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10.1 GEOGRAPHICAL OVERVIEW ¹

The Iron Rose District includes the Rural Municipalities of Whitemouth and Reynolds and the Whiteshell. The Trans Canada Highway and Provincial Trunk Highways 15, 11 and 44 all pass through the health district.

The economy consists of agriculture and natural resources, as well as, retail and service businesses and tourism. The Reynolds municipality is attractive to new business as there is no business tax and it boasts one of the lowest municipal tax rates in all of Manitoba. The Rural Municipality of Reynolds is constantly working towards the fostering of new business and investment.

Recreational activities include waterway attractions such as kayaking, whitewater rafting and canoeing, as well as slow-pitch and baseball, snowmobiling, cross country skiing and curling. There are two curling rinks within the district, one in Whitemouth and the other in Seven Sisters. After two years of planning, the Whitemouth Curling Club was able to pour a concrete floor for the ice surface in the fall of 2002. With grants from Community Places and the RM of Whitemouth, the Club was able to finance the construction. The concrete floor means that the facility can now be used year round for a variety of functions.



The Whitemouth Municipal Museum is important to the area, with its motto being, "To preserve the past for future generations". The museum includes an Anglican Church, which was built in 1906. With monetary assistance from the RM of Whitemouth, fundraising efforts from the Museum Board and private donations, the church was recently moved to the museum grounds and then renovated. A dedication ceremony for the church was held in 2003.



Whitemouth District Health Centre



Because of the growth experienced in the Whitemouth area, the South Interlake Credit Union constructed a new branch building in the town of Whitemouth and had its grand opening in 2002.

The Town of Whitemouth was presented with a special mention award for Environmental Awareness from the Manitoba in Bloom 2002 Provincial Competition.

These are the municipalities and communities that fall under the Iron Rose Health District.

<u>IRON ROSE</u> 3,391 in 2003
<u>Reynolds RM (186)</u> -EAST BRAINTREE ROE OLO -HADASHVILLE- ROEOXO -RENNIE- ROE1RO - <i>McMunn</i> -- <i>Medika</i> - <i>Molson</i> - <i>Prawda</i> - <i>West Hawk Lake</i> - <i>Ste. Rita</i>
<u>RM of Whitemouth (169)</u> WHITEMOUTH- ROE2G0 SEVEN SISTERS ROE1YO ELMA ROEOZO RIVER HILLS ROE1TO
<u>Unorganized Territories (288)</u> WHITESHELL- ROE2HO
Source for Population – 2003 Kasper, Craig. (2004) Manitoba Health. Email to Suzanne Dick June 28 entitled: NE RHA Population Figures by District.
Sources: <ul style="list-style-type: none">• Penny Brown – June 27, 2003 – MUN & postal codes in caps [CAPS]. Note: This was the primary source. If a community is listed in this document and Martens & Black then it is placed in caps.• Martens, P. et al. (2003) <u>The Manitoba RHA Indicators Atlas: Population-Based Comparison of Health and Health Care Use</u>. Manitoba Centre for Health Policy. June. p. 280-281 [Normal print]• Public Health Nursing Offices Rural Directory 2000 – [italics] Revised Jan. 21, 2004

There have been some significant geographical changes since the 1998 CHA report.

Geographical Changes:

- Unorganized Territories previously was a separate geographic area. In this report, depending upon the municipal code, communities have been re-allocated into Winnipeg River, Iron Rose, Blue Water and Northern Remote.
- Northern Remote is a separate health district.
- Springfield has had no geographical boundary changes since the previous report.
- Brokenhead has had Seddon's Corner re-allocated into Winnipeg River.

Focus Groups On How The Community Promotes Or Supports Healthy Living

YOUNG ADULT

Positive

-Heart Health Project, recreational activities - skating rink, biking , walking, roller blading, breast feeding support, Dietitian, First Place Program (out of Beausejour), Readiness Clinics, care in the Whitemouth PCH (excellent , nurses wonderful) , grief counseling support group is "*excellent.*" [Iron Rose]

MIDDLE ADULT

Positive

- Generally pleased with the quality of service in NEHA hospitals (aside from services not available) "...the doctors here are pretty good." Health Links, Home Care, pharmacy, dietitian. [Iron Rose]

SENIORS

Positive

- Home care, presentations by speakers (some felt that this was a good way to receive information and some felt that it wasn't), availability of pamphlets at medical centres and doctors' offices. [Iron Rose]



10.2 COMMUNITY SYSTEM CHARACTERISTICS

Population Demographics

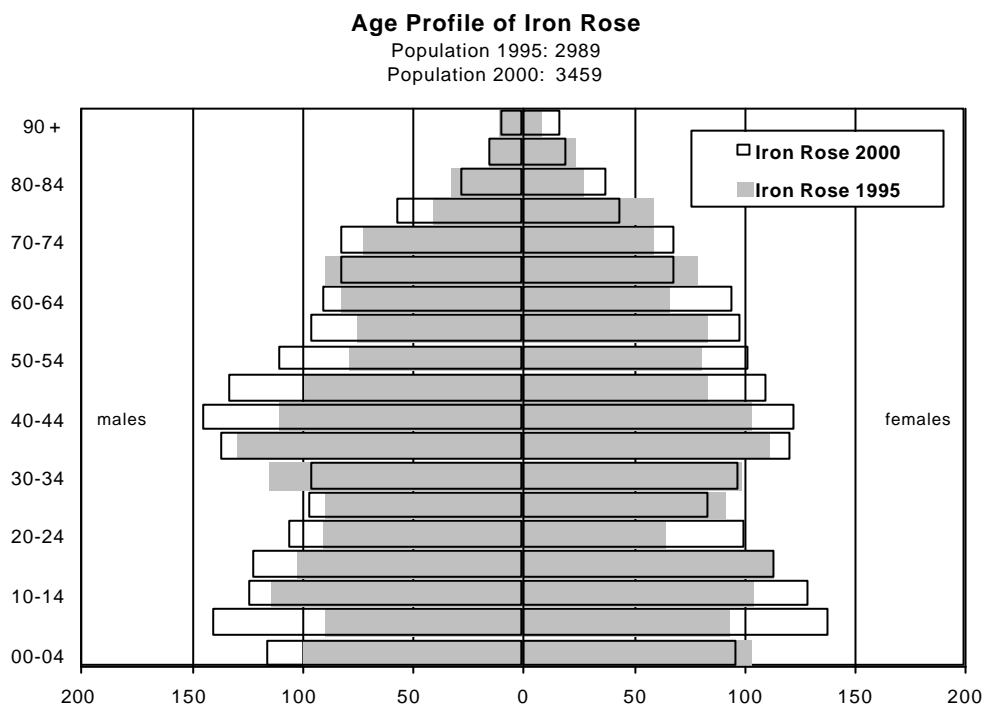
[Education as a health determinate]²

Overview

Providing a scan of the population is important as human populations live in a macro environment. The size of our region, population by age and sex, distribution, and diversity make up communities' specific characteristics. Where information is available the sex of the individual is provided. Research continuously demonstrates that there are unique risk factors and health problems that are different for men and women, as well as, gender influences affecting age, education, socio-economic status, culture and physical environment.³

Population Demographics

Figure 10.1 Age Profile of Iron Rose



Source: Burland, Elaine. (2003) Email to Suzanne Dick entitled: Population Pyramids. November 18. Martens, P. et al. (2003) The Manitoba RHA Indicators Atlas: Population -Based Comparisons of Health and Health Care Use. Manitoba Centre for Health Policy. June. P. 31. www.umanitoba.ca/centres/mchp/.

During the time period, an increase in population occurred in most of the age groups. Decreases occurred in the 30-34, and 65-70 year old age groups, and in males older than 80 years.

Education as a Health Determinant

There is an association between education levels and an improvement in self rated health status. Education is also closely tied with socioeconomic status. Effective education for children and life long learning for adults contributes to the health and prosperity of individuals.

Table 10.1 Percentage of Population With Less Than a High School Education by Years

	% of population with less than high school age 20-34	% of population with less than high school age 35-44	% of population with less than high school age 45-64
RM Whitemouth	56.5	52.0	45.3
RM of Reynolds	44.4	34.8	67.5
North Eastman	35.7	31.1	38.6
Manitoba	22.5	25.6	34.3

Source: Census Canada 2001. www.statcan.ca. 2001 Community Profile. North Eastman Regional Health Authority & Iron Rose. Accessed: April 10, 2004.

In Iron Rose there is a higher percentage of the population with less than a high school education when compared to NE and Manitoba overall.

Sunrise School Division ⁴

In July 2002 the Sunrise School Division was established in partnership with the former Agassiz School Division and the Springfield component of the Transcona Springfield School Division. The Division consists of 25 Schools/Support Centres throughout the North Eastman Region, and provides the following Educational Supports: Child Guidance Clinicians, Reading Clinician, Physiotherapist, Occupational Therapist, Resource Teachers, Special Education Teachers, Guidance Counsellors, Reading Recovery Trainer and Teachers, and Behaviour Intervention Teachers. They also have consultants in the following areas: Early/Middle Years, Senior years, Talent Development, Music, Information and Communication Technology, Special Education, French Immersion, and Physical Education.

Table 10.2 Sunrise School Division – Iron Rose Health District

SUNRISE SCHOOL DIVISION								
IRON ROSE HEALTH DISTRICT	# of Students		Male		Female		% Graduated	
	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03
Reynolds Elementary School	45	53	19	27	26	26		
Whitemouth School	254	242	127	115	127	127	96%	94%
Whiteshell Colony	48	52	24	16	24	36		

Source: Principals of each Sunrise School Division School and Colony School, January – April 2004

Children With Special Needs

The Sunrise School Division had a population of 5180 children in 2003-2004 school year. There were a total of 221 children (4.2%) who were receiving support through a health services program. These health services are provided by NEHA through the Unified Referral and Intake System. These numbers do not capture the number of children with health care needs who do not have a "formal" health care plan developed by a nurse. These numbers are no longer kept, but two years ago there were over 600 children receiving medications. It is believed that now that number has now increased.⁵

Focus Groups – Schools

Middle Adult

a) Health Education in School

-Need for a greater connection between school and health care providers "...hungry children at school was a concern...gap getting help at school...a public health nurse only comes in if there is a crisis." [Iron Rose]

2004 Validation Workshops

IRON ROSE GROUP DISCUSSION ON EDUCATION

- A participant commented on the fact that many children are pulled out of school to work, which affects education levels. However this may be changing now.

Suggestion

- Issue of respect should be addressed in schools in relation to harassment and peoples rights.



10.3 HEALTH STATUS

Deaths	Health Conditions	Human Function	Well-Being
<p>"A range of age-specific and condition specific mortality rates, as well as derived indicators e.g. life expectancy and potential years of life lost." ⁶</p>	<p>"Alterations or attributes of the health status of an individual which may lead to distress, interference with daily activities, or contact with health services; it may be a disease (acute or chronic), disorder, injury or trauma, or reflect other health related states such as pregnancy, aging, stress, congenital anomaly, or genetic predisposition. (World Health Organization (WHO) " ⁷</p>	<p>"Levels of human function are associated with the consequences of diseases, disorder, injury and other health conditions. They include body function/structure (impairment), activities (activity limitations), and participation (restrictions in participation . International Classification of Functioning and Disability (ICIDH-2, Beta 2 Version)." ⁸</p>	<p>"Broad measures of the physical, mental and social well-being of individuals." ⁹</p>

Overview

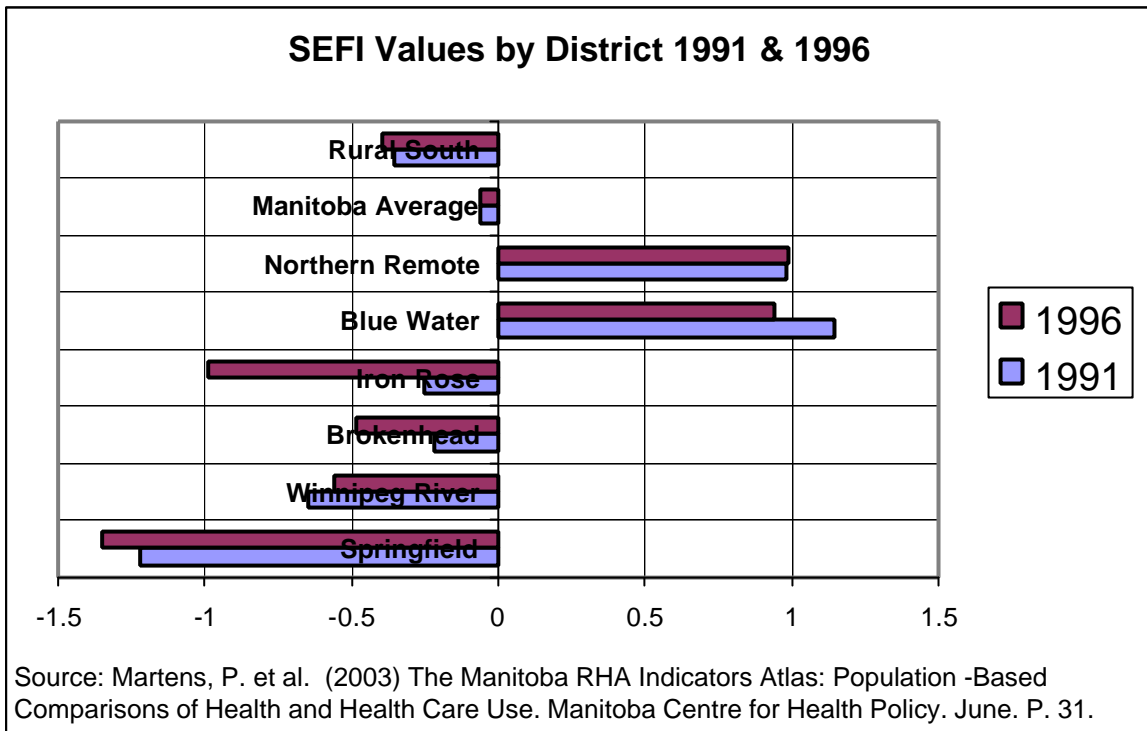
An individual's health status is influenced by more than the delivery of health services. As we learn more about what constitutes "health", we find that there are many influencing factors, some controllable, for example the choices we make i.e. using a seat belt, and things we have less or no control, over for example hereditary diseases.

Significant Indicators Measuring Overall Health Status

Social Economic Factor Index (SEFI)

This indicator describes an overall composite socioeconomic "risk" of a population in a given geographical area. The greater the risk, the poorer the overall health status and likely the need for more enhanced health services. The SEFI values described here represent averages for all residents by health district. Results less than 0 indicate LESS socioeconomic risk and values greater than 0 indicate GREATER socioeconomic risk, meaning a likelihood of poorer health status --- a potential need for more input from health services.

