INTERLAKE COMMUNITY

HEALTH ASSESSMENT 2004
Acknowledgements

Community

To the residents of the Interlake who contributed their time and energy to this process, we wish to give you our thanks. Anyone who attended the community forums or a focus group discussion, all those who took the time to participate in the community survey and any that talked about the CHA to their friends, family or neighbors became part of the process, we thank you and ask for your continued involvement.

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CHA Steering Committee

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Executive Summary

Roger Newman, Freelance Writer
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Executive Summary

Introduction

This report is a comprehensive study of the health status and health needs in 2004 of the 75,000 residents of the Interlake.

It takes an in-depth look at current Interlake resident’s health challenges and needs, comparing the results to changes in the past five years and to other regions, particularly rural southern Manitoba which has similar characteristics. It represents the second comprehensive health assessment undertaken by the region. The first took place in 1998.

The report also details the innovations, programs and activities the IRHA has introduced since it was established by the Manitoba Government in 1997 as part of a province-wide initiative to streamline the delivery of health care.

The purpose of the community health assessment was to collect and analyze a wide-range of information that will enable the IRHA to improve the health of the population and plan efficient health services during the next five years. The report is designed to be a valuable guide for the authority’s board, managers and staff. It is also a public document to encourage health partners - such as community members and other stakeholders - to become involved in the decision-making process.

Methodology

To compile the year-long study, the IRHA set up a steering committee made up of staff from across the region. This committee represents program areas such as medicine, nursing, public health, health promotion, seniors' services, planning, education and public relations.

The committee’s work was supplemented by community surveys, forums and focus groups covering all ages. Key factors investigated included the prevalence of various diseases in the Interlake, the overall delivery of health care and the effectiveness of health promotion or wellness programs.

A community health assessment identifies and measures the health status of the population of a region.
The committee examined what health services are used, why they are used and where they are accessed. It also measured environmental and behavioral influences on health and well-being in individual communities and in the region as a whole.

In undertaking their research, committee members were motivated by the World Health Organization’s definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Because of the data and information collected, the IRHA now has a map to plan for the future health services that are needed and the region’s ability to respond to these needs.

**Our Role in the Region**

The Interlake Regional Health Authority is responsible for the administration of health care facilities and the delivery of health services and programs in a 26,000 square kilometer area between Lake Winnipeg and Lake Manitoba.

The region is comprised of 21 rural municipalities, nine First Nations communities and a large area defined as unorganized territory that tends to be largely unpopulated.

The IRHA’s boundaries stretch from Lake Manitoba to Lake Winnipeg and from the R.M. of Rosser on Winnipeg’s north perimeter to the 53rd parallel. In addition, the region includes a narrow strip of land on the east side of Lake Winnipeg extending up to Grand Marais.

To serve its vast territory, the IRHA has divided the region into four districts - northeast, northwest, southeast and southwest. Gimli and Arborg are the largest population centres in the northeast while all of Lake Manitoba’s communities and reserves are in the northwest. The southeast district is anchored by the City of Selkirk and the southwest embraces both Stonewall and Teulon.

Like Manitoba’s 10 other regional health authorities, the IRHA carries out its mandate within the broad context of provincial government policy direction. But the IRHA is dissimilar to some other authorities in that both its lakes serve
cottagers and tourists who significantly increase the population, especially in summer. This can lead to more demand for emergency services, physicians and hospital care during peak visitor seasons. The special health needs of Aboriginals and a growing seniors population are also major factors in the Interlake.

### Regional Accomplishments -1999 TO 2004

In the past five years, the IHRA has been implementing strategies for health care change and improvements identified in the 1998 Community Health Assessment Report.

The planning process provides for annual updates to the operating plan in addition to the overall review every five years. The region involves many professionals and lay people in its planning process, including the IRHA board, senior management, staff, health partners and the community.

The strategic planning of 1999 pinpointed six priority areas that have served as a guide to the provision of health care in the region. The priorities included a focus on wellness and illness prevention programs, improved access to health services and effective two-way communication between all the health partners.

### 1999 Strategic Priorities

1. Wellness
2. Communication
3. Accessibility
4. Partnerships
5. Continuous Improvement
6. Work Environment

Another priority was the development of more partnerships to plan health programs and services in conjunction with community groups such as advisory bodies, First Nations, youth and seniors. As well, the IRHA committed itself to creating a work environment conducive to employee and volunteer growth, plus continuous improvement in regional health through teamwork and decisions based on solid evidence.

Highlights of the wellness initiative have included everything from the introduction of more vaccination programs to the formation of the Interlake Health Promotion Group; with specific sub-groups to work on physical activity, nutrition, tobacco cessation and injury prevention. The IRHA has also expanded the number of Healthy Community Committees in the region and initiated education programs covering baby and early childhood care, breast feeding, nutrition, diabetes and heart health.
In the realm of accessibility, the IRHA has undertaken the $14 million Gimli Community Health Centre redevelopment project that places all health care services under one roof. It has opened the Fisher Personal Care Home with 30 new beds and re-located the Fisher Medical Clinic to improve accessibility. Other improvements include a CT scanner for the Selkirk Hospital, dialysis units for Selkirk and Ashern, and a birthing room at Arborg Hospital. An ambulance replacement program has also been introduced and EMS facilities have been enhanced at Selkirk, Lundar, Ashern and Gypsumville.

Better communication has been fostered through a regional information plan and the development of an IRHA website, newsletters and brochures, particularly a service guide mailed to all households in the region. Processes are now in place to handle public concerns and for delegations to appear before the Board.

In the work environment, the authority has completed an employee recruitment and retention study as well as a staff satisfaction survey. It has established employee wellness and assistance programs and expanded education programs, providing interest free loans to assist staff in furthering their education. It has also increased staffing in the region, with notable additions including a director of pharmacy, a second general surgeon and more laboratory staff at Selkirk, and full-time positions in all EMS services.

Partnerships have been forged in many areas, numerous programs have been added or improved, and there are policies and procedures for continuous improvements, all of which are described more fully in chapter two of the CHA report.

The Interlake People
The total population of the Interlake grew by 4.54%, from 71,837 to 75,095 between 1992 and 2002. Interestingly, the total is almost evenly split between 37,869 males and 37,226 females.

Based on current information, the projection is that population will rise by 8% to 81,345 by 2010 and by 12% to 84,220 by 2015.

Because of the aging of the baby boom generation and the Interlake's popularity as a retirement centre, there will be an estimated increase of 17% in the 65-plus age group by 2010 and an astounding 31% by 2015.

This will have a significant impact on the provision of health services in the region, playing a major role in the planning and delivery of programs and services. The population projection underscores that health services for seniors will be a priority in the Interlake. It also foresees an increase in 40-plus residents and a decrease in the 20 to 39 age group.

By district, the population breakdowns are: South East, 28,856; South West, 18,918; North East, 17,895; and North West, 9,246. All are growing except for the South East which remains the biggest district but lost 2.47% of its population between 1992 and 2002.

Social and Economic Determinants of Health

Social and economic factors are known to be key determinants to the health of a population and its need for health services.

Warning signs include low education rates, poor income, a lack of employment, and weaknesses in personal health practices and coping skills. Other factors that come into play are healthy child development, gender, culture and biology and genetic development.

There are a number of considerations in the Interlake. Slightly fewer residents (74.6 %) are high school graduates compared to the Manitoba rate (79.2%). As well, the region's average income of $24,702 is somewhat lower than the provincial average of $26,416.

A total of 54% of Interlake males are employed and most likely to be working in trades and transportation, primary industry and sales and service. The
employment rate for females is 44%, predominantly in such sectors as sales and service, finance and administration and health. The remainder of the population is either not seeking work (ie students, homemakers or retirees) or are unemployed.

Unemployment among all residents of the Interlake is higher than for Manitoba and Canada, especially for men. The Interlake rate is quite a bit higher than the province as a whole, but only slightly higher than the national rate.

According to recent surveys, approximately 12% of Interlake home owners and 34% of renters spend more than 30% of income on housing - rates fairly equal to the rest of Manitobans. The bottom 50% of households receive only 22% of all income earned in the region, nearly the same as the overall Manitoba rate of 22.1%.

When it comes to ethnicity, the Interlake is made up of citizens with a diverse mix of backgrounds. Eleven per cent or 7,843 people are registered members of First Nations communities. There is a discrepancy between the health of Aboriginal people and non-Aboriginal people living in the Interlake. In some cases, such as diabetes rates, this discrepancy is huge. Overall, the health of Aboriginal people must be a priority issue in the Interlake.

There are also contradictions in the region. Recreation activities and opportunities contrast with statistics showing many Interlake residents are likely to be overweight or obese. Our youth smoking rates are also fairly high and long-term smoking can have a significant impact on the development of chronic disease. Because of all the alarm signals, including high rates of chronic disease, the need for health promotion activities and services must be another priority.

### District Profiles

#### South East

The IRHA’s South East District is composed of the City of Selkirk, The RM of St. Andrews, The RM of St. Clements and the Brokenhead First Nation. Covering 3,000 square kilometers, Selkirk is the hub of the district which surrounds the
southern tip of Lake Winnipeg and includes Grand Marais on the east side of the lake.

Total population of the district is 28,856 (38% of the IRHA population), including 14,428 males and the same number of females. The majority are 25 to 64 years of age, although all age groups are decreasing in numbers except the 45 to 64 and 65-plus groups.

Main business sectors and industrial sectors in the district are manufacturing, construction, health care, education, financial and real estate services and retail and wholesale trade. Selkirk, the anchor of the district, provides an extensive range of health services to all communities in the region.

**South West**

The South West district contains the Town of Stonewall and Village of Teulon, plus the municipalities of Rosser, Woodlands, Rockwood and the south half of Armstrong below Narcisse and west of Highway 7.

Population in 2002 consisted of 9,299 males and 9,619 females (25% of the IRHA population), with growth being experienced in all age groups except 0-4 and 25-44. The main industries are agriculture, general business, health, education, manufacturing and construction. There are hospitals in Stonewall and Teulon which supply most of the health services in the district.

**North East**

The North East District has a wide variety of communities, including Gimli, Arborg, Riverton, Winnipeg Beach and Dunnottar. It also embraces the municipalities of Bifrost, Fisher and the northeast part of Armstrong, plus the First Nations communities of Peguis, Fisher River and Jackhead.

Total population is 17,895 (24% of the IRHA population), with growth taking place in all age groups but 0-4. Of the 8,912 males and 8,983 females, 3,088 or 17% are of Aboriginal descent. The main industries are health, education, agriculture, manufacturing and wholesale and retail trade mainly catering to tourism and farming.

The largest health care facility is the recently-opened $14 million Gimli community health care centre and hospital. It provides a "one stop shop" for
treatment and wellness programs. Other district communities also offer their fair share of health services, but serious cases and the need for specialist services can result in patient trips to Selkirk and Winnipeg.

**North West**

Comprising the Northwest district are the rural municipalities of St. Laurent, Coldwell (Lundar), Eriksdale, Siglunes (Ashern), and Grahamdale. It is also home to the First Nations communities of Lake Manitoba, Dauphin River, Fairford, Lake St. Martin and Little Saskatchewan, as well as the unorganized territories north of Grahamdale to the 53rd parallel.

The population of the district is 9,426 (13% of the IRHA population), including 4,578 males and 4,839 females. Of the total, 2,081 or 22% are of Aboriginal descent. Main industries are agriculture, health, education, manufacturing, construction and wholesale and retail trade. In common with the other districts, the Northwest offers a wide variety of summer and winter recreational opportunities, many of which take place on Lake Manitoba.

Based in several locations, the district provides a range of health services to all its communities.

**Utilization of Health Services**

The IRHA has these services available for its residents:

- Acute care hospitals in Arborg, Ashern, Eriksdale, Gimli, Selkirk, Stonewall and Teulon.

Services provided at these sites include emergency rooms, outpatient treatment, ambulances, diagnostic imaging and lab, physio/occupational therapy and palliative care. Physicians' clinics are often associated with the hospitals.

Specialty services are available at specific locations throughout the Interlake. Among these are chemotherapy, dialysis, surgery, obstetrics, audiology, speech-language pathology and diabetic education services.

- Personal care homes in Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Lundar, Selkirk, Stonewall and Teulon.
Community health offices in Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Gypsumville, Lundar, Riverton, Selkirk, St. Laurent, Stonewall and Teulon. Services at these sites include public health, mental health, home care and support programs for seniors.

During the community health assessment, it was important to review usage to give us an indication of the demand for particular health services. Our rates of usage were compared with other Manitoba regions, particularly the rural south which has similar characteristics. The rural south indicators include information from such regions as South Eastman, North Eastman, Central, South Westman, Assiniboine and Parklands.

