



**“The NOR-MAN Regional Health Authority & You: A Relationship Based on Trust”**

At the NOR-MAN Regional Health Authority we believe your Health is a private matter. We are committed to providing you with high quality health care and to forming a relationship with you that is built on trust. That means respecting your right to privacy and the confidentiality of your health information. We ensure your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal health information only for purposes related to your continuing care.

Your information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your information without your consent.

If you have questions about the privacy of your health records, please speak with your health care professional involved in your care, the Privacy Officer (687-9301) or the Director of Quality & Risk Management (687-9629).

Diabetes is a growing problem in the NOR-MAN Region and research shows that Type 2 Diabetes is known as a “lifestyle” disease and can be delayed or prevented.

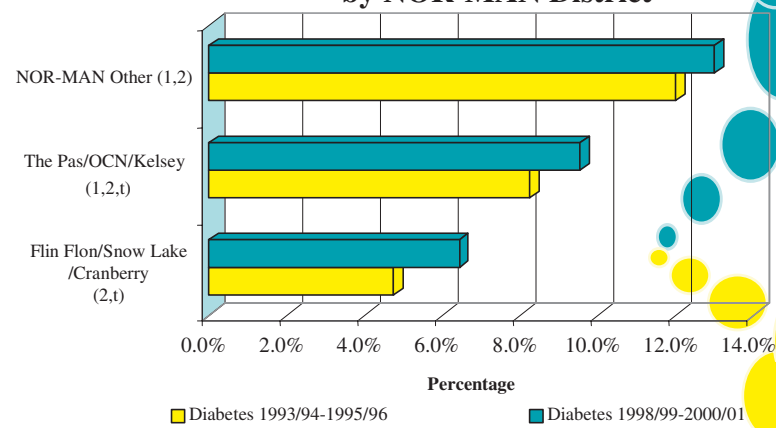
The first child with Type 2 Diabetes was diagnosed in 1993 – currently 11 children have been diagnosed -

One of the major concerns for the NRHA with respect to diabetes is the fact that at present, approximately 60% of the NOR-MAN population are under forty years old and have not yet reached the age when incidence and prevalence rates of diabetes increase dramatically.

Type 2 Diabetes has been identified as a health concern during all community consultation activities - Public Forums, Focus groups, Physician Survey, and NRHA Staff Survey.

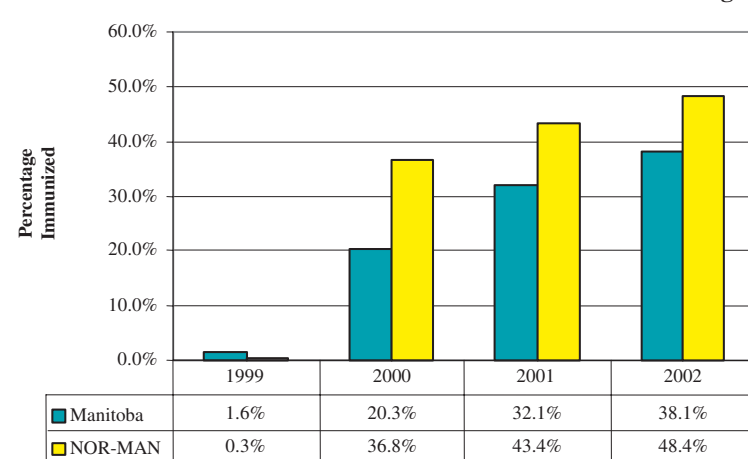
Research data for 1996/99 shows that the diabetes treatment prevalence by registered First Nation persons (Swampy Cree Tribal Health) are significantly higher at 185.13/1000 than for all NOR-MAN residents at 60.07/1000

**Diabetes Treatment Prevalence by NOR-MAN District**



Source: Manitoba Centre for Health Policy, The Manitoba RHA Indicators Atlas, Population-Based Comparisons of Health and Health Care Use

**Pneumococcal Cumulative Immunization Coverage**



Source: Manitoba Health, NOR-MAN Regional Health Profile, March 2004

The NOR-MAN Pneumococcal immunization rate of 48.4% appears higher than the Manitoba rate of 38.1%. This is a dramatic increase from our rate of 0.3% in 1999.

However, NOR-MAN RHA specific data shows that pneumococcal immunizations rate for residents of our personal care homes is higher than 90% coverage.

**NOR-MAN RHA ANNOUNCES NEW BOARD APPOINTMENTS**

The NOR-MAN Regional Health Authority is pleased to advise that the Honourable Tim Sale, Minister of Health has announced the new appointments to the NOR-MAN Regional Health Authority Board which came into effect April 1, 2005.