Figure 10.2 Social Economic Factor Index by Health Districts 1991 & 1996



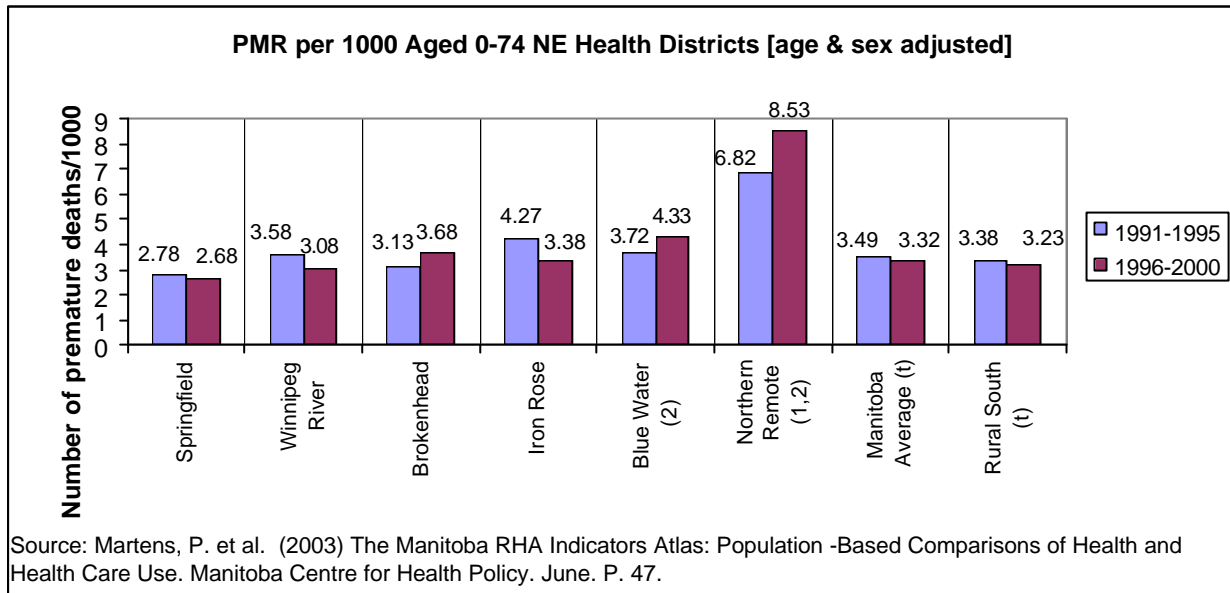
All health districts except for Northern Remote and Blue Water have a greater SEFI value than both Manitoba and Rural South. Except for Winnipeg River and Northern Remote there has been an overall improvement in the value in 1996 as compared with 1991. Iron Rose in particular has seen an improvement in their SEFI value in 1996 as compared with 1991.

Iron Rose has shown an improvement in SEFI value and appears to be greater than both Manitoba and Rural South in 1996.

Premature Mortality Rate

PMR is defined as deaths when that occurs before age 75. This indicator is often used as a measure of general health status and the subsequent need for health services. It is considered the single best measure to reflect the health status of a region's population. If PMR is high, we can assume that this population requires the use of more health services including preventive services.¹⁰

Figure 10.3 Premature Mortality Rate in NE Health Districts



We do not want to see this indicator increase. Iron Rose has experienced a decrease in the PMR value in 1996-2000 as compared with 1991-1995, but it is not a significant decline. There is not a significant difference between Iron Rose's PMR and Manitoba or Rural South.

PMR has decreased but not significantly.

Focus Groups – On the Meaning of Health

YOUTH- Overall, youth described health as: not being sick, eating right, maintaining healthy weight, exercising, sleeping well, not abusing drugs or alcohol, taking care of yourself and minimizing stress, being able to express yourself without being judged. Further, support strongly influenced health e.g. the importance of friends and how friends influenced your health.

"...out here, it's a bit more natural to be healthy than in the city because everything's far away so you bike to get there and if you live on a farm, you naturally get fit." [Iron Rose]

Barriers – Youth were able to identify factors such as lack of money (limited their ability to join recreational activities and purchase healthier foods) and a lack of transportation (limited them from attending recreational activities) as barriers to a healthier lifestyle.

YOUNG ADULTS

- Some of the major themes that emerged in all Focus Groups included: absence of sickness, participating in life, humour, healthy eating, sleeping well, active lifestyle (exercise), good mental health, social support, good relationships especially for people who are alone, balance, work, no bad habits (smoking, drinking) all supported a healthy lifestyle.

- Access to good health care and finding it quickly especially for children came up in Springfield and Iron Rose. The Iron Rose group mentioned prevention as it specifically relates to immunization, health promotion e.g. anti-smoking.

Barriers

- Distance to activities and work [Iron Rose]

"Small towns are wonderful places to raise children, but pretty much whatever you want to do with your child, you're going some place else..." [Iron Rose]

"...wouldn't say there are no employment opportunities, but not good ones..." [Iron Rose]

MIDDLE ADULTS

This group indicated clearly that health encompassed many more things than just physical health. They discussed energy, being pain free, good sleep, proper nutrition, exercise, humor, weight management and the importance of social activity and connection, being mentally well, stress management and balance.

Gaps

- a) **Recreational Activities** – This is a common theme mentioned in all Focus Groups.

-Swimming pool [Springfield, Iron Rose]

-Local community clubs are declining... those who can afford it are going elsewhere: *"...to the city, to Beausejour, to Pinawa... Then we've got people who can't afford to run off and do some other stuff. They need services here."* [Iron Rose]

- b) **Employment**

-Jobs for young people *"...who finish school they go to University or Red River College and don't come back here because there's nothing to come back to."* [Iron Rose]

- c) **Other**

-Natural gas line. [Iron Rose]

-More compensation for volunteer drivers. [Iron Rose]

SENIORS

In general most groups included aspects of your mind (memory), body, attitude, keeping active and mobile, good nutrition, exercising for example, walking and other recreational activities that included exercise and socializing, being active in your community, friends and family.

"...as you age your health will change some what."[Iron Rose]

Gaps

- a) **Recreational Activities** – This emerged in all Focus Groups.

Recreational activities emerged as a consistent comment in the 2003 provincial survey as well .

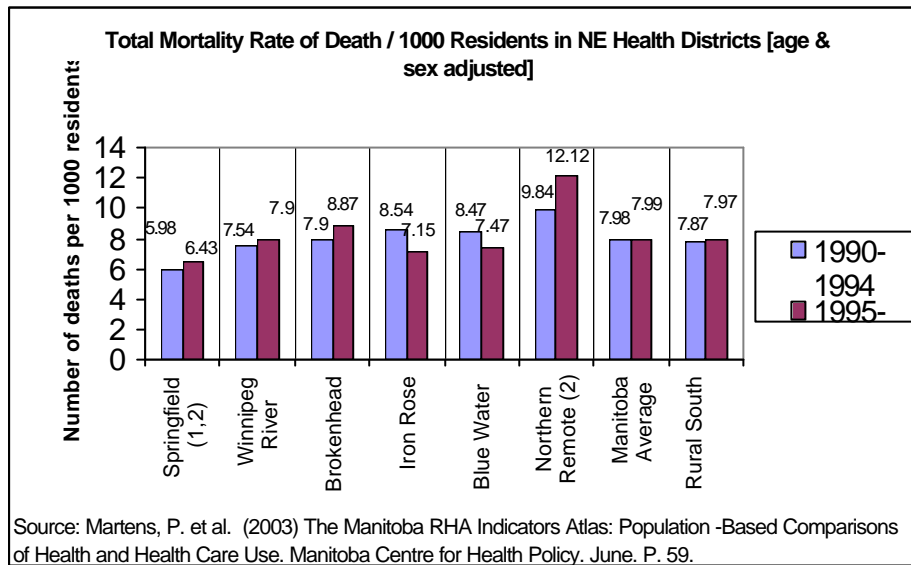
Deaths

"A range of age-specific and condition specific mortality rates, as well as derived indicators e.g. life expectancy and potential years of life lost." ¹¹

Total Mortality Rate

This indicator examines all deaths from all different causes and all ages.

Figure 10.4 Total Mortality Rate in NE Health Districts



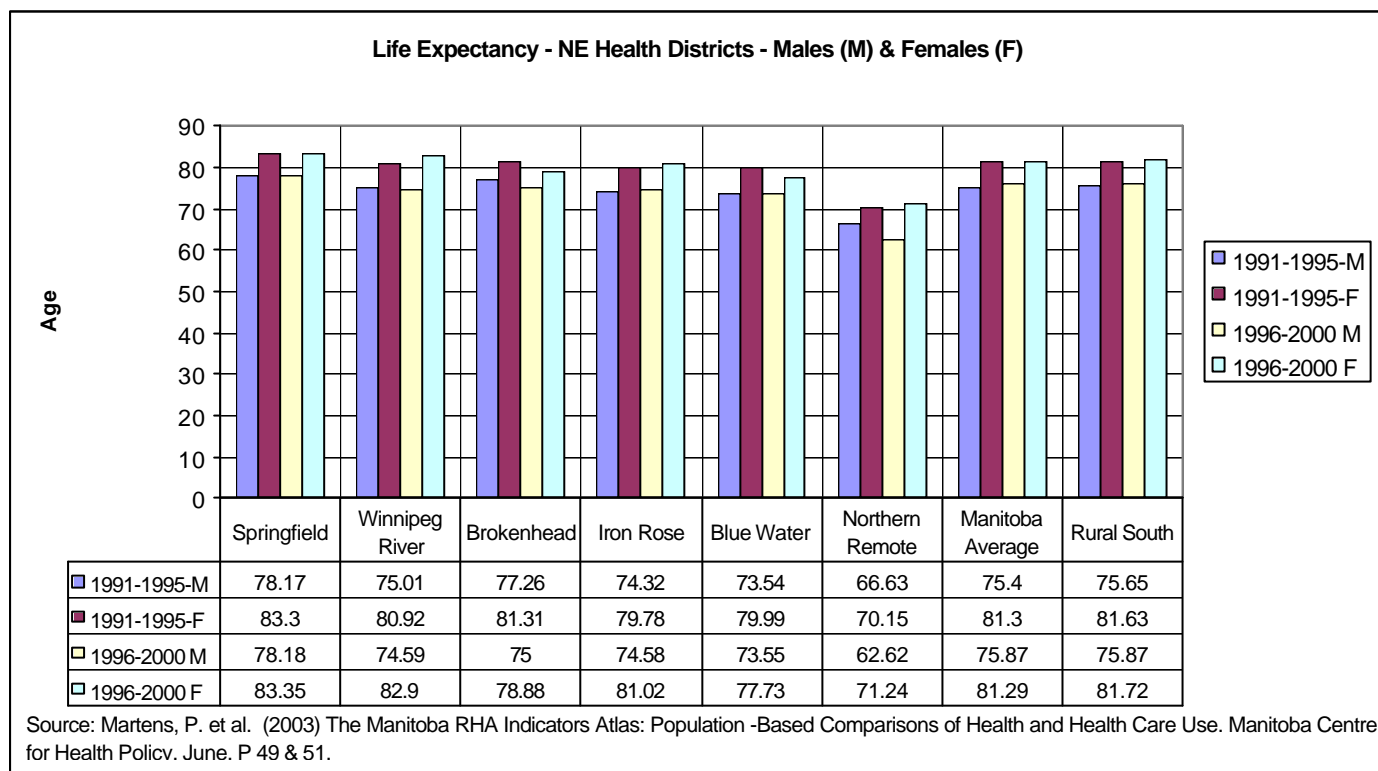
Iron Rose showed a slight decrease in the total mortality rate, but did not change significantly.

Iron Rose's mortality rate appears to be less than Manitoba and Rural South, but it is not a significant difference.

Iron Rose's total mortality rate has decreased, but not significantly.

Life Expectancy

Figure 10.5 Life Expectancy in NE Health Districts



In Iron Rose we see that females live longer than males by approximately 6 years. The male life expectancy has changed little, however the female life expectancy rate has increased from 79.7 to 81 years. Both males and females appear to have similar life expectancies as when compared to Manitoba and Rural South.

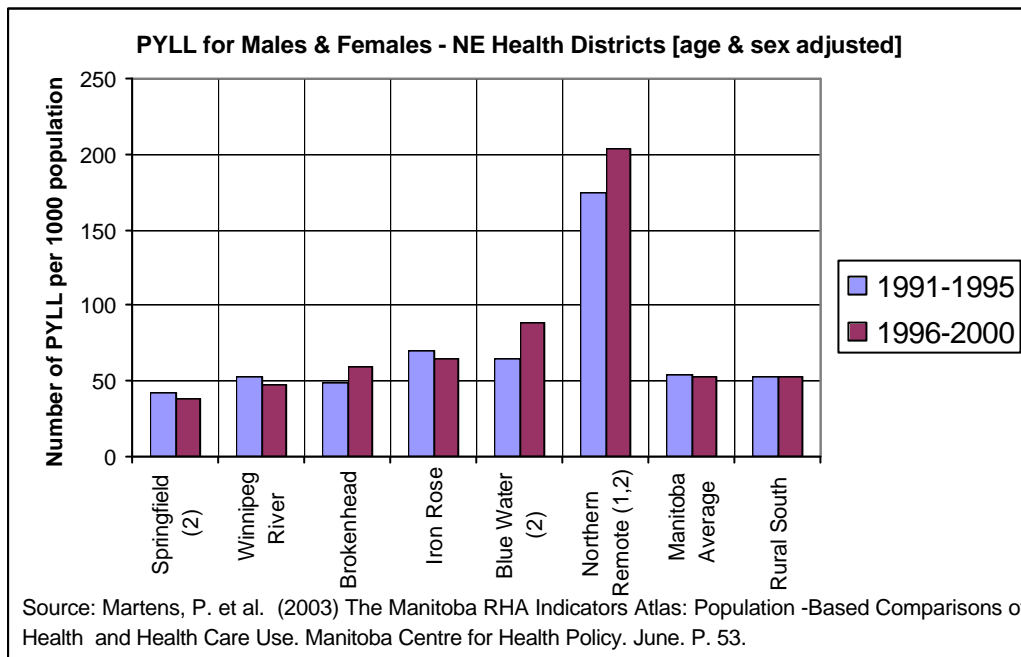


Iron Rose females live approximately 6 years longer than their male counterparts.

Potential Years of Life Lost (PYLL)

This is an indicator of premature mortality before age 75 (excluding infant deaths up to one year). This measure provides greater weight to a death occurring at a younger age when compared to all deaths.¹²

Figure 10.6 Potential Years of Life Lost in NE Health Districts



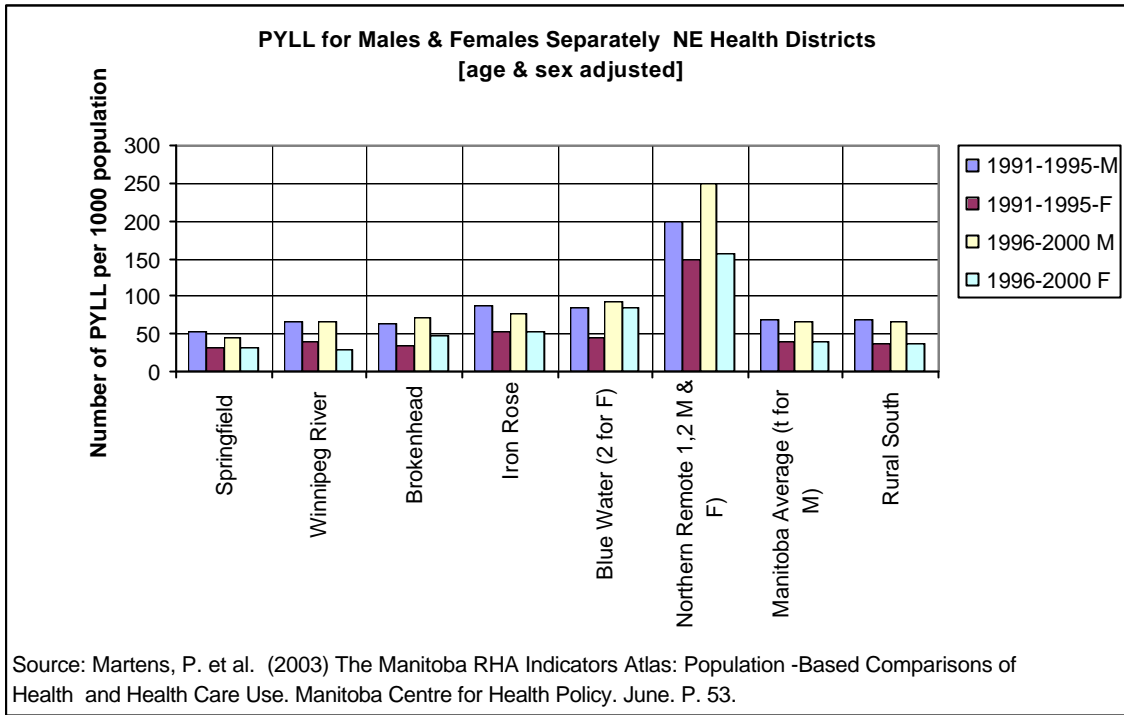
Iron Rose has had a decrease in its PYLL, but it was not a significant change.

