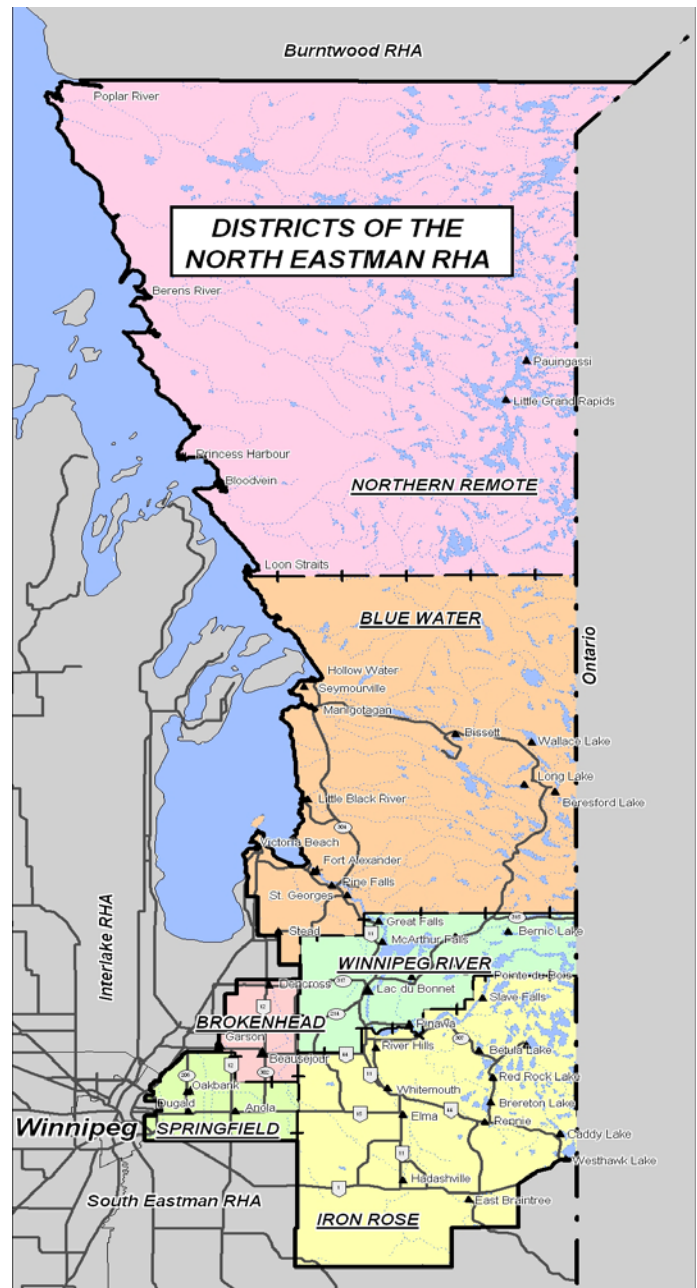


Community Health Assessment Synopsis 2008-2009

This is North Eastman Health Association Inc.'s (NEHA) third community health assessment (CHA) report. Under the direction of the Manitoba Health and Healthy Living's (MHHL) Accountability Support Branch Manitoba, regional health authorities are directed to conduct a CHA every five years.

A population health perspective is used to report on a broad set of societal and individual factors that impact health. Health indicators are used as a way to measure the health status of North Eastman's (NE) population at the regional and district level (Iron Rose, Springfield, Winnipeg River, Brokenhead, Blue Water and Northern Remote). We have also provided feedback from community consultations that occurred during the CHA process. The focused group consultations were around mental health and illness. From discussions with our partners and NEHA staff, it was felt that there was a significant burden of illness associated with mental health and illness to warrant this focus.

