

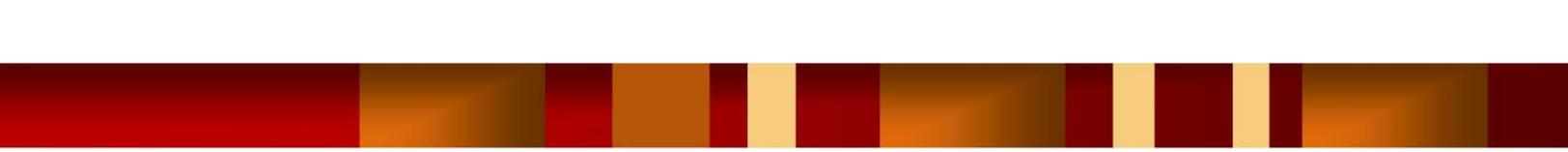
# Greater Manchester, New Hampshire Health Improvement Plan



2016

with support from the City of Manchester Health Department  
and the Greater Manchester Public Health Network

*WORKING TO IMPROVE THE HEALTH AND WELL-BEING  
OF THE GREATER MANCHESTER REGION*



## EXECUTIVE SUMMARY

The City of Manchester Health Department and the Greater Manchester Public Health Network are pleased to present the first Health Improvement Plan for the Greater Manchester Public Health Region. Our collective vision is to transform public health in our region to an integrated system capable of seamless collaborations among all healthcare providers and public safety personnel with constructive engagement of patients, families, and communities. Through this integrated system, all people will have equitable access to timely, comprehensive, cost-effective, high-quality, and compassionate care.

Public health is the practice of preventing disease and promoting good health within groups of people-- from small communities to entire countries. Public Health is YOUR health. It embodies everything from clean air to safe food and water, access to healthcare and safer communities.

Through public health planning and prevention initiatives, the public gets sick less frequently, children grow to become healthy adults through adequate resources including health care, and our community reduces the impact of disasters by preparing people for the effects of catastrophes such as hurricanes, floods and terrorism.

In preparing this Plan, the Public Health Network and its workgroups have reviewed needs assessments, utilizing data from many different sources such as community focus groups, key stakeholder interviews, and surveys. Building on this information, needs have been prioritized and work plans have been developed. This Health Improvement Plan identifies needs, goals, measurable objectives, and strategies to help us as we work together on solutions to important issues facing our community.

We are all responsible for the health of our citizens. The importance of healthy living and safety in our homes and communities are values that we all share. We look forward to working with the entire community to better understand the health problems confronting our citizens and to implement strategies to respond to the public health needs of our community.

We invite you to read through the report, study the objectives and strategies, and consider how you can become involved. The Greater Manchester Public Health Network thanks the individuals, agencies, state and local governments who have made this plan possible through their important contributions of time and effort.

## Greater Manchester Health Improvement Plan Review Organizations

Catholic Medical Center  
City of Manchester Health Department  
Community Health Institute  
Dartmouth-Hitchcock Manchester  
Elliot Health Systems  
Makin It Happen Coalition  
Manchester Community Health Center/Child Health Services  
Mental Health Center of Greater Manchester

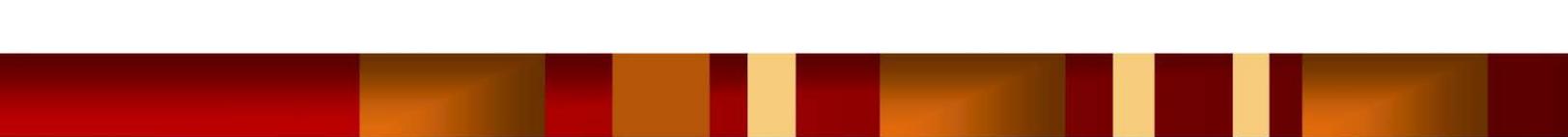
## Manchester Neighborhood Health Improvement Strategy Leadership Team Organizations (also known as Manchester's Public Health Advisory Council)

Boys & Girls Club of Manchester  
Catholic Medical Center  
Child and Family Services of NH  
City of Manchester, Mayor's Office  
City of Manchester Health Department  
Cogswell Benevolent Trust  
Community Health Institute  
Dartmouth-Hitchcock Manchester  
Easter Seals  
Eisenberg, Vital & Ryze Advertising  
Elliot Health Systems  
Endowment for Health  
Federal Reserve Bank of Boston  
Granite United Way  
Greater Manchester Chamber of Commerce  
Harvard Pilgrim Health Care Foundation  
HNH Foundation  
Makin It Happen Coalition  
Manchester Community Health Center/Child Health Services  
Manchester Police Department  
Manchester School District  
Mental Health Center of Greater Manchester  
NeighborWorks Southern NH  
NH Charitable Foundation  
NHDHHS Office of Minority Health and Refugee Affairs  
Norwin S. and Elizabeth N. Bean Foundation  
People's United Bank  
Resident Leaders  
The Granite YMCA  
Wells Fargo Advisors

## Additional Greater Manchester Public Health Network Partners

### **Townships of:**

Auburn, Bedford, Candia, Deerfield,  
Goffstown, Hooksett, New Boston



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**School Districts of:**

Auburn/Candia/Hooksett (SAU 15)  
Bedford (SAU 25)  
Goffstown/New Boston (SAU 19)  
Manchester (SAU 37)

**Community Coalitions:**

Crispin's House Youth Coalition/Goffstown, NH  
B BOLD Coalition/Bedford, NH

**Colleges/Universities:**

SNHU  
UNH - Manchester  
Manchester Community College  
Massachusetts College of Pharmacy and Health Sciences,  
Manchester Campus  
St. Anselm College

**Additional Public Health Preparedness Partners:**

American Medical Response  
Hillsborough County Sheriff  
Moore Center Services  
NH DHHS-Public Health Lab  
VA Hospital - Manchester  
Visiting Nurse Association of Manchester and Southern NH

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## INTRODUCTION

The Health Improvement Plan for the Greater Manchester Public Health Region reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as receiving regular health care services, proper nutrition, and adequate physical activity. There are many factors that influence health. The physical environment, economic and social factors, and clinical care all contribute to individual and community health outcomes and are incorporated into this plan.

This Health Improvement Plan (HIP) is intended as a guide for systematic and collective efforts to address high priority health issues in our communities. The Plan recommends goals, objectives and strategies for action and is intended for collaborative use by entities across multiple community sectors including health care and public health, local government, education, social services, business, faith, and voluntary agencies and organizations. The HIP can help to guide policy, program and resource allocation decisions that optimize health and well-being. This is truly our community's plan for health, designed to be implemented through collective action by community agencies, partners, and residents across our region. Working together we can reach our shared vision for a vibrant and healthy community characterized by accessible, integrated systems of service delivery with focused attention on meeting the needs of underserved populations.

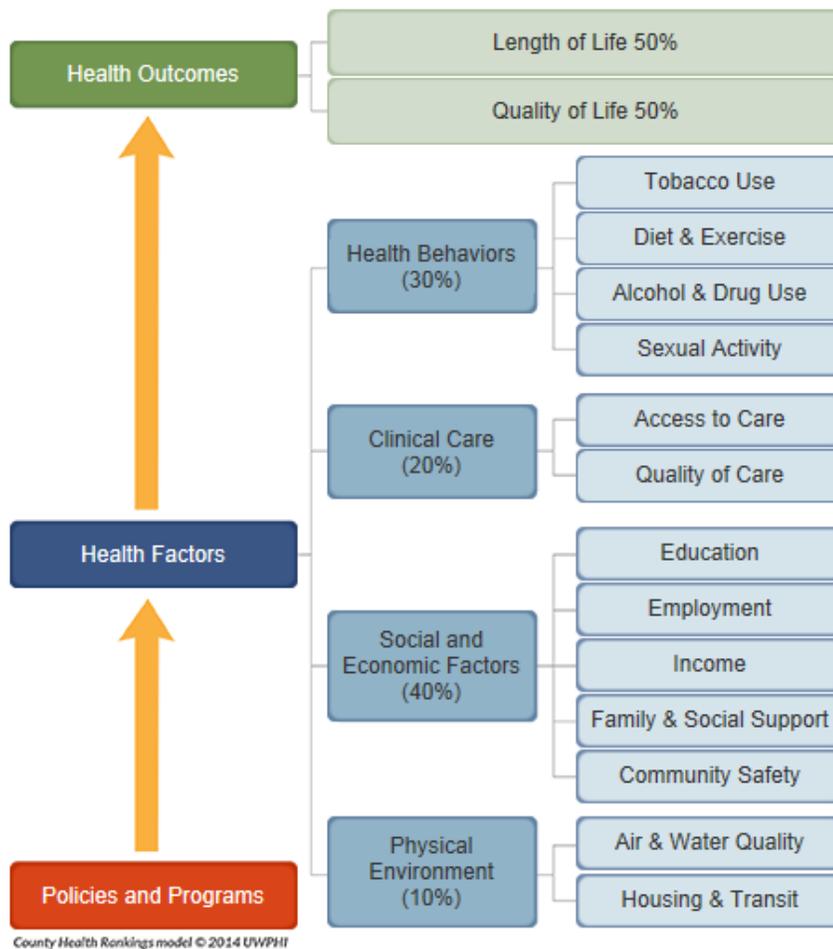
### How Health is Produced in Communities

The American Public Health Association defines a healthy community as one that:

- Meets everyone's basic needs such as safe, affordable and accessible food, water, housing education, health care and places to play;
- Provides supportive levels of economic and social development through living wage, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;
- Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and
- Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.
- To create healthy communities, research has shown that programs and strategies designed to address the social determinants of health — the social, economic, environmental and psychological factors that influence individual health - reap the most gain at population levels such as a community or region.

