



NOR-MAN Regional Health Authority 2004 CHA Summary of Findings Report



"Your Chance To
Make A Difference"

NOR-MAN Regional Health Authority
Community Health Assessment Report

November 2004

Principal Authors:

Susan Crockett, Executive Director of Planning,
Research & Development

Catherine Hynes, Director of Decision Support Services

NOR-MAN Regional Health Authority
84 Church Street
Flin Flon, Manitoba
R8A 1L8

Telephone: (204) 687-1300
Fax: (204) 687-6405
E-mail: nrha@normanrha.mb.ca
Website: www.norman-rha.mb.ca
(PDF report will be available January 2005)



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 the 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 will serve as a tool for guiding planning and policy efforts. It will provide the cornerstone on which the future activities and plans of the NOR-MAN 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

A Community Health Assessment is a systemic, data-driven approach to determining the health status, behaviours and needs of the residents in a defined geographical region

Saskatchewan residents use of the Flin Flon General Hospital:
55% discharges
66% newborns
40% ER visits

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 that not only is the health status of NOR-MAN residents poorer than the average Manitoban, we also have a greater concern regarding access to health care services. Physician visit rates and consult rates to specialists are lower yet our hospital utilization rates are higher than the Manitoba average. The question we must ask ourselves is **“Are NOR-MAN residents being seen by the most appropriate provider, in the most appropriate location, at the most appropriate time?”**

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.

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. The inequity of our economic base impacts the disparity between high and low family income levels.

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.**

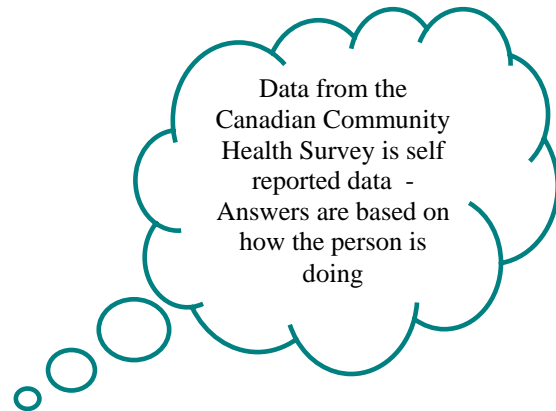
We have seen a statistically significant decrease in our Premature Mortality Rate, which is one of the best indicators measuring a region's health. **We are living longer.** Although, we die approximately three (3) years earlier than the average Manitoban, our average life expectancy has increased.

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. **Our childhood immunization rates are well within the Manitoba average.** An improvement in our pneumococcal and influenza immunization rates has been noted.

Each community included in this report has specific health concerns. However, there are a number of common themes that have emerged and are all related to the provision of Primary Health Care. They include:

- ✓ The need to improve access to services – the right provider, at the right location, at the right time.
- ✓ The need to enhance the awareness of regional and community NRHA services and programs.
- ✓ The need to improve service integration.
- ✓ The need to better coordinate services in the community.
- ✓ The need to continue to strengthen primary prevention activities.
- ✓ The need to continue to build individual and community capacity for improving health.
- ✓ The need to work in partnership.
- ✓ The need to communicate and consult with our



communities.

- ✓ The need for including traditional healing practices

Process and Methods

The NOR-MAN Regional Health Authority's Community Health Assessment is the product of an analysis of primary and secondary data sources relating to a wide array of community health indicators in the NOR-MAN region.

For the 2003/04 Community Health Assessment process, a series of community consultation activities were held with selected individuals representing various population groups in each NOR-MAN community. Feedback was obtained on health needs and health priorities.

The process used by the NRHA to develop the 2003/04 Community Health Assessment plan was participatory in design. A planning workshop was held in September 2003 with our District Health Council members, Board of Directors, Senior Management Team, CHA Advisory and CHA Research Team members to select the focus for our community consultation activities.

Our District Health Council members are our link to the communities, and were involved in all aspects of the community consultation process.

Both quantitative and qualitative data was reviewed as part of the CHA process as listed below:

- »» An **RHA Community Health (Telephone) Survey** was conducted by Acumen Research with 460 NOR-MAN residents randomly surveyed.
- »» **Public Forums** were held in NRHA communities. A PowerPoint presentation entitled "**What is Community Health Assessment?**" was delivered and was then followed by a discussion on the question,

A Community Health Assessment merges both quantitative and qualitative data from a variety of sources

Residents from Pukatawagan.Mathias Colomb Cree nation were involved in only some of our community consultation activities, this was because Mathias Colomb Health Authority delivers the majority of their own health care services

“What makes your community healthy?”

