

2019 NEW HAMPSHIRE KIDS COUNT DATA BOOK



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Foreword

Dear Friends and Colleagues:

At New Futures Kids Count, we value New Hampshire's consistent ranking as a top state to raise a family. Our mutual dedication to supporting Granite State children makes New Hampshire a great place to call home. However, to ensure that New Hampshire continues to thrive, we cannot become complacent. We must continue to promote policies that will ensure that our children are safe and healthy, with opportunities to develop the skills they need to be successful in the future.

A strong foundation for New Hampshire's future depends on building strong children and families today. State-level data ranks New Hampshire in the top tier of states on many indicators of child wellbeing, including in early childhood education, children's health and wellness, family economic security, and child safety. However, when we dig deeper into the data, we find inequities which show that not all of New Hampshire's children have the same opportunity to start strong.


New Hampshire is rapidly diversifying. Children under age five represent the highest share of non-white residents of the Granite State, at 15.5 percent, compared to just 3.5 percent of seniors over 65. The shift in demographics will force our state to adjust to give these children what they need to thrive. According to national data, people of color have a significantly higher chance of experiencing adversity in childhood, which can cause lifelong health detriments.

The substance use, mental health, and child protection crises also play a role in reducing equity in childhood opportunity. The impact of these crises cannot be overstated. Creating conditions that reduce the impacts of this trauma and promote healthy brain development in our young children is paramount.

Our lawmakers should be looking to address inequities by providing families with access to services. This will help reduce the impact of trauma on young children and prepare our state for a healthy future. Supporting a system of Family Resource Centers and increasing access to home visiting, both proven strategies to protect children and families, are some first steps our lawmakers should take to keep the Granite State's children healthy and thriving, helping to prepare them for future success.

When our systems provide opportunities for all, we, as a community, collectively benefit. The future well-being of New Hampshire requires a well-educated, healthy community to make up New Hampshire's workforce and economy. Investments in children and families now will help sustain communities across the state for future generations.

We look forward to working with advocates and lawmakers to keep New Hampshire a great place to live, work, and raise a family. Thank you for your continued dedication to New Hampshire's kids.


Rebecca Woitkowski
New Futures Kids Count

About New Futures Kids Count

New Futures Kids Count is a program of New Futures focused on collecting and disseminating critical and reliable state-level data, policy recommendations, and tools for legislators, public officials, and advocates to advance policies which help keep Granite State kids and families healthy.

We undertake data projects to ensure that New Hampshire-based data is collected and put to use for Granite State children and families. New Futures Kids Count aims to build statewide advocacy capacity in the Early Childhood field by using this critical data to advocate for strong and proven policies for the future health and prosperity of New Hampshire's children.



New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents.

Our work centers on building advocacy capacity in the state of New Hampshire, and we recognize that coordination and partnerships with stakeholders are crucial to keeping New Hampshire healthy. Therefore, we collaborate with and provide support and training for mission-aligned nonprofits to advance evidence-based health policy.



Advocates met with lawmakers to discuss the impact of Medicaid Expansion on their community.



Advocates and lawmakers spoke at a press conference on a bill to protect children from lead poisoning.

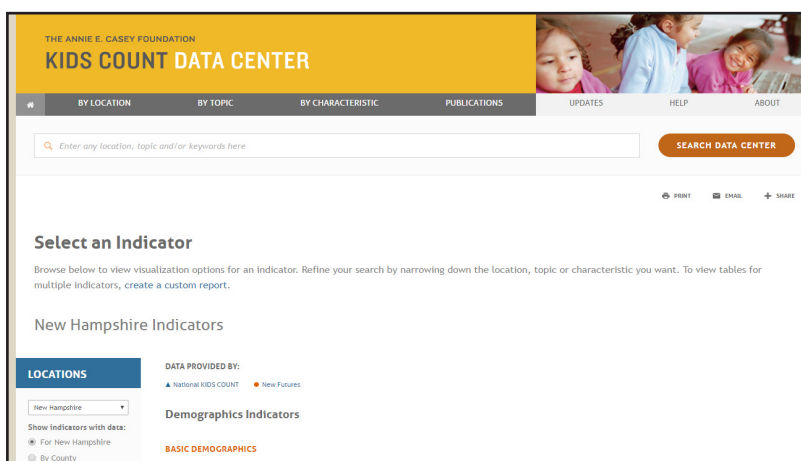
About The Data Book

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national effort to track the status of child wellbeing in the United States. By providing policymakers and advocates with data on child health and wellbeing, KIDS COUNT aims to enrich local and state-level discussions around policy change to ensure all children are healthy and thriving.

As the New Hampshire KIDS COUNT grantee, New Futures Kids Count is charged with releasing periodic reports, including an annual Data Book, regarding the health and wellbeing of children and families in New Hampshire.

This Data Book examines key child wellbeing indicators, statewide and by county. Along with providing raw data, the Data Book includes key takeaways and policy recommendations to provide a framework for state policy which will support all children and families.