Linda Lautamus, Board Chair, advises that 4 new members were appointed to the NOR-MAN RHA Board and would like everyone to join her in welcoming the following new Board members:

- Stella Neff Grand Rapids
- Jim Tobacco Moose Lake
- Doug Lauvstad The Pas
- Norval Desjarlais The Pas

Mrs. Lautamus also would like to congratulate Diane Deschambeault, Val Matheson and Joan Niqunicappo who were re-appointed for an additional 3 year term.

The NOR-MAN Regional Health Authority Board for 2005/06 is as follows:

- Linda Lautamus, Chair Flin Flon
- Dennis Ballard Flin Flon
- Marg Britton Flin Flon
- Norval Desjarlais The Pas (Resigned)
- Diane Deschambeault Opaskwayak Cree Nation
- Marc Jackson Snow Lake
- Doug Lauvstad The Pas
- Val Matheson Sherridon
- John Marnock The Pas
- Stella Neff Grand Rapids
- Joan Niqunicappo Opaskwayak Cree Nation
- Marion Pearson Cranberry Portage
- Wayne Sherwood Cranberry Portage
- Jim Tobacco Moose Lake

Mrs. Lautamus concluded by saying that she looked forward to working with the Board in this fiscal year.

Board meetings are open to the public. If you wish to make a presentation to the Board please contact the Board Chair at 687-1300 to make arrangements. Board meetings are held the last Monday of each month and alternate between the communities of Flin Flon and The Pas.



**Primary Health Care**

**What is primary health care?**

Primary health care is your first contact with the health care system. It is the point where health services are gathered together to promote health, prevent illness, care for common illnesses and manage ongoing health problems. It recognizes that many kinds of health care providers can help us achieve good health. For example, someone with a heart condition may not only see a family doctor, but also a Dietitian for help with selecting the right foods, preparing meals and planning menus as well as a Primary Health Care Nurse for blood pressure monitoring and education. The NOR-MAN Regional Health Authority has further defined primary health care as “the most appropriate care by the most appropriate provider at the most appropriate place”.

**What primary health care is not?**

Primary health care is not an emergency service. People with emergent needs must still go to the hospital. Primary health care does not replace physicians and hospitals. Primary health care is an alternate care option that complements the care provided by a physician and allows for more effective utilization of the physician’s time.

**Why the change?**

Staying healthy and finding the right care at the right time with the right health care provider – that’s what primary health care is all about. It’s a simple idea: organize health services to provide timely access to the right kind of care. Whether it’s dealing with the illness or injury – or preventing them from occurring in the first place – primary health care means healthier communities and less stress on our health care system.

The NOR-MAN RHA community health programs have been reorganized into four client-centred Teams with the goal of progressively providing care across the life span of everyone in our region. The four Teams are: Senior’s, Men’s, Women’s and Infant/Child/Youth.

**Where do I go to access primary health care services?**

In Flin Flon, we have two sites, with the new Primary Health Care Centre located at 1 North Avenue and the Senior’s Team remaining at 50 Church Street. In The Pas, all services are located at the new Primary Health Care Centre at 111 Cook Avenue. Individuals can access services in a variety of ways – phoning ahead, booking appointments or walking in. Referrals are not required.

**What services are provided by the “Teams”?**

Although each Team may provide a specific service ie. Senior’s Team provides Home care, most services are provided under each Team. Services include but are not limited to:

- > Prenatal Classes
- > Preschool Clinics
- > Communicable Disease Prevention Programs
- > Blood Pressure Monitoring
- > Walking Buddies
- > Fetal Alcohol Syndrome/Effects Assessments /Services/Counselling
- > Heart Health Programs
- > Audiology (currently vacant)
- > Dietitian Counselling
- > Palliative Care Services
- > Well-Baby Clinics
- > Immunization Program
- > School Health Programs
- > Healthy Aging Clinics
- > Home Care Program
- > Smoking Cessation Programs
- > Midwifery Services
- > Speech Language Services
- > Travel Health Program
- > Diabetes Education

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**NRHA Awarded 3 Year Accreditation Status**

“It is my pleasure to announce that the NOR-MAN Regional Health Authority has been awarded a 3 year Accreditation with Report by the Canadian Council on Health Services Accreditation (CCHSA)” stated Linda Lautamus, Board Chairman. The Accreditation Survey Report is a comprehensive report that not only focuses on the organization’s areas for improvement but also highlights select good practices and strengths of the NOR-MAN RHA. The Survey itself included a review of documentation, team interviews, program area tours and focus group meetings with various stakeholders. A total of 10 teams represented the organization’s leadership, support and service delivery. This accreditation process allows the CCHSA and the organization to evaluate the quality of the organization’s services by comparing them to nationally accepted standards.