»» A series of **Healthy Lifestyle Focus Groups** were held in NRHA communities. There were up to three (3) different target population focus groups (Seniors, Youth and Young Moms/Dads) held in each community. The main question asked was **“What makes your community healthy?”**

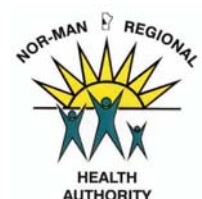
»» A **Forces of Change Assessment** was completed by each NRHA District Health Council. The main question asked was, **“What is happening in your community that effects your community’s health?”**

»» **Key Knowledge Interviews** were completed in NRHA communities. Interviews were conducted with representatives from each of the following sectors: Local Government, Education Services, Protection Services, Health Services, Social Services, Community-based Services and Industry/Business.

»» **Key Informant Interviews** were completed in all NRHA communities with knowledgeable community members.

»» **Health System Performance Community Discussion Groups** were held in The Pas and Flin Flon. Invitations were extended to NOR-MAN residents who had accessed NRHA services in the last 6 months to a year. The discussion focused on **the main health concerns of NOR-MAN residents and the efforts of the NRHA to address these concerns.**

»» **Health System Performance Staff Discussion Groups** were held in The Pas, Snow Lake and Flin Flon with invitations being extended to all NRHA staff. The discussion focused on **the main health concerns of NOR-MAN residents and the efforts of the NRHA to address these**



concerns.

»»» **Health System Performance Staff Survey** was distributed to all NRHA staff. The survey asked for staff's opinion on how they felt our health system is performing and suggestions on how to improve health service delivery within the NRHA (23% response rate).

»»» **Health System Performance Physician Survey** was distributed to all physicians providing services for the NRHA. The survey asked for physician's opinion on how they felt our health system is performing and suggestions on how to improve health service delivery within the NRHA (45% response rate).

»»» **Analysis of existing data** was compiled and reviewed from national, provincial, and regional data sources.

NRHA physicians believe that residents are not satisfied with both access and timeliness of NRHA services and programs

Format

This report provides a wealth of information that will prove useful to all who read it. There is a report key outlined in the report to help the reader quickly pull out the critical points and observations. The chapters are organized to examine the following questions:

- Chapter 1 - **What is a Community Health Assessment?**
- Chapter 2 - **Who is the NOR-MAN Regional Health Authority?**
- Chapter 3 - **What does the NOR-MAN Region look like?**
- Chapter 4- - **Who are the people of the NOR-MAN Region?**
- Chapter 5 - **How healthy are the people of NOR-MAN region?**

This report has been formatted using the following colour coded report key:

- Red highlights & print** – Areas of concern
- Teal highlights & print** – NOR-MAN specific facts
- Yellow highlights** – good news
- Bold Highlights** – Observations
- Red Clouds** - Areas of concern
- Teal Clouds** - Community Consultation concerns
- Yellow Clouds** - NRHA Programs & Services
- White Clouds** - Interesting Information



- Chapter 6 - **What makes people of the NOR-MAN region healthy?**
- Chapter 7 - **Where do NOR-MAN residents go for health services?**
- Chapter 8 - **How well does the NOR-MAN**

**Regional Health Authority
serve NOR-MAN residents?**

- Chapter 9 - **What issues can we work on?**

Key Findings

NOR-MAN Regional Health Authority (NRHA)

- »»» As one of the primary providers of health services in the NOR-MAN region, NRHA's mission is **“Healthy People in Healthy Communities – Working Together to Improve our Health.”**
- »»» A Board of Directors, who is appointed by the Minister of Health, governs the NRHA.
- »»» Consistent with its mandate, the NRHA delivers a wide range of services in three (3) acute care facilities, three (3) personal care homes, two (2) non-First Nation nursing stations and six (6) community health centers.
- »»» NRHA delivers services in eleven (11) core services areas including Physician services, Prevention and Community Health Services, Health Promotion and Education, Health Protection, Mental Health Services, Substance Abuse/ Addictions, Home-based Care Services, Long Term Care services, Palliative Care, Development & Rehabilitation Support Services and Treatment, Emergency & Diagnostic Services.

Types of Physician Services available include:

Family Medicine
Obstetrics
General Surgery
Anesthesiology
Radiology
CT Scan
Gynecology
Internal Medicine
Pediatrics
Psychiatry
Emergency
and
Itinerant Specialists

»»» There are a number of agencies providing health services in the NOR-MAN region. As the NRHA is not mandated to provide all health services in all communities, communication and strong partnerships with other health service providers is critical to ensure health care services are provided in a coordinated and seamless fashion.