This document provides highlights from the **2008-2009 NEHA Community Health Assessment Report** indicator results. The level of the data reported here is regional i.e. North Eastman unless otherwise stated. In keeping with the community health assessment goal to *improve the health of the population*, 'tips' for health' are also provided as described in Roy Romanow's speech in May 2003 when he spoke about his 2002 report, 'Building on Values: The Future of Health Care in Canada'.¹



North Eastman's geography & population characteristics



North Eastman's (NE) population has grown from 39,644 in 2003 to 40,994 in 2008; a 3.4% increase.² The projected growth in number of residents is expected to be from net migration.³

The numbers of *children* between 0-19 years have decreased. There was an increase in *people over 65 years*, a similar trend occurring in Manitoba overall and in Canada.⁴ Winnipeg River, Springfield and Brokenhead had the highest number of residents 65 years and over. Northern Remote had the largest percent of their population in the 0-19 age range.⁵

The *Aboriginal* population has not changed between 2001 and 2006. Northern Remote (91%) and Blue Water (58%) had the highest number of Aboriginal people in 2006.⁶

The majority of North Eastman residents *spoke* English in their home. There was a six percent increase in the population who spoke a non-official language at home.⁷ The dependency ratio decreased slightly.⁸ This is an important measure as the higher dependency ratio, the greater the potential for reliance either socially or economically on those who are working.⁹

There were fewer *lone parent* families in NE compared with Manitoba. Northern Remote and Blue Water had the highest percent of lone parent families.¹⁰ Those lone parents who live in persistent poverty may lack social support networks placing them at increased risk for poorer health status.¹¹



population health status

The majority of residents report that they are in excellent or good health.¹² The health of NE residents overall has shown an improvement evident by a decrease in the premature mortality rate (PMR).¹³ PMR is considered the best single indicator of overall health status.¹⁴ Despite the significant regional decrease in PMR, we see that there is district variability, with Northern Remote having a significantly higher PMR compared with Manitoba as well as being the highest among NE's districts. Within NE, there are considerable differences in health status among our districts with Northern Remote and Blue Water burdened disproportionately by poorer health status in a number of indicators compared with Iron Rose and Springfield for example.

Life expectancy for females, increased to 81.3 years. Males did not experience any change, with a life expectancy of 75.4 years.¹⁵

The two leading causes of death were *circulatory diseases*, which appears to be decreasing and *cancer* where there was no change.¹⁶

Circulatory Diseases- New stroke events decreased in people over 40 years old, except for Northern Remote where there was an increase. Heart attack deaths and hospitalizations decreased in all districts except for Iron Rose where there was a non significant increase. Treatment for high blood pressure increased.¹⁷

Cancers- The leading causes of newly diagnosed cancers were *prostate cancer* for *males* and *breast cancer* for *females*. Skin, breast and cervical cancer increased in females, as did lung cancer in males. Colorectal cancer appears to be decreasing.¹⁸

Other Health Conditions:

Respiratory illnesses and asthma rates have not changed lots, but rates were quite variable among our health districts. Blue Water's respiratory illness rates were the highest, but showed a significant decrease.¹⁹

Diabetes in adults and children significantly increased for both males and females. This trend is occurring in Manitoba as well.²⁰

Injuries for example falls, assaults, self inflicted injuries and motor vehicle accidents were the leading causes of injury hospitalizations. Fall injuries decreased, however falls were the leading reason for injury hospitalization. More females were hospitalized due to falls compared with males.²¹ All unintentional injury deaths (suicide was excluded) increased for both males and females.²² Injury deaths in children 0-19 years appear to have decreased, however rates continue to be significantly higher compared to Manitoba.²³

Mental Health/Illness issues emerged as an important area of concern raised by many participants in community health assessment focus groups conducted in 1997, 2003, and 2008. Stress and feelings of isolation were common themes. Springfield, followed by Iron Rose and Brokenhead self reported the highest percent of life stress.²⁴ Regionally, more females than males visited physicians or were hospitalized for mental illnesses.²⁵ Treatment for all mental health disorders increased except for anxiety disorders. The treatment for depression significantly increased.²⁶ Suicide rates remain high in the region with the majority occurring in northern areas.²⁷ There was a significant increase in antidepressant prescriptions in NE, and in all our districts. This trend was also noted in Manitoba overall.²⁸