We do not want to see premature deaths.

Iron Rose appears to have a higher PYLL than Manitoba, but it is not significantly different.

Iron Rose has shown a decrease, but not significantly. In its PYLL value and is not significantly different than the Manitoba value.

Figure 10.7 Potential Years of Life Lost (PYLL) Males & Females Separately



When we separate males and females, it becomes noticeable that males appear to have an increased level of PYLL (77.3) than females (52.4) during the later time period.

Male and female PYLL have shown a decrease in value, but it wasn't a significant change.

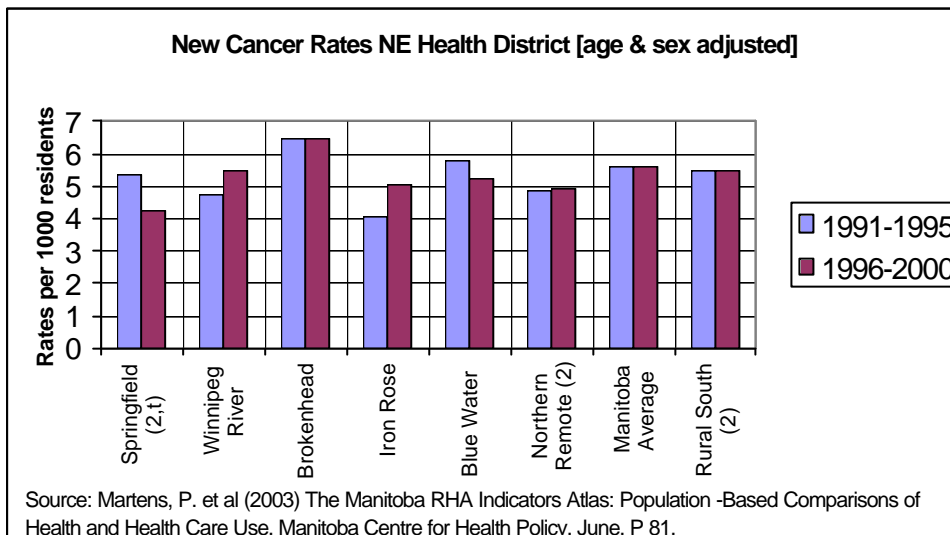


Health Conditions

"Alterations or attributes of the health status of an individual which may lead to distress, interference with daily activities, or contact with health services; it may be a disease (acute or chronic), disorder, injury or trauma, or reflect other health related states such as pregnancy, aging, stress, congenital anomaly, or genetic predisposition."
 " (World Health Organization (WHO) ¹³

Cancer

Figure 10.8 New Cancer Rates [includes non-invasive malignancies].



In Iron Rose we see a slight increase in the overall cancer incidence during the time periods reviewed, but it was not a significant change.

Iron Rose's rate is not significantly different than the Manitoba average or Rural South.

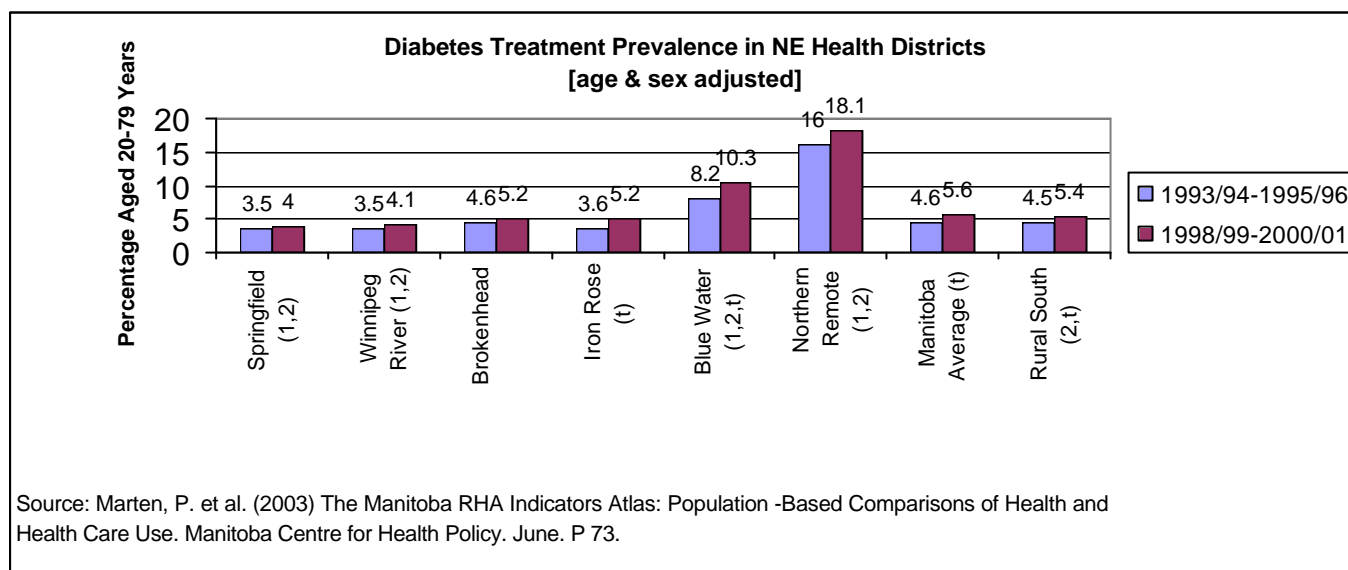
Cancer rates have increased, but not significantly during 1996-2000, and are not significantly different than the Manitoba average.

Diabetes

Diabetes Treatment Prevalence

Diabetes treatment prevalence is defined as the percentage of persons aged 20-79 years who had a diagnosis of diabetes in two or more physician visits or one hospitalization during the time period reviewed.

Figure 10.9 Diabetes Treatment Prevalence in NE Health Districts

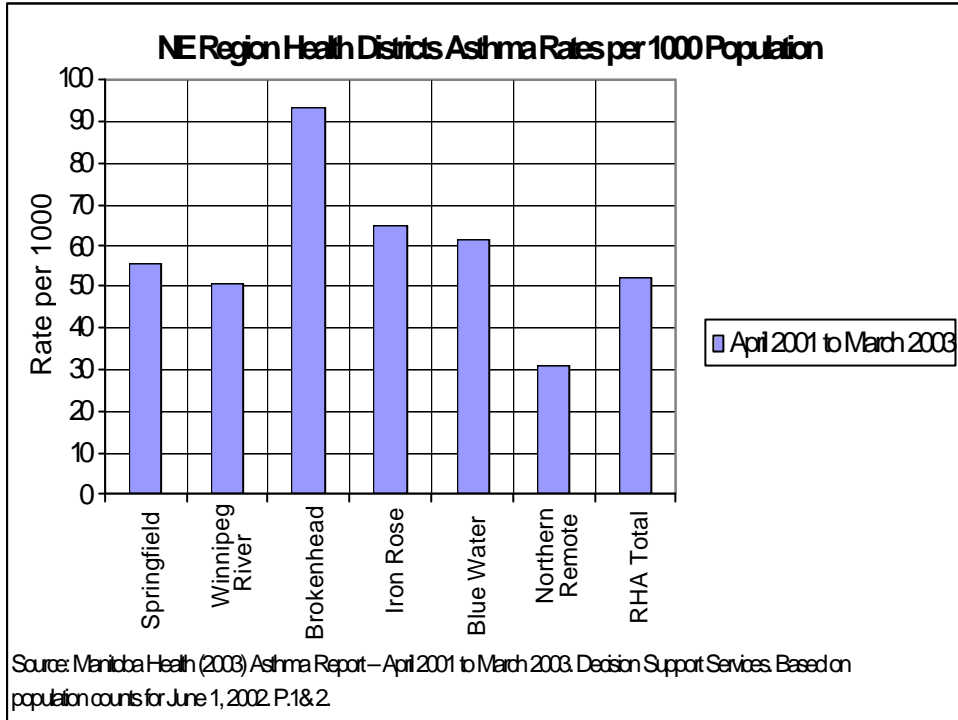


There has been a statistically significant increase from 3.6% to 5.2 % during the two time periods reviewed. Iron Rose's diabetes treatment appears to be lower than the Manitoba average (5.6%) and lower than Rural South (5.4%), but it is not a significantly difference.

Diabetes has shown a significant increase, but it is not significantly different than the Manitoba average.

Respiratory Diseases

Figure 10.10 Asthma Prevalence



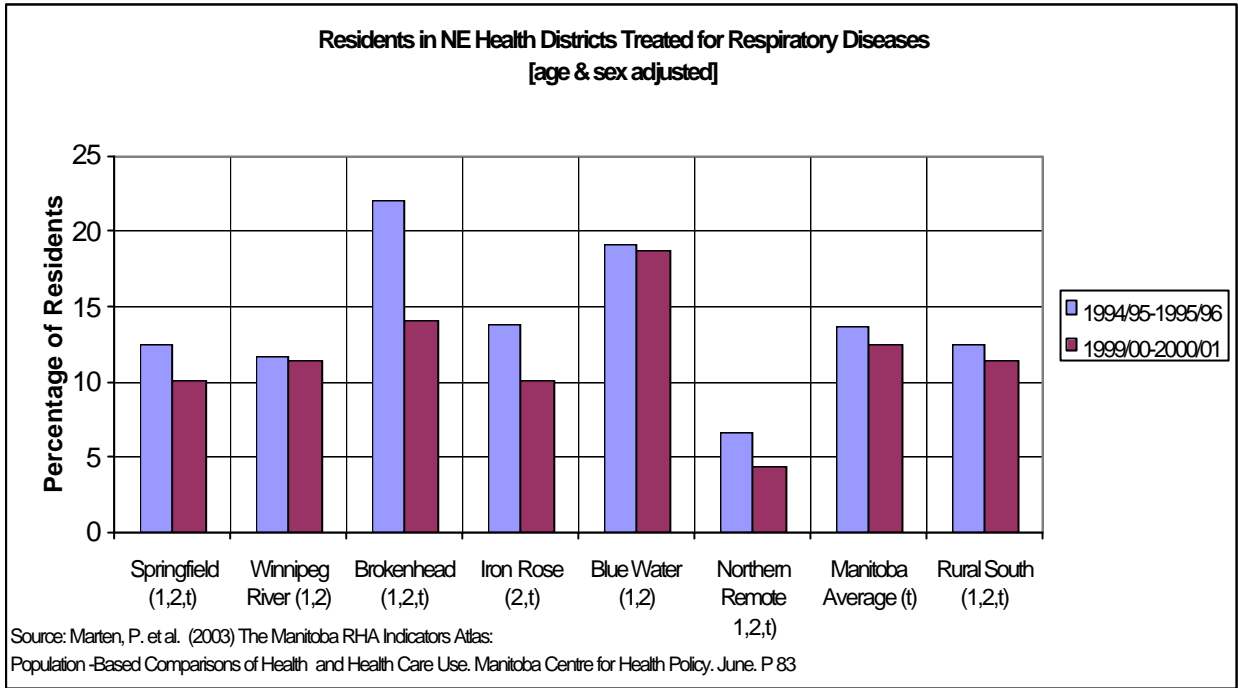
Iron Rose appears to have the second highest asthma rate when compared with our other health districts.

As mentioned in the regional section, both asthma and respiratory diseases in general are showing a decline.



Iron Rose appears to have the second highest rate of asthma in NE.

Figure 10.11 Residents Treated for Respiratory Disease
 [includes asthma, bronchitis & pneumonia]



In Iron Rose there has been a statistically significant decline in respiratory diseases diagnosed during the time periods reviewed.

There is also a statistically significant decrease in Iron Rose when compared with Manitoba and Rural South during the second time period.

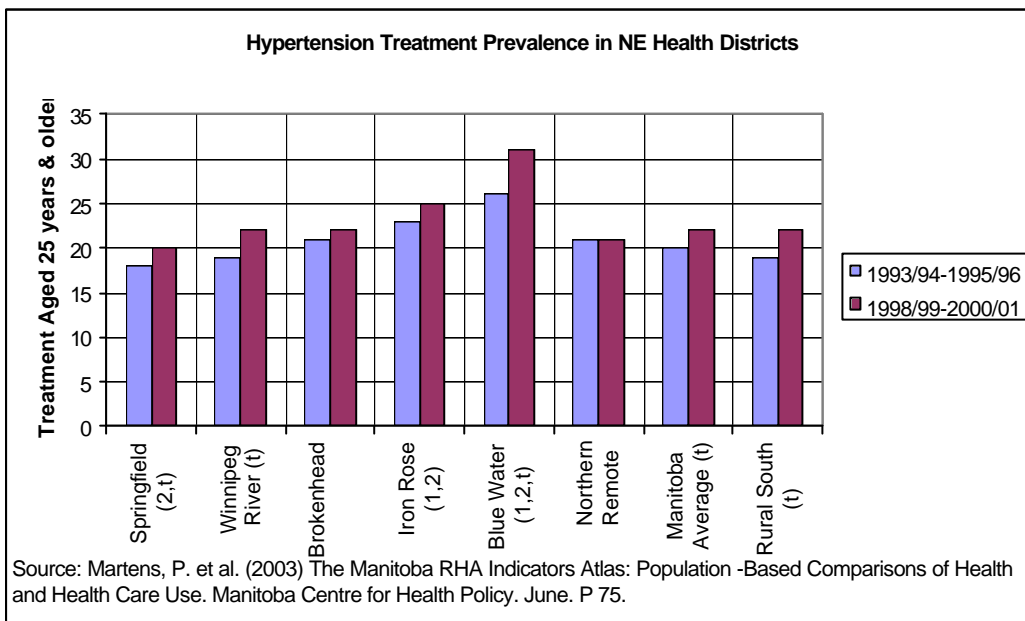
Respiratory diagnoses show a significant decrease.

Hypertension

Hypertension Treatment Prevalence

Hypertension treatment prevalence is defined as the percentage of persons aged 25 years or older who had at least one physician visit for hypertension during the time period reviewed i.e. each resident is defined as either having been treated for hypertension or not.

