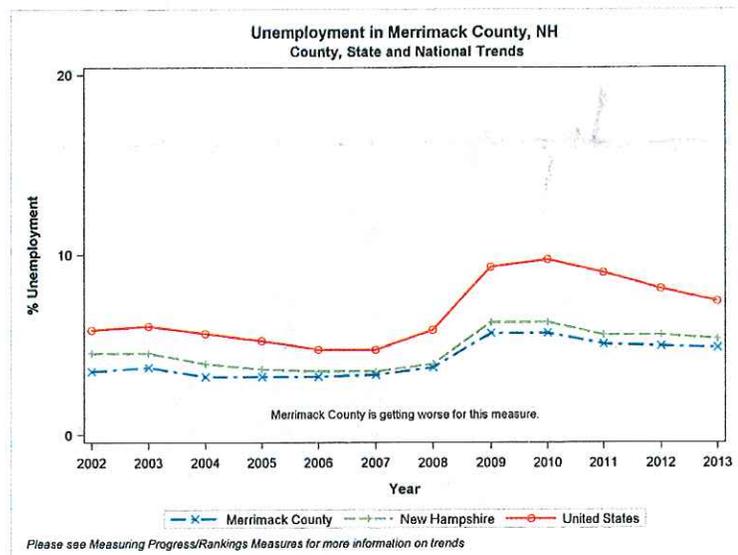


According to the County Health Rankings and Roadmaps report, 11% of children in Merrimack County are living in poverty and this indicator is getting worse over time. The percentage of children living in poverty in NH is also 11% and in the United States is higher at 21%.

Figure 18. Unemployment in Merrimack County. (2002-2013). Source: County Health Rankings.

Another factor that influences income and health is unemployment. People who are unemployed are 54% more likely to be in poor or fair health than individuals who are employed.⁵¹

These individuals are also more likely to suffer from a number of poor health conditions, including stress, high blood pressure, heart disease, and depression.⁵² In the Merrimack County region, unemployment rates are worsening over time, though still lower than NH and the United States overall.



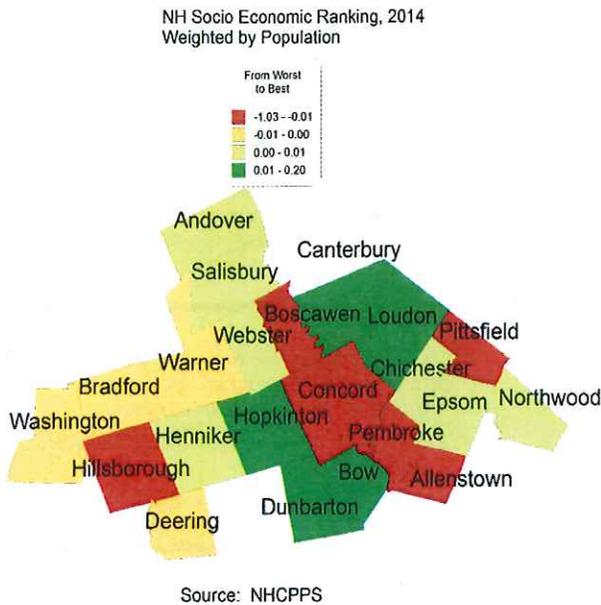
In the Capital Area, we have particular communities at risk based on social vulnerabilities, including poverty, low income, an unemployment. The NH Center for Public Policy Studies created a socioeconomic ranking for the Capital Area, based on the following indicators:

- Percent of Pop 25 and older with BA or better
- 2012 Median HH Income
- 2012 Poverty Rate
- 2012 Households with Food Stamps
- Medicaid Members as a % per Pop
- Low to Moderate Income Percentage
- Elementary Per Pupil Expenditures 2011/12
- 2013 Tax Rate
- Ratio of House Price to Income 2012
- Poverty Under 18
- Poverty 65 plus
- 2013 grad rate

⁵¹ An J, Braveman P, Dekker M, Egarter S, Grossman-Kahn R. *Work, workplaces and health*. Princeton: Robert Wood Johnson Foundation (RWJF); 2011. Exploring the Social Determinants of Health Issue Brief No. 4.

⁵² Robert Wood Johnson Foundation. *Stable jobs = healthier lives*. [NewPublicHealth blog](#). January 14, 2013. Accessed November 15, 2015.

