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12.1 GEOGRAPHICAL OVERVIEW ¹

The Winnipeg River District consists of the Town and the Rural Municipality of Lac du Bonnet, and the Local Government District of Pinawa. The Region is located approximately 100 km northeast of Winnipeg, on the edge of the Whiteshell Provincial Park and continues along the Winnipeg River. Provincial Hwy. # 11 leads to and through the District, with Hwy.# 211 leading into the town of Pinawa.

Economic activity is diverse with farming, forestry, mining, light industry, retail and service businesses, technology-based business and tourism all contributing to the economy.

The RM of Lac du Bonnet has a local airport with a 3600 foot paved runway which, among other things, is used by private pilots and local air carriers to fly fishermen to remote camps. Lac du Bonnet has a new community centre, opened in 1999 that houses a four sheet curling rink, four lane bowling alley and three hall facilities for community events.



Lac du Bonnet had a number of major construction projects that have recently been completed. The South Interlake Credit Union constructed a new branch building that opened in 2002. A major expansion was completed to a local grocery store which in 2003 and a new privately owned exercise facility was constructed and opened in 2003.

Pinawa is building on the advanced technical and scientific skills base that exists within the region to attract high-tech companies. The Economic Development Office manages the business development strategy and supports the marketing and promotion activities of the Pinawa Community Development Corporation (PCDC).

The Pinawa Heritage Sundial is a unique project that marks the new millennium through an expression of art, science and heritage. It is located in a park in the centre of Pinawa and creates a meeting place where paths, roads and waterways converge in the Eastman Region. The Pinawa Suspension Bridge had its grand opening on May 14, 1999. The bridge is 54 meters long, 1 meter wide and forms part of the Trans Canada Trail. It has opened up new areas for interpretive walks, casual fishing and cross-country skiing.

An active Recreation Commission serving all the area, coordinates many programs and activities year round. The entire district has an abundance of walking, cycling, cross-country skiing, and groomed snowmobile trails. Visitors and locals alike enjoy fishing and hunting, as well as hiking, skiing and camping. A water ski facility and Club are operated out of Lac du Bonnet. There is a swimming pool, marina, windsurfing/rowing clubhouse, and golf course and clubhouse in Pinawa.



These are the municipalities and communities that fall under the Winnipeg River Health District.

WINNIPEG RIVER 5,673 in 2003
<u>Lac du Bonnet RM (061)</u> -SEDDON'S CORNER-ROE1XO -Brightstone -Brightsone Colony -Lee River -McArthur Falls -Milner Ridge -Moss Spur -Spring Well
<u>Lac du Bonnet Village(062)</u> -BERNIC LAKE - ROEOGO -LAC DU BONNET ROE1AO
<u>Pinawa LGD (199)</u> -PINAWA- ROE1LO -Otter Falls
<u>Unorganized Territories (288)</u> POINTE DU BOIS – ROE1NO
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 districts.
- 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.

How Is Healthy Living Supported in Winnipeg River?

Focus Groups On How The Community Promotes Or Supports Healthy Living

YOUTH

Positive Comments

-Organized activities e.g. Terry Fox Run, yoga are organized by the Recreation Commission for Pinawa and Lac du Bonnet. Hockey. AFM counselor, Peer Support Team i.e. Students are "...trained for helping...people can come to us and talk about whatever, but they don't come...." One participant suggests fear lack of confidentiality might be the deterrent. Pinawa rowing club, golfing, curling, roller blading, biking, walking trails, local weight loss group, Teen centre in Pinawa as it has a TV, pool table, foos ball table, shuffle board, basketball. There is a gym at Lac du Bonnet but there is an admission charge.

Suggestions Raised by Youth

- Have programs at Lac du Bonnet school gym. [Winnipeg River]

YOUNG ADULT

Positive

- Evening clinic at the health centre. Birth control is encouraged and paid for by social assistance. Recreational activities: bowling, parks, hall walking, Scouts, swimming lessons. Pharmacy, food bank, Nurse Practitioner, Mrs. Lucci's parenting class, Public Health Nurse, Baby First Program, local weight loss group and kindergarten orientation.

MIDDLE ADULT

Positive

- An ideal community is one where "...everyone understands everyone's needs and respects them...a good variety of organizations to support recreation and social and emotional needs, including religion."
- In community- massage therapy, NEHA information, Pinawa Paper, Pinawa Hospital.

SENIORS

Positive

- Diabetes Clinic in Beausejour, Wellness Group (liked their stats card for people to record own blood sugar, blood pressure and weight), Pinawa Support Group for widows/widowers, friends, Cancer Care visits, pool and tennis courts and health facility. Hall walking program at school in Lac du Bonnet, Tai chi in Pinawa, Dietitian, physiotherapy, massage therapy Chiropractor, home care. [Winnipeg River]



12.2 COMMUNITY SYSTEM CHARACTERISTICS

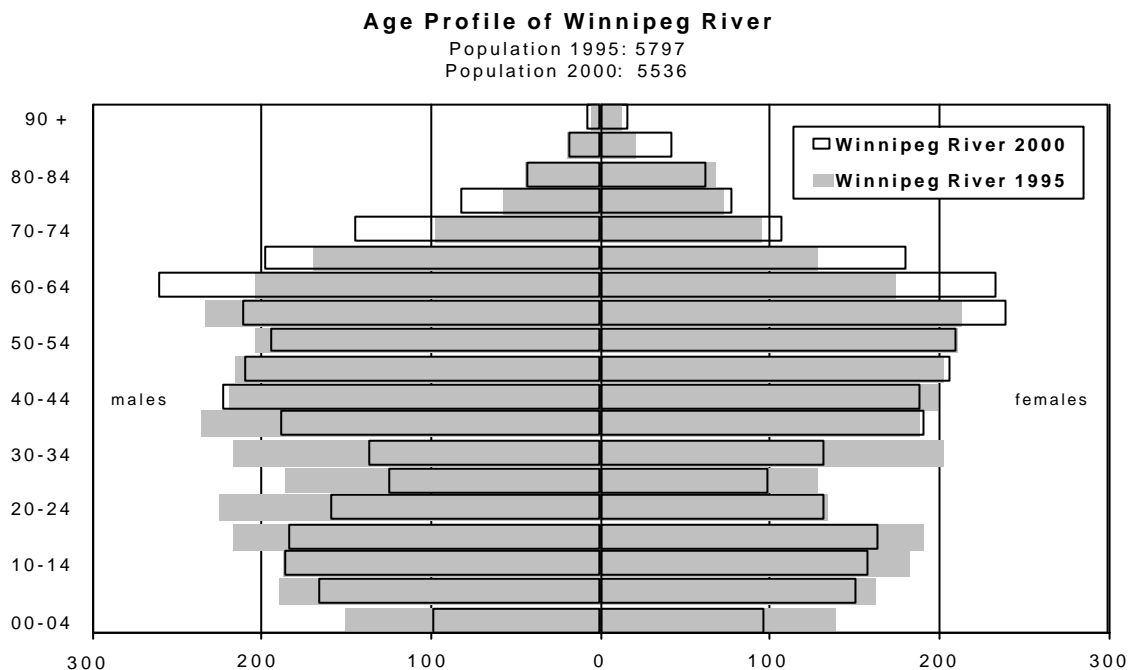
Population Demographics *[Education as a health determinate]²*

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 a community's specific characteristics. 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 Where information is available the sex of the individual is provided.

Population Demographics

Figure 12.1 Age Profile of Winnipeg River



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 there has been a decline in the population in both males and females in the lower age groups, from 0 to 54 years, with a slight increase occurring in the females 35 to 39 and 45 to 49 year age groups. From about 55 years onward, there is an increase in population in both males and females. We know that Winnipeg River is a popular geographic location for people looking for a place to retire.

Education as a Health Determinant

Overview

There has been an association found that when the education level increases the self-rated health status improve . 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 12.1 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 of Lac du Bonnet (LDB)	37	38.8	48.1
Town of LDB	33.3	25.0	40.4
LGD Pinawa	9.1	0.0	15.0
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 & Winnipeg River. Accessed: April 10, 2004.

In Winnipeg River there were more people aged 45-64 years who had less than high school education. There is considerable variability in the number of people with less than high school education depending upon where one lived. The RM of Lac du Bonnet had a higher percentage of people with less than high school than the other areas within Winnipeg River.

Sunrise School Division ⁴

In July, 2002 the Sunrise School Division was established as a result of a partnership of 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.

The Sunrise Support Centre is part of the Sunrise School Division and is located in Tyndall in the Brokenhead District. The Sunrise Support Center provides an alternative learning environment that readily meets individual student needs. It is a resource for community schools and agencies to assist with therapeutic intervention, behavioral change, substance abuse issues and ongoing academic success. One of the key elements of the program is a low student/teacher ratio. The focus in on the four core academic areas: Language Arts, mathematics, Science and Social Studies. Programs are adjusted to each student's individual need and reviewed on a regular basis. In addition to the academic instruction, there is a heavy emphasis on communication, anger management and direct teaching/intervention with respect to replacing negative behaviours.

Table 12.2 Sunrise School Division – Schools in Winnipeg River Health District

SUNRISE SCHOOL DIVISION								
WINNIPEG RIVER HEALTH DISTRICT	# of Students		Male		Female		% Graduate High School	
	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03
Centennial School	314	294	155	151	159	143		
Lac du Bonnet Senior School	250	233	no data	no data	no data	no data	No data	No data
New Directions	110	107	41	40	69	67		
Springwell (Brightstone) Colony	43	30	no data	no data	no data	no data		

Sources Principals of each Sunrise School Division School and Colony School, January – April 2004
 Lynn Kendel, Career Counselor, New Directions School, Lac du Bonnet, January 2004
 Gerry Dougall , Superintendent , Whiteshell School Division No. 2408, Pinawa , January 2004

Whiteshell School Division No. 2408⁵

Whiteshell School Division is located in Pinawa within the Winnipeg River District. There are two schools in this School Division: F.W. Gilbert School and Pinawa Secondary School.

F.W. Gilbert School consists of students from Kindergarten to Grade 6. Their experienced and dedicated staff provides quality curriculum programs with an emphasis on fundamentals. Programs include Computer Applications , Art, French, Music from Kindergarten to Grade 5, and a Band Program for Grade 6.

The Pinawa Secondary School provides education for Grade 7 to Senior 4 students. School initiated courses include Psychology, Media (Journalism, Video Editing and Movie Making), Outdoor Education, Physical Education Leadership and Fitness. The school athletics program includes: soccer, volleyball, basketball, badminton, baseball and track and field. A Guidance Program includes Study Skills Group meetings, Peer Tutoring, Friendship Groups, Game Clubs, Drug Awareness Week and Take Your Kid to Work Day.



Table 12.3 Whiteshell School Division - Schools in Winnipeg River Health District

WHITESHELL SCHOOL DIVISION NO. 2408								
	# of Students		Male		Female		% graduate	
	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03
F.W. Gilbert School	109	106	60	61	49	45	100%	100%
Pinawa Secondary School	154	171	82	86	72	85		

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

Lynn Kendel, Career Counselor, New Directions School, Lac du Bonnet, January 2004

Gerry Dougall, Superintendent, Whiteshell School Division No. 2408, Pinawa, January 2004

Carol Findlay- Whiteshell School Division. No. 2408. Pinawa, January 2004.

Children With Special Needs

Whiteshell School Division has a population of 288 children. There is a total of 22 children with identified health needs and 20 that are identified as having health problems that require support, for a total of 42 or 14.5%.⁶ These health services are provided by NEHA through the Unified Referral and Intake System.

Focus Groups – Schools

YOUTH

-More programs at the Lac du Bonnet school gym. [Winnipeg River]

"...lots of times guidance counselors not in office or busy or something ...you can't find them."

[Winnipeg River]

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
More Counseling in School	50%

WINNIPEG RIVER GROUP DISCUSSIONS ON EDUCATION

- Comment that when schools have to reduce costs often the programs that are cut are detrimental to health.

Suggestion

- More value should be placed in alternative education. Academia is not the route for all students. If the goal is to have all students succeed then the need for alternative education is crucial.

12.3 HEALTH STATUS

Deaths	Health Conditions	Human Function	Well-Being
"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. " ⁷	"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) ." ⁸	"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)." ⁹	"Broad measures of the physical, mental and social well-being of individuals." ¹⁰

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.



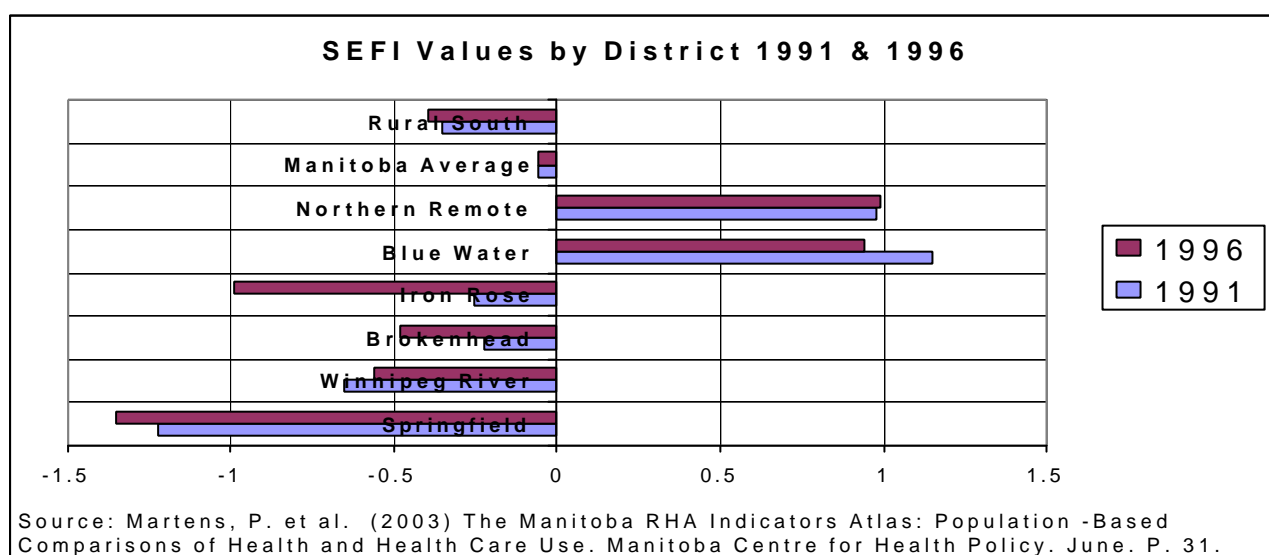
Significant Indicators Measuring Overall Health Status

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 12.2 Social Economic Factor Index in NE Health Districts- 1991 & 1996

Winnipeg River appears to show a slight decline in the 1996 the SEFI value.