Determinants of Health

“The health care system is only one of the ingredients that can determine people’s health.”²⁹ “Our social, environmental, economic and other factors all shape our health. These include what we inherit and learn from our parents (our genetics, biology and early development), how we live (our education, income and work), where we live (our housing neighbourhoods and communities) and the quality of our environment (the air, land and water).”³⁰

The more positive aspects of the determinants of health we embrace; we should expect to see an improvement in our physical, mental and spiritual wellbeing.



lifestyle, personal health practices & coping skills

TIP: "Look after yourself"³¹

Focus group participants were able to make the connection between lifestyle, activity choices and mental health, linking the following behaviours with chronic disease: excessive drinking and smoking, poor nutrition, obesity, lack of exercise, exposure to chemicals/toxins/plastics, and stress. They recognized this list, although not comprehensive, raises the need for individuals to take responsibility for their own health.

Obesity is a growing concern. Approximately two thirds of residents eat less than four servings of vegetables and fruits per day.³² The recommended consumption is over five vegetables and fruits a day. Thirty-eight percent of people were overweight and 74% met the activity guidelines set out by Health Canada.³³

There is still 22.7% of the population over 12 years who *smoke*. Winnipeg River residents had the highest smoking rates (29.7%) and Iron Rose had the least (18.4%).³⁴

Over one third of residents over 12 years reported *binge drinking* i.e. drinking five or more alcoholic drinks at one time.³⁵ Forty-two percent of Grade 6 -12 students surveyed in 2007 reported consuming at least one drink of alcohol within in the previous 30 days of the survey.³⁶ New mothers reported a decrease in alcohol use during pregnancy, however there is still 9% of new mothers in NE who used alcohol during pregnancy.³⁷

Most focus group participants in all districts felt that the use, abuse and addiction to prescription medications, illicit drugs, alcohol and gaming were prevalent and of concern. *Substance abuse* diagnosis significantly declined.³⁸ Focus group participants in 1997, 2003 and 2008 expressed concerns with regard to drug abuse, especially among youth.

There was no change in breast cancer *screening* rates in women 50-69 years. Winnipeg River had the highest breast screening rate, while Northern Remote had the lowest screening rate.³⁹ NE and Manitoba had similar cervical cancer screening rates.⁴⁰



social support networks

surround yourself with family and friends

Having supportive family, friends and community enhances health status and well-being and provides a buffer during adverse life events. Focus group participants felt that cultivating and seeking social support networks was important to a person's mental health and well-being.

Over three-quarters of people live with a family.⁴¹ There were slightly more married people reported in the 2006 census. Springfield had the highest percent of married people, while Northern Remote had the lowest.⁴²

North Eastman reported a higher percent of new mothers who indicated that they had no social support compared to Manitoba.⁴³ Focus group participants in 1997, 2003 and 2008 raised concerns about vulnerable people (often seniors) who lived alone. They also identified, in some districts, that a lack of child care support was a major concern for working parents. Child care spaces in NE increased in Springfield and Brokenhead but remained the same in other districts.⁴⁴

The number of calls made to the Manitoba Farm and Rural Stress Line and the Crisis Stabilization Unit and Mobile Crisis Unit from NE residents did not appear to have changed noticeably over the past three years.⁴⁵



employment & working conditions

Tip: get a job⁴⁶

The workplace environment or conditions of work such as personal resources available, and being employed or underemployed are all factors that influence health.

In NE, 28.2% of residents felt their work was either 'extremely stressful or quite a bit stressful.' Brokenhead, Winnipeg River and Springfield residents self-reported the highest levels of 'medium and high' workplace stress.⁴⁷

There was no change in the percent of children and youth receiving income assistance.⁴⁸

Sales and service *occupations* replaced management as one of the top three occupation types for males. The other top occupations were trades, transport and equipment operators.⁴⁹ The top occupations for males were also the occupations the Workers Compensation Board of Manitoba (WCB) cited as where most workplace fatalities occurred in Manitoba e.g. farmer, truck drivers and trades helpers.⁵⁰ There was no change in female occupations: sales and services, business, finance and administration and social sciences, education and government services.⁵¹



education

Tip: graduate from high school⁵²

HHealth status improves with educational attainment. Children were not changing schools as often as they were.⁵³ There was a decline in high school completion from 77% to 72%.⁵⁴

