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14.1 OVERVIEW

North Eastman is a diverse region geographically, politically and demographically. Information is reported at the macro level i.e. regionally and at the micro level within our six health districts in order to reflect this diversity.

14.2 SUMMARY OF SOME REGIONAL STRENGTHS

- Focus groups, 2003 Acumen surveys and program surveys overall felt that NEHA services were excellent / very good.
- Public influenza immunization clinics saw an increase over the past 4 years, an indicator of residents taking charge of their health, in order to prevent illness.
- Prescribed medications are increasing significantly in NE, but are lower than the Manitoba average.
- Antibiotic prescriptions are unchanged and are significantly lower than the Manitoba average.
- High and low birth weights are not significantly different than the Manitoba average.
- Median income was slightly higher in NE as compared with Manitoba. We know that income has an effect on health status.
- Over 99% of residents surveyed had a regular health care provider. It is important for health consumers to have someone they can go to who is familiar with their care.

14.3 SUMMARY OF SOME HEALTH DISTRICT SPECIFIC STRENGTHS

14.3.1 Springfield Health District

• Premature Mortality Rate is the lowest in NE.
• Mortality rates are the lowest in NE and are lower than the Manitoba average.
• The number of new cancer cases is declining.
• Breastfeeding initiation rate is at 88%.
• Childhood immunization coverage is the highest in NE.
• In 2001 Springfield had the highest employment rate in NE.
• In 2001 Springfield had the highest median income when compared with our other health districts and surpasses Manitoba & Rural South.
• Antibiotic use is significantly lower than the Manitoba average.
• Teen pregnancy rates have not changed and are lower than the Manitoba average.

14.3.2 Brokenhead Health District

• Premature Mortality rate has increased slightly, but not significantly.
• New cancer cases have not changed significantly and are close to the Manitoba average.
• Diabetes treatment is increasing but not significantly, and is close to the Manitoba average, but not significantly different.
• Hypertension treatment has increased, but not significantly.
• Hospital treatment for MI's has decreased significantly.
• Injury hospitalization has decreased significantly.
• Teenage pregnancy rates have not changed, and the rate is significantly lower than Manitoba.
• Third highest employment rate in NE in 2001.

14.3.3 Iron Rose Health District

• Premature Mortality Rate has decreased, but not significantly.
• MI hospital treatment has shown no significant change.
• New cancer cases have increased, but not significantly and are not significantly different than Manitoba.
• Teen pregnancy rates have not changed and are significantly lower than Manitoba.
• Childhood immunization coverage was not significantly different than the Manitoba average.
• Employment rate is second highest in NE. There are concerns about youth not getting employed in the area.

14.3.4 Winnipeg River Health District

• Birth rate is lower than NE and Manitoba.
• Diabetes treatment has increased, but not significantly and is significantly lower than Manitoba and Rural South.
• Respiratory treatment diagnoses is significantly lower than the Manitoba average.
• There has been a significant decrease in antibiotic prescriptions.
• There is a higher median family income than NE overall.
• Breastfeeding initiation had significantly increased and is significantly higher than Manitoba.

14.3.5 Blue Water Health District

• Total mortality rate has decreased but not significantly, and is not significantly different than the Manitoba average.
• New cancer cases have decreased, but not significantly and appear to be similar to the Manitoba average.
• Stroke treatment has declined but not significantly and appears to be similar to the Manitoba average.

14.3.6 Northern Remote Health District

• New cancer cases have remained the same.
• Traffic injuries have decreased slightly.
• High and low birth weights are not significantly different than the Manitoba average.

14.4 COMMONLY RAISED ISSUES OR TRENDS THAT HAVE IMPLICATIONS ON HEALTH PLANNING & DELIVERY

The following information highlights some issues or trends that emerged consistently regionally, or within health districts from the quantitative data or through community consultations. This is not meant to be a comprehensive list. The reader is asked to refer to each chapter for the details. It also includes a summary of suggestions generated from focus group and validation workshop participants and survey respondents.

14.4.1 Issues and Trends

Manitoba's Health Performance Measurement Framework

COMMUNITY CHARACTERISTICS

There is a consistent increase in our elderly population in the region and within all health districts except for Northern Remote. Northern Remote has a very young population.

Thirty-six percent of our population have less than a high school education.