The KIDS COUNT Data Center



The KIDS COUNT Data Center provides reliable national and state-level data to help advocates understand key trends in children's health and wellbeing. The website allows users to:

- Create custom reports with NH data,
- Compare data between different states and counties, and
- Design graphics to be used in advocating for the health and wellness of NH's children.

All of the data included in the Data Book, and much more, can be found on the KIDS COUNT Data Center at datacenter.kidscount.org.

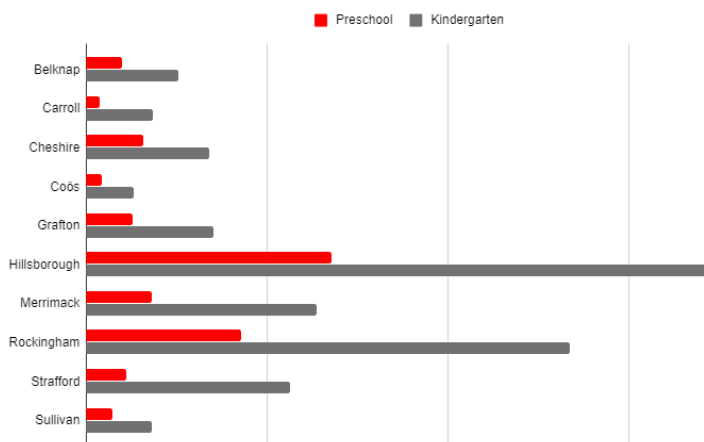
Early Childhood & K-12 Education

High-quality education is crucial to provide a strong foundation on which children's brains can develop. Research shows that a young child's brain development sets the trajectory for future successes.¹ It is especially important for children facing adverse childhood experiences, like domestic violence, abuse, neglect, or parental substance use, as they are more likely to have health and wellness problems later in life. Strong early intervention, such as enrollment in high quality early education programs, can stave off future negative consequences for children experiencing these toxic stressors.²

Beyond the early years, research also tells us that continued supportive environments in a K-12 classroom help children reach their full potential. When our children start off strong and are given the education that they need to thrive, New Hampshire's prosperity is secure.

Preschool & Kindergarten

Public School Enrollment in Preschool and Kindergarten by County, 2017-18 School Year



State Total: 3,876 children enrolled in preschool

State Total: 11,415 children enrolled in kindergarten

SOURCE:

New Hampshire Department of Education

DATA NOTE: For districts serving multiple counties, data were assigned to the counties in which the individual schools are located.

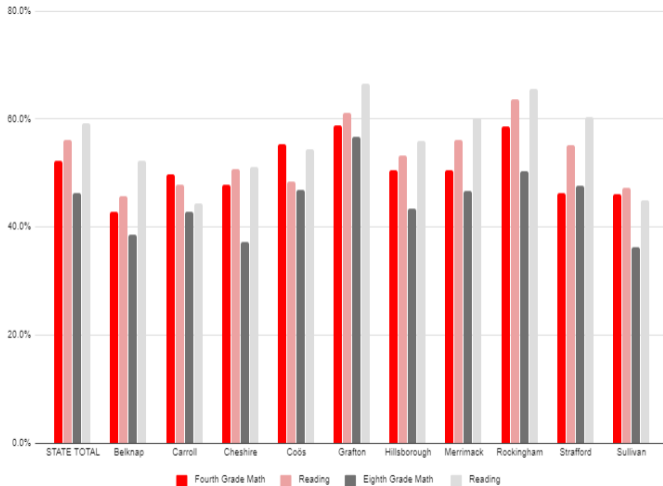
High quality early education programs from ages 0 to 5, including preschool and kindergarten, help set the stage for future skill-development, wellbeing, and learning. Children in high quality preschool programs, for example, experience benefits in later childhood, including advanced educational skills in language, literacy, and math; better social and emotional outcomes; and improved health. Preschool attendance has also been linked to positive effects on adolescent and adult outcomes, including reduced teen pregnancy, higher graduation rates, higher educational attainment, increased earnings, and lower crime rates.³

The availability of state-funded public education for preschool-aged children varies from state to state. Currently, New Hampshire is the only New England state that does not offer state-funded preschool programs to all children three and four years of age.⁴

New Hampshire also does not offer full-adequacy funding for full-day kindergarten programs.⁵

