NORTHERN HEALTH REGION

2014 COMMUNITY HEALTH ASSESSMENT

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HEALTH REGION

Dedication

"Catherine Hynes' passion and dedication to making sure that Northern Communities were accurately represented through data and real life descriptions were overwhelming for those of us working in the communities and with the community health assessment process. She would be pleased with the work that is ongoing to tell the story through the data".

NORTHERN HEALTH REGION

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A Message to the Citizens of the Northern Health Region
from Helga Bryant, Chief Executive Officer

The Northern Health Region's 2014 Community Health Assessment (CHA) is the product of an intensive year of work by our Community Health Assessment Working Group, staff, physicians, community partners, and residents.

This is the first Community Health Assessment for our newly amalgamated Region. Over the past three years, a true picture of the Northern Health Region has emerged and we are excited about the direction we are heading. While we still have many health challenges facing our Region, there are some very good news stories submitted by our team showing the great strides we have made toward the priorities set out in our latest Strategic Plan.

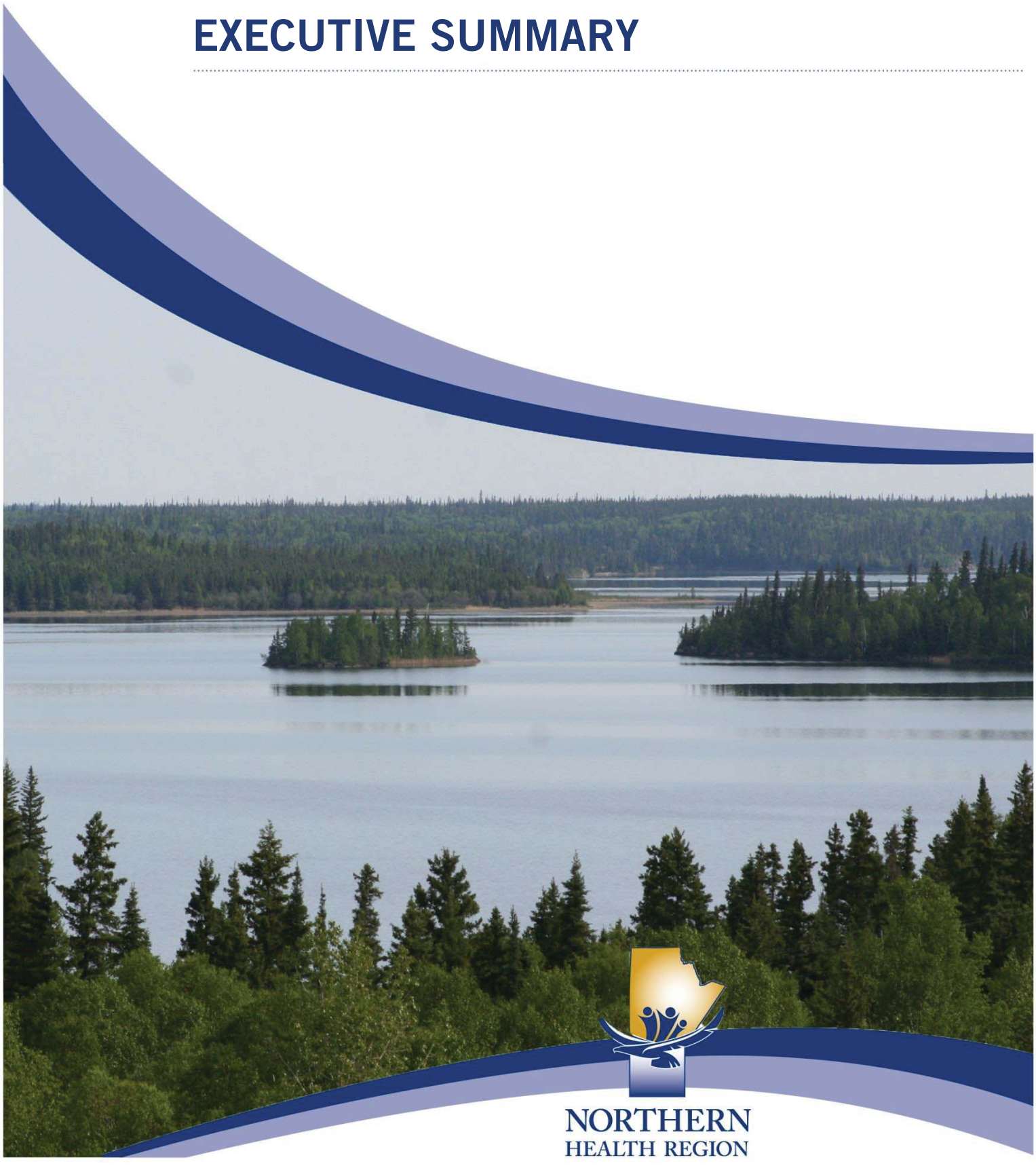
I would like to thank everyone who took part in the Community Health Assessment process. Whether you were on our working group or participated in one of our many community consultation activities, your commitment to health in our Region is greatly appreciated.