NOR-MAN Region

»»» NOR-MAN region covers a vast area of land spanning 72,000 square kilometers in the central western part of the province.

»»» NOR-MAN Regional Health Authority provides services to about 2.2% (25,000) of the total population of Manitoba. In addition, NRHA also provides acute care services to approximately 8,000 Northeastern Saskatchewan residents.

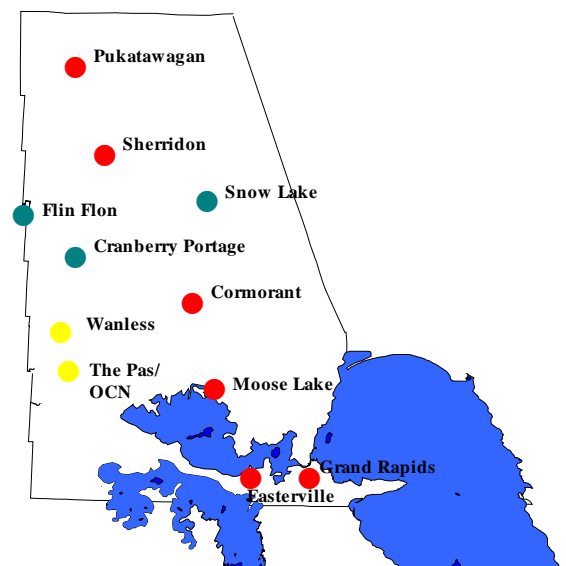
»»» NOR-MAN Regional Health Authority is divided into three distinct districts:

»»» District one is comprised of the communities of Flin Flon, Cranberry Portage and Snow Lake and is identified by the **teal markers**.

»»» District two includes the communities of The Pas, Opaskwayak Cree Nation and the Rural Municipality of Kelsey (excluding Cranberry Portage) and is identified by the **yellow markers**.

»»» District three includes the communities of Cormorant, Sherridon/Cold Lake, Easterville/Chemawawin First Nation, Grand Rapids/Grand Rapids First Nation, Moose Lake/Mosakahiken Cree Nation and Pukatawagan/Mathias Colomb Cree Nation and is identified by the **red markers**.

»»» Data throughout this report is provided at the regional and district level. Where available, data is also provided at the community level.



NOR-MAN Demographics:

- »»» There are approximately 25,000 people living in the NOR-MAN region, of which:
 - »»» 62% of residents live in Flin Flon, The Pas or Opaskwayak Cree Nation.
 - »»» 49% of residents are female; 51% male.
 - »»» 46% of residents claim Aboriginal identity (Manitoba rate is 14%)
 - »»» 50% of residents are under the age of 30 (Manitoba rate is 43%).
 - »»» 7.9% of residents are 65 years or older (Manitoba rate is 13.6%).

	2001	2002	2003
Flin Flon	6650	6480	6416
Grand Rapids	680	685	659
RM of Kelsey	2477	2652	2801
Snow Lake	1239	1265	1264
The Pas	7809	7783	7668
Chemawawin First Nation	573	585	599
Grand Rapids First Nation	372	379	384
Mathias Colomb Cree Nation	1160	1242	1224
Mosakahiken Cree Nation	366	383	380
Opaskwayak Cree Nation	1412	1247	1117
Unorganized Territories	2274	2309	2371
Totals	25,012	25,010	24,883

- »»» Some of the factors that hinder our ability to live a healthier lifestyle include:
 - »»» Our remoteness and the number of small widely scattered communities impact's our access to services.
 - »»» Higher than average unemployment rate, particularly evident in our outlying communities. **The NOR-MAN Unemployment rate is 12.1% compared to the provincial rate of 6.1%.**
 - »»» NOR-MAN has lower education levels with a higher percentage of residents with less than a high school diploma compared to provincial rates.
 - »»» Residents of our outlying communities have lower incomes than the provincial average and are at a disadvantage due to lack of economic opportunities.
 - »»» Lone parent median family income levels are three times lower than NOR-MAN

NOR-MAN residents with less than a high school graduation:

Ages 20 – 24 is 33.3%
Ages 35 – 44 is 29.2%
Ages 45-64 is 37.7%

NOR-MAN Lone Parent Family median family income is :

\$18,703.00

couple families. Our lone parent median family income levels are also significantly lower than the provincial average.

