

VOICES OF COMMUNITY & NEIGHBORHOOD LEADERS: SUMMARY OF FINDINGS

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The findings reported herein are opinions and perspectives of participants interviewed for this assessment, and do not necessarily reflect the opinions of funders. The contents were not fact-checked for accuracy, but reported as provided to maintain integrity of participants' input.

INTRODUCTION

Based on the findings from this community needs assessment process, Manchester Health Department (MHD) will work with local funders, community partners, policy makers, school administrators, City departments and most importantly, the residents themselves, to design a health improvement strategy centered around Manchester's most vulnerable children and families; starting first in clearly identified local neighborhoods (to be determined based on criteria developed to establish the feasibility of success and best return on investment).

As the Chief Health Strategist, MHD was charged to assess, revise, update and improve its neighborhood and City health information to include more current population health data, and community input regarding recommendations for future program and service delivery priorities. In an effort to facilitate this process, the Community Health Institute (CHI) was contracted by MHD to provide technical assistance and support through the process of: conducting 12 key leader

interviews and analyzing/summarizing findings; and by administering seven focus group meetings and analyzing/summarizing findings.

Manchester Health Department seeks to update and improve their neighborhood health strategic plan for the city. The new strategy will present a shared vision for the production of health within neighborhood populations. It will serve as the overarching guidance document for establishing the potential collective impact of community based health improvement efforts for the next five years.

The following narrative offers a summary of findings from these key leader interviews and focus groups. We thank all those persons in Manchester who participated. We will forever be touched by the stories we heard during this process. We hope that through this report we are able to capture the insights and knowledge we gained to advocate for a strong strategic plan for the City's health.

A MODEL FOR STRATEGIC PLANNING

Health and social needs have changed radically over time, as has our ability to respond and plan for systems that meet these needs. Globally, we have moved from applying a simple medical model of cause and effect to population health to a more complex model that demands consideration of the interrelationships of multiple causes and effects. In support of our increased knowledge about health production, Public Health has made great strides in its ability to measure population health from the perspective of multiple dimensions. In addition, medicine has increasingly recognized and developed systems to address the sometimes symbiotic relationship between physical and mental health, as well as the influence of social

and physical environments, health behaviors, and prosperity on the continued well-being of a population.

This assessment was framed and informed by the County Health Rankings and Roadmaps (<https://www.countyhealthrankings.org/>), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings uses county-level data to rank the health of populations by counties across the United States. The County Health Rankings Model identifies the following four modifiable health factors and their weight (%) of contribution to overall population

health outcomes: 1) social and economic factors (40%), physical environment (10%), health behaviors (30%), and clinical care (20%). We used the County Health Rankings Model as the framework both for our data collection as well as for our data summary. The Roadmaps portion of this collaboration provides insight on evidence-based policies and practices associated with improvement of health outcomes and will be a useful resource to Manchester as it begins its work of strategic planning for health improvement.

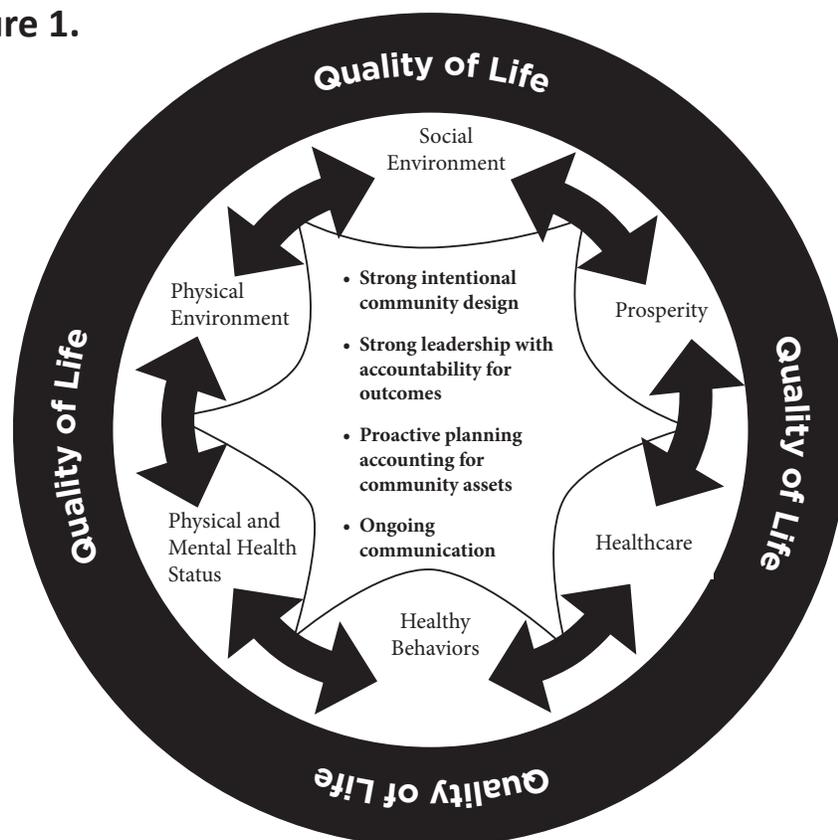
Through our discussions with key leaders and community members it became clear that participants recognized that improving the determinants that “produce health” can only be accomplished when there exists a foundation of strong and informed leadership, proactive and focused strategic planning, and clear values that reflect the importance of community design on health production. To accommodate this forward thinking and insight, we developed a Manchester specific health production model, illustrated in its

simplest form in Figure 1 below.

The Manchester Model depicts the major determinants of health in a circular design with arrows illustrating that each determinant is connected to all others. The strong influence of intentional community design is located in the center of the model and described as strong leadership with accountability for outcomes, proactive strategic planning that accounts for community assets, and ongoing communication. Both key leaders and community members mentioned these key attributes as being essential for driving processes and actions that influence the determinants of health. This Model is similar to that developed for Manchester in 2009.

This Manchester Model has been useful in guiding the discussion of our findings from the key leader interviews and focus groups and will be helpful as City leaders work to develop a strategic plan for future improvement.

Figure 1.



METHODS: KEY LEADER & FOCUS GROUP DISCUSSIONS

Between January and May of 2019, the Community Health Institute (CHI) staff interviewed twelve key leaders from the city, identified by their peers as leaders who understand well the current and emerging issues of Manchester. Overall, key leaders represented city and town government, the education system, the health delivery system, non-profit social organizations, and police. In addition, CHI administered seven focus group sessions that included veterans, senior citizens, people with chronic health conditions, differently abled persons, and community members from diverse backgrounds.

A standard script and protocol were used for conducting the key leader interviews and focus groups. All key leader interviews were conducted by phone. All focus groups were conducted in person at the Manchester Health Department.

Structured questions were asked to capture detailed information specific to the community's ability to address four major factors known to determine health of a community population:

(a) social and economic factors, (b) physical environmental factors, (c) health behaviors, and (d) clinical care and health outcomes. The following section summarizes findings from these discussions, including prioritized issues and actions steps to address these issues. In all cases, we tried to honor participant voice while protecting participant privacy.

Additionally, we asked participants to identify:

1. factors that make a community the best place to live;
2. community/neighborhood priority areas;
3. new or emerging health and safety issue they would like to discuss with local policy makers; and
4. the leadership and infrastructure needed to move the city from assessment to planning and action.

KEY FINDINGS: DETERMINANTS OF HEALTH FACTORS

SOCIAL AND ECONOMIC FACTORS

The socioeconomic factors that determine health include employment, education, income, family and social support, and community safety. The following table summarizes the top three priority areas where key leaders and community members believe the City should invest resources over the next five years.