The number of IRHA residents visiting a doctor for any reason is 81%, compared to 80% in the rural south. The average number of yearly visits, also slightly on the decline, was 4.17 visits/resident for the Interlake versus 4.29 visits/resident for the rural south, indicating residents of our region seek physician care in almost the same proportion as their rural neighbors. However, the percentage of our residents who saw a doctor in Winnipeg increased from 25% in 1995 to 31% in 2000.

Interlake residents had slightly fewer admissions to hospital and stayed shorter periods than residents of the rural south. Hospital admissions are declining over time for Interlakers, although northern districts have higher rates than in the south. Approximately half of all hospital admissions occurred within the region and half in Winnipeg hospitals, a rate that has remained fairly consistent.

A majority of emergency room (ER) patients are treated at the Selkirk Hospital. Approximately 80% of all emergency room visits involve non-urgent and less urgent cases such as strains, sprains and minor trauma. The number of ER visits has remained fairly stable from year to year while the Interlake total of ambulance calls increased from 8,101 two years ago to 9,152 in the past 12 months.

Interlakes rates for high profile procedures have increased over time and are higher than in the rural south. These procedures include cardiac catheterization,
angioplasty and coronary artery bypasses. Likewise, the number of new home care cases in the region has increased slightly and the rates are also higher than in the south.

Interlake admissions to personal care homes have risen in the past few years, possibly due in part to the construction of the 30-bed Fisher Personal Care Home. The IRHA admission rate is equal to both the rural south and Manitoba.

Approximately 60% of Interlake residents are admitted at the highest levels of care, compared to only 50% in the rural south. This means our residents are frailer when admitted and could explain the shorter length of stays in our region.

During the past year, IRHA staff administered 1,003 chemotherapy treatments, 4,646, dialysis treatments, 6,486 ultrasound exams and 3,549 CT Scans. As of March 31, 2004, there were 729 patients on the waiting list for ultrasound and 212 for CT Scans.

Our public health nurses made 16,465 contacts during the most recent year while mental health staff handled 617 adult and 272 cases involving children. Other busy services included physiotherapy and occupational therapy.

Health Status of our Population

The mortality (death) rate in the Interlake has decreased significantly over time, but there is still a pressing need to combat chronic diseases that cause the majority of deaths.

Residents of the IRHA region can now expect to live 81.09 years for females and 75.45 years for males. This is now comparable to rural south regions and Manitoba overall, although the Southeast district has a significantly higher death rate than the other three Interlake districts.

In 1999, there were 9.14 deaths per 1,000 residents in the Southeast versus a rate of 8.08 in the Interlake as a whole. Rates in the other three districts were: Southwest, 6.95; Northeast, 7.58; and Northwest, 8.42, with all rates having declined since 1994.
Mortality rates - deaths per 1,000 residents - are one of the key indicators of the health of a population. The criteria for measuring mortality also include life expectancy, premature deaths and the potential years of life lost through these deaths.

Morbidity is another important factor in the equation. It measures the burden of illness on the population and the presence of various health conditions in a region. Among the criteria in this category are pre-term birth rates, high and low birth rates, the prevalence of chronic diseases and injury rates.

The Interlake's premature mortality rate (PMR) - deaths before the age of 75 - has decreased significantly over time, showing that on average our population is getting healthier. There is still a way to go, however, as rates in northern districts are higher than in the south and the Interlake's overall (PMR) is still slightly higher than in rural southern Manitoba.

The potential years of life lost (PYLL) - deaths per 1,000 residents between ages one and 74 - have decreased over time in the Interlake and now equal rates in the rural south. Rates for females are fairly equal across the IRHA region, but there is a significant difference between northern and southern districts for males, likely because of more accidental deaths occurring in the north.

In examining PYLL over a 10-year average, the top three causes for males were unintentional injuries, circulatory disease and cancer. The top three causes for females were cancer, circulatory disease and unintentional injuries.

The top five causes of death are the same for males and females of the Interlake.

The number one cause is diseases of the circulatory system such as heart attacks, strokes and high blood pressure. Second are various forms of cancer, with the most common being lung, prostate and colon for men and lung, breast and colon for women.

Diseases of the respiratory system, including asthma and emphysema, are third followed by external causes such as fractures, injuries and poisonings. Rounding out the Interlake list in fifth are endocrine-metabolic illnesses with examples being diabetes and related diseases. The top five causes are the same for

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<th>Top 5 causes of death in the Interlake (Males &amp; Females)</th>
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<td>1. Diseases of circulatory system</td>
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<td>2. Cancer</td>
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<td>3. Diseases of respiratory system</td>
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<tr>
<td>4. External causes (injuries)</td>
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<td>5. Endocrine diseases (diabetes)</td>
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Manitoba, except that diseases of the digestive system (stomach, pancreas and liver) are in fifth place.

IRHA stroke rates have increased over time, in contrast to the rural south where rates have decreased. Hypertension (high blood pressure) rates have also risen significantly, again in contrast to the rural south where the increase has been less pronounced. All Interlake districts except the Northwest have experienced more hypertension cases.

On the brighter side, there has been a decrease in the number of Interlake residents suffering heart attacks, although the rate remains higher than in the rural south. Out of the four Interlake districts, Northwest residents have the most propensity for heart attacks, with a rate of 3.10 per 1,000 residents compared to 2.56 in the region as a whole.

All IRHA districts have experienced a decrease in cancer diagnoses since 1995. Currently, cancer prevalence rates are approximately the same as those for all Manitobans.

For diabetes, Interlake diagnosis rates have risen significantly, especially among Registered First Nations people who are four times more likely to have diabetes than the general population. Respiratory disease rates have declined, but are still higher than the rural south. When it comes to asthma, IRHA rates are lower than for all Manitobans. Also positive are the statistics for deaths and hospital stays stemming from injuries. Both have decreased significantly, with the result that Interlake rates are now lower than the rural south. The most common types of injuries sustained by Interlake residents are sprains, strains and minor trauma.

High and low birth weights - plus pre-term births - are another important indicator of the health of the population. The Interlake's high weight births have risen slightly over time while low weight births have remained relatively stable. Rates for pre-term births have shown a slight increase, and high birth weights and pre-terms are a cause for concern because the rates are both higher than for the rural south. Teen pregnancy rates, meanwhile, have remained relatively stable, but again are higher than the rural south.
Well-being and quality of life in the region are an additional measure that cannot be ignored. Half of Interlake residents say their health is very good or excellent, similar to the rates for Manitoba and Canada. A total of 65% rate their mental health as very good or excellent while 90% say they have had no recent emotional difficulties.

A total of 61% say they exercise regularly while 20% think about diet and nutrition to keep healthy. When asked what can be done to improve the region's health, most respondents to the community surveys cited more recreation programs and facilities plus better access to health care.

Overall, strokes and heart attacks are the IRHA’s number one concern because they are the most common cause of death in the region. While fewer people are dying from cancer and patients are living longer, it too remains a priority because of its number two position on the mortality list. Diabetes and child health issues must also receive a great deal of attention since all our statistics and rates are inferior to the rural south.

Maintaining the total quality of life for Interlake residents rounds out the list of priorities. While 50% believe their health is good and few say they are hampered in undertaking daily activities, residents rate their functional health slightly lower than residents of Manitoba and Canada. This factor, plus issues stemming from chronic disease rates, reveals a need for continued emphasis on physical, emotional and mental health supports for our people.

**Health System Performance**

While potential improvements to the system have been identified, a majority of Interlake residents say they can usually access the health care services they require.

In the latest community survey, 80% of respondents said they could access services when required, while 59% said it is easy to access their health care providers.

Not all was good news because participants in focus groups said their communities were experiencing difficulties in accessing the services of physicians. Their concerns included long waiting times for appointments, physicians refusing new patients and physician vacancies taking a long time to fill.
Generally, however, the results of client satisfaction surveys are very good, with a majority of clients of all types rating the care they received as very good and excellent.

This is encouraging considering that the current community health assessment study established that the Interlake has fewer hospital beds, personal care beds and physicians than Manitoba on average. These factors - plus low physician supply in relation to high chronic disease rates - will continue to make the performance of the health system a priority issue in the region.

The Interlake hospital bed supply decreased from 2.88 to 2.51 beds per 1,000 residents from 1995 to 2000. The supply is much lower than in the rural south and Manitoba.

Approximately 50% of acute care hospitalizations for Interlake residents take place in Winnipeg. This may be due to its close proximity to the southern part of the region but we know that some hospitalizations are for services that cannot be provided in our region.

The Interlake rate of 0.52 physicians per 1,000 residents is much lower than the provincial rate of 1.28 physicians per 1,000 residents. To partly address the problem, the IRHA is enhancing primary health care services with the introduction of nurse practitioners in under-serviced areas. In the fall of 2003, two nurse practitioners were hired to serve the Riverton-Gimli and the St. Laurent-Gypsumville areas. Over seven months up to this May, they had 416 patient visits in Riverton-Gimli and 298 visits in St. Laurent-Gypsumville.

The supply of personal care home (PCH) beds in our region is equal to the rural south but lower than in Manitoba as a whole. The Interlake supply of beds has been bolstered by the addition of the 30-bed Fisher Personal Care Home. But there is still a 4 bed shortfall when the Manitoba Health formula is applied to the number of residents aged 75 and over.

In a recent review of PCH bed requirements, the total number of clients awaiting placement was 99. Clients, on average, wait 7.5 months for a placement.
largest waiting list (32) was in the northeast while the shortest list (17) was in the northwest.

The number of new home care cases in the IRHA has remained fairly stable and is equal to totals in the rural south. Cases are staying open longer, indicating clients are receiving services in their homes for longer periods of time.

Emergency medical services (EMS) provided by ambulances have been expanded since the IRHA adopted an ambulance plan in 1997. The plan established the foundation for the centralization of services with a regional coordinator, trainer and medical director.

Currently, the IRHA has eight ambulance stations providing 24-hour coverage seven days a week. With a combined total of 106 staff, the stations are in Arborg, Ashern, Gimli, Gypsumville, Lundar, Selkirk and Stonewall. The region has submitted a request for additional stations in St. Laurent-Woodlands and East St. Paul.

The benefits of the ambulance plan have included more permanent staff, either full or part time, plus advanced levels of training and skills among attendants. The total number of calls has steadily increased to more than 9,000 a year.

Along with filling gaps in the system, seniors health services are an IRHA priority because more than 14% of the Interlake population is over 65. The percentage will grow to 17% by 2015, which means this group will become even larger users of health care services, including personal care homes, home care, meal programs, and adult day programs.

The foundation for the future is already taking shape. There are currently 11 seniors resource councils in the region, serving about 1,400 seniors monthly. Twenty congregate meal programs serve more than 320 meals a day while 12 adult day programs have at least 60 participants a day.

Assisted living centres for seniors are a new initiative likely to become increasingly popular. In between PCHs and Home Care, the centres enable seniors to remain in the community longer with the housing and other supports they require. They provide the basic needs identified by seniors in focus groups – physical activity, a nutritious diet, medical care and socialization.
The first assisted living complex for the region’s seniors was developed by the community of St. Laurent. Other communities are now showing an interest in this option.

Patient safety is another measure the IRHA uses to rate system performance. The authority has regular reporting and monitoring methods in place to trace accidents, injuries or other events that may have had unintended or undesirable outcomes. The reporting of these events leads to timely investigations and corrective actions that prevent re-occurrences.

In 2003, for example, there 1,651 investigations of occurrences. Of the total, 692 were falls, with 226 resulting in some type of injury and 466 with no injuries. Another 248 were medication variances such as wrong doses or doses at the wrong time. The other 711 were miscellaneous events including equipment issues and possible cases of verbal or physical aggression. Patient infections in hospitals and personal care homes have also been closely monitored. In 2003, there were 117 nosocomial infections in hospitals (3.82% of patients) and 295 in PCHs (4.69% of patients). These rates fall within the benchmark of 5% of patients. In fact, the low rates for both infections and undesired occurrences indicate the authority is achieving a major goal.

Fire drills in all IRHA facilities were yet another key element of safety, with 120 drills across the region in the past 12 months representing 100% compliance. This can also be considered a major accomplishment.

The positive results in client satisfaction surveys have stemmed from many factors, ranging from communications and information programs to staff training and partnerships with other stakeholders in health care.

Effective two-way communication, featuring feedback and open dialogue, has been established during the past five years with staff, health partners and our communities. Among the methods used are an Internet website (www.irha.mb.ca), a Healthy Outlooks Community newsletter, the Synergy staff newsletter, an IRHA job line and co-sponsorships with communities and corporations to introduce new and innovative partnerships in health service delivery.

A consumer concerns process has been set up to enable the IRHA to effectively address all concerns in a timely manner. Consumer comment cards are available.
at all facilities and concerns can be brought forward through telephone calls or personal meetings with facility managers. Quarterly summaries of concerns are presented to the board which reviews these issues as a key component of the continuous improvement program. In the latest year ending March 31, 2004, there were 67 concerns, all of which resulted in reviews and responses to consumers.