Health Status:

- »»» **Our health is improving.** We have seen a statistically significant improvement in Premature Mortality Rates from 1990-94 to 1995-99 of 5.45/1000 to 4.62/1000.
- »»» **We are living longer.** Although we die approximately 3 years earlier than the provincial average for both males and females, our Life Expectancy has increased.
- »»» Leading causes of death are due to Diseases of the Circulatory System followed by Neoplasms (cancer). Lung Cancer is our leading cause of cancer deaths. This mirrors the Manitoba picture.
- »»» Although infant mortality rates are lower than the Manitoba average, a different picture is seen at the district level. The district “NOR-MAN Other” has higher infant mortality rates than the Manitoba average.

»»» **Injuries are a big concern for NOR-MAN:**

- »»» We are more likely to die as a result of an unintentional injury than were all Manitobans. The leading cause of injury death is Motor Vehicle Incidents.
- »»» The top cause of Personal Years of Life Lost is due to deaths from unintentional injuries.
- »»» We are more likely to be hospitalized due to injury than all Manitobans.
- »»» NOR-MAN males are more likely to have sustained an injury than are NOR-MAN females.
- »»» The top reasons for visiting the Emergency Room for unintentional injuries were: (1)

Research data for 1995/99 shows that the life expectancy for registered First Nation persons (Swampy Cree Tribal Health) are 10 years less for males and 9.1 years less for females when compared to NOR-MAN residents overall

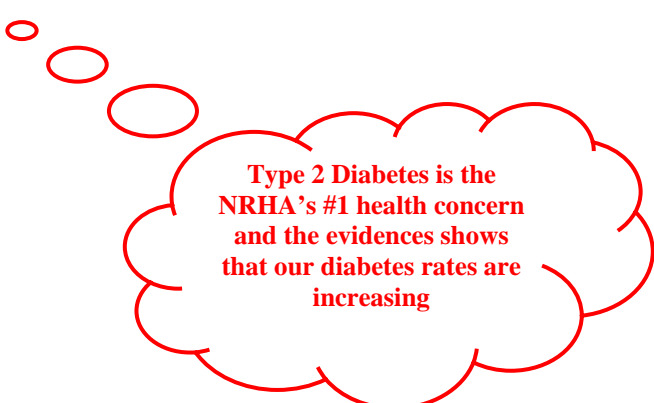
Norman the Safety Moose



falls, (2) struck by or collision with an object, (3) cutting and piercing, (4) motor vehicle crashes, (5) struck or collision with a person, and (6) burns.

»»» **Diabetes is the top health concern in NOR-MAN:**

- »»» Diabetes is reaching epidemic proportions with statistically significant higher rates than the Manitoba average.
- »»» One of the big concerns is that 60% of our population is under 40 years of age and has not reached the age when the onset of Type 2 Diabetes appears to increase dramatically.
- »»» The prevalence of diabetes is set to increase in our population over the next ten years and is of particular concern among our Aboriginal residents.
- »»» Diabetes treatment prevalence rates for Registered First Nations is three times the rate of non-First Nation residents living in NOR-MAN.



Type 2 Diabetes is the NRHA's #1 health concern and the evidences shows that our diabetes rates are increasing

»»» **Cancer is a top concern of NOR-MAN residents:**

- »»» There is good and bad news when we examined cancer incidences. NOR-MAN males have a lower incidence of colorectal and prostate cancer. Females, on the other hand, have a higher incidence of melanoma, colorectal and breast cancer than the Manitoba average.
- »»» When self-rating our health status, we are more likely to rate our functional health as better than the Manitoba average, yet our overall health is rated as poorer.
- »»» In a recent report by the Manitoba Center for Health Policy, it has been reported that mental illness is more common than expected and

warrants further investigation.

Health Determinants:

- »»» There is a large discrepancy between high and low-income earners in NOR-MAN.
- »»» We are more likely to be single or divorced than the average Manitoban.
- »»» Lone parents head almost a quarter of all NOR-MAN families.
- »»» We have a higher teenage pregnancy rate.
- »»» High birth weights are a concern in NOR-MAN.
- »»» Our childhood immunization rates are comparable to the provincial average. **We believe that our rates are higher as some data from the nursing stations has not been captured due to data entry issues.**
- »»» According to the Canadian Community Health Survey:
 - »»» Females in NOR-MAN are more likely to be smokers than the Manitoba average. The reverse is true for males.
 - »»» **We have a higher rate of former smokers** than the provincial average.
 - »»» We appear to drink alcohol more heavily
 - »»» We are exposed to second hand smoke more often than the average Manitoban.
 - »»» We appear to have more overweight and obese people living in NOR-MAN.
- »»» **We have seen significant improvements in preventative screening rates** such as mammography and cervical screening.

