

Concord Downtown Complete Streets Improvement Project

Sustainability Factors

Aging Populations

Concord, NH once again ranked in the Top 99 Best Places to Retire. In September of 2011, the NH Center for Public Policy released findings regarding the aging of NH's population. The paper is one of a series published by the NH Center for Public Policy Studies on the broad topic of health-care finance and insuring the New Hampshire workforce. The summary of the report's findings show that "by the year 2020, the state's shift towards an older population will reach a peak. And by 2030, nearly half a million Granite Staters will be over the age of 65 – a so-called "silver tsunami," representing almost one-third of the population."

The intent of the report was to inform state and local governments of demographic shifts so that they can be responsive to the needs of their community. The report findings echo previous studies from United Way of Merrimack County and the Concord Regional Visiting Nurse Association which found that over the next decade, Merrimack County will face a significant demographic shift. The overall senior population will increase by over 15,000 to 170,000. The number of folks over the age of 65 will increase by over 65 percent, and the number of citizens over the age of 80 will increase to nearly 8,000, compared to just over 5,000 today. ⁱⁱ

During the public outreach efforts of Re-thinking Main Street Project, the team consistently fell short on hearing from Concord's senior citizen population. Intercept surveys conducted over two days and 12-hours of "Person in the street" surveying only 1.3% of the respondents were senior citizens over age 70. All survey takers reported their inability to locate any senior citizens to poll. They simply were not downtown. In response, the team travelled to two assisted living communities to gather input from this significant segment of the population. Here are the reasons senior citizens provided for not coming downtown:

- The double-step curb is too difficult to traverse (and impossible for people using a mobility device such as a walker) leaving only the east side of Main Street to enjoy
- No place to rest (outdoor benches for public seating is limited)
- No public restrooms
- Limited number of handicap parking spaces are typically occupied by downtown workers staying all day
- Drivers cannot see on-coming vehicles while backing out into traffic

It is particularly important for people who are transportation disadvantaged (people with disabilities, elders, children, and people with low incomes). Poor walking conditions can contribute to *social exclusion*, that is, the physical, economic and social isolation of vulnerable populations. ⁱⁱⁱ

Using the North Main Street and Pleasant Street as the primary intersection of downtown, the team measured the district on the Transportation Social Exclusion Index as related to the transportation needs of the senior citizen population only, revealed downtown does experience some degree of social exclusion for senior citizens.

Table 2

Transport Social Exclusion Index^{iv}

(Points awarded are bold)

Factor	Definition	Indicators	Rating
Mobility Need	Number of “essential” trips outside the home a person must make.	From 5, subtract one point each for: enrolled in school, employed outside the home, is a primary caregiver (responsible for children or disabled adults), has special medical requirements (such as dialysis), has other responsibilities that require frequent travel.	5
Land Use Accessibility	Average travel distance to common destinations, based on land use clustering and mix, and roadway network connectivity.	One point for each different type of public services (food store, other retail shops , post office, school, park) within 0.5 kilometer of residences. (Intersection)	2
Physical and Communication Ability	An individual’s physical and communications ability.	One point for being able to walk one kilometer , bicycle 3 kilometers, speak and read the local language, has residential telephone, has residential Internet service.	4
Automobile Access	An individual’s ability to use an automobile.	One point for having a drivers license , one point for having a vehicle rental or carshare service within the residential neighborhood, one point for living in a household that owns at least one motor vehicle , one point for owning a personal (not shared) car , one point for having a major paved highway within 5	5
Mobility Options	Number of non-automobile mobility options available to an individual for local travel.	One point each for convenient universal design (pedestrian facilities designed to accommodate people with disabilities) walking, cycling, local public transit and taxi service.	2
Financial Wealth	Ability to pay for transport services.	One point for each income quintile.	1
Total			19

This index rates each factor from 0 (worst) to 5 (best), resulting in a total rating from 0 to 30. The results indicate the degree to which an individual or group experiences significant social exclusion due to transport-related constraints.

Health Concerns

About one in four residents in the state of New Hampshire are obese. The obesity epidemic affects every state, and New Hampshire falls roughly in the middle. A study by the Center for Disease Control further points out that people who are obese incur \$1,429 per person extra in medical costs each year.^v

According to its 2009 studies of 187 U.S. metro areas, Gallup estimates that the direct costs associated with obesity and related chronic conditions are about \$50 million per 100,000 residents annually in cities with the highest rates of obesity (Over 30%). The direct and additional hidden costs of obesity are stifling businesses and organizations that stimulate jobs and growth in U.S. cities.

