

Community/Neighborhood Health and Well-Being in Manchester

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Granite United Way
Board Member and Chair
of the Southern Region CIC

Mary Gale Foundation
Chair and Trustee

Norwin S. and Elizabeth N. Bean Foundation
Past Chair and Trustee



How the City of Manchester Health Department Improves and Protects the Health of Our Residents Since 1839 and Every Day



- ☑ **SERVE AS THE CITY'S CHIEF HEALTH STRATEGIST** – leading change, performance monitoring, building community wealth, leveraging our community partners in health, etc.
- ☑ **MEET RESIDENTS' NEEDS** – care coordination, home visiting, school health (including dental and mental/behavioral health), homeless primary health care, welcoming new Americans, resident leadership, etc.
- ☑ **PREVENT THE SPREAD OF DISEASE** – immunization, screening, case investigation, compliance, enforcement, environmental surveillance, health education, etc.
- ☑ **IMPROVE THE HEALTH OF NEIGHBORHOODS** – promote healthy homes, violence, injury and substance misuse prevention, creating health-promoting spaces, etc.
- ☑ **PREPARE AND PROTECT OUR COMMUNITY** – emergency preparedness, public health hazard investigation, environmental permitting and inspection, on-site waste water treatment, workforce development, etc.

Google Definition of Health

Dictionary

health

/heITH/

noun

the state of being free from illness or injury.

"he was restored to health"

synonyms: good physical condition, healthiness, **fitness**, physical fitness, **well-being**, haleness, good trim, good shape, fine fettle, good kilter; [More](#)

- a person's mental or physical condition.

"bad health forced him to retire"

synonyms: state of health, physical state, physical health, physical shape, **condition**, **constitution**, **form**

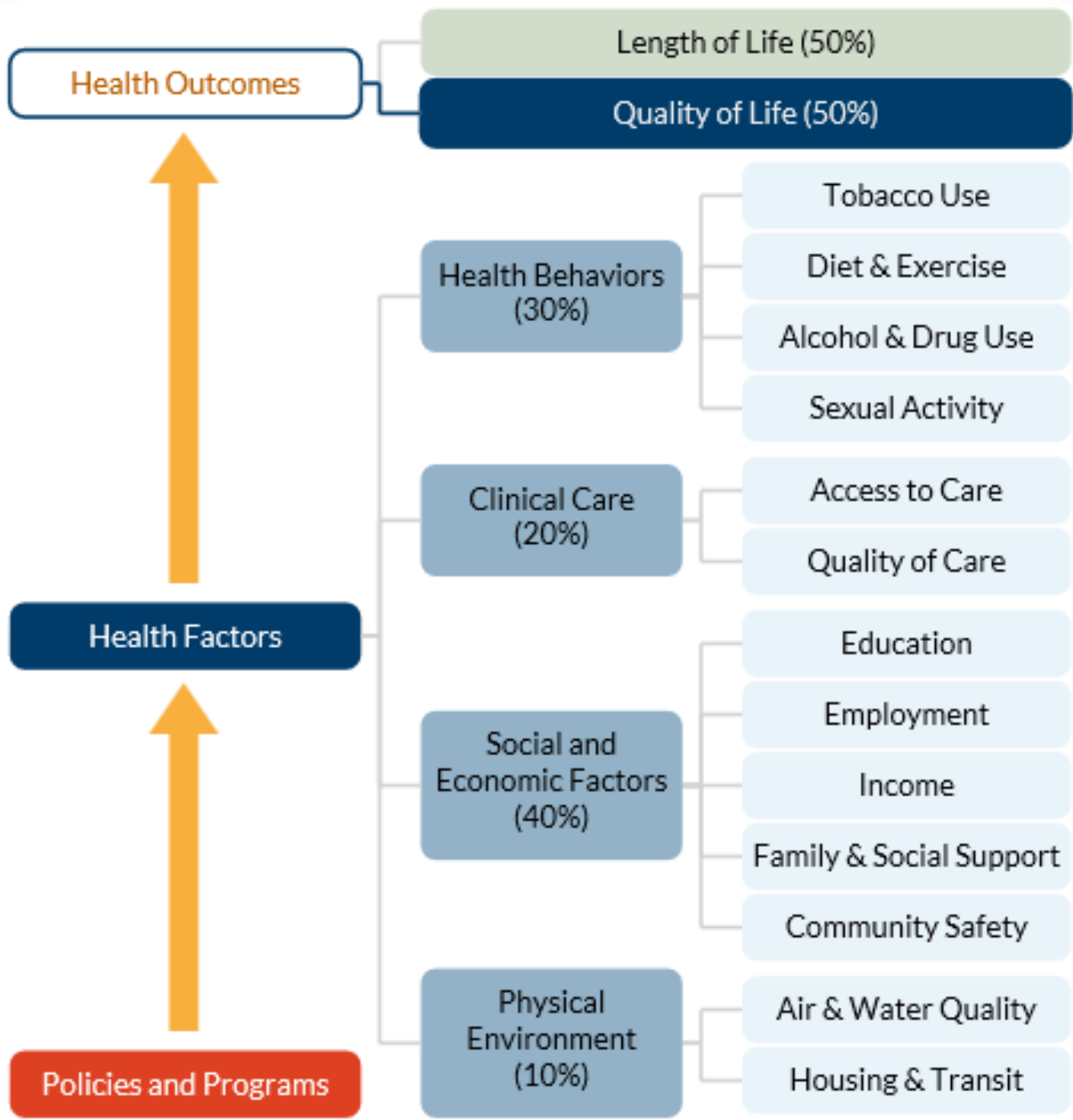
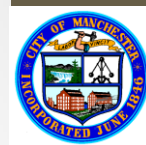
"bad health forced him to retire"

- used to express friendly feelings toward one's companions before drinking.

exclamation: **your good health**; noun: **your health**; plural noun: **your healths**; exclamation: **your health**



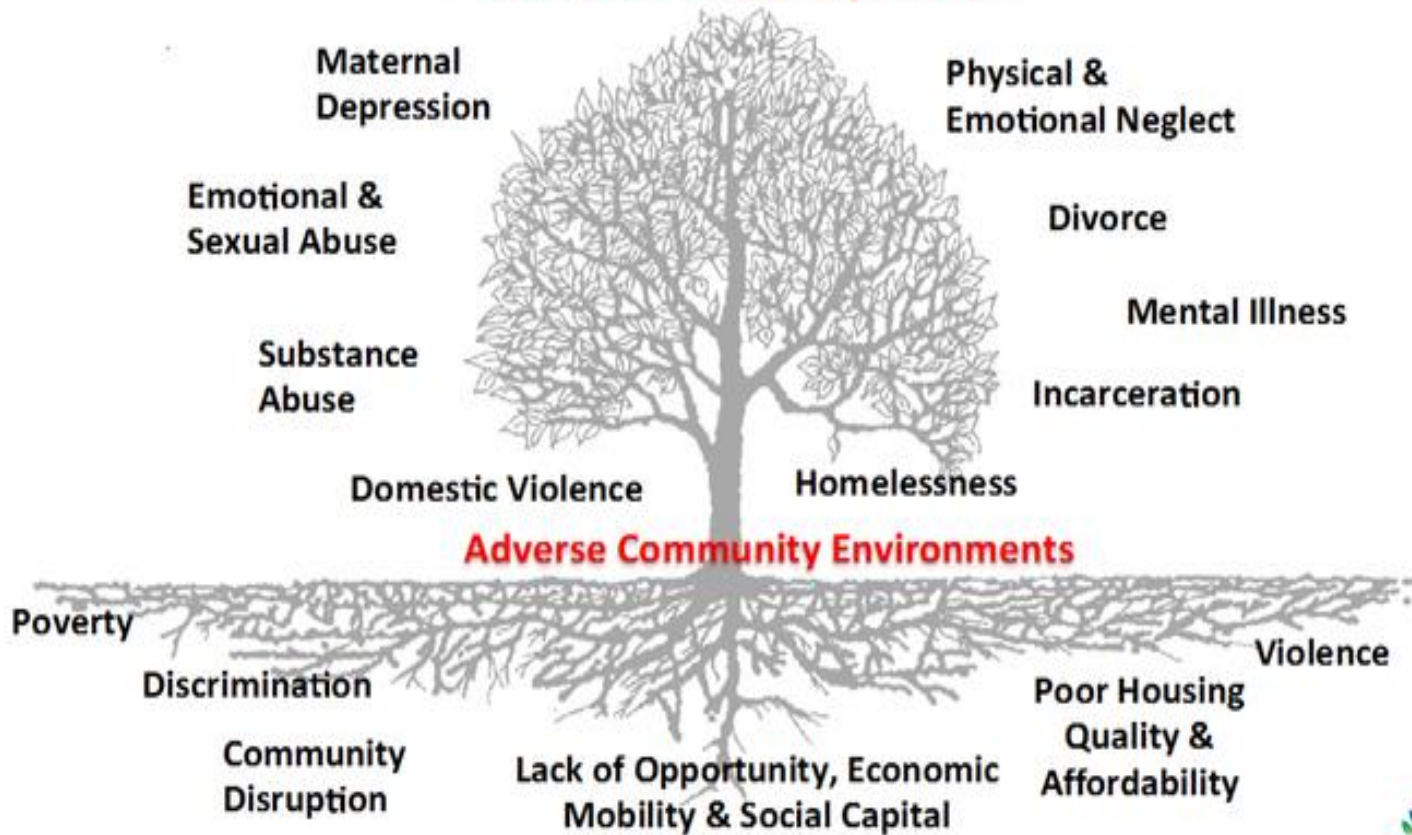
INSTITUTE OF MEDICINE: Health is a state of well-being and the capability to function in the face of changing circumstances.





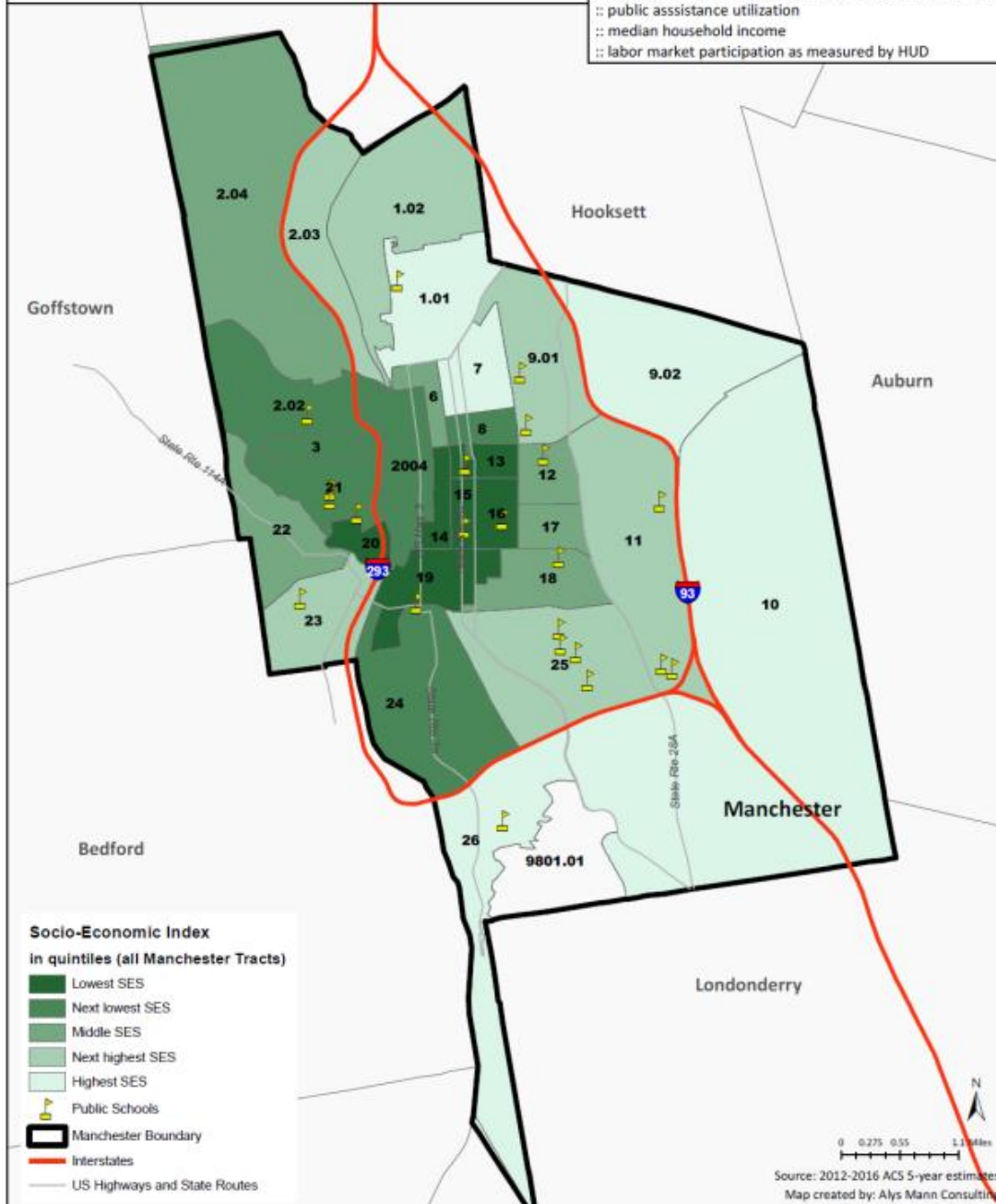
The Pair of ACEs

Adverse Childhood Experiences

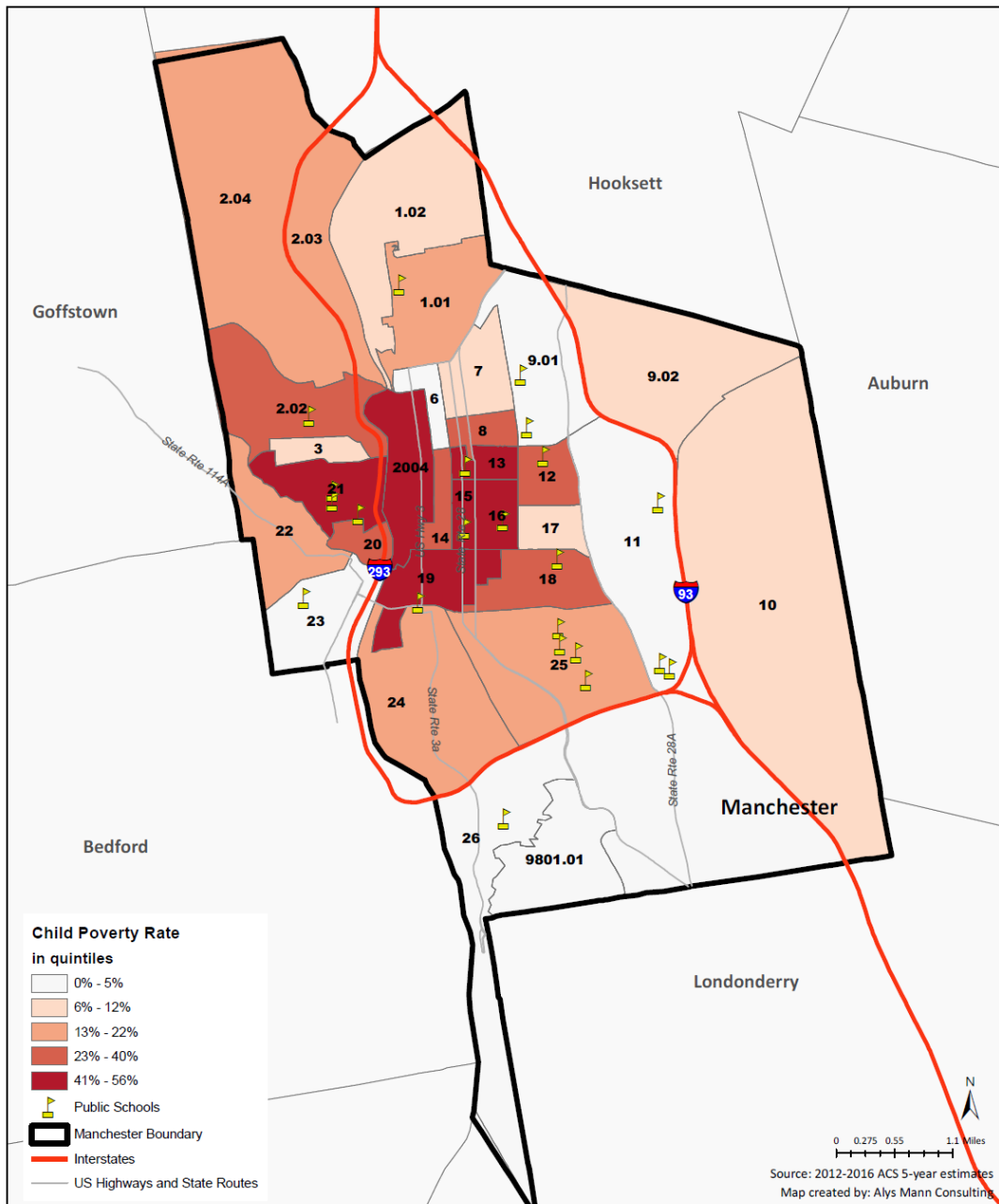


Socio-Economic Status Index by Census Tract

SES is constructed as an index using the following indicators:
 :: poverty rate
 :: child poverty rate
 :: the percentage of adults with high school degrees
 :: the percentage of adults with Bachelor's degrees or higher
 :: public assistance utilization
 :: median household income
 :: labor market participation as measured by HUD

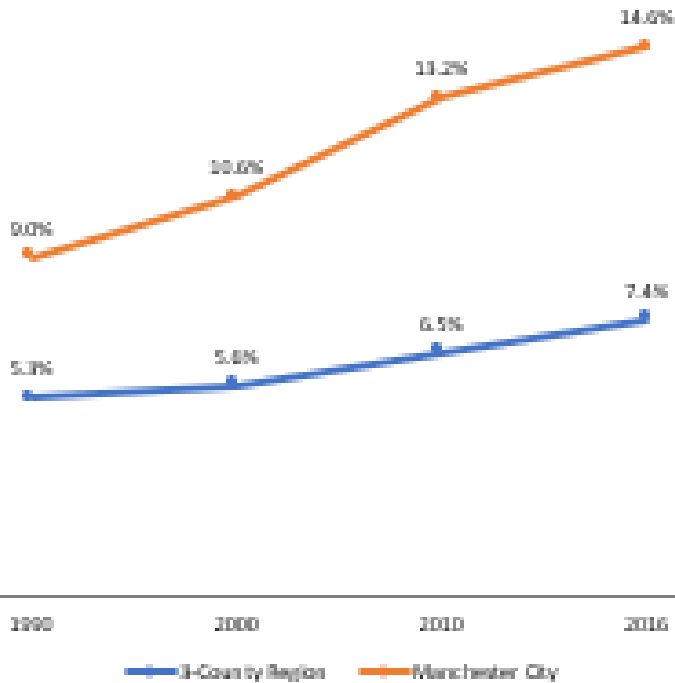


Child Poverty Rate by Census Tract



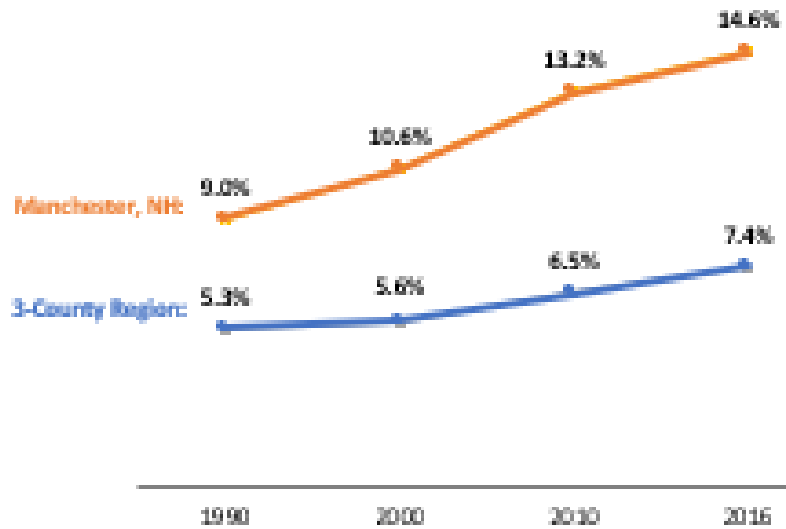


Poverty Rate from 1990 to 2016

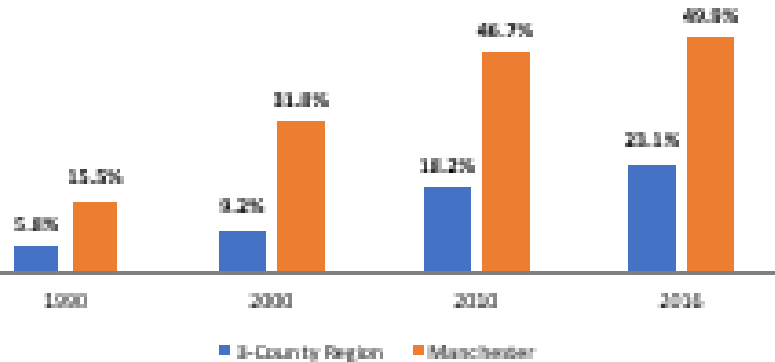


Poverty Rate is on the Rise...