NOR-MAN Legal Marital Status

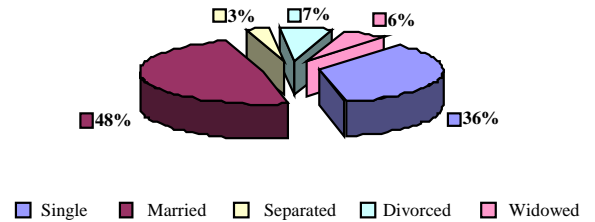
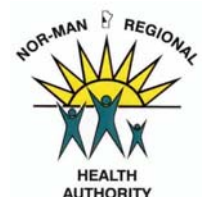
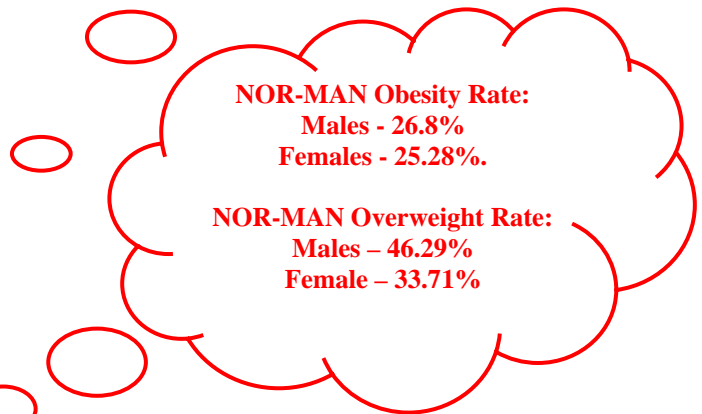


Figure 4.7: Legal Marital Status
Source: Statistics Canada, 2001 Community Profile – Division No. 21



- »»» Our influenza and pneumococcal immunization rates are steadily improving and are well within the Manitoba average.
- »»» We have the second highest STD rate in the province.
- »»» Stress and mental health issues were identified as a major health concern during all community consultations.

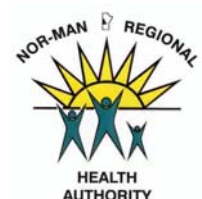
Health Services Utilization:

»»» Physicians:

- »»» 92% of physician visits take place within our region, which is highest in the province.
- »»» Over 90% of all ambulatory visits are made to family physicians.
- »»» Ambulatory consult rates are statistically lower than the provincial rate.
- »»» Of note, specialist visits within our region have increased over the past few years. With Telehealth, the opportunity to access specialist care closer to home will only improve.

»»» Hospital Utilization:

- »»» We are hospitalized more often than the average Manitoban. The top reason for being hospitalized is for Childbirth, followed by Diseases of the Digestive System, Injuries and Poisonings, Diseases of the Circulatory System and Diseases of the Respiratory System.
- »»» We have the 2nd highest number of non-Manitobans using our hospital facilities.
- »»» In-patient activity in all NRHA facilities has decreased over the last five years.
- »»» Outpatient activity has increased significantly over the last seven years at St.



Anthony's while, the reverse trend has been observed in Flin Flon and Snow Lake.

»»» **Emergency Services:**

»»» The Pas has a higher EMS call volume than Flin Flon. Of concern, is the high percentage of calls for violence and motor vehicle incidents in The Pas.

»»» **Northern Patient Transport Program:**

»»» NPTP costs continue to increase every year. Of note, is the fact that 6% of warrants were for air ambulance yet it accounted for the largest percentage (54%) of our budget.

»»» The top reasons for NPTP travel is Diagnostics in The Pas and Orthopedics in Flin Flon.

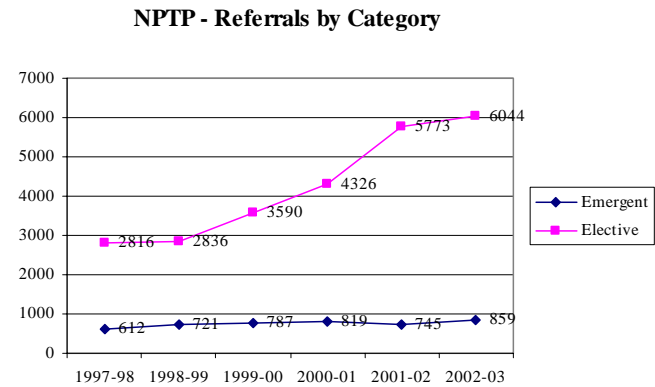


Figure 7.17: NPTP Referral by Category
Source: NPTP, NOR-MAN RHA

»»» **Telehealth:**

»»» **Telehealth is showing great promise** in NOR-MAN with clinical volumes continuing to increase.

