Section 8.0

SPRINGFIELD HEALTH DISTRICT

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8.1 GEOGRAPHICAL OVERVIEW [1]

The Springfield District consists of the Rural Municipality of Springfield that borders Transcona, with Winnipeg on the east, by the municipalities of St. Clements and Brokenhead on the north, Reynolds Municipality on the west and Tache Municipality on the south. It is approximately 800 square miles, the largest rural municipality in Manitoba. It is also the first rural municipality in Manitoba, constituted in 1873.

The economic base of the health district is varied and includes livestock production, agricultural, timber harvesting, granite and aggregate extraction, small business and tourism.

Oakbank is located on Highway 206, 6 km. south of Birds Hill Provincial Park. It is the largest community in the district and is growing yearly. The country charm of Oakbank attracts a large number of residents who commute to the City of Winnipeg, a short twenty-minute drive away. Residential and commercial development is expanding at a vigorous pace.

Currently a new housing development is underway in the southwest corner of the community of Oakbank. Construction began in 2003. Stage 1 consists of 40 homes. The plan is that once 75% of Stage 1 homes are sold, Stage 2 and then 3 of the project will commence with a further 100 homes to be constructed.

The Kin Place Health Complex was constructed in Oakbank and opened in October 2000. The facility consists of a 40-bed Personal Care Home and attached Primary Health Care Centre which provides a "one stop shopping" for health care services.

Dugald is the second largest community in the municipality and its situated on Highway #15, 6 kilometers south of Oakbank. A new of 55+ condominium home development is in progress and currently there are 8 homes built, 2 of which are occupied. It is expected that 4-5 homes will be built each year and when complete there will be 27 self-contained units available.

Springfield Recreation Commission has one full time Recreation Director who works with the Anola, Zora, Hazelridge, and Oakbank Community Clubs and the Springfield Curling Rink to ensure there are year round recreational and sport programs for all ages and skill levels.

The following tables list the municipalities and communities that fall under the Springfield Health District.

SPRINGFIELD **Population 12,099 in 2003**
RM Springfield (146) -ANOLA- ROEOAO -DUGALD- ROEOKO -HAZELRIDGE – ROEOYO -OAKBANK-ROE1JO & ROE1J1&ROE1J2 & ROE1J3 *-Cook's Creek* *-Deacon's Corner* *-Glass* *-Heartland Colony* *-Melrose* *-Pine Ridge* *-Prairie Glove* *-Ridgeland Colony* *-Sapton* *-Springfield Colony* *-Vivian*
Source for Population – 2003 Kasper, Craig. (2004) Manitoba Health. Email to Suzanne Dick June 28 entitled: NE RHA Population Figures by District. **Sources for communities:** - 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) The Manitoba RHA Indicators Atlas: Population-Based Comparison of Health and Health Care Use. 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 the Winnipeg River, Iron Rose, Blue Water or 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 the Winnipeg River district.

How Is Healthy Living Supported in Springfield?

Focus Groups On How The Community Promotes Or Supports Healthy Living

Youth – Positive: Local restaurant *" under 6 grams of fat." [*Springfield]

Young Adults - Oakbank doctors generally liked. Oakbank Health Centre is open Wednesday evenings and Saturday *"..absolutely fabulous…"*. Nurse Practitioner is seen as very positive. Baby Clinics, Pre-school Clinics, Mother Goose Program from Recreation Commission, Prevention Services, and Wellness Day. Sign board outside the Primary Health Care Centre, Physiotherapist, and Chiropractor, having a lab in Oakbank.

A Loss to the Community - Heart Health Community. [Springfield]

Seniors- Oakbank Beautification Committee, Seniors Walk and Weight, hall walking, health care availability, trend toward prevention, positive experience with home care, personal care, nurse practitioner and meals program.

Kin Place Health Complex

Oakbank Wellness Coalition

8.2 COMMUNITY SYSTEM CHARACTERISTICS

Population Demographics

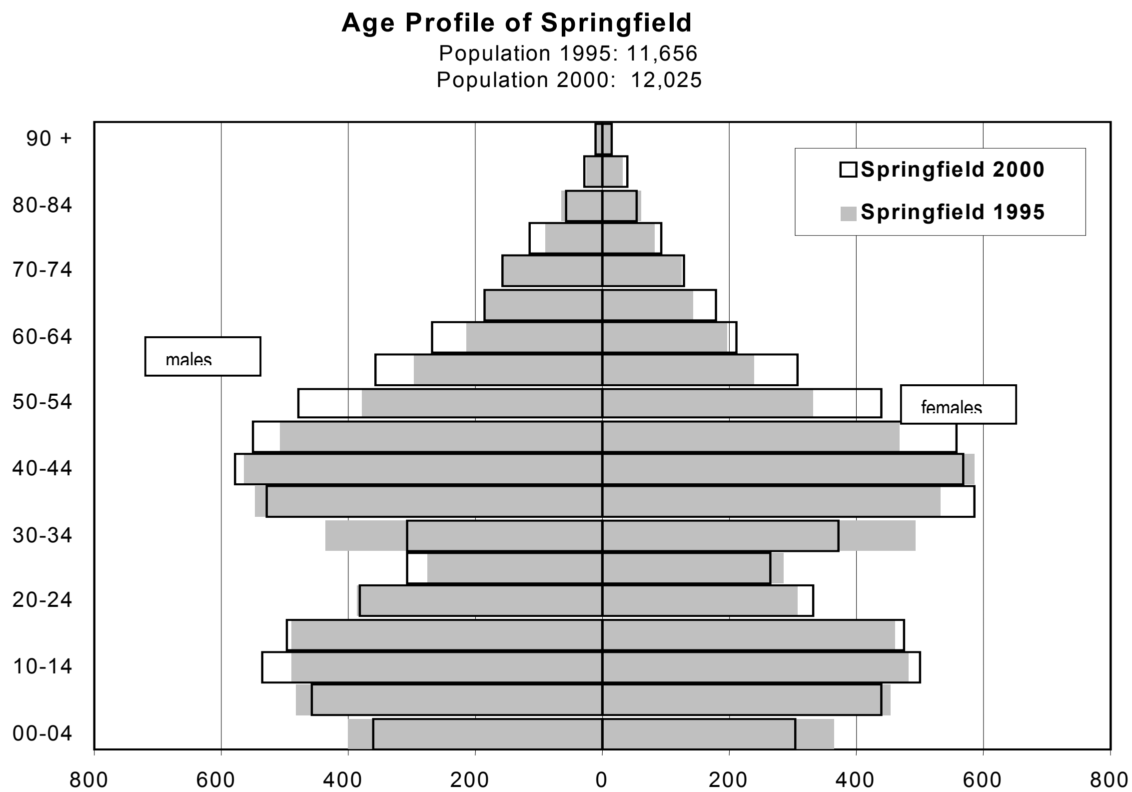
[*Education as a health determinate*] [2]

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. Where information is available the sex of the individual is provided. Research continuously demonstrates that there are unique risk factors and health problems that are different for men and women. Gender influences affects age, education, socio-economic status, culture and physical environment. [3]

Population Demographics

Figure 8.1 Age Profile of Springfield – 1995 & 2000



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 two time periods reviewed there has been a decline in the 1-9 and 30-39 age groups, with an overall increase in the 40-69 year olds and little change in the 70 to 90+ age groups.

Education as a Health Determinant

Overview

There has been an association found that when education levels increase, the self-rated health status improves. Education is also closely linked with socioeconomic status. Effective education for children and life long learning for adults contribute to the health and prosperity of individuals.

Table 8.1 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**
Springfield	19.6	22.5	30.2
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 & Springfield. Accessed: April 10, 2004.

In Springfield, there was more people aged 45 to 64 who had less than high school education. Overall, Springfield's population with less than high school education was lower than both NE and Manitoba in all age categories.

Sunrise School Division [4]

The Sunrise School Division was established in July 2002, a partnership of the former Agassiz School Division and the Springfield component of the former Transcona Springfield School Division. This re-structuring has affected staff and families due to boundary changes creating uncertainty in where some students will be attending school. This is especially prominent in the former Springfield /Transcona School Division affecting Springfield Health District.

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 Counselors, 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 Health 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.

The Sunrise Alternative Learning Program (SSLP) is another program in the Sunrise School Division and is also located in Tyndall. This is a self-directed academic program designed for students to work at their own pace in an alternative setting away from the regular school. Curriculum includes Work Experience, Life Skills, Woodworking, Music, Drama, Physical Education, Art and other core subjects. Students experience hands on learning, participate in a variety of field trips throughout the community and become involved within the community. Target groups are students not registered in the regular school system, drop-outs, young mothers, students on independent living, students with truancy problems, students involved with Justice and students who have been suspended from the regular school system. Students can be referred to SSLP by schools, Justice, Child & Family Services or parents and are required to be registered in their home school.

Table 8.2 Sunrise School Division – Springfield District

SPRINGFIELD DISTRICT								
	# of Students		Male		Female		% graduate High School	
	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03
Anola Elementary	381	368	196	193	185	175		
Ecole Dugald	no data	375	no data	169	no data	206		
Hazelridge School	55	44	no data	25	no data	19		
Oak Bank Elementary	523	501	268	262	255	239		
Springfield Middle School	351	358	172	182	179	176		
Springfield Collegiate Institute	671	672	no data	no data	no data	no data	85%	93%
Grafton Colony	26	26	11	11	13	15		
Heartland Colony	20	23	7	10	13	13		
Richland Colony	15	15	9	9	6	6		
Springfield Adult Learning Centre *	no data	no data	no data	no data	no data	no data		

Sources: Principals of each Sunrise School Division School and Colony School, January – April 2004
Alison Vokey, Career Counselor, Springfield Adult Learning Centre, April 2004

- *Numbers are not available due to restructuring of administrative support for the facility
- Difference in Graduates from 2001/02 to 2002/03 is due to change in number of credits required

Children With Special Needs

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

Focus Groups - Schools

YOUTH

a) Safety - There is concern among some Springfield participants about their security and youth carrying weapons. They felt there was a need protect themselves from becoming victims. There was no consensus on whether the targets were random. [Springfield]

b) About Teachers - Some youth indicated that the behaviour of teachers is not always appropriate. Ethical issues arose about disclosing information especially as it relates to teachers. [Springfield]

"*Well, something should be done about that* [reporting a teacher] *…sets a bad example for everyone else…"* [Springfield]

c) School Activities

-Gym - There should be more options in gym class than just sports as everyone does not like sports e.g. fitness as opposed to sports i.e.. aerobics, proper food and nutrition. Depending upon the age of the youth, there are some participants who felt gym was fine e.g. grade 9 and 10. [Springfield]

- Scheduling difficulties created problems for some youth from taking gym. There was mixed opinion about taking gym. The group liked the idea of having choices and the chance to switch streams after a certain period of time. [Springfield]

Suggestions Raised by Youth

- Full time school nurse. [Springfield]
- Bike racks at school although "*nobody rides their bikes to school…cause they will just get trashed."* [Springfield]
- Greater staff involvement with students. [Springfield]

" We have teacher events and I've only seen one out of every 5 times a guidance counselor or somebody, like not a teacher, plays sports or gets involved with kids at all." [Springfield]

YOUNG ADULT

Suggestion Raised by Young Adults

- Open the weight room at the high school for public use. [Springfield]

MIDDLE ADULT

a) Nutrition in Schools

-Selling junk food in school canteen was not seen as a positive influence on youth. The schools found that it was not profitable selling healthier soups and sandwiches. [Springfield]

-Parents not sending healthy lunches. [Springfield]

-While some schools "*take a stand*" and send lists of acceptable foods home with students, others do not because some parents "*…don't appreciate the school meddling in their affairs.*" [Springfield]

Suggestions Raised by Middle Adults

- Lists [of healthy foods] were seen as advantageous because then parents were not as subject to pressure from the children. [Springfield]
- Schools and community clubs need "*incentives*" to provide "*less of the bad choices and more of the good choices.*" for example the Milk Marketing Board milk draws. Fruit companies should use similar tactics. [Springfield]
- Education is important, teachers should be informed and health care workers should visit schools with aids such as pamphlets, video education. [Springfield]

b) Health Education in School

-Reported that health education is now part of the physical education curriculum rather than a class unto itself. There was uncertainty whether this would work out as well as having separate health classes. [Springfield]

- One participant mentioned that they felt that government was not honoring their commitment to support special need students in the mainstream. [Springfield]

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON EDUCATION
Suggestions • Parents need more parenting classes/skills. • Retain existing Wellness Resource Center and material. • Expand library services.