Educational achievement is not only measured by a high school diploma, but through lifelong learning, and obtaining certificates and other diplomas or degrees. Across all age groups, there were more residents who did not have a diploma / degree / certificate compared to Manitoba.⁵⁵



social & physical environment

Tip: live in quality housing & pick your community⁵⁶

Clean air, water and soil are vital to a healthy population as is adequate housing. *Public water* supply is monitored and regulated by the Manitoba Water Stewardship department. During focus group discussions, water quality (both at the individual and community level) was raised as a health concern. As of September 24, 2009 there were 74 boil water advisories in Manitoba; 35 of these were in NE and Eastern Manitoba.⁵⁷ Water fluoridation is a public health strategy to prevent tooth decay. Hospital dental extractions increased for NE children and were significantly higher than Manitoba overall in children 0-5 years.⁵⁸

Poor *air quality* increases the risk for many respiratory illnesses. At least one quarter of children 12 -19 years reported being exposed to second hand smoke.⁵⁹

Safe and affordable *housing* is a basic human need and essential to good health. Focus group participants, particularly in Springfield, indicated that it was important to have a variety of housing options e.g. starter housing for young people and transitional housing for older people so they do not have to leave their community.



early child development

Tip: get a good start in life⁶⁰

The early years have a powerful effect on our future well-being. Infant mortality rates appeared to decline as did child mortality rates; however child mortality rates were significantly higher than Manitoba overall.⁶¹

The number of live births did not change in the region overall. NE and Manitoba have similar rates of live births; however there was considerable variation among the districts e.g. Northern Remote and Blue Water had the highest rate of live births.⁶²

Amongst teens 15-19 years, there was a significant decrease in live births, however teen births in NE were significantly higher than in Manitoba. The highest number of teen births occurred in Northern Remote and Blue Water; however teen births actually decreased in both these districts.⁶³

Babies born too soon or pre-term may not be as healthy as babies born at full-term. Of all births, 8.6% were pre-term in NE compared with 7.9% in Manitoba overall.⁶⁴

“Breastfeeding (BF) is a practice that has many health and developmental benefits for children.”⁶⁵ Rates were significantly lower than Manitoba overall. Northern Remote and Blue Water’s BF initiation were the lowest, whereas Iron Rose and Springfield’s BF rates were the highest.⁶⁶

During 2007, NE had slightly lower immunization rates compared to Manitoba for ages 1, 2, 11 and 17 years. By age seven, NE ‘caught up’ having higher immunization rates compared to Manitoba overall.⁶⁷

The numbers of children in foster care increased significantly and were significantly higher than Manitoba overall. Northern Remote and Blue Water had a significant increase in children in foster care, the highest of all districts.⁶⁸



income & social status

Tip: don't be poor⁶⁹

“Rich people live longer than poor people and they’re healthier at every stage of life.”⁷⁰

“Better social and economic conditions mean better overall health.”⁷¹ Lower life expectancy, higher injury deaths, suicides, diabetes, heart attacks, strokes, substance abuse and schizophrenia occurred more in lower income areas of rural Manitoba, which includes North Eastman.⁷²

Males continue to make more *money* than females except in Northern Remote where females had a higher median income.⁷³

There were more single people who were below the low income cut-off compared with families.⁷⁴

There were more tenants compared with owners spending more than 30% of their income on shelter.⁷⁵

In Manitoba as well as in NE "... the gap in health status between the north and south, rich and poor...is growing"⁷⁶



health care system

know that your health care is safe and efficient

HHealth care services that maintain and promote health, prevent disease and restore health significantly contribute to population health. Almost one quarter of NEHA's operating costs were spent on community services such as primary health care, public health, mental health and home care.⁷⁷

The number of visits to our emergency rooms has not changed over the past few years. The numbers of emergency room visits were consistently higher in Pine Falls Hospital compared to the other two hospitals.⁷⁸ Dialysis cases at Pine Falls Health Complex have steadily increased.⁷⁹

