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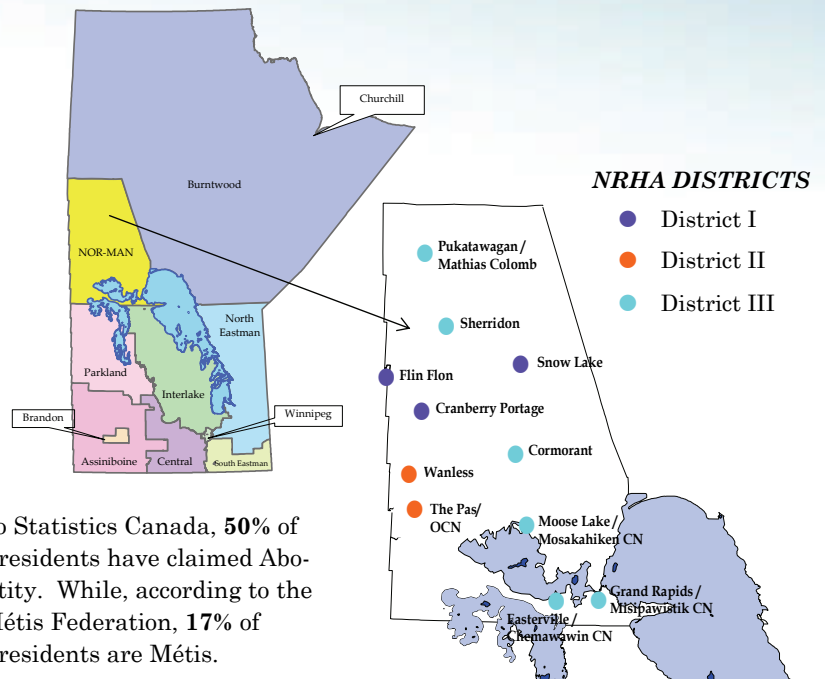
Community Health Assessment Summary

DEVELOPING A GREATER UNDERSTANDING OF THE HEALTH ISSUES AND NEEDS OF NOR-MAN RESIDENTS

The NOR-MAN Region

The NOR-MAN region covers a vast area of land spanning 72,000 square kilometers in the central western part of the province of Manitoba. The people and communities that make up the NOR-MAN region display considerable diversity in origin, governance structures, economic bases, service availability and interconnectedness.

The NOR-MAN region is home to about 2.1% of the total Manitoba population. According to Manitoba Health, as of June 1, 2008 there were **24,090** people living in the region. Our region continues to be home to a young population with **25.8%** of residents being under the age of 15 and **46.9%** being under the age of 30.



According to Statistics Canada, **50%** of NOR-MAN residents have claimed Aboriginal identity. While, according to the Manitoba Métis Federation, **17%** of NOR-MAN residents are Métis.

As one of the primary providers of health services in NOR-MAN, we deliver a wide range of services through the following NRHA owned and operated facilities: Flin Flon General Hospital (42 beds), St. Anthony's Hospital (40 beds), Snow Lake Health Centre (2 beds), St. Paul's Residence (60 beds), Northern Lights Manor (36 beds), Flin Flon Per-

sonal Care Home (30 beds), Snow Lake Health Centre (4 beds - Long Term Care), Rosaire House (20 beds - Addictions Centre), Primary Health Care Centres - The Pas, Flin Flon (two sites), Cranberry Portage Wellness Centre, Cormorant Health Care Centre, and Sherridon Health Care Centre.



What is a Community Health Assessment?

The Community Health Assessment (CHA) is a dynamic on-going process undertaken to: identify the strengths and needs of the NOR-MAN region, enable region-wide establishment of health priorities, and facilitate collaborative action planning directed at improving health status and quality of life for all NOR-MAN residents. A complete report can be found on our website at www.norman-rha.mb.ca under publications. If you have any questions, please contact Catherine Hynes at 204-687-1338 or by e-mail at chynes@normanrha.mb.ca

Health Status

The health of NOR-MAN residents is affected by many factors that together contribute to the overall health of our region.

The best single measure to reflect the health status of a region's population is their **Premature Mortality Rate (PMR)**. Populations having a high PMR are more likely to have residents report poor overall health, larger numbers of chronic disease, and more illness.

For NOR-MAN, our PMR continues to be **statistically higher** at **4.4 deaths per 1,000** than the provincial rate of **3.3 deaths per 1,000** in the reporting period of 2001-2005. **The good news, is our PMR continues to decrease - we are living longer.**

Adequate income, meaningful work, learn-

ing opportunities and support networks are all prerequisites for good health. Research findings indicate that the rich are healthier than the poor, the well educated are healthier than the less educated, and the employed are healthier than the unemployed.