The IRHA has also developed many relationships with community and health-based organizations during the past five years. It works hand-in-hand with 27 Interlake municipalities and at least 25 community organizations and First Nations groups. Some of its partners include:

- the Interlake Early Childhood Development Committee,
- the Alliance for the Prevention of Chronic Disease,
- Selkirk Mental Health Centre,
- Seniors Resource Councils,
- Healthy Community groups,
- four District Health Advisory Councils,
- Mood Disorders Manitoba and
- Red River Community College.

Other service providers within the IRHA are Betel Home, Tudor House and Red River Place.

The IRHA Palliative Care Service addresses the needs of patients and their families through access to services such as education, information, advocacy and support. These services are available at any time during a life-threatening illness or bereavement.

In addition, the authority this year established Camp Stepping Stones; a weekend camp for children aged five to 17 who have gone through a recent death of someone significant in their lives. The camp provides a safe, supportive environment for grieving children and adolescents who have an opportunity to share their thoughts and feelings with peers recovering from similar experiences.

Valuing the contribution of staff each day, the authority offers extensive education and wellness programs and services to employees. The board believes that life-long adult learning is vital to the performance of the system and to the professional and personal growth of staff.

The provincially funded Interlake Nurses’ Continuing Education Fund is one program that has introduced many regional professional development initiatives.
for nurses. It has also supported many individual nurses through the payment of registration fees and other related costs so they could attend meetings and sessions outside the region. The fund has received $373,619 since July 2000 and has another commitment of $63,366 from the province this year.

The Workplace Wellness Project is an initiative that began in December 2000 in partnership with the Heart and Stroke Foundation and Health Canada. It is run by a regional committee that oversees a range of workplace wellness activities. Since Health Canada funding ended in 2002, the IRHA has provided an annual budget of $10,000 for staff wellness activities.

The region also participates in the provincial government employee assistance program. Available free of charge to employees, it enables our staff to obtain counseling for problems involving finances, health, employment, behavior, addictions and abuse.

IRHA employees were positive in a work satisfaction survey that drew responses from 316 of the staff. More than 70% of staff who completed the survey reported a healthy balance between work and personal life, while over 53% rated their own health as excellent or very good.

Staff separations last year totaled 305 or just 18%. Our workplace injuries, meanwhile, have decreased significantly and are below the industry average.

The IRHA will make a significant, continuing effort to involve staff in decision-making through their participation in planning teams, the organization of staff education programs and initiatives to further reduce injuries. The objective is to ensure staff have a positive environment through the activities of the workplace wellness committees.

Patient satisfaction is an equal priority. Surveys are taken two or three times a year in each of our continually expanding programs.

The latest results show that 85% of emergency room patients rated their experiences as excellent or very good. Out-patients were 90% satisfied while the rating from in-patients was 78%. As well, 92% of crisis stabilization unit clients indicated that their stays were helpful.
This regular survey of client satisfaction was supplemented by a community survey of a small sample of Interlake residents for this assessment process. The responses of very good and excellent were:

- hospital-ambulance services - 62%
- health promotion services - 79%
- community services - 73%
- personal care homes -58%.

In summary, the results of our client satisfaction surveys are very good, with a majority of clients rating the care they received as very good and excellent.

**Health System Infrastructure**

The IRHA will continue to regularly evaluate and modify, as required, its organizational structure and processes.

In early 2003, for example, an extensive external organization design review was conducted to assess administrative costs, organizational structure and functionality.

Our organization benchmarked very favorably with other regional health authorities, as well as with public and private corporations. The external review also provided additional insights and suggestions for process and design improvements in the system. They are being followed up through a comprehensive action plan.

Internally, the IRHA has formed eight planning teams to plan and guide co-ordinated activities aimed at improving care and service. A total of 125 employees are members of the planning teams which develop, recommend and implement the improvements.

The teams also review current initiatives and monitor performance indicators as a further way to improve care and services. Their areas of interest include primary care, extended care, communication, leadership and partnerships, human resources, the environment, mental health and population health and wellness.

As well, the annual planning process incorporates the region's operational and capital plans. There is quarterly reporting on activities related to the operational plan. Longer term, a strategic planning process is undertaken every five years to review current data and set the strategic direction for the next five years. Staff
and partners from around the region are involved in both short and long term planning, including a current strategic plan to introduce more information technology.

Besides planning and evaluation, the authority makes a constant effort to ensure proper supports are in place to meet the health care needs of the Interlake population.

In a recent three-year period, the IRHA reported a higher proportion of expenditures on community-based care than the average for all Manitoba RHAs. Our region spends 5.2% of its operating budget on administration expenses, compared to the provincial average of 5.8% administrative expenses include costs such as audit fees, property and liability insurance, regional travel, advertising, communications, payroll processing, etc.

Staff is another important support. The IRHA employs 1,700 people in total of 680 equivalent full-time positions. These numbers are inclusive of all employees providing service in our facilities and community programs (ie nurses, health care aides, technologists, therapists, support staff, etc).

The IRHA supports its managers and staff with workplace wellness and education programs. Workplace wellness is an important activity throughout the region. There is also a fund to encourage staff to attend conferences and workshops.

The region has a continuing commitment as well to maintain its facilities to the highest possible standards. More than $4.1 million has been spent in the past four years on 48 projects to upgrade and improve these facilities. These projects included emergency room renovations, lighting upgrades, parking lot repairs, flooring replacements, roof repairs, nurse call system upgrades and the installation of fire alarm systems. In addition, the authority recently completed the $14.9 million Gimli Community Health Centre redevelopment project.

Public health surveillance rounds out the list of important supports, as a number of key indicators to this area are routinely monitored. Typically, Interlake rates are above average when it comes to both screening and immunization activities.

A total of 67% of Interlake women between the ages of 50-69 had at least one breast screening mammogram between 2000 and 2001, equaling the rate in the
rural south. Between 1999 and 2001, the cervical screening rate for Interlake women between 18 and 69 was 69%, higher than the 65% in the rural south.

The flu vaccine rate for IRHA residents over 65 was 57% in 2000-01, also higher than the rural south rate of 53%. In addition, 40.5% of 65-plus residents were being immunized with the pneumococcal vaccine by 2002. This is a significant increase from the 2.3% rate in 1999 and the Manitoba rate of 38.1%.

Animal exposures to the Rabies virus total 180 cases annually, but only seven percent of these exposures result in immunization of individuals.
Summary and Recommendations

Although many areas require continuing development, the Community Health Assessment (CHA) has identified six that require the highest priority in the next five years.

### 2004 Priority Areas

- 1. Chronic disease prevention & health promotion
- 2. Primary health care
- 3. Health system performance
- 4. Seniors services
- 5. Aboriginal health
- 6. Quality of life

One of the most important priorities is to address the Interlake's relatively high rate of chronic disease through disease prevention and health promotion programs. Other priorities for improvement in the region are the areas of primary health care, health system performance, seniors services, Aboriginal health and the general quality of life.

### Chronic Disease

Diseases of the circulatory system - heart attacks, strokes and high blood pressure - are the top cause of death in the region. Stroke rates have increased to 125 residents annually while the present total of more than 12,000 high blood pressure (hypertension) cases has risen to one of the highest rates in Manitoba. Heart attack cases have decreased slightly to about 150 people a year, but are still a cause of major concern because the increasing rates for hypertension and strokes could lead to more heart attacks.

Other chronic diseases that pose significant problems are cancer, diabetes and diseases of the respiratory system such as asthma and emphysema. While cancer diagnoses have decreased slightly to about 440 a year, diabetes has risen substantially to 3,200 cases, one of the highest rates of increase in the province. Respiratory diseases, although declining, still affect 18,000 Interlakers and remain a cause for concern.

This points to a need for a major focus on health promotion and disease prevention, especially because many Interlake residents have high rates of the common major risk factors contributing to chronic disease. These are lack of physical activity, smoking and obesity and unhealthy eating habits.
The accent on wellness is imperative because chronic diseases are among the most preventable of all health problems. Most chronic diseases can be avoided with a healthy lifestyle placing an emphasis on exercise, maintaining normal weight with a healthy diet and abstinence from smoking.

Most chronic diseases can be avoided with a healthy lifestyle placing an emphasis on exercise, maintaining normal weight with a healthy diet and abstinence from smoking.

Many Interlake deaths are the direct result of chronic disease and there are many warning signs that our population is at risk for further development of chronic disease. That is why there must be a major effort to combat risk factors for illness before an illness has a chance to develop.

Primary Health Care

Primary health care is not only a priority in the Interlake, but also a provincial priority because it is the first level of contact that Manitobans have with the health care system.

It starts with the programs to promote health and prevent diseases, then progresses to the diagnosis and treatment of common illnesses plus the management of ongoing health problems.

The Interlake has already enhanced its primary health care services through the introduction of nurse practitioners in under-serviced areas. Two nurse practitioners were hired in the fall of 2003 to serve the areas of Riverton-Gimli and St. Laurent-Gypsumville. Efforts will be made to secure resources for nurse practitioners.

The IRHA intends as well to continue developing other primary health care resources, basing several steps on recommendation by participants in CHA focus groups and surveys. Although 80% of respondents to a community survey said they can usually get the services they need, the authority will review and revise the region's health infrastructure with a view to further integrating and making other improvements to the system. It will also re-develop and educate health care provider teams, including physicians in the model.

In addition, the IRHA will follow up focus group suggestions that more community doctors, walk-in clinics and urgent care facilities could help to alleviate strain on existing services.
Health System Performance

Enhancing patient accessibility to the system and ensuring an adequate, contented staff will be two keys to our health care performance during the next five years.

The Interlake is vast geographically, with the result that it will be a challenge to maintain accessible services within current resources. We have also identified a disparity in the overall health of residents, with those in northern districts being less healthy than their counterparts in the south.

Our goal will be to address the gaps in the system. A good start has been made in the past five years through such accomplishments as improving facilities and equipment, increasing staff and introducing or adding to programs across the region. However, there are still demands to be met if we are to continue on an upward curve.

The region will continue to work towards a sufficient, stable physician pool, especially in remote communities. The supply of physicians in the Interlake is much lower than the provincial average, with our rate being 0.52 per 1,000 residents compared to 1.28 for Manitoba as a whole.

Another priority is to ensure that hospital beds are used appropriately and efficiently. Our supply of beds has decreased over time and the present ratio of 2.51 beds per 1,000 residents is less than the 3.82 rate for all of Manitoba.

This ties in with our objective of increasing personal care home (PCH) beds to meet current needs, thereby keeping inappropriate admissions out of acute care beds. The Interlake supply of 120.6 PCH beds per 1,000 residents is lower than the Manitoba rate of 127.3 beds. The region's situation has improved with the opening of the 30-bed Fisher Personal Care Home. But there remains a shortfall in the Interlake when the Manitoba Health formula for beds is applied to the number of residents aged 75 and over. As a consequence, 99 clients are currently seeking placement, with the average wait being 7.5 months.

In the years ahead, the IRHA will also closely monitor home care to determine if current resources are adequate to meet service needs. The number of new cases is increasing at a rate higher than rural southern Manitoba. Currently, our region adds approximately 1,000 new home care cases every year and there are 1,500 cases open at any given time.
The final priority in the facilities and equipment category is to seek additional resources for EMS ambulance stations to reduce gaps in coverage. Currently, eight ambulance stations in the Interlake have a staff of 106 whose training and upgrading will be another continuing focus.

The second part of the strategy is support for staff who are the most valuable resource of the IRHA. This will be pursued by expanding health, wellness, education and other assistance programs for our 1,700 people who work in the equivalent of 680 full-time positions.

Recruitment and retention of skilled staff will be a continuing priority. There is a present shortage of health care providers that promises to get worse in future. As well, the IRHA will strive to improve communication and opportunities for staff decision-making both for individual programs and throughout the region. Focusing on a good work environment is crucial to successful health care delivery in the Interlake.

**Seniors Services**

A full slate of service options must exist to keep seniors living in our communities with a good quality of life. Seniors over the age of 65 are important because of their large numbers - more than 14% of the Interlake population. With the figure estimated to rise to 17% by 2015, members of this expanding age group are large users of health services provided by the region.

During the CHA assessment, seniors reported that to stay healthy, they need access to physical activity programs, proper nutrition, medical care and socialization opportunities.

This means the IRHA must diligently maintain current services to seniors including personal care homes, home care, seniors resource councils, meal programs and adult day programs. It must also encourage initiatives like assisted living residences, a new option for seniors housing already pioneered by the community of St. Laurent. Indeed, it will be a priority for the authority to work with all our communities to increase options for independent living, housing, physical activity and socialization for seniors.