Figure 10.12 Hypertension Treatment Prevalence in NE Health Districts



Iron Rose residents are statistically significantly higher (23% and 25% respectively) in the prevalence of hypertension treatment when compared with the Manitoba average (20% and 22% respectively) and Rural South (22% and 22%) during both time periods reviewed.

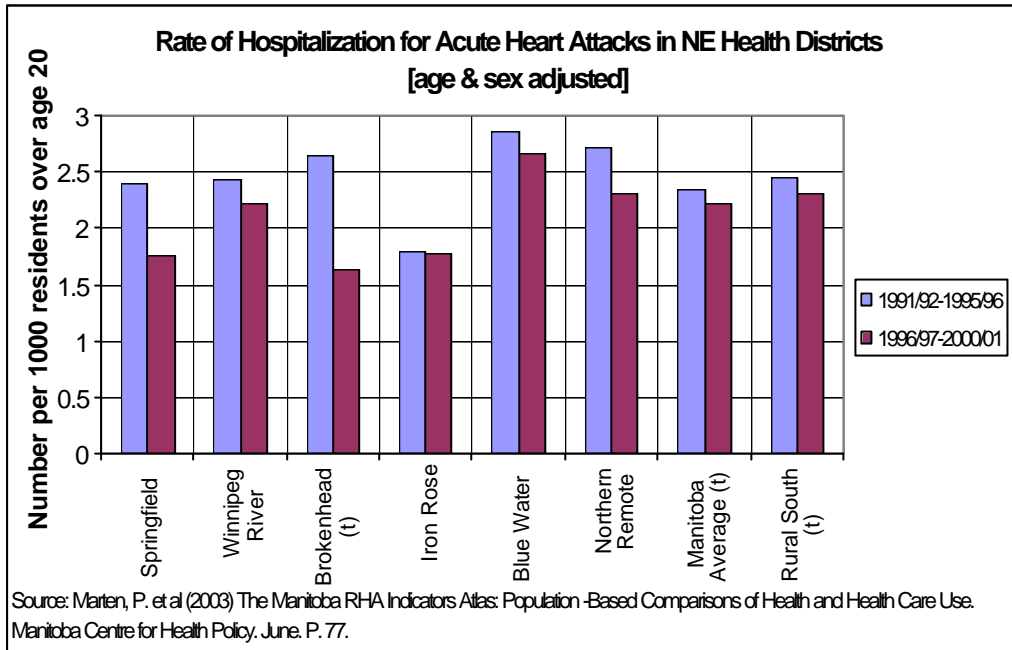
Hypertension treatment is significantly higher than the Manitoba average.

2004 Validation Workshops

Three Top Key Issues Identified by Participants	% of participants choosing this issue
Iron Rose	
High Blood Pressure Validation Workshop participants did not raise any specific comments on this subject. <u>2003 Focus Groups</u> – This was mentioned in the Focus Groups, particularly Middle Adult and Seniors, in relation to life style change due to health problems. In some cases the health problem being high blood pressure.	86.6%

Heart Attacks

Figure 10.13 Acute Myocardial Infarctions (MI's) or Heart Attack Rates of Hospitalization



Iron Rose's rates are not significantly different during the two time periods reviewed.

Iron Rose's rate (1.79 and 1.78 respectively) appears to be less than the Manitoba average of (2.35 and 2.22 respectively) and Rural South (2.45 and 2.22) but it is not statistically different.

There has not been significant change in the rate of hospitalizations for MI's in Iron Rose.

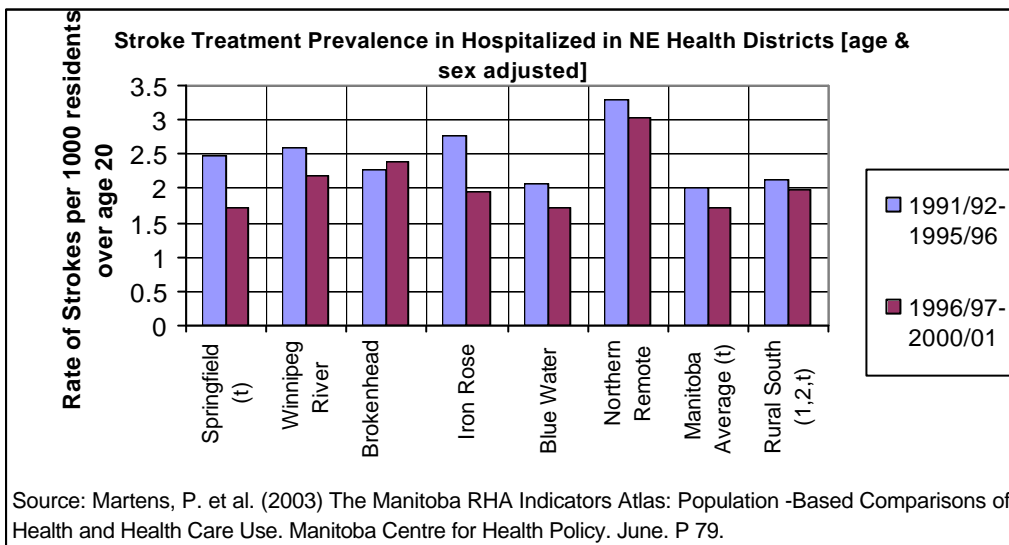


Strokes

Stroke Treatment Prevalence

Stroke treatment prevalence is defined as the combined number of hospitalizations for strokes experienced per thousand residents, aged 20 years or older, and is averaged over the five-year period to give an annual rate. The reason it is not expressed as a percentage is that an individual may suffer from more than one stroke. Each stroke is counted as a separate event.

Figure 10.14 Stroke Treatment Prevalence in Hospital



There has been a decline in residents in Iron Rose being treated for stroke from 2.76 / 1000 to 1.95/1000, but not a significant decrease.

There is no significant difference between Iron Rose's rate and Manitoba or Rural South.

Iron Rose's stroke treatment has decreased, but not significantly.

Injuries

In NE, injury mortality rates have shown an increase from .55/1000 in 1990-1994 to .73/1000 during 1995-1999 compared to Manitoba at .44/1000 and .49/1000 and Rural South at .47/1000 and .54/1000.

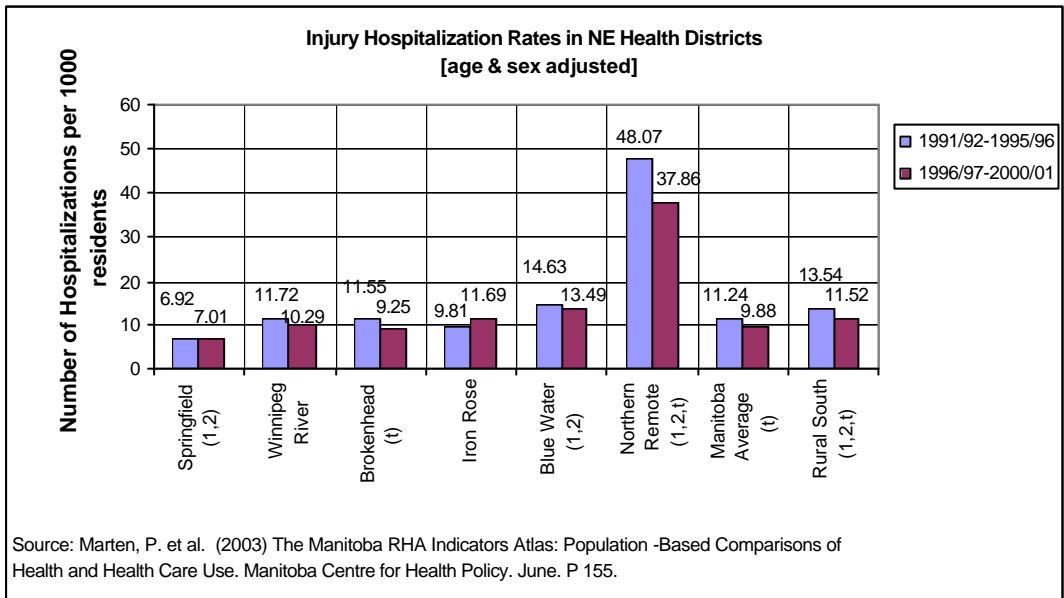
Injury deaths are on the rise in NE, and throughout Manitoba overall.

Due to a relatively small number of injury deaths, these rates are not reported at the district level.¹⁴

Hospitalization Injuries

A hospitalization injury is defined as any injury that is coded on the hospital discharge abstract as the primary diagnosis.

Figure 10.15 Injury Hospitalization Rates in NE Health Districts



Iron Rose's hospitalization due to injury rate appears to have increased slightly during the two periods reviewed but not significantly.

Iron Rose appears to have a slightly higher injury hospitalization rate during the second time

period when compared with the Manitoba average (9.88/1000) and Rural South (11.52), but it is not a significant difference.

Hospitalization due to injuries has increased, but not significantly, and there is no significant difference between Iron Rose and Manitoba or Rural South.

Human Function

"Levels of human function are associated with the consequences of diseases, disorder, injury and other health conditions. They include body function/structure (impairment), activities (activity limitations), and participation (restrictions in participation . International Classification of Functioning and Disability."(ICIDH-2, Beta 2 Version) ¹⁵

Overview

Human function is associated with the consequences of diseases, disorders, injury and other health conditions.

Refer to Section 6 for regional information.

Well Being

"Broad measures of the physical, mental and social well-being of individuals." ¹⁶

Overview

Health status of the population is not only measured by how often an individual visits or is diagnosed with illness by a health professional, but also how they feel personally. An individual may have a chronic illness, but is well controlled and they are functioning well i.e. able to work, and do various activities that other people their age can do who may not have an illness.

Focus Group on There's Nothing To Do

It was felt that the perception of 'nothing to do' will have an effect on the overall well being of an individual. Youth in every Focus Group mentioned this as an issue. Adults also raised this in their focus groups specifically related to recreational activities.

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON PERSONAL HEALTH PRACTICES AND COPING SKILLS

- One participant commented that the community has tried to develop activities/programs for youth in the past, i.e. community hall was built for entire community and used to have a very active Curling Club but now youth don't seem to engage in activities that may be planned. Not the same interest and commitment.

10.4 DETERMINANTS OF HEALTH

Personal Health Practices & Lifestyle <i>[Personal Health Practices & Coping Skills]</i> ¹⁷	Personal Resources <i>[Social Support Network]</i> ¹⁸	Living & Working Conditions <i>[Income, Income Distribution and Social Status and Employment and Working Conditions]</i> ¹⁹	Environmental Factors <i>[Physical]</i> ²⁰
<p>"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status. " ²¹</p>	<p>"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health. " ²²</p>	<p>"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." ²³</p>	<p>" Physical factors in the natural environment such as air, water and soil quality are key influences on health. Factors in the human – built environment such as housing, workplace safety, community and road design are also important factors."²⁴</p>
Healthy Child Development	Biology & Genetic Endowment	Culture	Gender
<p>"The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills and competence is very powerful. " ²⁵</p>	<p>"The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health challenges. " ²⁶</p>	<p>"Culture and ethnicity come from both personal history and wider situational, social, political, geographical and economic factors. " ²⁷</p>	<p>"Gender refers to the many different roles, personality traits, attitudes, behaviours, relative powers and influences which society assigns to the two sexes. Each gender has specific health issues or may be affected in different ways by the same issue. " ²⁸</p>



Environmental Factors as a Health Determinant

[Physical] ²⁹

" Physical factors in the natural environment such as air, water and soil quality are key influences on health. Factors in the human – built environment such as housing, workplace safety, community and road design are also important factors." ³⁰

Overview

Environmental factors influence our health and should not be taken for granted. We must work on this continuously in partnership with others. We are fortunate that we live in a healthy and safe environment, however there are some concerns most specifically related to water quality.

Water

Water Quality ³¹

The Whitemouth Water Co-op supplies both the RM and Town of Whitemouth with treated water. There is a Co-op Treatment Plant in Prawda, which serves approximately 20 houses. Other areas in the district utilize private wells.

Focus Group

YOUTH

- Water quality emerged in the Iron Rose group when talking about farm safety and about whether they were concerned about bovine spongiform encephalopathy (BSE) and E-coli water contamination. They generally felt that more was being made of these concerns than warranted, as the town water was treated.

"We get town water, so you think it should be good." [Iron Rose]

YOUNG ADULT

a) Safe Water

-Access to safe water was raised as a concern around Elma. [Iron Rose]

2004 Validation Workshops

Three Top Key Issues Identified by Participants	% of participants choosing this issue
Iron Rose Water Quality Validation Group participants voiced concern about the quality of the water. <u>2003 Focus Groups</u> – The creek is contaminated by pesticides, chemicals and sewage. Iron Rose Middle Adults group also raised a concern about access to safe water around Elma.	72.7%

Sewage Systems³²

A sewage system serves the communities of Whitemouth and Seven Sisters. Rural areas have holding tanks and septic fields. A lagoon provides for waste disposal.

The Air We Breathe

There were no comments related to air quality in this district from focus group or validation workshop participants.

Housing

Table 10.3 Elderly Person's Housing in Iron Rose Health District

Ironrose Communities	Name of Facility	# of units	Owner / Operator
Whitemouth	Riverbend Manor	12	Manitoba Housing
Hadashville	4 of 8 units designated to seniors	4	Manitoba Housing
Prawda	2 of 8 units designated to seniors	2	Community Housing Managers of Manitoba

Source: Grace Honke, Services for Seniors Specialist as cited to Carol Orvis. February 2004.

The Manitoba Housing Units in Iron Rose are full with a waiting list. All Manitoba Housing operated facilities charge 27% of income.

Focus Group - Housing

This was an area of concern in the 1997/98 CHA. The need for more transitional housing was expressed in the middle and seniors Focus Groups.

SENIORS

-More independent living units [Springfield, Brokenhead, Iron Rose]

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON PHYSICAL ENVIRONMENT - Housing

Suggestions

- Need more housing for seniors like Supportive Housing - larger Elderly Person Housing.
- There is a need for interim placement for individuals awaiting Personal Care Home Placement.

Safety

Table 10.4 Crime Report Iron Rose Health District *

Note: Total Numbers represent all of NE Region.

CATEGORY	EXPLANATION	Health District	2001	2002
Criminal Code	<u>Persons</u> – Homicides, robberies, personal assaults and abductions. <u>Property</u> – Break and enter, shoplifting, stolen goods, motor vehicle theft, theft over \$5000/under \$5000, fraud. <u>Criminal Other</u> - Offensive and restricted weapons. <u>Other Criminal</u> – Property damage under \$5000, disturbing the peace , arson, indecent acts, bail violations, breach of probation, harassing and stalking, kidnapping, prison unlawful at large.	Iron Rose	104	81
Total Criminal Code		NE	4,481	4,234
Federal Code	Parole violation, weights and measures and other Federal Acts. Canadian Environmental Protection Act, drugs and substances.	Iron Rose	5	16
Total Federal Code		NE	155	204
Provincial Code	Child Welfare, Litter, Provincial Wild Life, Tobacco Tax Act, Transporting danger goods, Coroner's Act, Mental Health Act, Trespass Act, Offensive road vehicle. <u>Liquor</u> - intoxicated persons, Liquor Act. <u>Traffic</u> - failing to stop dangerous driving, other moving and non-moving traffic.	Iron Rose	459	142
Total Provincial Code		NE	3,098	2,117
Municipal Codes	Municipal Acts/ By-Laws	Iron Rose	0	0
Total Municipal Codes		NE	83	83
Traffic Codes	Collision – fatal and non-fatal, and Criminal Code Traffic i.e. impaired driving, driving over 80 MG (blood alcohol level), driving a motor vehicle prohibited, property damage.	Iron Rose	119	116
Total Traffic	Note: this does not include persons injured or killed.	NE	897	843
Persons **	Killed in traffic related incidents	Iron Rose	1	0
Total Persons killed		NE	3	11
Persons **	Injured in traffic related incidents	Iron Rose	24	22
Total Persons injured		NE	133	154
GRAND TOTAL OF ALL OFFENSES	Note: this does not include persons injured or killed in traffic related incidents.	Iron Rose	687	355
		North Eastman	8,714	7,481

Source: Bill Hanysh, Corporate Management Branch (CMB). Client Services, RCMP "D" Division. Received August 8, 2003.