## Finding Solutions through the Determinants of Health

Research has also shown that there are many factors which make communities and regions healthier places to live, learn, work, and play. The *County Health Rankings and Roadmaps*<sup>1</sup> project provides a useful model of population health that weights these determinants of health as proportionate drivers to health outcomes and provides evidence-based program and policy recommendations for localities to use in their health improvement plan development. These factors have guided us towards solutions and provided the roadmap needed to make measureable change in the region.



<sup>1</sup> <http://www.countyhealthrankings.org/Our-Approach>

## City of Manchester Health Department and the Greater Manchester Regional Public Health Network

The Greater Manchester Public Health Network is a collaborative of organizations working to enhance and improve community health and public health-related services throughout the region. The Greater Manchester Regional Public Health Network is hosted by the City of Manchester Health Department and includes Manchester's Neighborhood Health Improvement Strategy Leadership Team also known as the Public Health Advisory Council for Greater Manchester. The Manchester Health Department works to improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats. Specifically, the Health Department goals are:

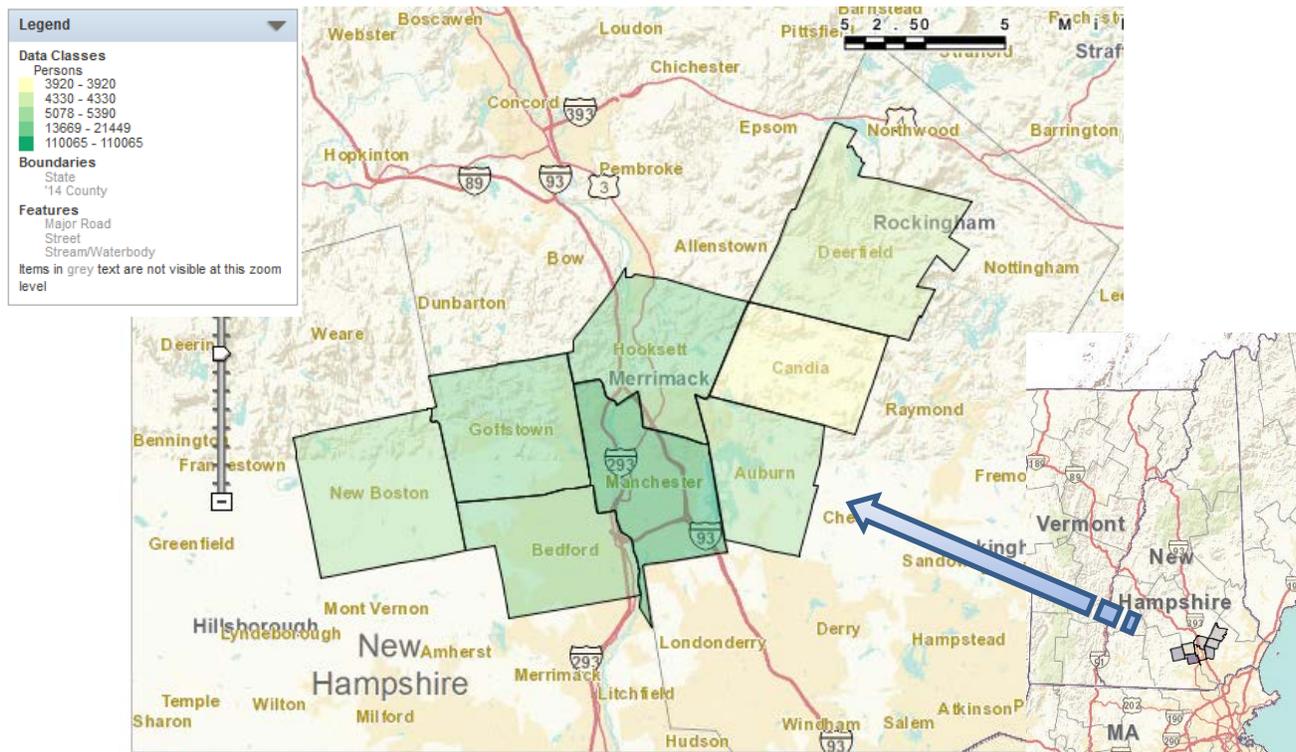
- 1) To eliminate preventable disease, disability, injury and premature death.
- 2) To achieve health equity and eliminate health disparities.
- 3) To create social and physical environments that promote good health for all.
- 4) To promote healthy development and healthy behaviors at every stage of life.

The Greater Manchester Public Health Network is one of 13 regional public health networks in New Hampshire. Each public health network includes a host agency that convenes, coordinates, and facilitates a broad partnership of organizations and individuals who contribute to or have a stake in the health of their region. Each host agency provides leadership through a regional Public Health Advisory Council and provides a variety of services including Public Health Emergency Preparedness and Substance Misuse Prevention.

Regional partners have assisted in the development of this Plan. This includes community leaders and representatives from a diverse group of community sectors; health care, public health, business, faith, government, education, social services, mental health, and citizen representatives. The primary work of this partnership is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts. More information about each of New Hampshire's Public Health Councils and Networks can be found at [nhphn.org/who-we-are/public-health-networks/](http://nhphn.org/who-we-are/public-health-networks/).

## Regional Profile

The Greater Manchester Public Health Region is comprised of the City of Manchester and the surrounding towns of Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett and New Boston. The region has a population of 181,666 people<sup>2</sup>, which is approximately 14% of the total New Hampshire state population.



**Growing Population:** The population of the Greater Manchester Public Health Region has been growing (5.9% increase between the 2000 and 2010 US Census) at a rate similar to the population growth in New Hampshire overall (6.5% increase).<sup>3</sup> The NH Office of Energy and Planning projects that the region will welcome an additional 8,400 residents over the next decade.

<sup>2</sup> Data source: U.S. Census Bureau American Community Survey 2010-14, 5-year estimates

<sup>3</sup> Data Source: US Census Bureau, Decennial Census. 2000 - 2010

**Greater Manchester Public Health Region  
NH Office of Energy and Planning Population Forecast**

	2015	2025	Difference
Auburn	5,006	5,229	223
Bedford	22,449	24,473	2,024
Candia	3,834	3,883	49
Deerfield	4,524	4,935	411
Goffstown	17,774	18,467	693
Hooksett	14,028	15,074	1,043
Manchester	109,038	112,493	3,455
New Boston	5,872	6,639	857
<b>Total Greater Manchester Region</b>	<b>182,795</b>	<b>191,193</b>	<b>83,98</b>
New Hampshire	1,330,834	1,388,884	58,050

**Diversity:** The population of the Greater Manchester Public Health Region is more racially and ethnically diverse compared to the State of New Hampshire with 9.9% of the population comprised of races other than White/Caucasian (compared to 6% for NH overall) and 5.6% of the population with Hispanic or Latino ethnicity (compared to 2.9% for NH overall).<sup>4</sup> Over 80 languages are spoken as first languages throughout the Manchester School District.

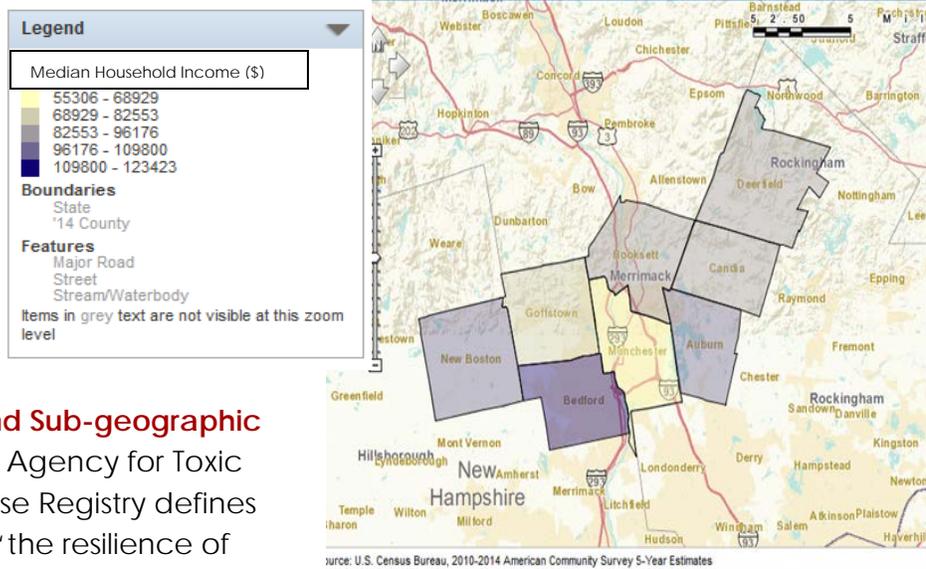
**Aging:** As with national trends, the population of the Greater Manchester Public Health Region is living longer. The NH Center for Public Policy Studies estimates that Manchester’s growth in adults age 60 years and older will surpass the distribution of youth age 19 and younger within the next three years (based on the NH Office of Energy and Planning Fall 2013 “Population projections for New Hampshire counties, cities and towns”). It is anticipated that the aging of this population will put pressure on virtually every dimension of the region’s service delivery systems and care givers. By the year 2025, it is projected that one in five of the Region’s residents will be age 65 or older.