Disease prevention for seniors will be another focus. A total of 57% of IRHA residents aged 65 and over received the flu vaccine in 2000-01, a rate higher than the 53% in rural southern Manitoba. A year later, 45% of senior residents were
inoculated with the pneumococcal vaccine, compared to only 2.9% in 1999 and the Manitoba 2002 rate of 38.1%. More prevention and education programs, covering everything from avoiding falls to nutrition and the importance of physical activity, are of high importance in the next five years.

**Aboriginal Health**

Aboriginal health is another primary concern because research shows that this significant segment of the Interlake population is less healthy than residents generally.

Again, the numbers are fairly large. There are about 14,000 people (19% of the IRHA population) of Aboriginal descent living in the Interlake, including 7,843 registered members of First Nations Bands.

Our First Nations residents are more susceptible to some chronic diseases, especially diabetes. They also have higher premature death rates and fewer years of life expectancy. Other Aboriginal concerns, identified by community members during focus groups, were mental health, maternal health and risky behaviors such as sexually transmitted illnesses, teen pregnancy and addictions.

The IRHA meets many First Nations health needs through its facilities and a number of co-operative health initiatives that have been jointly established. But at the same time, the authority recognizes there is a need and opportunity to enhance and broaden these partnerships in such areas as health promotion, disease prevention, diabetes education and healthy child programs. This will go hand-in-hand with strengthening communication and understanding cultural sensitivities in order to provide quality health services to First Nations people. During the next five years, there will be a major effort to continue the development of relationships with our Aboriginal communities.

**Quality of Life**

Many indicators will continue to be examined to measure the overall quality of life for our residents.

Quality of life is a priority because it was regularly mentioned by residents during our community consultations. It is defined as many aspects of an individual’s life that interact to determine our overall wellness and wellbeing.
During the consultations, all age groups had common concerns about quality of life, although each group had a few different priorities as well. Young people often stressed the need for support from friends and peers, social activities, adequate sleep and proper nutrition, as opposed to seniors whose preoccupations included access to medical care, financial stability and emotional health.

In total, 50% of Interlake residents stated their health is generally good or excellent. Compared to Manitoba and Canada, fewer Interlakers said they suffer from conditions that prevent them from carrying out normal activities. But there is still room for improvement because a few indicators of quality of life were slightly lower in the Interlake than for Manitoba and Canada.

Quality of life issues tie in closely with all of the IRHA’s health promotion and disease prevention activities, plus our efforts to enhance primary care and implement recommendations in other previous sections on our priorities.

In future, the authority will review initiatives with specific target groups and relate programs to what they say makes them healthy. We will continue to develop partnerships with community organizations to foster quality of life embracing the broad spectrum of physical, mental and emotional health.
Chapter 1 - Introduction

Healthy People - Healthy Communities

What is a community health assessment?

A community health assessment identifies and measures the health status of the population of a region. It examines the way health services are used, what health services are needed and the ability of the region to respond to those needs. It also measures the various environmental and behavioral influences on health and well-being in communities and the region as a whole. It is an ongoing process that incorporates a wide-range of information and analysis that can be used for a variety of purposes. (Alberta Health)

Definition of Health

Two basic definitions of health were used as overall guiding principles for the Interlake Regional Health Authority (IRHA) assessment process.

1) World Health Organization - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
2) IRHA 1998 CHA Process - Health is a state of well-being that allows us to meet our needs and live positively.

Why assess community health?

A community health assessment (CHA) is a basic planning resource that provides information so that decisions about programs, services and resource allocation can be made.

The purpose of a community health assessment is to collect, analyze and present the information required to plan for health services that improve the health of the population. This information helps to:

- Provide baseline information about the health status of the population
Understand what health services are used, where they are accessed and why they are used
Identify opportunities for disease and injury prevention, health promotion and health protection strategies
Incorporate evidence-based decision making in priority setting and planning
Assess outcomes and results in the long term
Focus public discussion on health issues, expectations of the health system and increase understanding about the difficult choices that need to be made
Encourage community members, stakeholders and a wide variety of partners to become involved in the decision making process
Guide policy, research and program development
Assist in mapping out links and opportunities to collaborate with other sectors. (Alberta Health)

What are the steps involved in a community health assessment?

Manitoba Health’s CHA guidelines map out several steps that are involved in a community health assessment:
- Decide what information is required
- Collect the data
- Analyze the data to identify health needs
- Assess the needs and determine the possible solutions
- Set priorities amongst the various needs
- Perform a “reality check” with the community
- Integrate the priorities and possible solutions into the regional health planning process
- Monitor, assess and evaluate the results on an ongoing basis

The steps that the IRHA took in conducting its 2004 CHA were:
- Establish a regional steering committee
  - The steering committee was made up of staff from across the region and represented program areas such as medicine, nursing, public health, health promotion, seniors services, planning, education, and public relations
- Develop a communication plan that includes objectives, stakeholders, messages and timelines
Meeting of the regional steering committee held to brainstorm on issues/questions that the region and its population were currently facing

- Identify data sources currently available and review existing data
- Analyze available quantitative data to determine emerging health issues
- Determine what the data gaps were based on the issues identified and how these gaps would be filled
- Collect additional data as required (other sources of quantitative data, community survey, focus groups and community forums)
- Analyze all data collected to determine emerging health themes
- Conduct a priority setting exercise to determine regional health priorities
- Develop recommendations based on these priorities
- Present recommendations to the Board in the form of a CHA report (to be used during their strategic planning process)
- Present findings to regional management to assist in evidence-based decision making and program planning
- Develop plans for ongoing monitoring and evaluation of population health in the Interlake

Figure 1.1 IRHA Community Health Assessment Process
Data Sources Used

Internal
- Departmental statistical reports
  - Utilization and patient activity data
- Continuous Improvement indicators
  - Indicators covering responsiveness, system competency, client/community focus, and work life

External
- Manitoba Health Interlake Regional Profile Document
  - Indicators covering Health Status & Determinants, Health System Performance, Health System Infrastructure and Community & Health System Characteristics
- Manitoba Centre for Health Policy RHA Indicators Atlas
  - Indicators covering Health Status & Determinants, Health System Performance, Health System Infrastructure and Community & Health System Characteristics
- Statistics Canada
  - 2001 Census data
  - National Population Health Survey (NPHS)
  - Canadian Community Health Survey (CCHS)

Community Consultations
- Focus Groups
  - Teen/Youth Health Issues
  - Seniors Health Issues
  - Aboriginal Health Issues
  - Primary Health Care
  - Staff Wellness

- Community Survey
  - The IRHA and 7 other regional health authorities in Manitoba collaboratively participated in a telephone survey of their residents (400 residents were surveyed in each region). The survey instrument was developed by a team representing the RHA’s and Manitoba Health. An independent firm was contracted to carry out the survey and provide preliminary analysis of the results. The overall objective of this study was to provide valuable health information that is currently...
insufficient at the regional level in three key areas: health system performance, quality of life, and safety/injury prevention.

Community Forums

- 14 community forums were held across the region during which preliminary information from the CHA was presented, general health information was displayed and further data collection was undertaken by asking participants various questions (ie, what preventive health measures they have undertaken, ratings of various health programs and services, what they do to stay healthy, suggestions for improving health in their community)

**Manitoba’s Health Performance Framework**

A performance framework, collaboratively developed by Manitoba Health and Manitoba’s Regional Health Authorities, was used to organize the indicators that were to be included in the health assessment and the questions/issues that were identified. The purpose of using the performance framework is to have an organized method of presenting the health indicators and issues under review. The performance framework with indicators and issues is included as Appendix A.
Interlake RHA Planning Process

The data obtained though the CHA process becomes part of the overall regional planning process as illustrated below.

Several steps are involved in the overall planning cycle of the region. A strategic planning process occurs every five years with annual updates provided for the operating plan. The region involves many people in its planning process, such as staff and health partners, the community and the Board and senior management.
CHA Activities since 1998

The current CHA process represents the second comprehensive assessment undertaken by the IRHA. The first took place in 1998. During the intervening years there has been ongoing analysis and assessment activities taking place. The following list of reports represents studies conducted since 1998.

PHASE 2: Interlake Youth Smoking
Regional Provincial Comparisons
Impact of Tobacco on our Health
Regional & District Profiles
Youth Consultations
Injury Report
Hospitalization Utilization by 65+ Population

PHASE 3: Home Care Update
Home Care Satisfaction Survey
Analysis of PCH Bed Distribution
Population Update June 1998
Interlake Connections for Support & Self Help
Potential Years of Life Lost
Infant Feeding Study – short version
Infant Feeding Study – detailed version
Cancer Incidence & Mortality
Support Services to Seniors
Interlake Seniors Discussions on Health

PHASE 4: Population Update June 1999
Interlake Report on Maternal Health During Pregnancy
Community & PCH Drug Costs in the IRHA
Analysis of ER/OPD Activity in the IRHA – 00/01
Informal Care giving in the Interlake
Preschool Wellness Fair Evaluation Report
Interlake Child Health Report
Interlake Early Childhood Development Assessment Report

PHASE 5: Population Update June 2001
Analysis of ER/OPD Activity in the IRHA 2001/2002

Copies of these reports are available on our website, shared server or can be obtained by calling the Community Health Assessment office at 642-4522.
Chapter 2 – Regional Accomplishments – 1999 to 2004

A number of strategies for change were identified in the 1998 CHA report. These strategies were presented to the Board to be used as a foundation for their strategic planning activities of 1998/1999.

The result of those strategic planning activities was the development of 6 strategic priorities that served to guide the planning activities and provision of health care over the next 5 years. The strategic priorities are:

#1: Wellness
Health programs which focus on wellness and prevention are an integral component of the services offered in the Interlake

#2: Communication
An effective communication process exists which facilitates timely two-way communication with staff, health partners and the community

#3: Accessibility
Access to health services will be enhanced through an integrated community health model

#4: Partnerships
Health Programs and services are planned in partnership with health service providers, advisory bodies, first nations, youth, seniors and health partners

#5: Continuous Improvement
A continuous improvement process, which promotes teamwork and evidence based decisions in the foundation for quality services within the Interlake health

#6: Work Environment
The Interlake Regional Health Authority will promote a work environment conducive to employee and volunteer growth, participation, health, well-being and satisfaction
Some of our major accomplishments that have been achieved by the IRHA since 1998 (reported by strategic priority) are as follows:

1. Wellness
   - Hep B and Influenza vaccine programs expanded
   - Baby First program expanded
   - Breast feeding education programs initiated
   - Women and Infant Nutrition (WIN) program increased
   - Diabetes Educational Resource (DER) program improved
   - Heart Health programs held
   - Developed the intersectoral Interlake Health Promotion Working Group and specific groups to work on Physical Activity, Nutrition, Tobacco and Injury
   - Hosted Walking Challenges, Girls and Boys Physical Activity Days and a Trek the Trail Event
   - Developed Nutrition Month education packages for schools, *The Facts on Snacks* displays and nutrition presentations
   - Trained youth to deliver the *Lungs Are For Life* program to younger children and youth as well as to community leaders
   - Trained education, health and business personnel to provide smoking cessation programs
   - Hosted numerous presentations on injury prevention
   - Developed IRHA Workplace Wellness Model and expanded to 12 IRHA worksites as well as some Selkirk community worksites
   - Established Health Promotion Project Fund for community based projects
   - Expanded the number of Healthy Community Committees in the region
   - Assisted with the development of Early Childhood Coalitions and the increase in community-based activities to support parent-child centered activities
   - Developed Selkirk and Area *Healthy Connections*, a network for health providers and others committed to promoting health

09/07/2004

Hosted *Teen Talk* peer support training workshops
2. Communication
   ✦ IRHA website developed
   ✦ Healthy Outlooks community newsletter produced quarterly
   ✦ Synergy staff newsletter produced 10 times per year
   ✦ Regional information plan developed
   ✦ Toll free job line established
   ✦ Consumer concern process developed
   ✦ PCH paneled patients information package developed
   ✦ IRHA Service Guide developed & mailed to all households
   ✦ Recruitment brochures/packages developed & available on website
   ✦ Process for delegations to Board developed
   ✦ Partnership with Literacy Manitoba to improve client/public information undertaken