HEALTH STATUS

Regionally NE's Social Economic Factor Index value appears to be better than Manitoba's overall, however there are clear health district differences, the poorest value being in the Northern Remote Health District. Fifty – six percent of Acumen survey respondents told us that their health is excellent or very good.

From a health status perspective with respect to premature mortality rate, life expectancy and PYLL we see the disparity in health status among our health districts within North Eastman:

Best Health Status					Poorest Health Status
Springfield	Winnipeg River	Brokenhead	Iron Rose	Blue Water	Northern Remote

Deaths

- Premature Mortality Rate (PMR) is the single best measure that reflects the health status of a population. PMR has increased regionally although not significantly, and is significantly higher than Manitoba and Rural South.
- The leading causes of death are due to circulatory disease and cancers. The third leading cause of death is due to injuries, which were significantly higher than the Manitoba average.

Health Conditions

- Diabetes is showing a significant increase in NE overall. This is especially significant in Blue Water and Northern Remote Health Districts where it is significantly higher than the Manitoba average and Rural South.
- Hypertension has increased in NE and is significantly higher than the Manitoba average.
- Types of injuries being hospitalized were due to : falls, motor vehicle traffic and assault and self inflicted. Traffic injuries and deaths have increased especially in Springfield and Brokenhead. Injury hospitalizations in Blue Water and Northern Remote are both significantly higher than the Manitoba average and Rural South.

DETERMINANTS OF HEALTH

Personal Health Practices

- Approximately one-quarter of our residents are still smoking.
- Antidepressant use is increasing in all NE health districts. This is a similar trend throughout Manitoba.
- Youth in all focus groups expressed concerns about alcohol use not only in their age group, but within the adult population as well.
- Illicit drug use was raised as a concern by youth in some focus groups.
- Obesity is a national concern. In NE, over half of males and females surveyed self-reported (using the body mass index (BMI) as a measure) to be either overweight or obese.

Healthy Child Development

- Immunization coverage in NE overall appears to be decreasing, and is especially low in Northern Remote and Blue Water health districts.
- Causes of hospitalization in children are falls in early childhood while self inflicted and motor vehicle accidents are the major cause in older children.

- While teenage pregnancy rates have not changed significantly overall in NE, Blue Water and Northern Remote's rate is significantly higher than the Manitoba average and Rural South.
- Breastfeeding initiation rates are lower than the Manitoba average in Northern Remote and Blue Water health districts.
- 'Nothing to do' say our youth in all health districts.

Environmental

- Water concerns were expressed in Springfield, Brokenhead, Winnipeg River, Blue Water and Iron Rose. There are boil water advisories in some communities in Brokenhead and Springfield.

Living & Working Conditions

- Unemployment in NE is slightly higher than in Manitoba overall in 2001.

HEALTH SYSTEM CHARACTERISTICS, PERFORMANCE & INFRASTRUCTURE

Overall there has been a positive response from those consulted regarding the overall health programs provided by NEHA.

- Two out of five residents surveyed did not know where to go to address a health concern.
- NE visits for ambulatory consultations have increased significantly overall. Residents would like to see more visiting specialists come to NE.
- Staff influenza immunization rates are increasing, but there is need for improvement.
- ER visits are increasing consistently over the past few years. There were voiced concerns about accessing physicians and services at some emergency rooms.
- Many residents felt that there is a lack of physicians and that physician retention needs to be addressed.

- Accessibility was a concern raised by some focus group participants especially when some health services were not available here. Travelling to Winnipeg was often felt to be stressful.
- Overall, waiting times to get an appointment or while in a clinic were seen as unacceptable. Thirty-three percent of those surveyed felt that they had difficulty accessing a health care provider.
- Lack of access to health services after hours and on weekends was a consistent concern voiced.
- Timely access to some diagnostic services such as ultrasound and MRI's was a concern raised.
- Regionally breastfeeding initiation rates have increased to 69.1%, but are significantly lower than the Manitoba average. When we look at the health districts we find that Springfield and Winnipeg River were significantly higher than the provincial and Rural South rate.
- Breast cancer screening rates in NE are increasing and achieved 54% between 2001 to 2003, in the 50-69 age group. The desired target is 70%.
- Diabetes, Asthma, Essential Hypertension and Neurotic Disorders were treated in our hospitals where there was a possibility they could have been managed in a clinic setting.
- The need for more PCH beds was raised as a need in Winnipeg River, Blue Water and Springfield.
- Issues surrounding EMS by focus group participants and staff include: long arrival times, cost of transport, rough ride, need for more staff and some confusion about 911.
- Slight increases in some communicable reportable diseases in NE overall: Chlamydia, Gonorrhea, Salmonellosis, E. Coli and TB.
- More women in NE are going for PAP tests, however the rates in NE are significantly lower than the Manitoba average. This is particularly significant in Iron Rose and Blue Water.
- Youth and some adults would like to see a higher visibility of public health nurses in the schools.