**People Living in Poverty:** The percentage of individuals in the Greater Manchester Public Health Region living with incomes at or below 200% of the federal poverty level (24.5%) is similar to the rate for New Hampshire overall (22.0%).<sup>3</sup> However, it is important to note that there is wide variation in household income levels across the region with median values ranging from \$55,306 in Manchester to \$123,423 in Bedford. The map on the next page displays the variation in median household income by town. It is also important to note that the percentage of children (ages 0-17) living in poverty (100%

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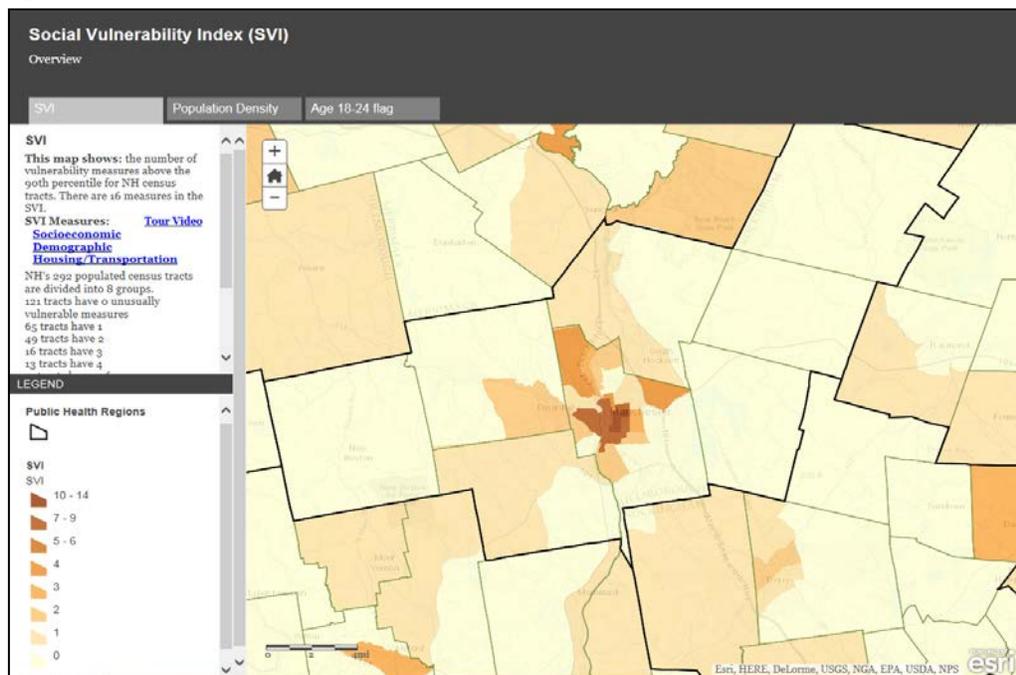
<sup>4</sup> Data Source: US Census Bureau, American Community Survey. 2009-13

FPL) across the Greater Manchester Public Health Region (14.3%) is notably higher than in New Hampshire overall (11.1%).<sup>3</sup>



**Social Vulnerability and Sub-geographic Variation:**

The USDHHS Agency for Toxic Substances and Disease Registry defines social vulnerability as “the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks.” Monitoring and reducing social vulnerability in communities and regions can assist with decreasing potential human suffering and economic loss. The *Social Vulnerability Index (SVI)* is a tool which uses U.S. Census data to determine the social vulnerability of every Census tract or neighborhood. New Hampshire’s SVI ranks each tract on 16 social factors, including poverty, lack of vehicle access, and crowded housing. In the Greater Manchester Public Health Region, this SVI is elevated and highly concentrated within the City Manchester’s center core; however, the SVI is also higher within some neighborhoods of Goffstown, Hooksett and Bedford, compared to other areas within the region.



## Health Improvement Plan Development

During 2015, partners from the Greater Manchester Public Health Network engaged in a regional health improvement planning process. The purpose of this process was to engage community partners to:

- Identify and evaluate health issues
- Provide information to community members
- Help plan effective interventions
- Provide a baseline to monitor changes and trends
- Build partnerships and coalitions
- Identify emerging issues
- Identify current regional public health priorities
- Develop a Community Health Improvement Plan

The health improvement planning process for the region began with review of several related community health assessments of the region and consideration of priority areas for action that were highlighted by the findings of these assessments.

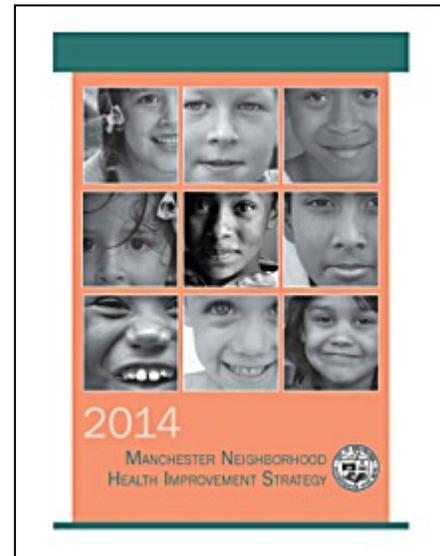
## Community Health Needs Assessments

Assessment of community needs has been an integral part of the work of the Manchester Health Department for charitable trusts. The data collection process to inform this Health Improvement Plan was purposefully designed to summarize standardized information from the New Hampshire State and Manchester City government and from local key informants including community members. Qualitative and quantitative data were also summarized and provide important perspectives to the developing portrait of the Manchester area.

Quantitative data were used to summarize aspects of health and well-being for the population. The data were collected from existing local, state, and national sources. The majority of the quantitative data were obtained from the Census Bureau, the American Community Survey, the New Hampshire Behavioral Risk Factor Surveillance System (BRFSS), the New Hampshire Youth Risk Behavior Surveillance System (YRBSS), the Manchester Health Department, and numerous state and local agencies. The New Hampshire Department of Health and Human Services, Office of Health Statistics and Data Management provided extensive data and technical assistance to this project. Elements of this plan were also informed by the recently initiated Neighborhood Health Improvement Strategy for the City of Manchester. Please visit: [www.manchesternh.gov/Departments/Health/Public-Health-Data](http://www.manchesternh.gov/Departments/Health/Public-Health-Data) for additional information on these data sources.

## Manchester Neighborhood Health Improvement Strategy

The Manchester Neighborhood Health Improvement Strategy (NHIS) Leadership Team is the collaborative that drives and monitors the community health improvement process for the City of Manchester. It is comprised of the Mayor, the Superintendent of Schools, Police Chief, Public Health Director, leaders representing health care, social service, philanthropy and business, as well as neighborhood champions. It has been active in the City since 1995, successfully employing interventions that have measurably reduced poor health outcomes such as adolescent pregnancies and untreated childhood dental disease. The turning point, however, for the community occurred nearly three years ago, when more than 50% of Manchester's school children became enrolled in free and reduced meals and the entire School District was designated as a "District in Need of Improvement". This catalyzed the Leadership Team's need to change its approach from one that was siloed around topic areas to one that was based on integrated, strategic initiatives that crossed multiple determinants of health, as modeled in the "County Health Rankings."



In response, the NHIS Leadership Team designed the "Manchester NHIS" in 2014 with the goal to maximize the impact of funder dollars, increase resource sharing and partnership for collective action among multidisciplinary partners, and to articulate a "roadmap to health" for our City's most vulnerable children, families and neighborhoods. This is a bold, large-scale, long-term effort to counter the adverse consequences of generational poverty using reliable and valid neighborhood data, ongoing resident engagement and predictive analytics. NHIS applied the most credible national technical assistance and evidence available to implement the strategy, e.g. "What Works for Health" and the Promise Neighborhood Institute at PolicyLink. The development and acceptance of NHIS as the City's strategic plan for health improvement has resulted in the community becoming infused with structure, leadership, discipline, evidence, and synergy towards a clear, unrelenting directive to create a "Culture of Health" throughout Manchester. To view the Strategy and its priority recommendations, please visit:

<http://www.manchesternh.gov/health/neighborhoodhealthimprovementstrategy.pdf>

## Planning Process

The purpose of the assessment process was to identify regional health concerns, priorities and opportunities for public health and health care delivery systems improvement. As a result, the NH State Health Improvement Plan Priority Areas were used as a template for identifying regional priorities. These Priority Areas include:

- Tobacco
- Obesity/Diabetes
- Heart Disease & Stroke
- Healthy Mothers & Babies
- Cancer Prevention
- Asthma
- Injury Prevention
- Infectious Disease
- Emergency Preparedness
- Misuse of Alcohol and Drugs

Statewide, the Public Health Networks were asked to select three priorities from this list outside of emergency preparedness and misuse of alcohol and drugs, which were required areas for all regions to address. Priorities and opportunities for regional health improvement were identified by considering such factors as:

- Does the health factor or outcome have the potential to result in severe disability or death?
- Does the health factor or outcome impact a large number of people?
- Does the health factor or outcome disproportionately impact a subgroup of the population?
- Will the health factor or outcome, if not addressed, result in significant health care or social costs?
- Is the health factor or outcome feasible for the region to address in terms of cost, resources, and community will?
- Will addressing the health factor or outcome build on existing efforts and partnerships?
- Is the health factor or outcome not being adequately addressed by current efforts in the region?

