



# Strategic Plan 2023-2028





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# Message from the Board Chair and Chief Executive Officer

The Strategic Plan for 2023-2028 has been developed under the leadership of the Northern Health Region’s Board of Directors. Through the course of discussions at Board meetings, along with public, patient, and staff input, our regional staff has compiled the new Strategic Plan. A number of documents were reviewed and considered including:

- ▶ 2019 Northern Health Region Community Health Assessment
- ▶ The principles of system transformation and Shared Health goals of services closer to home and patient-centered care
- ▶ The Accountability Agreement between the Northern Health Region and Manitoba Health
- ▶ The Declaration to Eliminate Indigenous-Specific Racism in Northern Manitoba

The Strategic Plan provides guidance and direction to all levels of the organization as we continue on the journey forward with our new Vision: *Accessible, respectful, inclusive and safe healthcare for everyone*. We look forward to the guidance the new strategic priorities will offer us as a region through partnerships and community engagement.

By looking through the data lens of the environmental scan our focus is to enhance partnerships to improve social determinants of health. This encompasses all government sectors to harmonize community and we recognize the important opportunity the NHR has to engage and contribute to this direction.

Reflection of the previous year’s thoughtful conversations brings recognition and gratitude to our Indigenous health partners and community organizations who dedicated time to engage with NHR staff. Special thanks to Helga Bryant, former CEO, and Cal Huntley, former Board Chair for their leadership throughout the strategic goal-setting of these new directions.



**Carrie Atkinson**  
Board Chair



**Raj Sewda**  
Chief Executive Officer

Mar 30, 2023 | Sent via email: [Planning.knowledge@gov.mb.ca](mailto:Planning.knowledge@gov.mb.ca)  
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# Environmental Scan



- First Nation & Inuit Health Managed Services
- NHR Managed Facilities / Services
- + Provincial Nursing Stations
- NHR Medical / Primary Care Services

## OVERVIEW OF THE REGION

The Northern Health Region is geographically the largest of the five Regional Health Authorities in the Province of Manitoba. It is spread over 396,000 square kilometers.

The Northern Health Region includes all of the land in Manitoba above the 53rd parallel except for the town of Churchill. There are two cities (Thompson and Flin Flon), six towns (The Pas, Gillam, Grand Rapids, Leaf Rapids, Lynn Lake, Snow Lake), one rural municipality (Kelsey), one local government district (Mystery Lake), 26 First Nations communities, 16 Northern Affairs communities and multiple hamlets and cottage settlements making up unorganized territories. The Northern Health Region acknowledges that it is within Treaty number five and Treaty number four land. In addition, the Northern Health Region acknowledges Treaty number six and Treaty number ten.

The land of the Northern Health Region is a mixture of Canadian Shield with many lakes and rivers, as well as permafrost with a sub-arctic climate. The boreal forest has a diverse mix of trees including balsam, fir, tamarack, white spruce and black spruce. Deciduous trees such as white birch, aspen, and poplar are found more in the southern portions of the region. The permafrost in the Taiga shield is located in the north-western part of the region has small, slow growing coniferous trees. It is a transitional area between the boreal forest in the south and the tundra further north. The Northern Health Region is an area rich in natural resources which is reflected in the economy. Hydroelectricity, fishing, mining, and tourism are key economic sectors.



**+12.7%**  
POPULATION

The Northern Health Region has a young population, which is projected to continue to expand by 12.7% from 2017 to 2030.



**0-24y**  
LARGEST AGE GROUP

The greatest percentage of population for the Northern Health Region is in the 0-24 year age group.



LARGEST GROWTH

We will see the most growth in the 35-44 year age group and the 65-74 year age group.



**72.6%**  
INDIGENOUS

Self-identify as Indigenous



**OVER 1/2**  
LIVE ON RESERVE

Over half of Northern Health Region residents live on reserve.

**10.4%**  
MOVED HERE  
WITHIN 5 YEARS

10.4% of our residents moved within the province in the last 5 years







### SOCIAL DETERMINANTS OF HEALTH

The Social Determinants of Health (SDH) have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between populations. In the Service Delivery Organizations at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The Northern Health Region is particularly impacted by the SDH. We see inequities not only between the overall population of Manitoba and the population of the North, but also within the different population zones of the Northern Health Region. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector. This highlights the significance of partnerships in the North.

*Note: In this section, when the term 'significantly' is used, the difference is considered statistically significant and unlikely to be due to a fluctuation over time or due to chance.*

Outlined below are the findings from the 2019 CHA as it pertains to the Social Determinants of Health:

**Income and social protection** - The socioeconomic conditions for NHR are worsening over time. Most residents felt that they have good social supports but our material deprivation is the worst in the province. 27.1% of children in our region live in low-income families. The NHR does have the highest percentage of lone parent families in the province with 1 in 3 families only having one parent.

