

## II. STRATEGIC IMPERATIVES FOR HEALTH IMPROVEMENT

### BACKGROUND

The leading causes of death in the Manchester Health Service Area (HSA) have changed over the past 125 years from death from infectious diseases to deaths from chronic diseases. Currently, children (who represent a small proportion of area deaths) tend to die from accidents or from health conditions with which they were born, compared to the past when they died from conditions related to sanitation and crowding such as diarrhea and enteritis. Likewise communicable diseases (for example, pneumonia, and tuberculosis) that took the lives of adult residents in the 19th century have essentially been replaced by chronic diseases such as heart disease and cancer. Poverty, which has constantly plagued the area, used to contribute to poor population health by forcing people to live in conditions in which diseases spread easily. Now, poverty contributes to population health by limiting people's options for food, activities, work, health care, and living situations in ways that make chronic disease more common.

It is important that the public health community continue to improve sanitary conditions and endeavor to prevent the spread of communicable diseases through efforts to vaccinate area residents. It is equally important, however, for public health to partner with a broad coalition of community organizations, including health care providers, to develop new models to address the environmental, biological, socioeconomic, cultural and behavioral factors associated with the chronic diseases which contribute to the burden of illness, disability, and death in the community today.

In the late 1990s a partnership of eleven health and social service organizations serving the Manchester HSA, originally known as the Manchester Compass Steering Committee, came together to conduct the Greater Manchester Area Community Needs Assessment. The Steering Committee, now named the Healthy Manchester Leadership Council (HMLC), is chaired by the City of Manchester Health Department's Public Health Director and Deputy Public Health Director. Since 1997, the Council has grown in membership and has worked to address critical health issues identified by local needs assessments.

### HEALTHY MANCHESTER LEADERSHIP COUNCIL'S 2015 STRATEGIC IMPERATIVES

The Healthy People 2010 Overarching Goals and the Center for Disease Control and Prevention's Health Protection Goals have shaped the development of our own Healthy Manchester 2015 Strategic Imperatives. The Healthy Manchester 2015 Strategic Imperatives are organized around four overarching goals:

- Goal 1: Eliminate preventable disease, disability, injury and premature death.** This goal is a relatively measurable standard by which to judge success of the community health improvement process. In this report our analysis and recommendations are directed toward the four outcomes of preventable disease, disability, injury and premature death.

**Goal 2: Achieve health equity and eliminate health disparities.** A community that has eliminated health disparities does not have differences in health status that occur by gender, race or ethnicity, education or income, disability, geographic location or sexual orientation. A community that has achieved health equity is a community in which the policies, systems, and institutions treat everyone similarly and fairly. Both concepts are based on the premise that all people have a right to health. A community with health equity and without health disparities is one in which all people have equal opportunity to reach their full health potential.

**Goal 3: Create social and physical environments that promote good health for all.** This goal recognizes that determinants of health are broad, and that most aspects of our daily lives ultimately have an effect on community health. As is recognized in this report, improving the social setting and environment in which we live will take a coordinated effort beyond what the health department, hospitals, and social service providers can accomplish alone.

**Goal 4: Promote healthy development and healthy behaviors at every stage of life.** This goal further shaped the organization of the assessment process and this report, directing us to focus on age groups rather than specific behaviors or health problems. This goal implies the importance of coordinating the efforts of disparate organizations and entities that affect certain age groups.

These four overarching goals shaped the development of the HMLC 2010 Strategic Imperatives that are summarized below.

**STRATEGIC IMPERATIVE #1: Healthy People in Every Stage of Life.** This directs us to consider life as a succession of stages, each of which has specific risks, needs, advantages and challenges.

**STRATEGIC IMPERATIVE #2: People Accessing Quality Health Care.** This strategic imperative touches on various components of health care in the Manchester area, including quality, cost, usage, access and outcomes.

**STRATEGIC IMPERATIVE #3: Healthy People in Healthy Places.** This strategic imperative recognizes the need to consider the physical context that supports or hinders community health.

**STRATEGIC IMPERATIVE #4: People Prepared for Emerging Health Threats.** This strategic imperative directs us to take steps to help the community be as prepared as possible to identify emerging threats and to reduce community vulnerabilities.

These strategic imperatives (as framed by the Healthy People 2010 Goals) provided the platform for the development of the Healthy Manchester 2015 Framework (see figure on the following page). This framework will provide area leadership with components of a powerful roadmap for improving the health and well being of the population of the Greater Manchester Area and guided the planning of this needs assessment process, as well as the organization of this report.

# HEALTHY MANCHESTER 2015 COMMUNITY HEALTH IMPROVEMENT PLAN

*“HEALTHY PEOPLE IN HEALTHY NEIGHBORHOODS”*

**Goal 1:** Eliminate preventable disease, disability, injury, and premature death.

**Goal 2:** Achieve health equity and eliminate health disparities.

**Goal 3:** Create social and physical environments that promote good health for all.

**Goal 4:** Promote healthy development and healthy behaviors at every stage of life.