3. Accessibility
   ✦ Enhance physical facilities/equipment
     ▪ Fisher Personal Care Home – 30 new PCH beds
     ▪ Selkirk, Lundar, Ashern and Gypsumville EMS facilities
     ▪ Ashern & Selkirk dialysis units
     ▪ Arborg Hospital Birthing room
     ▪ Replacement program developed for ambulances
     ▪ Fisher Medical Clinic relocated to improve accessibility
     ▪ St. Laurent Community Health Centre
     ▪ Selkirk Hospital CT Scanner
     ▪ Gimli Community Health Centre redevelopment project
   ✦ Increase staffing
     ▪ LPN’s added to Selkirk obstetrical unit
     ▪ Nurse practitioner in Northeast and Northwest districts
- Contract physicians in Stonewall
- Added another general surgeon in Selkirk
- EMS training coordinator position
- Full time EMS positions established in all EMS sites
- Child/adolescent Community Mental Health Worker added
- Enhanced mental health proctor program
- Enhanced consulting psychiatry services
- Increased Public Health Nurse services in Selkirk
- Regional Director of Pharmacy
- Speech language services improved
- Audiology program relocated to a more accessible location
- Lab staff in Selkirk increased
- Increased acute care unit coordinators at Selkirk General Hospital
- Health Care Aide staff increases in Personal Care Homes
- Home Care Access coordinator
- Mental Health group program established
- Added Information Technology and Education services
- Additional nursing staff at Lakeshore Health Centre (Ashern) and EM Crowe Hospital (Eriksdale)

**Programs**
- Diagnostic imaging and screening mammography enhanced
- Fast Track clinic in Selkirk emergency department established
- Triage process for Emergency Room patients
- Blood Pressure screening clinic in Gypsumville
- Merritt Support Centre established in Lundar
- Centralized routine blood chemistry analysis
- Centralized waiting list for Personal Care Home placement
- Seniors Resource Council funding increased
- Palliative care program enhanced through staffing and workshops

4. **Partnerships**
   - Interagency Committee established
   - Participates with the Alliance for Prevention of Chronic Disease
   - Healthy Child Manitoba
5. Continuous Improvement
- Continuous Improvement program developed
- Discharge planning process introduced
- Regional charting system for long term care developed
- Advanced Cardiac Life Support (ACLS) training for nurses, physicians and EMS
- Recruitment & retention education fund developed to improve educational opportunities for nurses
- CHA reports developed each year
- Second regional accreditation status achieved
- Client satisfaction survey process implemented
- Integrated risk management system developed
- Informed consent process developed
- Performance measurement system adopted
- Policy & procedure development for all programs

6. Work Environment
- Staff satisfaction survey
- Staff education program expanded
- Regional orientation program
- Regional recruitment and retention study
- Employee Assistance Program established
- Workplace Wellness program implemented
- Regional infection control program established
- Learning needs assessment for staff completed
- Modified “Return to Work” programs for injured employees
- Interest free loans to assist staff in furthering their education
Chapter 3 - Who Are We?

The Interlake Geography

The Interlake Region is probably the most geographically defined region in the province. We are bordered on east and west by Manitoba’s two vast lakes and to the north, by the 53rd parallel, beyond which pockets of population are few and far between. Our southern boundary is the city of Winnipeg, extending within the perimeter highway to include the Rural Municipality of Rosser. The southeastern part of our region encompasses the southern end of Lake Winnipeg, extending to Grand Marais. Our region includes lush agricultural land and rugged, densely treed areas.

The highway system in the Interlake Region has developed over time to run predominately north and south. In the early years of the province, highways were usually built to roughly parallel railways lines. In the Interlake, railway lines extended from Winnipeg to many communities. As a result, our highway infrastructure resembles a tree with branches running north/south from the tree trunk, which is the city of Winnipeg. Only two provincial highways intersect the region from east to west. To the south, highway #67 joins the communities of Warren, Stonewall and Selkirk. In the north, highway #68 links Eriksdale, Poplarfield, Arborg and Hnausa. These two east/west highways are separated by eighty-five kilometers. Our provincial highway system impacts our region significantly in the delivery of health services. The Interlake population tends to travel north/south to access health services. Many people travel to Winnipeg for both physician and hospital services. Changing these practices is challenged by many factors, and one of these is the nature of our regional highway system.

The Interlake Region has been sectioned into four (4) districts (north east, north west, south east and south west). These districts have been organized to facilitate and co-ordinate the planning and delivery of health services in the region.
Figure 3.1
The Interlake districts are:

Table 3.1

<table>
<thead>
<tr>
<th>SOUTH EAST</th>
<th>NORTH EAST</th>
<th>SOUTH WEST</th>
<th>NORTH WEST</th>
</tr>
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<tbody>
<tr>
<td>R.M. of St. Andrews</td>
<td>Town of Arborg</td>
<td>R.M. of Rockwood</td>
<td>R.M. of Coldwell</td>
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<tr>
<td>City of Selkirk</td>
<td>Village of Dunnotar</td>
<td>Town of Teulon</td>
<td>R.M. of Siglunes</td>
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<td>Brokenhead Reserve</td>
<td>R.M. of Fisher</td>
<td>Town of Stonewall</td>
<td>R.M. of Grahamdale</td>
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<td></td>
<td>R.M. of Gimli</td>
<td>R.M. of Armstrong</td>
<td>R.M. of St. Laurent</td>
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<td></td>
<td>Village of Riverton</td>
<td>R.M. of Woodlands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Town of Winnipeg Beach</td>
<td></td>
<td>Lake St. Martin Reserve</td>
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<td></td>
<td>Unorganized Territory</td>
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<td>Fairford Reserve</td>
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<td></td>
<td>Fisher River Reserve</td>
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<td>Little Saskatchewan Reserve</td>
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<td></td>
<td>Kinonjeoshtegon First Nation</td>
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<td>Lake Manitoba Reserve</td>
</tr>
<tr>
<td></td>
<td>Pegius Reserve</td>
<td></td>
<td>Dauphin River Reserve</td>
</tr>
</tbody>
</table>
The Interlake People

The Interlake region is comprised of twenty-one (21) rural municipalities, nine (9) First Nation communities, and a large area that is defined as unorganized territory. This latter area tends to be largely unpopulated.

Population densities range from almost zero per square kilometer in the unorganized territory of the north to 392.1 persons per square kilometer in the City of Selkirk. The Interlake average population density is 2.23 persons per square kilometer. This rate is fairly similar to that of Manitoba (2.03) and Canada (3.33). The most densely populated areas are in the southern part of the Interlake Region, close to the city of Winnipeg.

Due to the geographical location of the Interlake (between Manitoba’s two largest lakes) tourism brings many people into the region during the summer and winter months. Lake Winnipeg’s southern shores are lined with cottage developments and parks. Lake Manitoba’s eastern shore is also the site of several large cottage developments and parks, and has enormous potential for future development. As a result, our summer population soars in the communities along the lakes. A significant example is the Rural Municipality of Gimli which estimates that at times during the summer its’ population triples. Many winter sports such as ice fishing, snowmobiling, and cross country skiing also attract many people to the Interlake. This seasonal influx of people to the area has a large impact on health service provision. Potential for significant increases in demand for emergency services, physician services, and hospital care exists during these peak tourist seasons.
The region’s population is steadily increasing and is split between the districts as follows:

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>POPULATION</th>
<th>1992</th>
<th>2002</th>
<th>%CHANGE</th>
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<tr>
<td>North East</td>
<td>Age 0 - 4</td>
<td>1,205</td>
<td>1,157</td>
<td>-3.9%</td>
</tr>
<tr>
<td></td>
<td>Age 5 - 14</td>
<td>2,355</td>
<td>2,648</td>
<td>12.44%</td>
</tr>
<tr>
<td></td>
<td>Age 15 - 24</td>
<td>2,230</td>
<td>2,315</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>Age 25 - 44</td>
<td>4,176</td>
<td>4,332</td>
<td>3.73%</td>
</tr>
<tr>
<td></td>
<td>Age 45 - 64</td>
<td>3,158</td>
<td>4,312</td>
<td>36.5%</td>
</tr>
<tr>
<td></td>
<td>Age 65+</td>
<td>2,643</td>
<td>3,131</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>Total North East District Population</td>
<td>15,767</td>
<td>17,895</td>
<td>13.49%</td>
</tr>
<tr>
<td>South East</td>
<td>Age 0 - 4</td>
<td>1,813</td>
<td>1,523</td>
<td>-15.99%</td>
</tr>
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</tr>
<tr>
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<td>Age 25 - 44</td>
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<td>7,967</td>
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<td>3,590</td>
<td>3,740</td>
<td>4.18%</td>
</tr>
<tr>
<td></td>
<td>Total South East District Population</td>
<td>29,588</td>
<td>28,856</td>
<td>-2.47%</td>
</tr>
<tr>
<td>South West</td>
<td>Age 0 - 4</td>
<td>1,212</td>
<td>959</td>
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<tr>
<td></td>
<td>Age 45 - 64</td>
<td>3,480</td>
<td>4,853</td>
<td>39.45%</td>
</tr>
<tr>
<td></td>
<td>Age 65+</td>
<td>2,107</td>
<td>2,380</td>
<td>12.96%</td>
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<td></td>
<td>Total South West District Population</td>
<td>17,317</td>
<td>18,918</td>
<td>9.25%</td>
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<tr>
<td>North West</td>
<td>Age 0 - 4</td>
<td>773</td>
<td>636</td>
<td>-17.72%</td>
</tr>
<tr>
<td></td>
<td>Age 5 - 14</td>
<td>1,538</td>
<td>1,658</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>Age 15 - 24</td>
<td>1,424</td>
<td>1,336</td>
<td>-6.18%</td>
</tr>
<tr>
<td></td>
<td>Age 25 - 44</td>
<td>2,474</td>
<td>2,369</td>
<td>-4.24%</td>
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<td></td>
<td>Age 45 - 64</td>
<td>1,752</td>
<td>2,105</td>
<td>20.15%</td>
</tr>
<tr>
<td></td>
<td>Age 65+</td>
<td>1,204</td>
<td>1,322</td>
<td>9.80%</td>
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<tr>
<td></td>
<td>Total North West District Population</td>
<td>9,165</td>
<td>9,426</td>
<td>2.85%</td>
</tr>
</tbody>
</table>
Continued

<table>
<thead>
<tr>
<th>INTERLAKE REGION</th>
<th>POPULATION</th>
<th>1992</th>
<th>2002</th>
<th>%CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 - 4</td>
<td></td>
<td>5,003</td>
<td>4,275</td>
<td>-14.55%</td>
</tr>
<tr>
<td>Age 5 - 14</td>
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<td>10,646</td>
<td>11,122</td>
<td>4.47%</td>
</tr>
<tr>
<td>Age 15 - 24</td>
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<td>10,325</td>
<td>9,889</td>
<td>-4.22%</td>
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<tr>
<td>Age 25 - 44</td>
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<td>21,363</td>
<td>19,958</td>
<td>-6.57%</td>
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<tr>
<td>Age 45 - 64</td>
<td></td>
<td>14,956</td>
<td>19,278</td>
<td>28.89%</td>
</tr>
<tr>
<td>Age 65+</td>
<td></td>
<td>9,544</td>
<td>10,573</td>
<td>10.78%</td>
</tr>
<tr>
<td><strong>Total Regional Population</strong></td>
<td></td>
<td><strong>71,837</strong></td>
<td><strong>75,095</strong></td>
<td><strong>4.54%</strong></td>
</tr>
</tbody>
</table>

Source: Manitoba Health Population Data

Graphically, the Interlake population is split between male and female as follows:

Figure 3.2

Source: Manitoba Health Population Data 2002
When comparing population numbers over time, we see an increase in the 40 plus age groups for both males and females and a decrease in the 20 to 39 year age group.

Figure 3.3

By comparison, the province of Manitoba has a population pyramid as follows:

Figure 3.4

Source: Manitoba Health Population Data 2002

Source: Statistics Canada Census 2001
Ethnicity

The Interlake region is made up of a diverse ethnic mix. According to the 2001 Census, the top five ethnic groups living in the Interlake are:

- English
- Canadian
- German
- Ukrainian
- Aboriginal

This compares with the results of the community survey, where the top 5 ethnic origins of the respondents were:

- Multiple origins – 32%
- English – 14%
- Ukrainian – 11%
- German – 7%
- Canadian – 5%

11% (7,843 people) of the Interlake population are Registered First Nations people as reported in the Manitoba Centre for Health Policy report entitled “The Health & Health Care Use of Registered First Nations People Living in Manitoba”. These numbers do not include other people of Aboriginal descent (ie, Non-Registered First Nations, Metis, etc).