Qualitative input to this process was collected from local area residents through separate focus group meetings and key informant interviews, including an interview with a key leader from each of the service area towns outside of Manchester and one group interview with key local business leaders. These data provided a closer look at the health care needs of the area through the perspective of those who receive - or who are in a position to receive - health care services in the future (i.e., all focus group participants, including participants who represented those who are more apt to have pressing health care needs compared to others), and from those in a position to provide care and services (i.e., key leaders).

## Regional Health Improvement Priorities and Plans

The top public health priority areas chosen by the Greater Manchester Regional Public Network for focused community health improvement efforts over the next five years are shown below. In some cases, the strategies included in this plan are building on the efforts of existing partnerships and workgroups, while in other cases new workgroups will be formed. In all cases, these efforts are moving forward in collaboration with multiple local organizations and individuals representing a broad cross-section of regional assets and strengths.

- 1. Prevent Injuries and Violence, and Reduce Their Consequences**
- 2. Reduce the Burden of Asthma-related Illness through Improved Asthma Control**
- 3. Reduce the Burden of Diabetes-related Illness through Improved Diabetes Control**
- 4. Reduce Substance Misuse and Addiction through Prevention, Treatment and Recovery**
- 5. Increase Public Health Emergency Preparedness**

The remainder of this Plan provides more in-depth information about each of the public health priority areas listed above and plans for improvement. In some cases, objectives that are included in this Plan are developmental. These objectives describe important areas in which strategic action will occur, but for which quantitative baseline data are not currently available at the regional level. An important aspect of our work will be to engage state and local partners to assemble more specific information that can better describe our progress toward improving the health of our communities.

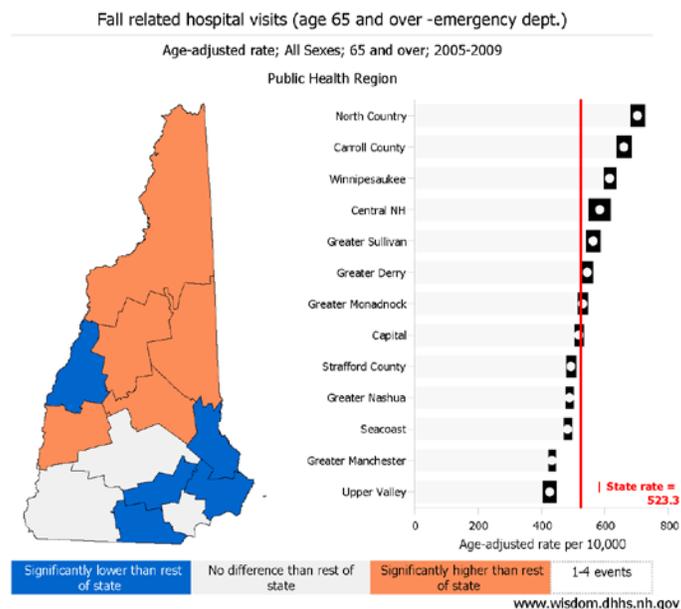
# PRIORITY AREA 1: Prevent Injuries and Violence, and Reduce Their Consequences

## Background and Importance

Injuries can affect anyone and are the leading cause of death in New Hampshire among people from 1 to 44 years of age.<sup>5</sup> Significant causes of injury include both accidental or unintentional injury, such as falls and concussions, and intentional injury, such as suicide or domestic and sexual violence. However, many injuries can be prevented through a combination of strategies including behavioral and cultural change, education, environmental change, and effective policy and enforcement.

**Older Adult Falls:** Every year about one out of three older adults (those aged 65 or older) experience a fall, but less than half talk to their healthcare providers about it.<sup>6</sup> Among older adults, falls are the leading cause of both fatal and nonfatal injuries. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. In New Hampshire, more males than females age 65 and older are seen in emergency departments for injuries due to falls, while females are more likely to need inpatient hospitalization as a result of a fall.

As shown by the map below, the rate of emergency department visits and observation stays due to falls was lower in the Greater Manchester Region than for the state overall during the period 2005-2009. The annual age adjusted rate in the region over this time period was 432.1 per 10,000 people age 65 and over compared to the NH state rate of 523.3.

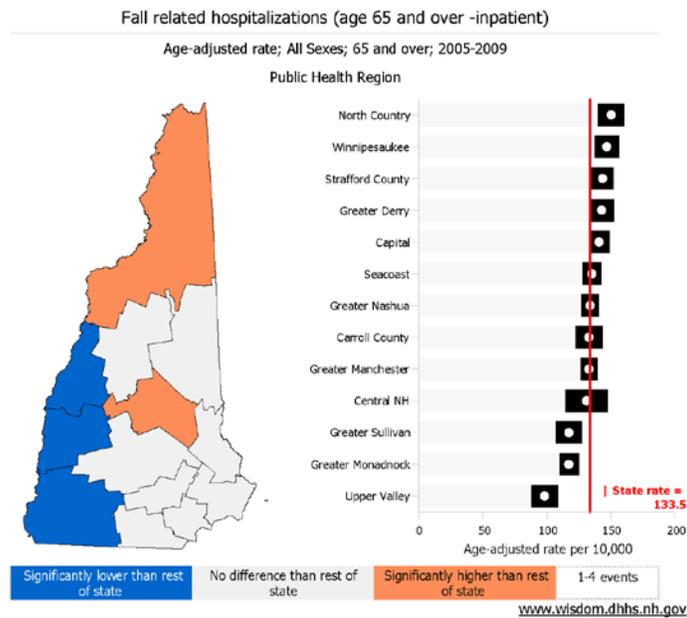


Data Source: NH Health WISDOM, accessed February 2016

<sup>5</sup> New Hampshire State Health Improvement Plan, NHDHHS, 2013.

<sup>6</sup> <http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>

The rate of hospitalizations due to falls was similar in the Greater Manchester Region compared to the state overall during the same time period. The annual age adjusted rate in the region was 132.6 per 10,000 people age 65 and over compared to the NH state rate of 133.2.



Data Source: NH Health WISDOM, accessed February 2016

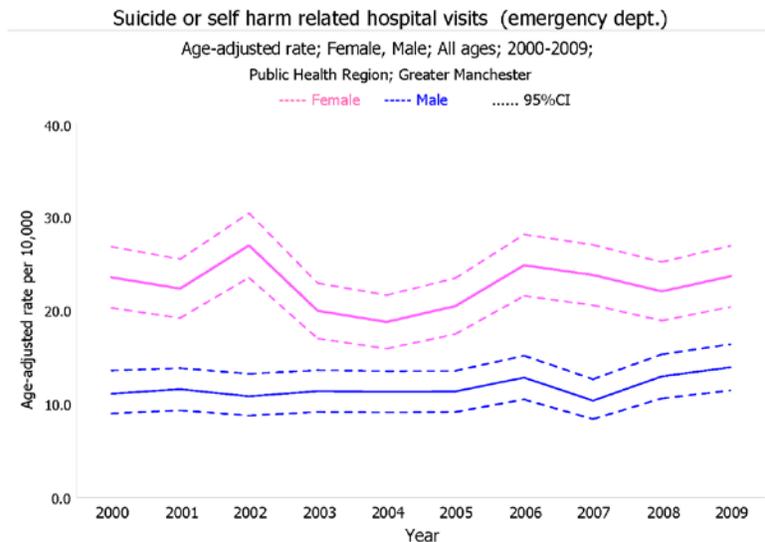
**Child, Youth, and Young Adult Injury:** The highest rate of emergency department visits due to falls, after those who are the oldest (age 85 years or older), is among the very youngest (age under 5 years). As with the elderly, opportunities to prevent injury or reduce their severity can be found through education and environmental changes in the home setting. For youth and young adults, an increasing area of attention and is on injuries resulting in head trauma and concussion from sports and other physical activities. Of particular concern is emerging research on the long-term effects of repetitive sports-related mild traumatic brain injuries on cognition, mood and behavior.