We are looking forward to the many initiatives planned in the coming years and our continued development as a Region. We have a dedicated team of health care providers and community partners who continue to work together towards our Vision of "Health People; Healthy North" as we continue to deliver on the promise of our Mission. We are dedicated to providing quality, accessible and compassionate health services. Meegwetch, Ekosi, Ekosani, Masi cho!

Sincerely,

Helga Bryant RN, BScN, MScA
Chief Executive Officer

EXECUTIVE SUMMARY



NORTHERN
HEALTH REGION

1.0 Introduction

Each Regional Health Authority is required by Manitoba Health, Health Living and Seniors (MHHLS) to undertake a comprehensive Community Health Assessment (CHA) of their region every five years. This document represents the first Community Health Assessment completed by the Northern Health Region.

For this Community Health Assessment, MHHLS required that each Regional Health Authority (RHA) report on a "Core" set of 80 indicators. Beyond this core set of indicators, each RHA could report on other important indicators based on their unique needs and priority areas. Where possible, the Region has also used other data sources and community consultation information to fill in where the standard data sources were suppressed or did not adequately present a complete picture. The Northern Health Region have provided these other non-core indicators to provide the most comprehensive picture of the region as possible.

Many of the areas identified as challenges in the 2014 CHA were also highlighted in the previous two Community Health Assessments. Although in some areas there has been improvement, the RHA must continue to work with community members to achieve more optimal health outcomes. The RHA does recognize, however, that in some cases, the areas identified as challenges are not within the control of the region, or directly impacted by services the RHA delivers. For example, the RHA likely cannot change many of the real socio-economic challenges (such as income, and education levels) faced by regional residents. The RHA also has limited ability to influence health care outcomes on First Nation communities as it outside of their jurisdiction. However, as research clearly shows a link between social conditions, income and education and health, it is very important that the RHA continue to track this information and continue to work toward partnering with other organizations like First Nations and Health Canada to support all residents in the region.

2.0 About The Region

- With a total of 396,000 square kilometres and a population of 74,983, the Northern Health Region has the unique challenge of planning and providing health care services and programs to a small population to an area that totals 62 per cent of Manitoba's total land mass.

- The Northern Health Region has four distinct set of communities.

    - There are 2 cities and 6 towns under provincial jurisdiction, incorporated and governed by a Mayor or Reeve and a municipal council.
    - First Nations communities are within federal jurisdiction and are not directly served by the provincial government including the Northern Health Region. Most Indian Bands are governed by a Chief and Council elected for two year terms by the Band membership.
    - Northern Affairs Communities are communities which operate under the provincial Northern Affairs Act.
    - Unorganized territories are areas consisting of small hamlets and settlements in which the provincial government acts as the municipal government.

- In April 2012, the Government of Manitoba introduced amendments to the Regional Health Authorities Act which reduced the number of Regional Health Authorities in Manitoba from eleven (11) to five (5). This decision resulted in the merger of the NOR-MAN RHA and the Burntwood RHA into the Northern Health Region.

- The Northern Health Region continues to be a younger population compared to Manitoba with a greater percentage of people in the age categories up to age 19. The differences are particularly stark in the youngest age categories. That said, the Northern Health Region is becoming older over time. The highest population increases came in the 65-69 (51.3% increase from 2004-2014), 60-64 (45.3%) and 70-74 (40.2%) year age categories.