8.3 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." [6]	"Alterations or attributes of the health status of an individual which may lead to distress, interference with daily activities, or contact with health services; it may be a disease (acute or chronic), disorder, injury or trauma, or reflect other health related states such as pregnancy, aging, stress, congenital anomaly, or genetic predisposition. (World Health Organization (WHO)"[7]	"Levels of human function are associated with the consequences of diseases, disorder, injury and other health conditions. They include body function/structure (impairment), activities (activity limitations), and participation (restrictions in participation. International Classification of Functioning and Disability (ICIDH-2, Beta 2 Version)."[8]	"Broad measures of the physical, mental and social well-being of individuals."[9]

Overview

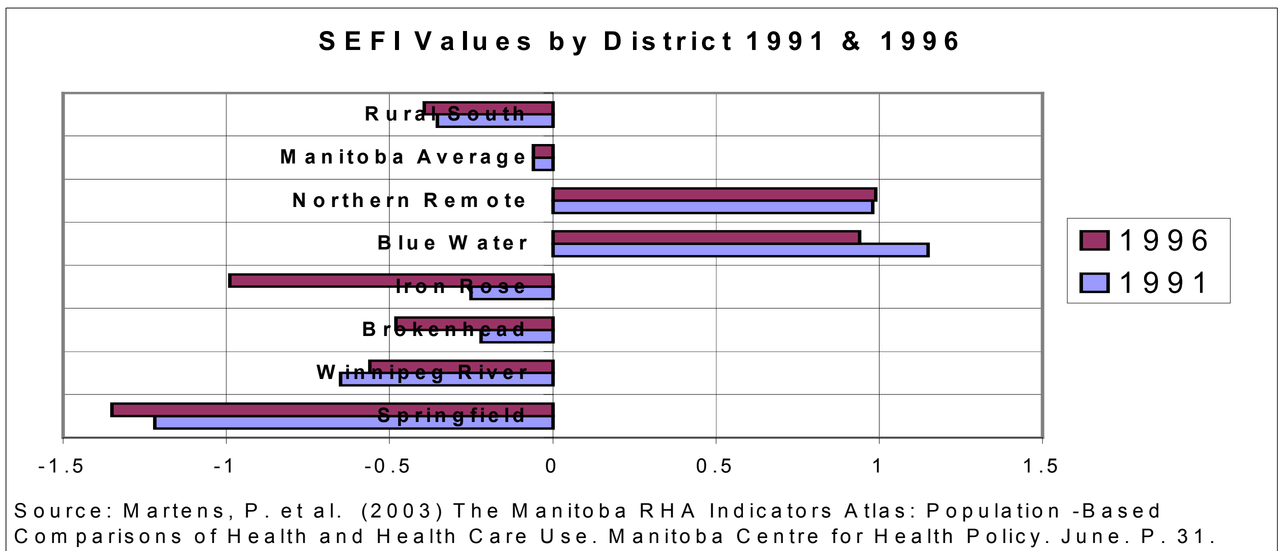
An individual's health status is influenced by more than the delivery of health services. As we learn more about what constitutes "health" we find that there are many influencing factors, some controllable, for example the choices we make i.e. using a seat belt and things we have less or no control, 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 8.2 SEFI Value by Health District 1991 & 1996



Looking at the NE Health Districts separately, we clearly see disparities in socioeconomic risks identified in the Blue Water and Northern Remote Health Districts. Having said this, there has been an improvement in Blue Water in 1996.

Except for Winnipeg River and Northern Remote there has been an overall improvement in the SEFI value in 1996 as compared with 1991.

Springfield has the highest social economic factor value index in NE and surpasses both the Manitoba average and Rural South for both time periods.

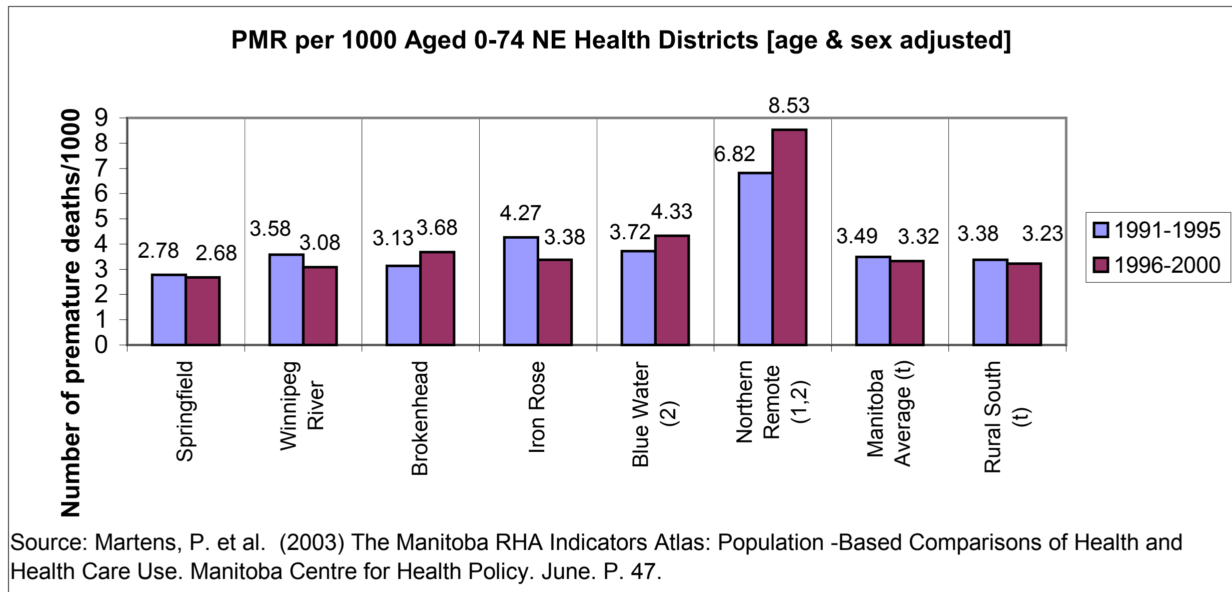
All health districts except for Northern Remote and Blue Water have a better SEFI value than both Manitoba and Rural South. Springfield showed an improvement in its SEFI value in 1996. Springfield has the best SEFI value when compared with all other health districts in NE.

As NE continues with its health prevention and promotion strategies, we anticipate the future SEFI values will continue to improve.

Premature Mortality Rate

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

Figure 8.3 Premature Mortality Rate NE Health Districts



Source: 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. 47.

We do not want to see this indicator increase. PMR appears to have decreased slightly when comparing the two time periods in Springfield, but is not statistically significant.

Springfield has the lowest PMR in NE and is not significantly different than the Manitoba average.

Focus Groups – On the Meaning of Health

YOUTH – Youth participants in all the Focus Groups had a good sense that health was not limited to only physical health.

YOUNG ADULT – Overall, the young adults who participated in the focus group had a clear sense of what health means to them. This group emphasized that work and child demands played an important part in their lives and had the ability to affect their health.

-Access to good health care and finding it quickly, especially for children, came up in Springfield and Iron Rose.

Gaps in Springfield

Recreational Activities

- Generally more sport and fitness [Springfield, Brokenhead, Bluewater). It should be a family friendly exercise facility. [Springfield]
- *" I haven't found a facility that's easy for me to go to and deal with children who are under 12."* [Springfield]
- Have activities in the arena other than hockey. [Springfield]
- Swimming pool. [Springfield]
- More opportunity for activities in Anola and Cooks Creek. [Springfield]

MIDDLE ADULT - This group did indicate clearly that health encompassed many more things than just physical health.

"*Chronic pain can make people feel out of control*." [Springfield]

- Good attitude / outlook was raised in Iron Rose, Winnipeg River and Springfield.

Gaps in Springfield

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

-Swimming pool [Springfield, Iron Rose]

- Bowling alley [Springfield]

SENIORS- This age group seemed to have a really rounded knowledge about what good health and healthy lifestyle meant to them.

-For the first time accepting your limitations arose and volunteerism as a way of staying connected [Springfield].

*"….pleasure others take in the job you've done." [*Springfield]

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

"In a sense I'm healthy, in a sense I'm not, but attitude is very important." [Springfield]

- Spiritual health came up only in the Springfield group. One senior participant mentioned about church attendance contributing to good health.

Recreational activities are consistently commented on in the provincial survey as well. Refer to Section 6 this report.

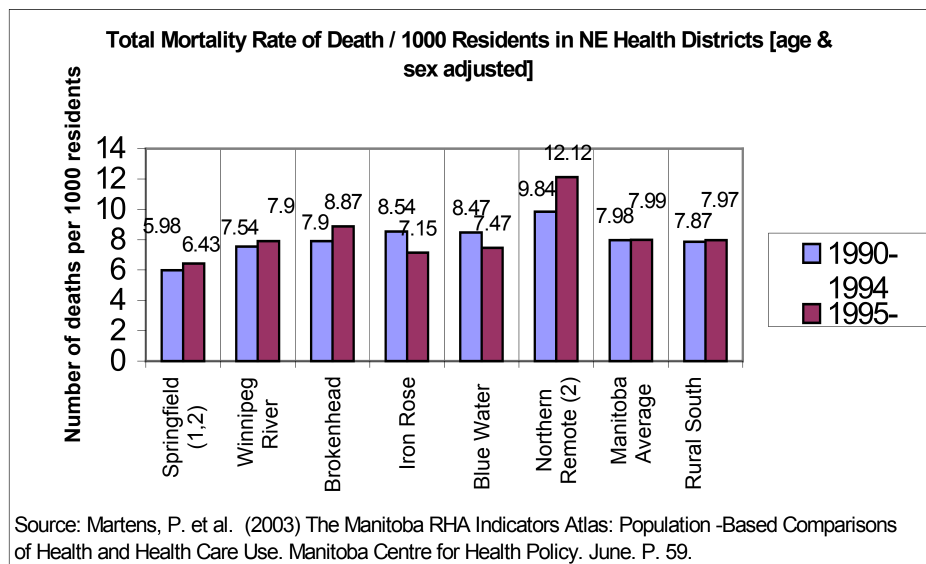
Deaths

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

Total Mortality Rate

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

Figure 8.4 Total Mortality Rate of Deaths in NE Health Districts



Source: 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. 59.

Springfield's mortality rate appears to have increased during the two time periods reviewed, but it is not a statistically significant increase.

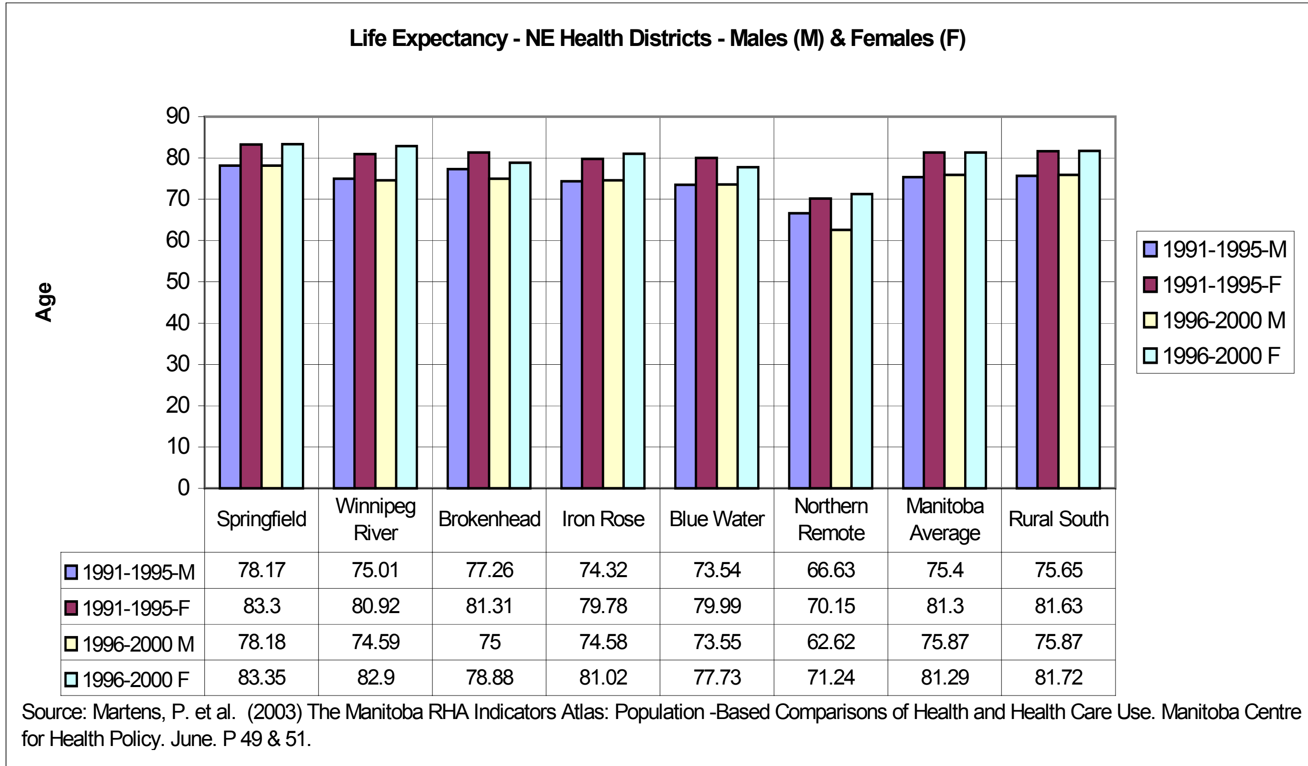
Springfield's mortality rate is statistically significantly less than the Manitoba average and Rural South during the later time period reviewed.

Springfield has the lowest total mortality rate when compared with our other health districts.

Life Expectancy

Life expectancy is defined as the expected length of life from birth, based on the mortality of the population. Life expectancy is a common indicator of population health status and is used for international comparisons. [12]

Figure 8.5 Life Expectancy – NE Health Districts for Males and Females



	Springfield	Winnipeg River	Brokenhead	Iron Rose	Blue Water	Northern Remote	Manitoba Average	Rural South
1991-1995-M	78.17	75.01	77.26	74.32	73.54	66.63	75.4	75.65
1991-1995-F	83.3	80.92	81.31	79.78	79.99	70.15	81.3	81.63
1996-2000 M	78.18	74.59	75	74.58	73.55	62.62	75.87	75.87
1996-2000 F	83.35	82.9	78.88	81.02	77.73	71.24	81.29	81.72

Source: 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 49 & 51.