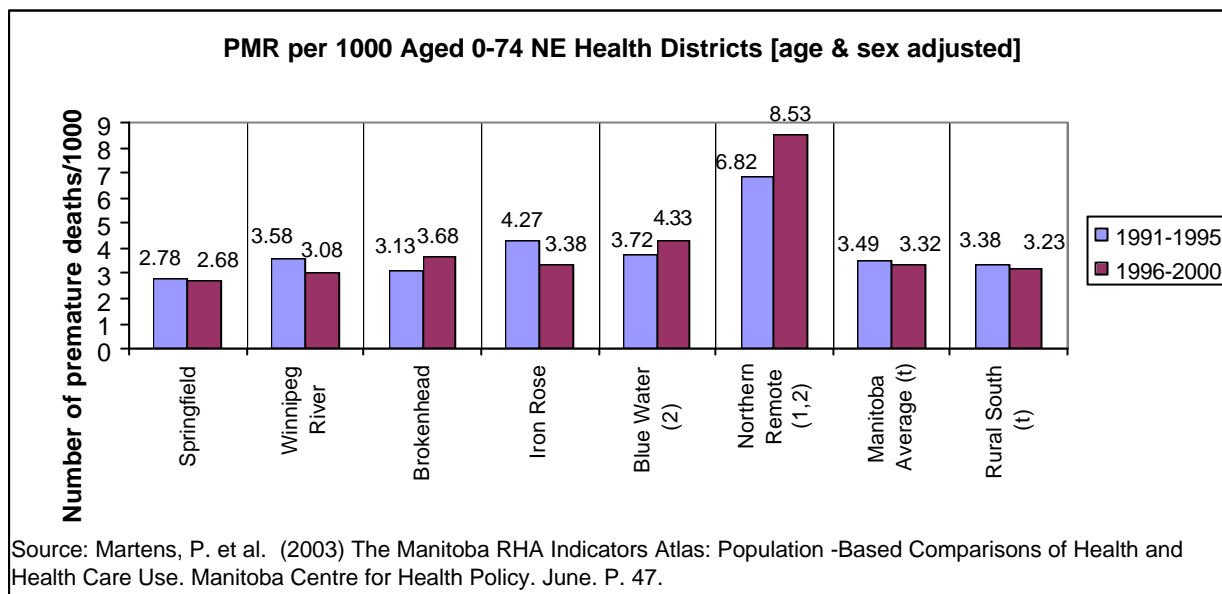


Winnipeg River's SEFI value appears to have declined in 1996.

Premature Mortality Rate (PMR)

PMR is defined as deaths that they occur before age 75. This indicator is often used as a measure of general health status and subsequent potential 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. ¹¹

Figure 12.3 Premature Mortality Rate NE Health Districts



We do not want to see this indicator increase. PMR has decreased, but not significantly when comparing the two time periods in Winnipeg River. PMR is not significantly different during the second time period than Manitoba and 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.

"if your friends are supportive, then you want to be healthy". But if they're not, if they " don't care, then I don't care. What's the point of being healthy?" [Winnipeg River]

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.

-Changes in children's sleeping schedule, you're tired the next day- don't feel like exercising, feel guilty [Winnipeg River].

MIDDLE ADULTS

This group did indicate 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.

a) Stress management and minimizing stress- Good attitude / outlook was raised in Iron Rose, Winnipeg River and Springfield. It is a challenge in early adulthood to devote time to maintaining a healthy lifestyle due to family and other responsibilities. [Winnipeg River]

Gaps

a) Recreational Activities – This emerged in all Focus Groups

b) Other- Better compensation for foster parents. [Winnipeg River]

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.

"Have all your faculties." [Winnipeg River]

-The other areas that were of particular importance included discussion about the use of the health system, and being pain free which came up in the 44-65 year old Focus Groups. Further, all groups stressed that attitude was a way of feeling good.

"Some people assess their state of health relative to their age. I'm as healthy as I can be at my age." [Winnipeg River]

Gaps

a) Recreational Activities – This emerged in all focus groups.

- Pool in Oakbank. [Springfield, Winnipeg River]

- Indoor winter activities. *"I miss the gym in Pinawa."* [Winnipeg River]

- Would like book club, tai chi in Lac du Bonnet. [Winnipeg River]

The importance of recreational activities is a consistent comment in the provincial survey as well.

Deaths

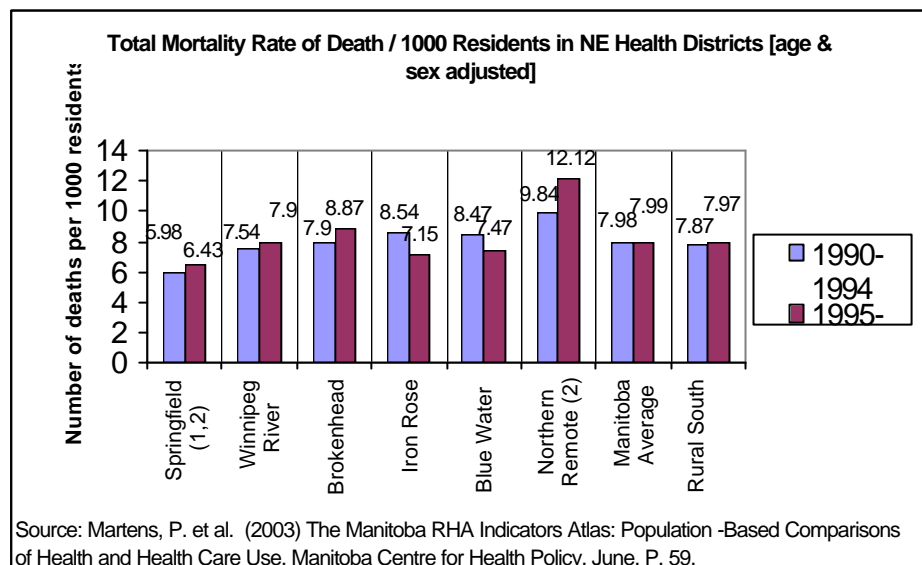
"A range of age-specific and condition specific mortality rates, as well as derived indicators e.g. life expectancy and potential years of life lost." ¹²

Total Mortality Rate

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

Figure 12.4 Total Mortality Rates NE Health Districts

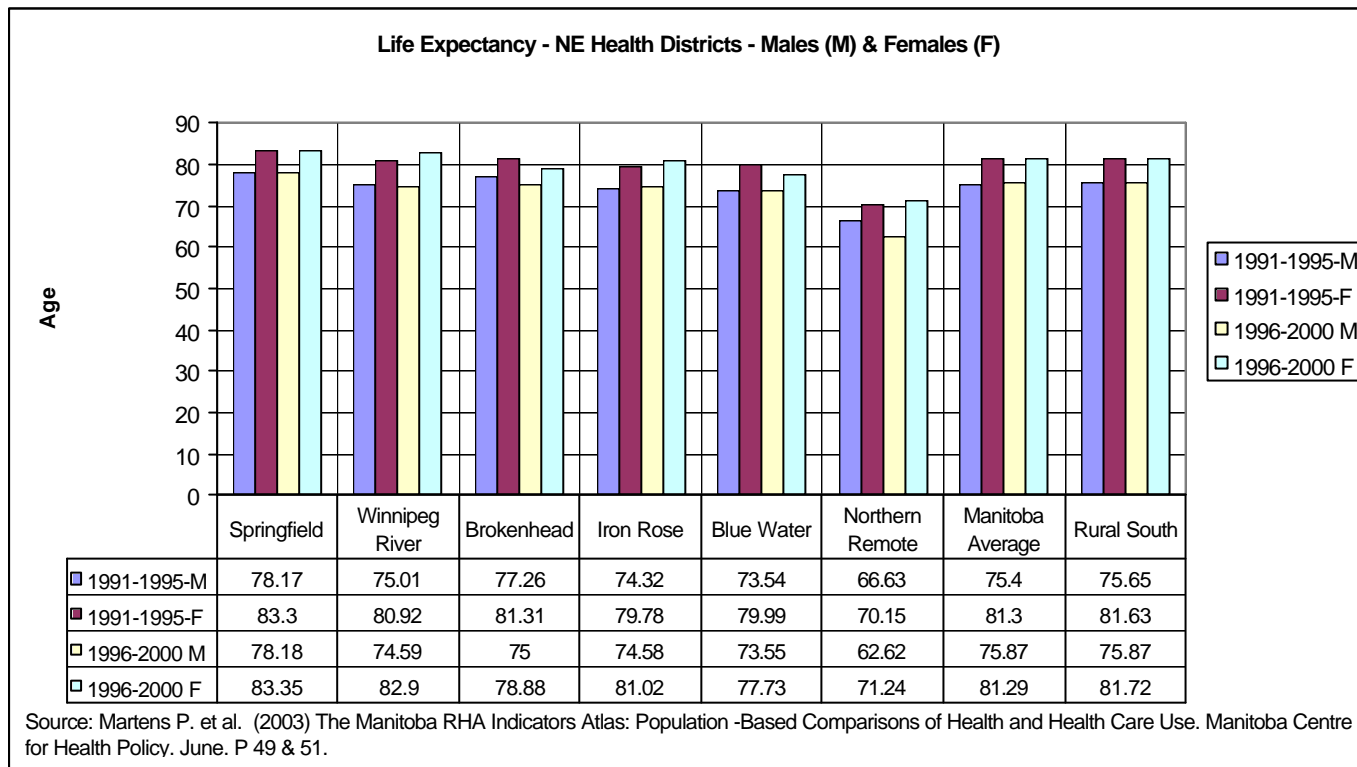
Although Winnipeg River's mortality rate has gone up slightly during the two time periods from 7.54 to 7.9 respectively, it was not a significant increase, and is similar to the Manitoba average rate of 7.99 and Rural South of 7.97 during the later time period.



Winnipeg River's total mortality rate increased slightly but not significantly.

Life Expectancy

Figure 12.5 Life Expectancy NE Health Districts



In Winnipeg River we see that females live longer than males by approximately 8 years during the later time period. Winnipeg River males have a life expectancy slightly lower than Manitoba rate, while females have a life expectancy slightly higher than Manitoba.

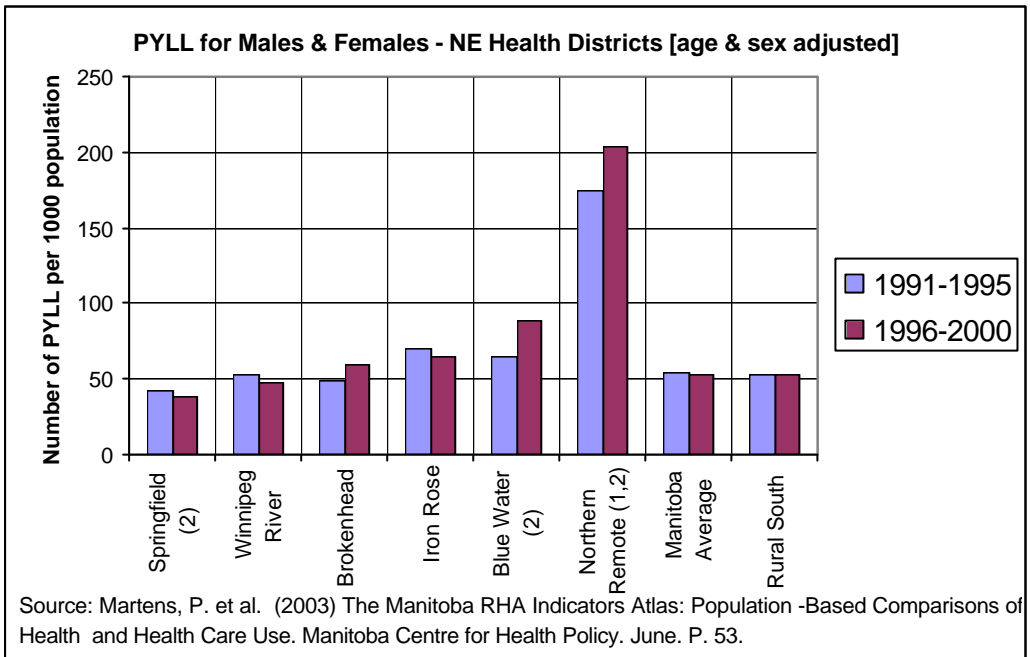
Winnipeg River females live approximately 8 years longer than males.