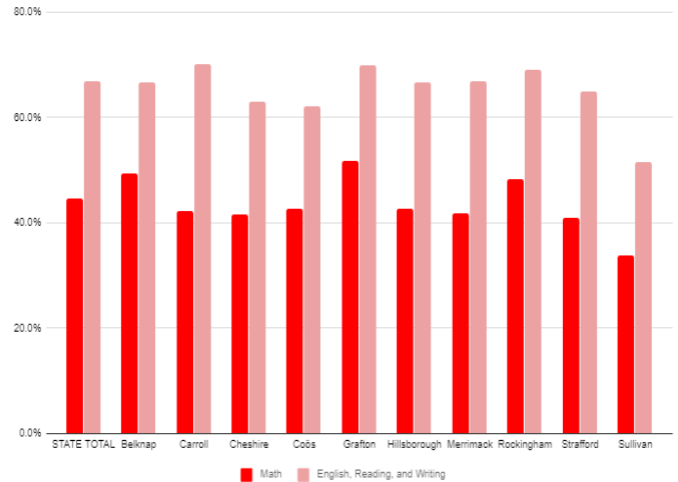
K-12 Education

Fourth & Eighth Grade Math and Reading Proficiency by County, 2017



SOURCE: New Hampshire Department of Education

Math and Reading SAT Score Proficiency by County, 2017



SOURCE: New Hampshire Department of Education

DATA NOTE: For districts serving multiple counties, data were assigned to the counties in which the individual schools are located.

Math and reading proficiency scores and performance on standardized achievement tests are critical measures of children's educational development. The markers are used as predictors of their future success in education and a measure of schools' success in educating students. Low reading proficiency reduces earning potential and chances for career success for adults.⁶ Students who take math and science courses are more likely to graduate from high school, complete college, and earn higher incomes.⁷ Ensuring kids have access to high-quality education throughout their life will improve scores and life outcomes.

Key Takeaways



High quality early education helps develop children's social-emotional skills and self-regulation. Children who participate in high quality early learning do better in school.



With a strong and healthy beginning, children can more easily stay on track to perform successfully on standardized tests later in life.



Enrollment in public preschool and kindergarten differs drastically among counties, leading to a gap in opportunity among our young children depending on where they live.

Policy Recommendations



Ensure all districts in NH can offer public full-day kindergarten by treating kindergarten funding equal to funding for all other grade levels.



Invest in a state-funded preschool program which will give more NH children access to early education.



Support a Quality Rating Improvement System for child care to give children access to quality early education in child care facilities.

Children's Health and Wellness

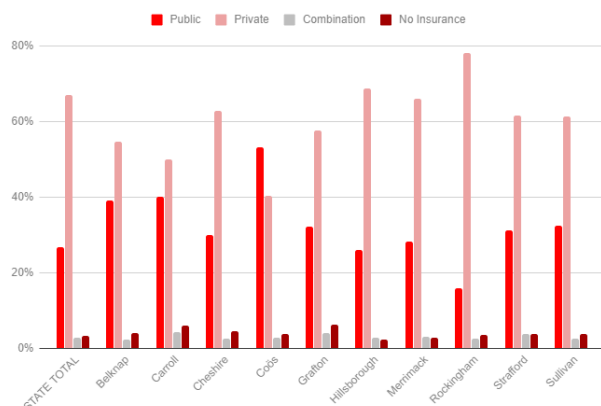
For the state to thrive, it must support the overall health and wellbeing of communities and individuals. Access to affordable, quality health care is of critical importance to ensure that children receive the preventive care and treatment that they need to engage with their peers, schools, and communities. Adverse childhood experiences (ACEs), like substance use in the household, poverty, parental mental health concerns, or family violence, can undermine a child's health and lead to significant negative health outcomes.⁸ There is a strong correlation between ACEs and substance use and misuse in adolescence, which can lead to long-term, negative consequences on individuals and communities.

Health Care

Children with health insurance are more likely to get the health care they need, identifying and addressing health issues early and often.⁹

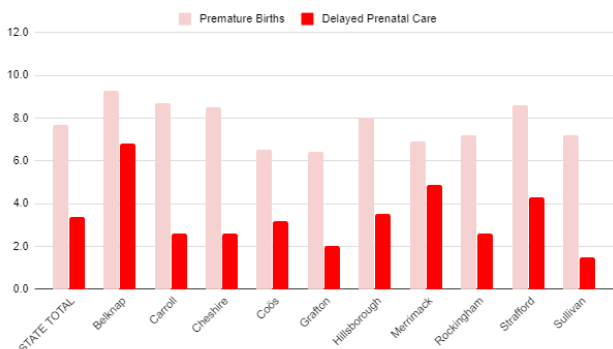
As a result of the Patient Protection and Affordable Care Act (ACA) and public health insurance programs that help low-income children, like Medicaid and the Children's Health Insurance Program (CHIP), the share of children who are uninsured has dropped dramatically over the last decade.¹⁰ As discussions around the ACA, Medicaid expansion, and CHIP continue, it is important to consider the large share of children who benefit substantially from these programs.