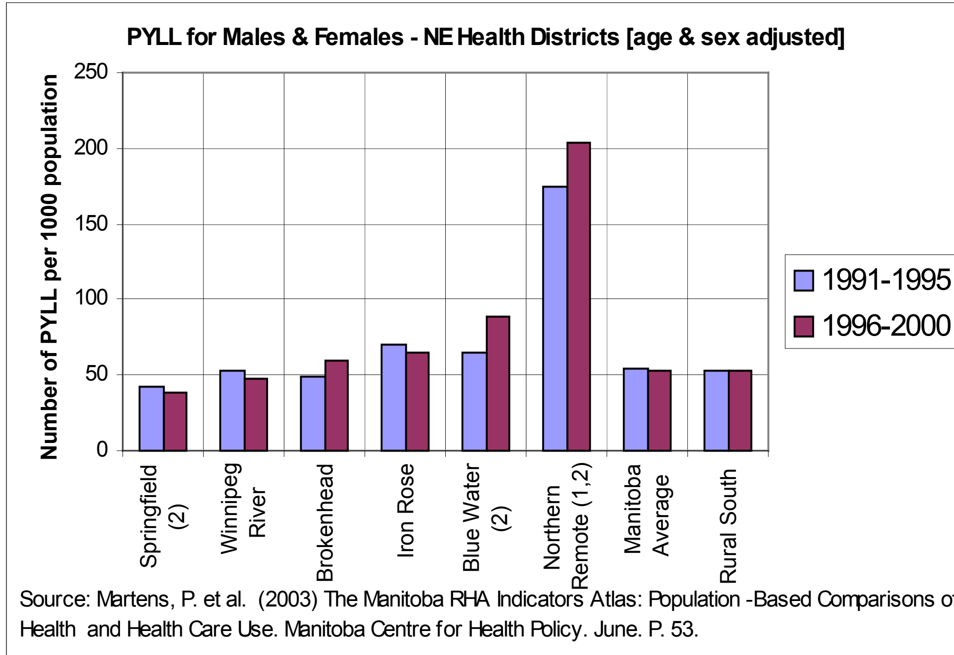
In Springfield we see that females live longer than males by approximately 4 years. In Springfield, the life expectancy is higher than that of the Manitoba average and Rural South. When Springfield is examined with the other NE Health Districts, it has the highest life expectancy for both males and females.

Springfield had the highest life expectancy during the later time period when compared with all other health districts in NE.

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]

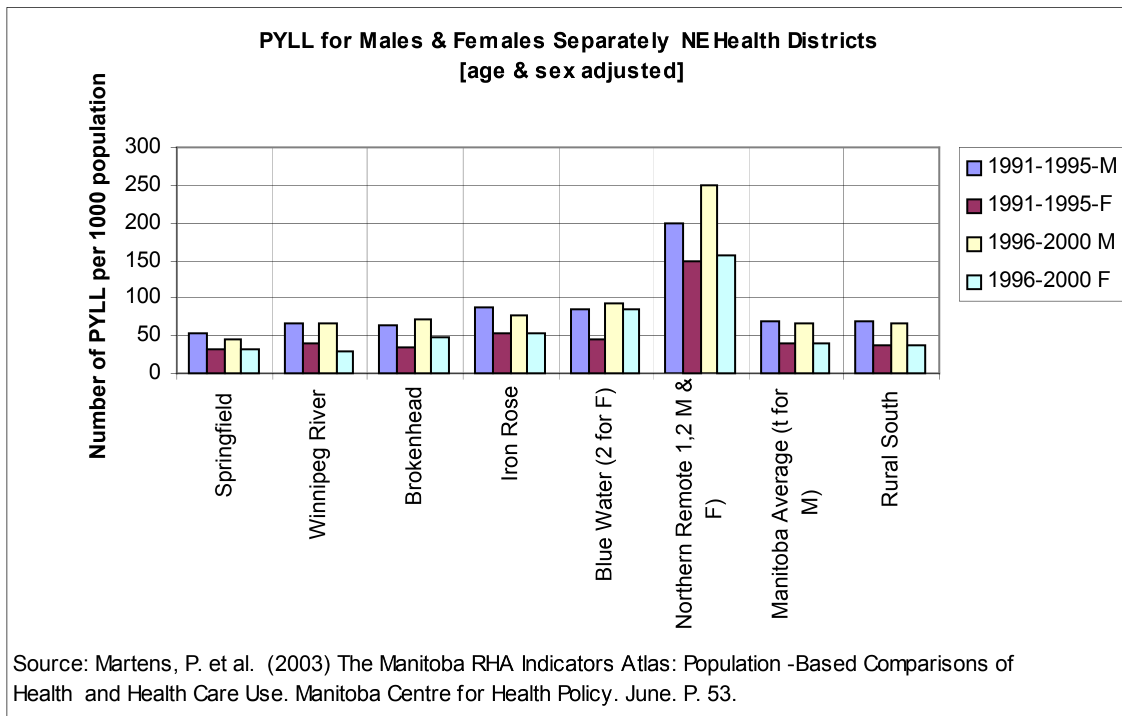
Figure 8.6 Potential Years of Life Lost for Males and Females – NE Health Districts



Source: 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. 53.

Compared with Manitoba and Rural South, Springfield has a statistically significantly lower PYLL value during the second time period. This is a very good sign, as we do not want to see early deaths.

Figure 8.7 Potential Years of Life Lost (PYLL) Males & Females Separately



Source: 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. 53.

When reviewing PYLL, it becomes noticeable that males have a higher PYLL value at 45.0/1000 than females at 31.1/1000.

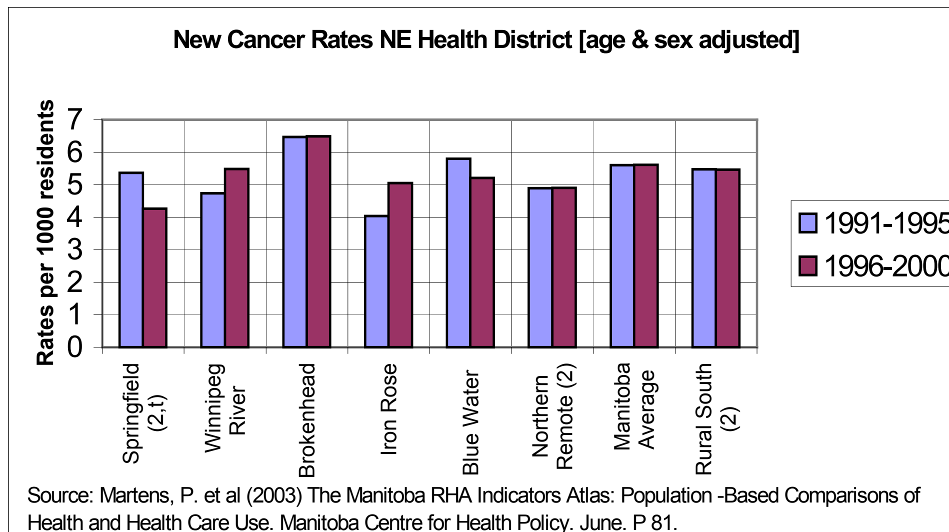
In Springfield for both males and females life lost is lower than the Manitoba average, but not significantly lower.

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

New Cancer Rates [includes non-invasive malignancies].

Figure 8.8 New Cancer Rates NE Health Districts



Source: 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 81.

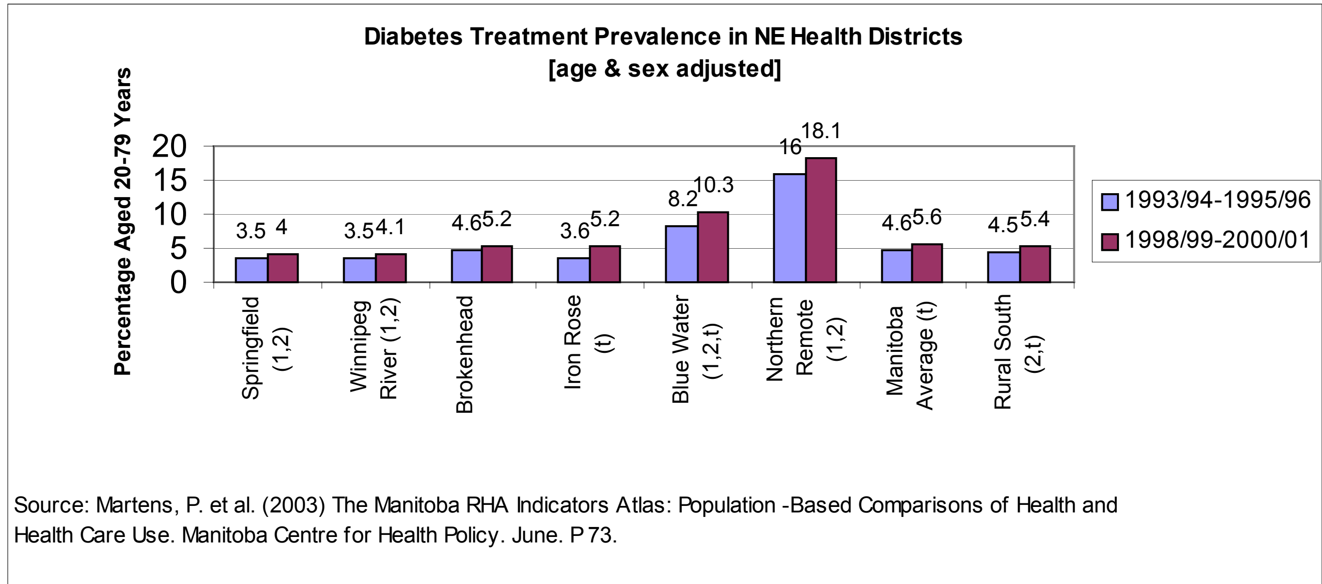
In Springfield there has been a statistical significant decrease in the overall cancer incidence in the time periods reviewed. This is a positive sign. Springfield has a statistically significantly lower rate than Manitoba and Rural South during the second time period.

2004 Validation Workshops

Three Top Key Issues Identified By Participants	**% of participants choosing this issue**
Springfield	
Concern about Cancer *[Raised Issue]* Validation Workshop participants did not raise any other specific comments on this subject. 2003 Focus Groups- Chemotherapy in the NE region is a service that was requested by all the adult Focus Groups.	75%

Diabetes

Figure 8.9 Diabetes Treatment Prevalence in NE Health Districts



Source: 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 73.

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.

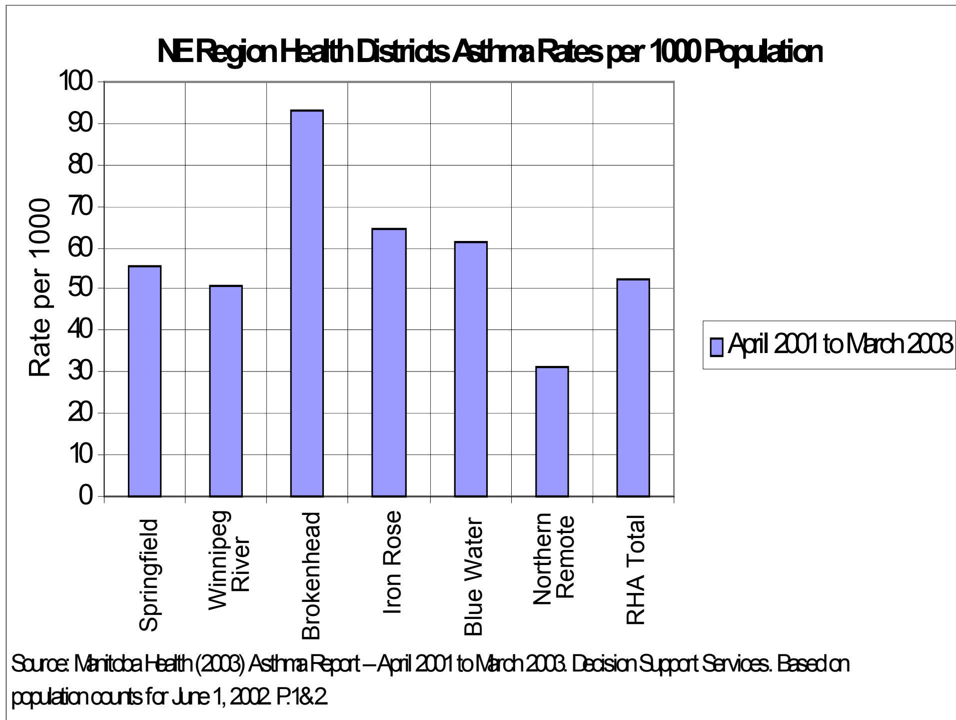
Diabetes treatment prevalence in Springfield has shown an increase from 3.5% to 4.0% in the 20-79 year old age group during the time periods reviewed, but is not a significant increase. The prevalence rate is statistically significantly less than Manitoba and Rural South during the later time period.

Diabetes is significantly less than Manitoba & Rural South in Springfield.

Respiratory Diseases

Asthma

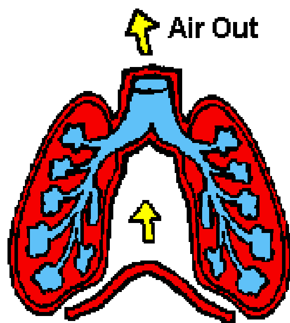
Figure 8.10 Asthma Prevalence



Source: Manitoba Health (2003) Asthma Report – April 2001 to March 2003. Decision Support Services. Based on population counts for June 1, 2002. P.1&2

When we look at Springfield we see that its asthma rates are one of the lowest as a health district during the time period reviewed.

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

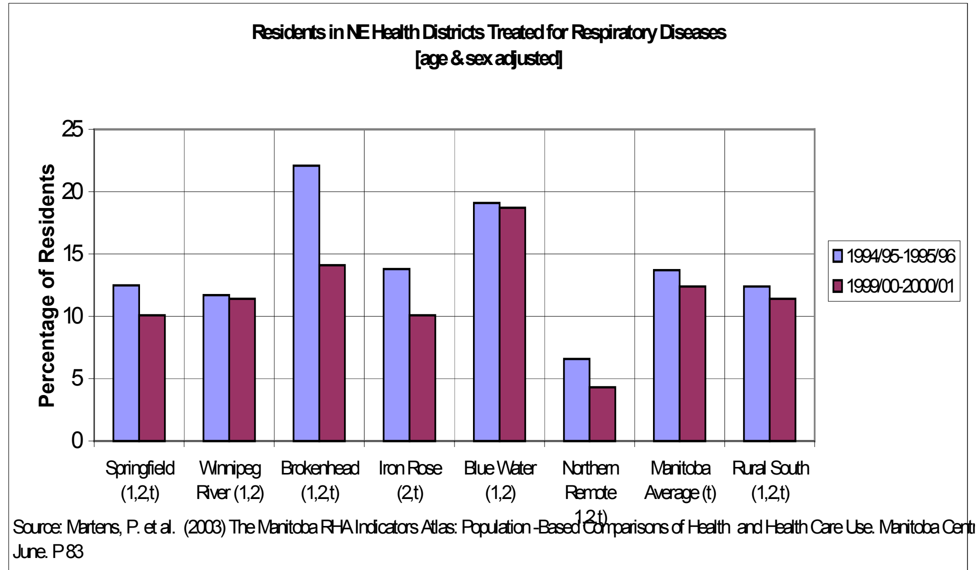


Springfield has the third lowest asthma rates when compared to our other health districts.