- According to a population projection report published by the Manitoba Bureau of Statistics, the Northern Health Region will grow up to 104,300 residents by 2042, an increase of 40.6 per cent.
- Over two-thirds of people living in the Northern Health Region self-identifies as Aboriginal (70.0%) compared to the provincial average of 15.5 per cent of the population. Just over half (50.7%) of regional residents lived on reserve.
- The proportion of lone parent families in our region is larger than in the province overall (30.0% versus 17.1%) and the highest among Manitoba RHAs. Census data shows the substantially lower income experienced by lone parent families compared to couple families (median family income of $30,919 versus $57,381) in the region.
- Almost a quarter (24.4%) of Northern residents speaks a non-official language at home. Of that number, the most predominant language is Cree (59.1%) and Oji-Cree (32.2%).
- Approximately 37 per cent of the Northern population reports a mother tongue other than English or French. These proportions are much higher than in Manitoba (21.5%)
- 10.8 per cent of our residents moved within the province in the last 5 years compared to 7.2 per cent of Manitobans. According to these data, the Northern Health Region has a relatively transient population.

3.0 Key Findings - Areas of Progress

Throughout this Community Health Assessment, areas of improvement have been identified. While we note that there have been incremental improvements made, it is also true that there is still room for further improvement. That said, the following results do show progress has been made in a range of indicators.

Socio-Economic Conditions

Socio-economic factors have been identified in past CHAs as a priority area through the 2004 CHA and, although there has been some improvement, this area continues to be one where improvement is needed. Some areas where the Northern Health Region would like to see improvement include unemployment rates, higher income for lone parent families, as well as better education attainment levels.

- In 2011, the LICO (low income cut off) rate is in the middle of the province at just over 11.8 per cent of residents which is lower than the provincial rate of 15.4 per cent.
- A smaller proportions of residents spend 30 per cent of more on shelter costs compared to Manitoba overall, with 10.8 per cent of homeowners doing so (13.0% provincially) and 26.1 per cent of renters (35.4% in Manitoba).

Personal Health Practices

The degree to which residents are choosing healthy lifestyle choices and active living is critical in improving the long term health status of the region. While the change in health status will be gradual over time, active and healthy living will contribute to the prevention of a number of chronic diseases, better mental health, improved fitness, and the ability to live more independently later in life. While there are some encouraging signs with respect to physical activity levels and healthier eating, smoking and exposure to second hand smoke continue to be unacceptably high.

- For readiness for school indicators, area of development measures remained relatively steady from 2006 to 2011. Some modest improvements were made in language and cognitive development, communication skills and general knowledge.

- The healthy eating rate in the region was 32.3 per cent between 2007/08 and 2011/12, which was an improvement from previous surveys.

Maternal, Infant and Child Health

Concern about parenting, child safety and child neglect were some of the most prevalent topics raised by community consultation participants. When asked generally what communities needed to be healthy, considerable attention was paid to parenting skills and the need for more maternal health programs to support new mothers and their children.

- The region has experienced a decline in teen pregnancy in recent years from a high of 62.8 per 1,000 in 2010/11 to 51.6 in 2012/13.
- There has been a gradual decline in high birth weight (HBW) rates from 20.6 per cent in 2002/03 to 17.8 per cent in 2011/12, reducing the gap between the region and the Manitoba average
- Generally, youth in the region feel safe at home (96.7% agree) in their school (81.9% agree) and have a supportive family (89.9%) and close friend (87.1%) support system they can use.

Chronic Disease

Both heart related condition and diabetes were rated in the top 3 of most serious health care issues facing the region. In the survey, 26.0 per cent of respondents had indicated that they had been treated for diabetes by a doctor or nurse in their lifetime which was second among conditions cited. Chronic disease management was an important theme of discussion for focus groups held in the region in 2014. Much of the prevailing sentiment was that there were enough treatment options for residents managing a chronic disease but that there needed to be more of an ongoing commitment from patients to live a healthier lifestyle to address the risk factors that people can control.