Children's Health Insurance Coverage by Type by County, 2012-2016



SOURCE: American Community Survey, 2016 5-year estimates

Premature Births & Delayed Prenatal Care by County, 2016



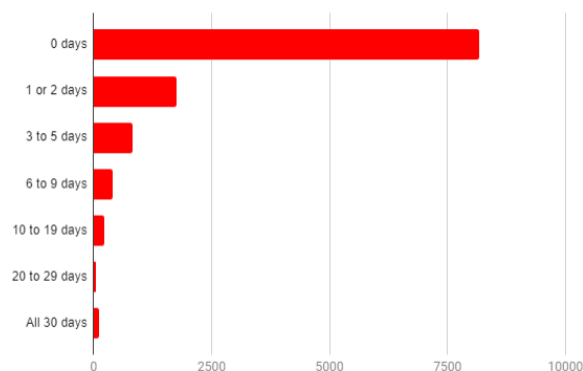
SOURCE: NH Department of State, Division of Vital Records

Delayed prenatal care, with the mother's first prenatal visit being less than 90 days before birth is associated with a higher risk of preterm birth.¹¹ A birth before 37 weeks is considered premature and is the leading cause of low birth weight, which can lead to negative health outcomes for babies. We know that with the prevalence of substance use disorders in NH, a portion of these premature births are opiate related. Giving moms and babies access to health care, substance misuse treatment, and home visiting programs, can help to lower these concerning rates.¹²

Youth Substance Use

Youth Alcohol Use, 2017

Youth response to the question: "During the past 30 days, on how many days did you have at least one drink of alcohol?"

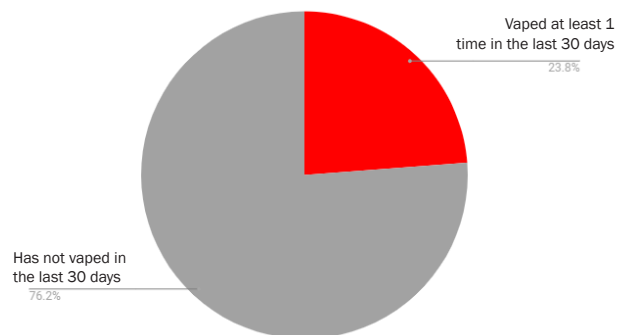


SOURCE: Youth Risk Behavior Survey

Substance use during adolescence, a critical time in brain development, can cause long-term, potentially permanent, changes to the brain. Adolescent substance use, including of alcohol, marijuana, and nicotine, has been associated with impairment in a number of areas: cognitive functioning, increased risk of future substance use disorders, elevated rates of school dropout, an elevated risk of developing psychotic illnesses, and an increased rate of engaging in risky behaviors.¹³ Particularly with New Hampshire's addiction epidemic, we must focus on preventing youth substance use to protect our kids and keep New Hampshire healthy for generations to come.

Youth Vaping, 2017

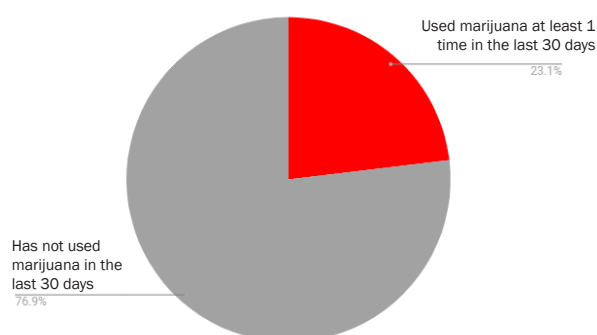
Youth response to the question: "During the past 30 days, on how many days did you use an electronic vaping product?"



SOURCE: Youth Risk Behavior Survey

Youth Marijuana Use, 2017

Youth response to the question: "During the past 30 days, how many times did you use marijuana?"



SOURCE: Youth Risk Behavior Survey

Key Takeaways



Children with health insurance are more likely to get the health care they need. Over 25 percent of NH children have access to health care thanks to a public program.



In 2016, 7.7 percent of NH births were premature. Home visiting programs can provide support for parents and infants to mitigate the potential negative health outcomes.



Twenty-three percent of NH children have used marijuana at least once in the last 30 days, which can have long-term, negative impacts on brain development.

Policy Recommendations



Support efforts to codify the Affordable Care Act in New Hampshire law to ensure children continue to have access to quality health care.



Invest in evidence-informed substance misuse prevention programs to promote adolescent wellbeing and reduce state costs on substance misuse.



Ensure children are protected from the harms of electronic vaping products by including vaping in an existing law to reduce youth access to tobacco products.

Economic Security

Children and families with access to stable housing, adequate health care, and healthy meals are healthier and have better long-term wellness outcomes. Communities with lower rates of poverty have increased access to community supports, healthy food, more abundant outdoor experiences, safer streets, and, in turn, improved outcomes for their youngest residents regardless of their own household income.¹⁴ Economically secure families and communities lead to a strong New Hampshire economy. In order to maintain New Hampshire's advantage, we must focus on ensuring economic security for all families.