Figure 8.11 Residents Treated for Respiratory Disease [includes asthma, bronchitis & pneumonia]

In Springfield, there has been a statistically significant decline in respiratory disease diagnoses during the two time periods reviewed.

Further, Springfield is statistically significantly lower when compared with Manitoba and Rural South for the later time period. This is good news.



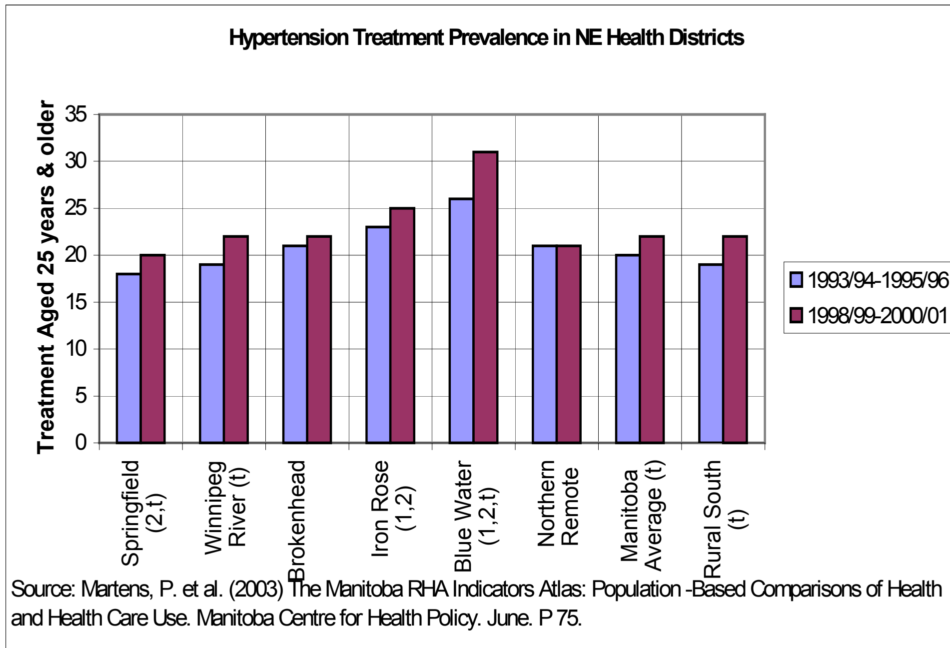
Respiratory diagnoses are declining in Springfield.

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 8.12 Hypertension Treatment Prevalence in NE Health Districts



Source: 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 75.

During the second time period, Springfield had a lower prevalence of hypertension treatment when compared with Manitoba, but experienced a statistical significant increase during the two periods reviewed.

This could be related to a population increase in the 40 to 69 age group.

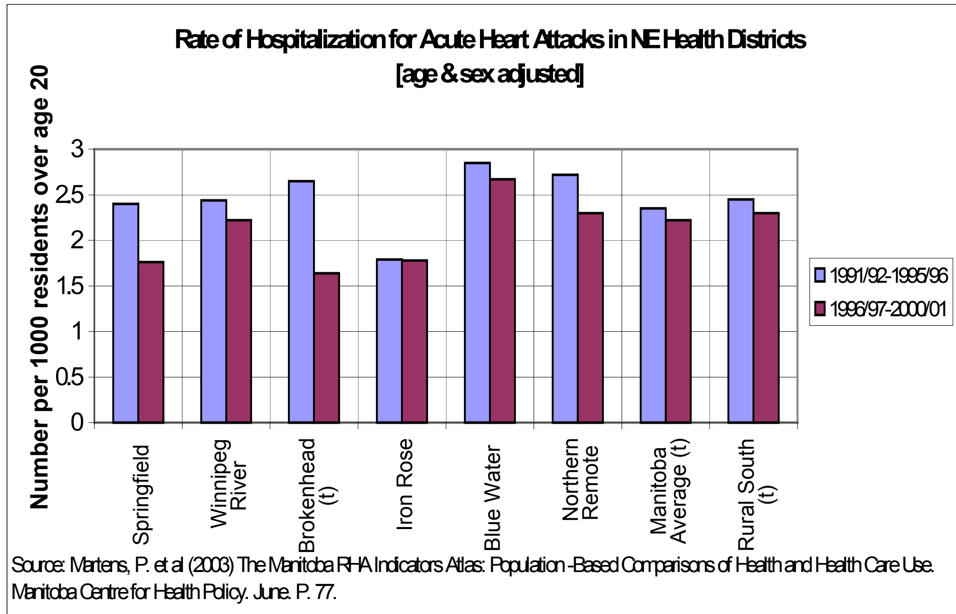
Hypertension treatment is on the rise in Springfield

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
Springfield	
Concerns about Cardiovascular Disease *[Raised Issue]* Participants questioned if 1 in 25 people were being treated for high blood pressure. 2003 Focus Groups- This topic was discussed in adult groups in relation to lifestyle changes, eating healthy and quitting smoking because of high blood pressure or cholesterol in self or others.	75%

Heart Attacks

Figure 8.13 Acute Myocardial Infarctions (MI's) or Heart Attack Rates of Hospitalization



Springfield appears to have experienced a drop in hospitalized cases for MI's during the two time periods reviewed, but it is not a significant drop.

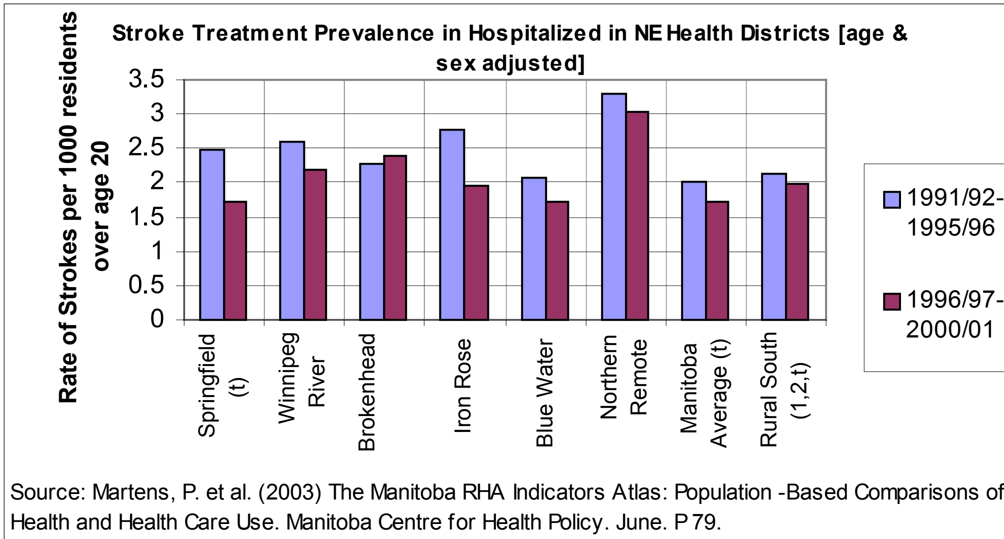
Springfield's appears to be lower than the Manitoba average and Rural South for the second time period, but it is not a significant difference.

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 8.14 Stroke Treatment Prevalence in Hospital



Source: 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 79.

There has been a statistically significant decrease in the number of residents being treated for stroke from 2.47/1000 to 1.71 / 1000.

A significant drop in stroke treatment occurred in Springfield during 1996/97 – 2000/01.

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.

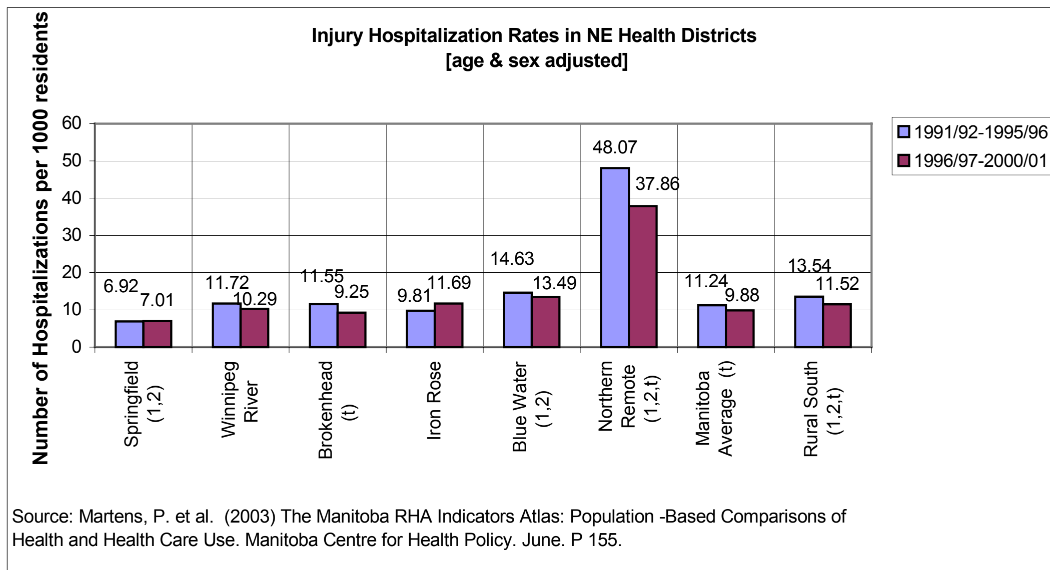
Due to relatively small number of injury deaths, these rates are not reported at the district level. [15]

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 8.15 Injury Hospitalization Rates in NE Health Districts



Source: 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 155.

Springfield has the lowest rate of hospitalization due to injuries in NE. There has been no significant change in injury hospitalizations during the two periods reviewed.

Compared with Manitoba and Rural South, Springfield's rate of hospitalization is statistically significantly lower during the second time period reviewed.

As we noted earlier, the traffic accident deaths and injuries are showing an increase during 2002 and we will need to continue to monitor this.

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 diseases, disorders, injury and other health conditions.

Refer to Section 6 for regional information.

Well-Being

"Broad measures of the physical, mental and social well-being of individuals." [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 it 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 affect 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

- In Springfield there was apparently a Drop In Centre during the summer but it wasn't well advertised and the hours were not conducive to their lifestyle i.e. they would stay up late and get up late or were working during the day making attendance at the centre prohibitive. [Springfield].

Suggestions Raised by Youth

- Would like a "*rec centre*" with games, stuff to do, maybe a fitness centre. It was emphasized that the facility must be accessible at low cost, preferably free. [Springfield]

Note: This is follow up information about the new youth drop in centre:
" The Kinsmen are purchasing a former church located near the Springfield High School. My understanding is that it will be a Community Centre. The youth will be encouraged to use the facility. I understand the Kinsmen are planning to house some revenue creating offices (in order to help pay mortgage) for people such as the recreation director and the community constable (public safety officer). They envision community movie nights a few times per month. The purchasing is moving ahead and I believe there is a lot of construction that will take place before opening. As far as youth involvement, they may be discussing arrangements with the new youth subcommittee of the Springfield Community Wellness Coalition. This committee has members such as the town constable, the recreation director, school counselors, and students." Source: Caroline McIntosh (2004) NEHA Wellness Facilitator Primary Health Care, as Emailed to Suzanne Dick May 7 entitled: RE: Springfield Drop in Centre.

8.4 DETERMINANTS OF HEALTH			
Personal Health Practices & Lifestyle *[Personal Health Practices & Coping Skills]* [18]	**Personal Resources** *[Social Support Network]* [19]	**Living & Working Conditions** *[Income, Income Distribution and Social Status and Employment and Working Conditions]* [20]	**Environmental Factors** [Physical][21]
"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status. " [22]	"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health. "[23]	"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." [24]	" 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]
Healthy Child Development	**Biology & Genetic Endowment**	**Culture**	**Gender**
"The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills and competence is very powerful. " [26]	"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]	"Culture and ethnicity come from both personal history and wider situational, social, political, geographical and economic factors. " [28]	"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]

Environmental Factors *[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]

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 are two wells in the municipality which supply water through the Oakbank water station plant. From there the water is transferred to Dugald where the water treatment plant is located. Chlorinated water is supplied to Dugald, and eventually will be supplied to the new development, which is planned for Oakbank. The remainder of the district, including the community of Oakbank has private wells supplying their water.

Dugald has recently been serviced by a single municipal water supply system, which has improved the water quality in the area. A municipal water supply system is now being made available to portions of the community of Oakbank.

Boiled Water Advisories in NE [33]

In NE as of March 2004, there are 3 communities that have boiled water advisories. These are Tyndall, issued July 21, 2000, Garson issued July 27, 2000 and Anola issued July 28, 2000.

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
Springfield	
Water Quality Participants are concerned about the use of household chemicals and sewage. They commented that the lagoon is not properly enclosed. They say Manitoba aquifers are polluted. Anola continues to have a boil water notice. 2003 Focus Groups – Participants in Springfield raised concerns about poor water quality in Cooks Creek. The creek is contaminated by pesticides, chemicals and sewage. Iron Rose Middle Adults Group also raised a concern about access to safe water around Elma.	66.6%

Sewage Systems [34]

Dugald and Oakbank are supplied with gravity sewer lines which run to lagoons. The remainder of the district has septic fields and holding tanks. A lagoon provides for waste disposal.

The Air We Breathe

Focus Groups – Pollution/ Water Quality

MIDDLE ADULT

-One participant in Springfield felt pollution is responsible for higher than average incidences of nervous system disorders e.g. Fibromyalgia, Multiple Sclerosis. [Springfield]

-Poor water quality in Cooks Creek, the creek is contaminated by pesticides, chemicals, and sewage. [Springfield].