- * The figures used in this report are reported cases to the RCMP. This does not mean that for all the reported cases there was a person charged with the offense. Similarly some of the persons charged with the offense may also have been cleared.
- ** The number of person injured and killed in traffic related incidents is not included in the numbers associated with the total traffic code category nor in the grand total of all offences calculated. The numbers reflect people injured and killed in the respective health district, not necessarily residents of that health district or of NE region.

The overall number of reported crimes have dropped by more than half when comparing 2001 with 2002. The only area of increase, which has more, than doubled is the federal code, which includes drugs and substances.

There were no motor vehicle deaths in 2002 as compared with one in 2001. The number of injured people has decreased by 2 in 2002.

Note: We are not able to compare previous crime report information as the CMB changed their system of reporting.

Focus Groups - Safety

YOUTH

a) Seat Belts

- Students with drivers license gave mixed report about wearing seat belts, some seeing it as a matter of choice and some depending upon the situation. [Iron Rose]

"I wear my seat belt on long distance trips, but just driving around, I usually don't." [Iron Rose]

"If you don't want to wear a seat belt, it's your choice. It's your life in your hands." [Iron Rose]

b) Speed -With regard to safe driving and speed youth seemed to realize the consequences.

"..when I get my license, I think when I see an open road in front of me, I'll go fast..." [Iron Rose]

"If an accident happened and I was behind the wheel, I would feel horrible about it and probably would wish I could take my life instead...I guess it would be better if you just drove carefully and wear a seat belt."

[Iron Rose] *"...people don't drive fast to hurt people, people just enjoy it."* [Iron Rose]

YOUNG ADULT

a) Traffic

-There was a concern in Seven Sisters and Whitemouth about the speed of traffic through their towns. [Iron Rose].

-One person in Iron Rose group felt there wasn't enough police presence in Whitemouth. [Iron Rose]

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON PHYSICAL ENVIRONMENT - Safety

- Concern was voiced about decreasing number of RCMP around the Whitemouth area and that they are not easily accessible. A participant mentioned that some youth drive unsafely in town, i.e. passing vehicles on the right side of the road and driving too fast.
- Concerns voiced that home invasions off #1 Highway will be happening more often.

Suggestion.

- Would like to see safety programs in place on the use of ATV's (3&4 wheelers) and dirt bikes.



Biology & Genetic Endowment as a Health Determinant

"The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health challenges."³³

Overview

The fundamental characteristics of this determinant include our genetic make up for example gender, how our body systems function, developmental factors and aging. This area is highly complex due to the interrelationship between human biology and other determinants. It is thought that "...in some circumstances genetic endowment appears to predispose certain individuals to particular disease or health problems."³⁴

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON BIOLOGY AND GENETIC ENDOWMENT

Suggestion

- Would like more information on how to cope with the crippling and pain of arthritis.

For information related to this determinant refer to the section on 'health status.'

Personal Health Practices & Lifestyle as a Health Determinant

[Personal Health Practices & Coping Skills]³⁵

"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status."³⁶

Overview

Behaviour change is one of the most difficult areas to modify, as it is so well integrated in a person or family's pattern of life style and practice. Education alone is never enough. Other known influences on behaviour either positively or negatively may include an individuals peers, social / community norms and practices and the willingness on the part of the individual, family, or community to change.

Dietary Practices

Focus Groups – Dietary Practices

YOUTH

- One participant made an effort not to eat "...too much junk food." [Iron Rose]

YOUNG ADULTS

Reason to change:

- Elevated cholesterol. [Iron Rose]

Programs / Methods Used

- Physician's advise [Iron Rose]

MIDDLE ADULTS

- Often some or parts of the diet were changed, for example drinking more water, decreasing caffeine intake, or diet changes related to reducing cholesterol.

The reasons why participants modified their diet included:

- a) Health reasons e.g. borderline diabetic, cholesterol. [Winnipeg River, Blue Water, Iron Rose, Brokenhead]

Programs / Methods Used

- "...I don't take it seriously enough to follow the diabetic rules...don't worry about it. [Iron Rose]

SENIORS

Reasons to modify diet –health issues (especially cholesterol) [Brokenhead, Iron Rose, Winnipeg River, Springfield, Blue Water]

Programs / Methods Used

- Cut down on snacks in general and soft drinks. [Iron Rose]

Barriers

- "...I do know Health Canada rules...Perhaps I could use help with eating to gain weight." [Iron Rose]

Alcohol Consumption

Focus Group- Alcohol Use

YOUTH

Drinking, as an emerging topic, came up in all the youth Focus Groups except for Iron Rose. No participants associated this with a personal lifestyle change recognizing that many youth in the focus groups did not consume alcohol.

The youth clearly saw alcohol not only as something youth did , but even more as a behaviour of adults in their communities.

ADULT FOCUS GROUPS

-This was not raised as a social problem in most of the adult Focus Groups except for the example given in the middle adult Focus Group. There were several adults who mentioned on a personal note that they had given up drinking. The youth perceived that adults drink heavily, it is given some weight related to its absence as an emerging health topic in the adult groups.

MIDDLE ADULT

- Only one participant in Iron Rose mentioned about the need for more programs to curb alcohol abuse and the need to support those who want to stop drinking. [Iron Rose]. "Alcohol costs just as much, if not a lot more money, for disease, absenteeism from work, and yet the health care won't touch it...". [Iron Rose]

Physical Activity

Focus Groups on Exercise

Increasing the amount of exercise was the most common form of lifestyle change that the adults made with respect to changing their lifestyle to improve health.

YOUTH

Emerging Issue

-Frustration experienced by some youth in the Iron Rose group about out of school activities.

" I know in Hadashville there is a hall...then they wouldn't let any teens use it because teens are reckless and break it. .They used to have a rec centre in Whitemouth and they shut it down too. I don't know why....We couldn't even have a chance to prove ourselves."[Iron Rose]

Suggestions Raised by Youth

" More supervision" suggested one youth in Iron Rose. To this, another youth replied *"... nobody has enough devotion to sit and watch a bunch of kids do stuff."*[Iron Rose]

- Youth should get more involved. [Iron Rose]

YOUNG ADULTS

Reasons to Exercise- The two primary motivators for exercising were to decrease weight and improve body image. One example was to help with post partum blues. [Iron Rose]

Programs / Methods Used

- Biking. [Springfield, Iron Rose]

MIDDLE ADULTS

- Reasons to Exercise- A health crisis in self or acquaintance was the most common reason. Other reasons include decreasing weight, improving image, and mental health reasons.

Barriers - Exhaustion, time, family commitments were the main barriers expressed.

SENIORS

a) To gain or lose weight

-In the Iron Rose group it was mentioned that weight gain comes naturally with aging due to the decrease in activity or a disability. Conversely, there is sometimes the need to gain weight due to the effects of an illness.

Programs / Methods Used - Walking was the main method of exercising in this age group.



Smoking Practices

Focus Group on Smoking

The Focus Group discussion provides insight into some of the reasons why a person quits, methods used and barriers to quitting. This information provides valuable information for staff working in smoking cessation programs. The most consistent message is that the individual wants to quit, there are a variety of methods used to suit the individual. Success often depends upon support the individual receives and if weight gain is addressed and managed.

YOUTH - Smoking emerged in the majority of groups as either a lifestyle change and /or emerging topic. There were no specific comments from the Iron Rose youth group.

YOUNG ADULTS

Reasons for Quitting - From the reasons given by some participants there is evidence that public policy, peer pressure, and health education strategies are working.

- a) Peer pressure, partner who didn't smoke, pregnancy [Iron Rose, Winnipeg River]
"....just wanted to "....That it was right then and there ..." [Iron Rose],

Programs / Methods Used

- Pharmaceuticals - There seems to be mixed messages about smoking aids for those who did quit. Some tried and liked. One participant had a "weird experience". [Iron Rose]
- Support of friends. [Iron Rose]

MIDDLE ADULTS

Quitting Smoking - Once more weight gain associated with quitting smoking emerged as a real challenge for some participants.

Reasons for Quitting

- a) "...it was time. It was too expensive." [Iron Rose]. This is the first time this reason emerges.
b) "...I was out of place by smoking. [Iron Rose]
c) You felt like a criminal already...standing outside and shivering. [Iron Rose]

Programs / Methods Used

- Cold turkey [Blue Water & Iron Rose]

Barriers

- Weight gain. [Blue Water, Iron Rose]

SENIORS

Reasons for Quitting

"I don't need this...kind of sickly (in and out of hospital). "[Iron Rose]

Barriers

" I don't cough. I'm still smoking." [Iron Rose]

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON PERSONAL HEALTH PRACTICES AND COPING SKILLS

- It was felt that female teens smoke to control weight.

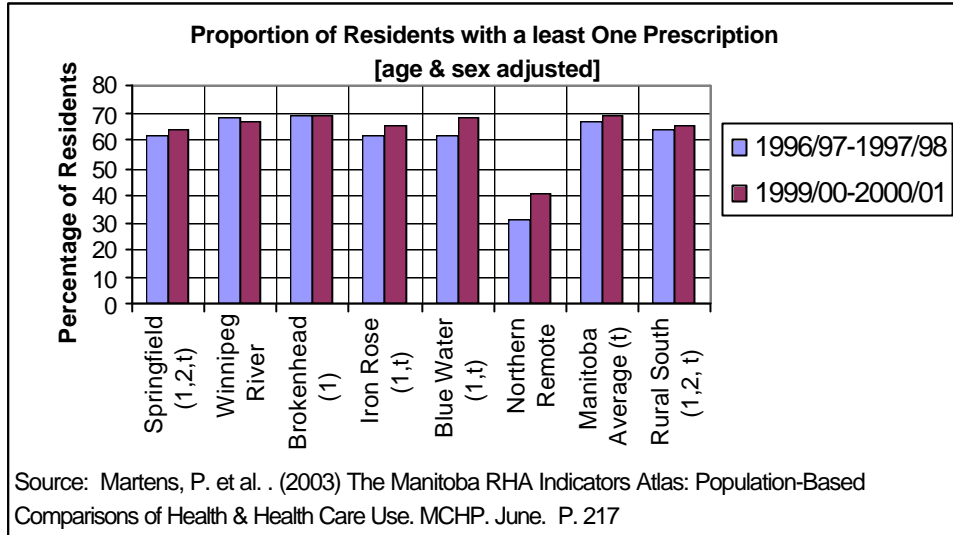
Medication Use

Pharmaceutical Use

Figure 10.16 Proportion of Residents with at Least One Prescription

When comparing both time periods, there has been a statistical increase from 62% to 66% in at least one prescription.

Iron Rose appears to be lower than the Manitoba average of 68% during the second time period, but it is not a significant difference.

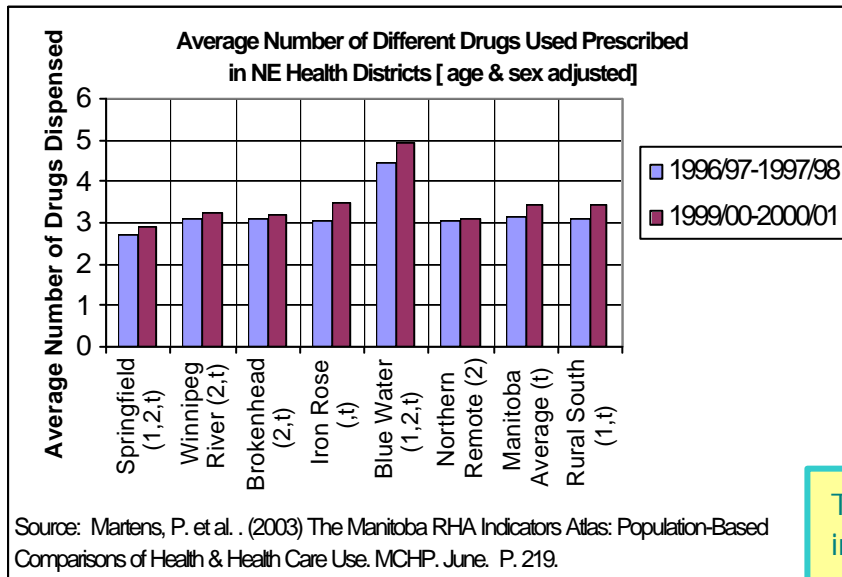


There has been a significant increase in the percentage of residents in Iron Rose that were prescribed at least one prescription drug.

Number of Different Drugs

Figure 10.17 Average Number of Different Drugs

This is the average number of different medications dispensed to those who received at least one prescription during the two-year period.



When we look at Iron Rose we see that the average number of different medications dispensed showed a statistically significant increase over the two time periods reviewed, from 3.03 to 3.46.

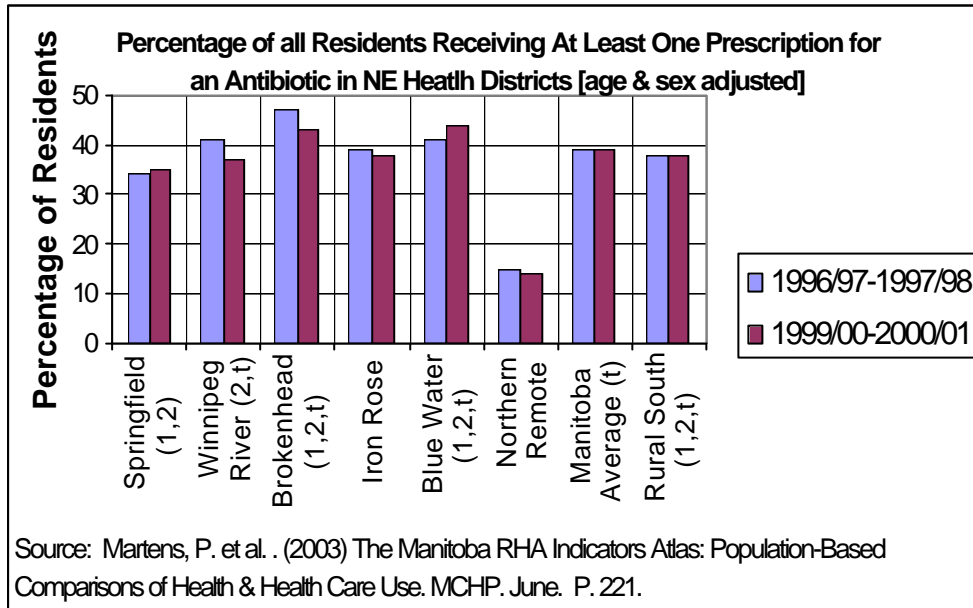
Iron Rose is not significantly different than Manitoba or Rural South.