Unintentional Injury Emergency Department Visits per 100,000 population; Greater Manchester Region, 2008-2009		
Age Group	Where Cause = "Falls"	Where Cause = "Struck by or Against"
0 to 4 years	5294.1	1878.5
5 to 14 years	2927.3	2619.9
15 to 24 years	2613.7	2724.9

Data Source: NH Health WISDOM, accessed February 2016

**Suicide Prevention:** Although New Hampshire has made great strides in suicide prevention efforts, suicide remains the second leading cause of death (after accidental injury) among New Hampshire youth and young adults up to age 34 and the fourth leading cause of death for adults up to age 55.

As shown by the chart below, the rate of suicide or self-harm related emergency department visits was significantly higher in the Greater Manchester Region for females than males over the time period 2000 to 2009. The overall rate of suicide or self-harm related emergency department visits in the region (17.5 per 10,000 population; equivalent to about 320 emergency department visits per year related to suicide or self-harm) was significantly higher than in the state overall during the period 2005 to 2009 (15.9 per 10,000 population; most recent data available).



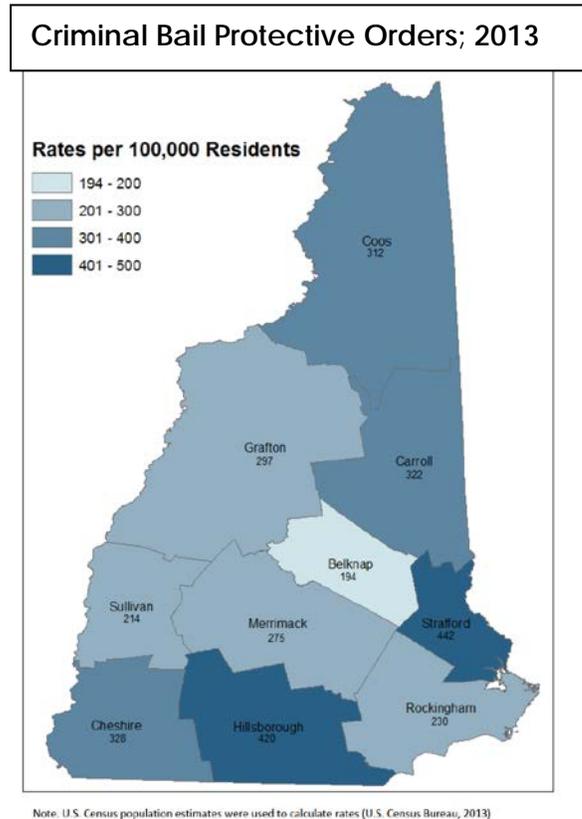
It is also important to note that there are strong relationships between substance misuse, mental health and suicidal behavior. Drugs and alcohol can be a form of self-medication for underlying mental illness symptoms, can worsen underlying mental illnesses, or can cause a person without mental illness to experience the onset of symptoms for the first time. As shown by the table below, 7.6 % of youth in the Greater Manchester Region reported on the most recent Youth Risk Behavior Survey (2015) that they have attempted suicide in the past year. Previous analyses have shown that youth who report having attempted suicide are also significantly more likely to have reported recent use of alcohol or marijuana or having misused prescription medications.

Geographic Area	Percent of High School Age Youth Who Report Having Attempted Suicide in the past year; 2015	Suicide Mortality, All Ages; Age Adjusted Rate per 100,000; 2010-2014
Greater Manchester Region	7.6%	16.5
New Hampshire	6.8%	14.0

Data Sources: NH Youth Risk Behavior Survey, 2015 and NH Health WISDOM, accessed February 2016. Regional rates are not significantly different than overall state rates.

**Domestic and Sexual Violence:** Over the period 2011-2013, domestic violence homicides represented 47% of all the homicides in the State of New Hampshire.<sup>7</sup> The victims in New Hampshire domestic violence homicides and assaults are predominantly women. Approximately 23% of women in NH have been the victim of a sexual assault, according to the New Hampshire Violence Against Women Survey conducted in 2007.<sup>8</sup> The majority, approximately 88%, of these assaults were perpetrated by someone known to the victim. However, sexual assault is the least likely of all violent crimes to be reported to law enforcement.

Criminal bail protective orders are initiated by a bail commissioner or judge in domestic violence cases (rather than by the victim in a civil proceeding) following an arrest for a domestic violence-related crime. As shown by the map on the right, Hillsborough County had the second highest rate of criminal bail protective orders in 2013 in New Hampshire.



<sup>7</sup> State of New Hampshire Governor's Commission on Domestic and Sexual Violence, 2014 Annual Report.

<sup>8</sup> Mattern, G., Banyard, V., Bujno, L., Laflamme, D., Moynihan, M. & Potter, S. New Hampshire Violence Against Women Survey (2007).

## Regional Initiatives and Opportunities

Existing resources and initiatives that can be built upon in the priority area of unintentional and intentional injury prevention include:

- Multiple community partners working together on assessment of home environments for falls risks and reduction strategies including Municipal Fire Departments, Emergency Medical Services, and Home Health providers.
- Increased public awareness and school-based policy improvements and resources directed to concussion prevention and mitigation.
- There is an established, volunteer-based leadership team focusing on suicide prevention and substance use disorder initiatives, which is comprised of both substance use disorder and mental health content experts from across our region.
- Intentional alignment of regional efforts with the state suicide prevention plan.
- Efforts are guided by a community engagement model that benefits from the participation of six core community sectors who are both impacted by suicide and who play a valuable role in community-based and sector-specific best practice efforts. The six sectors are identified as: business, education, health, safety, government and community based supports.
- The Manchester Police Department maintains a Domestic and Sexual Violence Unit. The unit works in conjunction with the Domestic Violence Project that is a partnership of the YWCA Crisis Services, the Hillsborough County Attorney's Office, and the NH Department of Corrections. The project serves the Manchester Community to better educate everyone about domestic violence, keep victims safe and hold offenders accountable.
- In 2011, the Manchester Weed & Seed Strategy published a "Blueprint for Violence Prevention" and in 2014, the Manchester Neighborhood Health Improvement Strategy Leadership Team published "Social Connectedness and Neighborhood Safety" recommendations with the Neighborhood Health Improvement Strategy.

## Goals, Objectives and Strategic Approach

<b>Goal 1</b>	<b>Prevent older adult injury, disability and death due to falls.</b>
Objective 1	Reduce emergency department visits (baseline=432.1 per 10,000 population) and hospitalizations (baseline=132.6 per 10,000 population) due to older adult falls by 10% by 2020.
<b>Goal 2</b>	<b>Reduce unintentional injuries focusing on those in the home for children under five and on those involved in physical activity up to the age of 24.</b>
Objective 1	Reduce emergency department visits due to injury among children, youth, and young adults by 10% by 2020.
<b>Goal 3</b>	<b>Increase awareness, knowledge and community capacity to recognize and connect individuals at risk for suicide.</b>
Objective 1	Reduce the rate of suicide or self-harm related emergency department visits to 15.8 per 10,000 population by 2020 (baseline=17.5 per 10,000 population).
Objective 2 (developmental)	Increase the number of people trained in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors.
<b>Goal 4</b>	<b>Reduce the rate of intentional injuries and overall acts of violence.</b>
Objective 1	Reduce the rate of assault injury emergency department visits and observation stays by 10% by 2020.
Objective 2	Decrease the proportion of high school students who report being in a physical fight on school property during the last 12 months by 10% by 2020 (baseline= 7.6% of high school students in 2015).

## STRATEGIC APPROACH

**STRATEGY 1:** Train professionals going into homes on home environment risk assessment and strategies for falls risk reduction (e.g. FIRE/EMS, Home Health, Community Health Workers) and facilitate inter-organizational information and referrals for assistance to high risk individuals.

**STRATEGY 2:** Strengthen school-based health and wellness policies to include injury prevention education and increase local compliance with statewide injury, violence and concussion prevention recommendations.

**STRATEGY 3:** Promote the integration and coordination of suicide prevention and postvention best practices, policies and protocols across multiple community sectors and settings.

**STRATEGY 4:** Educate the public and policy makers about strategies for intervention and facilitate the prevention of domestic violence injury and fatalities through multi-disciplinary collaboration.

## PRIORITY AREA 2: Reduce the Burden of Asthma-related Illness Through Improved Asthma Control

### Background and Importance

New Hampshire’s asthma rate is among the highest in the nation. Approximately 110,000 NH adults and 25,000 NH children have asthma.<sup>9</sup> Treating symptoms early is important to prevent the symptoms from worsening and causing a severe asthma attack. Severe asthma attacks may require emergency care, and can be fatal.

The negative consequences of asthma include missed school and work days, restrictions in activity, costly hospital stays and preventable emergency room visits, and death. The prevalence of emergency department use for asthma in Manchester and Greater Manchester is 79.9 and 58.7 per 10,000 persons, respectively (2009). These rates were significantly greater than the overall state rate of 51.1 per 10,000 persons. Similarly, the prevalence of hospitalizations for asthma was 16.6 and 12.8 per 10,000 persons for Manchester and Greater Manchester, respectively (2009), which is also significantly greater than the overall state rate of 8.3 per 10,000. These poor health outcomes are entirely preventable if asthma is appropriately managed and controlled, which includes an assessment of the home environment and its impact on asthma to decrease exposure to known environmental triggers.