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.¹³

Figure 12.6 Potential Years of Life Lost NE Health Districts

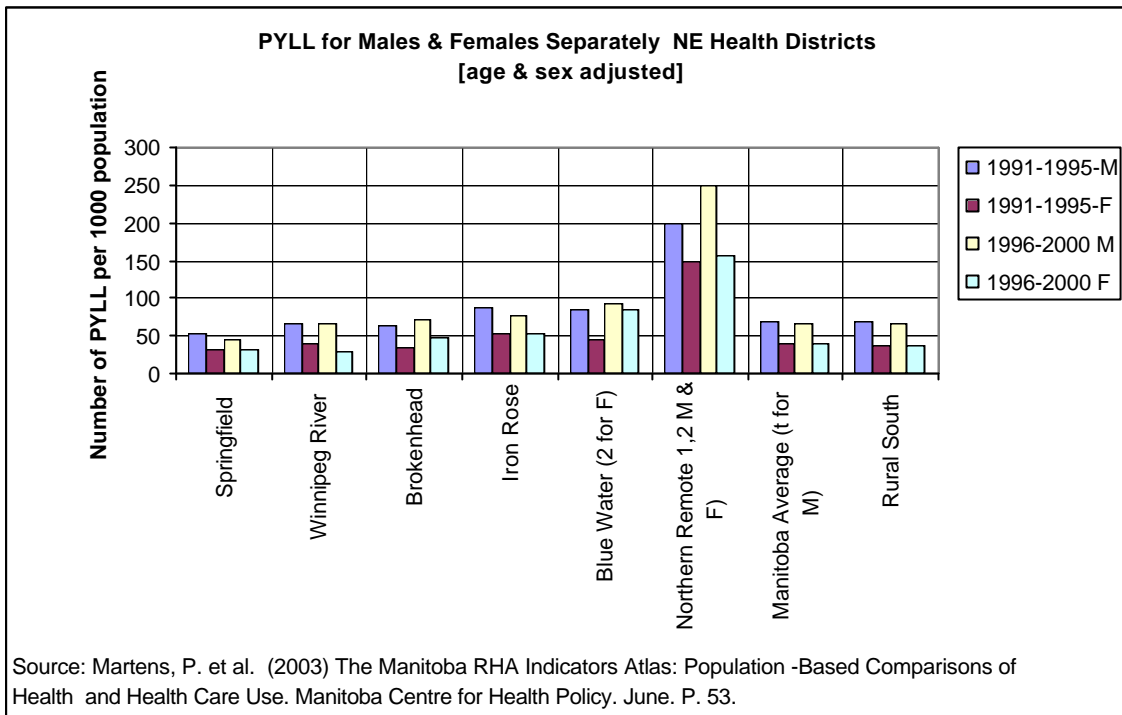


Winnipeg River has shown a slight lowering of its PYLL during the two periods reviewed at 53.4 to 47.3, respectively, but it was not a significant decline.

As shown, Winnipeg River also has a lower PYLL value but it wasn't significantly different than the Manitoba average (52.8) and Rural South (52.25) for the second time period reviewed,

Winnipeg River's PYLL had decreased but not significantly.

Figure 12.7 Potential Years of Life Lost (PYLL) Males & Females Separately



When we separate males and females it becomes noticeable that males have an increased level of PYLL than females. During the second time period, in Winnipeg River, female and male PYLL appears to be less than the Manitoba average, but neither were significantly different than the Manitoba average. The positive finding is that PYLL has declined for both males and females during the time periods reviewed.

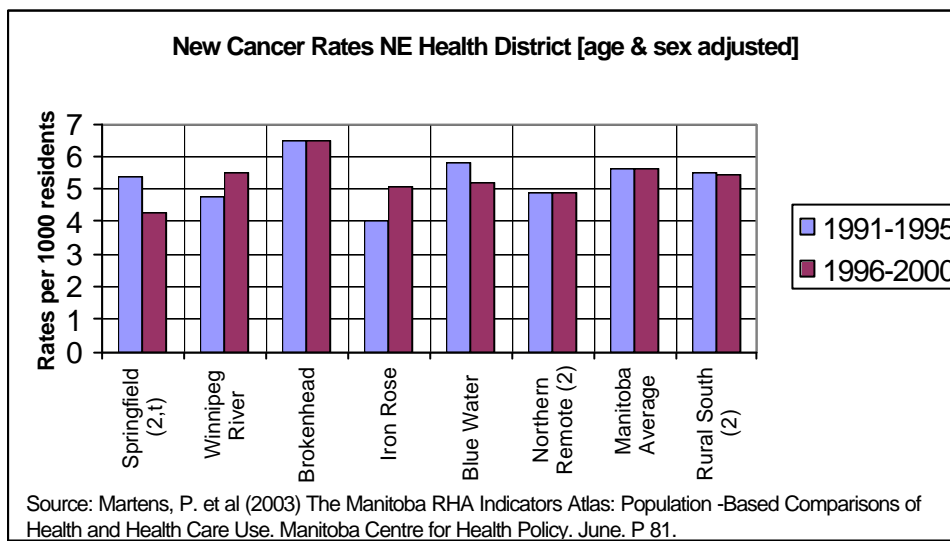


Health Conditions

"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)) " 14

Cancer

Figure 12.8 New Cancer Rates [includes non-invasive malignancies].



In Winnipeg River there has been an increase in new cancer rates during the two time periods reviewed, but it did not change significantly.

The rate in the later time period of 5.48 is similar to the Manitoba average of 5.61 and Rural South of 5.46.

New cancer rates have increased slightly between 1996-2000 in Winnipeg River, but not significantly.



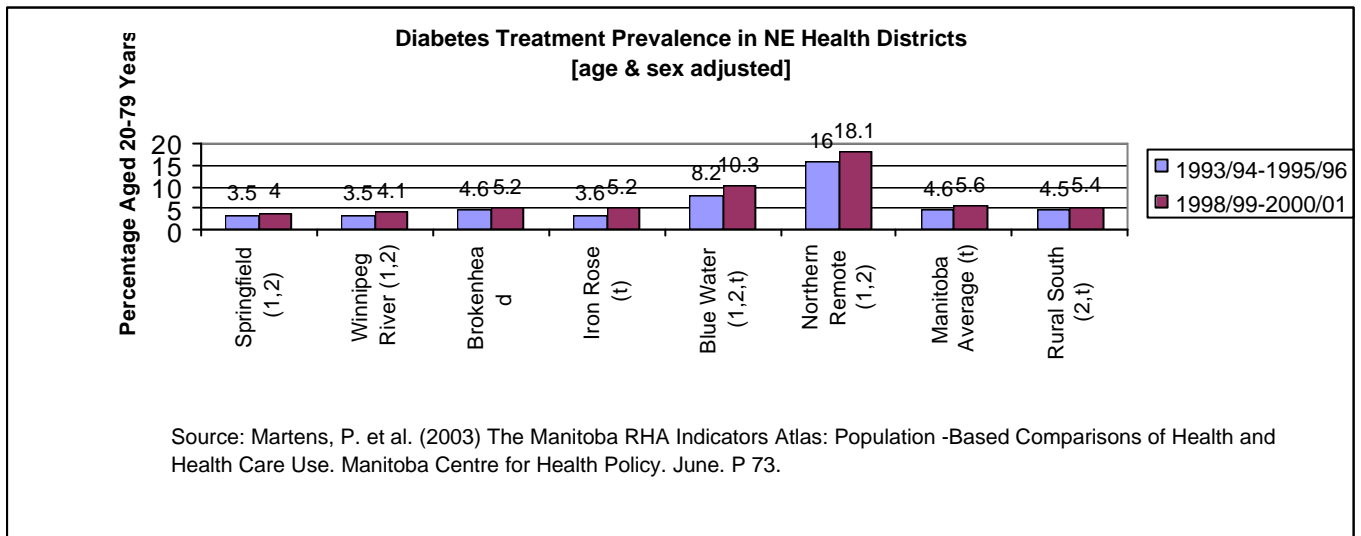
Diabetes

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 12.9 Diabetes Treatment Prevalence in NE Health Districts

Diabetes treatment prevalence in Winnipeg River is showing an increase over time, but did not change



significantly. Winnipeg River's diabetes treatment is statistically significantly lower at 4.1 %, when compared with the Manitoba average (5.6%) and Rural South (5.4%) during the second time period.

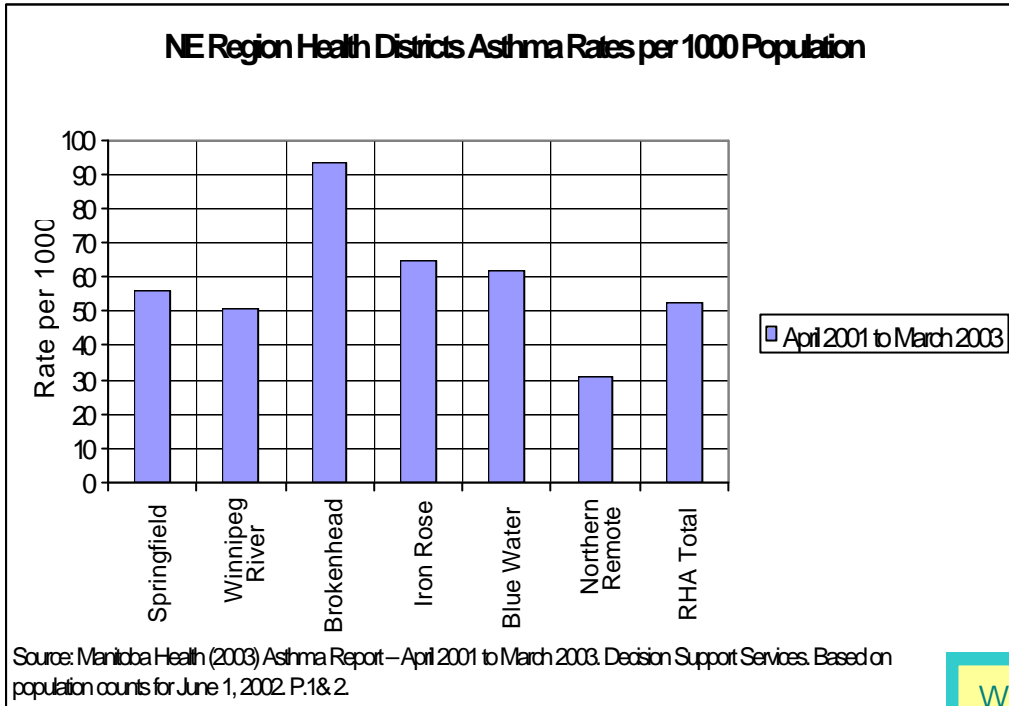
Diabetes is on the rise in Winnipeg River, but not significantly, and is significantly lower than Manitoba and Rural South during the second time period.

2004 Validation Workshop

Three Top Key Issues Identified by Participants	% of participants choosing this issue
Winnipeg River	
Diabetes is on the Rise	62.5%

Respiratory Diseases

Figure 12.10 Asthma Prevalence



Except for Northern Remote, we see that Winnipeg River has the lowest rates of asthma at 50.9/ 1000 population when compared to the other health districts.

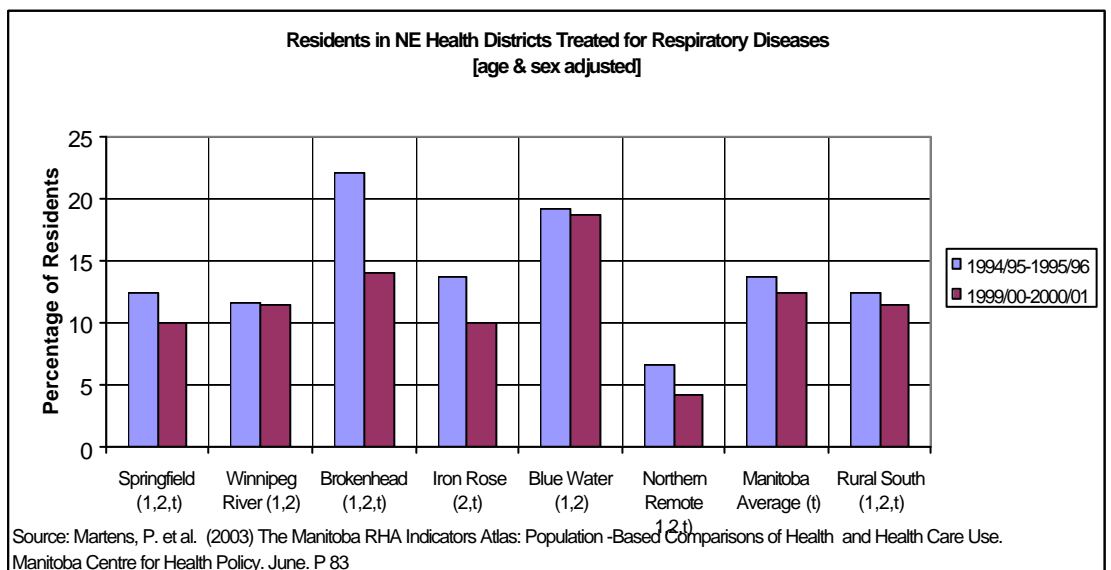
As mentioned in the regional section, both asthma and respiratory diseases in general are showing a decline.

Winnipeg River has the lowest rates of asthma when compared to the other health districts.

Figure 12.11 Residents Treated for Respiratory Disease [includes asthma, bronchitis & pneumonia]

In Winnipeg River as with NE Region in general, there has been a decline in respiratory disease diagnoses during the time periods reviewed, but it did not change significantly.