Areas for Improvement	Top Three Priority Issues
<ul style="list-style-type: none">• Communication (schools with parents)• Funding• Partnering and collaboration• Central community planning• Focus on prevention, specifically around substance misuse• Housing: affordable, quality, safe• Walkability• Safety, violent crime reduction• School system, specifically funding, high school graduation rates, third grade reading proficiency scores and absenteeism• Planning comprehensive systems of care• Sustainability planning (post IDN funding) for screening for and addressing social determinants of health.• Income inequality/meaningful wage employment: children living in poverty, unemployment rates	<ol style="list-style-type: none"><li data-bbox="808 611 1529 798">1 School system: high school graduation rates, third grade reading proficiency, school absenteeism<li data-bbox="808 798 1529 924">2 Violent crime<li data-bbox="808 924 1529 1890">3 Income inequality [Note: although participants identified this as a priority issue, few actions steps were offered]

RECOMMENDED ACTIONS FOR PRIORITY ISSUES

PRIORITY 1: IMPROVE OUR SCHOOLS

- Hire a school advocate.
- Develop a campaign about how our schools could be a driving force to attract people to Manchester.
- Get the attention of the State about the fact that Manchester is a leading city in NH. Manchester has great economic potential and we need more state funding for our schools.
- Look into having a school board separate from the Mayor and Alderman (e.g., Concord School Board). Concord residents have two different bodies that the community can lobby – the School Board and the City Board.
- Everything with education should start early. Thus, we need affordable preschool access across the spectrum as well as affordable summer and after school programming (e.g., free summer program is very limited and although there are other programs available, many people cannot pay the \$200/week fee).
- Teachers should be accountable for school outcomes but need support through better pay and training.
- Make schools smaller enabling individual attention for kids, and facilitating parent involvement.
- Focus education on teaching values and respect and development of youth resiliency. Engage youth in this work.
- Those who home school would like Manchester to have a curriculum to follow – such a program does not exist currently.

PRIORITY 2: DECREASE VIOLENT CRIME

- Increase funding for the Police Department and decrease its need to rely on State and Federal Grants.

- Increase communication between community members and the police to build a more trusting environment. Sometimes community members witness crimes but do not report them because they are afraid of the police department. People need to feel confident that when they report a crime they will not have to serve as a witness to the crime and/or that their own status in the community (if undocumented) will not be jeopardized.
- Legislate gun control. Guns should be registered and training provided on responsible handling and safety of guns. Do not allow bump guns.
- Increase police presence in neighborhoods, and ensure rapid response by the justice system to enforce consequences for violent actions.

PRIORITY 3: DECREASE INCOME INEQUALITY AND POVERTY

- Keep jobs in the city; the City needs better paying jobs with living wages.
- Some of the highest rates of poverty exist on the West Side. The river divides us. The West Side would benefit from having a Boys & Girls Club. Engage existing resources in a collaborative partnership to make that happen.
- Foster a perception among organizations of themselves as part of the larger community, rather than separate entities.
- Ensure affordable preschool access across the spectrum. Start with the state and advocacy. We have good data defining the link between education and income.

PHYSICAL ENVIRONMENT

The physical environmental factors that determine health include air and water quality, housing, housing and transit.

Areas for Improvement	Top Three Priority Issues
<ul style="list-style-type: none"> • Partnering and collaboration, engaging business • Community engagement • Meaningful data • Housing- lead risk, affordability • Walkability • Access to healthy foods • Handicap access • Infrastructure: roads, sewer, water • Places for gathering • Violent crime and safety, including undocumented 	<ol style="list-style-type: none"> 1 Quality affordable housing 2 Access to healthy foods 3 Safety

RECOMMENDED ACTIONS FOR PRIORITY ISSUES

PRIORITY 1: IMPROVE ACCESS TO QUALITY AFFORDABLE HOUSING

- Establish or enforce existing regulations: housing codes, lead exposure, fire alarms, inspection process to obtain certificates of compliance, and do something about bedbugs.
- Think about imposing rent control in the City.
- Hold absentee property owners accountable for the condition of their properties.
- Control loan interest for homeowners.
- We need a full range of low to high-income housing. Assess current inventory of housing neighborhood by neighborhood. Use planning and zoning requirements regarding density to inform development of low-income housing.
- Be mindful of the implications of building more affordable housing on the neighborhoods and schools.
- City residents should have priority for enrollment in elderly housing.

PRIORITY 2: IMPROVE ACCESS TO HEALTHY FOODS

- Improve the quality of food at food pantries, including fresh food that can be stored for a few days.
- Ensure that healthy meals are available to kids in school.
- Some communities have implemented traveling farmers market that come to specific neighborhoods at regular times. Create a mechanism to use SNAP cards through cell phones to identify scheduled van routes. This could be particularly beneficial given the walkability issues.
- Increase available grocery stores in some areas, for example, the West Side. Having the new Market Basket on Elm is helping to revitalize the City.
- Expand hours when the grocery stores are open.
- Mobile food trucks may also address this issue, in part.
- Ensure that all residents, including those who are undocumented, feel safe accessing services (for example, the food pantry), and their doctors, churches – everybody that they encounter should communicate that message.
- Distribute food banks across the City so that families and community members living on the outskirts have access to these resources.
- Increase communication between community members and the police to build a more trusting environment. People need to feel confident that when they report a crime they will not have to serve as a witness to the crime and/or that their own status in the community (if undocumented) will not be jeopardized.
- Increase police presence in neighborhoods to improve neighborhood safety. People live in houses with their door closed and locked. Living in unsafe neighborhoods is a barrier to making social connections. We need to build community social connection.
- Educate community members about strategies to protect them from fraud and scams.
- Continue momentum on gains made in walkability in the City. We have a great river running through the City. We should build a river walk. We need to be able to gather safely on Elm Street. Ensure that neighborhoods have sidewalks that are passable in all seasons.
- Address safety in schools and improve communication with parents.

PRIORITY 3: SAFETY

- Screen applicants to elderly housing, and limit eligibility to the elderly. Stop taking people in to elderly housing from off streets.
- Start community watch groups in elderly housing.

HEALTHY BEHAVIORS

The healthy behaviors that determine health include tobacco, alcohol and drug use, diet and exercise and sexual activity.

Areas for Improvement	Top Three Priority Issues
<ul style="list-style-type: none">• Communication and health messaging• Supporting small minority-focused agencies which lack infrastructure• Substance misuse – opioid overdose deaths• Teen birth rates• Addressing root causes of substance misuse• Prevention• Homelessness• Support for minority residents• Planning comprehensive systems of care• Supporting residents to navigate complex health and social systems/services• Engaging state support, especially for opioid crisis	<ol style="list-style-type: none"><li data-bbox="833 394 1513 472">1 Substance misuse: opioid crisis, adult binge drinking and tobacco use, teen vaping<li data-bbox="833 583 1237 634">2 Adult physical inactivity<li data-bbox="833 751 1365 802">3 Health education and messaging

RECOMMENDED ACTIONS FOR PRIORITY ISSUES

PRIORITY 1: ADDRESS AND PREVENT SUBSTANCE MISUSE

- Develop policies that ensure oversight of prescribers and pharmaceutical representatives.
- Promote alternative pain control methods.
- Enhance prevention and early detection of substance misuse.
- Remove abandoned buildings, which provide a space for people to use drugs.
- Make safe spaces for teenagers that keeps them busy and enables a level of supervision and monitoring.
- Address the expanding needs of the growing numbers of kids who are homeless or living with aunts, uncles, or in foster care. Many kids are placed into group homes due to inadequate foster care resources.

PRIORITY 2: PROMOTE / FACILITATE PHYSICAL ACTIVITY

- More exercise groups in elderly housing, for example, chair exercise; yoga. Make exercise programs relevant to participants.
 - Get kids engaged in healthy behaviors, for example, encourage road races, biking etc.
 - Kids need to see a real graphic difference that will occur if they choose unhealthy versus healthy behaviors (for example, wrinkled skin from sun damage or smoking).
 - We need to start young, and focus on changing behaviors of our youth, starting with early childhood, through education.
 - Promote alternative forms of transportation, like biking or walking to work. While a person can safely bike on a footbridge on the West Side, many road surfaces are bad and there are no internal city bike paths. Continue to build the rail trail to link up to others. These efforts will also facilitate socialization and help to create a “community” feeling on this non-vehicle traffic pattern.
- Educate groups of residents at their own level about issues and in ways that are relevant to them. For example, many elderly do not have or use computers, so communication and health education should not be only electronic. In addition, people with substance use disorder in recovery might talk about their own experiences.
 - Engage our youth. The student voice is important, driving discussions behind some of the most successful programs. Discussions start now in middle school, but we need to raise those conversations in a developmentally appropriate way in elementary school.
 - Parents should have the essential information to be able to talk effectively about substance misuse.