To address the home environment and its influence on health and overall quality of life, the Manchester Health Department and its partners have been working to establish a coordinated and integrated healthy homes system. In 2012, the Manchester Health Department received strategic planning assistance from the Asthma Regional Council of New England to further explore the integration of asthma services under a healthy homes approach and to develop a roadmap for multidisciplinary partnerships to improve the home environment for Manchester’s most vulnerable populations. This process culminated in the creation of the Manchester Healthy Homes Strategic Plan.

Geographic Area	Percent of Adults Who Currently Have Asthma, Ages 18 and older (2014)	Proportion of Adults with Asthma whose Asthma is Not Well Controlled (2013)
Manchester	18.9%	54.8%
Greater Manchester Region	14.1%	48.8%
New Hampshire	13.8%	45.8%

Data Source: NH Health Wisdom, [wisdom.dhhs.nh.gov](http://wisdom.dhhs.nh.gov)

<sup>9</sup> New Hampshire State Health Improvement Plan, NHDHHS, 2013.

## Regional Initiatives and Opportunities

Existing resources and opportunities that can be built upon in this priority area include:

- Breathe New Hampshire - Asthma Care for Kids Program: helping child care providers, teachers, parents, and coaches to better understand asthma. Offers practical tips for maintaining a healthy breathing environment for all children - in a child care setting, at school, or in the home handouts and educational material, as well as resources for learning.
- Catholic Medical Center, Dartmouth-Hitchcock Manchester, and Elliot Health Systems – Respiratory Services: diagnostic testing and treatment in outpatient, as well as 24-hour in-hospital respiratory care. Urgent Care Centers are also available within the region.
- Elliot Health Systems – NH Hospital for Children: In addition to an Emergency Department, the NH Hospital for Children provides inpatient, primary care and specialty care services specifically for children, including a section dedicated to Pediatric Pulmonary Medicine to diagnose, treat, and manage children from birth to 21 years old with breathing and lung diseases.
- Manchester Health Department – Asthma Education and Outreach Program: Home-visiting program for asthmatic children/youth (birth-18 years old) who live in Manchester to provide health education about clinical management, reduce asthma triggers, and identify possible environmental mitigation measures in the home environment. Services are provided by a Registered Nurse and an Environmental Health Specialist, who are Certified Healthy Homes Specialists.
- Manchester Health Department – Community Schools Initiative: In partnership with the Manchester Community Health Center/Child Health Services and the Manchester School District, full-time Community Health Workers are located in 4 Elementary School Neighborhoods (Bakersville, Beech, Gossler, Wilson) to assist residents in navigating healthcare and social services. In addition, free health education and fitness programming is provided to residents of all ages via a partnership with the Granite YMCA.
- In 2012, the Manchester Partnership for Safe and Healthy Homes published the “City of Manchester, NH Healthy Homes Strategic Plan”.

## Goals, Objectives and Strategic Approach

<b>Goal 1</b>	<b>Improve asthma self-management skills, mitigate environmental triggers, and increase access to care to decrease asthma related emergency room visits and hospitalizations.</b>
Objective 1	Decrease asthma-related emergency room visits for children and adults to 57 visits per 10,000 population by 2020 (79.9 visits in Manchester and 58.7 visits in Greater Manchester in 2009).
Objective 2	Decrease asthma-related hospitalizations for children and adults to 8.7 hospitalizations per 10,000 population by 2020 (16.6 hospitalizations in Manchester and 12.8 hospitalizations in Greater Manchester in 2009).

### STRATEGIC APPROACH

**STRATEGY 1:** Expand the capacity of existing in-home interventions for children to also serve adults at high-risk for asthma. Healthy homes interventions have been successful in improving outcomes by teaching allergen avoidance, improving indoor air quality in homes, and improving self-management skills.

**STRATEGY 2:** Utilize a hot-spotting approach to identify and assist children and adults, who are seeking asthma care in the emergency and urgent care settings, to connect with expanded home-visiting services and a medical home. Including the creation of interoperable electronic systems for case management that share clinical, public health and community data to facilitate more efficient access to clinical preventive services and other social services.

**STRATEGY 3:** Strategically align and connect the health care delivery system in Manchester with community and public health services to improve individual outcomes and overall neighborhood health through care coordination/case management in the elementary school environment through a Community Health Worker model. This includes, but is not limited to, assisting families with Better Choices Better Health education programs to improve self-management skills, connecting them with a medical home for access to ongoing preventive health services, and establishing connections to affordable health insurance coverage.

**STRATEGY 4:** Create Asthma-Friendly Schools in Greater Manchester through connections with programs, such as Breathe NH's Asthma Care for Kids. Components of an asthma-friendly school, as endorsed by the CDC and National Asthma Education and Prevention Improvement Program include the following: promote schools that are free of tobacco; endorse an "anti-idling" campaign; reduce indoor allergens and triggers like dust, cockroaches, animals, and chemicals; ensure every asthmatic has a written asthma plan; train all school staff about asthma and allergy reduction measures.

## PRIORITY AREA 3: Reduce the Burden of Diabetes-related Illness through Improved Diabetes Control

### Background and Importance

One of the biggest opportunities for improving health care and overall population health is improving the way we prevent and manage chronic illness, such as diabetes. In recent decades, diabetes prevalence has increased in the United States, with this increase closely related to increasing rates of obesity. Diabetes is now the seventh leading cause of death in New Hampshire and is also a leading cause of blindness, kidney failure, and lower limb amputations.<sup>10</sup> However, the progression of diabetes and many complications of the disease are preventable with appropriate clinical care and lifestyle modifications. Improvements in community-based care coordination that include linkage to a medical home and community-based resources to address social factors that contribute to health and well-being are also important for effective management of chronic disease such as diabetes.

The prevalence of diabetes among New Hampshire adults in 2014 was 9.1%, while in the Greater Manchester region diabetes prevalence was 10.0% and 13.1% in Manchester. Diabetes-related emergency department visits among residents of the City of Manchester and Greater Manchester were 22.7 and 17.2 visits per 10,000 persons, respectively (2009). These rates were significantly higher than the overall state rate of 13.9 per 10,000 persons. Higher rates of emergency visits for diabetes can be an indication of lack of access to preventive health services in a primary care setting. Diabetes-related hospitalizations for the Greater Manchester area achieves the 2020 State goal of maintaining visits to <150 per 10,000 persons; however, the City of Manchester remained significantly higher with a rate of 168.8 visits per 10,000 persons (2009).

Geographic Area	Percent of Adults Who Have Diabetes, Ages 18 and older (2014)	Percent of Adults Who Are Obese, Ages 18 and older (2014)
Manchester	13.1%	35.0%
Greater Manchester Region	10.0%	30.0%
New Hampshire	9.2%	27.4%

Data Source: NH Health Wisdom, [wisdom.dhhs.nh.gov](http://wisdom.dhhs.nh.gov)

<sup>10</sup> New Hampshire State Health Improvement Plan, NHDHHS, 2013.

## Regional Initiatives and Opportunities

Regional assets and opportunities for supporting work in this area include:

- Catholic Medical Center – Diabetes Resource Institute: Individualized diabetes care, medical nutrition therapy, post-education follow-up, gestational diabetes education, and an insulin pump support group.
- Catholic Medical Center – Obesity Treatment Center: comprehensive program designed to help individuals in their weight loss journey. The program includes behavioral (including group support), nutritional, and exercise intervention, as well as surgical intervention.
- Dartmouth-Hitchcock Manchester – Diabetes Program: a multidisciplinary group of doctors, nurses, rehabilitation therapists, social workers, and other staff members, dedicated to the evaluation, treatment, and education of patients with any form of diabetes. Offers classes and support groups in diabetes self-management.
- Dartmouth-Hitchcock Manchester – Pediatric Diabetes Education Program: provide comprehensive evaluation, treatment and education of children and families living with diabetes. Support groups are held during the lunch hour for parents and children.
- Dartmouth-Hitchcock Manchester – Pediatric Lipid and Weight Management Center (PLWMC): The only center of its kind in the region, the PLWMC offers expertise in the evaluation and management of children with familial hyperlipidemia or complicated obesity.
- Elliot Health System – Center for Diabetes Management: Aids in managing Gestational Diabetes, Pre Diabetes and Type 1 & 2 Diabetes, by providing individual consultation, diabetes self-management education programs, assistance and education for insulin, insulin pumps, medication management, nutrition and weight control and advanced carbohydrate counting.
- Manchester Community Health Center/Child Health Services – Diabetes Education and Support Group: A Certified Diabetic Educator provides diabetic education on an individual basis. MCHC offers glucometer education, diabetic assessments, support groups, and diabetic education. Including targeted outreach and specialized programs for racial/ethnic populations with higher rates of diabetes to ensure culturally effective care.

- Manchester Health Department – Community Schools Initiative: In partnership with the Manchester Community Health Center/Child Health Services and the Manchester School District, full-time Community Health Workers are located in 4 Elementary School Neighborhoods (Bakersville, Beech, Gossler, Wilson) to assist residents in navigating healthcare and social services. In addition, free health education and fitness programming is provided to residents of all ages via a partnership with the Granite YMCA.