**Education** - 44.6% of our population has no certificate, diploma or degree compared to 22% for Manitoba. Only 23% of our population has a high school diploma or equivalency certificate.

**Unemployment and job insecurity** - Unemployment rate for the NHR is 14.2% which is more than double the Manitoba average.

**Food insecurity** - NHR reported the same prevalence of food insecurity as the rest of Manitoba at 9%

**Housing, basic amenities and the environment** - Safe and affordable housing is lacking in the North particularly in our outlying communities.

**Early childhood development** - 56% of mothers in the NHR had three or more risk factors that led to poor childhood outcomes on the Families First prenatal screening. We did though see improvements in adequate prenatal care and the rate of large for gestational age births.

**Social inclusion and non-discrimination** - 72.9% of our residents felt that they have very or somewhat strong community belonging which was higher than the Manitoba average.

### POPULATION HEALTH NEEDS

Many of the areas identified as challenges in the 2019 Community Health Assessment (CHA) were also highlighted in the previous three Community Health Assessments. Although in some areas there has been improvement, the Northern Health Region must continue to work with community members to achieve more optimal health outcomes.





Outlined below are the NHR Health Status findings from the 2019 CHA that reflect the impact of the Social Determinants of Health on Chronic Disease, Healthy Behaviors and Mental Health and Wellness:

**Life Expectancy** – Life expectancy increased significantly for men from the 2014 CHA while women remained the same. Rate for Mortality, child mortality, premature mortality and unintentional injury causing death all decreased. Potentially avoidable death rate decreased significantly.

**Mental Health** – NHR has the highest suicide rate in the province of 0.49 per 1,000 residents and it continues to increase over time. Manitoba’s suicide rate is 0.17 per 1,000 residents. Our rate of residents diagnosed with mood and anxiety disorder is statistically lower than the Manitoba average at 14.4% of our population. Although this is good news we do know that access to providers and a confirmed diagnosis is a gap within the NHR.

**Substance Use** – highest prevalence in the province with 10.8% of the adult population having a diagnosed substance use disorder

**Sexual Health** – significantly higher Sexually Transmitted Blood Borne Infections (STBBI) rates in the NHR, all STBBI rates are at least 4x higher than the provincial rate.

**Diabetes** – 1 in 5 residents has a diagnosis of Diabetes. This has continued to increase over time and is significantly higher than the Manitoba average.

**Renal** – With the high rates of Diabetes the NHR is projected to have the second highest increase in the province for renal therapies by 2024 with an 80% increase in need for centre-based dialysis, kidney transplant and peritoneal and home dialysis

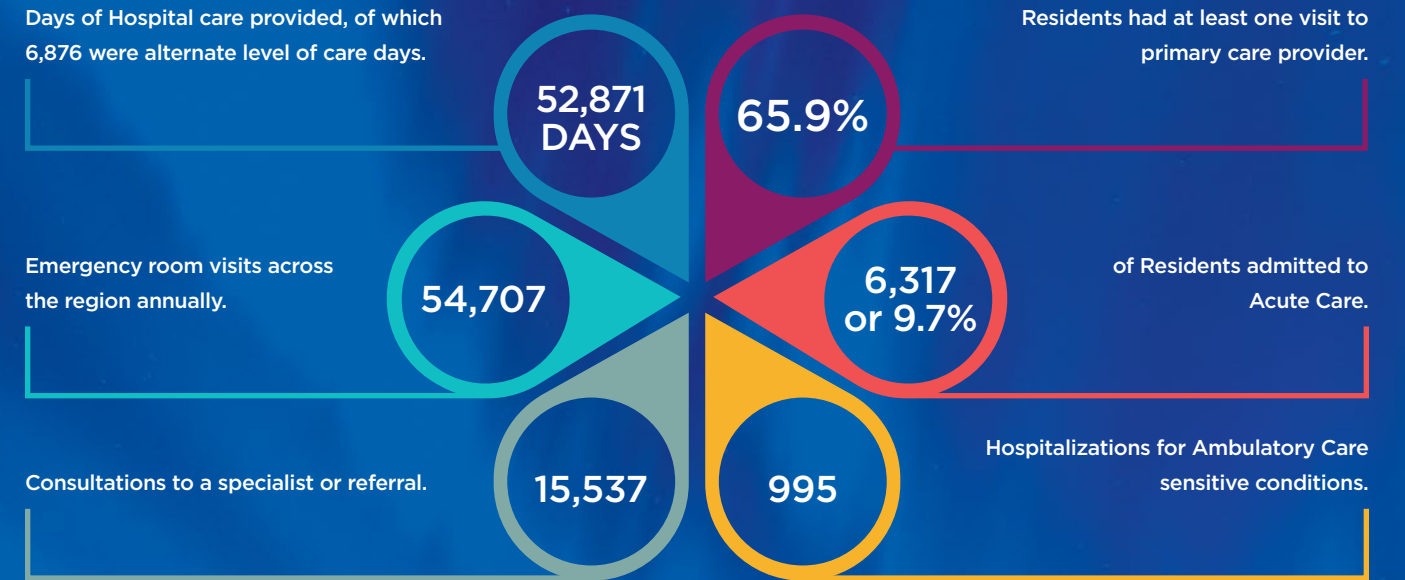
**Cancer** – Although cancer incidence rate increased from 2014 to 2019, we did see increased survival rates for invasive cancers, increased colorectal screening rates and rate of death decreases for breast, prostate, lung and colorectal cancers.