There has been a significant increase in the average number of different medications prescribed.

Proportion of Residents Using Antibiotics

There has been growing concern related to the over prescribing of antibiotics due to the increasing number of antibiotic resistant organisms. For this reason it is important that antibiotics be used judiciously and not be over prescribed. This indicator helps us understand the percentage of all residents who have received at least one prescription for an antibiotic. Ideally we would like to see the percentage decrease.

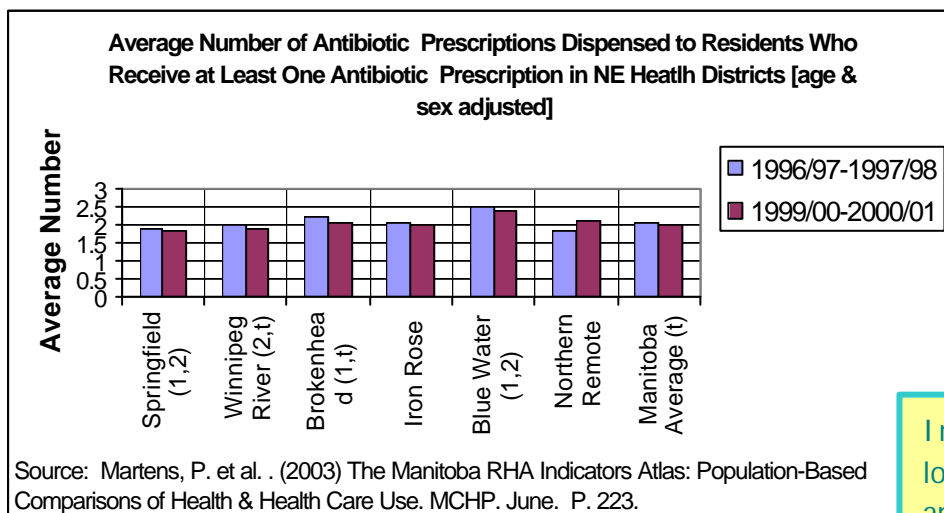
Figure 10.18 Percentage of Residents Receiving at Least One Prescription Antibiotic



There appears to be a slight decrease in the number of prescribed antibiotics in Iron Rose, but it is not a significant decline.

Iron Rose's percentage not significantly different from Manitoba or Rural South.

Figure 10.19 Average Number of Antibiotics Prescribed

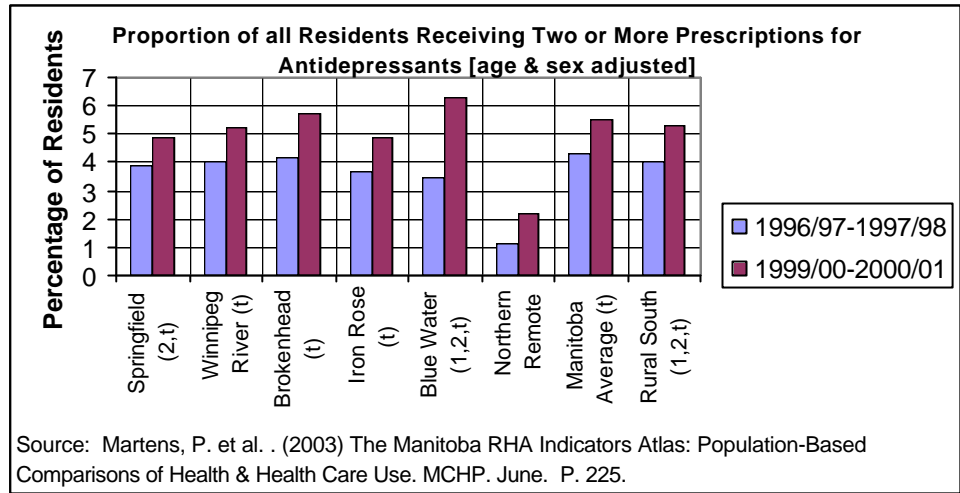


Iron Rose showed a slight decrease, but it did not change significantly in the number of antibiotics prescribed during the two time periods and is the third lowest when compared with other health districts.

Iron Rose has the third lowest number of antibiotic prescriptions dispensed.

Figure 10.20 Proportion of Residents Using Antidepressants

Iron Rose has shown a statistical significant increase from 3.7% to 4.9%, but the antidepressant usage is not statistically significantly different from Manitoba or Rural South during the second time period.



2004 Validation Workshops

Three Top Key Issues Identified by Participants	% of participants choosing this issue
Iron Rose	
Government Assistance Programs (e.g. Pharmacare) Inadequate Validation Workshop participants did not raise any other specific comments on this subject.	93.3%
<u>2003 Focus Groups</u> – This was not a topic, which was discussed at length in the Focus Groups. A participant in Iron Rose commented that Pharmacare deductible is too high.	

Healthy Child Development as a Health Determinant

"The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills and competence is very powerful." ³⁷

Overview

We know from the research that pre-natal and early childhood care and development programs have a positive effect on future health status.³⁸

Focus Groups on Youth

This is what focus group participants said about youth in our region:

MIDDLE ADULT

- a) Youth / Teen Support— Once more the lack of youth activities in a community is mentioned. Although this wasn't mentioned specifically for teens in the young adult group it was mentioned generally for children and for adults as well. [Iron Rose]
 - Felt the teen support operating out of the community in Lac du Bonnet was not attracting youth, maybe a phone service would be better. [Iron Rose]
 - A group of teens carpool to Lac du Bonnet five times a week to use the gym... doesn't appear to be an exercise facility at any of the schools. [Iron Rose]

Infant Mortality Rates

The Infant mortality rate is a useful indicator in determining the level of health in a community. Maternal health plays an important role in ensuring healthy babies.

In Iron Rose, during 1990 and 1999, the number of infant deaths was suppressed because there was less than five. This is good news for Iron Rose Health District.³⁹

Births

At 40 weeks gestation, 50% of female babies weigh approximately 3500 grams and male babies weigh approximately 3600 grams.⁴⁰ There is a strong correlation between birth weight and the income of the mother. Often in disadvantaged groups mothers have babies with higher birth weights on average. The problems are often not only poor maternal nutrition and poor health practices, but may also include factors such as coping skills, sense of control and mastery over life circumstances.⁴¹

Table 10.5 Number of Newborns in Iron Rose [Rate is in brackets].

Health District	2002-2003	2001-2002	2000-2001	1999-2000
Iron Rose	35 [10.1/1000]	29 [9.7/1000]	27 [9.0/1000]	35 [11.7/1000]
Manitoba Rate/1000	11.7/1000	12.0/1000	12.1/1000	12.5/1000
TOTAL BIRTHS in NE	431 [10.9/1000]	464 [11.8/1000]	506 [12.9/1000]	501[12.8/1000]

Source: 2002-2003 - Manitoba Health (2004) Decision Support Services April 1, 2004.
 1999-2000- Manitoba Health. (2000) Decision Support Services. October 20.
 2000-2001 Manitoba Health (2001) Decision Support Services. November 4.
 2001-2002 Manitoba Health (2001) Decision Support Services. November 4.

Iron Rose has had consistent birth rates during the four years, however they are lower than the Manitoba rate.

During 2002-2003 NE had a total of 431 newborns, at rate of 10.9 / 1000 compared with the Manitoba rate of 11.7/ 1000.

How Has Iron Rose’s Birth Rate Changed Over Time?

Iron Rose’s birth rate has been fairly consistent over the years reviewed and always lower than the Manitoba birth rate. The increase during 2002/2003 may reflect boundary changes associated with dividing unorganized territories among several health districts.

Focus Groups on Obstetrical Practices

Obstetrics as a need to improve service emerged in several adult focus groups. In Iron Rose only the young adult focus group mentioned specifically about obstetrical services.

YOUNG ADULTS

-Like to see more surgeries and obstetrics in hospitals. [Springfield, Iron Rose, Winnipeg River, Blue Water]
 "... I was paranoid about that. I was planning to deliver in Winnipeg and lived an hour and a half away from the hospital..." [Iron Rose]

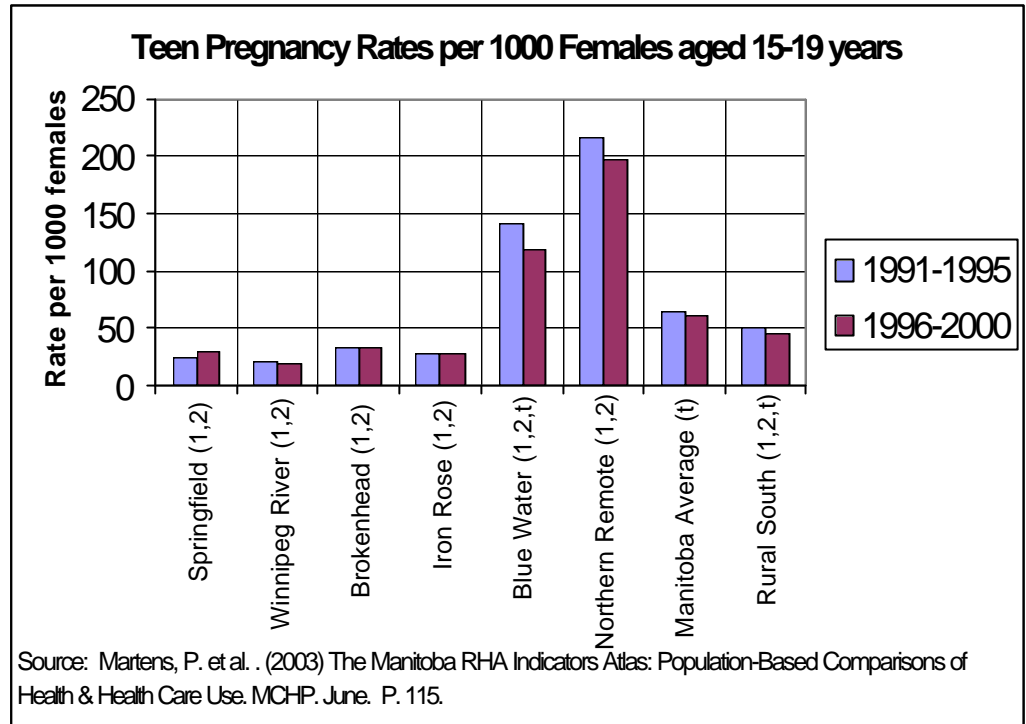
Adolescent and Teenage Pregnancy

Figure 10.21 Teenage Pregnancy Rates

When we look at the pregnancy rates at the district level there is considerable variability.

There has been no significant change in rates during the time periods reviewed.

Iron Rose's pregnancy rate is statistically significantly lower than the Manitoba rate for both time periods reviewed.

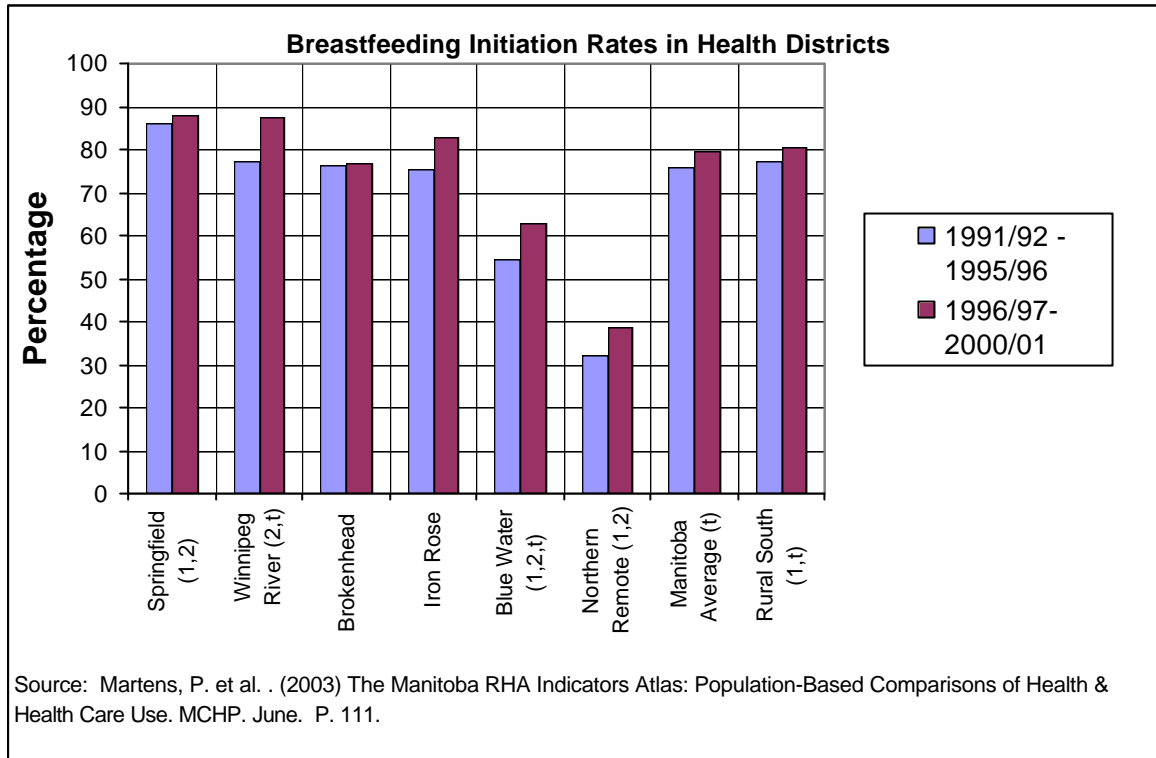


Iron Rose's pregnancy rate has remained the same for both time periods and is significantly lower than Manitoba average.



Breastfeeding Practices

Figure 10.22 Breast Feeding Initiation Rates in NE Health Districts



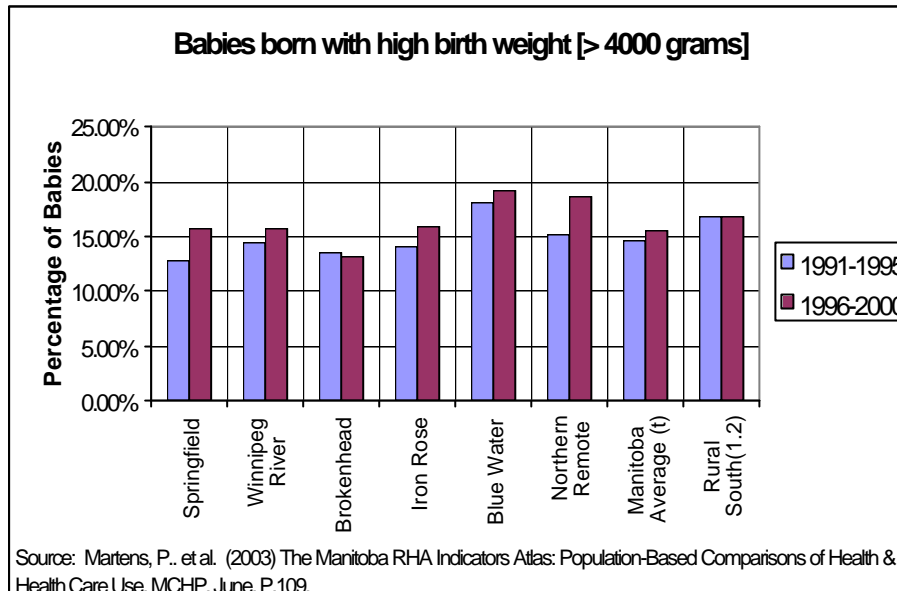
There is considerable variability within the health districts, with higher rates of hospital initiated breastfeeding in Springfield and Winnipeg River. Iron Rose has the third highest initiation rate at 82.9% when compared with our other health districts during the second time period.