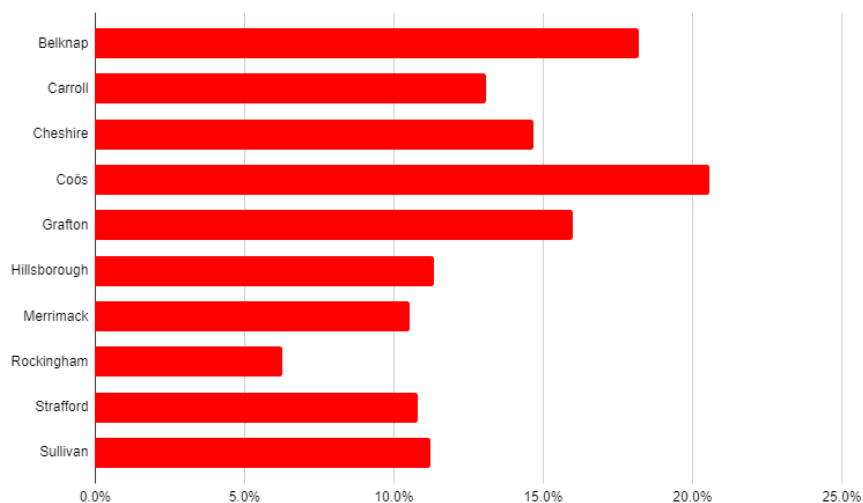
Child Poverty

Growing up in poverty is one of the greatest threats to healthy child development. It increases the likelihood that a child will be exposed to factors that can impair his or her brain development and lead to poor academic and health outcomes. The risks posed by economic hardship are greatest among children who experience poverty when they are young and among those who experience persistent and deep poverty.¹⁵

The official poverty threshold in 2016 was \$24,339 for a family of two adults and two children. Importantly, however, the official poverty measure is widely considered to be an inadequate measure of family need. Other poverty measures, such as the Supplemental Poverty Measure, aim to better understand poverty by taking into account other sources of income, expenses, and adjusting for differences in the cost of living across the nation.¹⁶ New Hampshire's cost of living is **21% above the national average**, which puts many children and families living in poverty or at near-poor levels.¹⁷ Living at near-poor levels can also adversely impact children's life course trajectories.

Children in poverty will especially benefit from programs which promote a healthy brain architecture, such as quality child care, home visiting, and other community-based services and supports.

Percent of Children in Poverty by County, 2012-2016



SOURCE: U.S. Census, American Community Survey

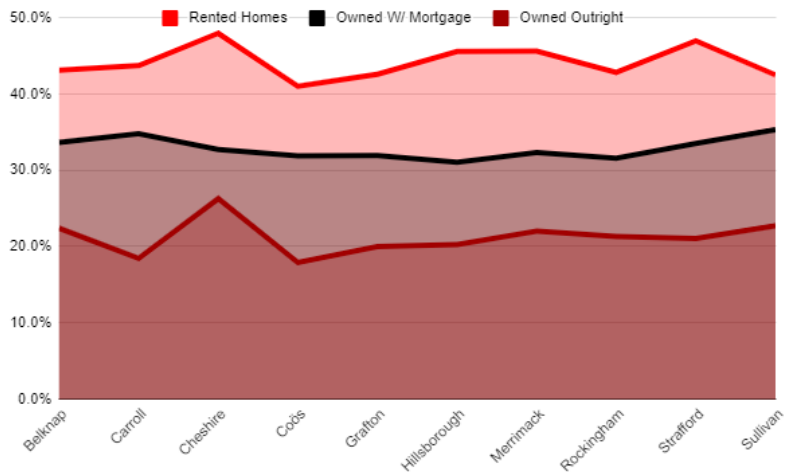
Housing

Housing costs are one of the largest financial burdens that families face. Households where more than 30 percent of income goes to owner costs or gross rent are considered cost burdened. High housing costs can make it difficult for families to afford such necessities as food, clothing, transportation, child care, and medical care.¹⁸

Housing cost burden can lead to housing insecurity, which is detrimental to children's overall health and wellbeing. Poor housing conditions can lead to health problems and developmental delays.¹⁹ Children who move frequently due to unstable housing are less successful in school, are at higher risk for behavioral issues, and have less access to health care services.²⁰

Across New Hampshire, with little county variation, the highest rate of cost burden is found among renters, followed by those in mortgaged homes, then those in homes outright.

Share of Homes That Are Housing Cost-Burdened by County, 2012-2016



SOURCE: U.S. Census, American Community Survey

Key Takeaways



According to official poverty measure estimates, 11 percent of NH children are living in poverty. This is not the most accurate level of financial need, so we can assume more children are suffering from poverty's detrimental effects.



Nearly 50% of those living in rented homes in NH are spending 30% or more of their income on housing costs.



Growing up in poverty is one of the greatest threats to healthy child development, and therefore, to a healthy future for our state.

Policy Recommendations



Ensure full funding of work-related child care so that families, regardless of income level can access affordable child care and stay in the workforce.