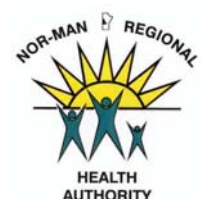
»»» **Home Care:**

»»» Although we have a lower number of new Home Care cases than the Manitoba average, our number of open (active) Home Care cases and average length of Home Care Cases is higher than the provincial average.

Telehealth volumes have increased significantly from last year:
 - 77.1% in Flin Flon
 - 114.4% in The Pas
 - 98.5% for Manitoba

»»» **Long Term Care:**

»»» With the 65 and over age category expected to increase from approximately 8% to 16% by the year 2025, **a further review of our Long Term Care needs is warranted.**



»»» Pharmaceutical Use:

»»» Data shows that our pharmaceutical use is lower than the Manitoba average. **We have a concern that the data may be higher as it is felt that there is an incomplete recording of pharmaceutical dispensing in NOR-MAN Nursing Station communities.**

»»» High Profile Procedures:

»»» We have a lower rate than Manitoba for Cardiac Catheterization and Angioplasty. However, we have a higher rate for Coronary Bypass Graft Surgery.

»»» Rates for Hysterectomies and Caesarian Sections are higher than the Manitoba average.

Health System Performance:

»»» The RHA Community survey and our Community Consultation activities highlighted the following about NOR-MAN residents:

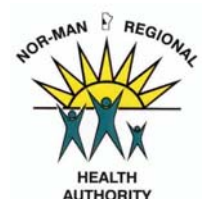
»»» We find it more difficult to get an appointment with a provider.

»»» We are less likely to know where to go to address a concern.

»»» The majority of us are happy with the services that they were provided.

»»» The majority of us rated the quality of services as good to excellent.

»»» NRHA releases a Quality Scorecard quarterly on one of four health system performance dimensions – work life, responsiveness, system competency and client/community focus. The scorecard provides a vehicle from which we can monitor how we are performing and an action



plan for improvement.

What we can do to improve our Health?

We hope that this document will be of benefit to our residents and community partners. **An adequate income, meaningful work, learning opportunities, a clean environment, adequate housing, access to community services and support networks are seen as prerequisites for good health.**

Health extends beyond the jurisdiction of what the NOR-MAN Regional Health Authority can provide. We recognize that we can't be everything to everybody. We all have a role in improving our own health and the health of our communities. We must build on this foundation together to ensure our residents and our communities become healthier and remain healthy.

We challenge each and every one of our residents and community partners to be a part of the solution. There are things that each of us can do at an individual and collective level to work towards our mission of "Healthy People in Healthy Communities – Working Together to Improve our Health."

Next Steps

This Community Health Assessment Report is an ongoing process that focuses on issues that tell us what we are doing well and where we might improve. This report is one in a series of reports that will help us to work together to identify issues, create solutions and improve our health.

Although this is a comprehensive document, it is by no means complete. The Community Health Assessment process is an ongoing process. The NRHA will continue to explore needs within our population over time and plan accordingly. Watch for the release of the following NRHA specific reports:



- »»» Home Care/Long Term Care
- »»» Mental Health
- »»» Children's Health
- »»» NOR-MAN Community Profiles
- »»» CHA Topic Specific Fact Sheets
- »»» CHA Consultation Overview Report
- »»» CHA Evaluation Report.

It is our intention to incorporate the findings and common themes that have emerged in this report into NRHA's five- (5) year strategic plan for 2006 – 2011.

To obtain a full report of the 2004 NRHA Community Health Assessment, visit www.normanrha.mb.ca.

As you read and use the information contained in this summary of findings and have questions, please do not hesitate to contact us with your questions.

Susan Crockett
Executive Director of Planning, Research & Development

Telephone: (204) 623-9287
Fax: (204) 623-9263
E-mail: scrockett@normanrha.mb.ca

Catherine Hynes
Director of Decision Support Services

Telephone: (204) 687-1338
Fax: (204) 687-6405
E-mail: chynes@normanrha.mb.ca