During our CHA consultation activities, community members spoke of how education, income and employment opportunities affect their health - our data supports this comment. NOR-MAN residents with low incomes, low education and low employment rates are at **greater risk** - they generally have a poorer health status.

Quick Facts:

- ☆ NOR-MAN has **double** the **unemployment** rate compared to the prov-

ince as a whole

- ☆ NOR-MAN residents are **more likely** to have **less education** than most Manitobans
- ☆ **23%** of NOR-MAN families are **lone-parent families**
- ☆ **Income inequality** is an issue throughout our region, especially for the smaller remote communities and especially lone-parent families



Illness Burden / Chronic Disease

Many health conditions decrease the quality of life of our residents. The leading causes of death (2002-2006) in the NOR-MAN region are **Circulatory** at **26.3%**, **Cancer** at **24.7%** and **Endocrine, Nutritional and Metabolic Disease** at **9.8%**.

It is important to remember that Chronic Disease has multiple risk factors, is long lasting, and for which a complete cure is rarely achieved. The top burden of illness / chronic diseases within the NOR-MAN region include:

Hypertension (high blood pressure) treatment prevalence (2005-06) within the NOR-MAN region is **statistically higher** at **25.7%** compared to the provincial rate of **23.7%** and our **change over time was statistically significantly higher**. We need to remember that Hypertension increases with age, and NOR-MAN has a young population with **46.9%** of residents being under the age of 30 years.

Ischemic Heart Disease (IHD) for NOR-MAN males at **7.1%** and females at **4.3%** are being diagnosed with having restriction of blood flow to coronary arteries more often than other Manitobans.

Stroke rates for NOR-MAN residents are **higher** than other Manitobans and **Acute Myocardial Infarction (AMI)** or heart attacks are occurring **more often** to NOR-MAN residents than to other Manitobans. **The good news is overall our Cardiovascular health has improved - our IHD, Stroke and AMI rates have experienced a decrease from 1996/97-2001/01 to 2001/02-2005/06.**

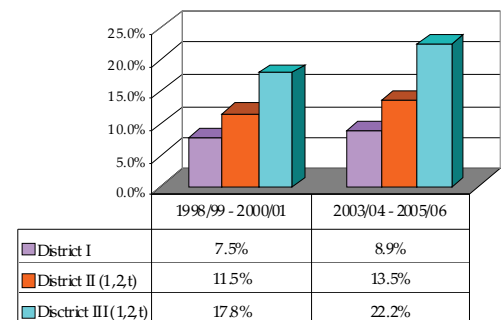
Diabetes continues to be a **growing problem** in the NOR-MAN region, with rates rising from **6.3%** in 1986/87-1994/95 to a rate of **13%** in 2003/04-2005/06.

All three NOR-MAN Districts have diabetes rates higher than the provincial rate and our diabetes treatment prevalence rate is **getting worse faster** compared to the Manitoba time trend for both District II & III.

Cancer incidence is the measure of new cancers, and our overall rate for new cancers **decreased** between 2000-02 and 2003-05. When reviewing the cancer data by cancer type, NOR-MAN's rate for both **lung cancer** and **cervical cancer** are **higher** than provincial rates. It also appears that our female lung cancer and melanoma cancer is **increasing faster** than our male rates.

Diabetes Prevalence by District

Age- & sex-adjusted percent of residents aged 19+ treated for diabetes



Osteoporosis is a disease that leads to a reduction in bone density and increases the risk of broken bones, particularly of the hip, spine and wrist. It is important to note, that the NOR-MAN region has experienced a statistically significant change over time - **our rates are increasing** from **9.0%** to **14.6%** compared to Manitoba rates of **10.3%** to **12.7%**.

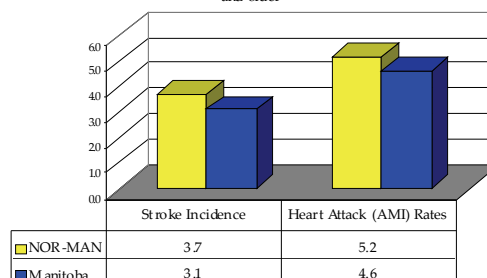
Arthritis treatment prevalence rate is **statistically higher** than the provincial rate of **20.9%**. **The good news is that our rate experienced a slight decline from 25.9% to 24.9%.**

Chronic disease, diabetes, obesity, heart health and cancer were all identified as concerns during our consultation activities.