Create a statewide paid family and medical leave program which will prevent loss of income when working people must take time off to care for themselves or a family member and help keep children out of poverty.



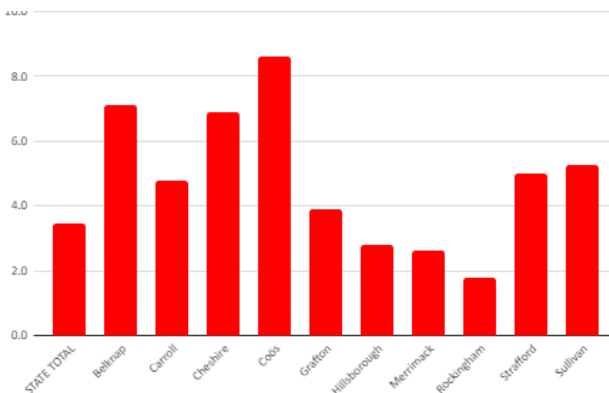
Incentivize investment in building affordable homes by increasing funding in the Affordable Housing Fund.

Safety and Wellbeing

Promoting the safety and wellbeing of children is imperative to keep New Hampshire a great state to live and raise a family. When communities are safe and have quality supportive services, families and children are more likely to thrive. A safer future for our children will require preventing and mitigating toxic stress, which can be caused by child abuse and neglect. Toxic stress can damage developing brain architecture and lead to lifelong health and wellness problems.²¹ Joining together to keep our children safe and healthy is morally and financially imperative for New Hampshire.

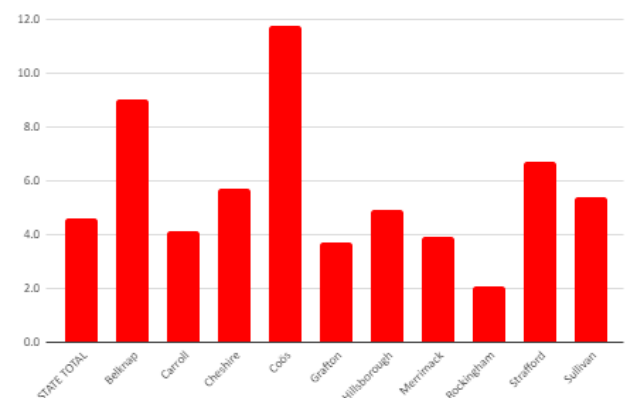
Child Protection

Rate of Substantiated Child Maltreatment Cases by County, 2016



SOURCE: NH Department of Health and Human Services

Rate of Children in Out-Of-Home Placements by County, 2016



SOURCE: NH Department of Health and Human Services

DATA NOTE: The rate of child maltreatment cases and out-of-home placements is per 1,000 children in New Hampshire.

New Hampshire has a responsibility to protect children. Certain experiences, like child maltreatment or being removed from parental care, are so severe that they produce toxic stress in children. Toxic stress can damage a developing brain and lead to lifelong problems in learning, behavioral, and both physical and mental health.²² Due in part to New Hampshire's opioid epidemic, more children are experiencing toxic stress and being removed from parental care. Five percent of children removed from parental care in 2016 were born drug-exposed.²³ For parents, recovery from substance use disorder is possible with treatment and family support services, and is essential to the wellbeing of children.

The Department of Children, Youth, and Families is responsible for intervening in potential abuse and neglect situations and protecting children. However, the agency does not have the sufficient workforce, expertise, or resources to keep children safe.

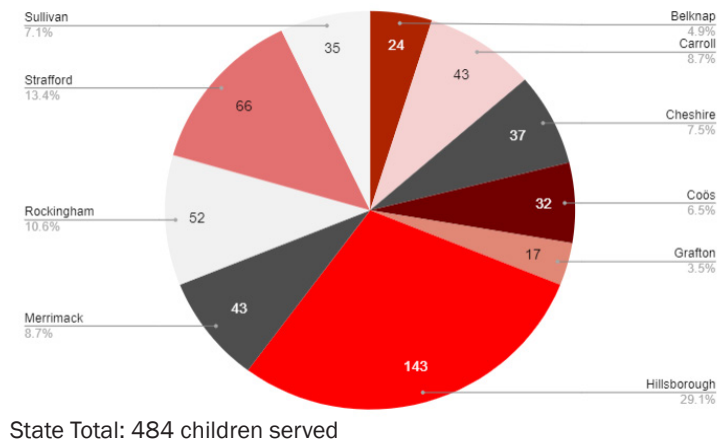
Supporting our child welfare system, increasing access to substance use treatment and recovery services, and reducing barriers to support services like those made available in a coordinated system of care for children will help keep our children safe and well-supported.