**Heart Health** – Hypertension and congestive heart failure prevalence remained the same over time. The prevalence of ischemic heart disease significantly decreased as well the heart attack rate also declined from 5.15 to 4.78 events per 1,000 residents over the age of 40 years.

**Prenatal Care** – Inadequate prenatal care decreased over time, preterm birth rates remained the same as well as small for gestational age births. Large for gestational age births and teen pregnancy rates both decreased significantly overtime. With our Baby Friendly certifications in The Pas, Flin Flon and Thompson we saw our breastfeeding initiation rates increase from 61% to 65%.



## ACCESS TO OUR HEALTH SYSTEM



1,304 Residents used Home Care Services.

45.6% of Residents reported that the coordination of their care between providers was excellent or very good.

12.7% of Seniors 75 years and older live in a personal care home.

55% of NHR respondents reported a very good hospital experience – We are working as a region to make our services and facilities more culturally safe and free of anti-Indigenous racism. Our partnership with MKO is one of the key steps in this journey.





# Communication & Engagement Plan

In the Fall of 2022, the NHR embarked on an engagement process for the 2023-2028 Strategic Plan. In the initial planning stages, the hope had been to align with the engagement process for the Manitoba Clinical and Preventive Services Plan (MCPSP) Co-Planning implementation. Due to the timeline for MCPSP implementation in the NHR, the alignment of the two processes was not able to be realized; therefore, a separate engagement process for the Strategic Plan was developed.

Between November 2022 and February 2023, we completed surveys with Regional Management, staff and stakeholders. We held focus groups with community, key partners and staff. We also conducted key informant interviews with our stakeholders across healthcare, government, community and patients. In total we completed:

- ▶ 3 surveys with a total of 471 responses.
- ▶ 60 Key Informant Interviews.
- ▶ 6 Focus Groups with Community Partners and Staff.

## WHAT WE HEARD...



### Strengths

- ▶ Indigenous Health
- ▶ Organization
- ▶ Adaptability
- ▶ Staff
- ▶ Leadership



### Opportunities

- ▶ Cultural
- ▶ Recruitment
- ▶ Access
- ▶ Government/Political Involvement
- ▶ Planning
- ▶ Partnerships
- ▶ Retention



### Challenges & Risks

- ▶ Leadership
- ▶ Funding
- ▶ Cultural Inclusion
- ▶ Staffing
- ▶ Transportation
- ▶ Privacy
- ▶ Patient Experience
- ▶ Education/Training
- ▶ Primary Care
- ▶ Services
- ▶ Community Care
- ▶ Infrastructure
- ▶ Mental Wellness & Recovery
- ▶ Planning
- ▶ Communication
- ▶ Racism
- ▶ Recruitment
- ▶ System Transformation
- ▶ Changing Demographics
- ▶ Employment
- ▶ Government Relations
- ▶ Access to Housing



# Vision

Accessible, respectful, inclusive and safe healthcare for everyone.

# Mission

We provide healthcare in a way that grows trust, inclusion and an understanding of patient needs to provide the best patient experience. We do that through people centered care and supporting our staff in a respectful, culturally safe environment. We are committed to meaningful partnerships with Indigenous partners, government agencies and other healthcare organizations as we strive to bring timely, equitable access to healthcare for the North.



# Values

These values guide the behaviors and actions of all NHR employees in our interactions, with customers, co-workers, and partners. We follow the principles of the Seven Sacred Teachings: Love, Respect, Bravery, Wisdom, Truth, Honesty, and Humility, in our relationships with each other in order to have healthy, thriving communities.