Interlake Population Projections

In order to project the potential demand on health services we need to estimate what our total population will be in the future. A population projection database was created for the RHA’s by the Manitoba Bureau of Statistics and Manitoba Health for this purpose. Based on this database we are able to project our populations, by sex and age, into the future. For this analysis we have projected to the years 2010 and 2015 and calculated the percentage increases as follows.
Table 3.3

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IRHA (all ages)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>37,869</td>
<td>40,810</td>
<td>8%</td>
<td>42,095</td>
<td>11%</td>
</tr>
<tr>
<td>Females</td>
<td>37,226</td>
<td>40,535</td>
<td>9%</td>
<td>42,100</td>
<td>8%</td>
</tr>
<tr>
<td>Totals</td>
<td>75,095</td>
<td>81,345</td>
<td>8.3%</td>
<td>84,220</td>
<td>12%</td>
</tr>
<tr>
<td>IRHA 65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>4,965</td>
<td>5,715</td>
<td>15%</td>
<td>6,340</td>
<td>28%</td>
</tr>
<tr>
<td>Females</td>
<td>5,608</td>
<td>6,690</td>
<td>19%</td>
<td>7,535</td>
<td>34%</td>
</tr>
<tr>
<td>Totals</td>
<td>10,573</td>
<td>12,405</td>
<td>17%</td>
<td>13,895</td>
<td>31%</td>
</tr>
</tbody>
</table>

Based on this database we estimate the overall Interlake population to rise by 8% by the year 2010 and by 12% by the year 2015. When we specifically look at the 65 plus age group, we see an estimated increase of 17% by 2010 and an astounding 31% by 2015. This will have a significant impact on the provision of health services in the region and will need to play a major role in program and service delivery planning. This population projection further underscores the provision of health services to seniors as a priority issue for the Interlake.
Social and Economic Determinants of Health

Social and economic factors are known to be key determinants of the health status of a population and that population’s need for health services. In this section we examine a few of the socioeconomic determinants of health.

Education Levels

Figure 3.5

High School Graduates (Census 2001)

Source: Statistics Canada – Census 2001

Slightly fewer Interlake residents are high school graduates when compared to the province of Manitoba.

Average Income

Figure 3.6

Average Personal Income (Census 2001)

Source: Statistics Canada – Census 2001

The average personal income of Interlake residents is slightly lower than the provincial average.
Housing Affordability

Figure 3.7

In the Interlake approximately 12% of homeowners and 34% of renters spend more than 30% of income on housing. These rates are fairly equal to those of the rest of Manitobans.

Unemployment Rates

Figure 3.8

Unemployment rates in the Interlake are quite a bit higher than in the province as a whole but they are only slightly higher than the national rate.
WHO ARE OUR COMMUNITIES?

NORTH EAST DISTRICT

Area:
The North East District of the Interlake Regional Health Authority is composed of the Rural Municipalities of Bifrost, Gimli, Fisher, and the north east portion of Armstrong (north of and including Narcisse and east of #7 highway); the towns/villages of Riverton, Dunnottar, Winnipeg Beach and Arborg; the First Nations Reserves of Peguis, Fisher River and Jackhead; and unorganized territory north of the 53rd parallel. In addition, health services for the communities of Princess Harbour and Loon Straits, which are situated on the east side of Lake Winnipeg, are currently served by the North East District.

Population:

Figure 3.9

The total population of the North East District is 17,895. As of June 1, 2002 there were 8,912 males and 8,983 females living in the district. Of this, 3,088 (17%) were of Aboriginal decent.
### Table 3.4

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>POPULATION</th>
<th>1992</th>
<th>2002</th>
<th>%CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>Age 0 - 4</td>
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<td>Age 65+</td>
<td>2,643</td>
<td>3,131</td>
<td>18.5%</td>
</tr>
<tr>
<td>Total District</td>
<td>Population</td>
<td>15,767</td>
<td>17,895</td>
<td>13.49%</td>
</tr>
</tbody>
</table>

### Industry:

The main industries in the North East District are:
- Health & Education
- Agriculture
- Manufacturing & Construction
- Wholesale & Retail Trade

Figure 3.10

**INDUSTRY AS A PERCENTAGE OF POPULATION**
**NORTHEAST DISTRICT**

Source: Statistics Canada – Census 2001
Fire/Police Protection Services:
All populated areas of the district are served by municipally supported or First Nation supported volunteer fire departments. There are fire halls located in Riverton, Gimli, Winnipeg Beach, Fisher (R.M.), Arborg, Fraserwood, Fisher River Nation and Peguis First Nation.

Police protection services are provided through R.C.M.P. detachments at Gimli, Arborg, and Fisher Branch. Fisher River First Nation and Peguis First Nation also maintain band constables.

Recreation:
The district is well served by a variety of recreational facilities. Arenas for hockey, ringette, and skating are located in Gimli, Winnipeg Beach, Fisher Branch, Poplarfield, Riverton, Arborg, Peguis First Nation and Fisher River First Nation. Curling rinks are available in Gimli, Winnipeg Beach, Fisher Branch, Poplarfield, Hodgson, Riverton and Arborg.

There are many public golf courses in the district including: Sandy Hook, Gimli, Gull Harbour, Fisher Branch, Arnes and Pelican Beach.

Lake Winnipeg provides many opportunities for year-round recreation such as ice fishing, snowmobiling, swimming, boating, fishing, wind surfing, and other water sports. Four provincial parks are located along the lake in the North East District which are Gull Harbour Provincial Park, Camp Morton Provincial Park, Winnipeg Beach Provincial Park and Grindstone Provincial Recreation Park.

Groomed cross country ski trails are to be found at Arborg, Gimli, and Gull Harbour.

Tennis courts are located in Winnipeg Beach, Dunnottar, Gimli, and Gull Harbour.

Areas for baseball, softball and soccer abound in the district where virtually every community has space provided for these sports.

Some communities such as Riverton and Bifrost have formed Recreation Commissions which plan for and administer various recreational programs.
# Health Services:

**Table 3.5**

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Based In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Service</td>
<td>Arborg</td>
</tr>
<tr>
<td>Adult Day Program</td>
<td>Riverton</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>Fisher Branch</td>
</tr>
<tr>
<td>Audiology</td>
<td>Gimli</td>
</tr>
<tr>
<td>Regional program based in Selkirk</td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>Regional Program</td>
<td></td>
</tr>
<tr>
<td>Diagnostic/Imaging</td>
<td></td>
</tr>
<tr>
<td>Emergency Service</td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td></td>
</tr>
<tr>
<td>Long Term Care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>Regional program based in Selkirk</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>Palliative Care (Fac/Home)</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Regional program based in Selkirk</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Regional program based in Selkirk</td>
<td></td>
</tr>
<tr>
<td>Psychogeriatric Team</td>
<td></td>
</tr>
<tr>
<td>Regional program based in Teulon</td>
<td></td>
</tr>
<tr>
<td>Psychogeriatrician</td>
<td></td>
</tr>
<tr>
<td>Regional program based in Selkirk</td>
<td></td>
</tr>
<tr>
<td>Public Health Services</td>
<td></td>
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<tr>
<td>Respite Services</td>
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<tr>
<td>Seniors Meal Services</td>
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</tr>
<tr>
<td>Seniors Resource Services</td>
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<tr>
<td>Substance Abuse/Addiction</td>
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<tr>
<td>Handi Van</td>
<td></td>
</tr>
<tr>
<td>Pastoral Care</td>
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</tr>
</tbody>
</table>
SOUTH EAST DISTRICT

Area:
The South East District of the Interlake Regional Health Authority is composed of the Rural Municipalities of St. Andrews and St. Clements, the City of Selkirk and Brokenhead First Nation.

This area surrounds the southern tip of Lake Winnipeg including Grand Beach and Grand Marais on the east side of the lake. Selkirk is the hub of the district. The district encompasses slightly more than three thousand square kilometers.

Population:

Figure 311

![Population Graph]

The total population of the South East district is 28,856. As at June 1, 2002 there were 14,428 males and 14,428 females living in the district. Of this, 201 (0.7%) were of Aboriginal decent.
Table 3.6

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>POPULATION</th>
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<th>2002</th>
<th>% CHANGE</th>
</tr>
</thead>
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<td>3,590</td>
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</tr>
<tr>
<td>Total District Population</td>
<td>29,588</td>
<td>28,856</td>
<td>-2.47%</td>
<td></td>
</tr>
</tbody>
</table>

Industry:

The main industries in the South East District are:

- Manufacturing & Construction
- Health & Education
- Wholesale & Retail Trade
- Business

Figure 3.12

Source: Statistics Canada Census 2001
Fire/Police Protection Services:
All areas of the district are served by municipally supported or First Nation supported volunteer fire departments. Fire halls are located in Brokenhead FN (with a mutual aid agreement with R.M. of St. Clements), Selkirk, East Selkirk, Grand Marais, Henderson Highway (Narol Fire hall), Matlock, Clandeboye, and St. Andrews (town site). Police protection services are provided by the Selkirk R.C.M.P. detachment. In addition, St. Clements employs two constables who are based out of East Selkirk and Brokenhead FN employs one constable.
Brokenhead FN also has a volunteer “Night Hawk Patrol” that supports crime prevention in the community.

Recreation:
This district is well served with recreational facilities and opportunities. Arenas for hockey, ringette and skating are located in St. Andrews, East Selkirk, and Selkirk. Curling rinks are available in Selkirk, Petersfield, Libau and Grand Marais. Selkirk Recreation Centre and Selkirk Curling Club frequently serve as hosts for provincial winter sporting events.

There are six golf courses in the district, at Petersfield, Grand Beach, Selkirk, Traverse Bay, St. Andrews and near Libau.

Lake Winnipeg, the Red River, and the Red River Delta provide many opportunities for year-round recreation such as fishing (winter and summer), boating, swimming, wind-surfing, and snowmobiling. The Selkirk/Lockport area attracts sport-fishing enthusiasts from around the continent and is the self-proclaimed Catfish Capital of North America. Grand Beach and Grand Marais are one of the premier resort areas in the province and this is the site of the districts provincial park, Grand Beach Provincial Recreation Park. A water slide park is located near Lockport.

Cross country skiing is a favorite sport in this area and many enthusiasts use Selkirk Park and the grounds of Selkirk Golf Course.

Selkirk offers opportunities for year-round walking and swimming to the general public. Selkirk Recreation Centre and Selkirk Regional High School both offer indoor walking tracks that are well utilized by a broad range of age groups in the district. Year round swimming is available at Selkirk Park Pool during the summer and Selkirk Regional High School Community Pool from September 1 to June 30 each year.
Tennis courts are available to the public at Selkirk Regional High School and Selkirk Mental Health Centre.
The Town of Selkirk and district also enjoy several parks/playgrounds which offer spacious and well laid-out recreation areas for all age groups.

Areas for baseball, softball and soccer abound in the district where virtually every community provides space for these sports.

Health Services:

In the South East District, the Regional Health Authority provides an extensive range of health services out of Selkirk to all communities. These services include:

- Acute Care Services
- Adult Day Program
- Ambulance Services
- Chemotherapy
- Day Surgery
- Diabetes Education Resource (Regional Program)
- Diagnostic/Imaging
- Dialysis
- Home Care
- Inpatient Surgery
- Long Term Care
- Mental Health Services
- Obstetrical Services
- Palliative Care – Facility and/or Home
- Pediatric Care
- Psychiatrist (Regional Program)
- Psychogeriatric Team (Regional Program based in Teulon)
- Psychogeriatrician (Regional Program)
- Psychologist (Regional Program)
- Public Health Services
- Seniors Resource Services
- Rehabilitation Services
  - Audiology
  - Occupational Therapy
  - Physiotherapy
  - Speech/Language Therapy
- Respite Services
- Seniors Meal Program
SOUTH WEST DISTRICT

Area:
The South West District of the Interlake Regional Health Authority is composed of the Rural Municipalities of Rosser, Woodlands, Rockwood, the south half of Armstrong (south of Narcisse and west of #7 highway), the Town of Stonewall and the Village of Teulon.

Population:

Figure 3.13

The total population of the South West District is 18,918. As at June 1, 2002 there were 9,299 males and 9,619 females living in the district. There were no people of Aboriginal descent recorded in this district.
Table 3.7

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>POPULATION</th>
<th>1992</th>
<th>2002</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
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<tr>
<td></td>
<td>Age 65+</td>
<td>2,107</td>
<td>2,380</td>
<td>12.96%</td>
</tr>
<tr>
<td>Total District</td>
<td>Population</td>
<td>17,317</td>
<td>18,918</td>
<td>9.25%</td>
</tr>
</tbody>
</table>

Industry:
The main industries in the South West District are:
- Agriculture
- Business
- Health & Education
- Manufacturing & Construction

Source: Statistics Canada Census 2001
Fire/Policing Protection Services:
All communities and areas in the district are served by municipally supported volunteer fire protection. Fire halls are located in Inwood, Fraserwood, Teulon, Stonewall, Stony Mountain, Lake Francis, Warren and Rosser.

Police protection services are provided through R.C.M.P. detachments in Teulon and Stonewall.

Recreation:
The district is well served by a variety of recreational facilities. Arenas for hockey, ringette and skating are provided in Warren, Stony Mountain, Stonewall, Balmoral and Teulon. Curling rinks are located in Teulon, Stonewall, Stony Mountain, Balmoral, Argyle, Woodlands, Warren, Rosser and Marquette.

