



# Assessing Manchester's Urban Advantage

## Greater Manchester Community Health Needs Assessment

June 2019

### EXECUTIVE SUMMARY

The 2019 Greater Manchester Community Needs Assessment, *Assessing Manchester's Urban Advantage*, provides an overview of the current state of health and health-related factors among Manchester residents and their neighborhoods. This comprehensive report was developed by the City of Manchester Health Department in partnership with Catholic Medical Center and the Elliot Health System to serve as a tool to guide community level action and data-driven decision making.

### REGIONAL GEOGRAPHY

This report covers the Greater Manchester Hospital Service Area, which includes the following cities and towns: Auburn, Bedford, Candia, Deerfield, Goffstown, Manchester, New Boston, and Londonderry. However, the data are presented at a variety of geographic levels—down to the neighborhood (census tract) level when possible—to enhance comparison and facilitate the development of priorities for targeted action.

To ensure that this report would be an accurate reflection of the health of Manchester residents, consultants from the Community Health Institute interviewed key leaders from government, education, the health delivery system, and non-profit organizations in Manchester. They also conducted a series of focus groups with a diverse group of Manchester residents to assess opinions about overall well-being in four key areas that impact health. Their voices have been combined with statistical data to describe the top priorities for health improvement in Manchester.

### STRATEGIC FRAMEWORK FOR HEALTH IMPROVEMENT

The County Health Rankings and Roadmaps model, developed by the Robert Wood Johnson Foundation and the Wisconsin Population Health Institute, provides a framework for identifying the factors that, if improved, can have the greatest impact on a community's health. According to this model, four factors combine to determine an individual's health status: social and economic factors (40%), health behaviors (30%), clinical care (20%), and physical environment (10%). The information in this report is organized according to this framework in order to highlight the places where strategic action can have the greatest impact on the future health of Manchester residents.

## KEY FINDINGS

This report illustrates the importance of viewing data from multiple geographic levels. From a regional perspective, Greater Manchester leads the state on a number of factors associated with good health outcomes. For example, residents of the Greater Manchester Region enjoy the typical urban advantages of higher incomes and better access to transportation, parks and recreation, healthcare, and healthy foods, when compared to the state as a whole. However, data for the City of Manchester alone present a different picture.

Within the City of Manchester, the root causes of poor health are disparately concentrated in a small number of center city neighborhoods. Comparing Manchester's most affluent neighborhoods to its most impoverished ones provides a dramatic picture of the neighborhood variation that exists within New Hampshire's largest city:

- the percent of children living in poverty ranges from 0% to 56%;
- the percent of 3rd graders who score at or above proficient on grade-level reading assessments ranges from 94% to only 11%;
- the likelihood of living in housing with potential lead risk varies from 5% to 61%;
- the percent of adults living with frequent physical or mental distress nearly doubles, from 10% to 19%; and
- the average life expectancy of residents varies by 17 years, from 84 years of life down to 67 years of life.

Overdose deaths, lifetime poverty risk and communicable disease rates are also concentrated in Manchester's most impoverished neighborhoods.

While Manchester is considered to be a mid-sized city, it is clear that many of its center city neighborhoods face the same struggles--poverty, violence, hopelessness, and poor access to quality housing, education, and healthcare services--as much larger, urban cities across the US. Data from the City Health Dashboard illustrate this similarity by allowing comparisons between the City of Manchester and an average of the 500 largest cities in the US. Compared with the 500 Cities average, Manchester has:

- higher rates of chronic absenteeism from school (18.1% vs. 27.4%);
- higher income inequality (-5.5 vs. -7.8);
- higher percent of housing with high lead risk (18.5% vs. 32.1%);
- lower average life expectancy (78.8 years vs. 77.6 years); and
- higher violent crime rates (513.5 crimes/100,000 vs. 675.9 crimes/100,000).

On the other hand, Manchester residents fare better than those in larger cities in several areas. Compared with the 500 Cities average, Manchester has lower unemployment (7.2% vs. 5.5%), higher use of preventive medical services by older adults (32.6% vs. 35.0%), and a higher walkability rating (44.5 vs. 48.4).

## COMMUNITY PRIORITIES FOR ACTION

Conversations with Manchester residents reflect a feeling of hope and a willingness to work together to reduce health-related disparities and improve health outcomes across the region. Residents and leaders expressed a collective interest in pooling community resources and targeting them toward the neighborhoods with the greatest need and the issues that will have the most significant impact on the overall well-being of Manchester residents. In particular, community members voiced interest in improving access to quality early childhood education and reducing social isolation through community engagement and crime prevention as key opportunities for improving health outcomes across a broad range of measures.

When asked to identify priorities for action across the categories of health determinants, health outcomes and opportunities, residents and leaders identified the following:

### *Social and Economic Factors: Improve Educational Outcomes*

- Preschool and kindergarten enrollment
- Chronic absenteeism
- 3rd grade reading proficiency
- On-time graduation rates
- Adults with a Bachelor's degree or higher

### *Health Behaviors: Address and Prevent Substance Misuse*

- Opioid overdoses and deaths
- Rates of death for unintentional accidents
- Tobacco use and teen vaping
- Excessive drinking and underage drinking

### *Clinical Care: Improve Access to Care*

- Prenatal care-1st trimester care, late or no prenatal care
- Rates of ED visits for ambulatory care sensitive conditions
- Adult preventive dental access
- Mortality rates for intentional harm (suicide)

### *Physical Environment: Increase Access to Quality, Affordable Housing*

- Lead housing risk
- Homelessness
- Housing cost burden
- Crowding

### *Health Outcomes and Opportunities: Address and Prevent Trauma*

- Persistent poverty
- Child abuse and neglect
- Frequent mental and physical distress

While this report draws attention to threats to the overall health and well-being of Manchester residents, it also outlines opportunities to improve health outcomes across the region. Residents and leaders in Manchester agree on developing a collaborative, targeted approach to health promotion. It is hoped that this report will raise awareness and fuel action to reduce disparities in the factors that most influence the health of Manchester residents.

## ACKNOWLEDGEMENTS

The 2019 Greater Manchester Community Needs Assessment, *Assessing Manchester's Urban Advantage*, is the result of a joint community effort led by the City of Manchester Health Department in partnership with Catholic Medical Center and Elliot Health System. Funding for this project was provided by all three organizations and through a grant from the Kresge Foundation. Technical assistance and support was provided by the Community Health Institute of Bow, New Hampshire; Pear Associates of Wellesley, Massachusetts; and I Squared Community Development Consulting of Dorset, Vermont.



To access the full report, please visit:  
[www.mymanchesternh.com/Strategy](http://www.mymanchesternh.com/Strategy)