The number of people in poverty increased 70% throughout the 3-county region and 81% in Manchester, New Hampshire from 1990 to 2016.

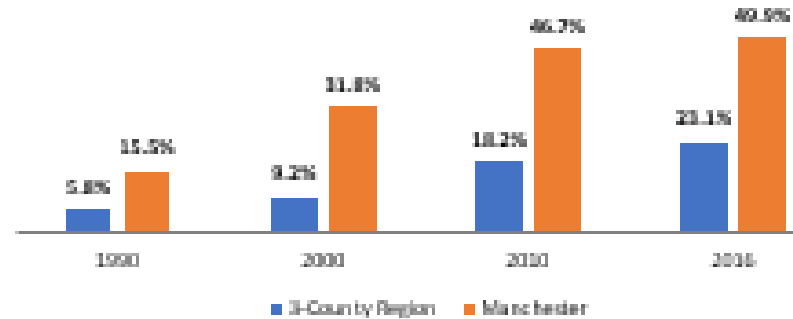


Percent of poor people living in high or extreme poverty areas from 1990 to 2016



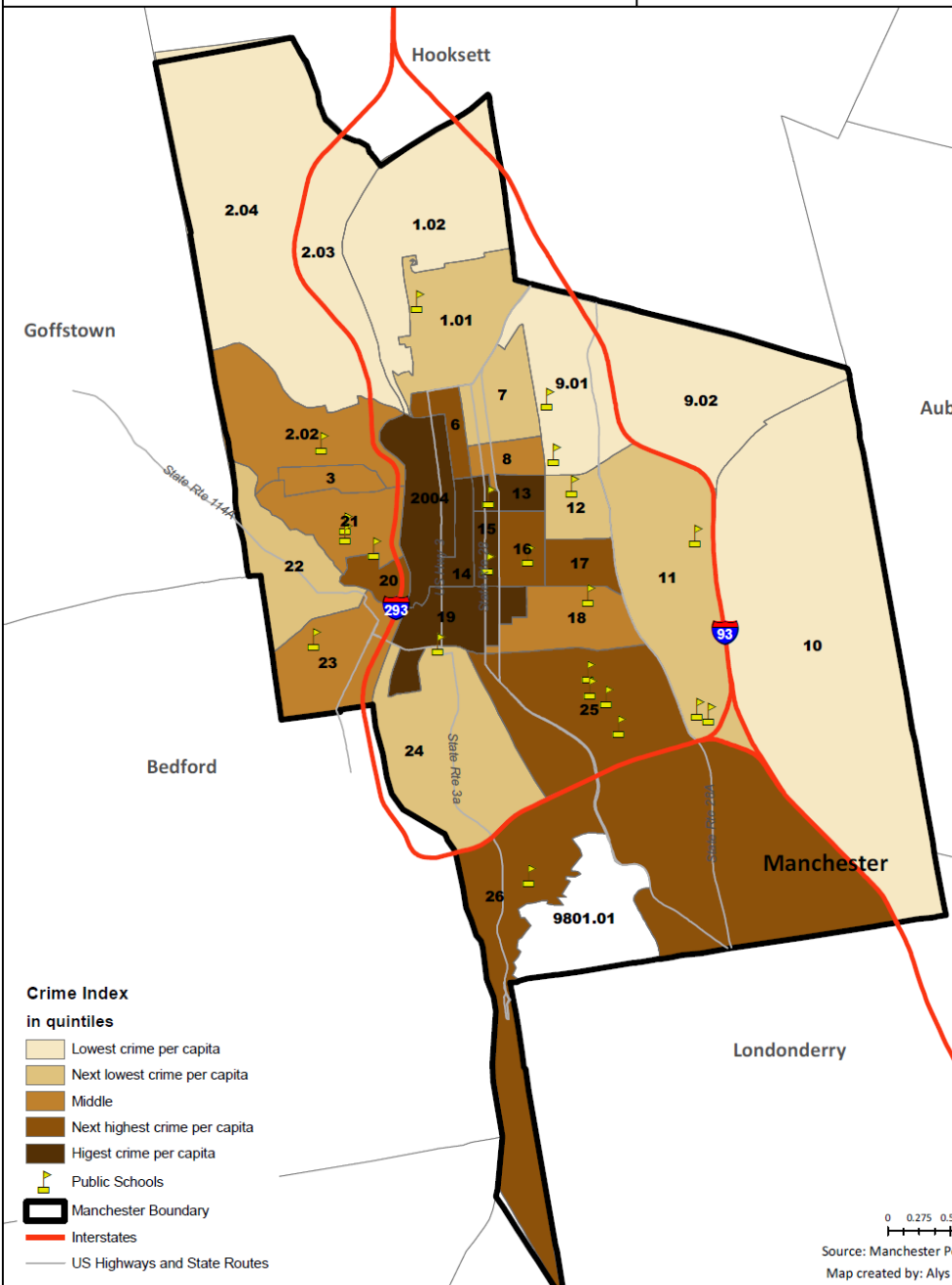
Poor people living in areas of concentrated poverty continues to rise

Percentage of poor people living in high or extreme poverty areas.

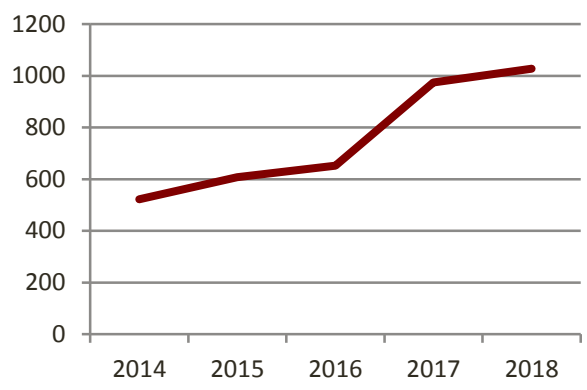


Crime Index by Census Tract

Crime Index is constructed using the following indicators:
 :: Per capita violent offenses 2015-2017
 :: Per capita violent incidents 2015-2017
 :: Per capita Part I offenses 2015-2017
 :: Per capita Part II incidents 2015-2017



City of Manchester Police Department Drug-Related Arrests, 2014-2018

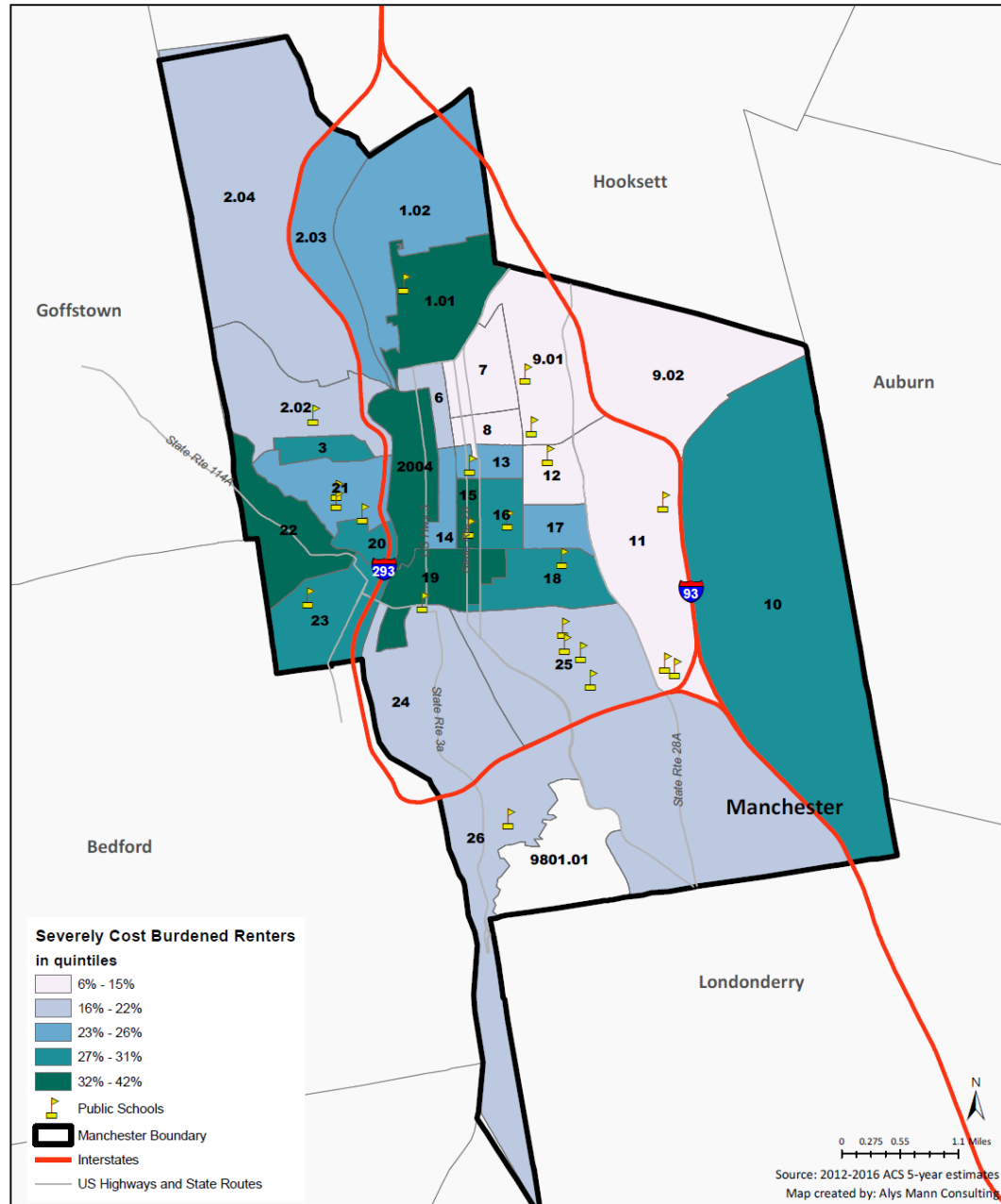


The City of Manchester is considered part of the New England **High Intensity Drug Trafficking Area (HIDTA)**:

- ❑ Significant center of illegal drug production, manufacturing, importation, or distribution;
- ❑ State and local law enforcement agencies have committed resources to respond aggressively to the drug trafficking problem;
- ❑ Drug-related activities in the area are having a significant harmful impact; and
- ❑ Significant increase in Federal resources is necessary to respond adequately to drug related activities in the area.

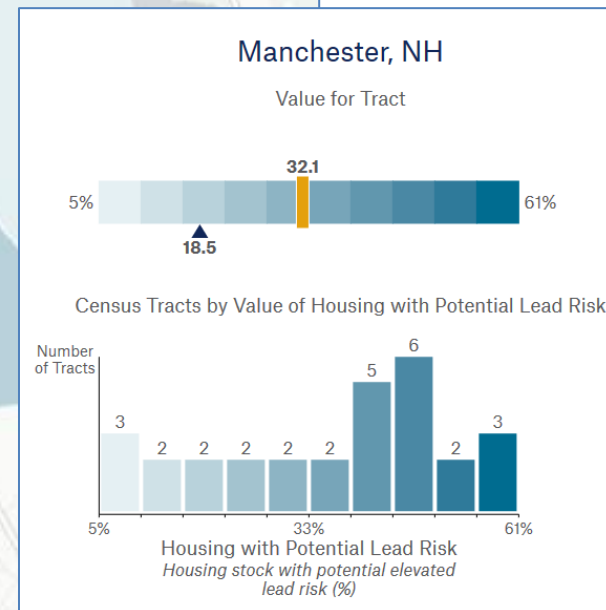
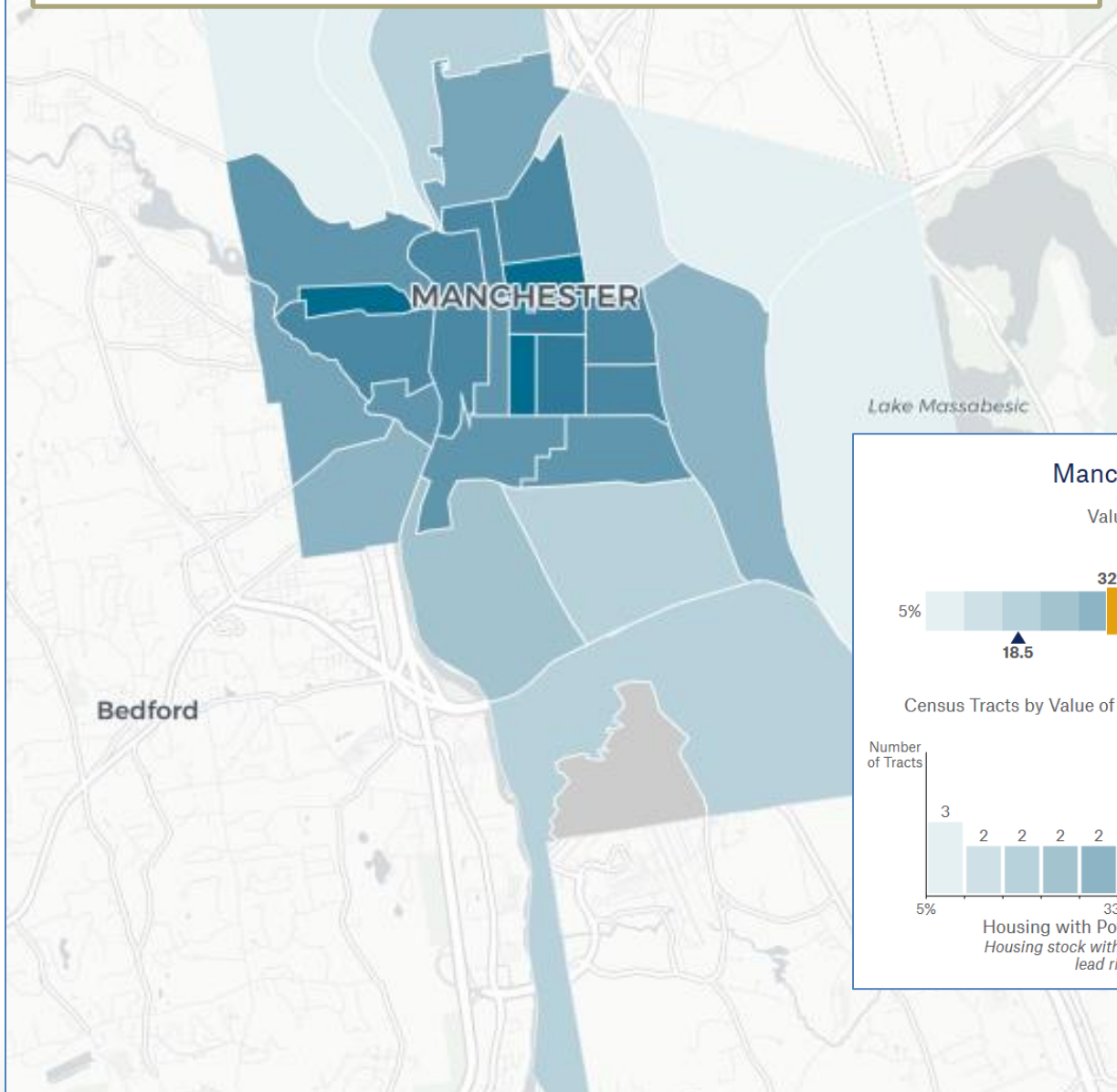


Severely Housing Cost Burdened Renters (pay 50% or more of their income towards housing costs) by Census Tract

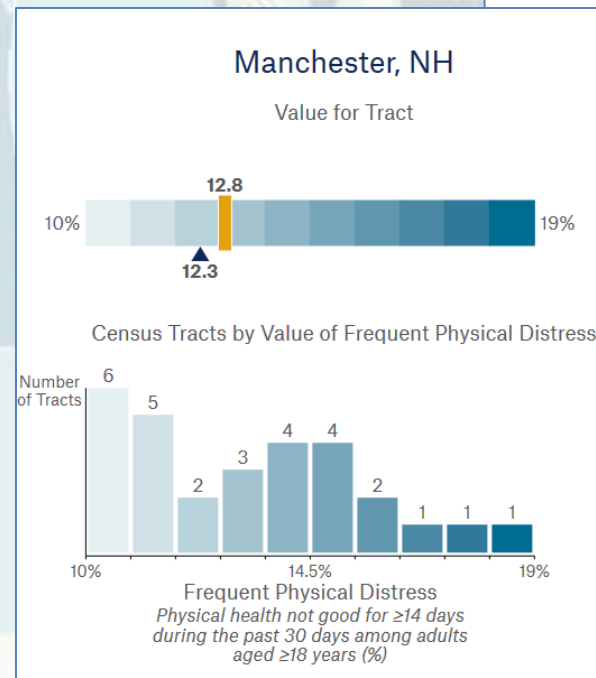
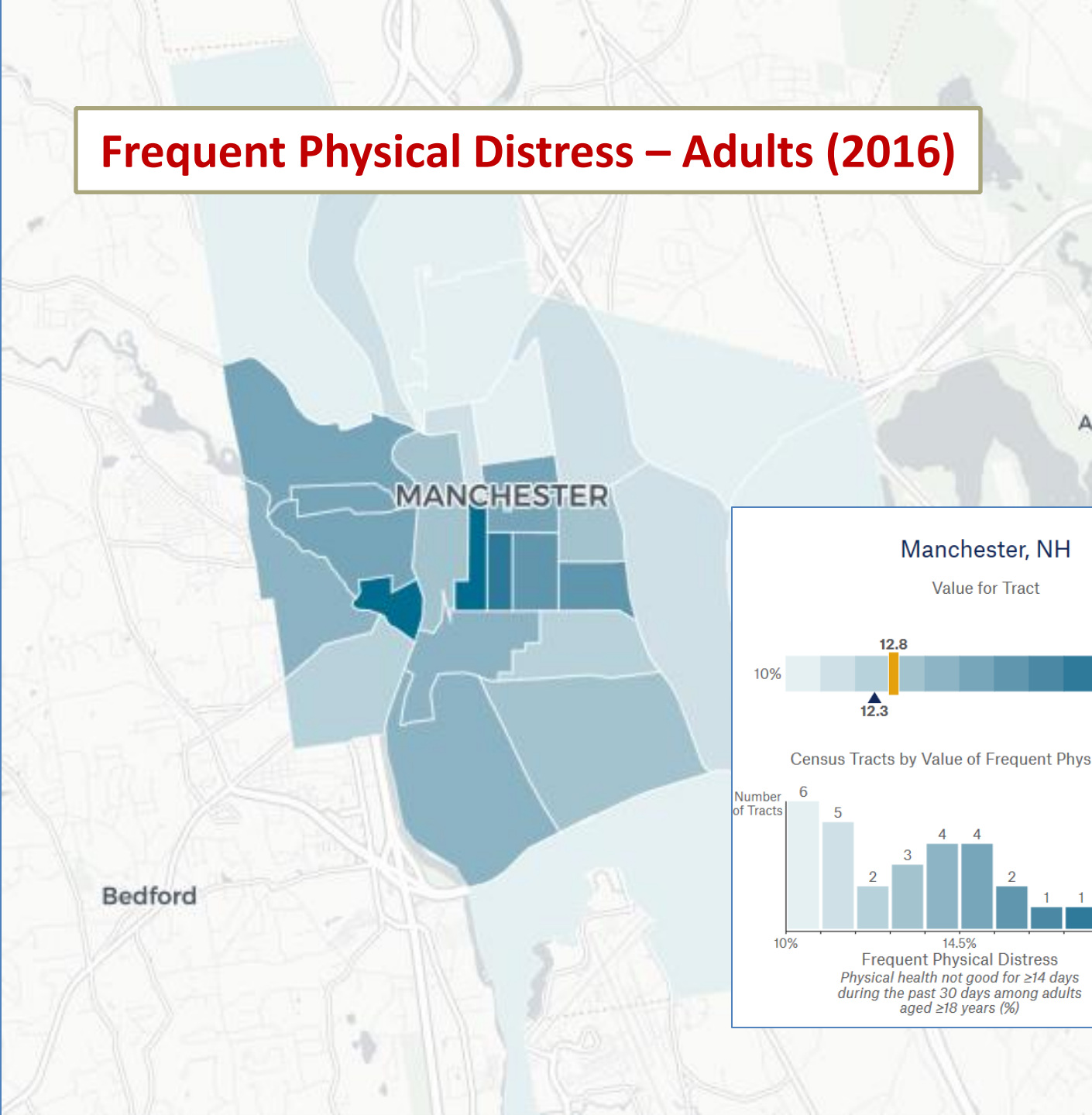