Strokes & Heart Attacks

2001/02 - 2005/06

Age & sex adjusted annual death or hospitalization per 1,000 residents age 40 and older



Healthy Lifestyle - Personal Health Practices

Healthy lifestyle choices are important contributors to improvements in our health status.

For the NOR-MAN region, there is room for improvement:

Smoking rates for both NOR-MAN males and females are **higher** than the provincial rate. Overall, **27.2%** of NOR-MAN residents are **current smokers**. Within the NOR-MAN region, District III has the highest rate of current smokers at **54.5%**.

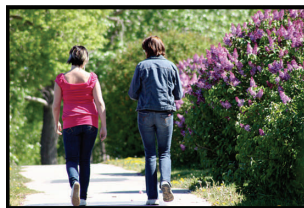
Alcohol Consumption / Binge Drinking is having five or more drinks on one occasion. NOR-MAN residents are reporting **binge drinking more often** than other Manitobans at a rate of **22.9%** on one or more times per month and **24.7%** for having five or more drinks on one occasion less than once a month. **NOR-MAN males reported a higher rate of having had five or more drinks on one occasion** at a rate of **32.6%** compared to NOR-MAN females at **13.4%**.

Healthy Eating is essential for maintain-

ing good health. Unfortunately, the majority of NOR-MAN residents (males at **70.3%** and females at **58.0%**) reported **eating zero to four (0-4) servings of fruits and vegetables per day**.

Healthy Body Weight is important to maintaining good health. Unfortunately, the majority of NOR-MAN residents are either **overweight** at **34.6%** or **obese** at **28.3%**. Overweight and obesity are major contributors to many preventable diseases.

Regular Physical Activity contributes to a longer and healthier life. **NOR-MAN residents reported being more active** at **33.3%** compared to the provincial rate of **29.5%**. However, **inactive rates** are also high, **36.8%** of NOR-MAN females and **21.7%** of males reported being inactive. Regular physical activity throughout a person's life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death.



Mental Health / Mental Illness

A recent report by the Public Health Agency of Canada, notes that **Mental Health** is the "capacity of each of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges that we face". Whereas **Mental Illness** is "a biological condition of the brain . . . associated with significant distress and impaired functioning".

NOR-MAN residents rated their **general mental health as high**. More NOR-MAN residents reported **better overall mental health** at a rate of **47.7%** compared to the provincial rate of **40.1%**. Of note, is that the rate of NOR-MAN residents reporting "low self-rated general mental health" is **statistically lower** at

19.2% than the provincial rate of **25.4%**. NOR-MAN residents also **reported low stress lives** at **40.6%**

We know from the *Patterns of Regional Mental Illness*, that one (1) in ten (10) physician visits and one (1) in ten (10) hospitalizations are related to issues of mental illness.

NOR-MAN residents are less likely to be diagnosed with **Depression**, our rate is **statistically lower** than the provincial rate. However, **our treatment prevalence for females with depression is more than double our rate for males**.

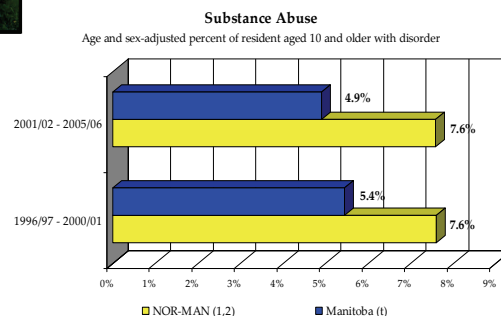
Our prevalence rate for **Substance Abuse** is **statistically higher** at **7.6%**

Exposure to Second-Hand Smoke can have damaging effects on a person's health. Our rate of exposure at **40.5%** is **statistically higher** than the provincial rate of **26.8%**.

Screening rates in our region vary by the screening type. Our **Cervical screening** rate is currently the **third lowest** in the province. Data from our Primary Health Care Centers has not been included in this calculation. Our **Mammography screening** rate is **improving faster** compared to the Manitoba time trend.

Immunization rates for both **Adult Influenza** and **Pneumococcal** have experienced a **statistically significant increase over time**.

Sexually Transmitted Infections (STI) is a growing problem in our region. Our rates for both **Gonorrhea** and **Chlamydia** are **among the highest in the province**. This is proof that NOR-MAN residents are not consistently using safe sex practices.



than the provincial rate of **4.9%**.

Our rates for both **Personality Disorders** and **Schizophrenia** are both **statistically lower** than the provincial rates.

Mental health / mental illness were identified as concerns during our consultation activities.

Access / Utilization

Access to services (local & regionally) was identified by most communities during our CHA consultations.