As part of our Accreditation status, there are two recommendations that we must submit a report to CCHSA in one year’s time. The remaining recommendations need to be worked on over the next three years.

In the report, the surveyors commended us for the “high level of commitment to the survey process and that staff were open and participated in a very sincere and engaging fashion.” It was also noted that “there is strong emphasis within this organization on the philosophy and practise of CQI – Continuous Quality Improvement.”

“I would like to take this opportunity to thank all those who were involved in the survey process. Whether you were involved in a team interview, focus group or assisted in making the week run smoothly, your openness and willingness to participate in the survey process was instrumental in our success. I would like to extend a special thank-you to all of our CQI Teams for the ongoing commitment to CQI.” said Drew Lockhart, CEO.

## Message from the CEO

This coming year will offer a number of opportunities to improve programs and services in our region.

The Board and Staff are excited and proud of our region's new Primary Health Care model. We hope the new multidisciplinary teams will more effectively help NORMAN residents get the care they require. It's all about improving access to the many programs and services we offer. Please take the time to read about Primary Health Care in this issue and call our centres if you have any questions or require some assistance.

We are now in the planning stages of some major capital projects for our region. Both Flin Flon and The Pas will see a significant increase in the number of dialysis stations in operation. Our plans are to renovate both sites and at the same time, add two (2) stations in Flin Flon and six (6) stations in The Pas. This is a major increase in our capacity and will allow more residents requiring this service to access it closer to home. This will also take some of the pressure off the Winnipeg Dialysis Program.

In addition to dialysis, we are planning a major renovation of the Emergency Room and Special Care Unit in The Pas. We anticipate this project to vastly improve the Emergency Rooms environment and working conditions. We also hope to add two (2) beds to the Special Care Unit.

The Town of The Pas and surrounding areas will benefit from the construction of a new EMS facility. The building will accommodate our recently acquired ambulances and provide space for regional EMT (Emergency Medical Technician) training.

On a very positive note, I would like to congratulate all staff and the teams that recently participated in our Accreditation Survey. Thanks to the hard work of all, we have been awarded a 3-Year Accreditation status once again.

The Board, Management and staff look forward to this coming year striving to continuously improve our services to residents of the NORMAN region.

Drew Lockhart  
Chief Executive Officer

(continued from page 1)

- Health Promotion, Health Education & Disease Prevention
- Psychogeriatrics Services
- Well Women & Teen Clinics
- Mental Health Services
- Co-Occurring Disorders Initiative (mental illness & addiction)
- Housing Resource
- PAP Tests, Cervical Screening and Pregnancy Testing

In addition to the services listed above, the Primary Health Care Centres provide more comprehensive, integrated services when required. An example of this service would be if an individual with diabetes which requires more than one service such as a Primary Health Care Nurse, a Dietitian, Walking Buddies program, or even Home Care services, etc. due to their health needs being more complex. Individuals often have difficulties and are frustrated when they need to access the health care system and are not aware of what services are available or how to access them. Primary health care coordinates the care for the individual and streamlines the process for the client.

We as Canadians value our health care system, but that has come to mean a focus on hospital services after people become sick or injured.

Perhaps we need to think differently??? Health care is also about preventing illness.

Advice and solutions can come from one or more members of a team of health care providers. A community can work together to promote prevention and healthy lifestyle and in this way take an active role in making a difference.

Primary Health Care starts with prevention and education about healthy choices. Helping people find ways to stay healthy and safe is more effective than treating illness, disease or injury after it occurs. This approach empowers each of us to take an active role in our own health care. Primary Health Care is about staying healthy at home and in your community.

If you require further information or have any questions about Primary Health Care and any of the services listed, please feel free to call:

In Flin Flon: Primary Health Care Center - 687-1340 or 1350; Senior's Team – 687-4870

In The Pas: Primary Health Care Center – 623-9650

## NOR-MAN Regional Health Authority 2004 Community Health Assessment Summary of Findings

The Community Health Assessment (CHA) process was legislated in 1997 with the creation of the Regional Health Authorities of Manitoba. This is the second Community Health Assessment completed by the NOR-MAN Regional Health Authority (NRHA). The first was published in 1997/98.