Lead Exposure Risk Index (2017)

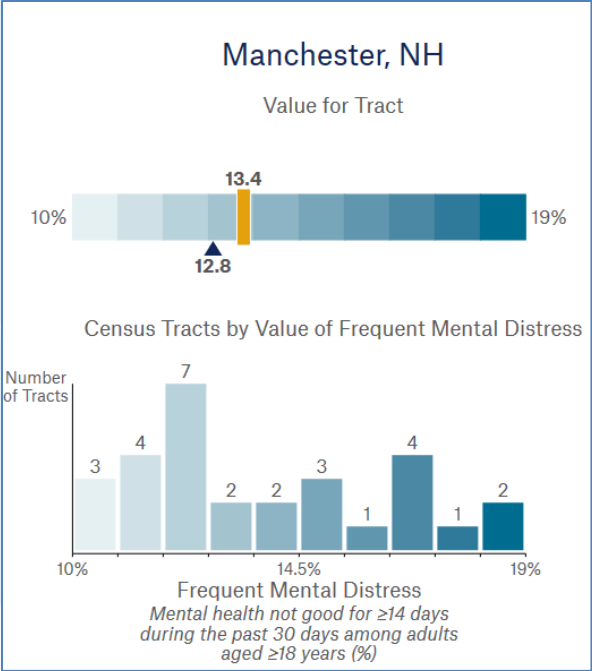
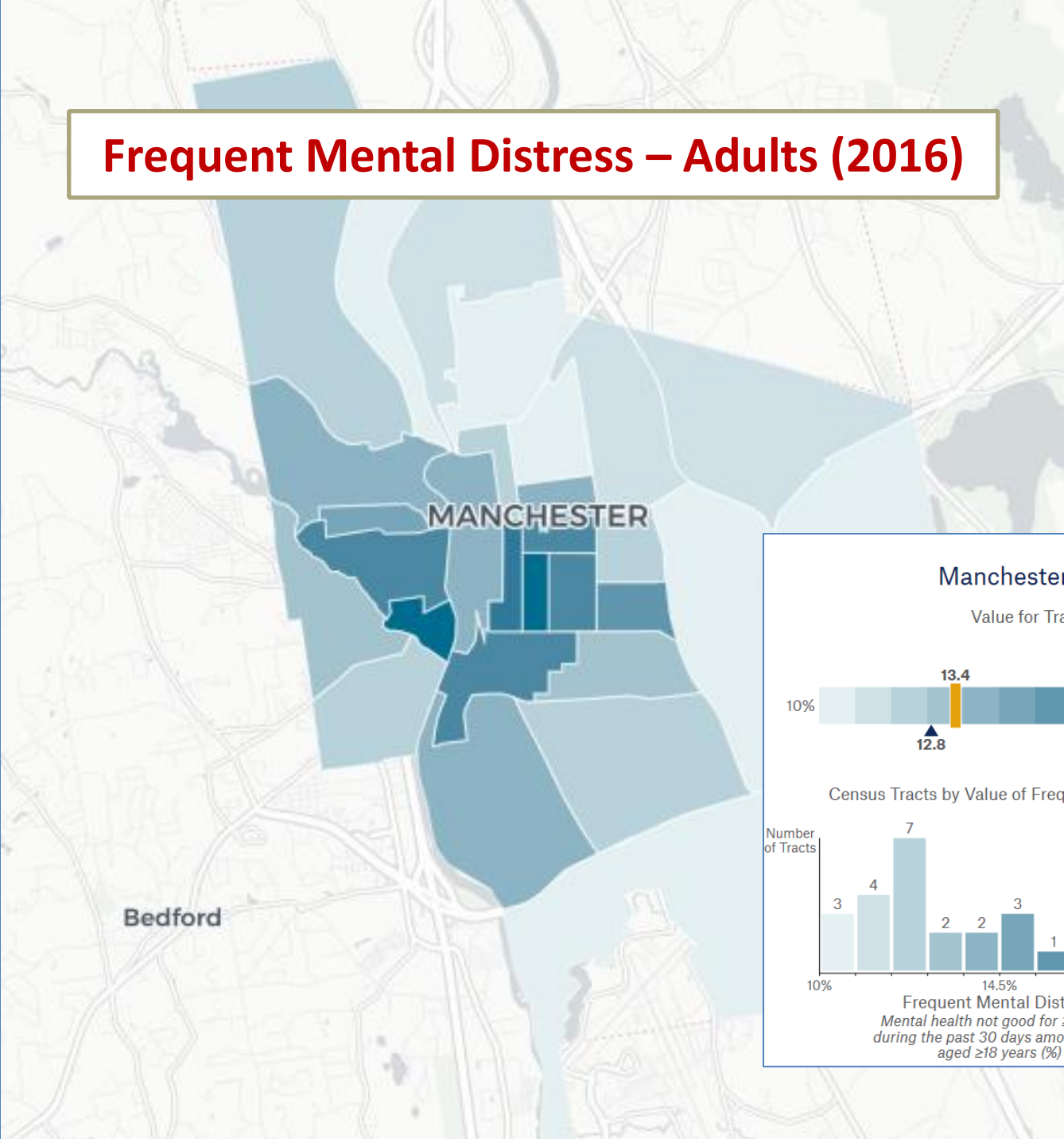


Frequent Physical Distress – Adults (2016)





Frequent Mental Distress – Adults (2016)





Research has Shown that Urban Environments Have Strong Influences on Mental and Physical Health

(City Dwellers have an Almost 40% Higher Risk of Depression)

Urban living is associated with increases in the following mental health problems:

- Increase in mood disorders by up to 39%
- Increase in anxiety disorders by up to 21%
- Double the risk of schizophrenia (up to 2.37 times above average)
- Increase in rate of cocaine and heroin addiction
- [Peen et al, 2010](#)
- [Peen et al, 2010](#)
- [Peen et al, 2010](#), [Vassos et al, 2010](#)
- [SAMHSA, 2012](#)

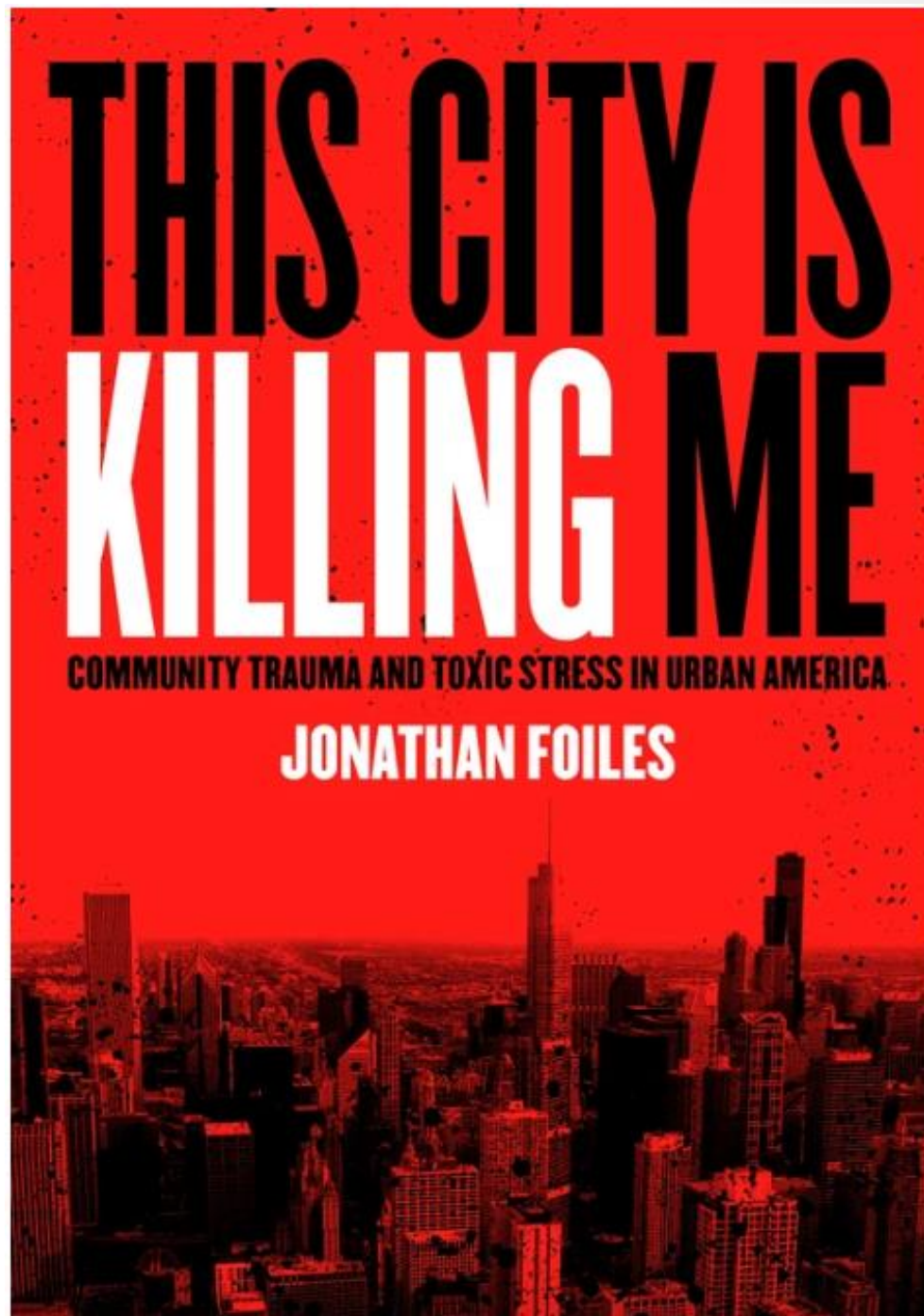
Urban living is associated with decreases in the following mental health problems:

- Almost half the suicide risk (varies with community size/density)
- Decrease in dementia by 10% (compared to rural living)
- Half the risk of Alzheimer's disease (compared to rural upbringing)
- Decrease in alcohol, marijuana, methamphetamine, prescription drug abuse
- [CDC, 2015](#)
- [Russ et al, 2012](#)
- [Nunes, 2010](#)
- [SAMHSA, 2012](#)

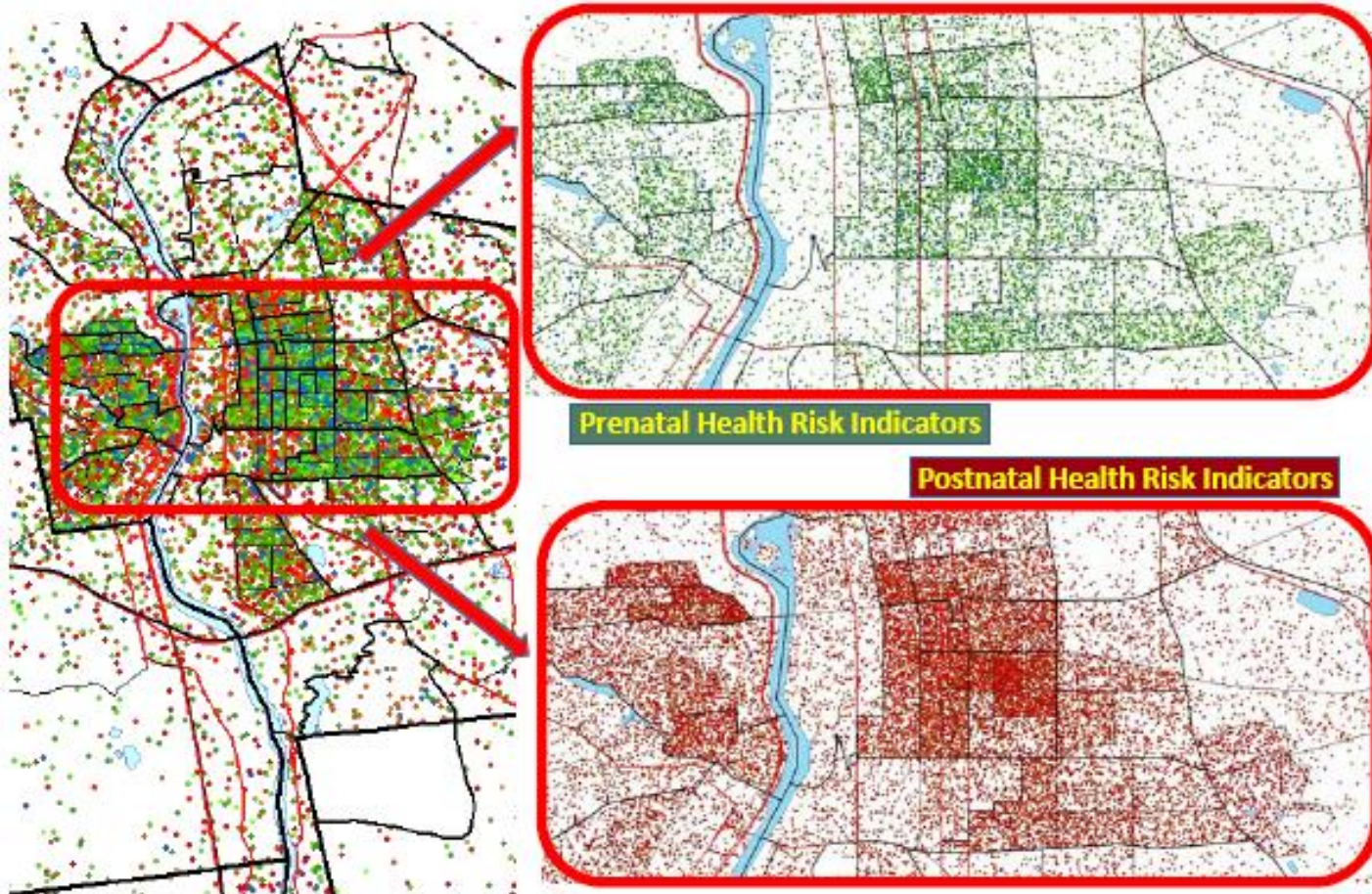
“Therapy could not take into account the importance of unemployment, poverty, lack of affordable housing and other policy decisions that impact both individual and community well-being.

It is easy to be depressed if you live in a neighborhood that has few supportive resources available, or is marred by gun violence.

We are able to diagnose people with depression, **but how does one heal a neighborhood?”**



Maternal and Child Health Risk of Lifetime Poverty in the City of Manchester (Dr. Fredenburg, et. al., 2014)



Prenatal Health Risk Indicators

Postnatal Health Risk Indicators

In 2018, Elliot Hospital and Catholic Medical Center delivered 121 infants with a NAS diagnosis. The cost of a baby being born with NAS averages \$66,700 compared to \$3,500 cost for healthy newborns. In Manchester, based on this average cost estimate, NAS births cost over \$8 million dollars in healthcare treatment expenses in 2018 alone.

City Value for Third-Grade Reading Proficiency in Manchester, NH



30.5% of Manchester's public school third-graders scored proficient on tests of reading, compared to an average of **46.2%** across the Dashboard's 500 cities.

ACADEMIC PROFICIENCY IN THE REGION, SY2016-2017

| Geography | 3 rd Grade Reading Proficiency, SY2016-17 | 7 th Grade Math Proficiency, SY2016-17 |
|-------------|--|---|
| Manchester | 28% | 23% |
| Auburn | 73% | 64% |
| Bedford | 72% | 79% |
| Candia | 76% | 47% |
| Deerfield | 35% | 50% |
| Goffstown | 66% | 66% |
| Hooksett | 61% | 56% |
| New Boston | 59% | N/A |
| Londonderry | 69% | 56% |
| Nashua, NH | 47% | 39% |
| State of NH | 54% | 50% |





| District Offices | 2013 | | 2016 | |
|------------------------|----------------------------|--|----------------------------|--|
| | Total Accepted Assessments | Assessments With Substance Abuse Risk Factor (percent) | Total Accepted Assessments | Assessments With Substance Abuse Risk Factor (percent) |
| Berlin | 329 | 44.4 | 352 | 51.7 |
| Claremont | 746 | 38.7 | 865 | 48.4 |
| Concord | 1,195 | 38.8 | 1,485 | 49.6 |
| Conway | 368 | 38.3 | 491 | 56.0 |
| Keene | 858 | 40.1 | 967 | 53.6 |
| Laconia | 675 | 43.1 | 928 | 49.8 |
| Littleton | 212 | 39.2 | 262 | 46.2 |
| Manchester | 1,278 | 42.3 | 1,691 | 57.3 |
| Rochester | 894 | 42.6 | 983 | 52.8 |
| Seacoast | 863 | 45.3 | 1,079 | 51.7 |
| Southern (Nashua) | 1,377 | 37.7 | 1,532 | 49.8 |
| Southern Telework | 386 | 41.7 | 481 | 48.9 |
| Special Investigations | 67 | 7.5 | 81 | 17.3 |
| Total | 9,248 | 3,755 | 11,197 | 5,771 |

Source: DCYF data extract from DCYF Results Oriented Management and the Statewide Automated Child Welfare Information System (NH Bridges)



STUDENTS WHO ARE HOMELESS/DISPLACED, SY2017-18

| Homeless/Displaced School Children | Homeless Student Count | Total Enrollment | % of Students Who are Homeless |
|------------------------------------|------------------------|------------------|--------------------------------|
| Manchester School District | 622 | 13,528 | 4.6% |
| - Elementary School Students | 332 | 6,387 | 5.2% |
| - Middle School Students | 141 | 2,950 | 4.8% |
| - High School Students | 149 | 4,191 | 3.6% |