- Rates for some major chronic diseases such as heart attacks, chronic heart failure, hypertension, stroke, and breast cancer all declined over time in the region.
- The proportion of residents living with ischemic heart disease and osteoporosis also declined.
- While diabetes incidence and prevalence grew, the good news is that, out of the growing number of those diagnosed with diabetes and pre-diabetes, the Regional Diabetes program has implemented a free physical activity group class and provided access to dietitian services to help make more nutritious food choices.
- Lower limb amputations for diabetics did decrease slightly which suggests that patients and providers are more aware of the need for screening to prevent complications.

Mental Health

Mental health and addictions were priority areas identified by community residents and health care providers through the community consultation process, as well as in previous Community Health Assessments. It is now considered on the top health priorities as staff and resident surveys indicate. Considerable concern was expressed that community mental health services were not readily accessible to those who needed it. While the system responded to mental health crises well, it was not able to provide ongoing mental health support to prevent a crisis from occurring.

- The proportion of residents diagnosed with dementia declined to 8.5 per cent in 2007/08-2011/12, statistically below the Manitoba average of 10.6 per cent

- The proportion of residents with a mood or anxiety disorder remained relatively unchanged at 17.5 per cent in 2007/08 which was statistically below the Manitoba average of 23.3 per cent.

Accessibility and Effectiveness

The Northern Health Region staff survey highlighted staff concerns with accessibility as one of the main concerns expressed by staff. This included wait times for health services and programs, staff shortages, lack of health services and physician retention. These are all concerns that directly impact accessibility. In survey results, there was almost unanimity among staff about the importance of health accessibility to residents (97.4% agreed it was very important or important).

- Over half (56.8%) community residents feeling very satisfied or satisfied with accessibility and 55.3 per cent very satisfied or satisfied with the timeliness of health care services.
- Increases in the number of MRIs and CTs scan procedures shows the region is making key diagnostic procedures accessible to its residents.
- Most northern residents (89.1%) stay in their home RHA for hospitalization. Most hospital days are also spent at northern hospitals (78.4%).
- The median wait time for breast cancer assessment diagnosis improved for the 2008/09-2009/10 period going to 31 days for the Northern Health Region.
- In 2011/12, virtually all (98%) cancer patients were treated with radiation therapy within four weeks.
- The region experienced an increase in rates of continuity of care rates to 65.2 per cent in 2010/11-2011/12
- Prescription rates for benzodiazepine remained statistically below the Manitoba average of 20.5 per cent.
- The hospitalization rate for ambulatory care sensitive conditions declined significantly in the region to 14.9 cases per 1,000 population
- In 2012, 16.9 per cent of all births in region were by Caesarian Section which was lower than the Manitoba average of 21.9 per cent.

Health Care Utilization

Utilization indicators provide key information on how the health care system is used by residents in the Northern Health Region across the health care continuum from primary care, hospital care, diagnostics, surgeries, home care and long term care. The objective is to use health care resources as effectively and efficiently as possible, moving to a more community-based model of care where there is less reliance on acute care facilities for health care.

- While endocrine and metabolic diseases (thyroid diseases, diabetes, and osteoporosis are included in this category) were the top reason for physician visits in the Northern Health Region, the good news was that the proportion of visits due to injury and poisoning and respiratory conditions declined over time.
- As with physician visits, there was a smaller proportion of patients being hospitalized for injury and poisonings and more patients coming in for screening test and immunizations.
- The region experienced a decline in its hospital readmission rate from 12.2 per cent to 10.9 per cent between 2006/07 and 2011/12, a statistically significant decline.

- Hospital separation rates declined significantly in the region from 183.3 per 1,000 population in 2006/07 to 154.8 in 2011/12, a statistically significant decrease. It still remained statistically above the Manitoba average of 87.9.

- The Northern Health Region had a slight decline in long term hospital stays with a more significant decline for short hospital stays over time.

4.0 Key Findings - Areas of Challenge

Socio-Economic Factors

The large proportion of lone parent families is of concern given the lower income levels those families have. Wide ranges in income have been shown to negatively affect health status of communities. Socio-economic indicators have the greatest impact on health status and can significantly influence how Regional Health Authorities deliver health programs and services.

- The proportion of lone parent families in our region is larger than in the province overall (30.0% versus 17.1%) and the highest among Manitoba RHAs. Census data shows the substantially lower income experienced by lone parent families compared to couple families (median family income of $30,919 versus $57,381) in the region.