Iron Rose appears to have had a 7.7% increase in breastfeeding initiation during the two time periods, but it was not a statistically significant change.

Breastfeeding initiation rates have increased, but not significantly.

Birth Weights

Figure 10.23 High Birth Weights



In Iron Rose the number of high birth weights increased from 14% to 16% respectively, but this was not a statistically significant increase.

The rate is not significantly different than Manitoba.

Iron Rose has the second highest percentage of low birth weight babies in NE.

Figure 10.24 Low Birth Weights

Iron Rose has the second highest percentage of low birth weight babies born when we compare with our other health districts at 5.6% and 5.7% respectively.

The rate is not significantly different than Manitoba.

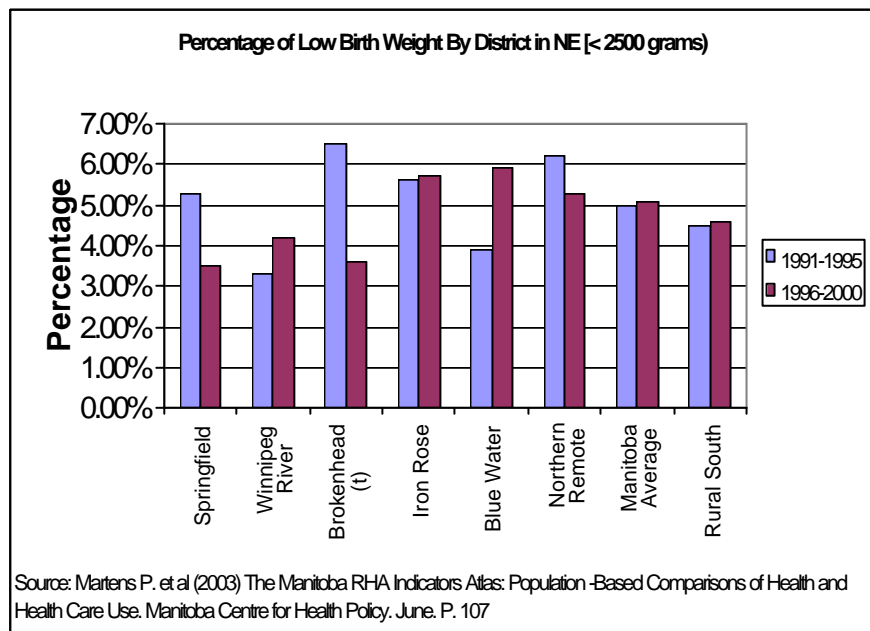
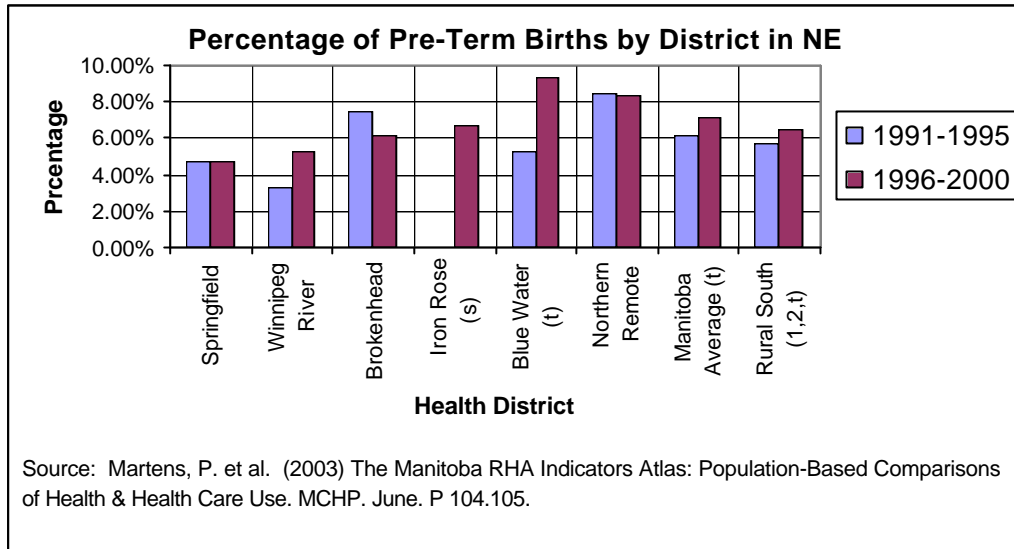


Figure 10.25 Pre-Term Births



Between 1991-1995, the numbers of pre-term births were suppressed due to low numbers.

For the second time period Iron Rose had the third highest percent (6.7%) of pre-term births after Blue Water and Northern Remote.

The rate is not significantly different than Manitoba's (7.1%) for the second time period reviewed.



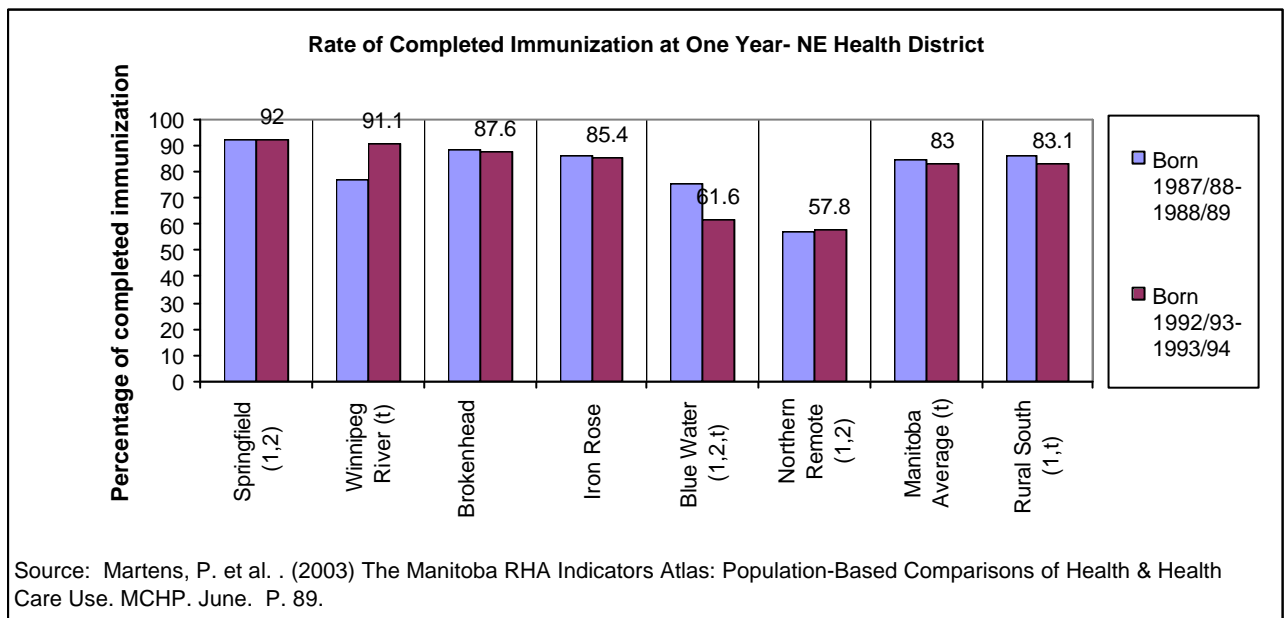
Childhood Immunizations

In order for a child to completely be protected from a disease, they need to be vaccinated a certain number of times. This number varies with the type of vaccine used.

Completed recommended immunizations as introduced in Manitoba in 1997 are:

- Less than Year One = DaPTP/Hib x 3 doses.
- Year Two = DaPTP/Hib - For a total of 4 doses.
- Year Seven = DaPTP/Hib – For a total of 4 doses.⁴²

Figure 10.26 Completed Immunization at One Year



Iron Rose had the third highest immunization rate after Springfield and Brokenhead.

There was a slight decrease during the two time periods, but it was not significant.

This rate is close to the Manitoba average of 85.4%, and Rural South of 83.1%, but it was not significantly different, during the second time period reviewed.

Figure 10.27 Completed Immunization at Two Years

Iron Rose was the only health district to increase their immunization rates from 63.8 to 75.9% (a 12% increase) during the two time periods reviewed, but this increase was not statistically significant.

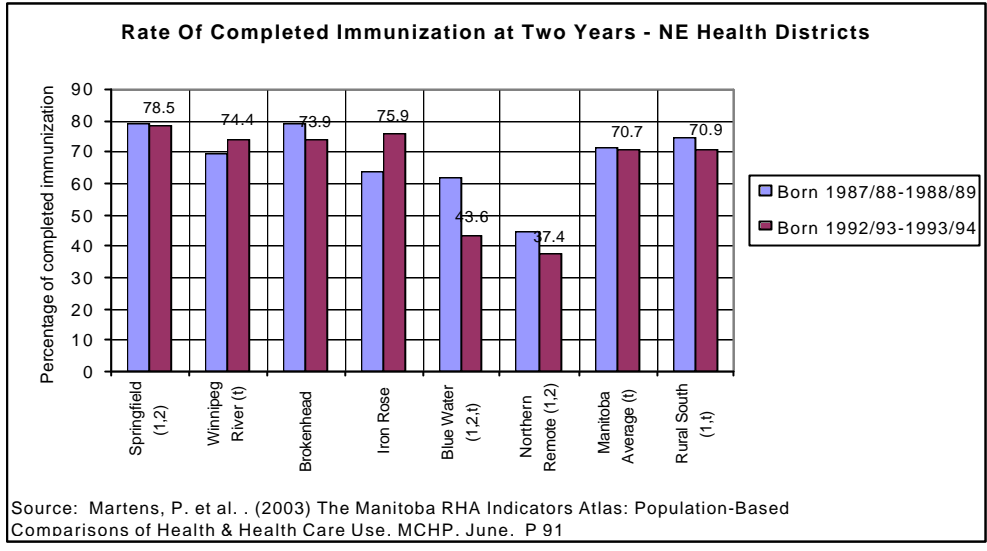
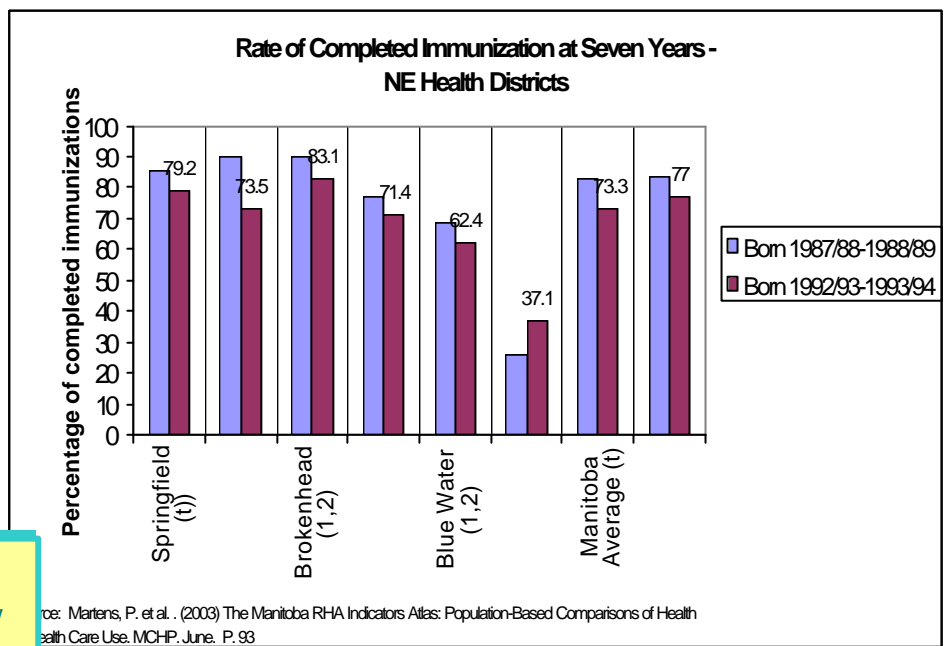


Figure 10. 28 Completed Immunization at Seven Years

There is a general overall decrease in immunization rates by seven years.

Iron Rose's coverage appears to be less than Manitoba average and Rural South, but it was not significantly different.



Iron Rose's immunization rates was not significantly different than Manitoba and Rural South during the second time period for immunizations completed at one, two and seven years.

2004 Validation Workshops

Three Top Key Issues Identified by Participants	% of participants choosing this issue
Iron Rose	
One Year Immunizations Validation Workshop participants did not raise any other specific comments on this subject. <u>2003 Focus Groups</u> – Focus Group participants did not raise this as an issue.	73.3%



Living & Working Conditions as a Health Determinant

*[Income, Income Distribution and Social Status and
Employment and Working Conditions]* ⁴³

"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." ⁴⁴

Overview

Job rank, social statuses in the workplace, the amount of control over one's work are all contributing factors that support a healthier population. Poor health is associated with those who are unemployed, people with lower incomes or those who are under employed. ⁴⁵.

Employment and Unemployment

Table 10.6 Percentage of Population 15 years and over Employed and Unemployed – Males/Females

Districts	Employment Rate 15 Years and Over		Unemployment Rate 15 Years and Over	
	Male	Female	Male	Female
Blue Water	48.5	42.8	21.4	12.1
Brokenhead	70.4	59.1	4.2	2.4
Iron Rose	70.9	51.7	4.6	1.6
Springfield	79.3	69.3	3.1	3.2
Winnipeg River	56.3	47.3	6.5	6.2
Northern Remote	32.9	28.9	25	16.3

Source: Community Data Network Basic tabulations Statistics Canada Census Population 2001. Received from: Rachel Mcpherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.

Iron Rose had the second highest employment rate for males and third highest employment rate for females when comparing other health districts. Females have a lower employment rate than males. Males have a higher unemployment rate than females.

Focus Groups on Youth Employment

MIDDLE ADULT

-Jobs for young people "...who finish school they go to University or Red River and don't come back here because there's nothing to come back to." [Iron Rose]

2004 Validation Workshops

IRON ROSE DISCUSSIONS ON EMPLOYMENT AND WORKING CONDITIONS

- A participant pointed out that there is a high employment rate in Whitemouth, but a lower income rate which will affect overall health status.

Suggestion

- Workshops for employees held locally to improve job relations and satisfaction.

Social Economic Status

There is considerable research to support the relationship between an individual health status and their socioeconomic status .⁴⁶

Median Family Income

The following tables describe the median family income of couple families and the median family income for lone parent families in the Iron Rose Health District communities, North Eastman and Manitoba.

Table 10.7 Median Family Income of Couple Families

Area	Median Family Income Couple Families
Iron Rose	\$ 43,838
North Eastman	\$ 52,938
Manitoba	\$ 55,885

Sources:

Iron Rose - Community Data Network Basic tabulations Statistics Canada Census Population 2001. Received from: Rachel Mcpherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.
NE and Manitoba- Census Canada 2001.

It appears that Iron Rose has a lower median family income than NE and Manitoba.