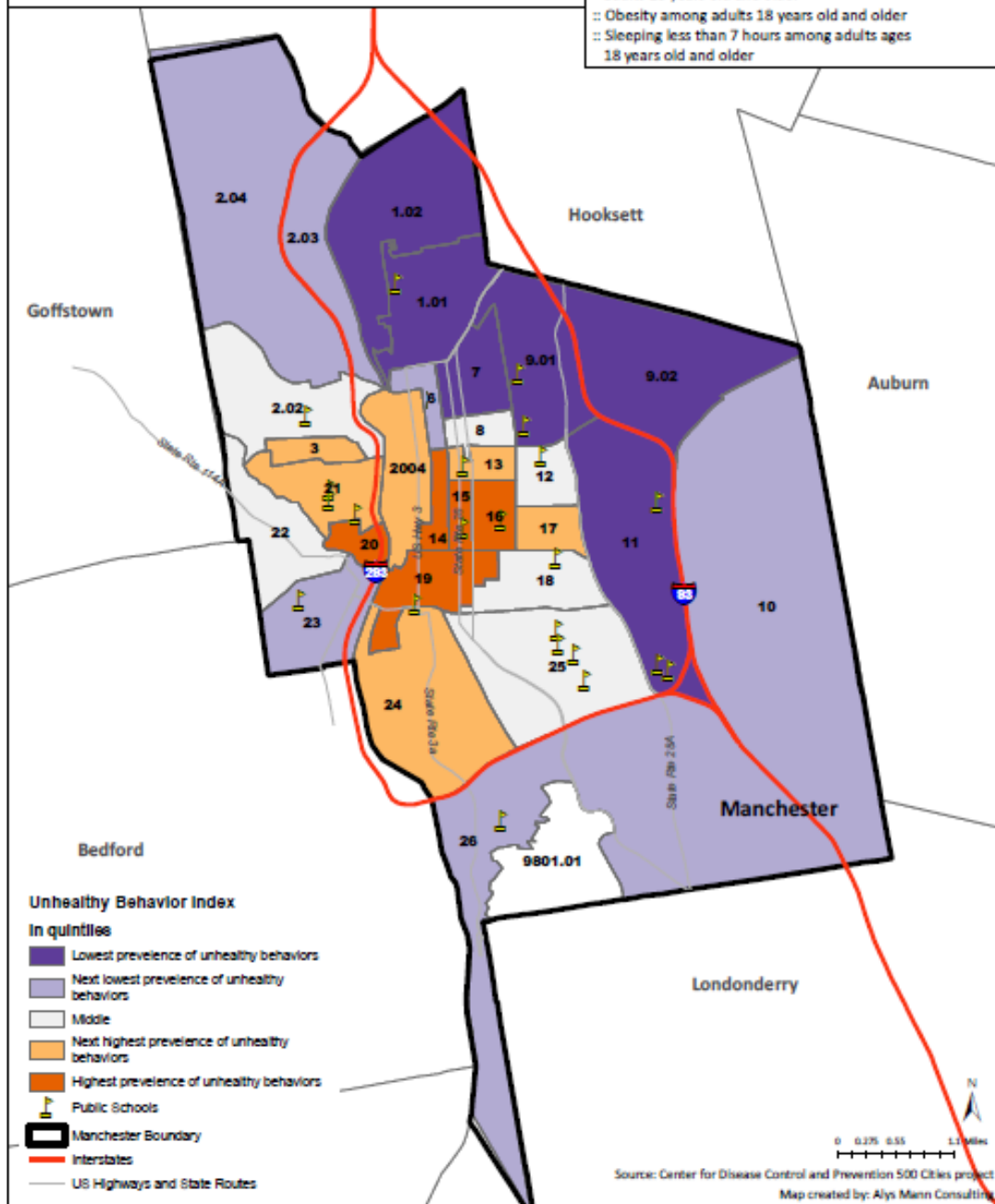
LIVING/HOUSING ARRANGEMENTS, SY2017-18

| Status | Where the Student is Living | Total | Percentage of the Homeless Population |
|---------------|-------------------------------------|-------|---------------------------------------|
| With Family | Shelter | 116 | 18.6% |
| | Doubled up residence | 415 | 66.7% |
| | Unsheltered (car, park, campground) | 16 | 2.6% |
| | Hotel/motel | 17 | 2.73% |
| Unaccompanied | Shelter | * | 0.2% |
| | Doubled up residence | 57 | 9.2% |
| ALL | | 622 | 100% |

Unhealthy Behaviors Index by Census Tract

Unhealthy Behavior Index is constructed using the following indicators:

- Current smoking among adults 18 years old and older
- No leisure-time physical activity among adults 18 years old and older
- Obesity among adults 18 years old and older
- Sleeping less than 7 hours among adults ages 18 years old and older



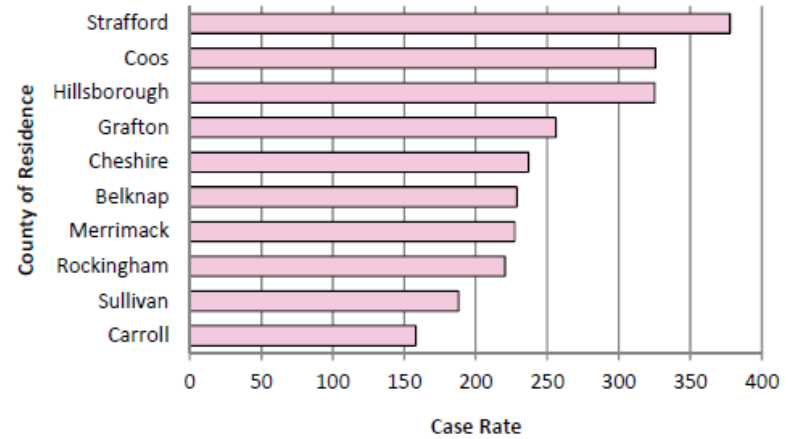
New Hampshire Infectious Disease Surveillance Section

STD/HIV Summary Report: Chlamydia

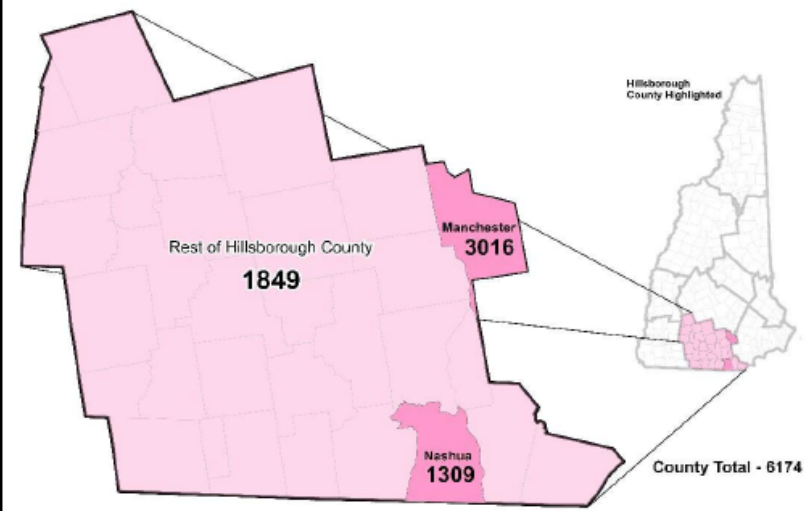
2014-2018

| YEAR | 2014 | | 2015 | | 2016 | | 2017 | | 2018 | |
|---------------------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
| | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases [#] | Rate ¹ | Cases | Rate ¹ |
| TOTAL | 2316 | 174.3 | 3683 | 276.9 | 4048 | 303.2 | 3689 | 274.7 | 3639 | 271.0 |
| SEX | Cases | Rate ¹ | Cases | Rate ¹ | Cases [#] | Rate ¹ | Cases [#] | Rate ¹ | Cases [#] | Rate ¹ |
| Male | 746 | 113.5 | 1197 | 181.8 | 1327 | 200.8 | 1258 | 189.2 | 1238 | 186.2 |
| Female | 1570 | 233.7 | 2486 | 370.0 | 2719 | 403.3 | 2430 | 358.5 | 2400 | 354.1 |
| AGE-SPECIFIC | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| 0-12 | 1 | * | 5 | 2.7 | 0 | 0.0 | 1 | * | 1 | * |
| 13-19 | 574 | 474.6 | 891 | 750.0 | 963 | 821.8 | 899 | 774.8 | 842 | 725.7 |
| 20-24 | 1029 | 1136.0 | 1611 | 1768.3 | 1789 | 1963.6 | 1630 | 1802.2 | 1582 | 1749.1 |
| 25-29 | 374 | 480.3 | 655 | 829.4 | 717 | 890.5 | 628 | 755.6 | 663 | 797.7 |
| 30-34 | 167 | 219.7 | 255 | 331.5 | 290 | 369.5 | 261 | 325.0 | 273 | 340.0 |
| 35-39 | 82 | 112.8 | 117 | 159.2 | 142 | 188.5 | 129 | 166.9 | 129 | 166.9 |
| 40-44 | 39 | 45.5 | 70 | 85.9 | 57 | 73.9 | 56 | 74.9 | 61 | 81.6 |
| 45-49 | 25 | 25.5 | 39 | 40.8 | 42 | 44.5 | 35 | 37.9 | 34 | 36.8 |
| 50-54 | 20 | 17.8 | 20 | 18.1 | 19 | 17.8 | 27 | 26.0 | 34 | 32.8 |
| 55-59 | 3 | * | 15 | 13.8 | 19 | 17.2 | 17 | 15.4 | 15 | 13.5 |
| 60+ | 2 | * | 5 | 1.6 | 10 | 3.1 | 6 | 1.8 | 5 | 1.5 |
| RACE | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| White | 1726 | 140.0 | 2505 | 203.6 | 2691 | 218.5 | 2398 | 194.1 | 2397 | 194.1 |
| Black | 103 | 461.9 | 128 | 558.9 | 160 | 671.9 | 165 | 668.1 | 176 | 712.6 |
| Asian/Pacific Isl. | 25 | 61.3 | 28 | 66.4 | 37 | 85.1 | 57 | 127.3 | 49 | 109.4 |
| Amlnd/AlaskNat | 4 | * | 10 | 101.1 | 7 | 69.9 | 5 | 49.4 | 8 | 79.0 |
| Other/Unknown ² | 458 | 1966.4 | 1012 | 4110.6 | 1153 | 4404.0 | 1064 | 3801.0 | 1009 | 3604.5 |
| ETHNICITY | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| Hispanic ³ | 117 | 256.9 | 159 | 337.1 | 162 | 325.1 | 171 | 326.2 | 208 | 396.8 |
| HIV STATUS ⁴ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| PLWHA ⁵ | 16 | NC | 15 | NC | 19 | NC | 25 | NC | 26 | NC |
| COUNTY/CITY ⁶ | Cases [*] | Rate ¹ | Cases [*] | Rate ¹ | Cases [*] | Rate ¹ | Cases [*] | Rate ¹ | Cases | Rate ¹ |
| Belknap | 100 | 166.2 | 164 | 272.2 | 169 | 278.9 | 127 | 208.9 | 139 | 228.7 |
| Carroll | 42 | 88.7 | 74 | 156.4 | 93 | 196.2 | 80 | 166.4 | 76 | 158.1 |
| Cheshire | 169 | 221.6 | 230 | 302.5 | 211 | 278.7 | 184 | 242.2 | 180 | 237.0 |
| Coos | 26 | 79.3 | 70 | 216.6 | 60 | 188.0 | 64 | 202.3 | 103 | 325.6 |
| Grafton | 140 | 156.6 | 237 | 266.8 | 251 | 281.0 | 266 | 297.6 | 229 | 256.2 |
| Hillsborough | 848 | 209.4 | 1255 | 309.1 | 1458 | 357.6 | 1282 | 312.9 | 1331 | 324.9 |
| <i>Manchester</i> | 430 | 390.7 | 624 | 566.6 | 700 | 635.0 | 621 | 561.5 | 641 | 579.5 |
| <i>Nashua</i> | 165 | 190.1 | 283 | 324.9 | 288 | 330.0 | 277 | 316.1 | 296 | 337.7 |
| Merrimack | 281 | 190.5 | 436 | 294.9 | 424 | 286.2 | 380 | 254.7 | 339 | 227.2 |
| Rockingham | 394 | 130.9 | 695 | 230.0 | 772 | 254.0 | 722 | 235.7 | 675 | 220.3 |
| Strafford | 229 | 181.7 | 414 | 327.9 | 497 | 390.5 | 488 | 379.4 | 486 | 377.9 |
| Sullivan | 70 | 162.4 | 90 | 208.7 | 109 | 253.3 | 91 | 211.2 | 81 | 188.0 |

Chlamydia by County⁶ and Rate¹, 2018



Chlamydia - Hillsborough County, 2014-2018



¹Cases excluded due to unknown sex assigned at birth in 2016 (2), 2017 (1), and 2018 (1)

⁶Cases excluded due to unknown county in 2014 (17), 2015 (18), 2016 (4), and 2017 (5)

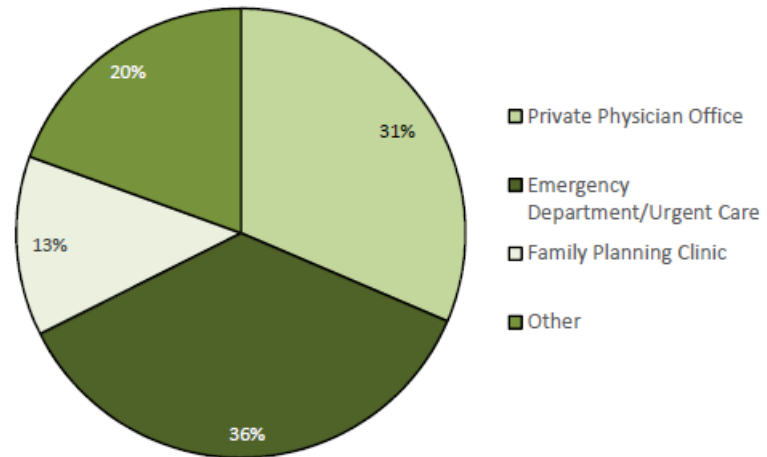


New Hampshire Infectious Disease Surveillance Section
 STD/HIV Summary Report: Gonorrhea
 2014-2018

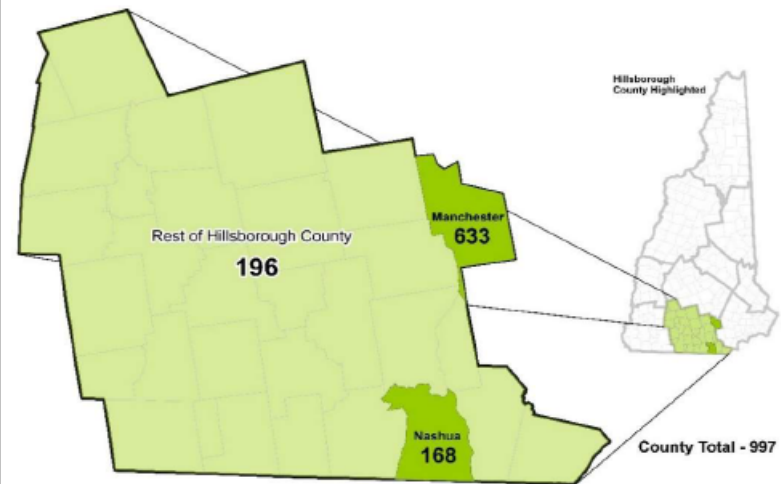


| YEAR | 2014 | | 2015 | | 2016 | | 2017 | | 2018 | |
|--------------------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|
| | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| TOTAL | 230 | 17.3 | 247 | 18.6 | 467 | 35.0 | 521 | 38.8 | 611 | 45.5 |
| SEX | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| Male | 136 | 20.7 | 181 | 27.5 | 333 | 50.4 | 333 | 50.1 | 423 | 63.6 |
| Female | 94 | 14.0 | 66 | 9.8 | 134 | 19.9 | 188 | 27.7 | 188 | 27.7 |
| AGE-SPECIFIC | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| 0-12 | 0 | 0.0 | 0 | 0.0 | 1 | * | 0 | 0.0 | 2 | * |
| 13-19 | 27 | 22.3 | 31 | 26.1 | 48 | 41.0 | 42 | 36.2 | 53 | 45.7 |
| 20-24 | 66 | 72.9 | 74 | 81.2 | 105 | 115.2 | 111 | 122.7 | 156 | 172.5 |
| 25-29 | 60 | 77.1 | 41 | 51.9 | 92 | 114.3 | 116 | 139.6 | 119 | 143.2 |
| 30-34 | 38 | 50.0 | 38 | 49.4 | 70 | 89.2 | 65 | 80.9 | 95 | 118.3 |
| 35-39 | 13 | 17.9 | 11 | 15.0 | 42 | 55.7 | 65 | 84.1 | 61 | 78.9 |
| 40-44 | 7 | 8.2 | 14 | 17.2 | 26 | 33.7 | 32 | 42.8 | 30 | 40.1 |
| 45-49 | 10 | 10.2 | 19 | 19.9 | 29 | 30.7 | 31 | 33.6 | 32 | 34.7 |
| 50-54 | 5 | 4.5 | 8 | 7.3 | 25 | 23.4 | 26 | 25.1 | 31 | 29.9 |
| 55-59 | 3 | * | 6 | 5.5 | 19 | 17.2 | 16 | 14.5 | 14 | 12.6 |
| 60+ | 1 | * | 5 | 1.6 | 10 | 3.1 | 17 | 5.1 | 18 | 5.4 |
| RACE | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| White | 172 | 14.0 | 182 | 14.8 | 336 | 27.3 | 371 | 30.0 | 460 | 37.2 |
| Black | 19 | 85.2 | 18 | 78.6 | 24 | 100.8 | 36 | 145.8 | 47 | 190.3 |
| Asian/Pacific Isl. | 2 | * | 5 | 11.9 | 4 | * | 16 | 35.7 | 13 | 29.0 |
| Amlnd/AlaskNat | 0 | 0.0 | 0 | 0.0 | 1 | * | 1 | * | 0 | 0.0 |
| Other/Unknown ² | 37 | 158.9 | 42 | 170.6 | 102 | 389.6 | 97 | 346.5 | 91 | 325.1 |
| ETHNICITY | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| Hispanic ³ | 13 | 28.5 | 14 | 29.7 | 23 | 46.2 | 27 | 51.5 | 45 | 85.9 |
| HIV STATUS⁴ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| PLWHA ⁵ | 17 | NC | 27 | NC | 30 | NC | 27 | NC | 42 | NC |
| COUNTY/CITY⁶ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ | Cases | Rate ¹ |
| Belknap | 4 | * | 6 | 10.0 | 12 | 19.8 | 45 | 74.0 | 16 | 26.3 |
| Carroll | 2 | * | 2 | * | 1 | * | 3 | * | 9 | 18.7 |
| Cheshire | 17 | 22.3 | 27 | 35.5 | 19 | 25.1 | 16 | 21.1 | 21 | 27.6 |
| Coos | 1 | * | 1 | * | 7 | 21.9 | 5 | 15.8 | 1 | * |
| Grafton | 9 | 10.1 | 10 | 11.3 | 19 | 21.3 | 23 | 25.7 | 27 | 30.2 |
| Hillsborough | 89 | 22.0 | 111 | 27.3 | 251 | 61.6 | 236 | 57.6 | 310 | 75.7 |
| <i>Manchester</i> | 51 | 46.3 | 72 | 65.4 | 172 | 156.0 | 136 | 123.0 | 202 | 182.6 |
| <i>Nashua</i> | 18 | 20.7 | 21 | 24.1 | 33 | 37.8 | 46 | 52.5 | 50 | 57.1 |
| Merrimack | 21 | 14.2 | 24 | 16.2 | 48 | 32.4 | 60 | 40.2 | 60 | 40.2 |
| Rockingham | 48 | 15.9 | 35 | 11.6 | 68 | 22.4 | 87 | 28.4 | 90 | 29.4 |
| Strafford | 33 | 26.2 | 26 | 20.6 | 34 | 26.7 | 41 | 31.9 | 68 | 52.9 |
| Sullivan | 6 | 13.9 | 5 | 11.6 | 8 | 18.6 | 5 | 11.6 | 9 | 20.9 |