- The labour force participation rate was 57.8 per cent, below the Manitoba average of 67.7 per cent.

- The unemployment remained high in the region at 15.2 per cent of men and 12.7 per cent of women.

- Slight gains in educational attainment seem to have been made with just under one half (49.6%) of residents having no degree, certificate or diploma, though still substantially higher than the Manitoba average of 25.1 per cent.

Personal Health Practices

Based on the findings of the youth health survey in the region, particular attention will need to be focused on the older grades to build greater awareness of risky behaviours around drinking, smoking, drugs and sexual activity and information.

Adults

- The binge drinking rate was 31 per cent between 2007/08 to 20011/12, the highest in Manitoba and well above (and statistically different) the provincial average of 24 per cent.

- The cigarette smoke second hand exposure rate in the region between 2007/08 and 2011/12 was 20.9 per cent which was a statistically significant different from the Manitoba average of 11.2 per cent during the same time period.

Youth

- The youth smoking rate was 25.8 per cent in 2012. Smoking rates increased with each grade. In grade 7, 9.5 percent of students smoked occasionally or daily; by grade 12, 43.1 per cent of students were smoking.

- Overall, 82.4 per cent of youth were either moderately active or active. Inactive levels rose from grades 7 (12.9% inactive) to 11 (23.0% inactive) and then dropped in grade 12 (18.0% inactive).

- The region experienced an improvement in Body Mass Index (BMI) with a slight reduction in the number of residents who were overweight or obese which was 65 per cent between 2007/08 and 2011/12, well above and statistically different from the Manitoba average of 56 per cent.

- Fully 60.1 per cent of youth survey respondents had fruit and vegetable consumption below the Canada Food Guide recommendations at either 2 times or less a day (23.7%) or 3-6 times.

- In grade 7, 39.6 per cent of students were overweight or obese, in contracts the grade 12 cohort has a rate of 30.5 per cent. This is of concern as there are more young students who are overweight and obese compared to older students, we must continue to monitor to determine if the grade 7 group continues to experience higher rates of obesity as they age or if these rates decline as the students go through high school.

- Sex practices, discussion about birth control and STIs increased with each grade.

- The main sources of information about sex differ with each grade. In grade 7, the primary source for sexual health information was a parent or caregiver. By grade 12, the internet and friends become the most important sources of information.

- Once again, with other drug and alcohol indicators, binge drinking rates rise with each year in high school. In grade 7, 13.9 per cent of students had engaged in binge drinking. By grade 12, 85.8 per cent had done so.

- More casual drug use seems to continue to increase with each grade. In grade 7, 17.4 per cent of students indicated that they had taken drugs in the last year. By grade 12, 60.4 per cent had.

- The most common type of bullying that youth experienced in the past year was someone saying something about their appearance or shape (45.3%) or being bullied, taunted or ridiculed (44.2%).

- Overall use of sunscreen is low with only 31.2 per cent of youth indicating that they use it often or always. Use is higher among females 35.1 per cent saying they use it often or always versus 27.2 per cent for males who do.

Mental Health

While the incidence levels of some mental health conditions appear to be lower in the north, there is widespread concern about the availability of mental health supports for residents.

- 30 per cent of respondents to the 2014 Northern Health Region staff survey cited Mental Health as a weakness of the region. This was the highest response rate for a program area.

- Mental health was cited as one of the top three health care issues in the region both by staff (16% of respondents cited mental health conditions) and residents (12%).

- Mental health was also a major reason for nurse or doctor visits with 28.1 per cent of residents indicating that they had been seen for a mental health condition in their lifetime.

- While the proportion of residents diagnosed with substance abuse declined to 9.2 per cent in 2007/08-2011/12, it was still almost double the Manitoba rate of 5.0 per cent.

Maternal, Infant and Child Health

The region continues to see high birth rates and poorer outcomes for births. Given the concerns expressed about the level of maternal health support, more attention needs to be paid in this area to ensure improved outcomes for mothers and their infants.

