

OVERVIEW

A community health assessment (CHA) is an exciting and dynamic project as it consistently reinforces the fact that communities are never static, and always evolving.

This report emphasizes the importance of North Eastman Health Association Inc. (NEHA) as a leader in providing health care services. It also reinforces the importance of our partnerships with community groups and other sectors as we work together to achieve a healthier population.

NEHA, as a regional health authority is in a unique position to implement integrated, multi-sectoral prevention and health promotion strategies in that we are able to examine the health impact, costs and benefits relative to their own policies, procedures and program planning as well as public policy. The leadership NEHA provides enables us to coordinate our efforts throughout a variety of community partnerships, communicating and collaborating with community leaders from all work sectors throughout North Eastman (NE) Region.

The findings of this report assist decision makers to plan for health services that will meet future health needs of North Eastman residents, as well as support and justify future health service plans.

Our residents place a great value on their physical and mental health. In order to understand the health status and burden of illness, information has been divided into geographic areas. With respect to NE, we can review information at the regional level and also at the health district level. As we will see, NE is a very diverse region economically, socially and culturally, all affecting health status. The information contained in this report clearly demonstrates that some of our health districts are not as healthy as others.



This report uses the Manitoba's Health Performance Measurement Framework model to organize the information. This model provides a 'common lens' by which all Regional Health Authority's (RHA's) have viewed their community's health, enabling a systematic assessment and reporting method. The Population Health Model is integrated within this framework. This ensures that the determinants of health: physical environment, biology and genetic endowment, healthy child development, personal health

practices and coping skills, social support, education, income and social status, employment and working conditions and health services tell a complete story about the health status of NE residents.

The following is a list of the primary quantitative data resources used:

- Manitoba Health (2003 & 2004) North Eastman Regional Health Profile. August 2003 & March 2004. (PROFILE)
- Martens, P. et al. (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. Manitoba Centre for Health Policy. June. (ATLAS)
- Acumen Research (2004) Community Health Survey 2003 – North Eastman. January. Conducted in NE during November/December 2003.
- RHA Data – This is information generated within NE Regional Health Association (RHA).
- Census Canada 1996 & 2001 – Retrieved from Web site information and from analysis done by Manitoba Health as contained in the PROFILE document.
- Canadian Community Health Survey Cycle. Statistics Canada 1.1 2001. (CCHSC 1.1] as analyzed in the PROFILE document.

Our residents had an opportunity to provide their input through Focus Groups held in the summer and fall of 2003, a survey held in November 2003 and Validation Workshops entitled: “An Overview of Your Community’s Health Status “ held in the spring of 2004.

The following provides an overview of results of our exploration into NE resident ‘s health status from the broadest of perspectives. It is important to note that there may be important differences in indicator results when NE is compared with our health districts.

SUMMARY OF SOME REGIONAL STRENGTHS

- Focus groups, 2003 Acumen survey and program surveys overall felt that NEHA health services were excellent / very good.
- Adult influenza vaccine coverage is increasing, an indicator of residents taking charge of their health, in order to prevent illness.
- Prescribed medications are increasing significantly in NE, but remain 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 are familiar with their care.

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.

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 populations 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 value, however there are clear health district differences, the poorest value occurring in Northern Remote Health District.

From an overall health status perspective with respect to premature mortality rate, life expectancy and premature years of life lost (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.
- The leading causes of death are due to circulatory diseases 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. Blue Water and Northern Remote Health Districts have a where diabetes prevalence that is significantly higher than the Manitoba average.
- Hypertension has increased significantly in NE compared with the Manitoba average.
- Types of injuries NE residents were being hospitalized for were due to: falls, motor vehicle traffic accidents, assaults and self inflicted injuries. 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.

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 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.



- The main causes of injury hospitalizations in children are caused by 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 teen pregnancy rates are significantly higher than the Manitoba average.
- 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, 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

There has been a positive response from residents 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 have been 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 shortage of physicians in NE 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 waiting in a clinic were seen as unacceptable. Thirty-three percent of those surveyed felt that they had difficult 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 Magnetic Resonance Imaging (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 average.
- 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 personal care home (PCH) beds was raised as a need in Winnipeg River, Blue Water and Springfield.
- 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.
- Issues surrounding emergency medical services (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 Tuberculosis.
- More women in NE are going for Papanicolau (PAP) tests, however the rates in NE are significantly lower than the Manitoba average. This is particularly significant in Iron Rose and Blue Water health districts.
- Youth and some adults would like to see a higher visibility of public health nurses in the schools.
- 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.

CONCLUSION

The relationship between health determinants and health status is a complex one. It is important that the information is reviewed in its entirety and not isolated. In this way a more realistic measure of health status is obtained.

“ 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

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.

We believe that careful consideration must be given when allocating resources for health care delivery. While our report shows that there are serious issues related to poor health status in segments of the North Eastman region, there are communities that are relatively healthy.

Appropriate resource allocation to meet the identified needs of our population is integral to improving health status. This report will assist planners to identify high needs issues and target our limited resources in the most effective way.

The evidence that has been gathered for this report will provide a basis from where we will continue to work with our communities.

¹ NEHA Strategic Plan 2002-2006 pg. 3.