Gonorrhea by Facility of Diagnosis, 2018

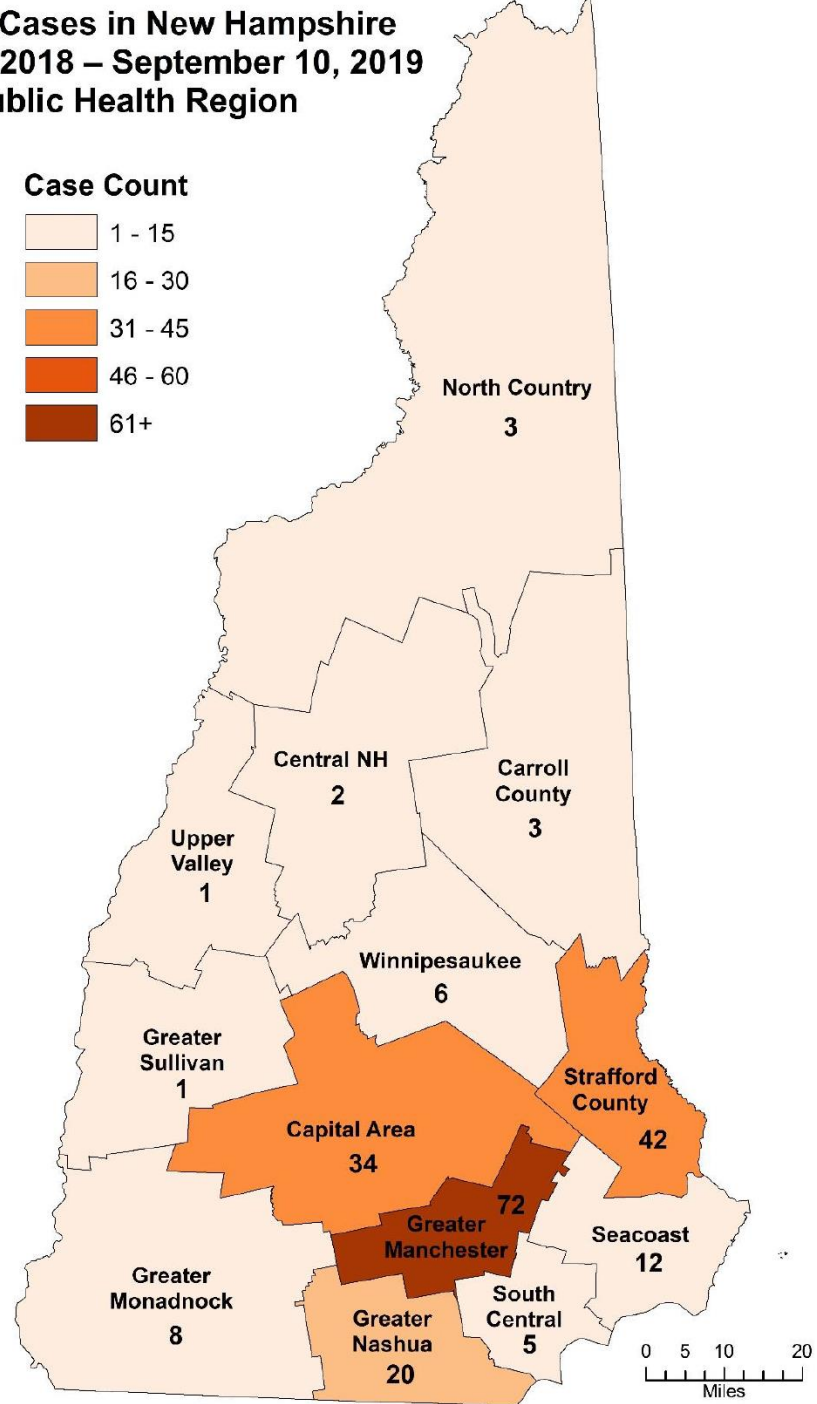
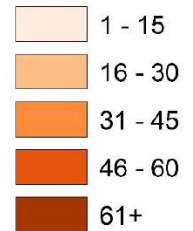


Gonorrhea - Hillsborough County, 2014-2018

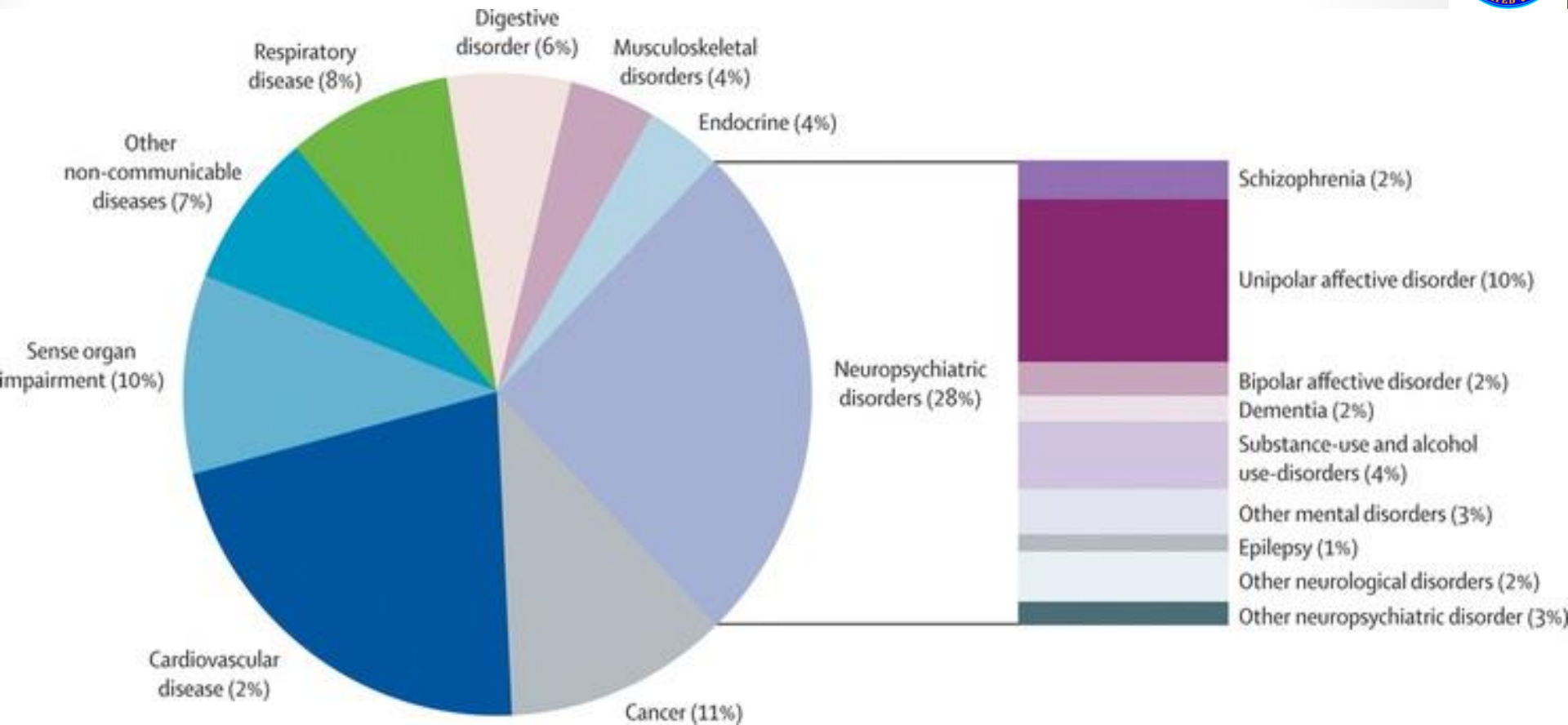


Hepatitis A Cases in New Hampshire November 1, 2018 – September 10, 2019 by Public Health Region

Case Count



Globally, Mental Disorders Cause More Disability than any Other Non-communicable Disease

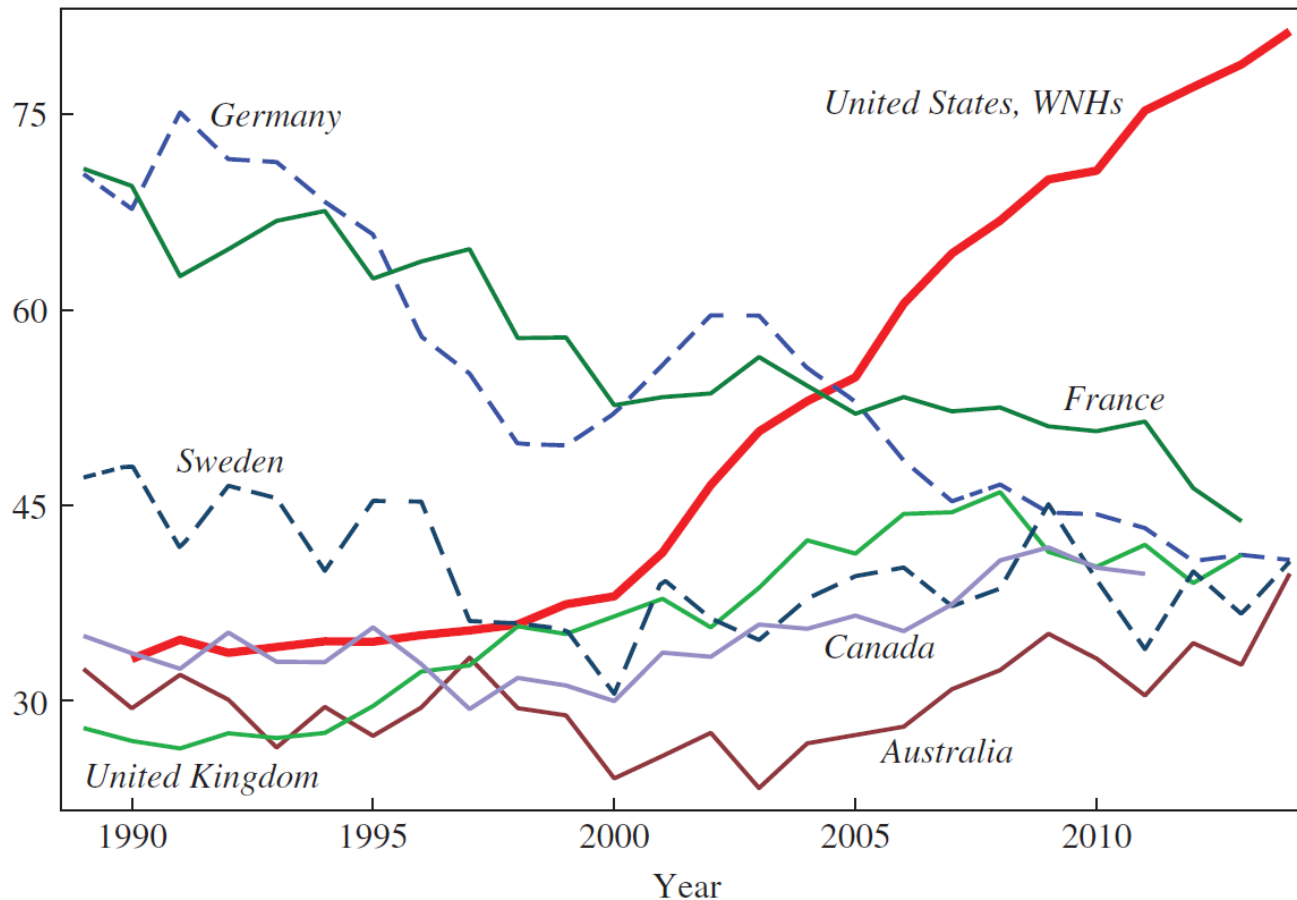


Source: No Health Without Mental Health, The Lancet, 2007

An Epidemic of Despair^a

Figure 5. Deaths of Despair by Country for Age 50–54, 1989–2014^a

Deaths per 100,000

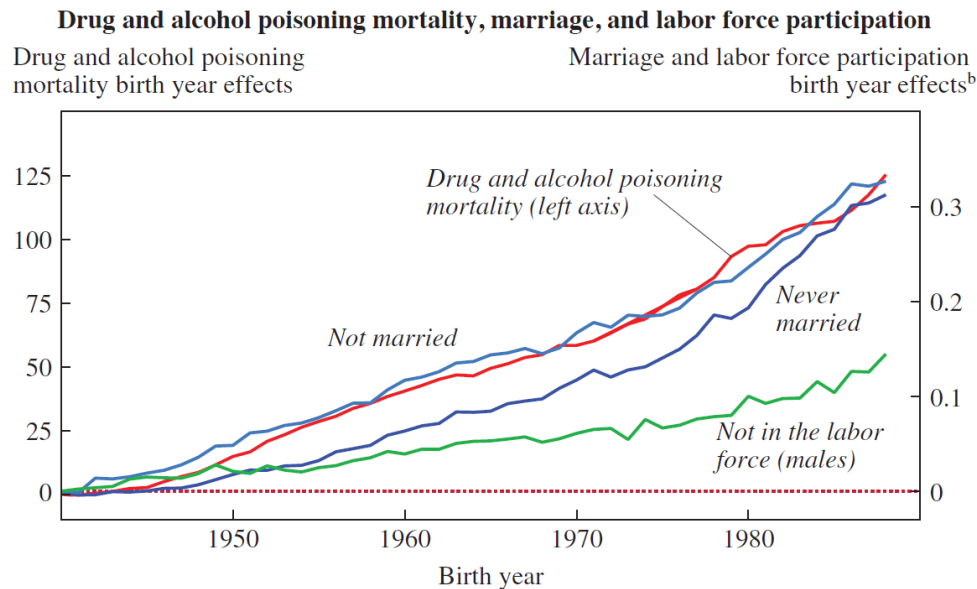
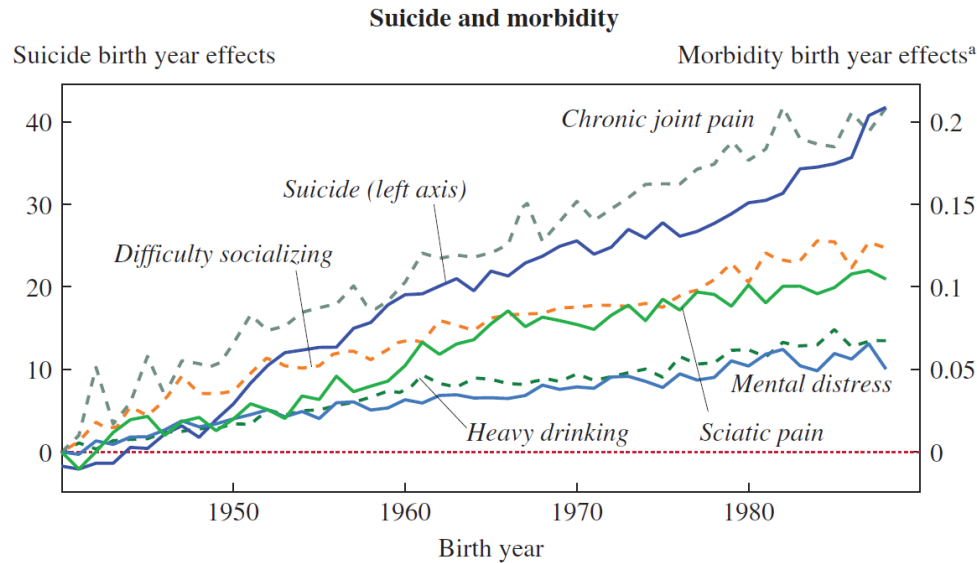


Sources: National Vital Statistics System; Human Mortality Database; WHO Mortality Database; authors' calculations.

a. Deaths of despair refer to deaths by drugs, alcohol, or suicide.



Figure 20. Mortality, Morbidity, Marriage, and Labor Force Participation, for Birth Years 1940–88



Sources: National Vital Statistics System; CDC National Health Interview Survey; Current Population Survey, March supplement; authors' calculations.

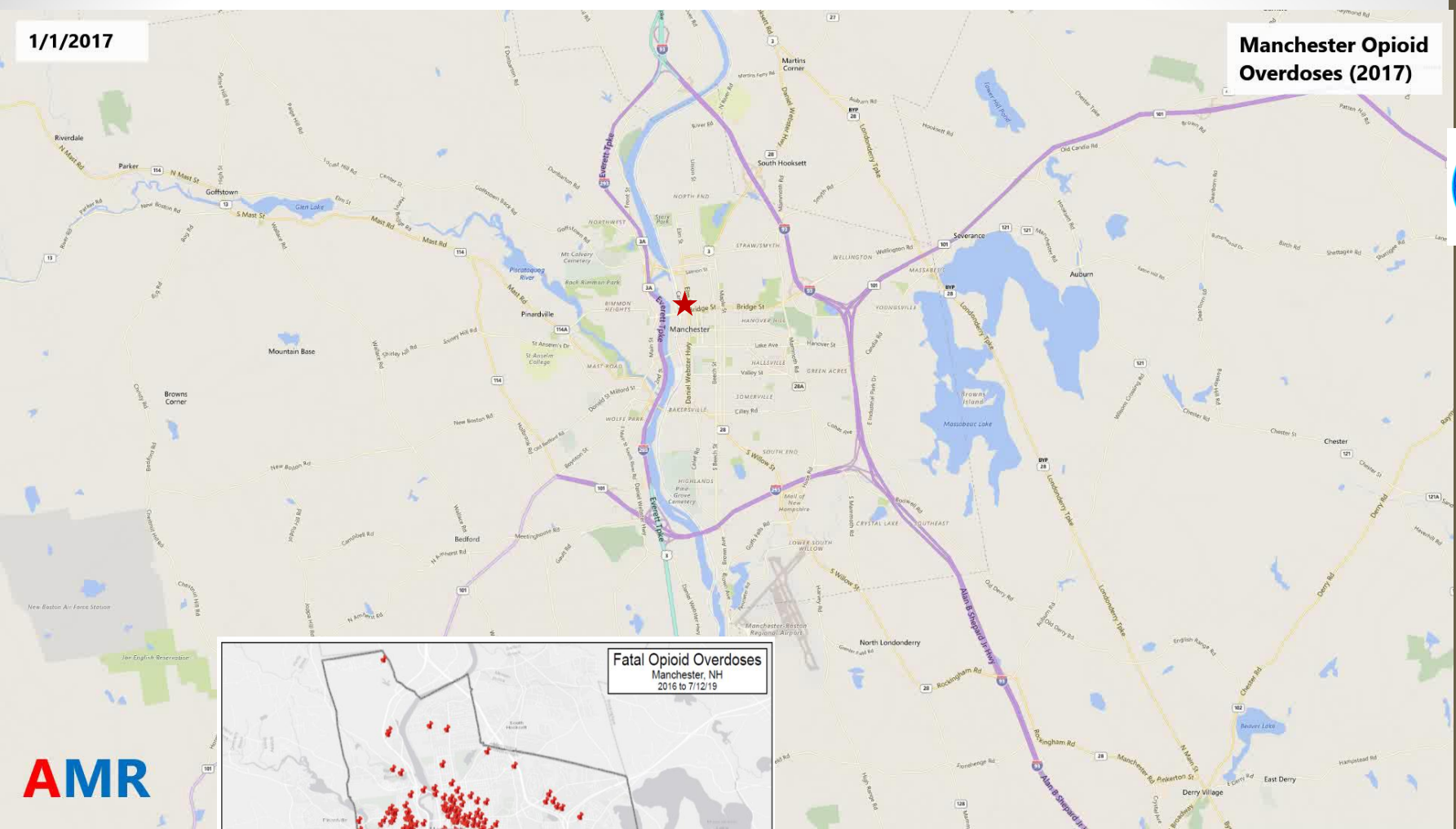
a. All lines except *Suicide* are measured on this axis.

b. All lines except *Drug and alcohol poisoning mortality* are measured on this axis.