Figure 19. NH Socio Economic Ranking, 2014.
Source: NH Center for Public Policy Studies.



This ranking shows the communities within the Capital Area that are most vulnerable to risk factors, such as low income and poor education, which negatively impact health behaviors and health outcomes. Highlighted in red, with the lowest ranking, include:

- Allenstown
- Boscawen
- Concord
- Pembroke
- Pittsfield
- Hillsborough

It is incumbent upon our Public Health Network and region to help increase the financial capability of residents, while also working to decrease the impact of socioeconomic disparities on health status.

GOALS & OBJECTIVES*

GOAL 5	IMPROVE COMMUNITY HEALTH BY PROMOTING ECONOMIC WELL-BEING FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE CAPITAL AREA BY 2020.	<p>BASELINE:</p> <ul style="list-style-type: none"> • 9.5% of individuals in Merrimack County are living in poverty in 2014. • 11% of children in Merrimack County are living in poverty in 2014. <p>Source: American Community Survey, US Census</p>
Objective 5.1	<p>Asset development</p> <p>a. Increase access to economic opportunities and assets for low-income individuals and families.</p> <p>b. Increase “financial capability”⁵³ of residents.</p> <p>c. Decrease the percentage of households experiencing “asset poverty.”⁵⁴</p>	<p>BASELINE:</p> <ul style="list-style-type: none"> • 8,867 tax returns in Merrimack County received the Earned Income Tax Credit (EITC) in 2013. • 2,355 tax returns in Merrimack County received the Child Tax Credit (CTC) in 2013. <p>BASELINE:</p> <ul style="list-style-type: none"> • 3.6% of Merrimack County households do not have a checking or savings account in 2011. • 17.9% of Merrimack County households that have a checking and/or savings account that have used alternative financial services in the past 12 months in 2011. • Other baselines to be determined. As measured by financial knowledge and skills, financial behavior and attitudes, and financial status. <p>BASELINE:</p> <ul style="list-style-type: none"> • 15.8% of Merrimack County households are without sufficient net worth to subsist at the

⁵³ “Financial Capability” is defined as “the capacity, based on knowledge, skills, and access, to manage financial resources effectively.” Source: Exec. Order No. 13530 (2010).

⁵⁴ “Asset Poverty” is defined as the percentage of households without sufficient net worth to subsist at poverty level for three months in absence of income. Source: Corporation for Enterprise Development (CFED).

Objective 5.2	Socioeconomic status disparities	<p>poverty level for three months in the absence of income in 2011.</p> <ul style="list-style-type: none"> 29.9% of Merrimack County households are without sufficient liquid assets to subsist at poverty level for three months in the absence of income in 2011. <p><i>Sources:</i> Assets & Opportunity Scorecard, American Community Survey, FDIC National Survey of Unbanked and Underbanked Households, Brookings Institute EITC Interactive Database, Internal Revenue Service</p>
	Decrease impact of socioeconomic status disparities on health status.	<p>BASELINE</p> <ul style="list-style-type: none"> The ratio of household income at the 80th percentile to income at the 20th percentile in Merrimack County is 4.1 from 2009-2013. Socioeconomic ranking in Capital Area ranges from -1.03-0.20. <p><i>Sources:</i> American Community Survey, NH Center for Public Policy Studies Socioeconomic Ranking</p>

STRATEGIC APPROACH

Strategy 1: <i>Systems change, advocacy, policy & planning</i>	Strategy 2: <i>Awareness & education</i>	Strategy 3: <i>Direct evidence based/research informed programming</i>
<ul style="list-style-type: none"> Work with local businesses to implement policies and practices to improve workplace productivity, retention, advancement, and financial stability for employees. Advocate for policies and laws that advance economic opportunity, particularly among disenfranchised populations. 	<ul style="list-style-type: none"> Raise awareness among key sectors and the general public concerning the impact of economic wellbeing and socioeconomic disparities on health outcomes. Encourage the integration of asset building and financial capability into social services and programs for low-income and vulnerable populations. 	<ul style="list-style-type: none"> Train social service providers to assist their clients in addressing short and long-term financial barriers that impact health and wellness. Assist individuals and families in accessing the Earned Income Tax Credit (EITC) and other relevant financial resources.

**Targets to be determined by the workgroups, once we have a better understanding of the scope/saturation of expected inputs/activities and resources available to impact the indicators.*