## WE DEMONSTRATE:

### TRUST

- ▶ Open, truthful and clear communication.
- ▶ Providing culturally safe, compassionate care.
- ▶ Being consistent and courageous in our thoughts, words and actions.

### INTEGRITY

- ▶ Being accountable and responsible for our actions good or bad.
- ▶ Doing what is honest and right, not what is easy.
- ▶ Respecting ourselves and others.

### RESPECT

- ▶ Being active listeners.
- ▶ Valuing collective wisdom.
- ▶ Treating people as a unique individual with their cultural identity, history and traditions.

### COMPASSION

- ▶ Being empathetic – genuinely seek to understand each person’s experience.
- ▶ Meeting people where they are, not where we want them to be.
- ▶ Treating others as we wish to be treated – with kindness, courtesy, grace and respect.

### HUMILITY

- ▶ Using every experience as an opportunity for self-reflection in order to learn and grow.
- ▶ Hearing and addressing our own strengths and weaknesses.
- ▶ Being considerate of others.



# Northern Health Region Strategic Map 2023-2028

## STRATEGIC PRIORITIES



**Eliminate Indigenous Specific Racism**



**Provide a Positive Patient Experience**



**Healthy Workforce**



**Sustainable and Adaptable Organization**

## OBJECTIVES/PRIORITIES

# Eliminate Indigenous Specific Racism



In partnership with Manitoba Keewatinowi Okimakanak (MKO), and Keewatinohk Inniniw Minoayawin (KIM), the NHR has signed a Declaration to eliminate all forms of racism towards Indigenous Peoples in our health region. The goal is to ensure equitable access to safe, respectful, timely, high-quality healthcare. This collaboration between MKO, KIM and NHR lays the foundation to develop and implement Indigenous specific racism strategies and policies that will address health inequities among Indigenous peoples in the North.

### STRATEGIC GOALS

- ▶ Authentic Partnerships in Addressing Indigenous Specific Racism in Health Care (Declaration # 1)
- ▶ Operational Standards and Quality Innovation in Addressing Indigenous Specific Racism in Health Care (Declaration # 2)
- ▶ Mobilizing Systemic Change in Addressing Indigenous Specific Racism in Health Care (Declaration #5)
- ▶ Embedding Health Equity in Addressing Indigenous Specific Racism in Health Care (Declaration #6)





# Provide a Positive Patient Experience



Understanding a patient's experience when they received health care is integral to improving patient-centered care and assessing the performance of our health systems.

## STRATEGIC GOALS

- ▶ Indigenous Knowledge and Perspectives in Addressing Indigenous Specific Racism in Health Care (Declaration # 4)
- ▶ Provide timely and equitable access to services that engages clients and families as partners in care
- ▶ Improve access to and the coordination of Mental health and addictions services
- ▶ Focus on a culture of safety and continuous improvement



NHR Elders/Knowledge Keepers

# Healthy Workforce



We heard strongly from staff and community that the NHR care team is a strong, caring team but signs of fatigue are being seen in all service areas across the region. Vacancies, span of control, lack of work/life balance and the pandemic have impacted significantly on staff resiliency.

## STRATEGIC GOALS

- ▶ Human Resources - Indigenous Workforce and Leadership in Addressing Indigenous Specific Racism in Health Care (Declaration # 3 )
- ▶ Develop a comprehensive recruitment and retention strategy that reflects the diversity of our region
- ▶ Enhance employee educational opportunities, Leadership Development, and succession planning
- ▶ Prioritize the health, safety and wellbeing of our staff





# Sustainable and Adaptable Organization



Health systems across the world are experiencing heightened expectations of service availability, quality and equity, pandemic backlogs of surgical and diagnostic procedures, pressures on health human resources, inflationary cost pressures and uncertainty. In order to begin to address these issues, organizations need to be able to implement new, innovative, and agile approaches as resources are limited.

## STRATEGIC GOALS

- ▶ Seven Sacred Teachings in Addressing Indigenous Specific Racism in Health Care (Declaration # 7)
- ▶ Determine equitable funding that addresses the population needs in the NHR
- ▶ Improve accountability through evidenced-informed planning and increasing data analytics capacity
- ▶ Invest in community-based prevention activities that impact health outcomes
- ▶ Strengthen partnerships in order to co-plan services that support the sustainability of healthcare services



## Questions or Feedback?

Questions or feedback about the current or new strategic plan can be directed to NHR Communications, **204-687-3014**, or **[NHRCommunications@nrha.ca](mailto:NHRCommunications@nrha.ca)**



**NORTHERN  
HEALTH REGION**