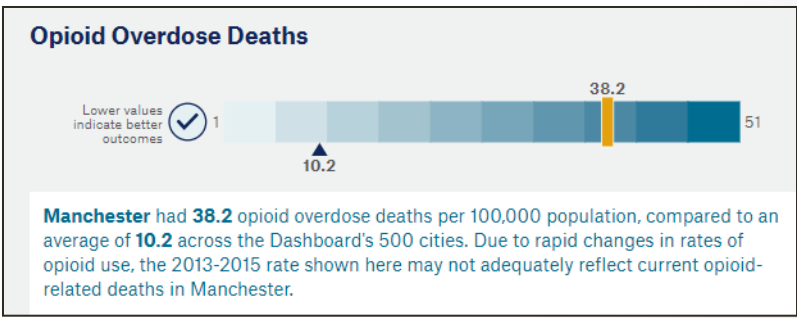
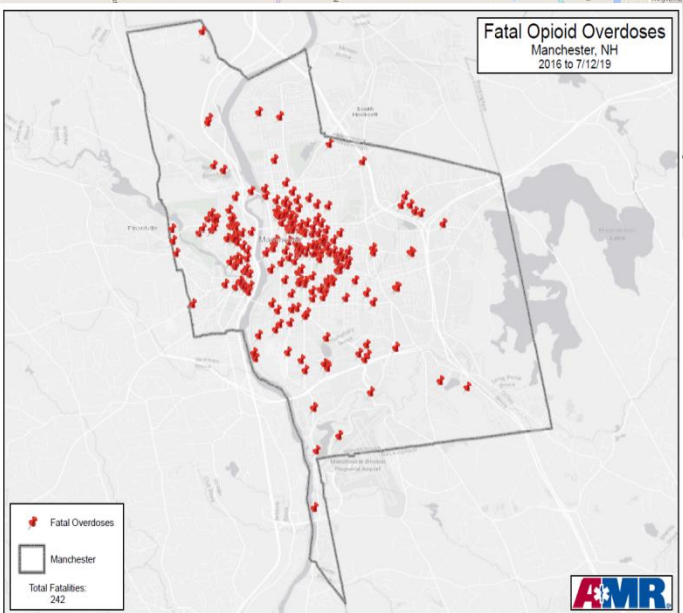


1/1/2017

Manchester Opioid Overdoses (2017)



AMR



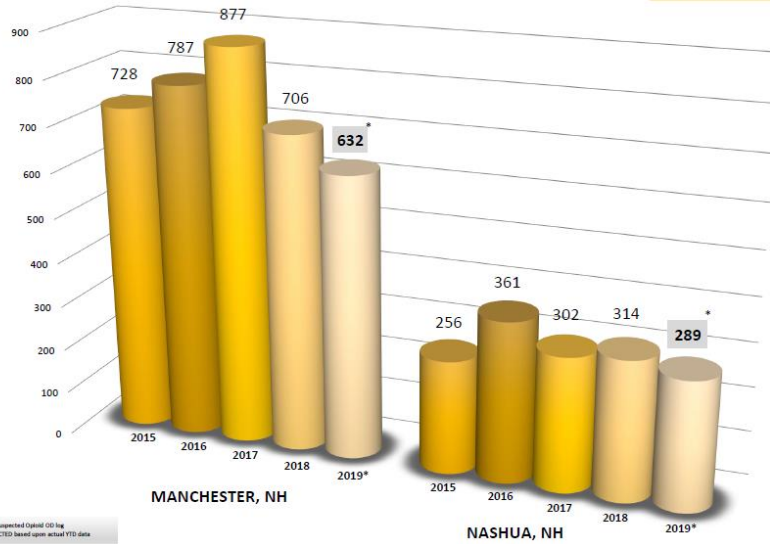
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Click here



SUSPECTED OPIOID OVERDOSES

*2019 number is projected based upon actual YTD data

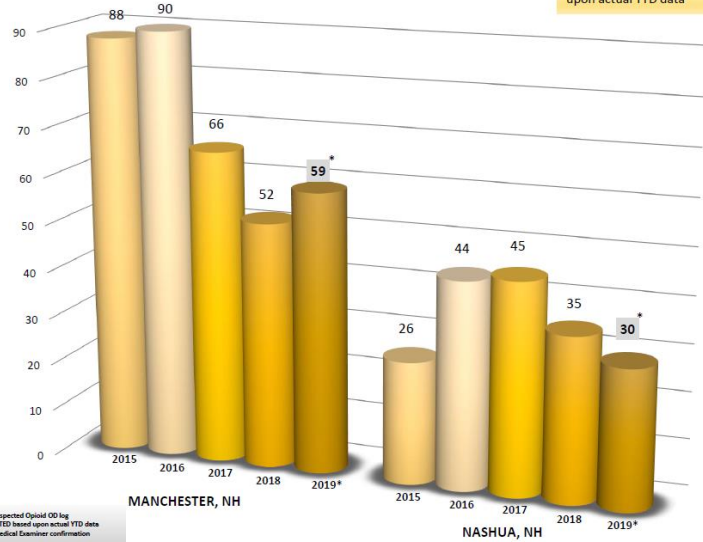


Source data - AMR Suspected Opioid OD log
*2019 data is PROJECTED based upon actual YTD data



SUSPECTED OPIOID OVERDOSE DEATHS

*2019 data is projected based upon actual YTD data



Source data - AMR Suspected Opioid OD log
*2019 data is PROJECTED based upon actual YTD data
Data subject to NH Medical Examiner confirmation

Overdose Deaths by Town* - 2018 +

(Data Source: NH Medical Examiner's Office)

*Location where the drug(s) is suspected to have been used.

+2018 data was reported on May 28, 2019
 There are many more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.
 2 cases pending

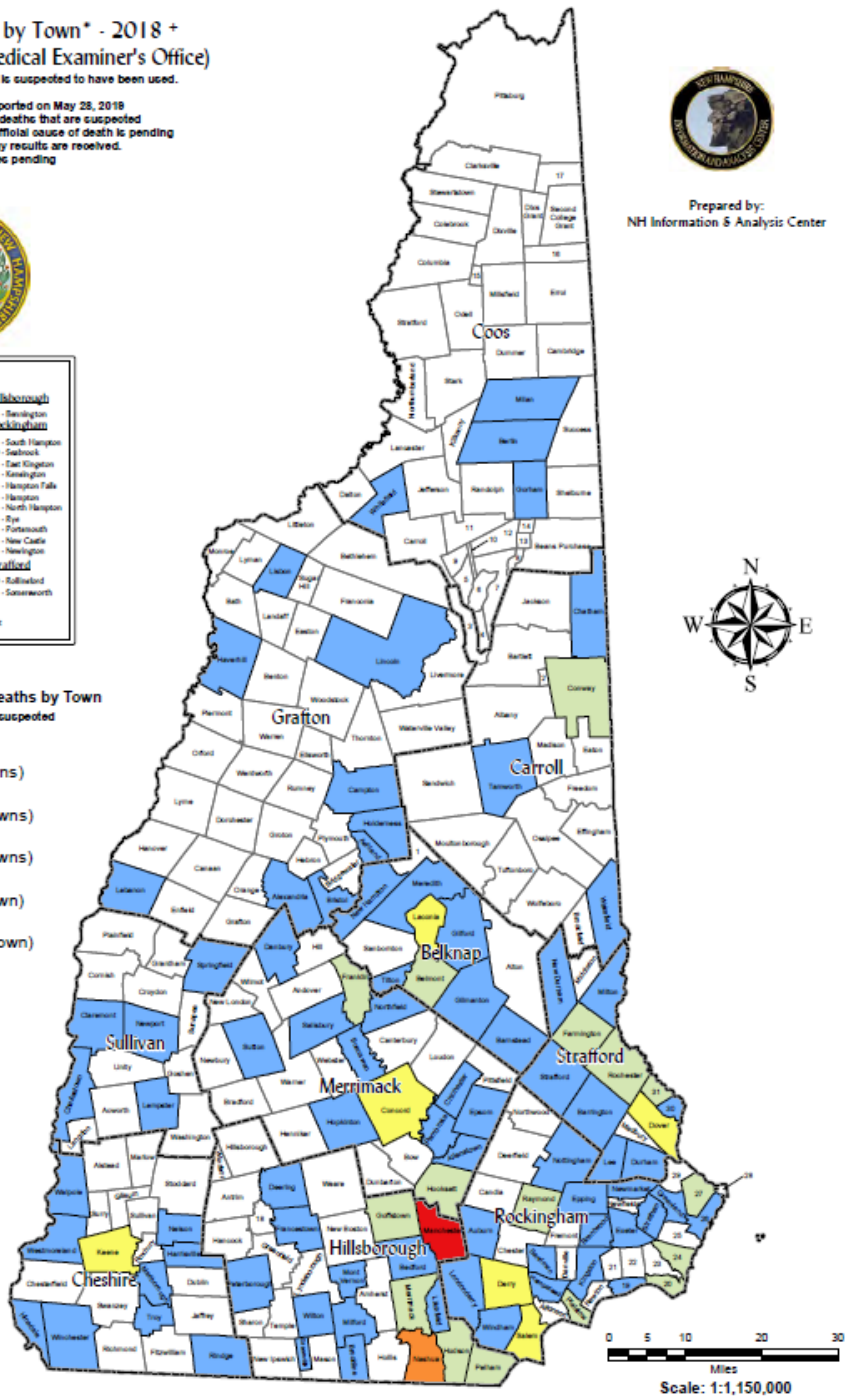


Prepared by:
 NH Information & Analysis Center

| INDEX | |
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| <u>Belknap</u> | <u>Hillsborough</u> |
| 1 - Center Harbor | 18 - Seawenton |
| <u>Carroll</u> | <u>Rockingham</u> |
| 2 - Hills Location | 19 - South Hampton |
| 3 - Harts Location | 20 - Seabrook |
| <u>Coos</u> | 21 - East Kingston |
| 4 - Pillsbury Purchase | 22 - Kensington |
| 5 - Beane Grant | 23 - Hampton Falls |
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| 12 - Thompson & Maxwell Purchase | <u>Strafford</u> |
| 13 - Orera Grant | 30 - Rollisford |
| 14 - Marble Location | 31 - Somersworth |
| 15 - Ensign Grant | |
| 16 - Wentworth Location | |
| 17 - Addison & Gleason Academy Grant | |

Number of Overdose Deaths by Town
 *Location where the drug(s) is suspected to have been used.

- 1 - 4 (78 towns)
- 5 - 10 (16 towns)
- 11 - 25 (8 towns)
- 26 - 50 (1 town)
- 51 - 100 (1 town)





WHAT IS ACTUALLY KILLING US?

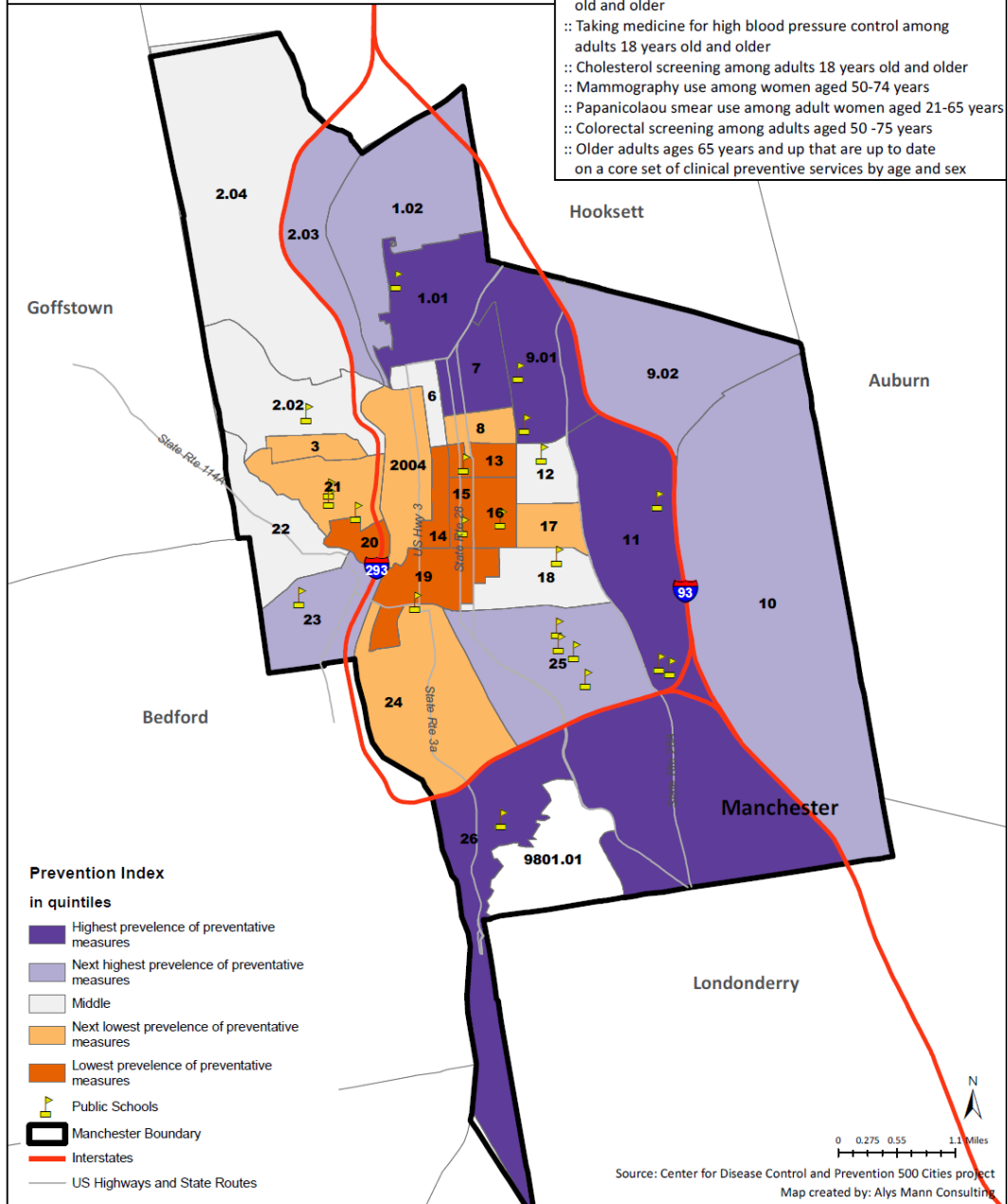
The Epidemiological Shift from Infectious to Chronic Disease and Disease/Conditions of Despair Over 100 Years Later

LEADING CAUSES OF DEATH, ALL AGES, MANCHESTER, 1885 VS. 2016-2018

| Rank | Causes of Death, All Ages, 1885 | % | Causes of Death, All Ages, 2016-2018 | % |
|------|---------------------------------|-------|--------------------------------------|-------|
| 1 | Diarrhea and Enteritis | 15.0% | Diseases of Heart | 23.1% |
| 2 | Tuberculosis | 12.6% | Cancer | 17.5% |
| 3 | Other Infectious Disease | 7.8% | Accidents (Unintentional Injuries) ★ | 10.1% |
| 4 | Pneumonia | 5.4% | Chronic Lower Respiratory Diseases | 6.3% |
| 5 | Measles | 4.7% | Alzheimer's Disease | 4.1% |
| 6 | Cancer | 3.6% | Cerebrovascular Disease (Stroke) | 3.2% |
| 7 | Heart Disease | 3.0% | Diabetes Mellitus | 2.4% |
| 8 | Injuries | 2.9% | Intentional Self-harm (Suicide) ★ | 2.4% |
| 9 | Senility | 2.5% | Influenza and Pneumonia | 2.3% |
| 10 | Diphtheria | 2.3% | Chronic Liver Disease and Cirrhosis | 1.5% |

Prevention Index by Census Tract

Prevention Index is constructed using the following indicators:
 :: Current lack of health insurance among adults aged 18-64 years
 :: Visit to doctor for routine checkup within the past year among adults 18 years old and older
 :: Visits to dentist or dental clinic among adults 18 years old and older
 :: Taking medicine for high blood pressure control among adults 18 years old and older
 :: Cholesterol screening among adults 18 years old and older
 :: Mammography use among women aged 50-74 years
 :: Papanicolaou smear use among adult women aged 21-65 years
 :: Colorectal screening among adults aged 50-75 years
 :: Older adults ages 65 years and up that are up to date on a core set of clinical preventive services by age and sex





AMBULATORY CARE SENSITIVE CONDITIONS, 2012-2015

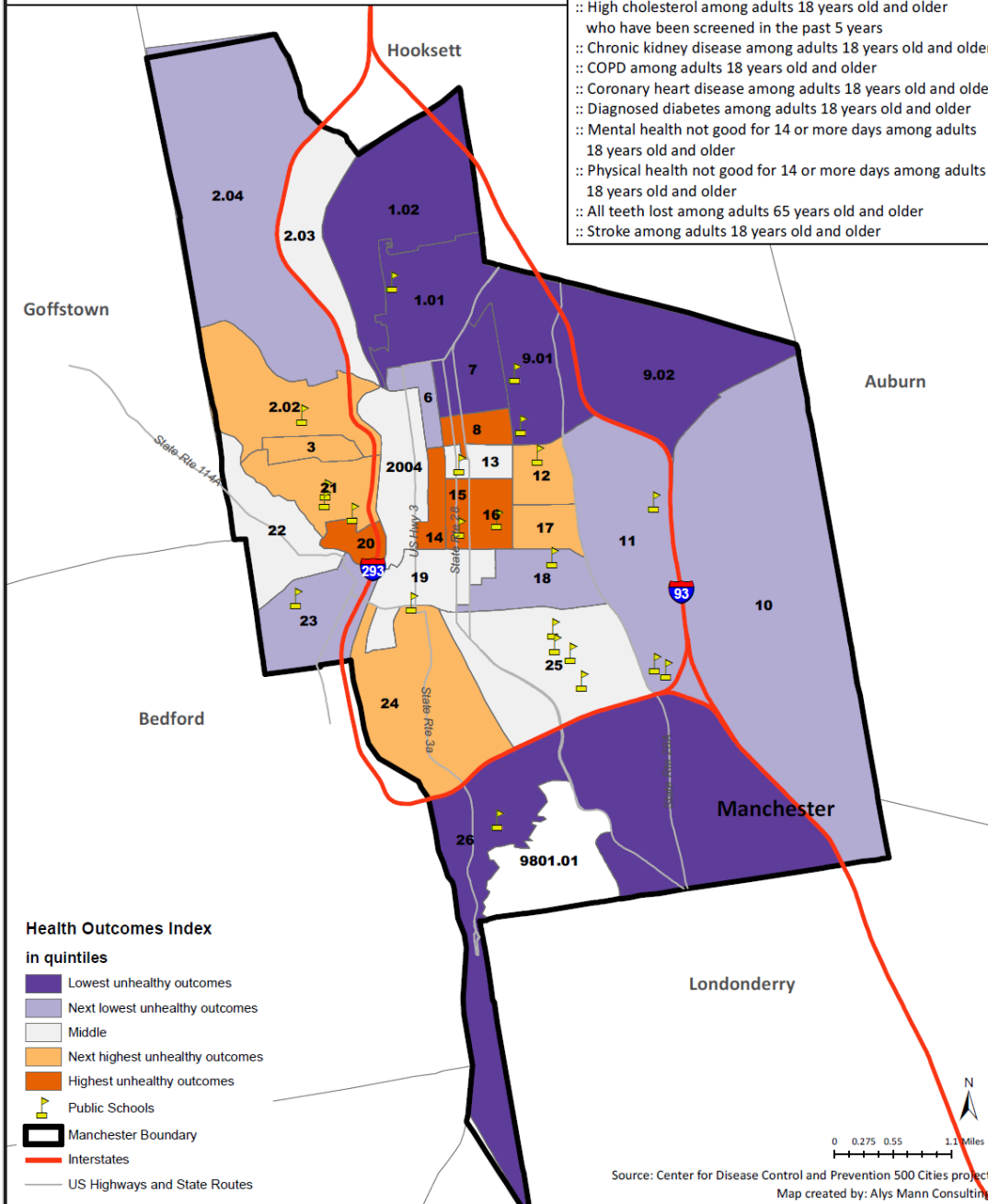
| Indicator | Geography | # of ED Visits | Rate per 100,000 Residents |
|-----------|--------------------|----------------|----------------------------|
| Acute | NH | 180,994 | 4545.8 |
| | Greater Manchester | 24,470 | 4451.5 |
| | Manchester | 19,164 | 5808.5 |
| Chronic | NH | 65,305 | 1640.2 |
| | Greater Manchester | 10,157 | 1847.7 |
| | Manchester | 7,905 | 2395.9 |

Ambulatory Care Sensitive Conditions (ACSC) are health conditions in which appropriate outpatient care (medication, home care, and a healthy lifestyle) can prevent or reduce the need for emergency room visits. **Acute ACSCs** include infections or illnesses managed in a primary care setting, such as ear infections. **Chronic ACSCs** persist for a long time or constantly recurring, such as diabetes or asthma, in which case the patient will have to manage their illness long-term or for the rest of their lives.