There are public eighteen hole golf courses at Teulon and Warren, and a nine hole public course is located at Inwood. In addition, there is a private course in the R.M. of Rosser.

Man-made lakes for summer recreation are located in Stonewalls Quarry Park, Teulon’s Green Acres Park, and at the Teulon Cross Country Ski Club along Ross Creek.

Downhill skiing and snowboarding is available at Stony Mountain.

Baseball parks and soccer fields abound throughout the district, and are available in every community. Tennis courts are located in Stonewall. Lawn bowling facilities are available in Stonewall and Warren.

A recreation Commission has been formed in Stonewall to study the recreation needs of the area. An in-depth needs assessment has been completed, and efforts are now underway to implement program’s to meet some of the identified needs.
Table 3.8  

**Health Services:**

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>BASED IN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stonewall</td>
</tr>
<tr>
<td>Acute Care Service</td>
<td></td>
</tr>
<tr>
<td>Adult Day Program</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td></td>
</tr>
<tr>
<td>Audiology</td>
<td>Regional program based in Selkirk</td>
</tr>
<tr>
<td>Day Surgery</td>
<td></td>
</tr>
<tr>
<td>Diabetes Education Res.</td>
<td>Regional program based in Selkirk</td>
</tr>
<tr>
<td>Diagnostic/Imaging</td>
<td></td>
</tr>
<tr>
<td>Elderly Persons Housing</td>
<td></td>
</tr>
<tr>
<td>Emergency Service</td>
<td></td>
</tr>
<tr>
<td>Handi Van</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td></td>
</tr>
<tr>
<td>Long Term Care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Regional Program</td>
</tr>
<tr>
<td>Palliative Care (Facility/Home)</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Regional program based in Selkirk</td>
</tr>
<tr>
<td>Psychogeriatric Team</td>
<td>Regional program based in Teulon</td>
</tr>
<tr>
<td>Psychogeriatrician</td>
<td>Regional program based in Selkirk</td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
</tr>
<tr>
<td>Public Health Services</td>
<td></td>
</tr>
<tr>
<td>Respite Services</td>
<td></td>
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<tr>
<td>Seniors Meal Services</td>
<td></td>
</tr>
<tr>
<td>Seniors Resource Services</td>
<td></td>
</tr>
</tbody>
</table>
NORTH WEST DISTRICT

Area:
The North West District of the Interlake Regional Health Authority is composed of the Rural Municipalities of St. Laurent, Coldwell (Lundar), Eriksdale, Siglunes (Ashern), Grahamdale, and the First Nation Reserves of Lake Manitoba, Dauphin River, Fairford, Lake St. Martin, and Little Saskatchewan, and the unorganized territories north of Grahamdale to the 53rd parallel.

Population:
Figure 3.15

The total population of the North West District is 9,426. As at June 1, 2002 there were 4,578 males and 4,839 females living in the district. Of this, 2,081 (22%) were of Aboriginal decent.
Table 3.9

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>POPULATION</th>
<th>1992</th>
<th>2002</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td>Age 0 - 4</td>
<td>773</td>
<td>636</td>
<td>-17.72%</td>
</tr>
<tr>
<td></td>
<td>Age 5 - 14</td>
<td>1,538</td>
<td>1,658</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>Age 15 - 24</td>
<td>1,424</td>
<td>1,336</td>
<td>-6.18%</td>
</tr>
<tr>
<td></td>
<td>Age 25 - 44</td>
<td>2,474</td>
<td>2,369</td>
<td>-4.24%</td>
</tr>
<tr>
<td></td>
<td>Age 45 - 64</td>
<td>1,752</td>
<td>2,105</td>
<td>20.15%</td>
</tr>
<tr>
<td></td>
<td>Age 65+</td>
<td>1,204</td>
<td>1,322</td>
<td>9.80%</td>
</tr>
<tr>
<td>Total District Population</td>
<td>9,165</td>
<td>9,426</td>
<td>2.85%</td>
<td></td>
</tr>
</tbody>
</table>

Industry

The main industries in the North West District are:
- Agriculture
- Health & Education
- Manufacturing & Construction
- Wholesale & Retail Trades

Source: Statistics Canada Census 2001
Fire/Police Protection Services:
All populated areas in the district are served by municipally supported or First Nation supported volunteer fire departments. There are fire halls located in St. Laurent, Eriksdale, Lundar Ashern, Moosehorn, Gypsumville, Dauphin River First Nation, Fairford First Nation, Little Saskatchewan First Nation, Lake St. Martin First Nation, and Lake Manitoba First Nation.

Police protection services are provided through R.C.M.P. detachments at Lundar, Ashern and Gypsumville. There is one First Nation constable provided by the bands for each First Nation Reserve.

Recreation:
A wide variety of recreational facilities serve the district. Arenas for hockey, ringette and skating are located in Lundar, Eriksdale, Ashern, Peguis First Nation (Hodgson) and Little Saskatchewan First Nation (Gypsumville). Curling rinks are available in Lundar, Eriksdale, Ashern and Moosehorn.

There are two public golf courses in the district at Ashern and Lundar.

Lake Manitoba provides many opportunities for year-round recreation such as, swimming, fishing, (summer and winter), boating, windsurfing and other water sports. Two provincial parks are located along Lake Manitoba in the North West District. They are Lundar Provincial Recreation Park and Watchorn Provincial Recreation Park. In addition, the R.M. of Grahamdale owns and operates the Steeprock Beach Park and cottage development.

There are several cottage communities along the lake including Twin Beaches, Laurentia, Sugar Point, the Narrows, and others.

Areas for baseball, softball and soccer abound in the district where virtually every community has space provided for these sports. In addition, Lundar has an outdoor Olympic size community swimming pool.

Snowmobiling is a favorite winter pastime in the North West District. Many Winnipeg residents travel out to this area every weekend to enjoy the open areas with their snowmobiles.
**Health Services:**
In the North West district, the Regional Health Authority provides a range of health services to all communities. These services are based in several locations throughout the district.

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Ashern</th>
<th>Eriksdale</th>
<th>Lundar</th>
<th>St. Laurent</th>
<th>Gypsumville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adult Day Program</td>
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<tr>
<td>Ambulance Services</td>
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</tr>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional program in Selkirk</td>
</tr>
<tr>
<td>Diabetes Education Res.</td>
<td></td>
<td></td>
<td></td>
<td>Regional program based in Selkirk</td>
<td></td>
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<tr>
<td>Dialysis</td>
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<tr>
<td>Diagnostic/Imaging</td>
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<tr>
<td>Emergency Service</td>
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<td>Handi Van</td>
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<tr>
<td>Home Care</td>
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<tr>
<td>Long Term Care</td>
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<tr>
<td>Mental Health Services</td>
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<tr>
<td>Nurse Practitioner</td>
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<td>Obstetrical Services</td>
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<td>Occupational Therapy</td>
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<tr>
<td>Palliative Care (Fax/Home)</td>
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<tr>
<td>Physiotherapy</td>
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<tr>
<td>Psychiatrist</td>
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<tr>
<td>Psychogeriatric Team</td>
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</tr>
<tr>
<td>Psychogeriatrician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional program based in Selkirk</td>
</tr>
<tr>
<td>Psychologist</td>
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<tr>
<td>Public Health Services</td>
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<tr>
<td>Respite Services</td>
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<tr>
<td>Seniors Meal Services</td>
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<tr>
<td>Seniors Resource Services</td>
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<tr>
<td>Pastoral Care</td>
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</tr>
</tbody>
</table>
The Interlake Health Services

The IRHA has the following services available for its residents:

- Acute care hospitals in Arborg, Ashern, Eriksdale, Gimli, Selkirk, Stonewall and Teulon
  - Services provided in these sites include emergency room/out-patients, emergency medical services (ambulance), diagnostic imaging and lab, physiotherapy/occupational therapy, palliative care,
  - Physicians clinics are often associated with the hospitals

- Specialty services are provided in strategic locations throughout the Interlake – chemotherapy, dialysis, surgical services, obstetrics, audiology, speech/language pathology, diabetic education services

- Personal Care Homes in Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Lundar, Selkirk, Stonewall and Teulon

- Community health offices in Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Gypsumville, Lundar, Riverton, Selkirk, St. Laurent, Stonewall and Teulon
  - Services provided in these sites include public health, mental health, home care, seniors supports
Utilization of Health Services

It is important to review the utilization of various health services by residents as it gives us an indication of the demand for these particular services. The utilization rates presented in this section are for residents of the Interlake and include all services received, no matter where the care was delivered. We will be presenting information for the population of the Interlake Regional Health Authority (IRHA), each of the districts where appropriate and in some cases, other regions of the province. It is useful to compare the health indicators for the IRHA with those of Manitoba, especially with those of the Rural South. The Rural South indicators include information from South Eastman, Central, South Westman and Marquette (now called Assiniboine), Interlake, North Eastman and Parkland regions.

Physician Utilization

Figure 3.17

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
On average, Interlake residents seek physician care in the same proportion and have the same number of visits as do residents of the Rural South.
Hospital Utilization

Figure 3.20

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Figure 3.21

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
Interlake residents had slightly fewer admissions to hospital and stayed a shorter amount of time than did residents of the Rural South. Also, these rates are decreasing over time for Interlakers. We see a variation in these rates for the districts within the region with the northern districts having higher rates than the southern districts.

A large majority of patients in Interlake hospitals come from the Interlake.
A majority of emergency room patients are treated at the Selkirk Hospital. The total number of ER visits in the region has remained fairly stable over time.
High Profile Procedures

Figure 3.26

Cardiac Catheterization Rates

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Figure 3.27

Angioplasty Rates

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Cardiac catheterization, angioplasty and coronary artery bypass procedures are high profile cardiac procedures. We have included them in this section as the Interlake rates are higher than those of the Rural South and have shown an increase over time.
Home Care Utilization

Figure 3.29

New Home Care Cases

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Figure 3.30

Average Length of Home Care Cases

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

The number of new home care cases has increased slightly over time but the average length of time that a client receives home care has decreased. However, both Interlake rates are higher than that of the Rural South.
**Personal Care Home Utilization**

**Figure 3.31**

Admissions to Personal Care Homes

<table>
<thead>
<tr>
<th>Region</th>
<th>1994/95-1995/96</th>
<th>1999/00-2000/01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interlake</td>
<td>30.92</td>
<td>30.00</td>
</tr>
<tr>
<td>Rural South</td>
<td>29.45</td>
<td>27.10</td>
</tr>
<tr>
<td>Manitoba</td>
<td>26.49</td>
<td>24.00</td>
</tr>
</tbody>
</table>

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

**Figure 3.32**

Average Length of Stay - Personal Care Homes

<table>
<thead>
<tr>
<th>Region</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interlake</td>
<td>2.55</td>
<td>2.1</td>
</tr>
<tr>
<td>Rural South</td>
<td>2.54</td>
<td>2.35</td>
</tr>
<tr>
<td>Manitoba</td>
<td>2.55</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
The rate of admission to a personal care home has increased over the past several years for Interlake residents. This could be due in part to the construction of 30 beds in the Fisher Personal Care Home. The Interlake rate is higher than that of the Rural South and Manitoba. The average length of stay in a personal care home has decreased over time in all areas. Approximately 60% of Interlake residents are admitted at level of 3 or 4 care (the highest levels of care) while only 50% of residents of the Rural South are at this level of care at the time of admission. This means that our residents are frailer when admitted which could explain the shorter length of stay.
Other Service Utilization

Following are utilization statistics for 2003/04 for some of the other health services provided by the Interlake Regional Health Authority.

**Mental Health**

- Total active cases – Adult – 617
- Total active cases – Child – 272
- Total active cases – Psychogeriatric – 374
- Total number of clients – Crisis Stabilization Unit – 656
- Total number of clients – Mobile Crisis Unit – 825

**Public Health**

- Total number of contacts – Public Health Nurses – 16,465
- Total number of contacts – Women & Infant Nutrition – 789
- Total number of contacts – Baby First – 4,538

**Rehabilitation Services**

- Physiotherapy – In-Patient Clients – 1,449
  Out-Patient Clients – 5,960
  PCH Clients - 12
- Occupational Therapy - In-Patient Clients - 586
  Out-Patient Clients – 84
  PCH Clients – 1,104

**Dialysis**

- Total Treatments – 4,646
  Stations – 16

**Chemotherapy**

- Total Treatments – 1,003
Diagnostics

In 03/04 the services provided in the diagnostic departments of the region had the following volumes:

- Lab – 708,504 tests
- EKG – 15,414 tests
- Xray – 8,427 tests
- Ultrasound – 6,471 tests
- CT scan – 3,585 tests

EMS

Figure 3.34

Source: IRHA – EMS Statistics
Chapter 4 - Health Status

The Health of our Population

Health status is a measure of the overall health of our population. When determining the healthiness of a population we review measures of mortality, morbidity and well-being. Health indicators are used in this analysis to describe or measure particular characteristics, events and factors.