Quick Facts:

- ☆ Our **Physician visit** rate is **statistically lower** than the Manitoba rate
- ☆ Our **Ambulatory visit** rate is **five (5) visits per year**, the same as the Manitoba rate.
- ☆ **82.6%** of our **Physician visits** occur

in the region

- ☆ **83.4%** of our **Specialist visits** occur in Winnipeg
- ☆ Both our **Ambulatory Consultation** and **Specialists visit** rates are **statistically lower** than the provincial rate
- ☆ Our **hospital admissions** are statistically higher - **68%** occurred in region
- ☆ Our **short stay hospital days** are

statistically higher than the provincial rate

- ☆ Our **leading causes of hospitalizations** are; Pregnancy & Birth (**22.7%**); Injury & Poisonings (**13.5%**); Respiratory; (**10%**)
- ☆ **75%** of our **Personal Care Home Admissions** are at a level 3 & 4
- ☆ Our **Home Care** clients on average are with the program for **234.7 days**

Healthy Child Development

Early childhood experiences have a life-long effect on their future health and well-being. Healthy child development is a future predictor of how well children:

1. Are able to learn in school
2. Are able to cope with life experiences
3. How healthy they will be as adults

Breastfeeding is known to be beneficial. Unfortunately, our rates are **statistically lower** than the provincial rate.

Immunization rates in the NOR-MAN region are **statistically lower** than the provincial rate for both 1-year, and 2-year olds. **The good news is that for 7-year olds, the NOR-MAN rate is statistically higher at 86.0% than the provincial rate at 76.4%**

Healthy Body Weight is important and according to the Child Health Atlas, **31.3%** of NOR-MAN children age 12 to 19 reported being **overweight** or **obese** compared to a provincial rate of **23.7%**. Overweight and obesity are major contributors to many preventable diseases.

Families First Risk Factor Screening Program attempts to screen all families with newborns with the exception of fami-

lies living on reserve. NOR-MAN families consistently score **higher** than the province for each of the following risk factors:

- ☆ Alcohol use during pregnancy
- ☆ Smoking during pregnancy
- ☆ Maternal depression
- ☆ Relationship distress
- ☆ Financial difficulties
- ☆ Mother having less than a grade 12
- ☆ **Combination of three (3) or more risk factors at 40.9% compared to a provincial rate of 24%**



Readiness for School is influenced by a child's early years, as well as family and community factors. **Unfortunately, our children are scoring low during the "Readiness for School" survey in most of areas of child development.**

CHA Consultation Activities

Community consultation activities were an integral part of our CHA process. The NRHA strongly believes that consultation is necessary to ensure that we know and understand what is important to individuals and communities that access NRHA services and programs and why it is important.

Whether an individual, community group or health care provider, those who participated in our consultation activities were pretty consistent in the advice they offered the NRHA to improve health care services and delivery in the NOR-MAN region:

- ☆ Build on local services that communities view as important
- ☆ Consider new ways of delivering ser-

vices, particularly to bring services closer to communities - telehealth / mobile clinic

- ☆ Continue to strengthen the dialogue among stakeholders
- ☆ Enhance local health promotion and illness prevention activities
- ☆ Develop ways for more effectively informing residents and health care providers about the range and availability of NRHA services in the region
- ☆ Throughout our CHA consultation activities, people around the region spoke of how income, education and employment opportunities affect their health.

Priorities identified during our consulta-

Youth Health Survey Results

A total of **1,763** NOR-MAN grade 6 - 12 students put pencil to paper and responded to a series of questions related to physical activity, eating habits, smoking, alcohol & drug use, school connectedness and feelings of well-being. Key highlights from our region include:

- ☆ **56%** of our students are physically active
- ☆ Only **7%** of our students reported eating 5 or more fruits and vegetables per day
- ☆ **23%** of male and **29%** of female students reported being current smokers
- ☆ Our students smoking rates increase from **10%** in grade 6 to **42%** in grade 12
- ☆ Our drinking rates increase from **14%** of grade 6 students to **75%** of grade 12 students reporting having had at least one drink in the last 30 days
- ☆ **22%** of our students reported using illegal drugs in the last 30 days
- ☆ **45%** of our students reported that they had felt so sad or hopeless in the past 12 months that they stopped doing some usual activities for a while.



tion activities are: **diabetes, obesity, heart health, cancer, mental health/illness, drugs, alcohol & smoking, physician shortage, access to services, suicide, teen pregnancy and communications (both internal and external).**

Next Steps

To use our new knowledge / understanding of the health issues and needs of NOR-MAN residents as reported in our 2009/10 CHA report. This knowledge is the cornerstone on which future activities, partnerships and our **2011-2016 Strategic Plan** will be built.