

IX. WHERE WE GO FROM HERE?

In the opening pages of this report, the model for the Healthy Manchester 2015 Community Health Improvement Plan was described. The model presents four strategic imperatives that have guided this assessment and will continue to guide planning and action in a Community Health Improvement Process. Going forward, various organizations will be able to use the qualitative and quantitative data that was collected to help prioritize community needs under each strategic imperative and serve as baseline measurements for future community health improvement.

Major findings under each strategic imperative include the following list. Please see the individual chapters and data tables at the end of each Stage of Life section in Chapter IV.

HEALTHY PEOPLE IN EVERY STAGE OF LIFE

- **Healthy Start**
 - Many children in Manchester are born into circumstances that have an adverse affect on growth and development.
 - Hospitalization of young children in Manchester for acute Ambulatory Care Sensitive Conditions is significantly greater than in the rest of the state.
- **Healthy Youth**
 - Local teens report and display concerning tendencies and behaviors related to mental health.
 - Unsafe sexual activity among teens is resulting in negative outcomes such as pregnancy and sexually transmitted diseases.
 - More than one in ten first graders was obese last year.
- **Healthy Life**
 - Premature mortality is higher for adults in Manchester than in the rest of New Hampshire.
 - Health differs between younger adults and middle-age adults. It also differs among people of different incomes.
 - Manchester area adults have high rates of overweight, drug abuse hospitalization, Chlamydia, and some cancers.
 - Manchester adults have been visiting emergency departments at increasing rates for mental health concerns.

- **Healthy Aging**
 - The population of older adults in the area and across the state is growing.
 - Death from heart disease is more common in Manchester than in the surrounding area or the rest of the state.
 - Older adults tend to desire independence and, therefore, need connections to the community, to transportation, and to social supports and services.

ACCESSING QUALITY HEALTH CARE

- Access to health care and health insurance differs among people with different levels of income.
- Emergency department use is higher in Manchester than in the HSA or the rest of the state.
- Hospitalization for Ambulatory Care Sensitive Conditions is higher in Manchester than in the HSA or the rest of the state.

HEALTHY PEOPLE IN HEALTHY PLACES

- Residents and the health care and public health communities in Manchester find that some housing has a negative health impact, evidenced in particular by childhood blood lead levels.
- Health and illness are not distributed evenly across the City or HSA. In some geographic areas, residents experience more negative health outcomes and risk factors.
- Transportation is a major concern among residents and leaders.

PREPARING FOR EMERGING HEALTH THREATS

- Poverty is greater in Manchester than in the rest of state. Childhood poverty is growing. Unemployment rates are growing.
- In Manchester and the HSA, various poor health outcomes and risk factors are associated with income.
- Local service providers have seen increasing requests for assistance in the last year.
- Cultural diversity continues to grow in the City.
- While local groups are making strides in community emergency preparedness planning, many individuals do not feel prepared for emergencies.

The things that influence health in Manchester are varied, interconnected, and dynamic. Therefore, when local people want to take steps to improve community health and solve specific problems that have been identified, it would be good to do so in a way that takes into account the many different factors that are pushing and pulling health in different directions. For example, if teen births is

identified as a concern, groups interested in addressing the problem should take into account not only teen sexual activity, but also their educational circumstances, their social interactions, the policies that affect them, the places where they spend time, the outside-of-school opportunities they have available, their family circumstances, their connections to the community, and their overall mental and physical health. Community members will not be able to “fix” all of the relevant factors that contribute to issues such as teen pregnancy or adult Emergency Department utilization, but if we approach health issues with recognition of their multifaceted nature, we are more likely to identify effective long-lasting solutions and preventive actions.

NEXT STEPS

The next steps in the community health improvement process are to:

- 1.) Share the assessment findings with interested groups and organizations that have expertise related to the subjects or populations.
- 2.) Encourage discussion of findings.
- 3.) Prioritize findings based on need, urgency and capacity.
- 4.) Explore methods and approaches other communities have successfully implemented to address similar problems to those prioritized locally.
- 5.) Identify specific actions for health improvement that are adapted to the specific setting and needs of the target community in Manchester or the HSA.

BROAD RECOMMENDATIONS

Our broad recommendations for the community for moving forward following this community needs assessment, in light of our goal to develop a Community Health Improvement Plan, are to:

Strengthen the local infrastructure for assessing community health and well-being. The local data infrastructure would improve if the quality of health-related data gathered by various entities around the community improved and entities found better ways of sharing information and telling the community story to identify needs and assets. Also, knowledge of community needs would be enhanced by health data that are more descriptive regarding areas of potential inequity, such as race and ethnicity.

Continue to build relationships and collaborations. Communication and collaborative action among organizations, funders, and local government around identified health issues will increase access to data, make enhanced continuity of health care more achievable, and help the community address health using all available assets. Broad population health improvement will require cooperation; no one organization can be expected to do it alone.

Include community members in goal setting, planning, and activities. This report is one way of telling the story of the health of the members of this community. Community members need to be included in the prioritization, planning and implementation of improvement efforts whenever possible.

Set local goals. To some extent this report provides a baseline measure of health in Manchester. The current national Healthy People 2020 target-setting process will provide general

guidance. Using our baseline measures and considering national targets will enable local people to set ambitious but achievable goals that are locally appropriate for Manchester and the surrounding areas.

Consider targeting age groups or other high-risk groups rather than diseases, when planning health improvement programs. Many diseases or health-related concerns have overlapping causes and risk factors. Community health concerns can be more efficiently addressed if community groups work together and plan actions that address various factors in a risk group or factors that affect various risk groups at the same time.

This community needs assessment is an early step in a Manchester area Community Health Improvement Process, discussed above. The assessment was created through the active cooperation of numerous individuals and organizations. It is a living, on-going, inclusive process, intended to prompt action. Future input, including recommendations, critique, and ideas for action from already-involved partners as well as new partners are not only welcome, but essential.