Winnipeg River has a statistical significant lower disease diagnoses than the Manitoba average for both time periods. This is good news.

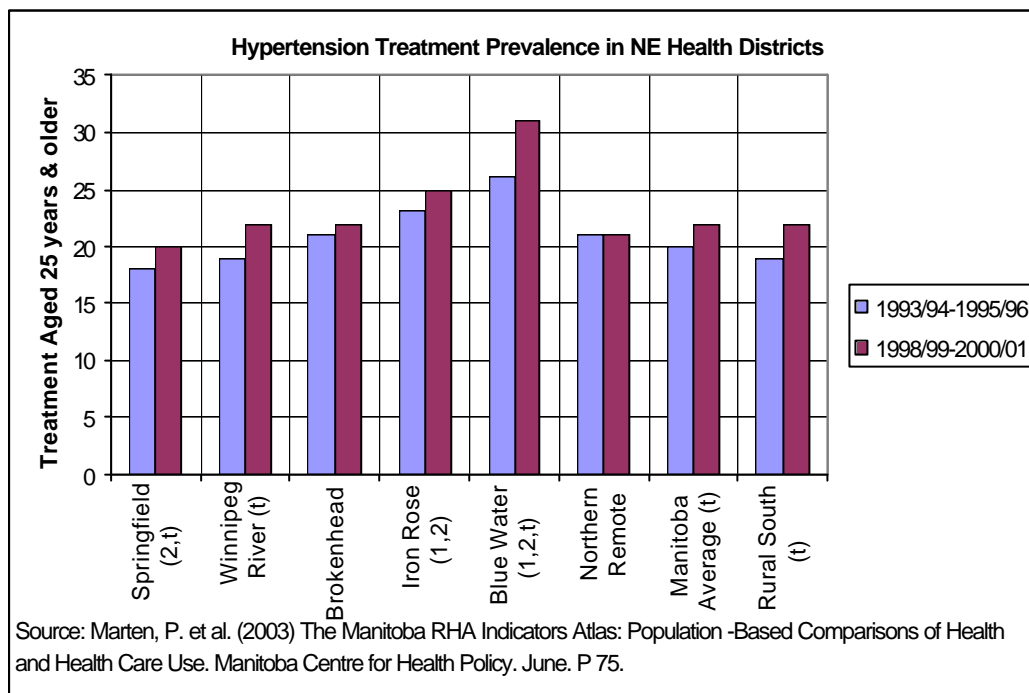


Hypertension

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 12.12 Hypertension Treatment Prevalence NE Health Districts



Winnipeg River experienced a statistical significant increase during the time periods reviewed from 19% to 22%.

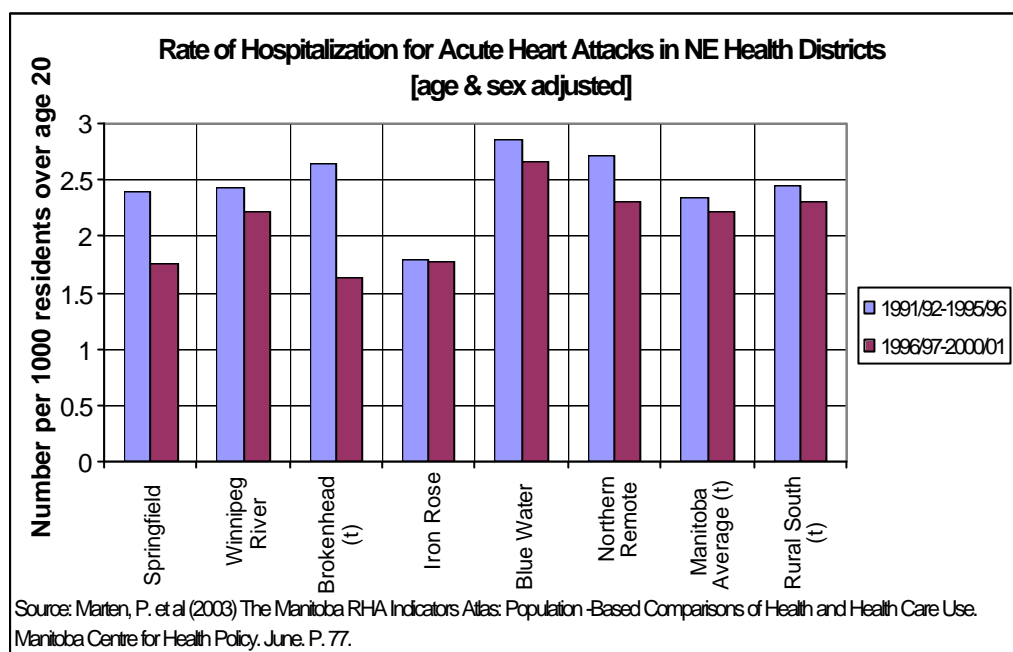
This could be related to a population increase in the older age groups from 55 onwards.

Winnipeg River 's prevalence for the second time period is not significantly different than Manitoba or Rural South.

Hypertension treatment has increased significantly in Winnipeg River, but it is not significantly different from Manitoba or Rural South.

Heart Attacks

Figure 12.13 Acute Myocardial Infarctions (MI's) or Heart Attack Rates of Hospitalization



Winnipeg River has experienced a decrease in hospitalized cases for MI's during the two time periods reviewed from 2.44/1000 to 2.22/1000, but it is not a significant decline.

The MI hospitalization rate is not statistically different than the Manitoba average or Rural South for the second time period reviewed.

There has been a drop in MI hospitalizations in Winnipeg River, but it is not a significant decline.

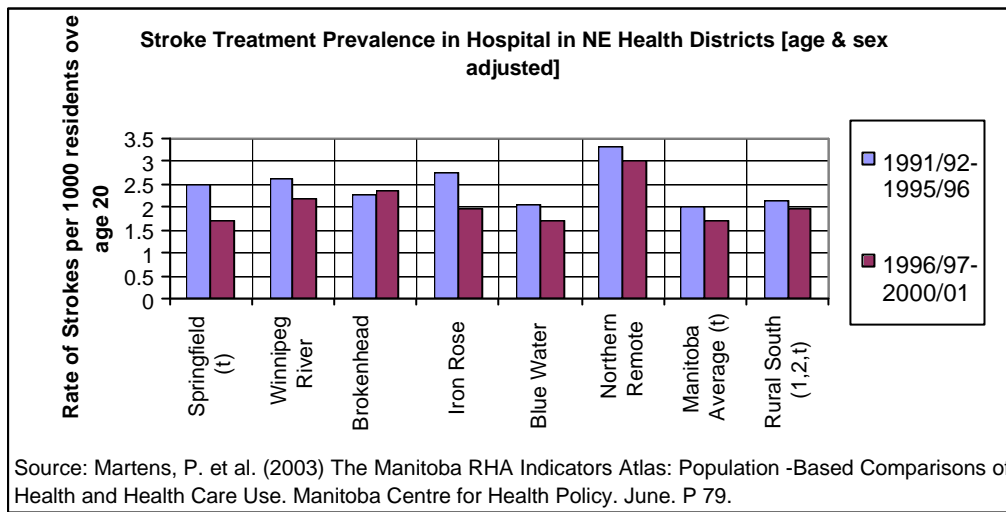


Strokes

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 a percentage is that an individual may suffer from more than one stroke. Each stroke is counted as a separate event.

Figure 12.14 Stroke Treatment Prevalence in Hospital NE Health Districts



There appears to have been a decrease in the number of residents being treated for stroke from 2.61/1000 to 2.20 / 1000 in Winnipeg River, but it was not a significant decrease.

Winnipeg Rivers' Stroke treatment prevalence appears to be higher during the second time period than the Manitoba average (1.71) and Rural South (1.97), but it is not a significant difference.

A decrease in stroke treatment occurred in Winnipeg River during 1996/97 - 2000/01, but it wasn't a significant decrease.

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON HEALTH CONDITIONS

- Comment that cardiac disease appears to be prevalent and access to service seems prolonged.

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.

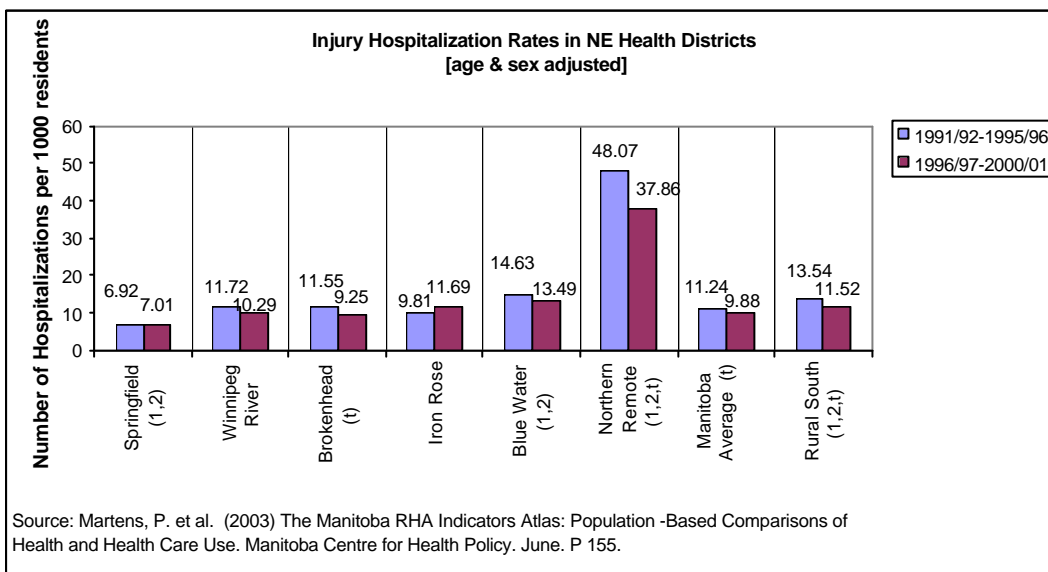
Due to relatively small number of injury deaths, these rates are not reported at the district level.¹⁵

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

Hospitalization Injuries

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

Figure 12.15 Injury Hospitalization NE Health Districts



There has been a slight decline in the number of injuries requiring hospitalization in the Winnipeg River district from 11.72/1000 to 10.29/1000, but this was not a significant change.

Winnipeg River has the third lowest rate of hospitalized injuries when compared to other health districts.

Injury requiring hospitalization has decreased in Winnipeg River, but not significantly.

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) ¹⁶

Overview

Human function is associated with the consequences of disease, 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." ¹⁷

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 are able to 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.

YOUTH

-There are inadequate numbers and varieties of activities to keep them [youth] occupied. [Winnipeg River]

12.4 DETERMINANTS OF HEALTH

Personal Health Practices & Lifestyle <i>[Personal Health Practices & Coping Skills]</i> ¹⁸	Personal Resources <i>[Social Support Network]</i> ¹⁹	Living & Working Conditions <i>[Income, Income Distribution and Social Status and Employment and Working Conditions]</i> ²⁰	Environmental Factors <i>[Physical]</i> ²¹
<p>"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status." ²²</p>	<p>"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health." ²³</p>	<p>"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." ²⁴</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." ²⁵</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." ²⁶</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." ²⁷</p>	<p>"Culture and ethnicity come from both personal history and wider situational, social, political, geographical and economic factors." ²⁸</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." ²⁹</p>



Environmental Factors as a Health Determinant

*[Physical]*³⁰

" 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." ³¹

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 ³²

There is a water treatment plant in Lac du Bonnet, which services the town. The town upgraded their water treatment plant in 2003. This was made possible through infrastructure and water services grants. The RM is serviced by private wells and independent Water Co-ops. There is a water treatment plant in Pinawa, which services the LGD of Pinawa.

Sewage Systems ³³

The Town of Lac du Bonnet is serviced by a sewage system and a lagoon provides for waste disposal. The RM of Lac du Bonnet has holding tanks and septic fields and a lagoon provides for waste disposal. Pinawa utilizes a community sewer/storm system complete with lagoon.



The Air We Breathe

There was nothing suggested in the 2003 Focus Groups about air quality.

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON PHYSICAL ENVIRONMENT – Air
<p>Suggestions</p> <ul style="list-style-type: none"> • Need by-laws restricting the use of hazardous chemicals, e.g. spraying gardens. • Need education on the ill effects of second hand smoke. Concern expressed that children are still being exposed at home and in cars.

Housing

Table 12.4 Elderly Persons' Housing in Winnipeg River

Winnipeg River Communities	Name of Facility	# of units	Owner / Operator
Lac du Bonnet	Bonny Vista Lodge	43	Manitoba Housing
Lac du Bonnet	Parkview Place	11	Private
Lac du Bonnet	Park Manor	12	Private

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

The Manitoba Housing Unit, Bonny Vista Lodge in Lac du Bonnet, has three vacancies since December 2003 that have not been filled. This is unusual, as there always had been a waiting list in the past.

2003 Focus Group - Housing

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

MIDDLE ADULTS

- Some participants felt that they needed to learn about services in order to assist parents. [Winnipeg River]
- Personal Care Home (PCH) and transitional housing in Pinawa for seniors [Winnipeg River].