Housing

Table 8.3 Elderly Person's Housing in Springfield Health District

Springfield Communities	Name of Facility	# of units	Owner / Operator
Anola	Sunrise Lodge	12	Private
Dugald	Evergreen Lodge	10	RM of Springfield
Cooks Creek	Pleasant View Lodge	10	RM of Springfield
Oakbank	Kin Place	14	Manitoba Housing

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

Focus Group - Housing

This was an area of concern in the 1997-98 CHA. There has been less vocal issues surrounding housing during this CHA. Some participants mentioned needing more PCH beds, transitional housing (accommodation in your community, before a PCH) was raised as a need in the middle and seniors Focus Groups.

SENIORS

-More PCH beds. As well, [more] independent living units with shared facilities.

- *"They are independent suites but you are part of the community."* [Springfield]

Safety

Table 8.4 Crime Report Springfield Health District *

Note: Total Numbers represent all of NE Region.

CATEGORY	EXPLANATION	Health District	2001	2002
Criminal Code	Persons – Homicides, robberies, personal assaults and abductions. Property – Break and enter, shoplifting, stolen goods, motor vehicle theft, theft over $5000/under $5000, fraud. Criminal Other- Offensive and restricted weapons. Other Criminal – Property damage under $5000, disturbing the peace, arson, indecent acts, bail violations, breach of probation, harassing and stalking, kidnapping, prison unlawful at large.	Springfield	456	378
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.	Springfield	11	22
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. Liquor- intoxicated persons, Liquor Act. Traffic - failing to stop dangerous driving, other moving and non-moving traffic.	Springfield	539	206
Total Provincial Code		**NE**	**3,098**	**2,117**
Municipal Codes	Municipal Acts/ By-Laws	Springfield	8	6
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.	Springfield	92	117
Total Traffic	Note: this does not include persons injured or killed.	**NE**	**897**	**843**
Persons **	Killed in traffic related incidents	Springfield	0	3
Total Persons killed		**NE**	**3**	**11**
Persons **	Injured in traffic related incidents	Springfield	14	36
Total Persons injured		**NE**	**133**	**154**
GRAND TOTAL OF ALL OFFENSES	Note: this does not include persons injured or killed in traffic related incidents.	**Springfield**	**1,106**	**729**
		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 is not included in the numbers associated with the total traffic code category nor in the grand total of all offences calculated. The numbers reflect people injured and killed in the respective health district, not necessarily residents of that health district or of NE region.

With the exception of federal code offenses where the number doubled, all other areas have decreased during the two years reviewed.

Major causes for concern are motor vehicle deaths and injuries.

Deaths – There has been a rise in deaths in many health districts. In Brokenhead and Springfield, where there were none reported in 2001, however the numbers have increased to 4 and 3 respectively. This is a 300% increase in Springfield.

Injuries – The highest number of injures in a health district occurred in Springfield, where there was a 157% increase in 2002 when compared with 2001 data.

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

Focus Groups - Safety

YOUTH

- There is concern among some Springfield participants about their security and youth carrying weapons. They felt a need that they had to protect themselves from becoming victims. There was no consensus on whether the targets are random. [Springfield]

"…I've actually been in a couple of fights. It's like, well you fought back so you get suspended too….." This was felt to be unfair. [Springfield]

YOUNG ADULT

– There were two areas of concern i.e. vandalism and traffic issues.

a) Vandalism

Suggestion Raised by Young Adults

- In response to vandalism, having more people on the street should decrease the number of occurrences. [Springfield]

  "Instead of shutting things down, we should be opening it up." [Springfield]

b) Traffic

Suggestion Raised by Young Adults

- A program to encourage people to bike and to bike safely. [Springfield]

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON PHYSICAL ENVIRONMENT – Safety
Discussion - On road safety, graduated licensing may help. Different diseases, i.e. high blood pressure may affect ability to drive. - Participant referred to a by-law to allow for RCMP to enforce curfew (send them home). - Young Offenders Act ties the hands of justice officials (RCMP, by law officer)

Biology & Genetic Endowment

"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."[35]

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." [36]

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

Personal Health Practices & Lifestyle *[Personal Health Practices & Coping Skills]* [37]
"Aspects of personal behaviour and risk factors that epidemiological studies have shown to influence health status." [38]

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.

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON PERSONAL HEALTH PRACTICES AND COPING SKILLS
- Discussion on parents being too busy and too tired, this is breaking up society, not neighborly anymore. **Suggestions** • Activities are too structured; need a safe place to do things (i.e. skate park vs. using the street or Kin Place ramp.) • Need a place for swimming, recreation and social gatherings all in one building.

Dietary Practices

Focus Groups – Dietary Practices

Dietary modifications were common among all Focus Groups participants in relation to lifestyle changes to control or decrease weight in order to promote better health.

YOUNG ADULTS

-" *It's hard changing food…I went to see a nutritionist, I needed re-education… one of the nurses had mentioned…they see kids with coronary disease…it hit me like a ton of bricks."* [Springfield]

-Consulted with nutritionist because kids were gaining weight. *" It's been really interesting because my kids train and compete…and they're having a problem losing weight."* [Springfield]

Programs / Methods Used

- Visit to nutritionist [Springfield]

Barriers

-Numerous activities and always on the run – therefore prepare fast foods [Springfield]

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

The reasons why participants modified their diet included

- Written food reports. *"..reading a lot about what is harmful to us".* [Springfield]

Programs / Methods Used

- Nutritionist. *"…taught me how to read…labels…"* now recommends friends visit the nutritionist " *….I know some of them have gone and have been pleasantly surprised."* [Springfield]

Barriers

- Motivation and difficulty changing old habits.
  - *"…everything tastes good…"* when cooked in familiar ways. [Springfield]

EMERGING TOPICS

-Food additives felt to be responsible for increasing number of allergies. [Springfield]

-Good and quick meals can still be cooked if people learned how to use their microwave ovens. [Springfield]

SENIORS

Reasons to Modify Diet – There were several reasons given i.e. preventive measure as parents were obese. [Brokenhead], health issues (especially cholesterol) [Brokenhead, Iron Rose, Winnipeg River, Springfield, Blue Water].

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.

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

b) Drinking & Driving – Some participants in the Springfield Focus Group didn't perceive teen drinking as a health problem, other than concern over drinking and driving. They (Springfield) felt there was sufficient education about the consequences of drinking and believe that people won't stop drinking until they suffer personally. [Springfield]

"… Everybody in Oakbank does it, because there's nothing better to do." "...Get one friend drunk, and there is your evening entertainment." [Springfield]

ADULT FOCUS GROUPS

Alcohol consumption was not raised as a social problem in most of the adult Focus Groups except by several participants 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.

SENIORS

- One participant mentioned stopping drinking for health reasons. [Springfield]

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this priority
Springfield	
Concerns About Illicit Drug Use By Youth Validation Workshop participants did not raise any other specific comments on this subject. However they did speak about needing a safe place to do things, e.g. skate park and the need for a recreation center. 2003 Focus Groups- Youth commented on marijuana and cocaine drug use in their communities in these health districts: Blue Water, Brokenhead and Winnipeg River.	66.6%

Physical Activity

Focus Groups – Exercise

YOUTH

Reasons to Exercise - The two primary reasons were weight management and to be healthy.

- To manage weight but indicated that she gained more weight. She would consider a weight management program if it didn't cost too much. [Springfield]

Programs/Methods Used

- Group Programs
- *"You don't want to be there by yourself with people looking at you."*[Springfield]
- *"…if it didn't cost too much…"* [Springfield]
- Exercising at home -siblings may bother them.
- *"….if I do anything different, they [siblings] criticize me."* [Springfield]

Barriers- Time slots need to fit in with youth schedules. [Springfield].

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

MIDDLE ADULT

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

a) Self Image -*"Tired of being a couch potato"* [Springfield]

b) For Mental Health Reasons

"…I find that if you are anxious about something, or worried, exercise, even just walking, can get me more relaxed." [Springfield].

Programs / Methods Used

- Local weight loss group- An advantage with this program is that participants meet similarly motivated people. [Springfield, Iron Rose]
- Walking.
- Using friends as supports and motivators.

Barriers

"…if we could somehow take control and get out of the exhaustion by being more active and manage our time better and get home and have more time to do what needs to be done…" [Springfield]

- Need for self discipline and motivation. [Springfield]

-Lack of a health crisis which decreases motivation. [Springfield]

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 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 used to suit the individual. Success often depends upon support the individual receives and successfully addressing possible weight gain associated with quitting.

YOUTH

Smoking emerged in the majority of groups as either a lifestyle change and / or emerging topic for discussion.

Quitting Smoking
- There were not many youth in the groups who actually quit smoking as a lifestyle change.

Program /Method Used
- Cold Turkey – Occasional smoker was successful quitting about a year ago. [Springfield]

Barriers
- Would not enter a stop smoking program because
"…I don't feel comfortable with a lot of situations, cry on my shoulder sort of thing." [Springfield]

YOUNG ADULTS

Quitting Smoking
One of the biggest concerns that smokers indicate time and time again is the potential and real problem of weight gain that accompanies quitting.

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

MIDDLE ADULTS

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

SENIORS

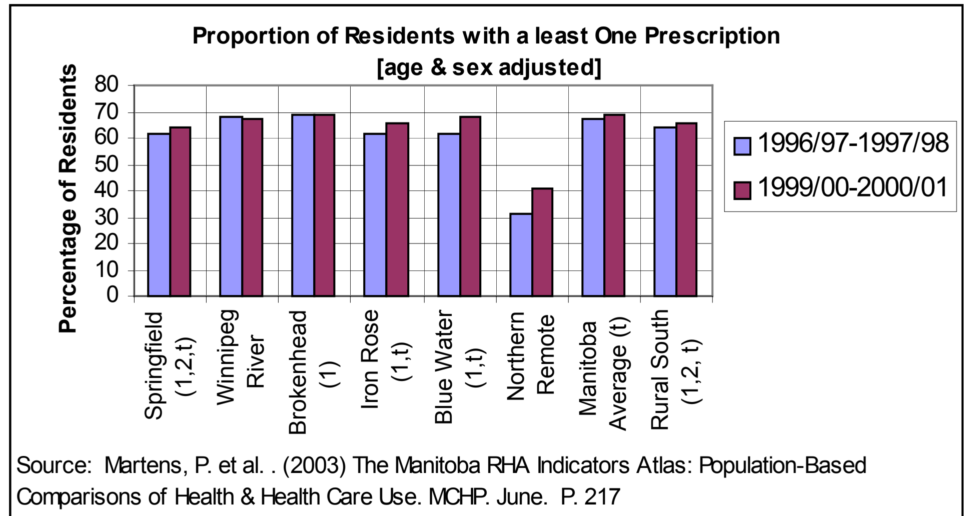
As in all adult groups, weight gain that may accompany smoking cessation was once more a topic of concern.

Medication Use

Pharmaceutical Use

Figure 8.16 Pharmaceutical Use in Springfield

There has been an increase in the proportion of residents in Springfield that were prescribed at least one prescription drug.



Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P. 217

There has been a statistical increase in the percent of residents using at least one prescription medication during the time period reviewed. The increase could be due to an increase in the population from 40 years to 69 years in 2000 when compared with 1995. Springfield Health District has an overall good health status, therefore one would expect to see a lower health service use and in turn a lower pharmaceutical use. Springfield's prescription use is statistically significantly lower than Manitoba during both time periods reviewed and is not significantly different than Rural South.

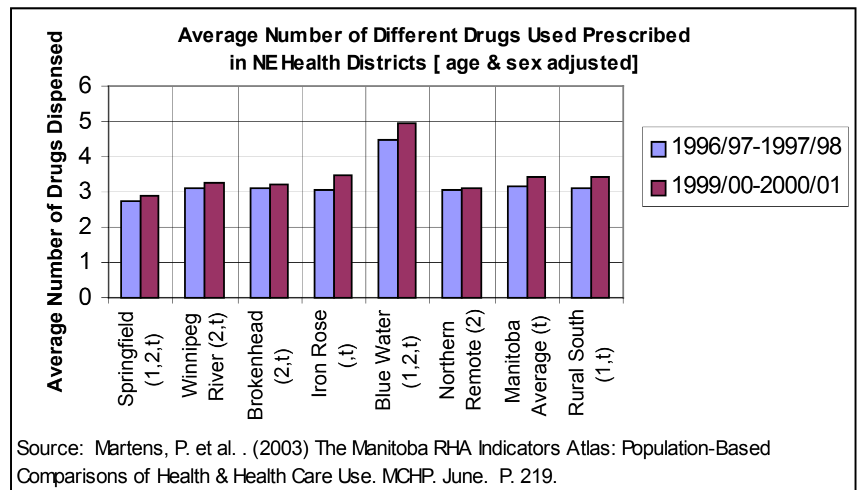
Number of Different Drugs per User

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

Figure 8.17 Average Number of Different Drugs Prescribed in NE Health Districts

When we look at Springfield we see that this health district has the lowest number of prescriptions per user than all of NE, despite the statistically significant increase between the two time periods.

Springfield is statistically significantly lower than both Manitoba and Rural South during the second time period reviewed.