Just over 50% of residents admitted to hospital use NE hospitals. There has been a slight increase in the percentage of patients occupying Winnipeg and other regional health authority hospital beds.⁸⁰ There has been an overall increase in the number of hospital beds in NE being utilized by patients who require non acute health care.⁸¹ Pine Falls Hospital consistently had the highest number of acute care admissions compared to the other NE hospitals.⁸² Hospital discharge rates decreased but were significantly higher than Manitoba. Northern Remote and Blue Water had the highest number of hospital discharges.⁸³

There was a decrease in the number of ambulatory care sensitive (ACS) conditions admitted to hospital; however NE's rates were significantly higher than Manitoba.

ACS conditions are chronic diseases e.g. diabetes and high blood pressure that are usually managed by community health services.⁸⁴

All NEHA operated ambulance call volumes continue to increase annually. There were 599 more calls in 2008-2009 compared with the previous year.⁸⁵

NE has the lowest number of PCH beds per 1,000 population over aged 75 years compared with other Manitoba regional health authorities. Clients have to wait to get into all personal care homes (PCH). During 2004/05-2005/06 NE had the longest median wait time for personal care home (PCH) admission at 22.9 weeks compared with other regional health authorities.⁸⁶ With an aging population and increase in chronic illness such as dementia PCH's will continue to admit more complex cases in both the physical and psychosocial care domains.

There has been little to no change in the percent of residents who visited a physician; however the average number of visits to any physician increased slightly. Blue Water had the highest average number of visits, while Northern Remote had the lowest.⁸⁷ More residents accessed general and family physician care within their own health districts.⁸⁸ Almost three quarters of NE residents sought care from the same physician.⁸⁹ This is important as there is growing evidence that care given by the same caregiver is known to improve client's health status and chronic disease outcomes.

If you have any questions please call NEHA's Corporate Office in Pinawa and you will be directed to the appropriate person:

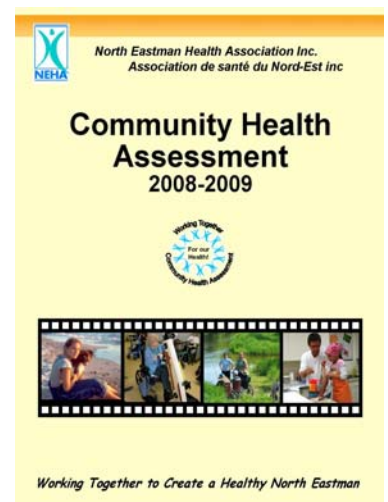
Phone: 1-204-753-2012

Toll free – 1-877-753-2012

The complete report *NEHA 2008-2009 Community Health Assessment Report* is available on the NEHA website @ <http://www.neha.mb.ca>.

"Patterns of health and disease are largely a consequence of how we learn, live and work."

Source: CIHI (2004) Improving the Health of Canadians. Ottawa. September. Pg. 8. Accessed September 2, 2009 @ <http://www.cihi.ca>.



Picture Credit

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- Pg. 3- NEHA Staff golfing in Pine Falls. Picture taken by P. Hayes. 2008
- Pg. 4. Chronic Disease Prevention Initiative. Beausejour. October 8, 2009. Picture taken by B. Stefansson.
- Pg. 5- Lac du Bonnet Personal Care Home. Resident exercising. Taken by Recreation Department 2008. Email from Pat Hayes to S. Dick Untitled. September 28, 2009.
- Pg. 6- Picture Source: Email from Debbie Mueller, Recreation Program, Whitemouth PCH to S. Dick Entitled: RE: September 17, 2009. Picture of Debbie Mueller (Recreation Department) and PCH Resident. August 2008.
- Pg. 7- Kelly Weidman, Director Physical Plant South. Beausejour Health Centre, 2007 Email from G. Oliveria to S. Dick. December 10, 2009.
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- Pg. 10- Nurse C. Lewis RN & patient. Picture taken by P. Hayes. Email from P. Hayes to S. Dick October 13, 2009.
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