Health Outcomes Index by Census Tract

Health Outcomes Index is constructed using the following indicators:

- :: Arthritis among adults 18 years old and older
- :: Current asthma among adults 18 years old and older
- :: High blood pressure among adults 18 years old and older
- :: High cholesterol among adults 18 years old and older who have been screened in the past 5 years
- :: Chronic kidney disease among adults 18 years old and older
- :: COPD among adults 18 years old and older
- :: Coronary heart disease among adults 18 years old and older
- :: Diagnosed diabetes among adults 18 years old and older
- :: Mental health not good for 14 or more days among adults 18 years old and older
- :: Physical health not good for 14 or more days among adults 18 years old and older
- :: All teeth lost among adults 65 years old and older
- :: Stroke among adults 18 years old and older



In Manchester alone, there are **14,552 residents 65 or older**, and this population is expected to grow. According to the Population Reference Bureau, the number of Americans ages 65 and older is **projected to more than double** from 46 million in 2017 to over 98 million by 2060 due, in part, to increases in life expectancy.

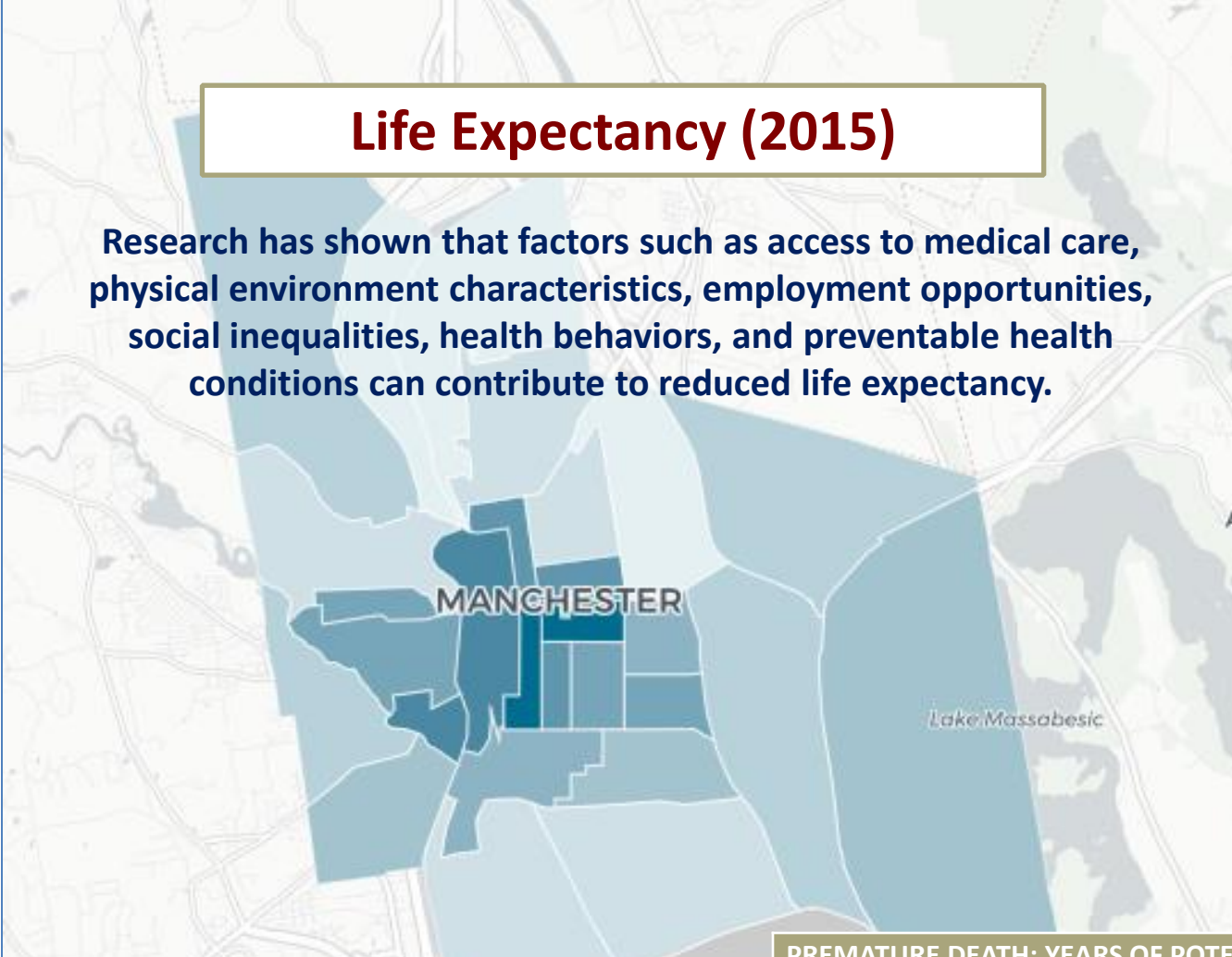


**HEALTH INDICATORS WORSE THAN STATE AVERAGE,
65+ YEARS BY MANCHESTER NEIGHBORHOODS**

| Health Indicator | Manchester: West | Central Manchester | Manchester: South |
|---------------------------------------|---------------------|-----------------------|----------------------|
| Asthma | X | X | |
| Blindness/Visual Impairment | X | X | |
| Chronic Kidney Disease | X | X | |
| Depression | | X | |
| Diabetes | | X | |
| Ischemic heart disease | X | X | |
| Mortality | | X | |
| Multiple Comorbidities | X | X | X |
| Personality Disorders | | X | |
| Schizophrenia and Psychotic Disorders | | X | |
| Stroke | X | | |

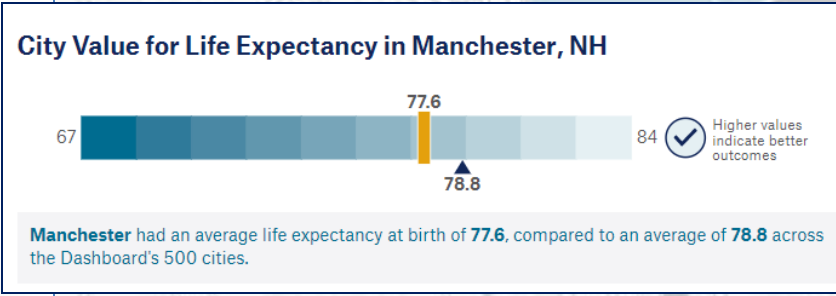
Life Expectancy (2015)

Research has shown that factors such as access to medical care, physical environment characteristics, employment opportunities, social inequalities, health behaviors, and preventable health conditions can contribute to reduced life expectancy.



PREMATURE DEATH: YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 POPULATION, 2016

| Geography | Years of Potential Life Lost Rate |
|------------|-----------------------------------|
| Manchester | 8,900 |
| Nashua | 6,900 |
| 500 Cities | 7,431 |



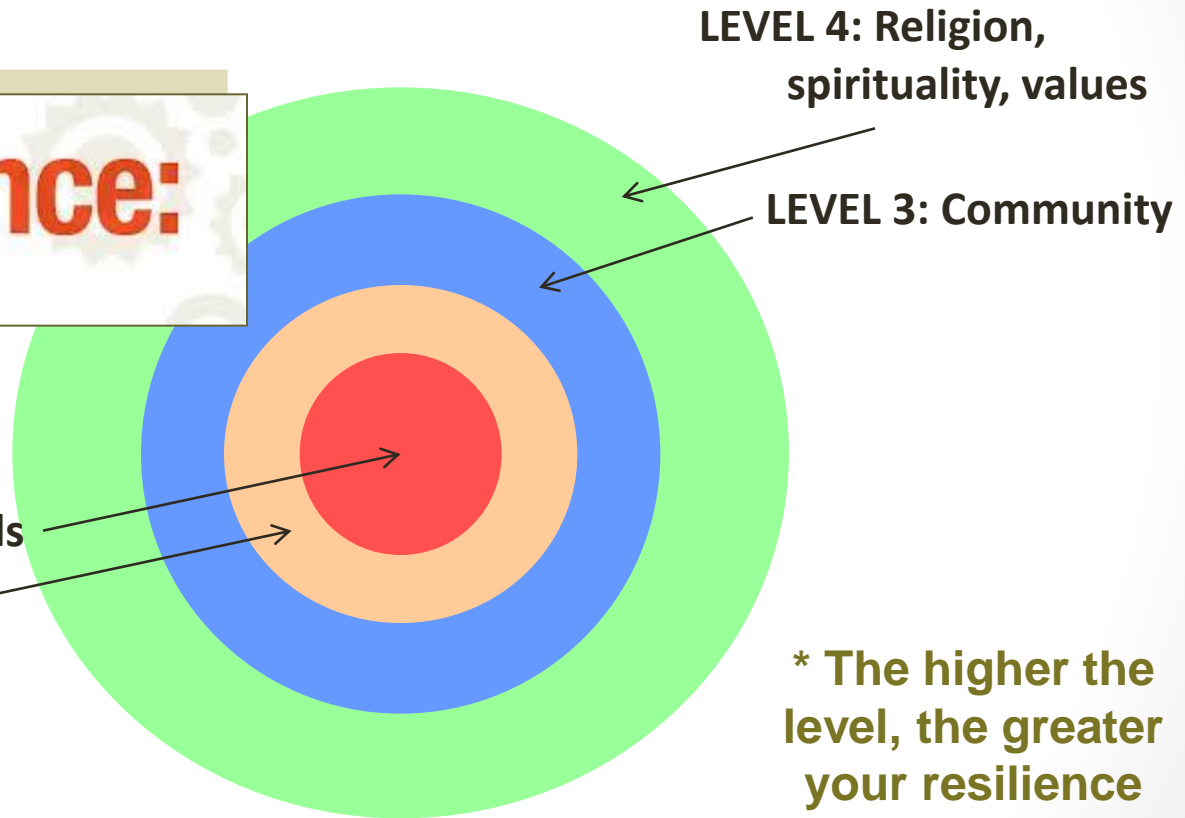
So What is the Antidote to Adversity?*

“He who has a why can bear any how.” - *Dr. Viktor Frankl*



re·sil·ience:

the ability to bounce back when faced with stress or pressure.



*** The higher the level, the greater your resilience**

SOURCE: Andrew Shatté, PhD, Chief Science Officer, meQuilibrium



Just as people
can be taught to be resilient,
so can communities.

- Sheila Emerson Kelley,
President of the WV Association of
Professional Psychologists

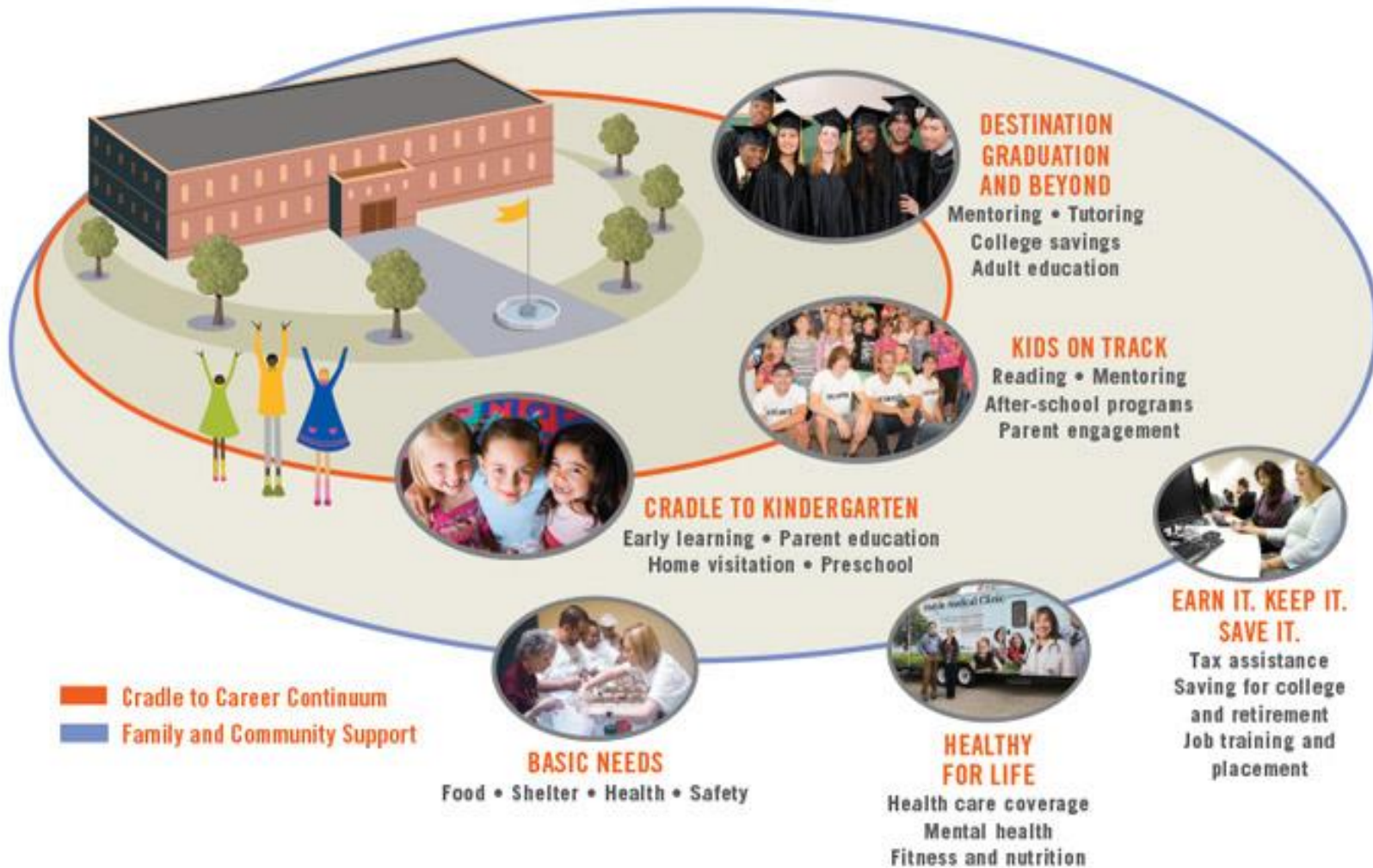


CONNECTION IS THE KEY

“Every Child and
Resident Deserves
a Champion”



A “Neighborhood of Opportunity” Provides a Seamless Continuum of Services for its Children and Residents from Cradle to Career





FIND YOUR NEIGHBORHOOD:

▼ RESOURCES

ENTER ADDRESS GO

ABOUT STRATEGY NEIGHBORHOODS » REGION NEWS & EVENTS » FACTS CONTACT US

ABOUT MY MANCHESTER

My Manchester is your one-stop site for Greater Manchester residents and community partners who want a better life for themselves and their children, who are looking for neighborhood-based connections to become more involved in local health improvement efforts, and who are seeking resources for personal growth.

Find Your Neighborhood

Search by a map or your home address to find your neighborhood area.

NEWS & EVENTS

STRATEGY

out the Manchester Health Improvement Strategy is a community plan and policies to help residents and policies to help residents participate, and help them ultimately reach their



2014

MANCHESTER NEIGHBORHOOD HEALTH IMPROVEMENT STRATEGY



University of New Hampshire
Carsey School of Public Policy

CARSEY RESEARCH

Regional Issue Brief #43

Spring 2015

A Community Schools Approach to Accessing Services and Improving Neighborhood Outcomes in Manchester, New Hampshire

Justin R. Young



In the several years since the Great Recession, New Hampshire, like the nation, has witnessed and experienced growing economic disadvantage. The state's poverty level stands at 8.4 percent, and child poverty increased from about 8 percent in 2000 to nearly 10 percent in 2012.¹ Some areas of the state have been hit harder than others. In the state's largest city of Manchester, for instance, the poverty rate rose from 10 percent in 2000 to 14 percent in 2012, and within Manchester some neighborhoods have become poorer than others (Figures 1 and 2).² Increases in poverty and educational disadvantage are steepest among minorities and immigrants, the city's fastest-growing demographic groups.³

The vulnerabilities to which people are exposed as a result of poverty can have devastating consequences. Children living in poverty are less likely to graduate from high school, and they have worse educational outcomes overall, one study found that living in a high-poverty neighborhood is equivalent to missing a year of school.⁴ Poverty-afflicted children are also more likely to live in poverty as adults.⁵ In an era when a state's economic health depends more than ever on the physical health and educational capital of its residents, stakeholders across New Hampshire have a vested interest in alleviating the growing poverty in Manchester and the wide disparities between Manchester and the rest of the state.

KEY FINDINGS

- 1/4** One-quarter of residents surveyed in the Manchester neighborhoods of Bakerville, Beech Street, and Gosler Park say that difficulty in finding services is a major hindrance, especially to economic stability, health, and social connectedness.
- 👥** Focus group data suggest that the city's foreign-born residents, especially Hispanics, have the most trouble finding and accessing services.
- \$** Cost is an obstacle to accessing health care services, and older and younger focus group participants, as well as immigrants, say the cost of transportation is a barrier to accessing services.
- 👨👩👧** Safety concerns and poor walkability often prohibit residents from engaging in healthier behaviors, focus group participants say; parents with young children say that local parks can be unsafe and that afterschool programs often have long waitlists.

To engage in this challenge, the Manchester Neighborhood Health Improvement Strategy Leadership Team launched the Manchester Community Schools Project (MCSPP)—a partnership between the Manchester Health Department, city elementary schools, philanthropists, neighborhood residents, and several nonprofit agencies—to improve and enhance educational achievement, economic well-being, access to health care services, healthy behaviors, social connectedness, safety, and





2016 RWJF Culture of Health Prize Winner: Manchester, New Hampshire

<http://www.rwjf.org/en/library/collections/coh-prize-winners/2016-winner-manchester-nh.html>

OPIOID OVERDOSE PREVENTION & RESPONSE



A community update on how public health in Manchester is addressing drug use and addiction

BEGINNING IN 2017, THE CITY OF MANCHESTER HEALTH DEPARTMENT RECEIVED FEDERAL, STATE AND LOCAL FUNDING TO STRENGTHEN AND EXPAND THE CITY'S LOCAL OPIOID OVERDOSE PREVENTION & RESPONSE EFFORTS, RESULTING IN:

FIRST RESPONDERS

500+

500+ personnel from police, fire, and EMS selected to receive resiliency training



LAW ENFORCEMENT

- 30+ police department staff received CIT training
- Training law enforcement to implement the LEAD Program in Manchester Public Schools

SAFE STATION EFFICIENCY



Reduced burden for firefighters at all 10 stations through digitization of Manchester Fire Department's Safe Station intake form

PRESCRIBER EDUCATION 85+

One-on-one educational visits with prescribers to build their capacity for treating people who use drugs

12



BUSINESS ENGAGEMENT

- 9 community learning series sessions open to all & 3 sessions with business community
- Media campaign to reduce stigma & increase knowledge of naloxone laws and distribution and other city resources in partnership with Greater Manchester Chamber



EXPECTANT MOTHERS & YOUTH

- In partnership with Elliot Health Systems & Amoskeag Health, prenatal nurse home visiting for high risk expectant mothers
- In partnership with Elliot Health System, CMC & Amoskeag Health, community health workers & social workers co-located in Manchester's Community Schools
- Support for Waypoint planning & development to link youth to SUD services



REDUCING BARRIERS TO CARE

Supporting ongoing efforts to link people to care by investing in community partners' non-clinical staff & transportation options including Families in Transition-New Horizons, Amoskeag Health & Manchester Fire Department



24 COMMUNITY PROBLEM SOLVING

- 24 collaborative monthly meetings with 40+ partners in healthcare, prevention, intervention, treatment, and recovery
- Hosted community meeting with funders and investors



HARM REDUCTION

- Developing citywide harm reduction strategy
- Offering specialized Hepatitis A clinics
- Naloxone distribution to critical community partners
- Citywide needle & syringe removal



NATIONAL EXPERTISE

- 1 of 4 communities selected by CDC & NACCHO to participate in the Local Opioid Overdose Prevention & Response Pilot
- 1 of 6 cities selected for National League of Cities' Mayor's Institute on Opioids
- Receiving technical support from the CDC's Opioid Rapid Response Team in partnership with ASTHO

INCREASING ACCESS

- In partnership with CMC, Healthcare for the Homeless will be opening 3rd location at Manchester Recovery & Treatment Center
- In partnership with NHDHHS and the City of Manchester, launching a mobile medical van program to provide services for hard to reach populations

HOUSING

Increasing community awareness of and access to safe respite and recovery housing

FAITH ENGAGEMENT

Supporting events to collaborate with the faith community



INFRASTRUCTURE

- Standing up a behavioral health position at Manchester Health Department with support from NH Charitable Foundation
- Building a community-accessible data dashboard to track indicators & citywide progress
- Regional substance misuse planning in partnership with Makin' It Happen



BEHAVIORAL HEALTH IS ESSENTIAL. PREVENTION WORKS. TREATMENT IS EFFECTIVE. PEOPLE RECOVER.