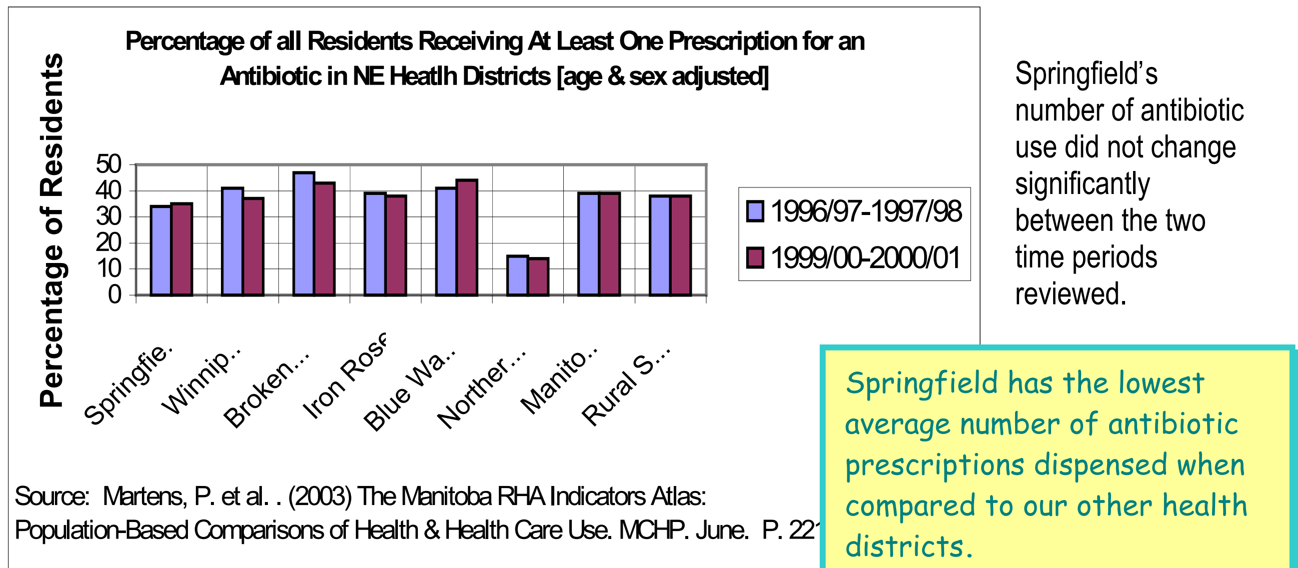


Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P. 219.

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 8.18 Percentage of Residents Receiving at Least One Prescription for An Antibiotic



Springfield's number of antibiotic use did not change significantly between the two time periods reviewed.

Springfield has a statistically significantly lower use of antibiotic prescriptions when compared with the Manitoba and Rural South for the second time period reviewed average.

Figure 8.19 Average Number of Antibiotic Prescriptions Dispensed

Springfield Health District did not change significantly during the two time periods reviewed. Springfield has the lowest average number of antibiotic prescriptions dispensed when compared to our other health districts.

When compared with Manitoba, Springfield is significantly lower than the Manitoba average and Rural South during the second time period.

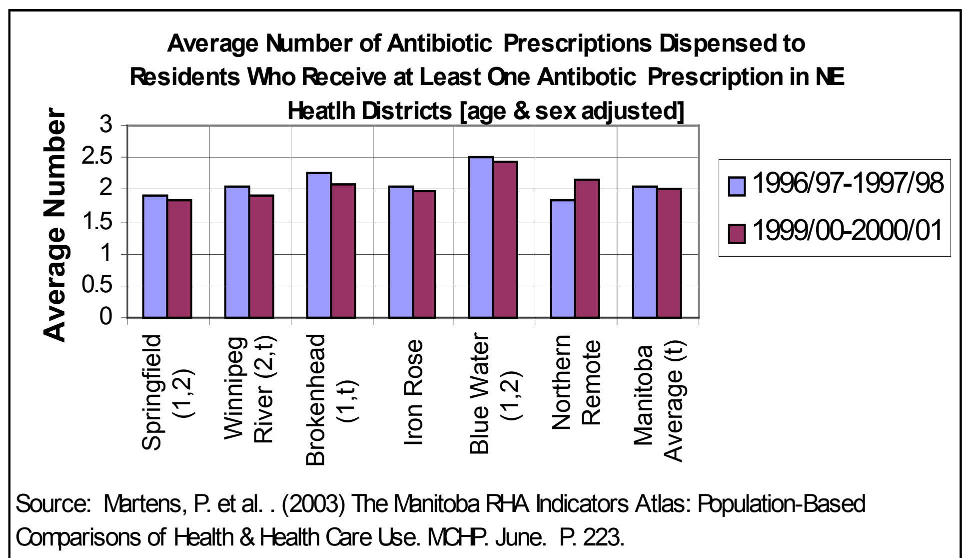
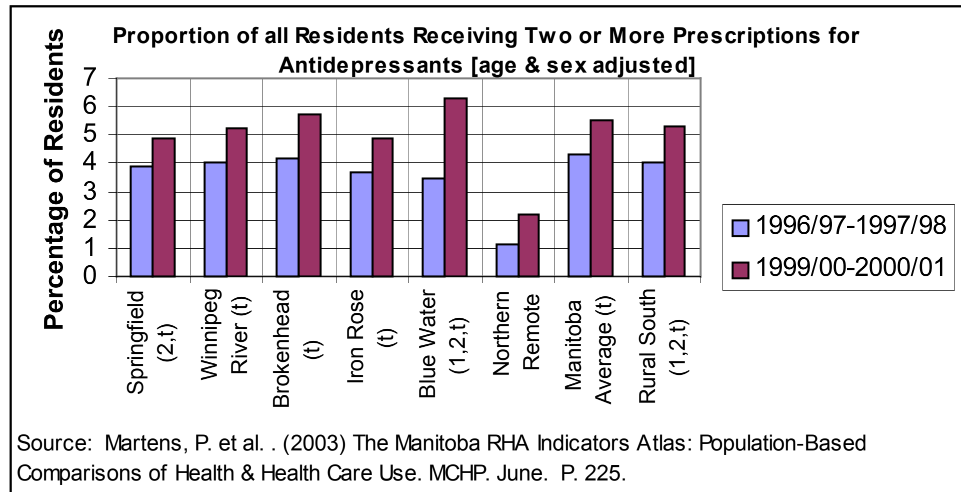


Figure 8.20 Proportion of Residents Using Antidepressants

The numbers of prescriptions have shown a statistically significant increase in Springfield during the two time periods.



Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P. 225.

Springfield has a significantly lower antidepressant use than the Manitoba average during the second time period. Antidepressant use appears to have increased throughout Manitoba.

The number of antidepressants prescribed in Springfield has increased, a trend common in all Manitoba's RHA's.

Focus Groups- Prescriptions

MIDDLE ADULT

There were some discussions about the dispensing of medication in the middle aged Focus Group from Springfield.

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]

"You don't have to take antibiotics for just anything…"[Springfield]

2004 Validation Workshops

Three Top Key Issues Identified By Participants	% of participants choosing this issue
Springfield	
#2 Government Assisted Programs, (e.g. Pharmacare) Inadequate Participants felt Pharmacare deductible was high by approximately 5%. 2003 Focus Groups: A Winnipeg River participant suggested they would like to	75%

Three Top Key Issues Identified By Participants	% of participants choosing this issue
see publicly insured dental care. A participant in Iron Rose commented that Pharmacare deductible is too high.	

Healthy Child Development

"The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills and competence is very powerful. " [39]

Overview

We know from the research that pre-natal and early childhood care and development programs have a positive effect on future health status. [40]

Mortality Rates

Infant Mortality Rates

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

In Springfield between 1990 and 1999, the number of infant deaths has been suppressed because there were 5 or less. This is good news for Springfield Health District. [41]

Births

At 40 weeks gestation 50% of females weigh approximately 3500 grams and males weigh approximately 3600 grams. [42] There is a strong correlation between birth weight and the income of the mother. We see that 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. [43]

Table 8.5 Number of Newborns in Springfield

Health District	2002-2003	2001-2002	2000-2001	1999-2000
Springfield	88 [7.3/1000]	106 [8.9/1000]	110 [9.2/1000]	128 [10.7/1000]
Manitoba Rate/1000	11.7/1000	12.0/1000	12.1/1000	12.5/1000
TOTAL BIRTHS in NE	431 [10.9/1000]	464 [11.8/1000]	506 [12.9/1000]	501[12.8/1000]

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

The number of newborns born in Springfield have shown a consistent decline over the last 4 years.

HOW HAS SPRINGFIELD'S BIRTH RATES CHANGED OVER TIME?

Springfield is showing a continuous decline in newborn birth rates throughout all years reviewed. These rates have consistently been less than the Manitoba rate.

Focus Groups on Obstetrical Practices

Obstetrics as a service emerged in several adult Focus Groups.

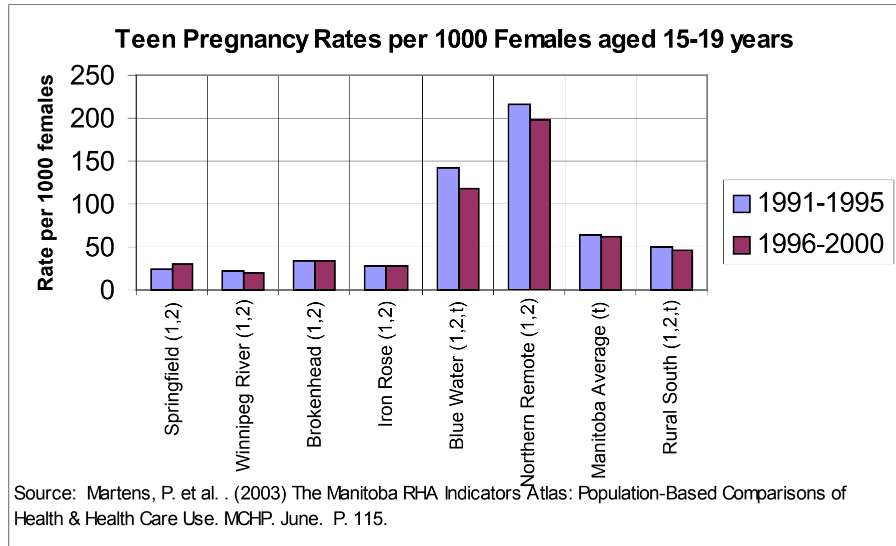
YOUNG ADULTS

" I'm disappointed that baby delivery has been shut down in rural hospitals." [Springfield]

Adolescent and Teenage Pregnancy

Figure 8.21 Teenage Pregnancy Rates

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

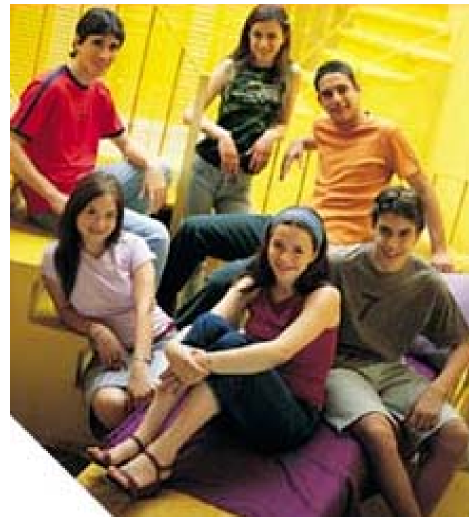


Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P. 115.

Springfield, Winnipeg River, Brokenhead and Iron Rose are significantly below the Manitoba average.

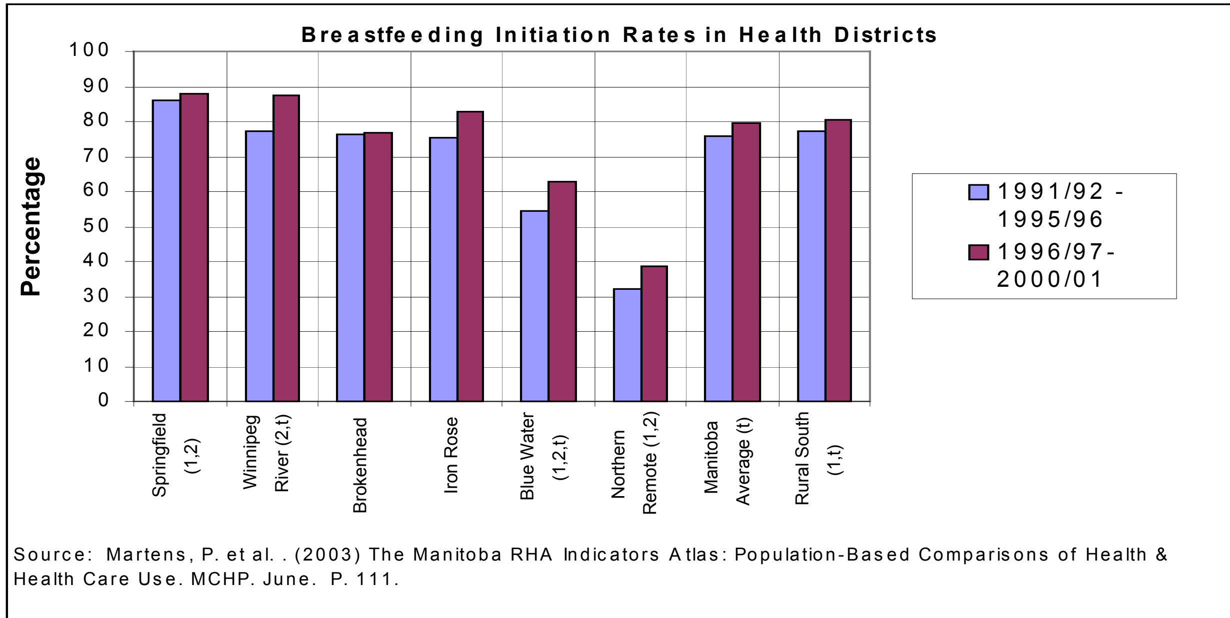
There has not been a significant change during the two time periods, 24/1000 to 29.2/1000 respectively. Springfield has a statistically significantly lower teen pregnancy rate than Manitoba (61.3/1000) and Rural South (45.3/1000) during the second time period.

Springfield teen pregnancy rate has not changed significantly, and is lower than the Manitoba average.