Concord’s obesity related medical expenses are estimated at more than \$15.2 million annually. While Concord’s current obesity rate is declining by .7% each year, the annual average increase in medical costs exceeding 8.5%^{vi}. The U.S. Center for Disease Control recommends that adults average at least 22 daily minutes of moderate physical activity, such as brisk walking, to stay fit and healthy, although less than half of American adults achieve this target. CDC target obesity rate is 15% of the total population in a given community.

(Concord Population/4 x \$1,429 = Total added medical expenses per year) - 42695/4 x \$1,429 = **\$15,252,788.75**

In general, “inadequate physical activity contributes to numerous health problems, causing an estimated 200,000 annual deaths in the U.S., and significantly increasing medical costs. Among physically able adults, average annual medical expenditures are 32% lower for those who achieve physical activity targets (\$1,019 per year) than for those who are sedentary (\$1,349 per year).^{vii}

Concord, NH is a participating community in the Healthy Eating Active Living Initiative (HEAL-NH) through the Capital Area Wellness Coalition. The coalition coordinates community resources and builds partnerships to create a culture of healthy living for everyone to address obesity and related disease, improve our built environment, and create healthy worksites and a healthier community for everyone to live in. And it pays in the long run to be pound wise:

The Long Term Cost of Obesity: Money Saved by Losing Weight ^{viii}						
Your Current Weight	Grocery Costs At Current Weight / Mo.	Assumed Ideal Weight	Grocery Costs At Ideal Wt. Per Mo.	Monthly Savings At Ideal Wt.	Annual Savings At Ideal Wt.	10 Year Savings At Ideal Wt.
Female 170	224.40	140	184.80	39.60	475.20	4,572
Female 200	264.00	140	184.80	79.20	950.40	9,504
Female 250	330.00	140	184.80	145.20	1742.40	17,424
Female 300	396.00	140	184.80	211.20	2534.40	25,344
Male 200	264.00	180	237.60	26.40	316.80	3,168
Male 250	330.00	180	237.60	92.40	1108.80	11,088
Male 300	396.00	180	237.60	158.40	1900.80	19,008
Male 350	462.00	180	237.60	224.40	2592.80	25,928

ⁱ Norton, Steven New Hampshire’s Silver Tsunami: Aging and the Health care system http://www.nhpolicy.org/reports/aging_and_the_healthcare_system_final.pdf, September, 2011

ⁱⁱ United Way of Merrimack County “Community Counts” http://www.graniteuw.org/pdf/UWMC_Community_Assessment_2009.pdf, 2008
Concord Regional Visiting Nurse Association, “Community Benefits Plan” http://www.crvna.org/uploaddir/CRVNA-2010_CB_Report_.PDF, 2010

ⁱⁱⁱ Todd Alexander Litman, Victoria Transport Policy Institute, "Economic Value of Walkability", <http://www.vtpi.org/walkability.pdf>, February 2011

^{iv} Todd Alexander Litman, Victoria Transport Policy Institute, "Social Inclusion As A Transport Planning Issue in Canada", http://www.vtpi.org/soc_ex.pdf April, 2003

^v Obesity Rates Increase in New Hampshire, Press Release <http://www.dhhs.state.nh.us/media/pr/20100803obesity.htm>, August, 2010

^{vi} Russ Britt, MarketWatch "Health-care expenses to rise 8.5% in 2012: study" <http://www.marketwatch.com/story/health-expenses-to-rise-85-in-2012-study-2011-05-18>, May 2011

^{vii} Todd Alexander Litman, Victoria Transport Policy Institute, "Evaluating Public Transportation Health Benefits", http://www.apta.com/resources/reportsandpublications/Documents/APTA_Health_Benefits_Litman.pdf June 2010

^{viii} Sturm R, Wells KB. Does Obesity Contribute As Much to Morbidity As Poverty or Smoking? *Public Health*. 2001;115:229-295. Accessed through RX Alternative Medicine Center, Metabolic Weight Loss and Obesity, http://www.rxalternativemedicine.com/articles/obesity_weight_loss.html