SENIORS

- Pinawa has affordable townhouses for rent, there is no outside maintenance, but they are two-story dwellings. [Winnipeg River]

Suggestion Raised by Seniors

- Seniors housing complex in Pinawa. [Winnipeg River]
"We need a PCH in Pinawa more than anything. It's very important to stay in your own community...Lac du Bonnet is nice, but you don't know people." [Winnipeg River]

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
<p>Winnipeg River</p> <p>Increase in PCH Beds [<i>Raised Issue</i>] Validation Workshop participants felt that waiting time is too long in Pinawa.</p> <p><u>Discussion:</u> - <i>"if they can't find appropriate housing they move". "Need more PCH beds."</i> Waiting time is too long. - No "Safe House", shelters or transitional housing within NEHA, <i>" not only for women but able to be accessed by residents who need a safe environment, e.g. youth"</i>.</p> <p><u>2003 Focus Groups</u> - also mentioned the need for more PCH beds (Blue Water, Springfield, Winnipeg River).</p>	<p>50%</p>



Safety

Table 12.5 Crime Report Winnipeg River Health District Total *

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.	Winnipeg River	448	397
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.	Winnipeg River	44	44
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.	Winnipeg River	370	275
Total Provincial Code		NE	3,098	2,117
Municipal Codes	Municipal Acts/ By-Laws	Winnipeg River	27	38
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.	Winnipeg River	166	154
Total Traffic	Note: this does not include persons injured or killed.	NE	897	843
Persons **	Killed in traffic related incidents	Winnipeg River	0	1
Total Persons killed		NE	3	11
Persons **	Injured in traffic related incidents	Winnipeg River	29	28
Total Persons injured			133	154
GRAND TOTAL OF ALL OFFENSES	Note: this does not include persons injured or killed in traffic related incidents.	Winnipeg River		
		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 persons injured and killed in traffic related incidents are 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 has dropped slightly when comparing 2001 with 2002. The only area of increase is related to the municipal acts and by laws that increased by 10 reported cases in 2002. There was one traffic accident death in 2002 where there was none in 2001. Traffic injuries decreased by one in 2002, from 29 in 2001. Winnipeg River has the third highest traffic accident injuries when compared with the other health districts.

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

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." ³⁴

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 "...in some circumstances genetic endowment appears to predispose certain individuals to particular disease or health problems." ³⁵

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] ³⁶

"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status." ³⁷

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 individual's 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

MIDDLE ADULTS

The reasons why participants modified their diet included

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

SENIORS

Reasons to Modify Diet - Health issues (especially cholesterol) [Brokenhead, Iron Rose, Winnipeg River, Springfield, Blue Water]

Programs / Methods Used

- Reads books and received pamphlet from physician [Winnipeg River]
- Diabetes Clinic in Beausejour. [Winnipeg River]
- Decreased fat. [Winnipeg River]

Barriers

-Difficulty when two persons in a household are on different diets *"She can't cook a hamburger. She can for herself, but not for me. It's a problem."* [Winnipeg River]

2004 Validation Workshops

Top Three Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
Need for Improvement in Dietary & Exercise Behaviours	50%
<u>2003 Focus Groups</u> – These two behaviours were topics raised in every Focus Group.	



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 by adults in their communities.

-In the Winnipeg River youth group participants implied that drinking is a problem among youth and adults.

"...all the adults talk about how they are going to go get hammered." [Winnipeg River].

- It is rare that a student will go to school drunk but some come with hangovers and occasionally leave school at lunch to drink and do drugs. Overall, they feel that the problem is very similar in Pinawa as it is in Lac du Bonnet despite the differences in the two schools' reputation. [Winnipeg River].

Suggestions Raised by Youth

- AFM Counselor should be around more. [Winnipeg River]

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 did give up drinking. As 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.

Focus Groups on Illicit Drug Use

YOUTH

The mention of using drugs such as marijuana and cocaine was raised in Blue Water, Brokenhead and Winnipeg River groups only.

- In Winnipeg River there was more concern expressed over the availability and use of cocaine as compared with marijuana as they likened marijuana to alcohol. All were aware of people who did drugs and felt in general students divided themselves into groups of users and non-users. Having said this they did mention that socially people mix, as the community is small and the choice of friends is limited. They felt there were concerns that younger and older children tend to hang out together, subjecting younger children to drug influences. They don't feel there is much pressure to use, as long as one is clear about their personal choice. [Winnipeg River]

- "...when you're younger, you get pressured more..." [Winnipeg River]

-There is also a worry about their friends turning to harder drugs. One youth mentioned that you do not see as many people out and about (families walking) in Lac du Bonnet as in Pinawa and another youth replied *"That's because half the adult in this town do drugs..."* [Winnipeg River]

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON PERSONAL HEALTH PRACTICES

- Illicit Drug Use

- Regarding concerns about illicit drug use by youth, one participant commented: "*We hear it's an issue but have no personal experience.*"

Suggestion

- There is a need to focus on the prevention/intervention on Fetal Alcohol Syndrome Disorder.

Physical Activity

Focus Groups on Exercise

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

YOUTH

Programs/Methods Used

- One participant indicated that her sibling had a positive influence on her when she made some personal changes. [Winnipeg River]
- Parent insists on exercising at home. Feels exercise might be more appealing if there was a gym accessible. [Winnipeg River]
- Barriers – Cost and when it is being held were two of the main barriers.
"*I think about it but I just don't (do it).*" [Winnipeg River]
- In Pinawa "*we have a little weight room (at the school), but you can only use it during gym class.*" It was mentioned that students who stayed for lunch could use the room. A year or two ago they indicated there was a sign up sheet for use after school but they don't hear about its use now. [Winnipeg River]

YOUNG ADULTS

Reasons to Exercise- The two primary motivators for exercising was to decrease weight and improve body image. [Winnipeg River]

"*Now that I've started losing weight, I feel a little better about myself, too. It's kinda lifted my spirits a bit*" [Winnipeg River].

MIDDLE ADULTS

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

a) Self image -

"*I am more active than ever in my life...I have time...I have the right attitude.*" [Winnipeg River]

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

"*...I never had time before. [I was] so busy raising kids, house, job, marriage, family. Who [had] time for this type of stuff?*" [Winnipeg River]

SENIORS

- Another participant felt exercise *"..is the most important thing."* [Winnipeg River]

Programs / Methods Used

- Walking was the main method of exercising in this age group.

2004 Validation Workshops

Top Three Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
Need for Improvement in Dietary & Exercise Behaviours	50%
2003 Focus Groups – These two behaviours were topics raised in every focus 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 if the individual wants to quit, there are a variety of methods. Success often depends upon support the individual receives and if weight gain is addressed and managed.

Adult Focus Groups - One of the biggest concerns that smokers indicate time and time again is the potential and real problem of weight gain that accompanies quitting.

Young Adults

a) Quitting Smoking

It was felt in the Winnipeg River group that *"... if there was a ban on smoking [rurally] like in Winnipeg, it would make a lot of people cut back or quit."*

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]

b) One participant works in a smoke free environment, however still smokes at home in the evening *because "I'm bored, so I watch TV and have coffee and cigarettes."* [Winnipeg River]

Potential Risk Taking Behaviour

Focus Groups on Risk Taking Behaviour

Youth

a) Sexually Transmitted Diseases – This topic emerged only in Winnipeg River.

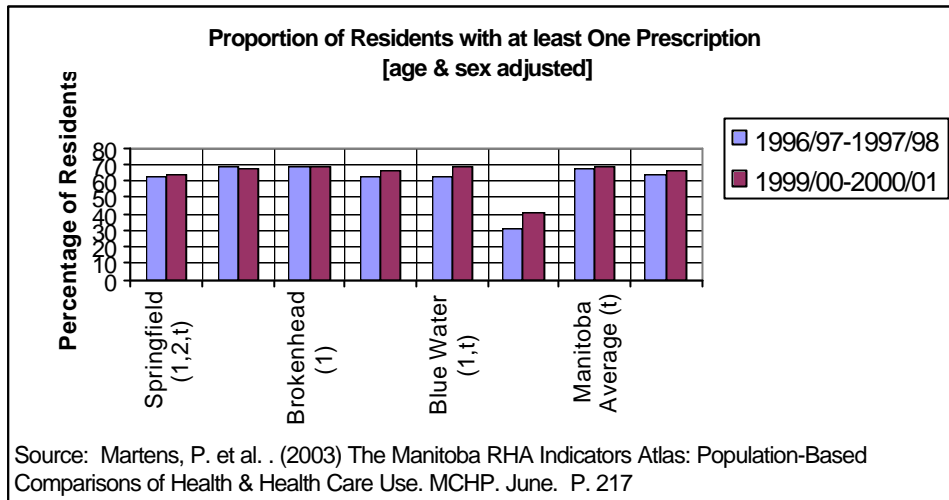
"...could be ...a health issue because more and more people are having sex at a younger age...people think it's not a big deal, or it can't happen to them." [Winnipeg River]

Medication Use

Pharmaceutical Use

Figure 12.16 Proportion of Residents With at Least One Prescription

There has been a slight decrease in the percent of residents using at least one prescription medication from 68% to 67% during the two time periods reviewed, but not a significant change.



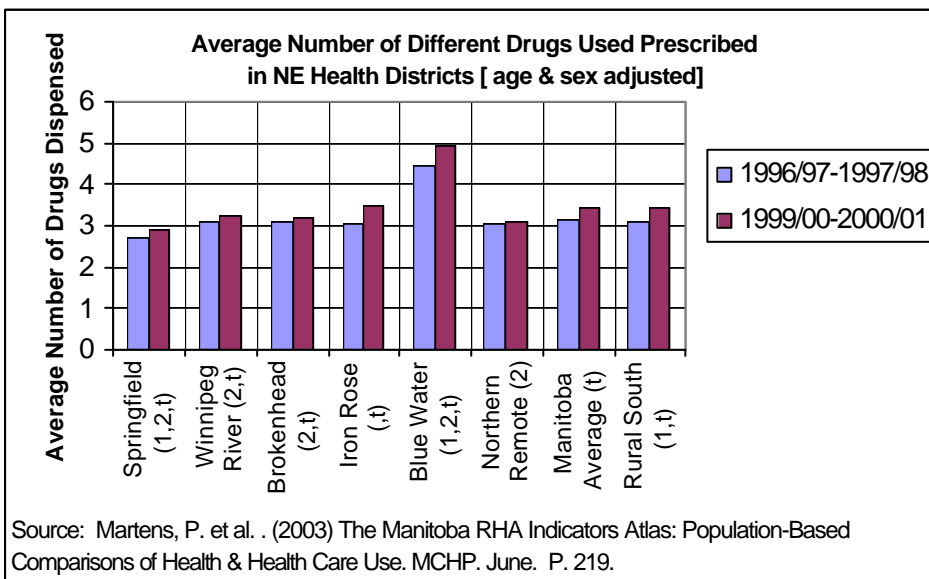
The percentage of use is similar to Manitoba and Rural South.

There has been a slight decrease in the percentage of residents that were prescribed at least one prescription, but not significant.

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.

Figure 12.17 Average Number of Different Drugs Prescribed



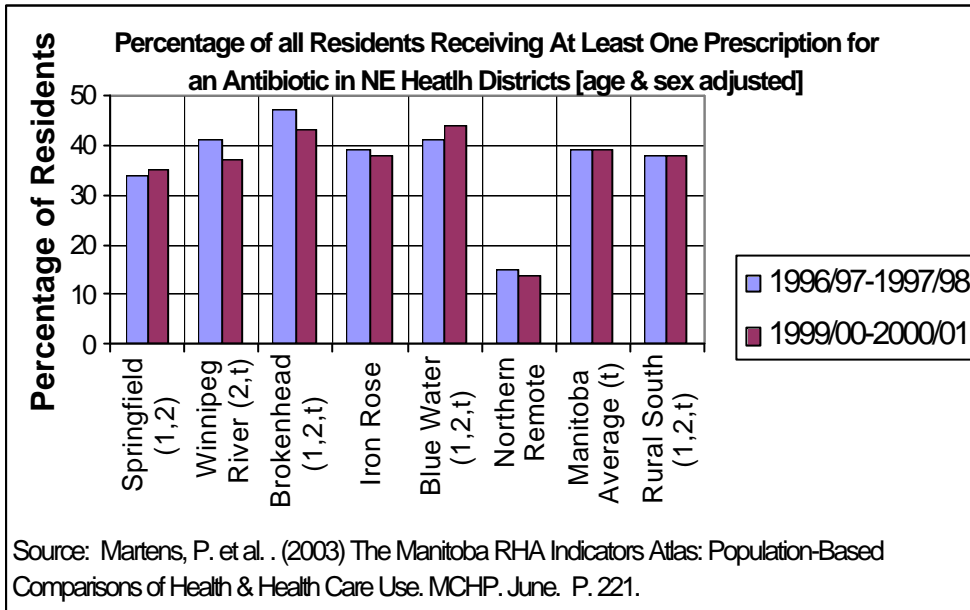
Winnipeg River shows see a statistical significant increase from 3.09 to 3.24 in the average number of different medications dispensed.

Compared with Manitoba at 3.44 and Rural South at 3.44, during the second time period, Winnipeg River shows a statistically significantly lower average number of different drugs at 3.24.