Breastfeeding Practices

Figure 8.22 Breast Feeding

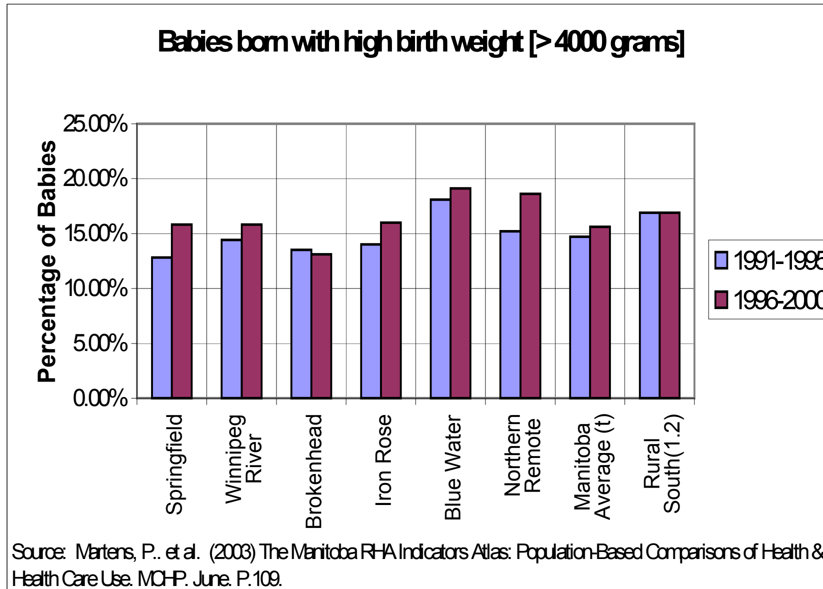


There is considerable variability within the health districts. The highest rates of hospital initiation of breastfeeding occurring in Springfield at 86% and 88.1% respectively. This is not a significant change. Springfield is statistically significantly higher than Manitoba and Rural South for the second time period.

Breastfeeding initiation rates are higher than the Manitoba average in Springfield.

Birth Weights

Figure 8.23 High Birth Weights



Source: Martens, P.. et al. (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P.109.

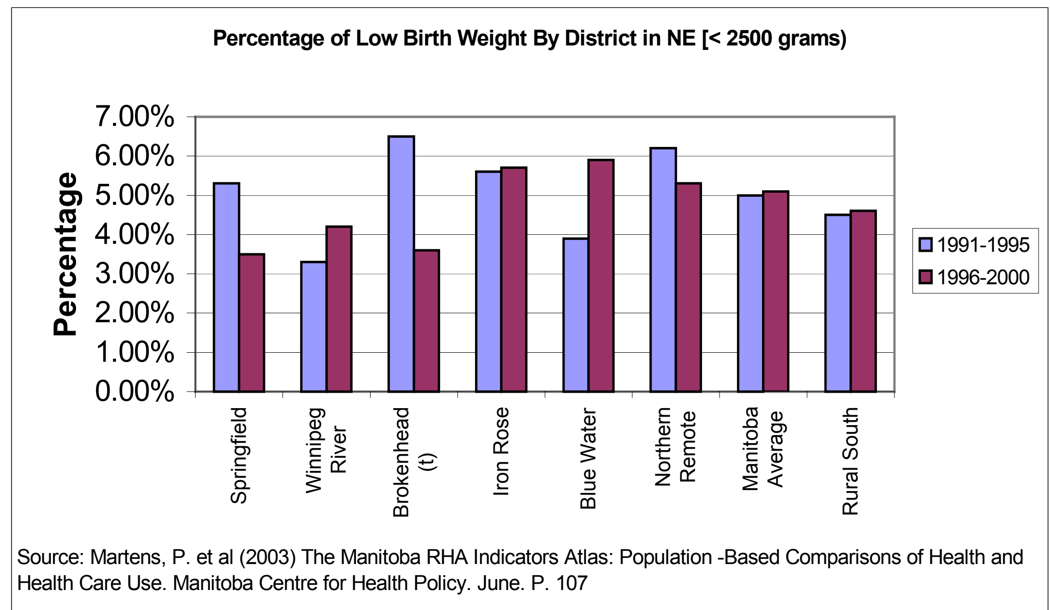
In Springfield, the percentage of high birth weight babies at 15.8% is close to the Manitoba average at 15.6%, but not significantly different. There has been no significant change in high birth weight babies between the two time periods.

There has not been a significant change in the number of high or low birth weight babies born between the two time periods.

Figure 8.24 Low Birth Weights

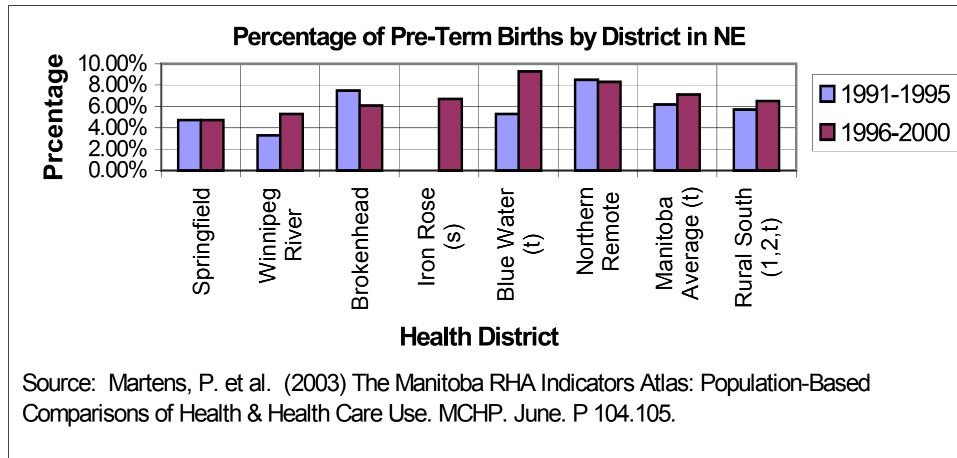
Within the region, we are noticing some variability in the percentage of low birth weight babies.

Springfield's percentage of low births has decreased from 5.3% to 3.5%, respectively, but this was not a statistically significant difference.



Source: 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. 107

Figure 8.25 Pre-term Births



Source: Martens, P. et al. (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P 104.105.

Springfield's percentage of pre-term babies has not significantly changed during the two time periods reviewed. Pre-term births in Springfield are the lowest during the second time period when compared with our other health districts.

Springfield 's Pre-term births are the lowest in NE.

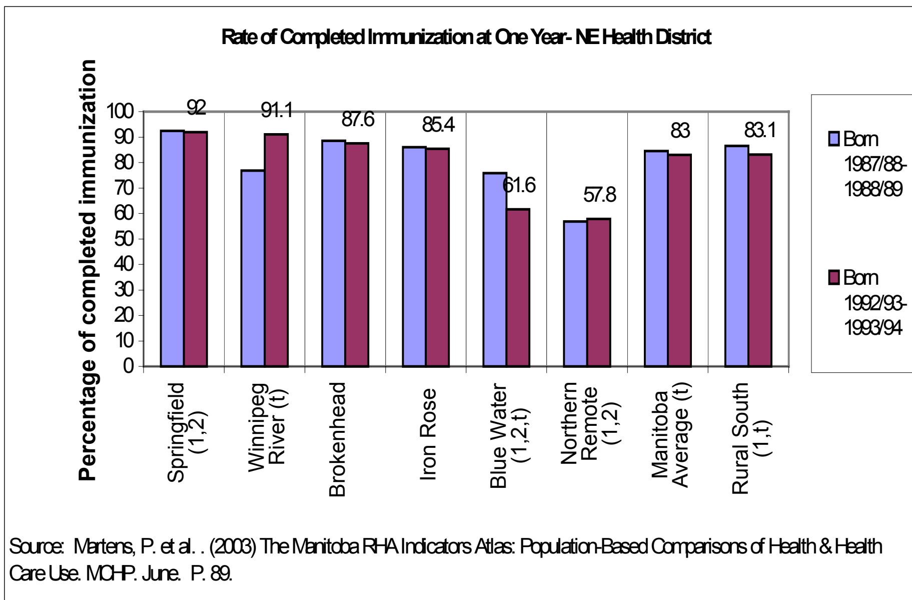
Childhood Immunizations

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. [44]

Figure 8.26 Completed Immunizations at One Year

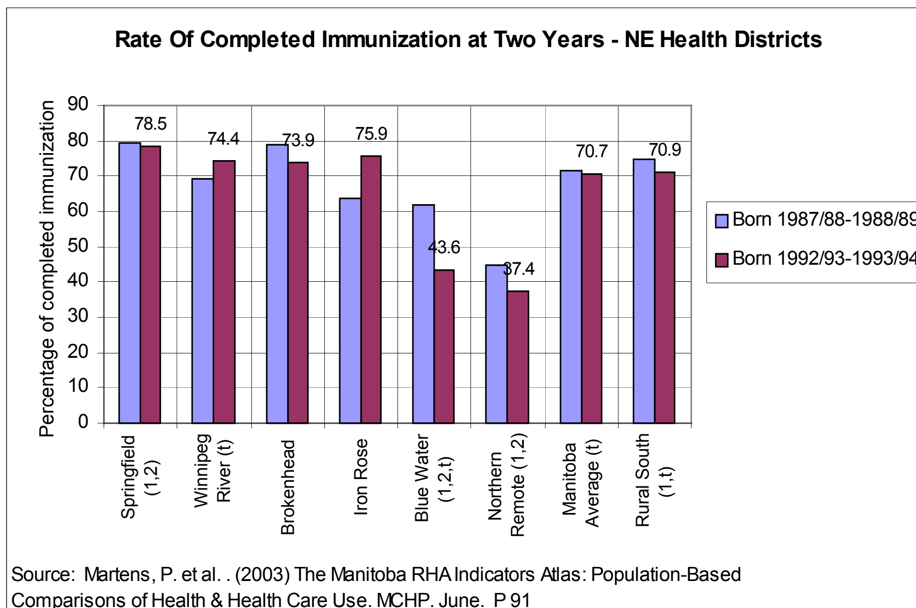


Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P. 89.

Springfield has the highest number of completed immunizations when compared to all NE health districts at 92% during the second time period.

Springfield is statistically significantly higher than Manitoba and Rural South during the second time period.

Figure 8.27 Completed Immunizations at Two Years



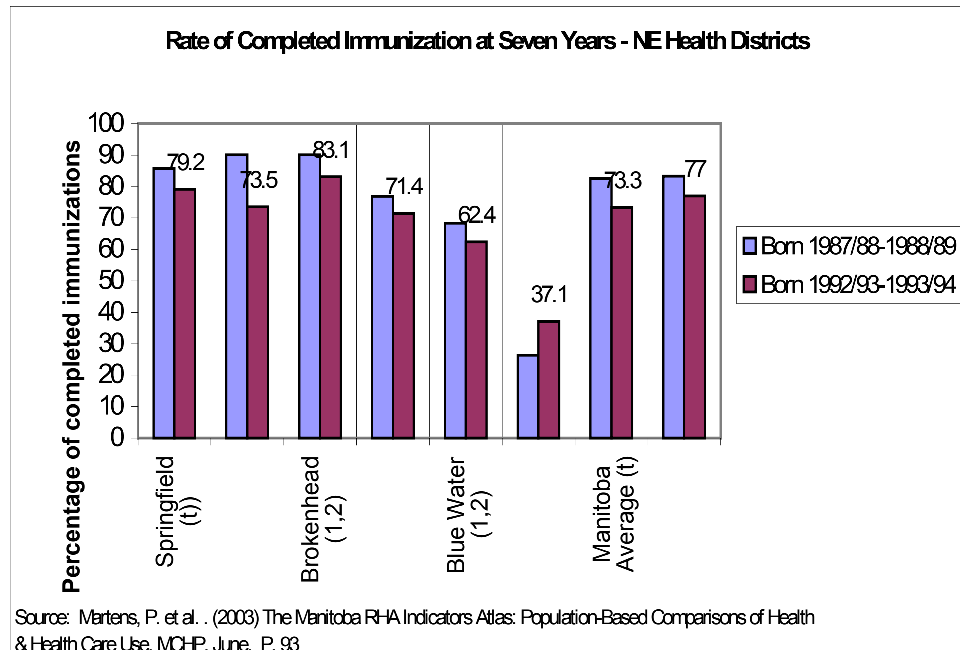
Source: Martens, P. et al. . (2003) The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health & Health Care Use. MCHP. June. P 91

Springfield immunization rates are the highest in NE during the second time period.

Springfield is statistically significantly higher than the Manitoba average for both time periods.

Figure 8.28 Completed Immunization at Seven Years

There has been a statistically significant decrease in completed immunizations at seven years from 85.7% to 79.2 % respectively.



It would be interesting to determine why the overall decrease from one, two and seven years has occurred. This is not a unique phenomena to NE but has occurred in all RHA's. Is accessibility or negative media attention a cause? This would be an area to consider for further exploration.

Overall Springfield's immunization rates are the highest when compared with our other health districts.

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON HEALTHY CHILD DEVELOPMENT
Discussion - There are a large number of children on Ritalin. Many people cannot afford to pay for these services. - "They" want to present abstinence as an option in sex education classes. - Kids need time to be kids, they need to learn to play on their own, organize themselves in play. Too much computer and TV. - Youth are disrespectful, there is vandalism and property damage. - Parents are using community activities and organizations as babysitters. They are too busy or too tired to be parents. Social workers are busy because of this.

Living & Working Conditions

[Income, Income Distribution and Social Status and Employment and Working Conditions] [45]

"Indicators related to the socioeconomic characteristics and working conditions of the population, that epidemiological studies have shown to be related to health." [46]

Overview

Job rank, social status 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. [47]

Employment and Unemployment

Table 8.6 Percentage of Population 15 years and over Employed and Unemployed – Males/Females

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

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

Springfield has the highest employment rate when compared with our other health districts. Females have a lower percentage of employment than males. Males have a slightly lower unemployment rate than females.

Social Economic Status

There is considerable research to support the relationship between an individual's health status and their socioeconomic status.[48]

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 Springfield District communities, North Eastman and Manitoba.

Table 8.7 Median Family Income of Couple Families

Area	Median Family Income Couple Families
Springfield	$ 64,031
North Eastman	$ 52,938
Manitoba	$ 55,885

Sources:
Springfield- 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 Springfield has a higher median family income than NE or Manitoba as a whole.

Table 8.8 Median Family Income of Lone Parents – Males and Females

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

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

Lone parent male families have consistently higher incomes than lone parent female households. Springfield males have the second highest income and the highest income for females when compared to our other health districts.