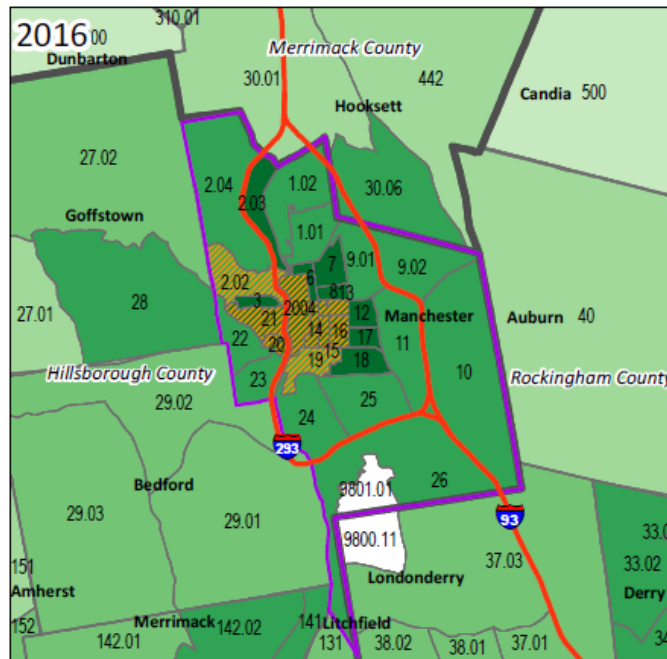
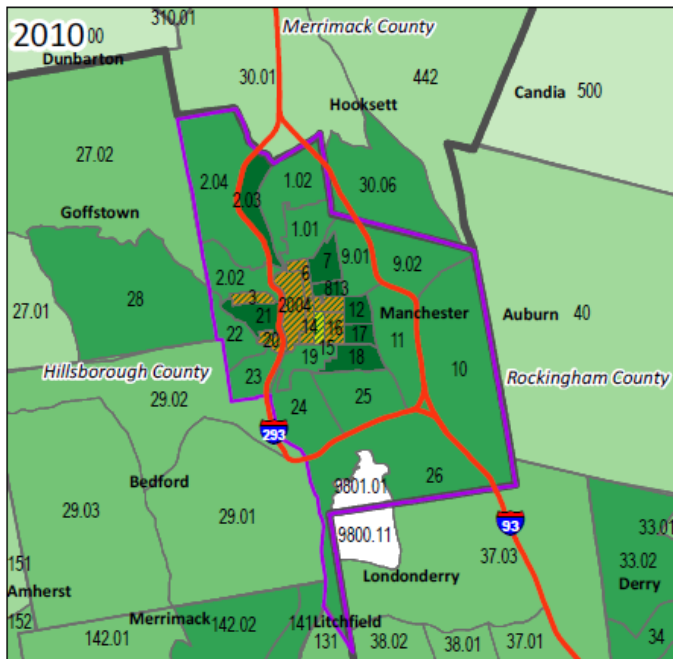
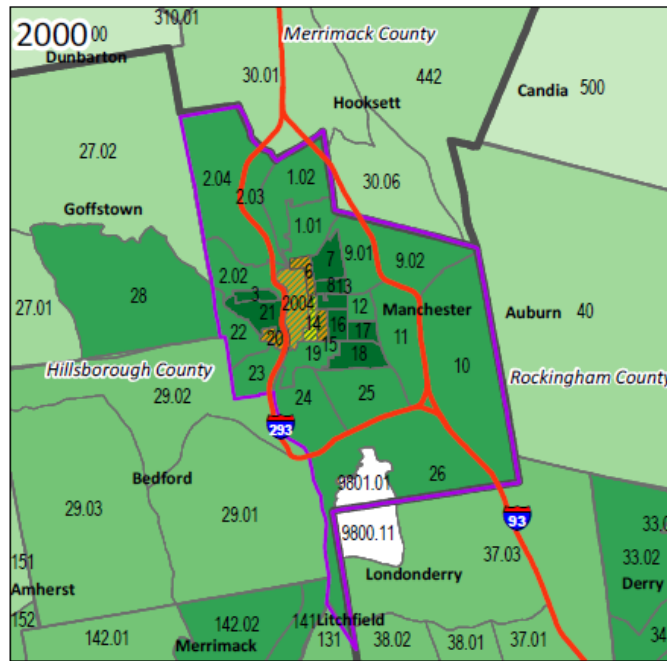
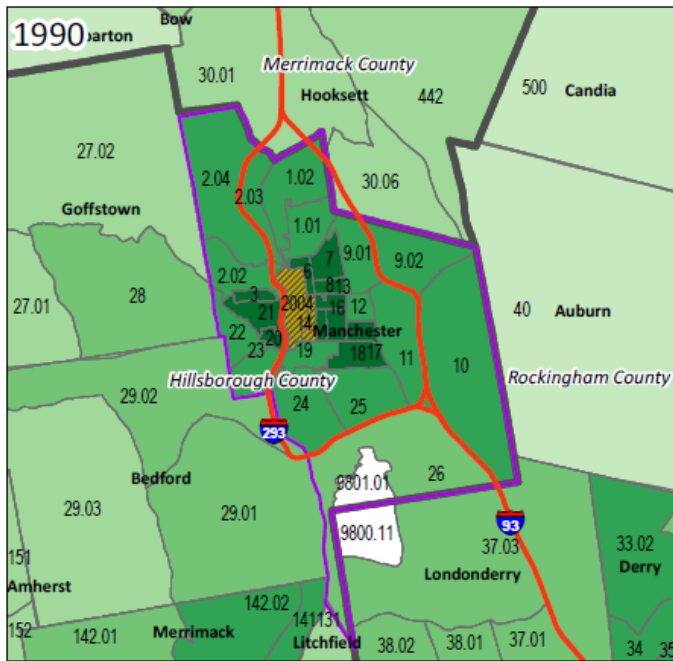
Visit www.manchesternh.gov/health www.MyManchesterNH.com or www.makinithappen.org





Poverty Rate and Land Development 1990, 2000, 2010, & 2016

| | 3-County Region | Manchester |
|---|-----------------|------------|
| Poverty Rate: | | |
| 1990 | 5% | 9% |
| 2000 | 6% | 11% |
| 2010 | 6% | 13% |
| 2016 | 7% | 15% |
| Percent of Poor People that live in a high or extreme poverty tract: | | |
| 1990 | 6% | 15% |
| 2000 | 9% | 32% |
| 2010 | 18% | 47% |
| 2016 | 23% | 50% |



Poverty Rate

- Below 20%
- High Poverty - 20% - 40%
- Extreme Poverty - 40%+

Land Development

Density (units per acre)

- N/A
- Unsettled (1 unit per 10 acres or more)
- Rural (1 unit per 5 to 10 acres)
- Exurban (1 unit per 2 to 5 acres)
- Suburban (1 unit per 0.25 to 2 acres)
- Urban (4 to 16 units per acre)

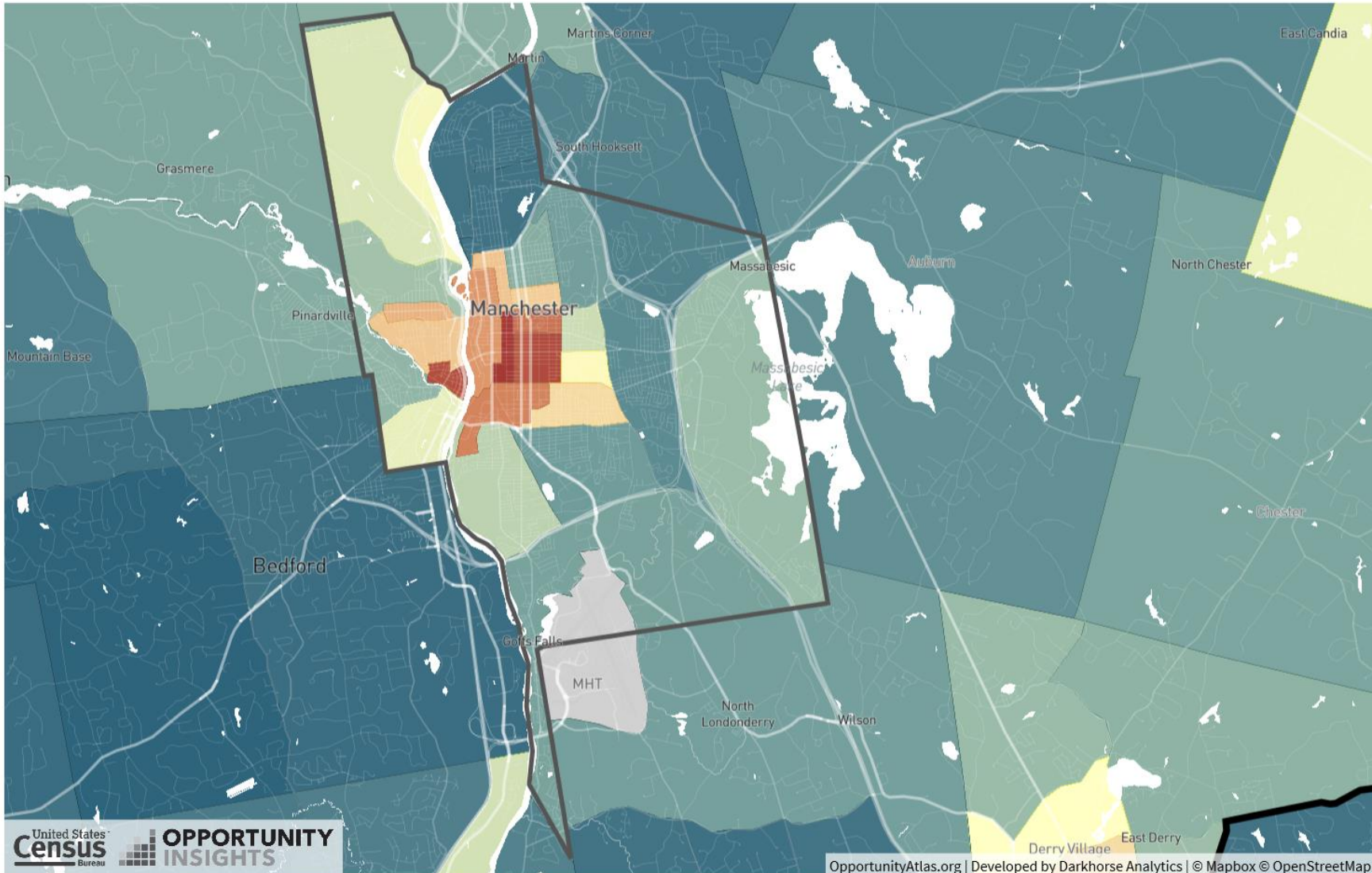
Administrative Boundaries

- Manchester
- Towns
- County Boundaries
- Interstates

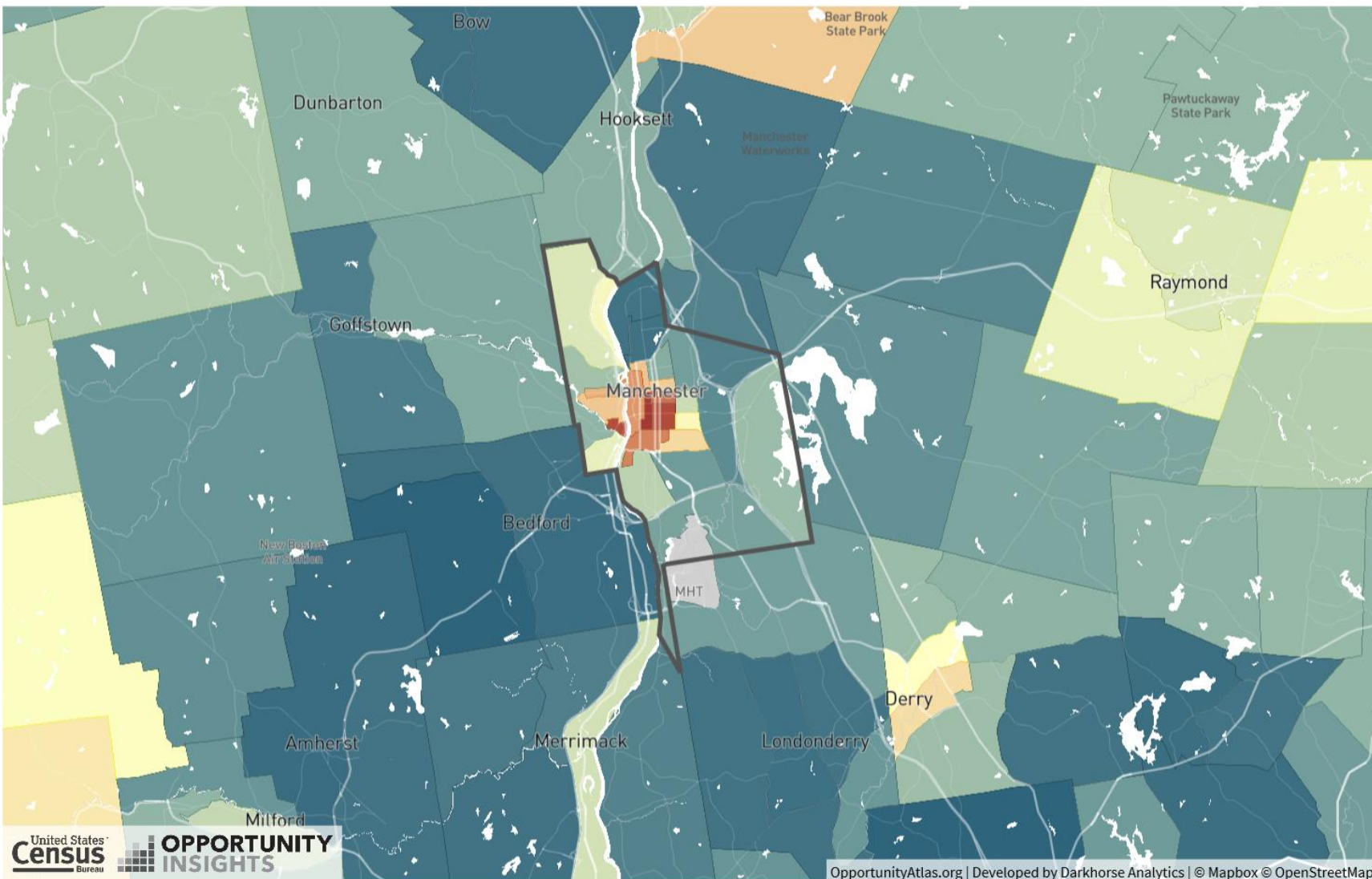


Source: Geolytics Neighborhood Change Database 1990, 2000, 2010; 2012-2016 ACS 5-year estimates
Map created by: Alys Mann Consulting

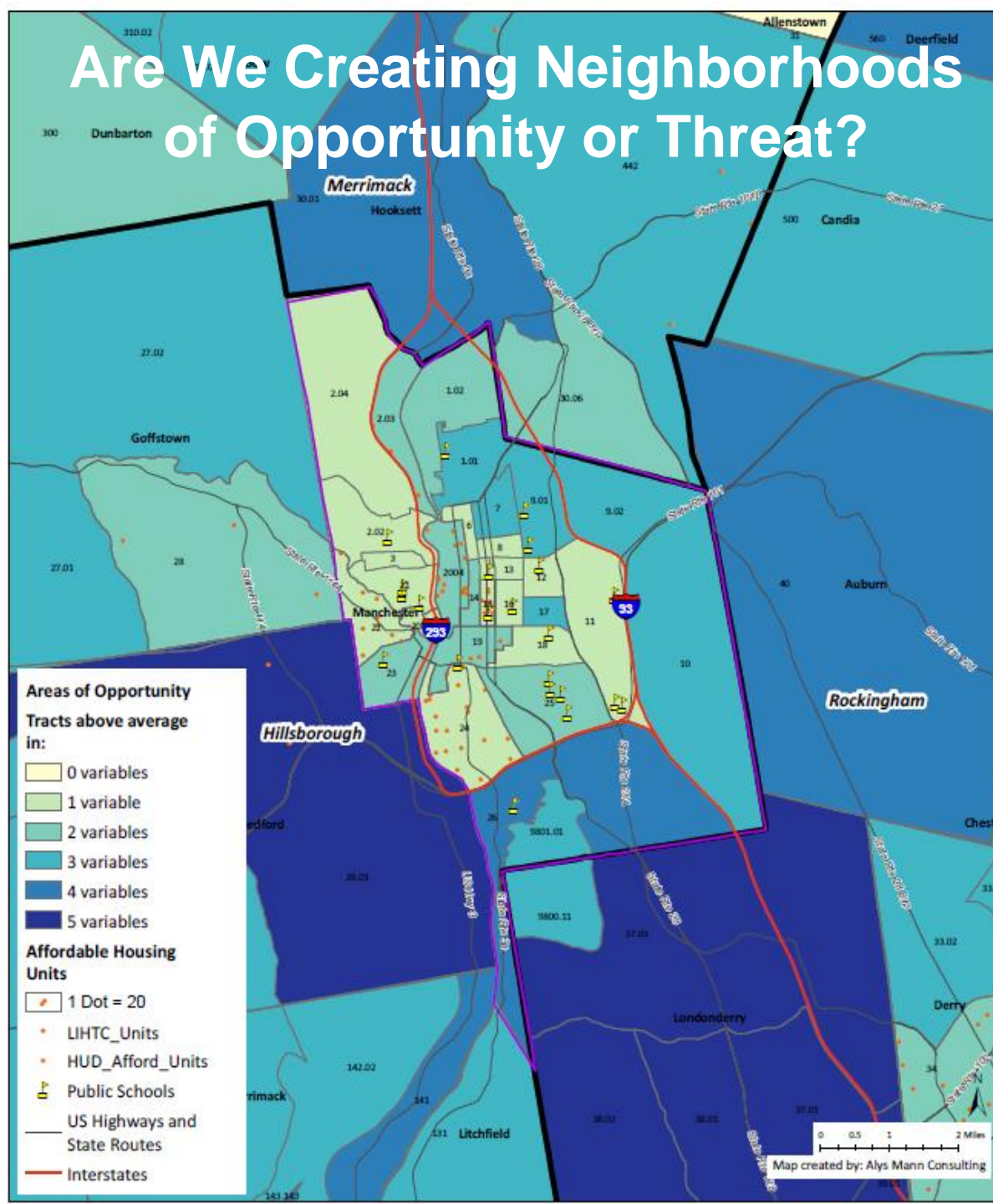
Household Income for Children



Household Income for Children



Are We Creating Neighborhoods of Opportunity or Threat?



QUESTIONS?