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 12.18 Percentage of Residents Receiving at Least One Prescription for Antibiotics



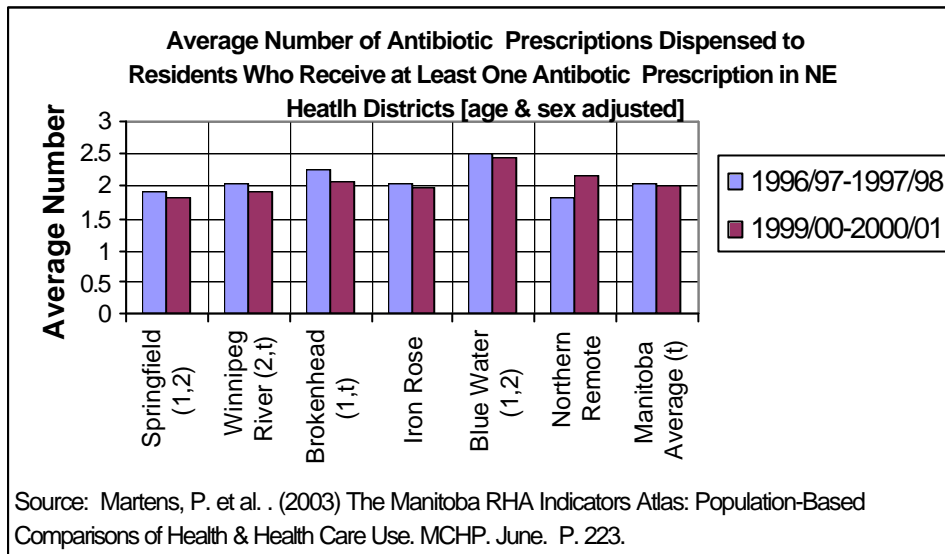
We see a statistically significant decrease in the number of prescribed antibiotics for the two time periods from 41% to 37% in Winnipeg River.

This percentage is statistically significantly less than the Manitoba average (39%) for the second time period.

A significant decrease in the number of antibiotics prescribed occurred between 1999/00 and 2000/01.



Figure 12.19 Average Number of Antibiotics Prescribed



Winnipeg River had a statistically significant decrease (from 2.03 to 1.90) in prescriptions dispensed during the time period reviewed. It is also statistically significantly less than Manitoba at 2.02 and Rural South at 2.06 for the second time period. This is a positive finding.

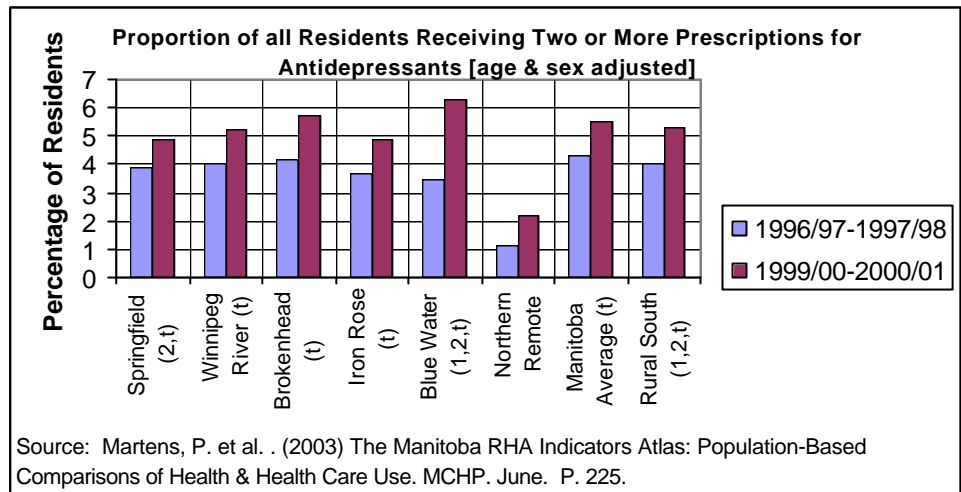
A significant decrease in the average number of antibiotics dispensed occurred during the time periods reviewed.



Proportion of Residents Using Antidepressants

Figure 12.20 Proportion of Residents Using Antidepressants

There has been a statistically significant increase in the proportion of residents receiving two or more prescription antidepressants, from 4.0% to 5.2% respectively during the two time periods reviewed.



Winnipeg River's percentage is not significantly different than the Manitoba average or Rural South.

The number of antidepressants prescribed in Winnipeg River has significantly increased, but is not significantly different than Manitoba or Rural South.

Focus Groups- Prescriptions

YOUNG ADULT

-Quickness to prescribe medication. [Winnipeg River, Blue Water]

MIDDLE ADULT

The overriding concern is the question whether prescribed drugs should be the first treatment option explored. This came up in the young adult group as well. [Springfield, Brokenhead, Winnipeg River]

" I am offended by the pushing and peddling of drugs. " [Winnipeg River]

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON HEALTH SERVICES- Prescription Drugs

- Discussion on the price of prescription drugs, the buying power of large pharmacies within Winnipeg results in lower costs to the consumer than in rural areas.



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. " 38

Overview

We know from the research that pre-natal and early childhood care and development programs have a positive effect on future health status. 39

Focus Groups on Youth

Middle Adult

- a) Youth / Teen Support – Once more the lack of youth activities in a community is mentioned.
- Some participants expressed the importance of parents as role models so young adults are well-equipped to make physical, mental, and social choices. [Winnipeg River]

Infant Mortality

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 Winnipeg River between 1990 and 1999, the number of infant deaths were suppressed because there were less than five. This is good news for Winnipeg River Health District. 40



Births

At 40 weeks gestation 50% of female babies weigh approximately 3500 grams and male babies weigh approximately 3600 grams. ⁴¹ 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. ⁴²

Table 12.6 Number of Newborns in Winnipeg River [Rate is expressed in brackets]

Health District	2002-2003	2001-2002	2000-2001	1999-2000
Winnipeg River	32 [5.7/1000]	32 [5.9/1000]	41 [7.6/1000]	26 [4.8/1000]
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.

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

Winnipeg River's birth rate is considerably lower than both Manitoba and NE.

Winnipeg River's birth rate is lower than all other health districts in NE and lower than the Manitoba rate.

HOW HAS WINNIPEG RIVER'S BIRTH RATE CHANGED OVER TIME?

During 2000-2001 there was a substantial increase in the birth rate as compared to the other years reviewed. Otherwise the birth rate has remained consistent throughout, but remains the lowest in NE region and the rate is considerably lower than the Manitoba birth rate during all years reviewed.



Focus Groups on Obstetrical Practices

Obstetrics as a desired service emerged in several adult Focus Groups.

Young Adults

-Like to see more surgeries and obstetrics in hospitals. [Springfield, Iron Rose, Winnipeg River, Blue Water]

Middle Adults

The impact of no obstetrics in NE region for this age group is described as follows:

- If there is no birthing capability you "...lose something as a community. No one is born here." [Winnipeg River]
- Disruptive to family, strain on other children. "... traffic, parking it's a hassle." [Winnipeg River].
- Hospitals should have birthing capability. [Winnipeg River, Blue Water]
- Midwife services. [Winnipeg River, Brokenhead]

2004 Validation Workshops

Top Three Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
Would like Obstetrical Services in North Eastman Hospitals	62.5%
<u>2003 Focus Groups</u> - The desire to have Obstetrical Services in NE hospitals was brought up by the both the Young and Middle Adult Focus Groups.	

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON HEALTH SERVICES – Midwifery Services
<u>Discussion</u> - Access to midwifery services within NEHA, "I am traveling to Central Region to access a midwife."

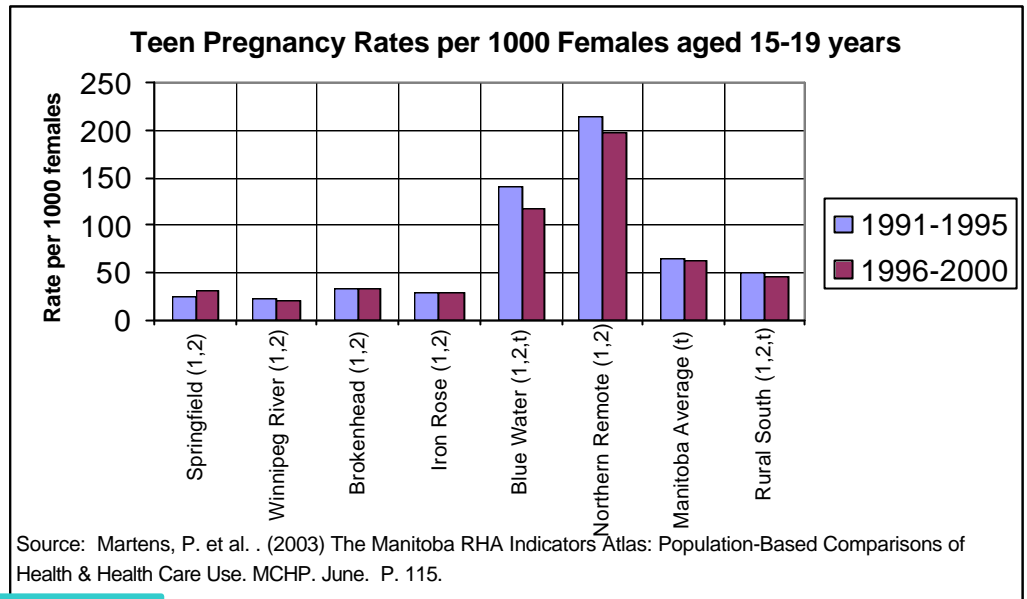


Adolescent and Teenage Pregnancy

Figure 12.21 Teenage Pregnancy Rates

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

Winnipeg River has a statistically significantly lower teen pregnancy than the Manitoba average Rural South.



Teen pregnancies are significantly below Manitoba and Rural South.

Focus Groups on Teen Pregnancy

Youth

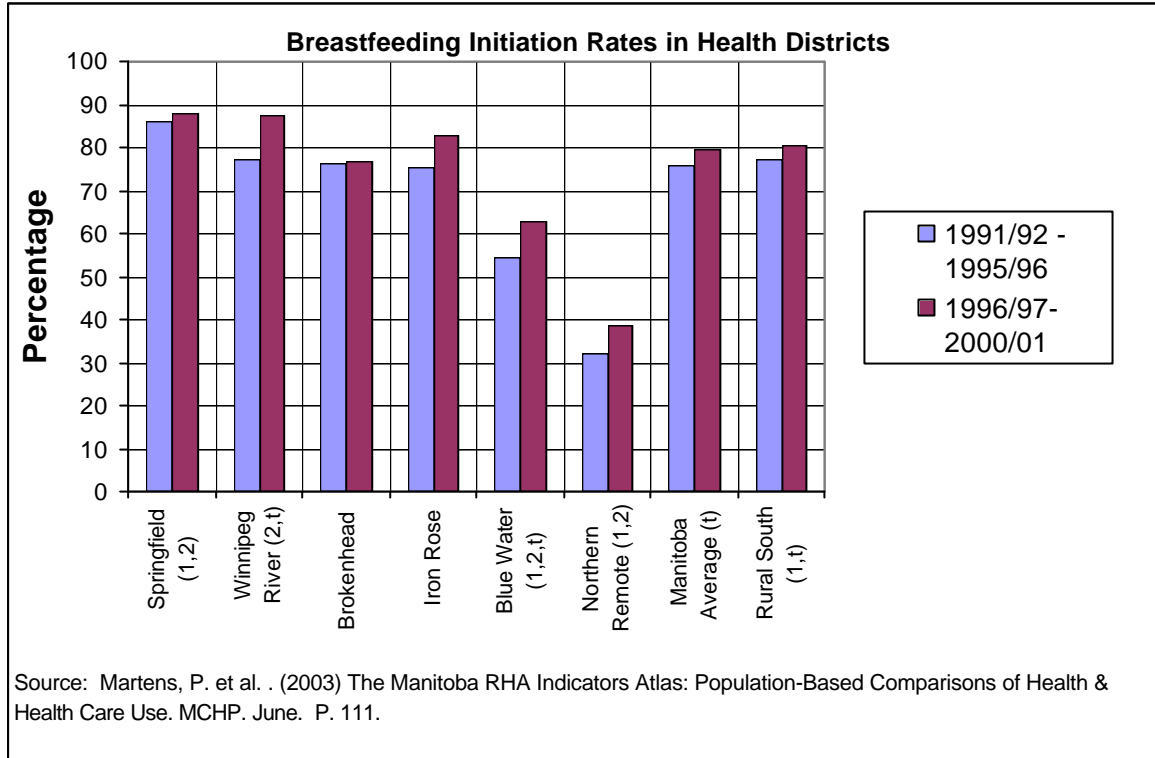
Teen pregnancy was mentioned in Brokenhead, Blue Water and Winnipeg River youth groups. Teen pregnancy was not mentioned in the adult groups.

-Teen pregnancy is not seen to be a big issue in town, "...not as much as in Pine Falls." [Winnipeg River]



Breastfeeding Practices

Figure 12.22 Breast Feeding Initiation Rates in NE Health Districts

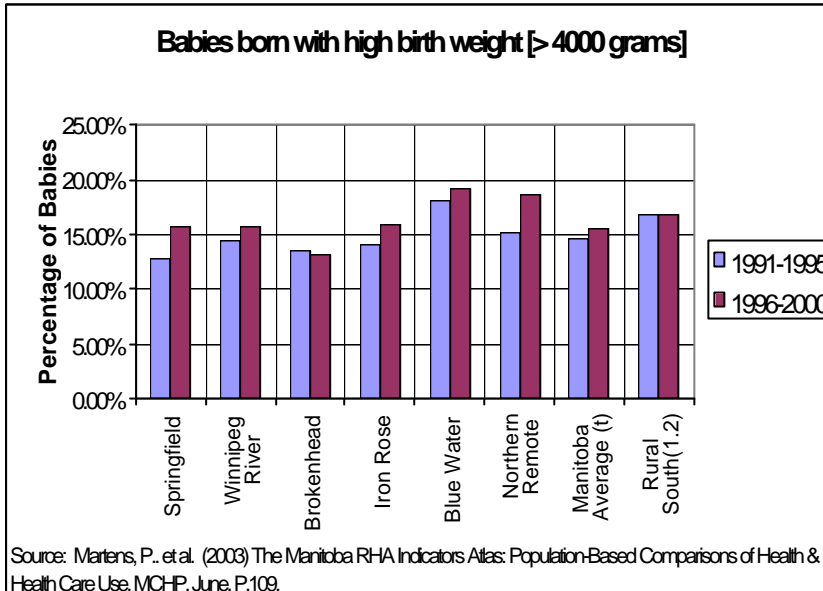


There is considerable variability within the health districts, with highest rates of hospital initiated breastfeeding in Springfield and Winnipeg River, lower rates in Brokenhead and Iron Rose with substantially lower rates in Blue Water (63%) and Northern Remote (38%).