14.4.2 Suggestions Raised By Residents During Community Consultation

(Survey, Focus Groups, and Validation Workshops).

- Standardize the cost to services (housecleaning, yard maintenance, driver/transportation) that seniors may require.
- Support services that are deemed for seniors should be available to other people who may need it regardless of age. "A community [service] program rather than a seniors program."
- Promote bicycle use and safety.
- More independent living units.
- Youth in Brokenhead would like more education / information on eating disorders.
- Youth in Winnipeg River would like to see the AFM counselor around more.
- Youth in Blue Water would like to see more attention given to drug use.
- Youth in Seymourville and Brokenhead would like more reproductive information available in smaller communities and the information reviewed again when kids get older.
- Combine physical prevention clinics e.g. blood pressure clinic with mental health discussions.
- More child care in Whitemouth.
- Expand Speech and Language Pathology for children and audiologist services.
- Would like to see chemotherapy service in NE.
- More public awareness about community and health related programs, services and supports.
- Longer hours at health centres and/or walk in clinics.
- Nurse practitioners were viewed as a good option to improve the efficiency of physician's time.
- More physicians.
- Minor surgery should be more available.
- Mental health concerns focused on the need for more community supports. The issue of stigma when accessing services and the need to identify members of the community who are at risk were also flagged as some areas focus group participants were concerned about.
- Services must be adapted to the community needs.

- Continue 911 awareness to communities who have this service.
- Difficulty in getting to health services for people living in more isolated communities who had limited access to transportation, people without cars and travelling outside of the region for services often depending upon other family members were access issues raised by some focus group participants.

14.5 FURTHER RESEARCH

Information is being generated continuously as communities are dynamic by nature. It is important that information is reviewed and distributed to appropriate programs for interpretation. NE is collecting its own indicator data from a strategic and operational perspective. The ability to access information allows programs to respond quickly to any arising need.

Collaboration empowers communities to seek better and alternative ways to improve the health of a population. To this end, seeking ways to increase community interest and subsequently participation in attending consultation meetings is an area that could be addressed.

A Few Specific Areas to be considered for further research / analysis

- Recreational facilities and opportunities especially by youth.
- Alcohol and drug use – what types of concerns need to be addressed by communities?
- Traffic accidents – how to ensure all preventive strategies and defensive practices are being utilized.
- Fall prevention particularly in young children and the elderly.
- Transportation issues – meeting the needs of isolated communities and those without access to a car.
- How to involve and reach at risk communities and people.
- Timely physician access and retention.
- Investigate concerns youth had about weapons in Springfield.
- Immunization rates – why they are decreasing especially at age 7.

14.6 CONCLUSION

A comprehensive multi-sectoral approach to health planning ensures success in achieving “better health for all.” It is anticipated that the information contained in this report will assist in justifying and supporting future health service plans.

Work undertaken since the 1998 CHA continues to be addressed, pursued further, as the updating of the information indicates many of the same issues and trends are still present today for example:

- The three population subgroups whose members are at particular risk for poor health outcomes – children and youth, seniors, and aboriginal people.
- Major themes that continue to emerge include:
 - Mental health and social issues for example: stigma associated with accessing mental health services, isolation and emotional wellbeing.
 - Housing in particular transitional housing and more PCH beds.
 - Rural disparity in service delivery and services.
 - Lack of access to after hours physician care resulting in high use of the emergency department for non-urgent issues.
 - Lack of sufficient health care providers and specialists.
 - Lack of structured recreational options for youth and adults.

The ability to address and/or sustain and enhance initiatives currently underway requires additional resources. This report has identified the needs brought forward by community consultation as well as evidence based data.

NE looks forward to the results of the Manitoba Centre for Health Policy deliverable that will look at our population needs and make subsequent recommendations for funding based on the identified needs.

“ The challenges to the region are broad, ranging from significant health issues of the residents of the region and the scarcity of both fiscal and human resources.”¹

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