PRIORITY 3: HEALTH EDUCATION AND MESSAGING

- The City needs a campaign for helping people understand healthy behaviors, which could include using the Verizon sign to reach many people.
- Use state funds (such as dollars from the multi-state lawsuit on the producers of OxyContin) for marketing to reach sub-communities and connect people with available resources.

CLINICAL/HEALTH CARE AND HEALTH OUTCOMES

The clinical care and health outcomes that determine health include access and quality of care as well as specific outcomes for targeted chronic diseases.

Areas for Improvement	Top Three Priority Issues
<ul style="list-style-type: none"> • Health education about taking care of yourself, available services, appropriate use of services • Obesity • Access to healthy foods • Prevention • Cancer Screening • Coordinating services/resources • Access to services : transportation, mental health, dental • Supporting children’s social and emotional development • Frequent mental distress • Frequent physical distress • Life expectancy • Premature death • Uninsured (some neighborhoods) • Diabetes (some neighborhoods) • High blood pressure (some neighborhoods) 	<ol style="list-style-type: none"> 1 Access to care: integrated services, behavioral health, dental 2 Expanded healthcare coverage: insurance afford-ability, focus on the whole person 3 Obesity

RECOMMENDED ACTIONS FOR PRIORITY ISSUES

PRIORITY 1: IMPROVE ACCESS TO CARE

- Provide information about services using a wide range of methods. Some people do not know what services are available or how to access them. Many elderly feel excluded from communication because they have no access to computers etc.
- Provide care coordination and support to navigate the complex health system, particularly for the elderly.
- Improve access to affordable dental care, especially for people using substances.
- Ensure that Safe Stations accept anyone accessing services, regardless of whether they are residents. Manchester is where the resources are, so it attracts people who need these services.
- Increase capacity for substance use disorder treatment, including drop-in centers, day treatment centers, and rehab beds.
- Recognize that oral health, general health, and mental health are not separate lanes. Each of these lanes need to screen and consider issues related to each of the others with regard to prevention (for example, a dentist should check a patient's blood pressure, behavioral health services should include blood pressure checks and basic labs).
- Establish centers that provide integrated services in places that are convenient to access. For example, provide integrated mental health and primary health services to people in their homes, in schools, and at community policing substations.
- Support, through funding, utilization of the IDN social determinants of health assessment tool.

PRIORITY 2: EXPAND HEALTH COVERAGE & SUPPORT PREVENTION

- Develop a system and build incentives to track patients' care across medical providers.
- Residents should have access to universal health care.
- Make health insurance affordable.
- Retool the payment system so we have time to help people. This is beginning to work. The whole thing is coming together: science and payment system.

PRIORITY 3: REDUCE OBESITY

- Provide education about the linkages between lack of exercise and poor health outcomes. We must start early in schools.
- Providers need training in motivational interviewing (e.g. how to tell a child/and his parents that he needs to lose weight).
- Expand the teams for chronic illness model, which allows us to be proactive about issues like nutrition choices.

KEY FINDINGS: OPEN-ENDED QUESTIONS

MANCHESTER IS A CARING COMMUNITY

“ Manchester is a city with a great vibe. ”

Manchester City has a long history of protecting and assuring the health and well-being of those who live and work in the city. In the late 19th century, the largest employer, Amoskeag Manufacturing Company, collaborated with the City to promote the health and well-being of the people who worked for them. They set up an Accident Department, provided in-home nursing care for sick workers, and even helped new mothers learn to care for their new infants.



Amoskeag manufacturing Company Hospital Room
MHA Collection (AMCGN 0624)

VISION OF THE IDEAL MANCHESTER

Before Manchester leadership dives into the details of its health data to develop its plan for improving the health and well-being of its population it is wise that they consider first – with no barriers – what the “Ideal Manchester” might look and feel like. Below we summarize this picture as painted by your key leaders and community members.

During our discussions of factors that make a community the best place to live, we found that community members and leaders were able to paint a clear picture of the “Ideal Manchester”. This vision of an ideal city continues to express the “heart” of the City residents and leaders, and their desire to look out for, and care for one another. It is this vision and dream of an ideal community that will continue to guide the City toward the future of its better and best self.

Key leaders and Community Members Describe the Ideal Manchester

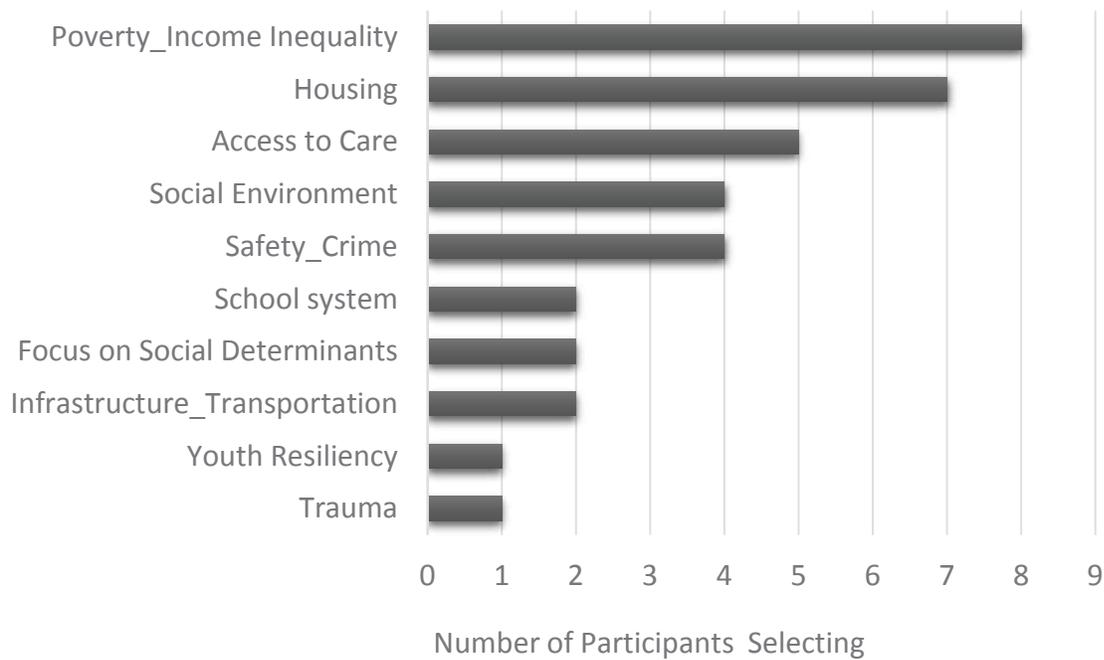
Participants described the ideal community as one that is- first, and foremost – safe, without crime, violence or drug use. Residents of all ages, but especially young people, engage with the community and each other, and there are spaces and opportunities for socializing. The city is clean, with green spaces and adequate housing. Residents have access to affordable, quality services and healthy food. The ideal city is a community where residents help each other, and share a common purpose and common pride.

PRIORITY ISSUES FACING THE COMMUNITY

After discussions of the determinants of health and their impact on the local population, and after describing the ideal Manchester; leaders and community members were poised to name the priority issue facing the City. Figure 2 below represents frequency of mentions from most

mentioned issue to least mentioned issue. When asked to choose one topic they would speak to community leadership the top issues were basic needs, income and housing.