Table 10.8 Median Family Income of Lone Parents – Males and Females

District	Median Family Income Lone Male Parent Family	Median Family Income Lone Female Parent Family
Springfield	\$ 40,087	\$ 36,865
Blue Water	\$ 23,892	\$ 17,058
Iron Rose	no data	\$ 29,378
Winnipeg River	\$ 45,361	\$ 26,118
Brokenhead	\$ 35,698	\$ 26,280
Northern Remote	\$ 9,248	\$ 12,587

Source: Community Data Network Basic tabulations Statistics Canada Census Population 2001. Received from: Rachel Mcpherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.

Lone parent female median income in Iron Rose is the second highest in NE region after Springfield.

Iron Rose female lone parent families have the second highest income when compared with other lone parent female incomes in NE.

Table 10.9 Median Family Income Lone Parent Families Male & Female for NE

Area	Median Family Income Lone Parent Families Male And Female
North Eastman	\$ 22,562
Manitoba	\$ 26,469

Source: Census Canada 2001. www.statcan.ca 2001 Community Profile. North Eastman Regional Health Authority. Accessed: April 10, 2004.

This table looks at males and females combined as an example of NE and Manitoba incomes. It is more difficult to compare as the previous table separates males and females.

Total Low Income Incidence

The incidence of low income in 2000 in Iron Rose was 8.4%, which was the third highest when compared with other health districts. There was no information for Northern Remote. ⁴⁷

2004 Validation Workshops

IRON ROSE GROUP DISCUSSIONS ON INCOME AND SOCIAL STATUS
- A participant commented on the lower income in Iron Rose area as compared to the higher income in the Oakbank area due o their proximity to Winnipeg.

Personal Resources as a Health Determinant

[Social Support Network] ⁴⁸

"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health." ⁴⁹

Overview

Support from families, friends and communities positively influence health status. It is important when planning programs and discussing healthy communities that safety, tolerance and a place for social interaction are included as these all support a strong social network. ⁵⁰

Mental Emotional Health

Mental health was raised as an important concern for many NE residents particularly in the area of mental health services, stress, unemployment, isolation, alcohol and drug abuse in the 1998 CHA Report. Mental Health Services continued to be a concern for 2003 Focus Group participants.

Focus Groups on Mental Well-being

Mental health issues emerged throughout the Focus Groups discussion. The topics varied between the age groups.

YOUTH

"Peer pressure was seen as a leading cause of untoward behaviours." The youth who said this seemed to be very aware of how to handle awkward situations. [Iron Rose]

ADULT FOCUS GROUPS- Several common themes emerged, two of which are the lack of mental health services and stress.

YOUNG ADULT

The primary issues in this age group not only discussed the need for better awareness of the mental health programs (refer to Mental Health Program Section 7), but also the stigma associated with accessing programs.

- a) Aging Parents - Only Ironrose focus group mentioned this area of concern, however it was a topic that came up in the older age Focus Groups.
- Difficulty driving seniors to city appointments, taking time off work, away from my family, a lot of services are not provided in small communities. "... one more layer of stress..." [Iron Rose]

-There was a perception that there is difficulty finding placement in PCH of one's choosing "...what you really have to do is put your name on that list before you're ready for it, because otherwise you're taking a chance you might end up in Beausejour or Pinawa..." [Iron Rose]

SENIORS – Seniors were concerned about being able to identify vulnerable members in the community in particular those who were more isolated and described as 'lonely.' Another big concern for this age group was living alone and being lonely. Two issues emerged:

- what they would do if something should happen to them and they were unable to access help.
- effects of isolation and living alone.

Mental Health Programming is discussed under the NEHA Mental Health Program Section 7.



Social Support

Table 10.10 Total Number of Couple Families by Family Structure / Total Lone Parent Families

Area	Total Number Of Couple Families [married and common law]	Number Of Lone Parent Families
Springfield	3,385	255
Blue Water	1,970	505
Iron Rose	840	55
Winnipeg River	1400	165
Brokenhead	1725	225
Northern Remote	410	185
Blue Water	1,970	505
North Eastman	9,735	1,380

Sources:

Iron Rose- Community Data Network Basic tabulations Statistics Canada Census Population 2001. Received from: Rachel Mcpherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.

NE - www.statcan.ca. 2001 Community Profile. North Eastman Regional Health Authority & Blue Water. Accessed: April 10, 2004.

All families need support, but we know that there is the potential for lone parent families to have less support and they may be more economically disadvantaged than two parent households.

There are approximately 55 lone parent families in Iron Rose as reported in the 2001 Canada Census.



Focus Group On Social Support

Social support was an area that was raised in all Focus Groups and all ages as something that was seen as positive with respect to an individual's wellbeing.

YOUTH

During the initial discussions when talking about what it means to be healthy, youth mentioned the importance of friends and social supports. We know that social support is a strong determinant of health status.

YOUNG ADULTS

Suggestions Raised by Young Adults

- "...next to no child care support available in Whitemouth. Any child care not just licensed." [Iron Rose]

MIDDLE ADULTS

The concerns expressed in this group focuses around community supports rather than personal support. This is the first time where it was identified that community supports should be all encompassing and not restricted to one age group.

- "When my father was on disability there was no help..." [Iron Rose]

SENIORS

a) Living Alone

- *Would like to see help with heavy housework, windows, laundry "...things home care won't do. They knew there was a community support services program, but it was stopped, thought because of people having to negotiate a fee for service individually."* [Iron Rose]



10.5 SUMMARY / CONCLUSION

Summaries will be based on the most current year discussed in the report.



COMMUNITY SYSTEM CHARACTERISTICS

Boundaries

Since the previous CHA Report, completed in 1998, there have been boundary changes most prominently related to the northern areas. Unorganized Territories were originally separated and now incorporated into Northern Remote, Blue Water, Iron Rose and Winnipeg River health districts.

Population

There has been an increase in most age groups. The implication of growth, especially as it relates to the elderly population, is the potential for added pressure on the health system. This contributes to the need for creative and preventative health services planning for this population group.

Birth rates for the past four years have been relatively stable. The rates are slightly lower than Manitoba overall.

Education

During the Focus Groups several participants expressed a need for a greater connection between school and health care providers.

HEALTH STATUS

Measuring Overall Health Status

The social economic factor index (SEFI) value and premature mortality rates (PMR) both are important overall measurements of health status. It must be noted that the most current SEFI value is 1996 and many indicators have data more recent than this, so it is important to review all health indicators to determine areas of concern. For Iron Rose, there has been an improvement in the SEFI value, and it appears to be better than Manitoba and Rural South.

PMR has decreased, but not significantly. PMR measures general health status of the population therefore needs to be measured.

Deaths

Iron Rose's total mortality rate is not significantly different than the Manitoba average.

Iron Rose's PYLL value is not significantly different than the Manitoba average.

Life Expectancy

Iron Rose females live approximately six years longer than males.

HEALTH CONDITIONS

Cancer	Diabetes	Respiratory	Hypertension
New cancer cases have increased, but not significantly and are not significantly different than the Manitoba average.	- Diabetes treatment has shown a significant increase, but it is not significantly different than the Manitoba average.	-Iron Rose has the second highest rate of asthma within NE region -Respiratory treatment diagnoses have declined significantly.	Hypertension treatment is significantly higher than the Manitoba average.
MI	Stroke	Injury	
Hospital treatment for MI's has shown no significant change.	Stroke treatment has decreased but not significantly.	There is no significant difference in Injury hospitalization when Iron Rose is compared with Manitoba.	

Diabetes – With diabetes increasing and the ability to screen and manage diabetes effectively in the community, this is an area where a population health approach is known to be effective if services are in place i.e. prevention, education, care, research and support.

Hypertension – This is a condition that can be treated in the community effectively. If left untreated has many health risks associated with it. As our population is aging this may be an area to consider increasing screening and management. High blood pressure / cardiovascular concerns were given second priority in Iron Rose Validation Workshops.

Human Function & Well being

The most prominent thing that arose was our youth in all health districts indicating that there was 'nothing to do.' This might be an area to explore with our community partners. Youth and adults in the focus group provided many good suggestions or improvement. During validation workshop discussions participants commented that the community has tried to develop activities and programs, but felt youth do not have the same interest and commitment.

DETERMINANTS OF HEALTH

Environmental Factors

Water - Concerns about water arose during focus groups and by seventy-two percent of validation workshop participants as a third key issue.

Air Quality - There were no comments during either focus groups or validation workshops about air quality concerns.

Safety – Youth Focus

groups felt seat belt use was a matter of choice. Speed was also discussed as something you did because you enjoy it. Some young adult participants and Validation Workshop participants felt that the speed of traffic through Seven Sisters and Whitemouth was a concern. Both Focus Groups and some Validation Workshop participants felt that the RCMP was not as accessible.

Housing – Some focus group participants felt there was a need for more independent housing units. Validation Workshop participants in Iron Rose felt there was a need for more PCH beds.

During Focus Group discussions there were many adult participants across the age groups who raised the need for transitional/ independent housing units.

Personal Health Practices

There appears to be a general public readiness for healthier lifestyle choices.

Dietary – Obesity is a national concern. We see in NE that there is a substantial number of self reported survey respondents indicating they are overweight or obese. During the Focus Groups, participants mentioned that this was one of the areas where they were making healthier choices.

Alcohol Consumption – Youth Focus Groups identified this as an issue in the community. Because of the potential negative social and personal consequences associated with heavy alcohol consumption, this may be an area that warrants further prevention strategies working with community partners.

Physical Activity – According to the provincial survey, approximately half of respondents were not physically active. Exercise was the top area that Focus Groups and provincial survey respondents indicated they did to achieve a healthier lifestyle.

Smoking Practice – Approximately one quarter of our residents in NE still smoke according to CCHSC self reports. From Focus Group participants it was essential that when smoking cessation programs are initiated, success is often depended upon addressing weight gain. Ongoing smoking cessation programs targeting community and staff should be considered. Addressing each age group's issues surrounding barriers to quitting smoking will increase the success rate.

Medication Use –

Prescriptions - There has been a statistically significant increase in residents prescribed at least one prescription drug.

Antibiotics - There is no significant difference between Iron Rose and Manitoba in the number of prescribed antibiotics.

Antidepressants - Antidepressant prescriptions have shown a statistically significant increase. It is difficult to know if the reason is due to depression diagnosis, as antidepressants can be prescribed for other reasons.

During the validation workshop, a top key issue in Iron Rose was that government assistance programs such as Pharmacare were inadequate. During the Focus Groups a participant mentioned that the Pharmacare deductible was too high.

Healthy Child

Infant Mortality Rates- Iron Rose infant deaths were suppressed due to low numbers.

Adolescent & Teenage Pregnancy- Pregnancy rates have not changed and are significantly lower than the Manitoba average.

Hospital Breastfeeding Initiation – Breast feeding initiation rates have increased, but not significantly.

Birth Weights - Iron Rose has experienced increases in high and low birth weight babies, but neither were significant. These are important areas to continue to monitor as they have potential implications associated for the future health of our children and potential burden on health services.

Immunizations – Iron Rose's immunization rates were not significantly different than the Manitoba average. It would be interesting to determine why the overall decrease from one, two and seven years has occurred. Vaccination is a cost-effective way to prevent illnesses and decrease costs to the health system.

Living and Working Conditions

Work - Iron Rose had the second highest employment rate for males and third highest employment rate for females when comparing our other health districts. Focus Group and Validation Workshop participants felt that there was high unemployment and no meaningful work in the area for young people.

Economic Status – The incidence of low income in Iron Rose was 8.4%, which was the third highest when compared with other health districts. There was no information for Northern Remote.

Personal Resources

Mental Emotional Health – During the Focus Groups there was a lot of discussion about mental well-being.

- Youth stressed friends and social support as really important. Peer pressure often led to negative behaviours.
- Young adults discussed how stigma affects how people access mental health services. Aging parents were a concern in Iron Rose where there was stress associated with their care.
- Seniors mentioned that they were concerned about many vulnerable people living out in the community especially those who were more isolated. They identified themselves as often living alone and being lonely and they had concerns about their ability to access help quickly .

Social Support - There are approximately 55 single parent families in Iron Rose. It was mentioned in the Focus Groups by some participants that there was next to no child care support available. Community supports should also be more encompassing and not restricted to a specific age group. Further some participants felt that there should be some support to help with heavy housework, transportation, maintenance, childcare in an emergency and things home care can not provide.

Summary At A Glance

<p>KEY</p> <ul style="list-style-type: none"> ● <u>Partner</u>: implies that if this is an action by NEHA it will require partnering with a community group/ agency/ department. ● <u>Monitor</u>: refers to an area of possible concern. Monitoring will ensure it isn't missed if it changes. ● <u>NEHA</u>: a program or service could be enhanced or developed to address this issue.
Strengths
<ul style="list-style-type: none"> ● Infant mortality rates have been suppressed. ● Positive improvement in SEFI value and appears to have surpassed both Manitoba & Rural South in 1996. [Monitor] ● Decrease in antibiotics prescribed, but not significant. [Monitor] ● PMI has increased, but not significantly. [Monitor] ● Childhood immunization coverage was not significantly different than the Manitoba average. [Monitor] ● Employment rate is second highest, but there are concerns about youth not getting employed in the area. [Monitor] ● PYLL has decreased, but not significantly and is not significantly different than the Manitoba average. [Monitor] ● MI hospital treatment has shown no significant change. [NEHA, Partner, Monitor] ● New cancer cases have increased, but not significantly and are not significantly different than Manitoba. [NEHA, Partner, Monitor] ● Teen pregnancy rates have not changed and are significantly lower than Manitoba. [NEHA, Partner, Monitor]
Issues Having Implications for Health Planning & Delivery
<ul style="list-style-type: none"> ● Breastfeeding rates have increased, but not significantly. [NEHA, Partner, Monitor] ● High and low weight babies have increased, but not significantly. [NEHA, Partner, Monitor] ● There has been an increase in population in most age groups. For older populations this has the potential to affect health services needs. ● Youth 'have nothing to do.' [Partner] ● Alcohol consumption was raised by youth in focus groups. [Partner] ● Significant increase in prescription use, but not significantly different from Manitoba. [Partner, Monitor] ● Significant increase in antidepressant prescriptions, but not significantly different than Manitoba or Rural South. [Partner, Monitor] ● Some middle adult focus group participants felt that community supports should be more encompassing, rather than restricted to one age group. [Partner, Monitor]

KEY

- Partner: implies that if this is an action by NEHA it will require partnering with a community group/ agency/ department.
- Monitor: refers to an area of possible concern. Monitoring will ensure it isn't missed if it changes.
- NEHA: a program or service could be enhanced or developed to address this issue.

Issues Having Implications for Health Planning & Delivery

- Hypertension treatment is significantly higher than the Manitoba average. [NEHA, Partner, Monitor]
- Stroke treatment has decreased but not significantly. [NEHA, Partner, Monitor]
- Injury hospitalization has increased, but not significantly and there is no significant difference when compared with Manitoba. [NEHA, Partner, Monitor]
- Water quality is a concern raised by some focus group participants. [NEHA, Partner, Monitor]
- Need for more PCH beds and independent housing units. [NEHA, Partner, Monitor]
- Obesity is a national concern. [NEHA, Partner, Monitor]
- Need to promote exercise. [NEHA, Partner, Monitor]
- Need for smoking cessation programs. [NEHA, Partner, Monitor]
- Adults lack of mental health supports and aging parents are causing stress as indicated by some focus group participants. [NEHA, Partner, Monitor]

Please refer to Section 7 this report for health district information related to the Health Services a determinant of health.

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