In Winnipeg River, we see that there has been a statistically significant increase in the number of breast feeding initiations from 77.4% to 87.3 %, a 10% increase. This is very positive. Winnipeg River has the second highest initiation of breastfeeding when compared to our other health districts. It is also statistically significantly higher than the Manitoba average of 79.7% and Rural South at 80.3% during the later time period.

Birth Weights

Figure 12.23 High Birth Weights



In Winnipeg River we are seeing a slight increase in the percentage of high birth weights (14.4% to 15.8%), but it is not a significant change.

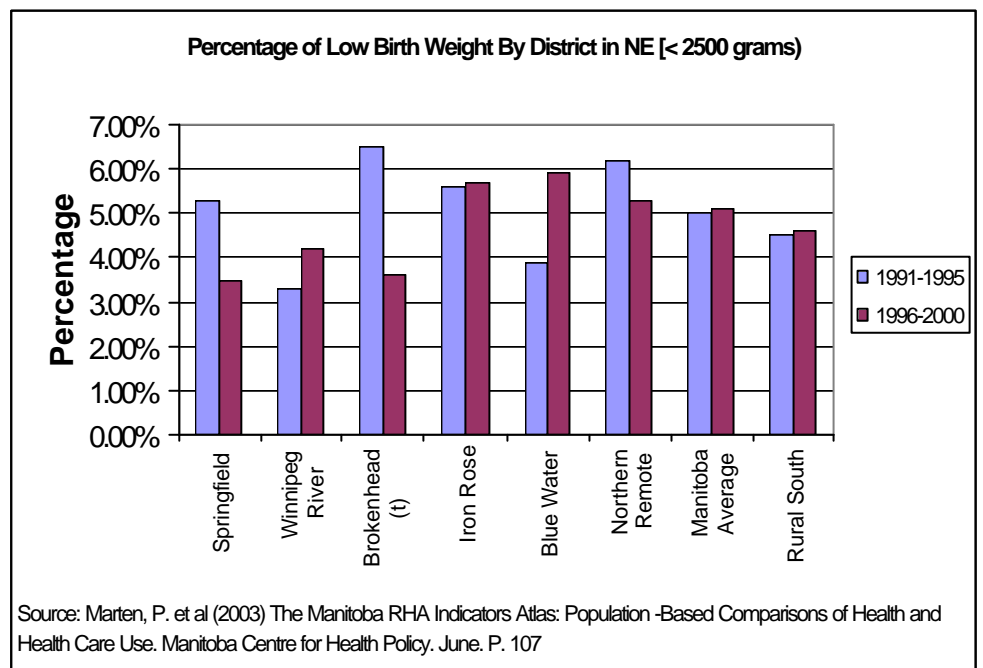
Winnipeg River is but is not significantly different from Manitoba at 15.6% and Rural South at 16.9% during the later time period.

There has been a slight increase in high birth weight babies, but it is not a significant increase.

Figure 12.24 Low Birth Weights

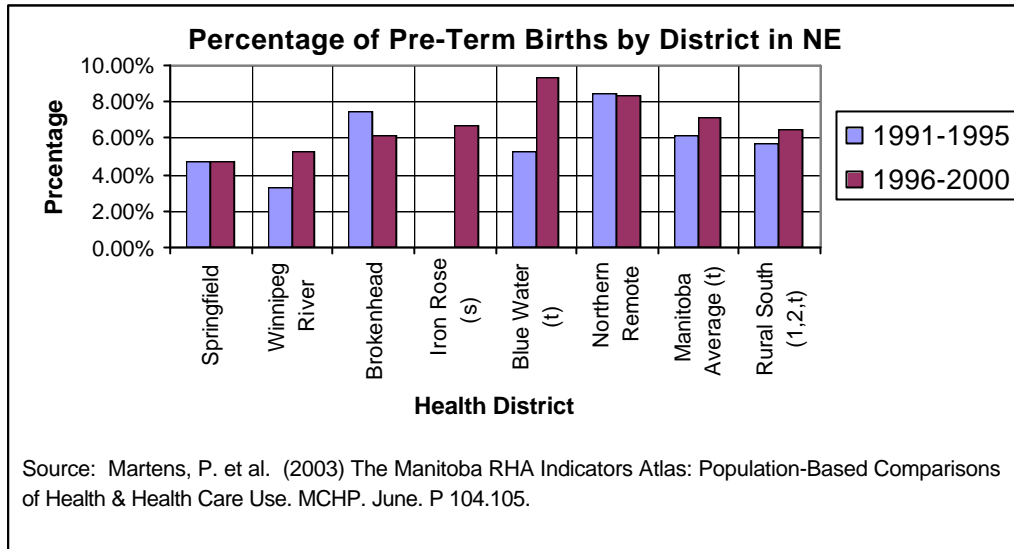
Winnipeg River (3.3% to 4.2%) shows an increase in the percentage of low weight babies during the two time periods, but it is not a significant change.

Winnipeg River appears to be slightly lower than the Manitoba average of 5.1% and Rural South of 4.6% during the second time period, but it is not significantly different.



There has been an increase in low birth weight babies, but it is not a significant change.

Figure 12.25 Pre-Term Births



The number of pre-term births has increased in Winnipeg River, from 3.3% to 5.3%, but not significantly.

The rate appears lower than the Manitoba average of 5.3% and Rural South of 6.5% during the later time period, but it is not significantly different.

Pre-term births are on the rise in Winnipeg River, but it is not a significant increase.

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. ⁴³

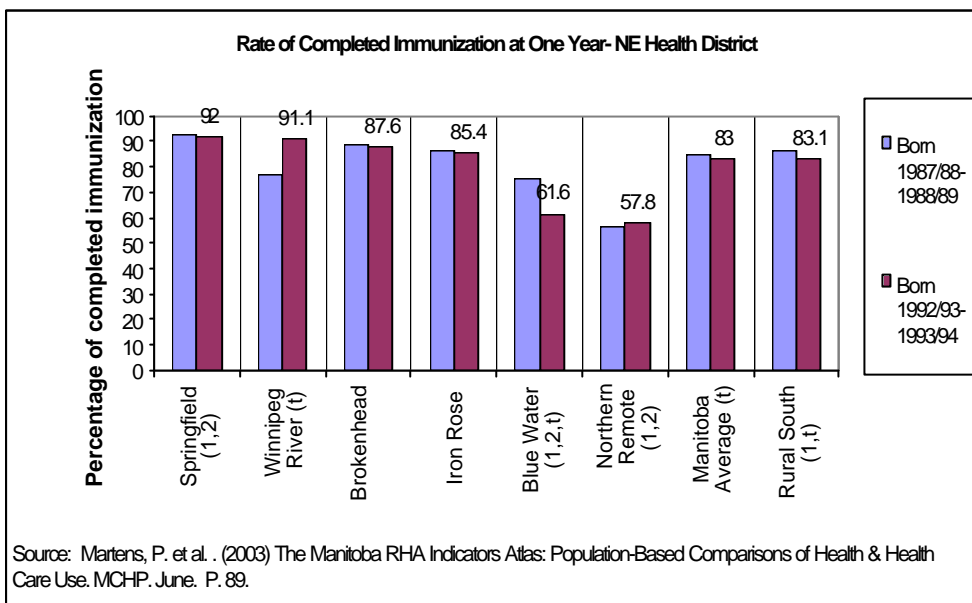


Figure 12.26 Completed Immunization at One Year

Winnipeg River's vaccine coverage increased significantly during the two time periods reviewed. This is a positive finding.

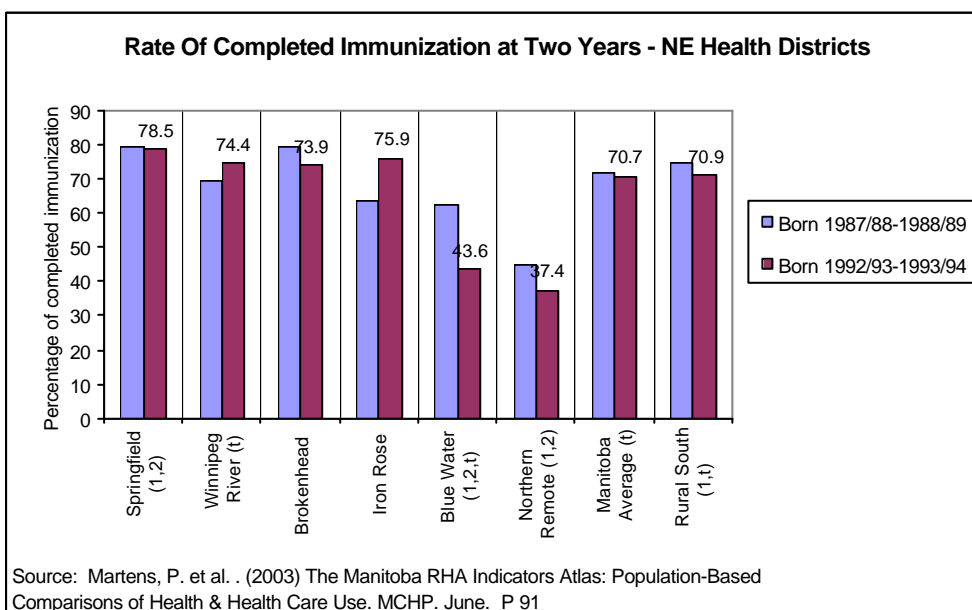


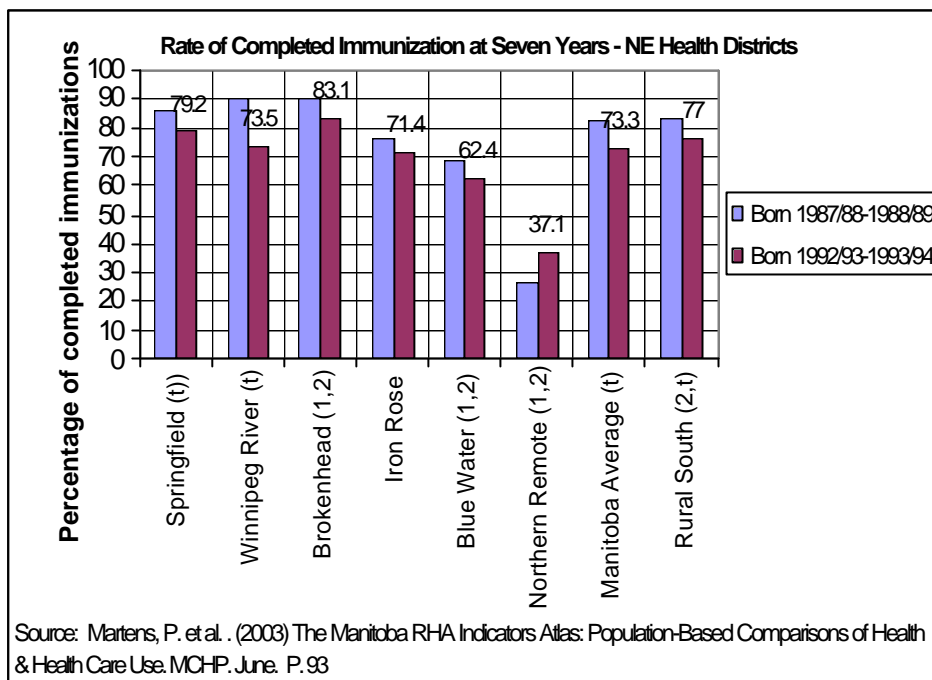
Figure 12.27 Completed Immunization at Two Years

Winnipeg River once more showed a statistically significant increase in the number of completed immunizations during the two time periods reviewed .

Figure 12.28 Completed Immunization at Seven Years

There has been a statistically significant decrease in immunization rates in Winnipeg River, from 90.1% to 73.5% respectively, a drop of 16.6% during the two time periods reviewed.

Despite this significant decrease, Winnipeg River's percentage is not significantly different than the Manitoba average or Rural South.



During years 1 and 2 coverage rates increased significantly, but by year 7 the coverage rates showed a significant decline, although similar to Manitoba and Rural South.

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON HEALTHY CHILD DEVELOPMENT

- Comment that breast-feeding initiation in the hospital does not indicate whether breast-feeding was successful, "if initiated in hospital and discontinued within a few days of going home this is not successful breast feeding". The need for breast feeding support was a concern.
- Concern about the lack of midwifery services.
- Comment that the decline indicated in teen pregnancy doesn't seem to agree with what people are hearing.

Suggestions

- Comprehensive early childhood screening, hearing/vision, fine motor skills, etc.
- Preserve successful programs e.g. immunizations.

Living & Working Conditions as a Health Determinant

[Income, Income Distribution and Social Status and Employment and Working Conditions] ⁴⁴

"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." ⁴⁵

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. ⁴⁶.

Employment & Unemployment

Table 12.7 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 Mcherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.