Figure 2. Single Most Important Issues Facing the City as Identified by Participants (n=36)



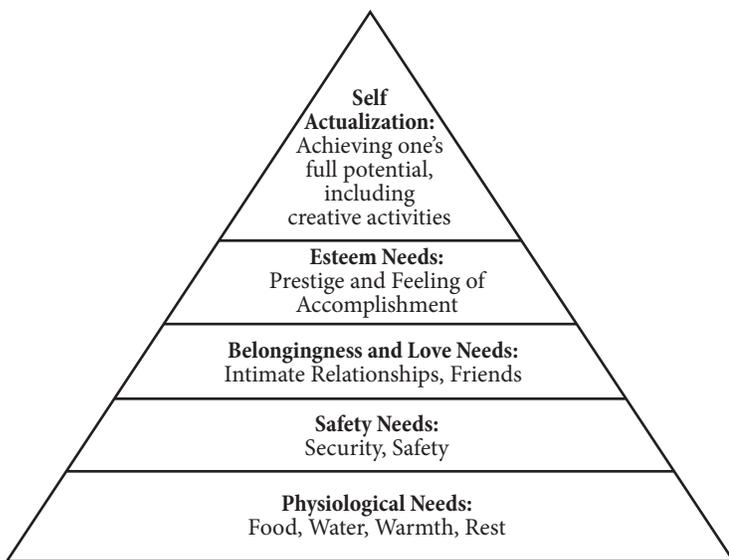
PRIORITIES FOR POLICY MAKERS AND COMMUNITY LEADERS TO CONSIDER

“ Manchester is a great city. It does have city problems but it is a vibrant city with a city vibe. I am a huge advocate for this city. ”

OUR BASIC NEEDS MUST BE MET FIRST

Both focus group participants and key leaders mentioned that people’s basic needs for housing, food and safety must be met before they can focus on higher-level improvements – like behavior change. This thinking is consistent with the psychology research and is depicted clearly in the graphic below of Maslow’s hierarchy pyramid.

<http://personalityspirituality.net/articles/the-hierarchy-of-human-needs-maslows-model-of-motivation/>



Needs lower down in the hierarchy must be satisfied before individuals can attend to needs higher up. From the bottom of the hierarchy upwards, the needs are physiological, safety, love and belonging, esteem and self-actualization.

<https://www.simplypsychology.org/maslow.html>

BASIC NEEDS: HOUSING IN RELATIONSHIP TO WAGES

“ Affordable housing is a top priority going back to the basics of food, shelter, clothing, safety.. ”

- Manchester residents suffer from housing insecurity. Right now, rent for low-income housing exceeds 31 or 32% of the median wage. We need better low-income housing and to increase wages so we can pay for housing.
- We need a housing mix that can raise the right revenue.
- Manchester needs to figure out how to capture federal money for housing, and to collaborate with businesses for housing. We need a roadmap to understand the available funding, and then we need to develop a plan.
- How we design property taxes does not work in Manchester: if a rental does not have high value it attracts people with lots of kids, and we do not collect enough taxes to build schools for these kids. The City needs to get rid of the tax cap that prohibits increasing the budget by a certain percentage.
- Can the City add a tax for hotels – for example, \$2/room, and use those dollars toward housing?

SAFETY: KIDS AND SECURITY FOR THE FUTURE

Focus group participants and key leaders indicated that many of Manchester’s children are impacted by adverse childhood events. The overarching theme that arose as participants talked about children and schools was that we need to do the work now to support our children to become healthy productive adults, or we will face a huge crisis within our population when these kids become adults.

“ Open school-based mental health and health centers in every school to reach the next generation. ”

Additionally, it is clear from our discussions that both key leaders and community members see links between low-income levels, poor housing, unsafe neighborhoods, and overstressed schools. Key leaders provided many examples of professionals working in Manchester, but choosing to live elsewhere based on a perception that the schools in the City were not as good as those located outside of the City. This outward migration of professionals perpetuates the neighborhood and school inequality issues.

- We need to start talking about ACES, particularly with children. In the next 5-10 years we will be facing an ACES crisis that is much larger than the current opioid crisis if adverse childhood experiences are not addressed. Beech Street School had a 65% transition rate of children coming in and out of school.
- Open school-based mental health and health centers in every school to reach the next generation and their parents. Establish or enhance existing integrated behavioral health and primary health services in the school. Students are a captive population, and their

school is the safest and most stable place for many of these kids.

- We are seeing more students who have experienced traumatic events, and this impacts the teachers and staff who work with them. We need to provide support for teachers, as well as students.
- Cultivate student leadership development, similar to the Gossler School program.

BELONGING: ISOLATION

In almost every focus group participants talked about isolation. Participants reported that they did not have family here to rely on for socialization and that there was no place for them to go in Manchester to make new friends, to share in activities with others or to even offer help to others. Overall, there was the sense that people who felt isolated are harder to reach as they stay in their homes, thus participants suggested a “proactive” effort to find these persons and actively help them engage in positive community life.

- The City is different now than it was generation ago – many of these problems were solved within extended families where there was support and people were not so isolated. Without this foundation of multi-generational homes, some people feel very isolated.
- Isolation is pervasive. It is less friendly here. I would talk to the Mayor about how Worcester has addressed isolation.
- People that really need the help are not going to look for it. Establish an outreach committee to find out where isolated people are living, and check on them. Someone needs to find these people.
- Those who may benefit from mental health services need to have somebody go and support them to take advantage of City services.

- Sharing activities helps establish friendships. We should establish neighborhood-based drop-in places to go and meet people from other communities, and from other countries. If we speak the same language, we can talk. If we find out we have the same issues, we can help each other. The cost of organizing the gathering opportunity does not have to fall to any organization; people could bring a cultural dish to share. They could have time to share together and learn about each other. People can share their talents and abilities, for example, making jewelry or baking.

SELF ESTEEM: HEALTHY BEHAVIORS – DRUG USE AND OBESITY

Across all discussions, the sentiment was expressed that basic needs of all residents must be addressed before we can expect major improvements in other health determinant factors.

“Major problems like the opioid crisis tie into homelessness and mental health issues. These problems are all intertwined.”

- If you do not address basic services, you are not going to get healthy behaviors.
- Health is not determined by the health system, it is determined by multiple interacting factors including healthy behaviors.
- Learning about healthy behaviors is complex. The City and providers of care need to spend more time with people to understand their needs.
- Expand existing wraparound services, especially for families affected by substance misuse.

IMMIGRANTS/REFUGEES AND PRODUCTIVITY

Focus group participants expressed mixed feelings about refugees and immigrants. While some participants associated refugee and immigrant populations with poverty, bedbugs and the opioid crisis, others felt that the City should be doing a better job helping these persons to feel safe and valued in the community. Several key leaders described immigrants and refugees as “an asset to the City”.

“Immigrants and refugees are an asset to the city.”

- It is important that people feel safe asking for services (for example, accessing the food pantry). They should hear from their doctors, their churches – everybody that they encounter should have and share the information that it is safe for them to go for services.
- We need to see more sensitivity for immigrants. They are not asking for anything for free, but for services to be accessible, like going to food pantries and agencies where you can get help. It is more difficult now for both documented and undocumented. People live with more fear; some people are starving because they are afraid to go out and get help.
- Improve the economy. One way to do this would be to make changes in policy to allow undocumented residents to get a driver’s license. This would help the economy because undocumented persons would pay for the license, would be able to get a job, and would pay taxes on their income. Additionally, they would not be breaking the law.

- It is difficult to help refugees/immigrants work up to their full potential, as the U.S. does not recognize foreign training and degrees.

EVERYONE NEEDS TO WORK TOGETHER IN A FOCUSED WAY

- Sometimes there is so much great work going on in the city, but right now, I do not feel like there is always synergy, as in everyone working together.
- We have been doing a good job of pulling in local restaurants into the homelessness discussion. They are invested in the plight of individuals who are panhandling or laying in the streets downtown.
- We need a Task Force around housing and school issues. We need everyone to work on the same issue.

“ There’s a lot going on and there are some of us that are sitting at all of those tables, and it’s exhausting. I’d love to see alignment of the work. Let’s stop creating all of these different pockets of work, and build a Russian nesting doll structure, rolling all of these things up under some umbrella. ”

STRATEGIC PLANNING:

THE LEADERSHIP AND INFRASTRUCTURE NEEDED TO MOVE THE CITY FROM ASSESSMENT TO PLANNING AND ACTION

“ Manchester is tough. Every one of the players wants to lead, but no one is big or powerful enough to get people to the table. ”

WHAT HAVE WE LEARNED FROM PAST WORK?