- The birth rate was 22.2 births per 1,000 residents in 2011/12, the highest birth rate among Manitoba RHAs and well above the provincial average of 12.4. The pregnancy rate for 2011/12 are considerably higher in First Nations communities, particularly in the 15-19 and 20-24 years age categories.
- The teen birth rate in 2012/13 was 43.1 per 1,000 population, more than three times the Manitoba average of 12.8.
- In 2012/13, the preterm birth rate was 9.0 per cent of live births compared to the provincial average of 7.8 per cent. It was the highest rate among Manitoba RHAs
- The proportion of low birth weight infants was 6.1 per cent in 2011/12, the highest among Manitoba RHAs, above the provincial average of 5.3 per cent.

Chronic Disease

While some progress was noted on the incidence levels of some chronic diseases, those living with diabetes, arthritis and high blood pressure remains very high. Increased efforts to promote healthier living strategies to reduce the incidence of chronic disease remains a regional priority.

- The proportion of residents with arthritis remained high at 23.5 per cent in 2010/11-2011/12, above the Manitoba average for both time periods. The Lynn Lake and Gillam districts had prevalence rates of over 30 per cent in the most recent time period.
- The diabetes incidence rate rose slightly 1.81 new cases per 100 person years in 2004/05-2006/07 to 1.91. The regional rate was statistically higher than the Manitoba average in both time periods. The Island Lake Zone had the highest rates among all districts at 5.15, a statistically significant difference from the regional average
- The proportion of residents living with diabetes increased from 18.2 per cent in 2004/05-2006/07 to 20.9 per cent in 2009/10-2011/12, a statistically significant increase. The Island Lake Zone (48.9%) and the Non-Direct Service (28.0%) zones had rates statistically higher than the Northern Health Region rate.
- The proportion of residents with hypertension increased to 35.0 per cent in 2011/12, the highest prevalence rate in Manitoba. As with other chronic disease findings, the Northern Direct Service zone recorded the lowest prevalence rates (33.0%) while the Non-Direct Service zone (40.1%) and the Island Lake zone (53.7%) had significantly higher rates in comparison to the northern average.
- The overall cancer incidence rate was 523.3 new cases per 100,000 residents in 2008-2010. This incidence rate is higher than the Manitoba average of 471.2.
- Our region had higher incidence rates for long and colorectal cancer compared to Manitobans overall.

Communicable Diseases

The north continues to struggle with very high rates for communicable diseases, particularly for chlamydia, gonorrhea and tuberculosis. The region continues to work on providing greater awareness and information campaigns along with improved monitoring and surveillance.

- The chlamydia rate has generally increased over the 2004-2013 time period. By 2013, the chlamydia rate in the north was over four times higher than that of other RHAs in Manitoba.
- The rate of new gonorrhea cases was considerably higher than the Manitoba rate between 2004 and 2013. By 2013, the incidence rate of gonorrhea was six time higher than the Manitoba average.
- The tuberculosis rate remains well above the Manitoba average from 2000-2012. By 2012, the Northern rate was 75.0 cases per 100,000 population, over 7 times the Manitoba rate.

Accessibility and Effectiveness

Access to primary care providers, which is necessary in providing ongoing chronic condition management outside of a hospital setting, continues to be an area of concern for the Northern Health Region.

- Only 33.3 per cent of staff respondents to our Northern Health survey thought residents were either very satisfied or satisfied with accessibility to health care services offered with 30.5 per cent of respondents feeling that residents were dissatisfied with accessibility.
- From 2007/08 to 2011/12, 65.2 per cent of residents had access to a regular doctor, well below the Manitoba average of 86.0 per cent during the same time period. The Island Lake and Sayisi Dene districts had only 50 per cent access to physicians.
- The ambulatory visit rate declined to 3.3 visits per resident in 2011/12, statistically different from the Manitoba average of 4.4.
- Rates for antidepressant follow up declined to 36.1 per cent in 2007/08-2011/12, statistically different from the Manitoba average of 54.5 per cent.
- There was a slight decrease in eye exam rates for diabetes patients to 33.0 per cent in 2011/12, a statistically different rate from the Manitoba average of 37.5 per cent.
- The dental extraction rate was 72.8 per 1,000 in 2007/08-2011/12, significantly higher than the Manitoba average of 15.0 extractions per 1,000. The extraction rates were found to highest in the Northern Island Lake and Non-District zones where rates were statistically higher than the Northern Health Region average in both time periods.
- In 2008-2010, the late stage diagnosis rate for cancer was 23.6 per cent, statistically higher than the Manitoba average of 19.5 per cent. Late stage diagnoses ranged from 14.8 per cent for prostate cancer to 43.3 per cent for lung cancer in the Region.

