CONCLUSION: HEALTHY PEOPLE IN EVERY STAGE OF LIFE

The age-oriented sections of this Healthy People in Every Stage of Life chapter contain data that are intended to be used to pinpoint problems and to help shape plans and decisions for health improvement for different age groups in the Manchester area. Numerous organizations and departments contributed the data contained in this assessment report. Likewise, numerous organizations and departments should be included in efforts to take steps to improve community health. Examples of partnerships and collaborations of organizations that already exist include the Regional Infant Mental Health Team for very young children, the new Healthy Youth Collaborative for school-age youth, and Seniors Count for older adults.

Manchester HSA residents’ health is influenced by myriad factors—individual biology, choices and activities, families, health care, education, employment and income, neighborhoods and communities, and the various social and institutional structures people experience every day. In this community health needs assessment, standard health outcomes as well as numerous behavioral, social and population measures for each age group were examined. Community health needs and health inequity were identified through summaries of both quantitative and qualitative data.

Birth to Six

Reducing the number of low and very low birth weight babies born in Manchester to meet target levels is important since birth weight, a key health indicator, can influence a variety of long-term health factors.

The housing in which young children spend most of their time can cause preventable negative health outcomes. Child blood lead screening and an integrated Healthy Homes effort in the Manchester area could address lead poisoning along with a host of other home-related health concerns for young children and their families. Healthy Homes is a national program that addresses various factors that affect healthy home environments.

In the last decade Manchester has seen improvement in the proportion of children who are fully immunized against vaccine-preventable diseases. Further improvement is still warranted. However, the apparently high rates at which Manchester children are hospitalized for Acute Ambulatory Care Sensitive Conditions may be a sign of a need for increased access to preventive health and primary care services.

Improved measurement and understanding of healthy practices among children and their parents in the Manchester area would help the community develop approaches to further enable parents to instill healthy behaviors and create an environment for healthy child development.

Youth

Manchester youth face an array of challenges as they grow. They experience constant media and social influences, violence and aggression, temptations to make unhealthy decisions, and a surrounding community that does not always give them the support they need. As a community with a desire to improve our youth population’s overall health, the way youth experience the world and the specific challenges they face should be considered.
While youth spend their time in many settings, schools are a focal point of their daily experience for most of the year. Improved tracking of absenteeism, academic performance, violence, nutrition, and basic health measures in schools will enable us to make decisions and take targeted action about how best to improve youth health, both in and outside the school setting.

While the rate of births to teen mothers and the rate of Chlamydia infection among teens are high for New Hampshire, Manchester teens were no more likely than other New Hampshire youth to have reported having ever had sex. Overall, they report using a condom significantly more often than youth in the rest of the state. The community may want to consider approaches to improve teen health and well-being related to STDs, pregnancy, and sexual activity.

Data collected for the assessment identified obesity and mental health issues as additional areas of concern among school-age youth.

**Healthy Life**

Chronic diseases are a major concern for adult health in Manchester. The fundamental causes of chronic disease include individual risk factors, such as physical activity and nutrition, as well as broader social and environmental factors. As this process moves forward, it is important to address chronic disease prevention, in particular for heart disease and cancer, among adults in Manchester.

Mental health, identified in this report as a health-related need, is costly to the community in a variety of ways, through visits to the emergency room, as well as through lost work productivity and possibly weakened social relationships. Plans for adult health in the Manchester area should address mental health issues and ways of improving access to behavioral health care.

Other specific needs addressed in this assessment include issues such as drug use and obesity, as well as broader community health indicators such as premature death, access to health insurance, and overall health inequity based on income.

To improve the health of adults in Manchester and surrounding communities, it would be beneficial to approach adult health in an integrated, inclusive way that acknowledges various determinants of health. The community may want to continue to develop connections among existing organizations to combine expertise and resources and improve our ability to prevent health problems among adults. For example, the establishment of a steering body to guide efforts targeted at adults ages 18 to 29 may be appropriate.

**Older Adults**

The data collected shows a disparity between men and women over the age of 65. Higher proportions of women ages 65 and over live alone and have only a high school education. Also, cancers affect men and women at different rates. Additionally, the percentage of women over age 65 who have any disability, specifically physical disabilities or go-outside-home disabilities, is higher than the national rate, while the percent of Manchester’s men 65 and over who are living with disability is lower than the national rate.

Older adults in Manchester die of diseases of the heart at a higher rate than in the rest of the state, but they are hospitalized for heart attacks and diseases of the heart at a lower rate than the rest of the state.
Other noted needs for older adults include transportation, affordable dental and eye care, and services that allow for independence. Additional population health problems appear to include elder abuse, a lack of exercise and proper nutrition, obesity, and heart disease.

An important approach to addressing the needs of frail older adults in the Manchester area will be to reach out to those who are not connected to services and assistance that is available. Older adults who are isolated can be difficult to provide with assistance or information, and their opinions and needs are too easily neglected in assessment efforts.

Data available for this needs assessment do not differentiate among older adults of different ages or different levels of mobility. That is a shortcoming of this assessment and will be important to rectify in future assessments of older adults.