Key leaders recognize the need to develop a strong central planning infrastructure focused on health improvement of the City’s population. Both Key leaders and community members discussed this need within the context of the complex funding, decision making, and service development structure that currently exists.

First, participants report that there were too many forums, councils, projects, and meetings and that these are not being coordinated under any one City Vision.

- “There is a lot going on and there are some of us that are sitting at all of those tables, and it’s exhausting. I would love to see alignment of the work and say: let’s stop creating all of these different pockets of work. Instead, let’s build a ‘Russian nesting doll’ structure and roll all of this work up under some umbrella. I hope that there is opportunity during this process or your engagement with stakeholders to get at that.
- There are too many forums, too many councils, gazillion different groups, with a lot of overlap, diluting focus. We have 1000 quasi-good services and programs.

- We have lots of great programs and great ideas but we cannot move anything to scale.

Second, many leaders expressed a desire to re-structure/reactivate the leadership council.

- Our leadership council is not active now. There is no buy-in; there is no common agenda.
- The Neighborhood Health Improvement Strategy and its corresponding leadership team was established in 2014. That group now oversees a number of projects, like the regional public health network and Project LAUNCH. However, they have not met in over a year. Nevertheless, the few times that the group has met, it has largely been information sharing rather than action-oriented.
- If we did a Venn diagram of people sitting on the leadership of the Integrated Delivery Network (IDN), those on the NHIS group, Manchester Proud, and the youth council for Project LAUNCH, there is tremendous overlap.

Third, there is a recognition that many of the issues the City faces regarding structure and process of improvement, directly tie to the fact that most programs and projects are still driven by grant funding. This is closely associated with duplication of services and lack of sustainability for long-term impactful change.

- Project goals in the City are directly related to funders.
- We have little flexibility for how to use grant funds.
- Grant funded projects like The Sustainable Access Project die out when funding is over.

- The State’s responses to grant funding are problematic. For example, the 1115 waiver makes some resources available, but we expect that the waiver will die in year and a half.
- A few years ago, the Promise Neighborhoods grant brought together many organizations to improve the health and well-being of neighborhoods. We felt like we could get this initiative to work, but the City is so strapped and underfunded that we soon felt like we were paddling upstream.

“ I dislike top down central planning, but if it is informed by the community then it might be good. ”

WHAT LEADERSHIP STRUCTURE IS BEST FOR MANAGING THE CITY’S VISION FOR HEALTH?

Key leaders agreed that everyone should have a place at the leadership table and that leadership should be associated with authority to get the work done. However, there was no consensus as to where the hub of leadership should live.

- The leadership council should be in the Mayor’s office with the Mayor as convener. The Mayor’s office might convene our Vision for 2025.
- We need an unbiased group, maybe like the Manchester Health Department, to say that they are coordinating XYZ projects in support of the Mayor’s Office. This group needs strong leadership and authority, which is reflected in their job description. I feel that the Manchester Health Department is somewhat hamstrung because of the way

they have to report out to the Board of Selectmen and Board of Alderman, etc.

- In Manchester, leadership must come from business. Business is the only sector with muscle to bring people to the table. In other places, I have seen civic and elected folks leading together.
- It does not matter who convenes the group or starts the work, but it is good to have a mix of people around the table including large employers, social service agencies, and healthcare and clinical organizations.
- The City should replicate the central leadership/decision making model at the neighborhood level. Include leaders of small groups – diverse groups – and have on-going and regular conversations, similar to these focus group meetings now. Find out what refugees, working class, upper class need/want. Bring that information back to the Central Planning Leadership Team.

“ Having said that, how do you prioritize the work? ”

HOW DO WE DESIGN A CLEAR PROCESS FOR DECISION-MAKING AND ACTION?

- Both key leaders and community members were able to define a clear process for strategic planning.
- We need buy in and engagement from the beginning.
- Use a broad definition of health to frame this work
- Agree on a common vision, and develop tactics to fit this vision, i.e., clear goals and objectives

- Lay out a logic model – must do X to get to Y – a model that cannot fail. We need to start with things that are very transactional, get credibility on those tasks, and then move to less transactional, more aspirational work.
- Create a position/job to move goals forward and to hold us accountable.
- Develop an action-oriented model of leadership in which we work together.
- Each organization on the leadership council should be required to execute on the vision.
 - » Similar to the Sustainable Access Project
 - » It should be mandatory that everyone show up committed to action and resource sharing.
- Take advantage of the community organizing work through Manchester Proud, and The Doorway, the emerging hub and spoke model serving individuals with substance use disorder, and broaden the scope of that public-private partnership and dialogue to include a wider berth of issues beyond just education.
- At the community level, we need to engage youth and the entire community from the roots.
 - » Have listening sessions (former chief of police used to do this), and forums for constituents- find the quiet ones and write down their concerns and ideas. Keep minutes of these gatherings.
 - » Find ways to score this data and information.
 - » Develop a format for sharing the information that community members can understand. Look for the brilliant nugget within the information collected.
 - » Provide feedback to community members so that they do not just see problems but

begin to see solutions. These community-level data, as they are collected and used overtime, will shift understanding from individual, siloed perspective to community engagement.

“ No one, by themselves, is going to make a dent on the work that we need to accomplish. ”

HOW DO WE CREATE A PLAN THAT ACCOUNTS FOR ALL COMMUNITY ASSETS?

Manchester City has many assets that should be engaged at the highest level of planning. However, it was clear from leadership that planning becomes fruitless without funding.

- We should develop a map of resources illustrating what every partner brings to the table. We would have to define “resource”. Then we can pair organizations together to match each other’s needs and strengths as a way to help organizations and partners see themselves as part of the larger community. For example:
 - » On the West Side, we need a Boys and Girls Club and we could use a partner to make that happen.
 - » Elliott Hospital staff would like to be engaged in volunteer work but are not connected to the needs in the community – we need to make this an easy match of skills to need.
 - » We wish the clinical organizations would consider providing money for housing development.
- We know that the Manchester Health Department is a leader in planning.

- We need to use all media to engage community members and leadership in the work of improving the City. Social media has created a world where we do not get our information from varied places – we need to create those sources.
- Strategic funding requires assessment of all funding sources, and allocating resources more creatively.
- Use all data sources for input, including the Manchester Proud data.
- We can only do so much. Need infusion of funds from outside area. If this were an infectious disease, CDC would be here; NIH would be here; FEMA: everyone would be here.

collection – in real time. In addition, we should use that data iteratively for citywide improvement work.

- Every day in the papers or on the media news, we should read or hear a discussion about what the City is going to do or is doing about its issues – how it is working toward improvement.
- We need to help business see their role in the process of improvement and delineate the mechanics of this process for them.

“ Manchester is good about addressing the crisis of the day, but not at anticipating the crisis of tomorrow.”

HOW DO WE PROACTIVELY PLAN FOR THE FUTURE?

- Leaders and community members expressed a need for the city to be more proactive in thinking about the future. “Manchester is good about addressing the crisis of the day, but not at anticipating the crisis of tomorrow.”
- We should not have to stop our work every few years to write the State mandated community benefit plan. Rather, we should have a system in place of ongoing data

CONCLUSION

Key leaders and community members were reflective and open with their input. They want to work together to continue to revitalize and move Manchester forward for everybody. Many great health improvement strategies and initiatives are underway; however, better integration and alignment is needed to ensure the city is moving in the same direction, under one shared vision for health.

Leadership reported feeling detached from the larger community as they work to influence global issues. They expressed the need to truly create a sustainable leadership body with authority to proactively design and implement a comprehensive, cohesive, funded strategy for City revitalization and the production of health. While several leadership forums in the past have successfully addressed key health and revitalization issues of the City, concerted and coordinated leadership often is hampered by a lack of resources as grant funding dwindles. Inconsistent funding and reliance on grant funding to accomplish global, City-wide improvements does not work and may perpetuate the development of redundant projects and administrative costs. There was consensus among key leaders that the City needs to create a funded leadership forum with universal buy-in and authority to implement a strategic plan that is proactive in its scope and deep enough to effect change.