Winnipeg River has the third lowest employment rate for males and females when compared with our other health districts. Females have a lower percentage of unemployment than males. Males have a slightly higher unemployment rate than females.

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON EMPLOYMENT AND WORKING CONDITIONS
- Comment on the difficulty finding employment related to education.
Suggestion
<ul style="list-style-type: none"> Federal and Provincial governments have to be more aggressive in promoting employment opportunities in rural Manitoba.

Social Economic Status

There is considerable research to support the relationship between an individual's health status and their socioeconomic status.⁴⁷

Median Family Income of Couple Families

The following tables describe the median family income of couple families and the median family income for lone parent families in Winnipeg River, North Eastman and Manitoba.

Table 12.8 Median Family Income of Couple Families

Area	Median Family Income Couple Families
Winnipeg River	\$ 55,426
North Eastman	\$ 52,938
Manitoba	\$ 55,885

Sources:

Winnipeg River- 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. www.statcan.ca. 2001 Community Profile. North Eastman Regional Health Authority. Accessed: April 10, 2004.

It appears that Winnipeg River has a higher median family income than NE as a whole, but slightly lower than Manitoba.

Table 12.9 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.

In Winnipeg River, male lone parent families have almost twice as much income than their female counterparts.



Lone parent male families have consistently higher incomes than lone parent female households.

Table 12.10 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.

Total Low Income Incidence

The incidence of low income in 2000 in Winnipeg River was 9.6 %.⁴⁸

2004 Validation Workshops

Top Three Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
<p>Low Income – Lone Parent Households</p> <p><u>Discussion</u></p> <p>- Some participants questioned the significance of the number of lone parent families being listed as an issue. They thought it may be an assumption that more problems exist in a lone parent family " <i>not a given that more problems will exist</i>".</p> <p><u>2003 Focus Group</u>- This issue was raised in relation to the support and social issues surrounding lone parent families.</p>	87.5%

**Personal Resources
as a Health Determinant**
*[Social Support Network]*⁴⁹

"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health." ⁵⁰

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.⁵¹

Mental Emotional Health

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

ADULT FOCUS GROUPS- several common theme emerged between the adult and staff Focus Groups in regards to lack of mental health support. Stress emerged as a common theme, but the cause of the stress varied among the age groups.

YOUNG ADULT

The primary issues were the need for better awareness of the mental health programs and the stigma associated with accessing programs. (refer to Mental Health Program Section 7)

MIDDLE ADULTS

Felt that programs need to address more than the illness, but also other issues like managing stress.

SENIORS

Seniors they 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;

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

2004 Validation Workshop

WINNIPEG RIVER GROUP DISCUSSIONS ON SOCIAL SUPPORT NETWORKS

- Personal Resources

Suggestion

- Is there a way of preserving client's privacy? Some people are reluctant to access mental health services as they have to wait in a public waiting area and everyone else will know that they are seeing the mental health worker.

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



Social Support

Table 12.11 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:

Winnipeg River - 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 may be more economically disadvantaged than two parent households.

There are approximately 165 lone parent families in Winnipeg River 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 well being.

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.

a) Talking with Adults

- As part of the discussion some participants in Springfield and Winnipeg River discussed their experiences when talking with adults. It's important that counselors and other adults maintain strict confidentiality. [Winnipeg River]

YOUNG ADULTS

Suggestions Raised by Young Adults

- Parent Support Group – There was a program in the community but when the health nurse left it was discontinued. [Winnipeg River]
- Can't get 'Big Brother' until children are 7. [Winnipeg River]
- 'New Friends Mentorship Program' should be expanded to allow children under the age of seven. [Winnipeg River]

MIDDLE ADULTS

-Seniors living alone need support. [Winnipeg River]
"They just won't eat properly." [Winnipeg River]

SENIORS

a) Living Alone

-Concerned about access to assistance in a health crisis as often they can't get a hold of their family as they are working. [Springfield, Winnipeg River]

-May not eat properly. Without a partner or family for whom to plan meals, singles may not devote enough attention to meal planning. [Iron Rose, Winnipeg River]

-Mental stimulation can be an issue especially in winter. [Winnipeg River]

-Those living alone report need for companionship. After being widowed, *"It's a different life."* [Winnipeg River]

-With family concerned about the senior person living alone, they may contribute to growing lack of self-confidence i.e. being told they "should or shouldn't" do this or that. [Winnipeg River]

-Life line *"...it costs \$40 a month but it's worth the piece of mind."* [Winnipeg River]

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
Winnipeg River	
Need to Identify at Risk Individuals who are Vulnerable in Community	62.5%
<u>2003 Focus Groups</u> – This was raised as a concern by many participants especially in the middle and senior adult groups.	

12.5 SUMMARY / CONCLUSION

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



COMMUNITY SYSTEM CHARACTERISTICS

Boundaries

Since the previous 1998 CHA Report there have been boundary changes most prominently related to the northern area. Unorganized Territories were originally separated and are incorporated into Northern Remote, Blue Water, Iron Rose and Winnipeg River health districts based on postal code.

Population

There has been an overall decline in ages 0-54 (with some variability) and an increase from approximately 55 years onward. 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.

Winnipeg River's birth rate is considerably lower than NE and Manitoba.

Education

During the Validation Workshop, 50% of participants felt that there should be more counseling in school. This was raised by some Focus Groups as well.

HEALTH STATUS

Measuring Overall Health Status

The social economic factor index or SEFI value and premature mortality rates or 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.

Winnipeg River experienced a slight decline in the SEFI value, but it is better than both Manitoba and Rural South. This value needs to be viewed in light of other health indicators in order to determine the reason. PMR has decreased slightly, but not significantly. This needs to be monitored, as this is a measurement of general health status.

Deaths

Total mortality rate has increased slightly, but not significantly. It is similar to the Manitoba average.

Life Expectancy

Females live approximately eight years longer than males.

HEALTH CONDITIONS

Cancer	Diabetes	Respiratory	Hypertension
New cancer cases have increased, but not significantly.	Diabetes treatment is on the increase, but not significantly. It is significantly lower than Manitoba.	Respiratory treatment diagnoses have decreased, but not significantly, but is significantly lower than the Manitoba average.	Hypertension treatment has increased significantly, but is similar to Manitoba.
MI	Stroke	Injury	
Hospital treatment for MI's has decreased, but not significantly.	Stroke treatment has decreased, but not significantly, and it is not significantly different than Manitoba or Rural South.	Injury hospitalization has decreased, and is not significantly different than the Manitoba number.	

Human Function & Well being

The most prominent thing that arose was our youth in all health districts indicated 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 for improvement.

DETERMINANTS OF HEALTH

Environmental Factors

Air Quality- During discussions at the Validation Workshop several participants had some suggestions with respect to chemicals and need for second hand smoke education.

Housing – The need for more PCH beds was raised in Blue Water, Springfield, and Winnipeg River. Fifty percent of Validation Workshop participants felt that there was a need for more PCH beds.

Personal Health Practices - From Focus Group and provincial survey comments there seems to be a readiness by the public in general toward healthier lifestyle choices.

Dietary – Obesity is a national and local concern. Dietary modifications were common among all Focus Groups in relation to lifestyle changes in order to control or decrease weight.

Alcohol Consumption – Youth Focus Groups felt it was an issue with both youth and adults 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.

Illicit Drug Use – This was raised in the youth Focus Groups in Brokenhead and Winnipeg River as a concern. Youth and illicit drug use was a concern raised during the Winnipeg River Validation Workshops as a key issue.

Physical Activity – Exercise was the top area that focus groups and NE provincial survey respondents indicated they did to achieve a healthier lifestyle. We know from the evidence that there are many people who still do not exercise. Fifty percent of Winnipeg River Validation Workshop participants felt this was an area that required further attention.

Smoking Practice – Some Focus Group participants mentioned that they had or were thinking about quitting smoking. Ongoing smoking cessation programs targeting community and staff should be considered. The Focus Group discussions addressed issues surrounding barriers to quitting smoking. Using this information will assist in increasing the success rate of smoking cessation programs.

Risk Taking Behaviour - Youth mentioned STD's could be a health concern because there is more sexual activity at a younger age.

Medication Use

Prescriptions - The average number of different prescriptions per user, has shown a statistical increase in Winnipeg River, but is significantly lower than Manitoba.

Antibiotics - There was a statistically significant decrease in the number of antibiotics prescribed in Winnipeg River.

Antidepressants - Antidepressant prescriptions show a statistically significant increase in Winnipeg River, but it is not significantly different than Manitoba. It is difficult to know if the reason is due to depression diagnosis, as antidepressants can be prescribed for other reasons.

There were concerns raised in the Focus Groups about being prescribed prescription drugs as the first choice of treatment. The price of prescription drugs was discussed during the Validation Workshops.

Healthy Child

Mortality Rates - Winnipeg River's infant deaths have been suppressed due to low numbers.

Adolescent & Teenage Pregnancy - Teen pregnancies are statistically significantly lower when compared with Manitoba. It also appears to be lower than Rural South. Youth during the Focus Groups felt it wasn't a big issue for them in their community.

Hospital Breastfeeding Initiation - Winnipeg River had a statistically significant increase of 10% in breastfeeding initiation rates. It is also significantly higher than Manitoba.

Birth Weights - There has been a slight increase in high and low birth weights, but the rates are not significantly different than the Manitoba average. These are important areas to continue to monitor as they have potential implications associated with the future health of our children and may be a potential burden on health services. Pre-term births are not significantly different than the Manitoba average.

Immunizations - Immunization coverage significantly increased during Years 1 and 2, and showed a statistically significant decline by Year 7. It would be interesting to determine why this substantial decrease occurred. Vaccination is a cost-effective way to prevent illnesses and decrease costs to the health system and validation workshop participants felt that the immunization program was a success and should be preserved.

Living and Working Conditions

Work - During 2001, Winnipeg River had the third lowest employment rate.

Economic Status – During 2001, Winnipeg River overall, had a higher median family income than NE. When we separate lone parent male and female families, they had higher median incomes when compared with lone parent families in NE and Manitoba overall. Eighty-seven percent of Winnipeg River Validation Group participants felt that low income – lone parents was a top key issue.

Personal Resources

Mental Emotional Health - During the validation workshop there was some discussion about trying to preserve a person's privacy especially when accessing mental health services in a common waiting area.

Social Support - There are approximately 165 lone parent families reported in Winnipeg River.

The concerns expressed in this group focus 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. This is certainly worth investigating and pursuing especially with services that are not directly related to physical health that home care may provide. Housekeeping, transportation, maintenance, and childcare in an emergency are just some examples.

Sixty two percent of Winnipeg River Validation Workshop participants felt that there is a need to identify at risk individuals who are vulnerable in the community. This was a key issue.

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.
<p>Strengths</p>
<ul style="list-style-type: none"> • Slight worsening in SEFI value during 1996, but appears to be better than both Manitoba & Rural South in 1996. [Monitor]
<ul style="list-style-type: none"> • PMR has decreased, but not significantly. [Monitor]
<ul style="list-style-type: none"> • Total mortality has increased slightly, but not significantly. [Monitor]
<ul style="list-style-type: none"> • Birth rate is lower than NE and Manitoba. [Monitor]
<ul style="list-style-type: none"> • Respiratory treatment diagnoses is significantly lower than the Manitoba average. [Monitor]
<ul style="list-style-type: none"> • Significant decrease in antibiotic prescriptions. [Monitor]
<ul style="list-style-type: none"> • Number of infant deaths have been suppressed. [Monitor]
<ul style="list-style-type: none"> • Winnipeg River has a higher median family income than NE overall. [Monitor]
<ul style="list-style-type: none"> • Breastfeeding initiation rates have significantly increased and are significantly higher than Manitoba. [Monitor]
<ul style="list-style-type: none"> • Birth weights are not significantly different than Manitoba's. [Monitor]
<ul style="list-style-type: none"> • New cancer cases have increased, but not significantly. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Diabetes treatment has increased, but not significantly and is significantly lower than Manitoba and Rural South. [NEHA, Partner, Monitor]
<p>Issues Having Implications for Health Planning & Delivery</p>
<ul style="list-style-type: none"> • Population generally declined from 0-54 years with an increase from 55 years onward. This has the potential to affect health services needs in this population. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Youth have 'nothing to do'. [Partner]
<ul style="list-style-type: none"> • Illicit drug use raised by youth in Focus Groups. [Partner, Monitor]
<ul style="list-style-type: none"> • Number of different prescriptions significantly increased, but significantly less than Manitoba. [Partner, Monitor]

KEY <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.
Issues Having Implications for Health Planning & Delivery
<ul style="list-style-type: none"> • Antidepressants showed a statistical increase, but is not significantly different than Manitoba. [Partner, Monitor]
<ul style="list-style-type: none"> • Smoking cessation programs a need. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Hypertension treatment has increased, but is similar to Manitoba. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Stroke treatment has decreased, but not significantly. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Injury hospitalization has decreased, but higher than Manitoba. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • More PCH beds raised as a need by Focus Groups and Validation Workshops. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Obesity is a national concern. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Alcohol consumption concerns were raised by youth in Focus Groups. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • STD's mentioned as a health concern by youth in Focus Groups. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Preserving privacy when accessing mental health was a concern expressed by some Focus Groups. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Focus Group and Validation Group participants identified the need to identify vulnerable members in the community. [NEHA, Partner, Monitor]
<ul style="list-style-type: none"> • Third lowest employment rate. [Monitor]
<ul style="list-style-type: none"> • Child Immunization coverage significantly declined in Year 7. [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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