Building on the work from our first Community Health Assessment and ongoing CHA activities, this report examines, in the broadest sense, the health of our region and our communities. It is a fundamental step in understanding our collective strengths and identifying important areas for further investigation and potential improvements. This report serves as a tool for guiding our planning and policy efforts. It will provide the cornerstone on which future activities and plans of the NORMAN Regional Health Authority are built.

### Painting Our Picture

By its very nature, a report such as this has difficulty in showing the tremendous diversity that exists among individuals and communities within the NOR-MAN region. The NOR-MAN Regional Health Authority is not mandated to provide all health services in all communities. As a result, there are a number of agencies providing health services throughout the region. In addition, we provide acute care services at Flin Flon General Hospital to approximately 8,000 people from Northeastern Saskatchewan. This accounts for 40 to 66% (depending on the service provided) of Flin Flon General Hospital's utilization. With this in mind, communication and strong partnerships with other health service providers is critical to ensure health care services are provided in a coordinated and seamless fashion.

When reading through the chapters of our report, it quickly becomes apparent like the rest of Manitoba, we have higher rates of chronic diseases and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy eating) that lead to chronic poor health. Diabetes is the top health concern in NOR-MAN.

Injuries are also a concern for us. We are more likely to die as a result of unintentional injuries and are more likely to be hospitalized due to injuries than other Manitobans.

The health of some of our residents is also impacted by some basic determinants of health. We have higher unemployment rates, lower education levels and more single parent families.

We also have many youth adopting high-risk behaviors that result in problems such as addictions, suicide, injuries, sexually transmitted diseases, teenage pregnancy and leaving school earlier.

However... our picture is not all doom and gloom. NRHA has placed an emphasis on illness/disease prevention and health promotion activities since our last Community Health Assessment and we believe our results are starting to pay off. There is evidence cited throughout this report, both in the data and through our community consultation process that our health is improving.

We have seen a statistically significant decrease in our Premature Mortality Rate, which is one of the best indicators measuring a region's health. We are living longer. Although, we die approximately three (3) years earlier than the average Manitoban, our average life expectancy has increased.

In the Canadian Community Health Survey, more NOR-MAN residents responded that they are former smokers and are more active than the average Manitoban. Yet we know that smoking and inactivity is a concern for our region, these findings are promising.

We have seen a significant improvement in:

- preventative screening rates such as mammography and cervical screening.
- childhood immunization rates are well within the Manitoba average.
- improvement in our pneumococcal and influenza immunization rates has been noted.

For the complete CHA Report visit our website: [www.norman-rha.mb.ca](http://www.norman-rha.mb.ca)

## Board Sets Board Ends & Strategic Priorities for 2006-11

The NOR-MAN Regional Health Authority's Mission reflects the notion of individual and collective responsibility for health. The NOR-MAN Regional Health Authority exists so there will be:

Healthy People in Healthy Communities

Further, the NOR-MAN Regional Health Authority Board recognizes that in order to achieve our Mission, we will continue:

"Working Together to Improve our Health"

In order to achieve our mission, the Board has set out four Board Ends to guide the NRHA:

1. **Healthy Communities** - This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.
2. **Healthy People** - This Board End speaks to the many health issues that were identified through the Community Health Assessment on the health status of NOR-MAN residents. It was identified that many of our health issues relate to lifestyle issues and in order to improve health status we need to focus on health promotion and primary prevention.
3. **Optimal Access to Services** - This Board End speaks to improving access to services. It is recognized that, where possible, we need to be creative using technology such as Telehealth; and bring specialty services to the region. It addresses the priority of continuing to work on our Primary Health Care model and the need to continue to work towards reducing the jurisdictional barriers that exist as not to impact an individual's ability to access the necessary services.
4. **Excellence in Patient Safety and Quality of Care** - This is a new Board End, which focuses on our commitment to patient safety and continuous quality improvement. It also speaks to the need to be accountable to those we serve and that with finite resources all planning must be done in an evidence-based environment. Also emphasized is the fact that in order to be sustainable as a regional health authority, we need to be efficient and effective in the use of our resources and ensure an adequate and skilled workforce including continuing to develop northern Human Resources.

Under each Board End, the Board has determined a number of strategic priorities to further guide the emphasis of the NRHA. For the complete 2006-11 Strategic Plan visit our website: [www.norman-rha.mb.ca](http://www.norman-rha.mb.ca)

## COMMUNITY HEALTH SCENE

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