At every focus group, community members talked about loneliness in their everyday lives. They talked about not having extended family to rely on for social support, and of being isolated in their apartments where they do not know their neighbors or how to connect with them. Participants mentioned a lack of local gathering places, and lack of awareness about existing opportunities to connect with others. Community members stated that one reason they wanted to connect with others was so that they could learn from others and also help others when they were able.

Participants identified improvements in many aspects of Manchester's health and revitalization. They expressed a desire to connect with others at personal, community, and leadership levels to advance these efforts and promote the vibrancy of this caring City.

Health care organizations, City government, and community partners are working closely to address emerging health needs, such as opioid misuse and increasing homelessness. Participants identified improvements that have occurred over the last five years in many aspects of Manchester's health and City revitalization efforts. They also expressed a desire to connect with others at personal, community, and leadership levels to advance these efforts and further promote the vibrancy of this caring City. Manchester is well positioned to develop a robust population health improvement strategy. The City has excellent data available for tracking and monitoring improvements. Leadership and community members have identified priority issues to be addressed in the short term, as well as longer term goals and aspirations for the City. Committing now to a common purpose and vision with clearly defined goals, objectives, and processes is the next step for the City.

Measurably improving the health and well-being of local populations requires an understanding of the local landscape and its complexities to better target root causes. Cities like Manchester are multifaceted entities that need to embrace urban health strategies and approaches that transcend traditional health partners. The Healthy Cities Commission published the following key recommendations for such work, and with a shared vision and harnessing all of its resources towards a multidisciplinary strategic plan, Manchester can more intentionally move from crisis response to strategic action.

The Healthy City Commission's five key recommendations

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3428861/>.

- City governments should work with a wide range of stakeholders to build a political alliance for urban health. In particular, urban planners and those responsible for public health should be in communication with each other.
- Attention to health inequalities within urban areas should be a key focus when planning the urban environment, necessitating community representation in arenas of policy making and planning.
- Action needs to be taken at the urban scale to create and maintain the urban advantage in health outcomes through changes to the urban environment, providing a new focus for urban planning policies.
- Policy makers at national and urban scales would benefit from undertaking a complexity analysis to understand the many overlapping relations affecting urban health outcomes. Policy makers should be alert to the unintended consequences of their policies.
- Progress towards effective action on urban health will be best achieved through local experimentation in a range of projects, supported by assessment of their practices and decision-making processes by practitioners. Such efforts should include practitioners and communities in active dialogue and mutual learning.

APPENDICES

APPENDIX 1:

KEY LEADERS

Key leader	Title	Agency	Interviewer	Date
Kris McCracken	President & CEO	Manchester Community Health Center	Dotty Bazos	4/15/19
Patrick Tufts	President & CEO	Granite United Way	Dotty Bazos	4/17/19
Dr. Joseph Pepe	President & CEO	Catholic Medical Center	Dotty Bazos	4/19/19
Robert Tourigny	Executive Director	NeighborWorks Southern NH	Dotty Bazos	4/19/19
Dr. Steve Paris	Medical Director	Dartmouth-Hitchcock	Dotty Bazos	4/22/19
Cathy Kuhn	Vice President of Research & Training	Families in Transition	Dotty Bazos	4/22/19
Amy Allen	Asst. Superintendent	City of Manchester School District	Dotty Bazos	4/22/19
Borja Alvarez de Toledo	President & CEO	Waypoint	Dotty Bazos	4/24/19
Dr. Greg Baxter	President & Executive VP of Solution Health	Elliot Health System	Dotty Bazos	4/29/19
Joyce Craig	Mayor	City of Manchester	Dotty Bazos	5/13/19
Bill Rider	President & CEO	Mental Health Center of Greater Manchester	Dotty Bazos	5/13/19
Carlo Capano	Chief of Police	City of Manchester Police Department	Dotty Bazos	5/13/19

APPENDIX 2

FOCUS GROUP PARTICIPANTS

Focus group	# of Participants	Date
Focus Group 1	3	4/30/19
Focus Group 2	2	4/30/19
Focus Group 3	10	5/9/19
Focus Group 4	2	5/9/19
Focus Group 5	0	5/9/19
Focus Group 6	1	5/14/19
Focus Group 7	7	5/14/19
Focus Group 8	1	5/14/19

Outreach efforts aimed to include representation from Manchester's diverse population. Focus group participants included veterans, senior citizens, people with chronic health conditions, differently abled persons, and community members from diverse backgrounds representing families from the East and West side.

APPENDIX 3

KEY LEADER SCRIPT



April 8, 2019

Dear Community Leader,

The City of Manchester Health Department (MHD), in partnership with the local health care organizations, is conducting an update of the community health needs assessment, as required for NH Charitable Trusts. As part of this process, MHD has contracted with CHI to conduct focus groups and key leader interviews to inform the development of the new needs assessment.

Your insight and expertise as a key community leader is vital to the successful creation of a meaningful document that will guide community action. We respectfully request a telephone interview with you (or your designee) to best capture your thoughts. This phone call should take 45-60 minutes to complete. Courtney Castro from the Community Health Institute will contact your office by phone next week to set up an interview time that is convenient for you. We hope to complete all interviews in April.

To assist leaders in preparing for the phone interview AND to expedite the conversation, we have attached the Key Leader Interview Packet for you to review before our phone meeting. This document contains the following elements:

- Key Leader Survey (**Please complete this survey prior to the Key Leader call as we shall ask for your responses during our phone meeting**)
- Data Dashboard and 16 Discussion Questions focused on the key health determinants summarized in the Data Dashboards
- Four open ended questions designed to capture your vision for the City of Manchester as it works over the next five years to improve the health and well-being of its population.

Thank you for your consideration! We know that you have many responsibilities and obligations, and we appreciate your time.

Dorothy A. Bazos, Ph.D, RN

Lea Ayers LaFave, Ph.D., RN

Courtney Castro (Phone: 603.573.3308)

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Key Leader Discussion Questions

KEY LEADER DISCUSSION QUESTIONS: DETERMINANTS OF HEALTH

We would like to talk to you about some of the leading indicators that are known to determine/influence the health of populations. Our list of indicators is derived from the RWJF Roadmaps and County Health Rankings Framework. Our data benchmarks are derived from the City Health Dashboard <https://www.cityhealthdashboard.com/>.

The City Health Dashboard

More than 80 percent of the United States population lives in urban areas. A key ingredient for thriving communities is healthy people, yet neighborhoods right next to each other can provide drastically different opportunities for health and well-being. Adding to the challenge of differences in opportunities for health and health outcomes among populations is that for mayors, city managers, community development staff and local health officials seeking to drive health improvements, there has been no standardized tool for understanding and benchmarking a city's performance and relative standing on indicators of health and health risk.

The [City Health Dashboard](https://www.cityhealthdashboard.com/) bridges this gap by measuring and comparing health at the city -- rather than at the county and state -- level. It equips the largest 500 cities in the U.S., those with populations of about 66,000 or greater, with a one-stop resource allowing users to view and compare data from multiple sources on health and the factors that shape health to guide local solutions that create healthier and more equitable communities. The project is led by NYU School of Medicine's Department of Population Health with support from the [Robert Wood Johnson Foundation](#) and in partnership with [NYU's Robert F. Wagner School of Public Service](#), the [National Resource Network](#), the [International City/County Management Association](#), and the [National League of Cities](#).

The City Health Dashboard allows you to see where the nation's 500 largest cities stand on 37 key measures of health and factors affecting health across five areas: Health Behaviors, Social and Economic Factors, Physical Environment, Health Outcomes, and Clinical Care. These categories align with those used in the [County Health Rankings & Roadmaps](#), a well-known program that provides health data at the county level.