## Goals, Objectives and Strategic Approach

<b>Goal 1</b>	<b>Promote health and reduce chronic disease risk through the consumption of healthful diets and regular physical activity to achieve and maintain a healthy body weight.</b>
Objective 1	Reduce the proportion of adults considered obese in the City of Manchester from 35% (2014) to 30% by 2020.
Objective 2	Reduce the proportion of adults considered obese in Greater Manchester from 30% (2014) to 23% by 2020.
Objective 3	Reduce the proportion of adolescents considered obese in the City of Manchester from 16.8% (2013) to 16.1% by 2020.
<b>Goal 2</b>	<b>Improve diabetes self-management skills and increase access to care to decrease diabetes related emergency room visits and hospitalizations.</b>
Objective 1	Reduce the number of diabetes related ER visits for children and adults to below 15 per 10,000 persons by 2020.
Objective 2	Reduce the number of diabetes related hospitalizations in the city of Manchester to below 150 per 10,000 persons by 2020. Maintain the number of diabetes related hospitalizations for Greater Manchester below 150 per 10,000 persons by 2020.

## STRATEGIC APPROACH

**STRATEGY 1:** Explore the use of a hot-spotting approach to identify and assist children and adults, who are seeking diabetes-related care in the emergency and urgent care settings, with more intensive case management services and connect them with a medical home.

**STRATEGY 2:** Strategically align and connect the health care delivery system in Manchester with community and public health services to improve individual outcomes and overall neighborhood health through care coordination/case management in the elementary school environment through a Community Health Worker model. This includes, but is not limited to, assisting families with Better Choices Better Health education programs to improve self-management skills, connecting them with a medical home for access to ongoing preventive health services, and establishing connections to affordable health insurance coverage.

**STRATEGY 3:** Support the creation of interoperable electronic systems for case management that share clinical, public health and community data to facilitate more efficient access to clinical preventive services and other social services for chronic ambulatory care sensitive conditions.

**STRATEGY 4:** Promote and ensure access to existing evidence-based disease prevention and management programs in the Region such as: Stanford University's Chronic Disease Self- Management Program, American Diabetes Association-recognized and/ or American Association of Diabetes Educators- accredited Diabetes Self-Management Education, National Diabetes Prevention Program.

**STRATEGY 5:** Strategically leverage resources to continue to offer free or low cost fitness and nutrition programming for individuals and families within the Greater Manchester Region to prevent and reduce obesity.

## PRIORITY AREA 4:

# Reduce Substance Misuse (ATOD) and Addiction through Prevention, Treatment and Recovery

## Background and Importance

Substance misuse is one of the most prevalent and problematic public health issues that poses a wide range of safety and health risks, impacting physical, social and emotional well-being. Substance misuse, involving tobacco, alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Alcohol remains the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Tobacco related diseases kill more people than alcohol, Acquired Immune Deficiency Syndrome (AIDS), car crashes, illegal drugs, murders and suicides combined. In New Hampshire, more than 1,764 deaths are attributable to tobacco use each year, which includes 556 lung cancer and 490 respiratory deaths each year. Marijuana is the illicit drug most likely to be used by teens and young adults. A majority of people being admitted to treatment programs in NH cite marijuana as a primary or secondary reason for seeking treatment. Marijuana use has a wide range of effects, particularly on cardiopulmonary and mental health, and is also known to be a contributing factor leading to the use of other drugs. The chart below displays rates of current substance misuse (reported use in the past 30 days) among high school aged youth in the Greater Manchester Region.

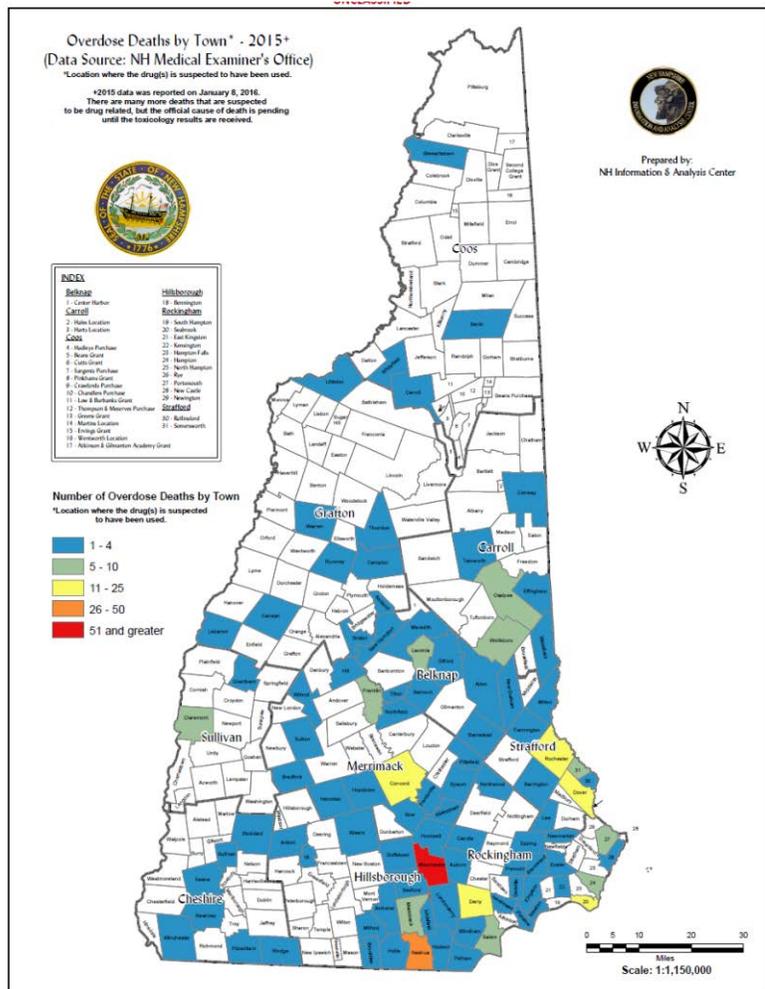
Geographic Area	Percent of youth (under 18) Who report that they Smoke Tobacco (2015)	Percent of Adults Who Currently Smoke Tobacco, Ages 18 and older (2014)	Smoking During Pregnancy, percent of all mothers (2013)
Manchester	N/A	21.5%	18.0%
Greater Manchester Region	9.4%	17.8%	14.9%
New Hampshire	9.3%	17.6%	14.2%

Percent of high school aged youth in the Greater Manchester region who report . . .	Alcohol	Marijuana	Rx Drugs not prescribed to them
Easy access to:	38.5%	43.6%	14.1%
Past 30 day use of:	30.9%	22.2%	13.4%
	(16.8 % binge drank in past 30 days)		

Source: NH Regional Youth Risk Behavior Survey, 2015.

The misuse of prescription drugs, particularly prescription pain relievers, has significantly increased in the state and nation as a risk to individual health and can be a contributing factor leading to misuse of other drugs including heroin and a cause of unintentional overdose and mortality. The map on the right displays drug overdose deaths by town throughout the state which has become epidemic.

In addition, there has been a significant rise in opioid misuse-related emergency department visits in both the City of Manchester and the Greater Manchester region over the past two years. In 2014, Manchester area hospitals welcomed close to 100 narcotic abstinence syndrome (NAS) births to the area and expect that the final numbers for 2015 will also show an increase.



## Regional Initiatives and Opportunities

Regional assets and opportunities for supporting work in this area include:

- The Greater Manchester Public Health Region, with leadership from the Makin' It Happen Coalition for Resilient Youth provides infrastructure and coordination to increase the number and reach of evidence-based substance misuse prevention programs, policies and practices implemented in the region.
- Utilizing an asset-based public health approach, the network coordinator, regional Substance Misuse Prevention Leadership Committee, and partners engage and support substance misuse prevention efforts across core community sectors including business, education, health, safety, government and community & family supports.
- The Makin' It Happen Coalition for Resilient Youth is engaged in EmpowerU, a series of pro-social prevention training and workshops for both youth and adults, a Suicide Prevention Initiative and Life of an Athlete, a premier whole health youth empowerment program.
- High levels of readiness and partnerships to address these issues as evidenced by the extensive collaborations and support of local youth programs by community partners over many years
- Alignment of regional efforts with the State Plan for Reducing Substance Misuse and Promoting Recovery: Collective Action, Collective Impact

## Goals, Objectives and Strategic Approach

(Also refer to the separate Greater Manchester Region 2016-2019 Substance Misuse Prevention Strategic Plan for additional detail on specific prevention goals, objectives and strategies.)