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

Table 8.9 Median Family Income Lone Parent Families Male & Female for NE

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

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

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

Total Low Income Incidence

The incidence of low income in 2000 in Springfield was 5.9**%.** [49]

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON EMPLOYMENT AND WORKING CONDITIONS
Discussion - Employers need to empower their workers, workers would be healthier and more productive. - Rural residents incur higher travel costs. - When one parent lives/works in the community, travel is reduced, it keeps one parent in the community, there is less stress and better parenting.

Personal Resources

[Social Support Network] [50]

"Measures the prevalence of factors such as social support and life stress, that epidemiological studies have shown to be related to health." [51]

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. [52]

Mental Emotional Health

Mental health was raised as an important concern for many NE residents, in particular in the area of mental heath services, stress, unemployment, isolation, alcohol and drug abuse in the 1997-98 CHA Report. Mental Health Services continued to be a concern for 2003 Focus Group participants.

Focus Groups on Mental Well-being

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

YOUTH

Youth reinforced the importance of friends and social support and their influence both positive and negative on them and on their mental wellbeing. Some of the stresses experienced by youth were related to school (in Springfield: teachers' attitude and weapons in the school) and family issues mostly related to siblings. Youth in all districts felt there was "nothing to do" and this may contribute to some negative behaviours such as alcohol and drug use. Youth felt they were often unfairly judged and stereotyped.

a) Behaviour / Image

-"*…everyone seems to judge on that* [being overweight]." Another student mentioned that "*It probably matters more to you than others, but you always have that self-conscious thing*." [Springfield]

-When one teen is acting out it pre-judges all teen.

One youth indicted "*The thing is, we are just as annoyed and pissed off about it as anyone else.*" Implying that not all teens act that way and shouldn't be judged. [Springfield]

Suggestion Raised by Youth

- Would like somewhere to go where they could talk, but not be pressured to talk about things they don't want to discuss. Perceiving that adults don't get it, they would prefer a young (20-25 year old) counselor. They want a counselor to listen, not to judge, not to give unsolicited advice, not to moralize and especially, not to impose the counselor's views or morals on the student. [Springfield]

b) Stress

Areas of stress that emerged were school and family.

- Stress was seen as being unhealthy and managing stress is necessary to remain healthy. [Springfield]
- One participant equated stress leading to depression. [Springfield].

c) School - Teachers expectations are too high and not enough help given. [Springfield]

d) Family – Parents having problems with drugs, marriage, abuse, youth are affected mentally, affects their life in general. [Springfield]

"If you're not as good as the other one [siblings] *then you don't deserve the same stuff they have had."* [Springfield]

ADULT FOCUS GROUPS

- Lack of mental health support emerged in the middle adult and staff Focus Groups. Stress emerged as a common theme, but the cause of the stress varied among the age groups.

YOUNG ADULT

The primary issues raised in this age group: better awareness of the mental health programs (refer to Mental Health Program Section 7), but also the stigma associated with accessing programs.

MIDDLE ADULTS

- Felt that programs need to address more than the illness, but also other issues like managing stress.
- Troubled youth may not be recognized. Suggested suicide rate is relatively high. [Springfield]

Suggestions Raised by Middle Adults

- Participants in Springfield would like to see a mental health drop-in centre in Springfield, but not naming it as such, due to stigma in small town. [Springfield]
- Another participant felt *" …you just battle on...I don't think we cover it up. I think that's been done too much."* [Springfield]

SENIORS

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

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 Workshops

SPRINGFIELD GROUP DISCUSSIONS ON - Mental Well Being
Discussion We should include mental illness with other physical illnesses so as not to perpetrate the stigma attached, "it is an illness".

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

Social Support

Table 8.10 Total Number of Couple Families by Family Structure / Total Lone Parent Families

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

Sources:
Springfield - Community Data Network Basic tabulations Statistics Canada Census Population 2001. Received from: Rachel Mcpherson, Decision Support Services. Email to Suzanne Dick, April 7,2004 entitled: Census Data Questions.
NE - www.statcan.ca. 2001 Community Profile. North Eastman Regional Health Authority & Blue Water. Accessed: April 10, 2004.

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

There are approximately 255 lone parent families reported in Springfield during 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 individuals 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 hard to talk with adults because they don't quite understand where you are coming from...It's a new day and age.*" [Springfield] Its different because "*…everybody's vandalizing, people are carrying weapons.*" [Springfield]

YOUNG ADULTS

Suggestions Raised by Young Adults

- Support for moms or single moms including a support group, parenting information that meets during school hours rather than in the evening when children have to be brought along and it gets late. Shared baby-sitting for those who can't afford to pay. [Springfield]
- *"Someone to watch my kids if I was ill."* [Springfield]
- *"Neighbours program where someone would watch the kids while others participate."* [Springfield]
- Lack of grieving support. [Springfield]

MIDDLE ADULTS

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

Suggestions Raised by Middle Adults

- Would like to see volunteer transportation for appointments and treatments for all people not only seniors. [Springfield]
- Expand programs to allow other (for example those with disabilities) to access. [Springfield, Iron Rose]
  "Make it a community program, versus a seniors' program."…" …the bulk of your participants would probably still be seniors but I'm sure there are other people that would benefit from it because they are either socially or physically isolated." [Springfield]

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]

b) Effects of Isolation

-There is a problem with the effects of isolation when living alone. [Springfield]

2004 Validation Workshops

SPRINGFIELD GROUP DISCUSSIONS ON - Social Support Network

Discussion

- The ordinary family needs opportunities to interact with neighbors, two parent families are too busy to socialize with neighbors.
- Urban isolation, Oakbank is a bedroom community, there is no broad community ownership.
- Block parties would be a way to interact with neighbors, it depends on how much you want to invest in your community.

Suggestions

- Kids need someone to talk to before they are at risk. Respect/guidance programs are needed.
- Need a facility in their community.

8.5 SUMMARY / CONCLUSION

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

COMMUNITY SYSTEM CHARACTERISTICS

Boundaries

Since 1998 CHA Report there have been boundary changes most prominently related to the northern areas. Springfield Health District was not affected by any boundary changes.

Population

During 1996 and 2000, there has been a decline in the 1-9 and 30-39 year olds, with an overall increase in the 40-69 year olds and little change in the 70 to 90+ age groups. Health services will likely be affected because of the increase in chronic illnesses occurring in the over 40 year old age group.

The number of babies born to Springfield residents has shown a consistent decline over the last 4 years.

Education

There was a re-structuring of the school divisions establishing the Sunrise School Division in July 2002, a partnership of the former Agassiz School Division and the Springfield component of the former Transcona Springfield School Division. This re-structuring has affected staff and families due to boundary changes creating uncertainty in where some students will be attending school. This is especially prominent in the former Springfield /Transcona School Division affecting Springfield Health District.

HEALTH STATUS

Measuring Overall Health Status

The social economic factor index (SEFI value) and premature mortality rates (PMR) both are important overall measurements of health status. It must be noted that the most current SEFI value is 1996 and many indicators have data more recent than this, so it is important to review all health indictors to determine areas of concern. For Springfield we see a SEFI value that not only has improved, but also is the best value compared with our other health districts.

Springfield has the lowest PMR in NE, but it is not significantly different that the Manitoba average.

Deaths

Springfield has the lowest total mortality rate when compared with our other health districts and is lower than the Manitoba average.

Life Expectancy

In Springfield, females outlive males by approximately four years. Springfield has the highest life expectancy in NE and also appears to be higher than Manitoba and Rural South.

HEALTH CONDITIONS

Cancer	Diabetes	Respiratory	Hypertension
-New cancer cases are declining and are lower than Manitoba.	Diabetes treatment is significantly less than Manitoba.	Springfield has the third lowest asthma rate in NE. Overall respiratory diagnosis is declining in Springfield.	Hypertension treatment has increased, but is significantly lower than the Manitoba average.
MI	**Stroke**	**Injury Hospitalization**	
Hospital treatment for MI's appear to have decreased, but not significantly.	Stroke treatment has decreased significantly.	Springfield has the lowest rate of hospitalization due to injuries in NE. Springfield has a significantly lower rate when compared with the Manitoba average.	

Human Function & Wellbeing

The most prominent thing that arose was our youth in all health districts indicating that there was 'nothing to do.' This might be an area to explore with our community partners. Youth and adults during the 2003 Focus Groups provided many good suggestions. In Springfield the Kinsmen are working on providing a drop in centre for youth to be located in Oakbank.

DETERMINANTS OF HEALTH

Environmental Factors

Water - Anola is the only community in Springfield with a boil water advisory. Water quality concerns arose in Focus Groups in Iron Rose, Springfield and in Validation Workshops in Iron Rose and Springfield it was raised as a key issue.

Safety – Safety was raised as a concern by some Springfield youth in association with youth carrying weapons. Traffic injuries and deaths are on the rise within NE, in particular in Brokenhead and Springfield.

Housing – The need for more PCH beds was raised in Blue Water, Springfield and Winnipeg River.

Personal Health Practices

From focus group provincial survey comments there seems to be a readiness by the public in general toward healthier lifestyle choices.

Dietary – Obesity is a national concern. Dietary modifications were common among all focus groups in relation to lifestyle changes in order to control or decrease weight.

Alcohol Consumption –During Focus Groups youth 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. Some participants in the adult Focus Groups mentioned that they quit drinking for health reasons.

Illicit Drug Use –Illicit drug use among youth was a concern raised during the Winnipeg River and Springfield Validation Workshops, and was raised 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.

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.

Medication Use –

Prescriptions- prescription usage is increasing in Springfield, but remains lower than Manitoba average.

Antibiotics- Springfield has the lowest average number of antibiotics dispensed in NE, and is significantly lower than the Manitoba average.

Antidepressants - Antidepressant prescriptions have significantly increased, but are significantly lower than the Manitoba average.

High Pharmacare deductible was raised in Brokenhead and Springfield validation workshops as a key issue.

Injuries- We don't have injury death data at the district level, however we know that traffic deaths and injuries have increased in 2002 compared with 2001. Springfield's hospitalization rates are significantly less than Manitoba's rates.

Healthy Child

Mortality Rates- Springfield's infant deaths have been suppressed.

Adolescent & Teenage Pregnancy – Springfield's teen pregnancy rate has not changed significantly and is lower than the Manitoba average.

Birth Weights- There has not been a significant change in the number of high or low birth weight babies in Springfield during the two time periods reviewed.

Hospital Breastfeeding Initiation – Springfield has the highest breastfeeding initiation rate in NE at 88.1%, and is significantly higher than the Manitoba average.

Immunizations – Immunization coverage is the highest when compared with our other health districts.

Living and Working Conditions

Work - During 2001, Springfield had the highest employment rate in NE.

Economic Status – In 2001, Springfield had a higher median family income overall when compared with NE and Manitoba as a whole. Springfield had the lowest incidence of low income as reported in the 2001 census at 5.9%.

Personal Resources

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

- Yo*uth* stressed friends and social support as really important. When adults judged youth, it was felt to have a negative affect on their self-esteem. School and family were a source of stress.
- Y*oung adults* discussed how stigma affects how people access mental health services.

- *Middle adults* felt that programs overall, not particularly mental health specifically, need to address issues like managing stress. Some participants would like to see a mental health drop- in centre.

- *Seniors* mentioned that they were concerned about many vulnerable people living out in the community especially those who were more isolated. They identified themselves as often living alone and being lonely, and had concerns about their ability to access help quickly .

Social Support - There are approximately 255 lone parent families reported.

- In the middle age Focus Group a concern arose about community supports that 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, e.g. housekeeping, transportation, maintenance, and child care in an emergency are just some examples.

Summary At A Glance

KEY

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

Strengths
• In 2001 Springfield had the highest median income when compared with our other health districts and surpasses Manitoba & Rural South.
• SEFI value is the best compared with our other health districts. [Monitor]
• Springfield has the lowest PMR in NE. [Monitor]
• Mortality rates are the lowest in NE and are lower than the Manitoba average. [Monitor]
• Infant deaths have been suppressed. [Monitor]
• In 200,1 Springfield had the highest employment rate in NE. [Monitor]
• Antibiotic use is significantly lower than the Manitoba average. [Monitor]
• No significant change in high or low birth weights. [NEHA, Monitor]
• Teen pregnancy has not changed and is lower than the Manitoba average. [NEHA, Partner]
• The numbers of new cancer cases are declining. [NEHA, Partner, Monitor]
• Breastfeeding initiation rate is 88%. [NEHA, Partner, Monitor]
• Childhood immunization coverage is the highest in NE. [NEHA, Partner, Monitor]
Issues Having Implications for Health Planning & Delivery
• Population has increased in 40-69 year old age group, with little change in the 70-90+ years. This has the potential to affect health services needs in this population.
• Validation workshop participants felt that Pharmacare deductible were too high.
• Housing – More PCH beds needed. [NEHA]
• Prescription use is increasing but lower than Manitoba average. [Monitor]
• Antidepressant use is increasing in Springfield, but is significantly lower than the Manitoba average. [Monitor]
• Hospitalizations due to injuries are the lowest in NE. [Monitor]
• Youth have 'nothing to do.' [Partner]
• Safety: Some youth are saying that youth carry weapons. [Partner]
• Safety: Traffic injuries and deaths have increased. [Partner]
• Alcohol consumption was raised by youth in particular in focus groups as a concern for both youth and adults in their communities. [Partner]
• Illicit drug use by youth was raised as a concern in Springfield validation workshop. [Partner]
• Traffic deaths & injuries appear to have increased. [Partner]
• Water quality- boil water advisory in Anola. Local lagoons are said to be a pollutant. [NEHA, Partner]
• Diabetes treatment is significantly less than the Manitoba average. [NEHA, Partner]
• Dietary-Obesity is a national and local problem. [NEHA, Partner]
• More physical activity in order to improve health. [NEHA, Partner]

KEY

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

Mental Wellbeing as raised by some focus group participants. [NEHA, Partner]

- Youth stress- school & family.
- Middle adults suggested all programs address issues of managing stress not just mental health. Would like to see a mental health drop in centre.
- Seniors – Need to identify vulnerable people in community.

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

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