Data come from federal, state, and other datasets with rigorous standards for collection and analysis. The Dashboard team chose these measures, with guidance from a City Advisory Committee, because cities can act on them, they were collected within the last four years, they are updated regularly, and they are backed by evidence. Below, you will find information on each metric including a metric description, data source, years of data, how the measure is calculated, and a link to more information.



SOCIAL AND ECONOMIC FACTORS

The following indicators represent areas in which Manchester as a whole experiences poorer outcomes than other cities nationally.*

Indicator	Manchester Average/Rate	500 Cities Average/Rate
High School Graduation On Time (completion within 4 years of entering 9 th Grade)	74.9%	83.4%
Chronic School Absenteeism (≥ 15 days of school missed in academic year, 2015-16)	27.4%	18.1%
Income Inequality (more households in the bottom 20% of income, 2017)	-7.8	-5.5
Violent Crime Rate (murder, aggravated assault, robbery, forcible rape, 2017)	675.9 offenses per 100,000	513.5 offenses per 100,000
Third Grade Reading Proficiency (students reading at or above grade level in 3 rd grade)	30.5%	46.2%
Households with Excessive Housing Costs (≥ 30% of income on housing, 2017)	40%	37%

*Comparison values were generated for each of the indicators from data provided by 500 of the largest cities from across the country. (Source: City Health Dashboard, <https://www.cityhealthdashboard.com/>)

In addition, some of Manchester’s neighborhoods experience poorer outcomes than other cities:

- **Children Living at 100% of Federal Poverty Level, 2017** (as high as 51.4% in one neighborhood; 14 neighborhoods have elevated child poverty rates as compared with other cities)
- **Unemployment Rates, 2017** (as high as 14.4% in 1 neighborhood; more than 25% of all neighborhoods in Manchester have elevated unemployment rates compared with other cities)

THINKING ABOUT SOCIAL AND ECONOMIC FACTORS...

Question 1: What improvements in services or resources to families has Manchester made in the past five years?

Question 2: What do you think Manchester could do better in regard to this factor?

Question 3: What are the **top 3** areas where Manchester could/should take action and invest resources over the next five years?

Question 4: What would be needed to make action possible around issues mentioned above and in general regarding social and economic factors?



PHYSICAL ENVIRONMENT

The following indicators represent areas in which Manchester as a whole experiences poorer outcomes than other cities nationally.*

Indicator	Manchester Average/Rate	500 Cities Average/Rate
<i>Housing with a High Potential Lead Risk</i> (based on age of housing stock, 2017)	32.1%	18.5%
<i>Lead Exposure Risk Index</i> (based on age of housing stock and poverty rates, 2017)	8 out of 10	5.5 out of 10
<i>Limited Access to Healthy Foods</i> (residents who live more than ½ mile from supermarket, 2015)	77.4%	61.9%

*Comparison values were generated for each of the indicators from data provided by 500 of the largest cities from across the country. (Source: City Health Dashboard, <https://www.cityhealthdashboard.com/>)

In addition, some of Manchester's neighborhoods experience poorer outcomes than other cities:

- ***Walkability, 2018*** (11 neighborhoods have walkability scores lower than other cities)

THINKING ABOUT THE PHYSICAL ENVIRONMENT...

Question 5: What improvements in services or resources to families has Manchester made in the past five years?

Question 6: What do you think Manchester could do better in regard to this factor?

Question 7: What are the **top 3** areas where Manchester could/should take action and invest resources over the next five years?

Question 8: What would be needed to make action possible around issues mentioned above and in general regarding physical environment factors?



HEALTH BEHAVIORS

The following indicators represent areas in which Manchester as a whole experiences poorer outcomes than other cities nationally.*

Indicator	Manchester Average/Rate	500 Cities Average/Rate
Adult Binge Drinking (4+ drinks for women and 5+ drinks for men, 2016)	17.9%	17.7%
Teen Birth Rate (births among teens age 15-19 years, 2014-2016)	25.4 births per 1,000	23.6 births per 1,000
Adult Physical Inactivity (no leisure time physical activities in past month, 2016)	24.6%	24%
Adult Tobacco Use (100 cigarettes in lifetime or currently smoking, 2016)	20.8%	17.4%
Opioid Overdose Deaths (confirmed deaths due to opioids, 2014-2016)	56.5 deaths per 100,000	11.7 deaths per 100,000

*Comparison values were generated for each of the indicators from data provided by 500 of the largest cities from across the country. (Source: City Health Dashboard, <https://www.cityhealthdashboard.com/>)

The following indicators represent Youth Health Behaviors from the Youth Risk Behavior Survey, 2017.

- **Teen Binge Drinking** (15.4% - 4 or more drinks for females and 5 or more drinks for males)
- **Teen Tobacco Use** (8.7% smoked cigarettes during the past 30 days)
- **Teen Heroin Use** (3.1% have used heroin at least once in their lifetime)

THINKING ABOUT HEALTH BEHAVIORS...

Question 9: What improvements in services or resources to families has Manchester made in the past five years?

Question 10: What do you think Manchester could do better in regard to this factor?

Question 11: What are the **top 3** areas where Manchester could/should take action and invest resources over the next five years?

Question 12: What would be needed to make action possible around issues mentioned above and in general regarding health behavior factors?



CLINICAL CARE AND HEALTH OUTCOMES

The following indicators represent areas in which Manchester as a whole experiences poorer outcomes than other cities nationally.*

Indicator	Manchester Average/Rate	500 Cities Average/Rate
Adult Obesity (as defined by Body Mass Index – BMI, 2016)	29.5%	29.2%
Adults in Frequent Physical Distress (14 or more days per month, 2016)	12.8%	12.3%
Adults in Frequent Mental Distress (14 or more days per month, 2016)	13.4%	12.8%
Life Expectancy (average life expectancy at birth, 2010-2015)	77.6 years	78.8 years
Premature Death (in a population before the age of 75 years, 2014-2016)	8900 years	7431 years

*Comparison values were generated for each of the indicators from data provided by 500 of the largest cities from across the country. (Source: City Health Dashboard, <https://www.cityhealthdashboard.com/>)

In addition, some of Manchester's neighborhoods experience poorer outcomes than other cities:

- **Uninsured Adults, 2017** (One neighborhood is as high as 25.7%; five neighborhoods are > 20%)
- **Adults with Diabetes, 2016** (Five neighborhoods are over 10%)
- **Adults with High Blood Pressure, 2015** (10 neighborhoods are over 30%)
- **Adults Receiving Dental Care, 2016** (One neighborhood is as low as 45.3%; eight are under 63%)
- **Adults Receiving Preventive Services, 2016** (Four neighborhoods are under 32%)

THINKING ABOUT CLINICAL CARE...

Question 13: What improvements in services or resources to families has Manchester made in the past five years?

Question 14: What do you think Manchester could do better in regard to this factor?

Question 15: What are the **top 3** areas where Manchester could/should take action and invest resources over the next five years?

Question 16: What would be needed to make action possible around issues mentioned above and in general regarding clinical care factors?



WRAP UP – WHAT IS YOUR VISION FOR AN IDEAL MANCHESTER?

QUESTION 17: What is the single most important issue facing your community?

QUESTION 18: What do you believe makes a community the best place to live?

QUESTION 19: If you could talk to the Mayor about one new or emerging health and safety issue in your community, what would it be?

QUESTION 20: DO YOU HAVE ANYTHING YOU WOULD LIKE TO ADD TO THIS DISCUSSION?

THANK YOU IN ADVANCE FOR YOUR TIME AND INPUT



BACKGROUND RESOURCES

- County Health Rankings and Roadmaps Model: <http://www.countyhealthrankings.org/>
- City Health Dashboard: <https://www.cityhealthdashboard.com/>
- IHI Pathways to Population Health:
<http://www.ihl.org/resources/Pages/OtherWebsites/Pathways-to-Population-Health.aspx>
- Manchester Community Schools - Neighborhood survey tools from 2012
- 2009 Manchester Community Needs Assessment



APPENDIX 4
FOCUS GROUP SCRIPT

WELCOME AND INTRODUCTION

Welcome, we are so glad to have you here! My name is Dotty Bazos and my colleagues are Lea LaFave and Courtney Castro. We have been asked by the Manchester Health Department to conduct several different focus groups on their behalf in an effort to learn more about Manchester City from a resident's perspective. We are excited that you are interested in helping us better understand the supports and resources you rely on as you care for your young children in this City. Your voice is truly unique and valuable and we look forward to learning more about your experiences of parenting in Manchester City. Please note that there is no right or wrong answer to any of our questions as you are our expert parents here today.