Health System Utilization

Indicator results showed that the north had improved its performance with lower hospital use and lower hospital and physician use due to injury and poisoning. Increasingly though, the region, has seen long term care resources under strain which is impacting accessibility to PCHs. More efforts will need to be directed to independent living strategies for seniors and home care to reduce the reliance of PCHs. This is particularly important as the senior population continues to increase.

- The proportion of seniors aged 75 years and older who were admitted to a PCH remained stable at 13.4 per cent in 2005/06-2006/07 and 13.6 per cent in 2010/11-2011/12, above the provincial average of 11.9 per cent. All other RHAs experienced a statistically significant decline in admission rates between the two time periods.
- In 2010/11-2011/12, 71.2 per cent of PCH admissions were at a level 3 or 4 care, compared to 69.6 per cent for Manitoba as a whole. The Northern Health Region had the highest percentage of residents admitted at level 4.
- There was a statistically significant increase in wait times for PCH admission from 2.9 weeks to 8.7 weeks, above the Manitoba average of 5.1 weeks
- The personal care home bed supply rate increased from to 195.5 beds per 1,000 residents aged 75 and over, almost double the Manitoba average of 114.1.

Injury, Premature Death and Life Expectancy

Premature mortality and injury rates continue to be high in Northern Health Region. This underlines the point that to make measurable progress in improving life expectancy and reducing the number of premature deaths, injury prevention strategies need to be effective and communities need access to safe and healthy activities particularly for young people. Engaging youth in organized and productive activities was an important theme for community consultation participants. Although injury is a very important contributor to premature death, it is also noted that cancer is the leading cause of death in the region.

- Life expectancy for males and females at 71.4 and 76.4 years respectively in 2007-2011, is statistically lower than the Manitoba average. The Northern Direct Service zone had the highest life expectancy.
- Falls continue to be the leading cause of hospitalization for injuries (particularly in the 75 years and older age category) followed by assaults and self-inflicted injury. Among females, self-inflicted injuries are the second leading reason for injury hospitalization, with more than two times the standardized rate and two times the cases of men.
- The leading causes of mortality in the region remained fairly constant between 2002-2006 and 2007-2011. Cancer increased in the proportion of deaths, from 20.6 per cent of all deaths in 2002-2006 to 23.3 per cent of deaths, the number one cause of mortality in 2007-2011.
- The age standardized rate for all injuries was 115.5 between 2000 and 2012. The rates were considerably higher for males both for unintentional and intentional injuries compared to females.
- The overall cancer mortality rate in 2008-2010 was 264.1 per 100,000 population, the highest rate among RHAs and statistically different from the Manitoba average of 202.7
- The findings for the top 10 causes of premature mortality are similar to the top 10 mortality. Premature deaths that increased from 2002-2006 to 2007-2011 were cancer (20.7% to 22.4% of all premature deaths), digestive diseases (4.4% to 6.2%) and respiratory diseases (4.4% to 6.3%).

- The Premature Mortality Rate (PMR) remained virtually unchanged at 5.3 per 1,000 population in 2002-2006 and 5.4 per 1,000 in 2007-2011; significantly higher than the Manitoba average of 3.1 per 1,000.
- The rate of Potential Years of Life Lost (PYLL) in the region remained steady at 100.2 per 1,000 residents in 2002-2006 and 102.4 in 2007-2011, almost double the Manitoba average of 51.5 per 1,000.
- From 2007/2008 to 2011/2012, the infant mortality rate was 10.1 deaths per 1,000 births, the highest among Manitoba RHAs. It significantly higher than the Manitoba average of 6.4 deaths per 1,000 infants.
- The child mortality rate of 91.9 deaths per 100,000 population from 2007/2008 to 2011/2012 is almost three times the Manitoba rate of 32.4 deaths per 100,000 population.

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