Home Visiting

Prenatal and early childhood home visiting programs provide services to families in the home or in other preferred community settings to support maternal, child, and family health, and to prevent adverse childhood experiences. Home visiting programs improve maternal and infant health outcomes, positive parenting practices, family economic self-sufficiency, and school readiness. Home visiting has also been found to reduce child maltreatment.²⁴ New Hampshire's increasing rates of neonatal abstinence syndrome (NAS), which occurs when a newborn experiences withdrawal from exposure to opioids or other substances during pregnancy, suggest a growing need for pre and postnatal family supports.²⁵ Home visiting can serve as an important early point of entry to voluntary support services for families throughout the state coping with NAS and other significant challenges. However, not all children in NH have access to home visiting. In some cases, this is because of restrictions on entry to the programs.

Many families in New Hampshire access home visiting at Family Resource Centers, which provide a wide range of supports for families to meet community-specific needs.

NH Children Served by Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) by County, 2015-17



SOURCE: NH Department of Health and Human Services

NOTE: MIECHV is one of many home visiting options offered in NH. To best serve all families, NH needs an array of home visiting programs available, including MIECHV, Medicaid Home Visiting, and more.

Key Takeaways



Five percent of children removed from parental care in 2016 were born drug-exposed.



The rate of child maltreatment and out-of-home placements varies by county, indicating a need for a statewide system which supports all children.



In three years, only 484 children were served by MIECHV, though some were served by other home visiting programs. Nearly 300,000 children live in NH, many of whom can benefit from home visiting.

Policy Recommendations



Eliminate restrictions on entry to Medicaid Home Visiting to increase access to home visiting services to all Medicaid eligible families.



Address the changing needs of the child welfare system by adding more DCYF caseworkers and supporting a system of care for children.



Support a system of Family Resource Centers that give communities access to services which strengthen families and prevent child abuse and neglect.

State-Level Data

For further explanation of indicators, visit datacenter.kidscount.org.

Child Population by Race and Ethnicity, 2016

Total Population of Youth Under 20: 297, 413

White	Black	American Indian/ Alaskan Native	Asian	Other/Multiracial	Hispanic
85.9%	1.7%	0.2%	3.1%	3.3%	5.8%

SOURCE: 2016 U.S. Census Population Estimates

NOTE: Race-ethnicity categories are mutually exclusive; Data only available for youth under age 20

Family Structure Among Families with Children Under Age 18, 2012-2016

	All Families with Children	Married-Couple Families	Single-Father Headed	Single-Mother Headed
Number	138,046	97,849	11,860	28,337
Percentage	100%	70.9%	8.6%	20.5%

SOURCE: U.S. Census, American Community Survey, 2012-2016

Prime Age Employment Rate, 2012-2016

	Total Prime-Age Population	Male Prime-Age Population	Female Prime-Age Population
Number	524,045	262,015	262,030
Percentage	81.7%	85.7%	77.7%

SOURCE: U.S. Census, American Community Survey, 2012-2016

Median Family Income by Family Type, 2012-2016

	All Families with Children	Married-Couple Families	Single-Father Headed	Single-Mother Headed
Estimate	\$83,716	\$104,094	\$46,626	\$31,277

SOURCE: U.S. Census, American Community Survey, 2012-2016

Indicators of Economic Security

	Number of Children in Poverty, 2012-2016	Tax Returns Receiving the Earned Income Tax Credit, 2016	Households with Children Receiving SNAP, 2012-2016
Number	28,829	76,768	-
Percentage	11%	11.21%	13.7%

SOURCE: U.S. Census, American Community Survey, 2012-2016; Brookings 2016; IRS 2014

Share of Homes that Are Cost-Burdened, 2012-2016

	Rented Homes	Owned with Mortgage	Owned Outright
Percentage	44.8%	32.1%	21.1%

SOURCE: U.S. Census, American Community Survey, 2012-2016

Public School Enrollment in Preschool and Kindergarten, 2017

	Preschool	Kindergarten
Number	3,876	11,415

SOURCE: New Hampshire Department of Education

NOTE: Enrollment as of October 1, 2017

Fourth and Eighth Grade Math and Reading Proficiency, 2016-2017

	Fourth Grade	Eighth Grade
Math	52.3%	46.3%
Reading	56.1%	59.3%

SOURCE: New Hampshire Department of Education

Math and Reading SAT Score Proficiency, 2017

	Math	English, Reading, and Writing
Proficiency Rating	44.5%	66.9%

SOURCE: New Hampshire Department of Education

Students with Limited English Proficiency, 2017

	Enrollment	LEP Eligible
Number	178,328	4,644
Percentage	100%	2.6%

SOURCE: New Hampshire Department of Education

NOTE: Enrollment as of October 1, 2017; Counties with fewer than 10 LEP students are excluded

Premature Births and Delayed Prenatal Care, 2016

	Premature Births (Before 37 weeks gestation)	Delayed Prenatal Care (First prenatal visit less than 90 days before birth)
Percentage	7.7%	0.4%