Before we get started I would like to go over some guidelines for a respectful discussion. First of all, please speak up so everyone can hear, but also be mindful that you are not talking out of turn or over someone else. This is especially important because we want to be sure we can hear everyone and we do not want our note taking to be distorted. Courtney will be taking notes during this session and these notes will be summarized with notes from all other focus groups into "general findings". This input will be used by the Manchester Health Department to develop an updated Neighborhood Health Improvement Strategy that will outline new efforts to meet your needs as parents of the City's most valuable assets – its children. While we will be on a first name basis, rest assured that your name will not be attached in any report we create. All of your responses will be kept confidential and the paper notes we are taking will be deleted once the data is entered.

Again, remember that what is said during this Focus Group session, remains in this room. *Of course, if I were to learn that somebody was hurting you or your child, I might need to talk to others to ensure that everyone stays safe. Our discussion will last about an hour and a half, and while we will not be taking any formal breaks, you are more than welcome to take care of your needs as necessary. Bathrooms and drinking fountains are located_____. Does anyone have any questions before we begin? Let's begin!



FOCUS GROUP PROCESS

We have a lot of material to cover during our discussion, thus we shall observe the following process:

Focus Group Leadership: The following leaders will run the focus group

Group Leader: Will lead all discussion topics

Facilitator/Timekeeper: Will keep the discussion moving and on time and will assure that everyone has an opportunity to provide equal input. For each discussion point, we shall go around the group circle and call on each individual for his/her comments so that everyone has an opportunity to provide input. The timekeeper will have to ask you to wrap up your response if the group needs to move on to the next person or topic.

Recorder: Will take notes of the Discussion and will collect all flip chart notes for review after our meeting.

Focus Group Process Steps

- 1. Discussion of Health Factors:**
 - a. Welcome and Introduction
 - b. The following discussion format will be followed for each of the four major Health Factors (Socio-economic, Physical Environment, Health Behaviors, Clinical Care and Health Outcomes)
 - i. Definition of each Health Factor
 - ii. Discussion of data about the Health Factor
 - iii. Prioritize work to be done to improve each Health Factor (DOT VOTING)
 - iv. List action-steps to be taken to start improvement work
- 2. Discuss your vision for an Ideal Community**
- 3. Complete 18-question written survey (15 min)**
- 4. Receive gift card and thank you for participation.**



SOCIAL AND ECONOMIC FACTORS: The socioeconomic factors that determine health include: **employment, education, income, family and social support and community safety.**

Although Manchester hopes to further improve its social and economic factors, the City has done a great deal of work over the past five years to improve employment, education, income, family support and community safety of the City's population.

Question 1: When you think about the last five years, have you or your family experienced any improvements in services or resources around these social and economic factors?

Manchester City is committed to improving social and economic factors of its City's residents. Some specific areas for improvement for which we have good data and information are listed below. As compared to 500 cities across the United States, Manchester falls below average on the following indicators:

- **High school graduation rates**
- **School Absenteeism**
- **Income**
- **Violent Crime**
- **Third Grade Reading Proficiency**
- **Housing Costs**
- **Children living in poverty (in some neighborhoods)**
- **Unemployment rates (in some neighborhoods)**

Question 2: Are there any other social or economic factors of importance to you that should be added to this list? (List is up on flip chart and we add thoughts to list.)

Question 3: Based on the list of indicators where Manchester is below average, what would you list as the **top 3** areas where Manchester could/should take action and invest resources over the next five years? (DOT Voting)

Question 4: What specifically would be needed to make action possible around these issues (start with Top Three) and in general regarding social and economic factors?



PHYSICAL ENVIRONMENT FACTORS: The **physical environmental factors** that determine health include: **air and water quality, housing and transit.**

Although Manchester hopes to further improve its physical environmental factors, the City has done a great deal of work over the past five years to improve its housing and transportation systems.

Question 5: When you think about the last five years, have you or your family experienced any improvements in services or resources around these physical environmental factors?

Manchester City is committed to improving physical environmental factors of its City's residents. Some specific areas for improvement for which we have good data and information are listed below. As compared to 500 cities across the United States, Manchester falls below average on the following indicators:

- **Housing with Potential Lead Risk**
- **Lead Exposure Risk Index**
- **Access to Healthy Foods**
- **Walkability is poor in some neighborhoods**

Question 6: Are there any other physical environmental factors of importance to you that should be added to this list? (List is up on flip chart and we add thoughts to list.)

Question 7: Based on the list of indicators where Manchester is below average, what would you list as the **top 3** areas where Manchester could/should take action and invest resources over the next five years? (DOT Voting)

Question 8: What specifically would be needed to make action possible around these issues (start with Top Three) and in general regarding physical environmental factors?



HEALTH BEHAVIORS: The **health behaviors** that determine health include **tobacco, alcohol and drug use, diet and exercise and sexual activity.**

Although Manchester hopes to further improve the health behaviors of the City's population, the City has done a great deal of work over the past five years to improve health behaviors of the City's population.

Question 9: When you think about the last five years, have you or your family experienced any improvements in services or resources around tobacco, alcohol and drug use, diet and exercise and sexual activity?

Manchester City is committed to improving health behaviors of its City's residents. Some specific areas for improvement for which we have good data and information are listed below. As compared to 500 cities across the United States, Manchester falls below average on the following indicators:

- **Adult Binge Drinking**
- **Teen Births**
- **Adult Physical Inactivity**
- **Adult Tobacco Use**
- **Opioid Overdose Deaths**

Question 10: Are there any other health behavior factors of importance to you that should be added to this list? (List is up on flip chart and we add thoughts to list.)

Question 11: Based on the list of indicators where Manchester is below average, what would you list as the **top 3** areas where Manchester could/should take action and invest resources over the next five years? (DOT Voting)

Question 12: What specifically would be needed to make action possible around these issues (start with Top Three) and in general regarding health behaviors?



CLINICAL CARE AND HEALTH OUTCOMES: The clinical care and health outcomes that determine health include **access and quality of care as well as specific outcomes for targeted chronic diseases.**

Although Manchester hopes to further improve its clinical care and health outcomes, the City has done a great deal of work over the past five years to improve quality and access to health care services as well as specific health outcomes of the City's population.

Question 13: When you think about the last five years, have you or your family experienced any improvements in services or resources around clinical care or health outcomes for a chronic disease?

Manchester City is committed to improving clinical care and health outcomes of its City's residents. Some specific areas for improvement for which we have good data and information are listed below. As compared to 500 cities across the United States Manchester falls below average on the following indicators:

- **Obesity**
- **Frequent Physical Distress**
- **Frequent Mental Distress**
- **Life Expectancy**
- **Premature Death**
- **Uninsured – some neighborhoods**
- **Diabetes - some neighborhoods**
- **High Blood Pressure – some neighborhoods**

Question 14: Are there any other clinical care and health outcomes of importance to you that should be added to this list? (List is up on flip chart and we add thoughts to list.)

Question 15: Based on the list of indicators where Manchester is below average, what would you list as the **top 3** areas where Manchester could/should take action and invest resources over the next five years? (DOT Voting)

Question 16: What specifically would be needed to make action possible around these issues (start with Top Three) and in general regarding clinical care and health outcomes?



WRAP UP – WHAT IS YOUR VISION FOR AN IDEAL MANCHESTER?

QUESTION 17: What is the single most important issue facing your community?

QUESTION 18: What do you believe makes a community the best place to live?

QUESTION 19: If you could talk to the Mayor about one new or emerging health and safety issue in your community, what would it be?

QUESTION 20: DO YOU HAVE ANYTHING YOU WOULD LIKE TO ADD TO THIS DISCUSSION?