<b>Goal 1</b>	<b>Increase public awareness relative to the harm and consequences of alcohol, tobacco and other drug misuse, availability of intervention, treatment and recovery support services, and recovery outcomes</b>
Objective 1	Produce and disseminate effective messages for a range of topics, public audiences and media channels regularly each year.
Objective 2	Increase partnerships with regional media outlets to ensure accurate, current information is widely distributed.
<b>Goal 2</b>	<b>Increase training, technical assistance and professional development resources for developing knowledge and skills in recognizing and addressing alcohol, tobacco and other drug misuse</b>
Objective 1	Ensure that ongoing training and technical assistance is available to support, policy, program and practice implementation
Objective 2	Develop/increase partnerships with regional education organizations to support substance misuse prevention and education activities
<b>Goal 3</b>	<b>Promote implementation of effective policies, practices and programs across the region</b>
Objective 1	Increase the number of community organizations with sufficient capacity and readiness to implement recommended policies, practices and programs
<b>Goal 4</b>	<b>Increase local capacity to address substance misuse and addiction across the region</b>
Objective 1	Complete an assessment of service gaps and limitations on access across the substance misuse "continuum of care" prevention-intervention-treatment and recovery supports / services by May 2016.
Objective 2	Develop a regional strategic plan to address identified gaps in services across the continuum of care, including expanded treatment options and peer-based recovery supports by September 2016.

## PRIORITY AREA 5: Increase Public Health Emergency Preparedness

### Background and Importance

Like many other states, New Hampshire is no stranger to public health emergencies resulting from disease outbreaks and epidemics such as H1N1 (Swine Flu) and natural disasters with substantial public health impacts such as ice storms, hurricanes and severe flooding. In order to be well prepared to respond and recover from such emergencies, it is essential for regional emergency preparedness and response partners to build strong relationships and work together in advance on developing, exercising and improving emergency plans and response capabilities.

In 2013, the Region participated in a Health Vulnerability Assessment (HVA) which was designed to identify strengths and areas for improvement in the public health infrastructure specifically as it pertains to all-hazard events.

Equally important to an effective community response to emergencies is the level of Personal Preparedness of individuals and families. Personal Preparedness lessens the impact on families, on workplaces and on communities. While government and voluntary organizations can provide important functions in an emergency, it is important for all citizens to have an understanding of shared responsibilities, including emergency planning for our most vulnerable populations, as well as strategies for increasing self-reliance including identification of personal support networks in an emergency.

Geographic Area	Percent of adults who feel their household is "well prepared" to handle a large-scale disaster or emergency; 2013
Greater Manchester Region	28%
New Hampshire	32%

Data Source: NH Behavioral Risk Factor Survey, 2013.

## Regional Initiatives and Opportunities

Regional assets and opportunities for supporting this work include:

- The Greater Manchester Public Health Region provides leadership and coordination to improve the readiness of partners to mount an effective response to public health emergencies and threats. This work includes the ongoing maintenance of a Regional Public Health Emergency Annex, which includes plans for response to and recovery from public health emergencies that impact communities in the region.
- The Manchester Health Department is a full-service, local health department that can serve as the foundation for regional public health response. Regional Command and Control for declared Public Health Incidents and Emergencies may emanate from the Manchester Health Department's Multi-Agency Coordinating Entity of MACE. The MACE can be thought of as a 'Regional Health Emergency Operations Center (EOC)
- Strong and consistent participation from the 11 Community Sectors\* including town officials, health officers, emergency management directors, fire/rescue workers, police, schools/university, hospitals, behavioral health, and other health care providers.
- Plans to rapidly provide medicine and/or vaccines to the entire population through Points of Dispensing sites (PODs) are frequently tested and improved.
- The region has also worked hard to build regional emergency volunteer capacity through entities such as the Medical Reserve Corps , Community Emergency Response Teams (CERT), Amateur Radio Emergency Services (ARES), and the American Red Cross
- Regional exercises and improvement planning are conducted on a regular basis as determined by federal and state guidance and consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.
- Information dissemination and training opportunities specific to Personal Emergency Preparedness to build resiliency
- Testing and utilization of messaging and communication platforms for the public and partners.

\*<http://www.cdc.gov/phpr/capabilities/capability1.pdf>

## Goals, Objectives and Strategic Approach

<b>Goal 1</b>	<b>Increase regional capacity to prepare for, respond to and recover from Public Health Emergencies</b>
Objective 1	Increase the proportion of residents who self-report being “well prepared” to handle a large-scale disaster or emergency to 35% by 2020 (baseline=28%).
Objective 2*	Increase regional capability for volunteer management.
Objective 3*	Increase community preparedness through information dissemination and education.
Objective 4	Improve Planning and Operational response capabilities, specific to the Medical Countermeasure (MCM) dispensing.

\*Identified in Regional HVA

## STRATEGIC APPROACH

**STRATEGY 1a:** Increase personal and household preparedness through community information and education. MHD will utilize community events, community television, traditional media and social media platforms to share materials and messages to improve actionable knowledge and resiliency in citizens. Special emphasis will be placed on vulnerable populations identified in the SVI and other public health assessments.

**Strategy 1b:** Increase community resiliency through additional capacity to offer Mental Health First Aid - a course that introduces participants to risk factors and warning signs of mental health concerns, how to provide initial help, and how to connect persons to professional and social supports as well as self-help resources.

**STRATEGY 2:** Strengthen inter-agency volunteer management recruitment and coordination through increased communication of information describing volunteer capacity, needs, plans, and management procedures; collaborative volunteer recruitment efforts and improved coordination of volunteer databases, notification systems, and procedures. As the public health leader in the region, MHD will assure that volunteer organization leadership is participating in regional planning in order to facilitate training and exercise opportunities.

**STRATEGY 3a:** Increase cross-sector and geographic participation in the planning and response for region including implementation of cross training and tools for critical preparedness and response functions. The Public Health Advisory Council will work toward 100% participation from all 11 Community Sectors to assure that all perspectives and needs are being met in the planning and operational phases of public health emergency planning.

**Strategy3b:** MHD will assure that all municipal and region partners with planning and/or operational responsibilities acknowledge their roles. Visits to all municipalities will occur, at least, every 2 years to assure that elected official are appraised of local and regional public health emergency responsibilities. Visits to other partners will occur as needs are identified in regional surveys.

**STRATEGY 4:** As identified in preparedness surveys and/or assessments, MHD will increase the number of opportunities for regional stakeholders to engage in continuity of operations (COOP) planning, functional needs planning, Public Information Officer training and closed POD agreements. MHD will provide and/or facilitate relevant trainings to regional partners or contract with CHI/JSI or other subject matter experts to carry them out.

**STRATEGY 5:** Increase the *Planning and Operational* Implementation Readiness status from the previous year's Medical Countermeasure Operational Readiness Review (MCM ORR) assessment\*\* Plans will be revised at least annually and exercised at a frequency determined by NH DHHS and/or CDC.

\*\* The Baseline Assessment for the MCM ORR occurred for the period July 1, 2014-June 30, 2015

## Summary

It is not possible for a single organization or individual to achieve the large scale impact necessary to improve the overall health of the Greater Manchester Region as outlined by this Community Health Improvement Plan. The success of this endeavor hinges on the ability of the community to embrace a shared vision and common agenda and to leverage our existing resources and expertise to ensure a collective impact approach to community health improvement.

Collective Impact occurs when organizations from different sectors agree to solve specific health and social problems using a common agenda, aligning their efforts, and using common measures of success.

### The Five Conditions of Collective Impact<sup>11</sup>

<b>Common Agenda</b>	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
<b>Shared Measurement</b>	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
<b>Mutually Reinforcing Activities</b>	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
<b>Continuous Communication</b>	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
<b>Backbone Support</b>	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

The process to date for developing the Greater Manchester Health Improvement plan has encompassed the five components of the collective model to ensure an inclusive and effective plan. This process has engaged a wide array of stakeholders including the community at large to: determine priority areas of concern; support the development of a common vision for community health; identify multi-sector, cross-cutting strategies; conduct outreach to existing and new communication channels for dissemination of information; and develop a shared focus on measurable outcomes for monitoring progress and facilitating accountability.

<sup>11</sup> Kania, J., Kramer, M., Collective Impact. 2011: Stanford Social Innovation Review.

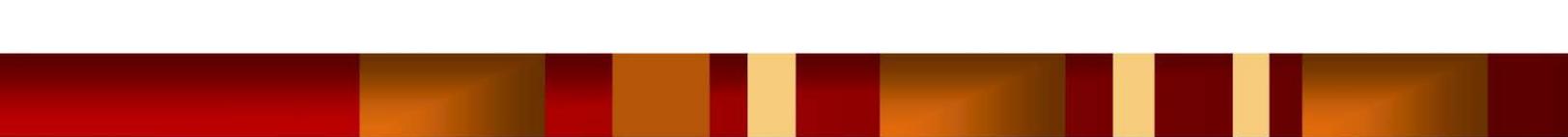
## Next Steps

The City of Manchester Health Department and the partners of the Greater Manchester Public Health Network are committed to achieving the goals and objectives set in this plan over the next five years. Due to the regional focus of this health improvement strategy, we will employ the Action Cycle prescribed to us by the *County Health Rankings and Roadmaps* depicted to the right and also found here:

<http://www.countyhealthrankings.org/roadmaps/action-center>

We challenge YOU to find a way to utilize your strengths – both personally and organizationally – to support the implementation of this Health Improvement Plan. We must all share in the responsibility of caring for our region’s health and well-being. The future growth and vitality of the Greater Manchester area depends on it.





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