SOURCE: New Hampshire Department of State, Division of Vital Records

Teen Births, 2016

	Birth Rate per 1,000 Females Age 15 to 19 Years
Birth Rate	8.7%

SOURCE: New Hampshire Department of State, Division of Vital Records

Children's Health Insurance Coverage by Type, 2012-2016

	Public	Private	Combination	No Insurance
Percentage	26.7%	67.1%	2.9%	3.4%

SOURCE: U.S. Census, American Community Survey, 2012-2016

Substantiated Child Maltreatment Victims, FFY 2016

	Total Population under 18	Child Maltreatment Victims
Number	260,588	905
Rate per 1,000	-	3.5

SOURCE: New Hampshire Department of Health and Human Services, U.S. Census Population Estimates

NOTE: The population under age 18 is as of July 1, 2016

Children in Out-of-Home Placements, FFY 2016

	Total Population under 18	Children in Out-of-Home Placements
Number	260,588	1,200
Rate per 1,000	-	4.6

SOURCE: New Hampshire Department of Health and Human Services, U.S. Census Population Estimates

NOTE: The population under age 18 is as of July 1, 2016

Families Served by Maternal Infant Early Childhood Home Visiting Program, 2015-2017

	Participants in MIECHV	Children Served	Home Visits
Number	554	484	12,891

SOURCE: New Hampshire Department of Health and Human Services

Children Served in Community Mental Health Programs, FY 2017

	Ages 0-12	Ages 13-17
Number	5,915	5,537
Percentage of All Ages Served	14.05%	13.6%

SOURCE: U.S. Census, American Community Survey, 2012-2016; Brookings 2016; IRS 2014

Youth Alcohol Use, 2017

Youth response to the question "During the past 30 days, on how many days did you have at least one drink of alcohol?"

	0 Days	1 or 2 Days	3 to 5 Days	6 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Number	8,174	1,764	835	415	219	59	119
Percentage	70.4%	15.4%	7.3%	3.6%	2%	0.5%	0.9%

SOURCE: Youth Risk Behavior Survey

Youth Vaping, 2017

Youth response to the question "During the past 30 days, on how many days did you use an electronic vaping product?"

	0 Days	1 or 2 Days	3 to 5 Days	6 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Number	8,857	920	483	225	217	145	373
Percentage	76.2%	8.5%	5.2%	2.4%	2.1%	1.7%	4%

SOURCE: Youth Risk Behavior Survey

Parental Discussion about Substance Use, 2017

Youth response to the question "During the past 12 months, have you talked to at least one of your parents about the dangers of alcohol, tobacco, or drug use?"

	Yes	No	Not Sure
Number	5,673	4,781	752
Percentage	51.9%	41.7%	6.3%

SOURCE: Youth Risk Behavior Survey

Youth Smoking, 2017

Youth response to the question "During the past 30 days, on how many days did you smoke at least one cigarette?"

	0 Days	1 or 2 Days	3 to 5 Days	6 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Number	10,901	320	164	103	106	67	249
Percentage	92.2%	2.6%	1.3%	0.8%	0.9%	0.5%	1.7%

SOURCE: Youth Risk Behavior Survey

Youth Marijuana Use, 2017

Youth response to the question "During the past 30 days, how many times did you use marijuana?"

	0 Times	1 or 2 Times	3 to 9 Times	10 to 19 Times	20 to 39 Times	40 or More Times
Number	9,153	872	690	330	269	581
Percentage	76.9%	7.4%	5.8%	2.7%	2.4%	4.8%

SOURCE: Youth Risk Behavior Survey

Youth Prescription Drug Use, 2017

Youth response to the question "During the past 30 days, how many times did you take a prescription drug without a doctor's prescription?"

	0 Times	1 or 2 Times	3 to 9 Times	10 to 19 Times	20 to 39 Times	40 or More Times
Number	10,667	263	121	45	20	122
Percentage	94.8%	2.5%	1.1%	0.5%	0.2%	1%

SOURCE: Youth Risk Behavior Survey

Youth Heroin Use, 2017

Youth response to the question "During your life, how many times have you used heroin?"

	0 Times	1 or 2 Times	3 to 9 Times	10 to 19 Times	20 to 39 Times	40 or More Times
Number	11,752	50	26	25	9	123
Percentage	98.2%	0.4%	0.2%	0.2%	0.1%	0.9%

SOURCE: Youth Risk Behavior Survey

Youth Methamphetamine Use, 2017

Youth response to the question "During your life, how many times have you used methamphetamines?"

	0 Times	1 or 2 Times	3 to 9 Times	10 to 19 Times	20 to 39 Times	40 or More Times
Number	11,737	60	24	22	14	121
Percentage	98.2%	0.4%	0.2%	0.1%	0.1%	1%

SOURCE: Youth Risk Behavior Survey

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Acknowledgements



THE ANNIE E. CASEY FOUNDATION



Additional Thanks

Kristi Hart
Home Visiting Program Coordinator
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Bureau of Population Health and Community Services
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The New Hampshire Home Visiting Task Force
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Policy, University of New Hampshire

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