Mortality measures include total mortality rates, life expectancy, premature mortality rates and potential years of life lost.

Morbidity measures the burden of illness on our population and the presence of various health conditions. These measures include high & low birth weights, preterm birth rates, chronic disease rates and injury rates.

When determining the overall well-being of our population we review indicators such as self-rated health, functional health, activity limitations, overall quality of life and emotional & mental health.

The use of health indicators to measure the health of a population allows us to track changes in health status over time for the same population and also to make comparisons with other populations. In this report we will be making comparisons to populations of other health regions or with the province of Manitoba. In order to make meaningful comparisons between populations, the data of all regions is usually age and sex adjusted to standardize all populations to reflect the population of Manitoba at that time. We will be presenting information on health indicators for the population of the Interlake Regional Health Authority (IRHA), each of the districts where appropriate and in some cases, other regions of the province. It is useful to compare the health indicators for the IRHA with those of Manitoba, especially with those of the Rural South. The Rural South indicators include information from South Eastman, Central, South Westman and Marquette (now called Assiniboine), Interlake, North Eastman and Parkland regions. The Rural South grouping has been chosen because these regions have like populations and health service use patterns.
Mortality

**Total Mortality Rate** is the total number of deaths in the population. This rate is expressed as the number of people who died per 1,000 residents of the population.

Figure 4.1

The mortality rate of the Interlake has decreased significantly over time. Female life expectancy is now 81 years and male life expectancy is 75 years.

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

The mortality rate of the Interlake has decreased significantly over time and it is now equal to the rate of the Rural South. Within the IRHA we see varying rates, with the Southeast district having a significantly higher rate than the other districts.

An associated measure of mortality is life expectancy. In the Interlake, female life expectancy is 81.09 years and male life is expectancy is 75.45 years. These values are equal to those of the Rural South and Manitoba overall and have remained relatively stable over time.
**Premature mortality rate** (PMR) is the rate of death occurring before age 75. This rate is expressed as the number of people who died before age 75 per 1,000 residents of the population. Premature mortality is often used as an indicator of general health status and the need for health care services.

Figure 4.2

The PMR of the Interlake has decreased significantly over time although it is still slightly higher than the rate of the Rural South. Within the IRHA we see varying rates, with the northern districts having slightly higher rates than the southern districts. The decrease in the overall PMR over time shows that on average, our population is getting healthier.
Potential Years of Life Lost (PYLL) is another measure of premature mortality which gives a greater weight to deaths occurring at a younger age. The rate is given as “years per thousand” which is years of life lost per 1,000 residents. This rate captures deaths which occur between ages 1 and 74.

Figure 4.3

In the IRHA, the PYLL for males is almost double that of females. The rates for both sexes have decreased over time and are now equal to the rates for the Rural South. Within the IRHA, there is a significant difference between the northern and southern districts for males but the rates for females are fairly equal across the region.

When examining PYLL by cause (presented as a 10 year average of number of years of life lost), the top 3 causes for males are unintentional injuries (689 years), circulatory disease (657 years) and cancer (633 years). The top 3 causes for females are cancer (623 years), circulatory disease (265 years) and unintentional injuries (181 years).
Causes of Mortality

The top 5 causes of death in the Interlake are:

- Diseases of the circulatory system (e.g. heart attack, stroke, high blood pressure)
- Neoplasms (cancers)
- Diseases of the respiratory system (e.g. asthma, emphysema)
- External causes (e.g. fractures, injuries, poisoning)
- Endocrine/Metabolic diseases (e.g. diabetes and related diseases)

The top 5 causes of death are the same for males and females of the Interlake.

Figure 4.4

The top 5 causes of death in Manitoba are:

- Diseases of the circulatory system
- Neoplasms (cancers)
- Diseases of the respiratory system
- External causes
- Diseases of the digestive system (e.g. Diseases of the stomach, pancreas and liver)

Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003
When looking specifically at injuries, the top 5 causes of death due to injury are:

- Motor vehicle traffic injuries (unintentional)
- Suicide
- Falls (unintentional)
- Drowning (unintentional)
- Transport – other (unintentional)

**Cancer Mortality**

Figure 4.5

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>10</td>
<td>5</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>2000</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>15</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>2001</td>
<td>20</td>
<td>15</td>
<td>30</td>
<td>25</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003

The most common causes of cancer mortality remain constant over time. The top three causes of cancer mortality for males are lung, prostate and colon cancers. The top three causes of cancer mortality for females are lung, breast and colon cancers. The Interlake causes of cancer mortality are very similar to those of Manitobans overall.
Morbidity

Healthy babies grow up to be healthy adults. High and low birth weights and preterm births all have an effect on how healthy babies are.

**High Birth Weights** are the percentage of live born babies weighing more than 4000 grams (8.8 lbs)

**Low Birth Weights** are the percentage of live born babies weighing less than 2500 grams (5.5 lbs).

**Preterm Birth Rate** is the percentage of live born babies who were delivered before 37 weeks gestation.

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
High birth weight rates have increased slightly over time all across the region to where our rate is now greater than that of the Rural South. Low birth weight rates have remained relatively stable although we see variability between the districts. Our regional rate is slightly higher than that of the Rural South. Preterm birth rates have increase slightly over time. However there has been a significant increase in the northwest district. The IRHA rate is slightly higher than that of the Rural South.

Chronic Disease Rates & Health Conditions

Stroke Rate

This is the total number of hospitalizations for stroke per 1,000 residents aged 20 years and older. This is expressed as an annual rate.

Figure 4.9

Stroke rates for the IRHA have increased over time and the rate is now significantly different than that of the Rural South. The Rural South rate has actually shown a decrease over time. All districts within the Interlake, with the exception of the northeast, have increased over time.
Hypertension Rate

This is the percentage of the population aged 25 and older who had at least 1 physician visit for hypertension in a 3 year period.

Figure 4.10

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Hypertension rates for the IRHA have increased significantly over time and the current rate is significantly different than that of the Rural South. Within the IRHA, three out of the four districts have experienced a significant increase.

Acute Myocardial Infarction (Heart Attack) Rate

This is the total number of hospitalizations for heart attacks per 1,000 residents aged 20 and older expressed as an annual rate.

Figure 4.11

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
Diseases of the circulatory system are the most common causes of death in the Interlake. Stroke and heart attacks are our number one concern when dealing with chronic diseases.

The IRHA has seen a decrease in the number of residents who have suffered a heart attack but our rate is still higher than the Rural South rate. There is considerable variability in the rates between the four districts, with the northwest district increasing over time and having the highest rate in the region.

Diabetes Rate

This is the percentage of residents 20 to 79 years of age who have been to the physician 2 or more times for diabetes or who have been admitted to the hospital at least once for diabetes.

Figure 4.12

The IRHA has seen a significant increase in the number of residents who have been diagnosed with diabetes.

The IRHA has seen a significant increase in the number of residents who have been diagnosed with diabetes. Our rate is significantly higher than the Rural South rate.
When we compare diabetes rates for our Registered First Nations population to the other residents of the Interlake we see that Registered First Nations people are 4 times more likely to have diabetes. There is also a substantial difference between living on-reserve and off-reserve for IRHA residents.

Respiratory Morbidity

This is the percentage of residents who have had at least 1 physician visit or 1 hospitalization for respiratory disease over a 2 year period (ie. Asthma, bronchitis, emphysema).
The IRHA rates have decreased over time but our rates are still higher than those of the Rural South. Within the IRHA, three districts have seen significant decreases over time but the northwest district has experienced a significant increase over time.

**Asthma Rate**

This is the number of residents who have been diagnosed with asthma over a 2 year period, per 1,000 residents.

![Asthma Prevalence Graph](chart.png)

*Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003*

When we look at asthma specifically, we see that Interlake residents have lower rates than all Manitobans.
Cancer Incidence Rate

This is the number of new cases of cancer diagnosed per 1,000 residents on an annual basis.

Figure 4.16

![Cancer Incidence Rate Chart]

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

Cancer diagnoses have decreased over time in the Interlake and our rate is similar to that of the Rural South. All districts experienced a decrease in cancer diagnoses.

Cancer Prevalence Rate

This is the number of individuals who have ever been diagnosed with cancer and who are living as of December 31, 2000, per 100,000 population.

Figure 4.17

![Cancer Prevalence Rate Chart]

Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003

Cancer prevalence rates in the Interlake are approximately the same as those for all Manitobans.
### Table 4.1

<table>
<thead>
<tr>
<th>Top Male Cancers</th>
<th>Interlake</th>
<th>Provincial Average</th>
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</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>163.9/1,000</td>
<td>158.8/1,000</td>
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<tr>
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<td>76.2/1,000</td>
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<tr>
<td>Skin</td>
<td>13.56/1,000</td>
<td>11.97/1,000</td>
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</table>

<table>
<thead>
<tr>
<th>Top Female Cancers</th>
<th>Interlake</th>
<th>Provincial Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
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<td>116.43/1,000</td>
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<tr>
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<tr>
<td>Colorectal</td>
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<tr>
<td>Skin</td>
<td>9.77/1,000</td>
<td>9.57/1,000</td>
</tr>
</tbody>
</table>

Source: Cancer Care Manitoba, Provincial Statistics, June 2004

### Injury Hospitalizations

This is the number of hospitalizations per 1,000 residents for any type of injury.

Figure 4.18

![Injury Hospitalization Rates](image)

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

The rate at which Interlake resident are hospitalized as a result of injuries has decreased significantly over time. Our rate is now lower than that of the Rural South. The rate of death caused by injuries has also decreased significantly over time.

The leading causes of injury hospitalization in the Interlake are:
- Falls (unintentional)
- Motor vehicle traffic (unintentional)
- Self-inflicted injuries
- Assault
- Transport – other (unintentional)
**Injury Type**

This summary of injury type represents the percentage of Interlake respondents to the community survey who indicated that they had a recent injury, by type of injury.

![Injury Type Chart](chart.png)

Source: Acumen Research – Interlake RHA Community Health Survey 2003

The most common type of injuries incurred by Interlake residents are sprains and strains.

**Well-being**

**Quality of Life**

There are many facets of an individual’s life that interact to determine our overall quality of life. In order to measure the quality of life of our residents we must examine many indicators.

**Functional & Self-Rated Health**

This summary represents responses to the Statistics Canada CCHS survey questions on functional and self-rated health, presented as a percentage of the population. Functional health encompasses measures of vision, hearing, speech, mobility, dexterity, feelings, cognition and pain. Self-rated health reflects the presence of disease, aspects of positive health status, physiological and psychological reserves and social and mental function.
Residents of the Interlake rate their functional health and self-rated health slightly lower than residents of Manitoba and Canada. There is also a substantial difference between ratings of functional and self-rated health.

The results to the community survey report that 50% of Interlake residents state that their health is generally very good or excellent. This compares to 53% of overall respondents.

**Activity Limitations**

This summary represents responses to the Statistics Canada CCHS survey questions on activity limitations, expressed as a percentage of the population. Activity limitations include limitations in activities due to physical condition, mental condition or health problems which last for more than 6 months.
Fewer residents of the Interlake suffer from any condition which prevents some or most of their normal activities.

The results to the community survey report that 15% of Interlake residents have an activity limitation that prevents some or most of their activities.

**Emotional/Mental Health**

Information on the emotional and mental status of the population has been obtained from the Canadian Community Health Survey conducted by Statistics Canada. The results represent responses to the survey questions on major depressive disorders, self-rated mental health and satisfaction with life, expressed as a percentage of the population. The sample size was fairly small therefore we do not have information for the Interlake alone, but we will refer to overall Manitoba rates as an indication of responses for the Interlake population.

**Major depressive disorder** (2 or more weeks with persistent depressed mood & loss of interest in normal activities)

4.4% of Manitoba residents and 4.5% of Canadians overall state that they have suffered from a major depressive disorder.
Self rated mental health (the individuals own ratings of their mental health status)

65% of Manitobans rate their mental health as excellent or very good while 67% of overall Canadians give this response.

Satisfaction with life (an individual’s own rating of their overall satisfaction with life)

87% of Manitobans and 85% of Canadians say that they are satisfied or very satisfied with their life.

As we can see, the rates of Manitobans who have a major depressive disorder is very close to that of overall Canadians. Also, Manitobans self-rated mental health and satisfaction with life is very similar to that of Canadians.

Respondents to the community survey reported the following:

- 86% reported no recent emotional difficulty (compared to 87% overall)
- 73% reported that they have someone to talk to when feeling anxious all or almost all of the time (compared to 87% overall) – females are more likely to have someone to talk to

In summary, when reviewing various quality of life indicators, we find:

- half of Interlake residents say their health is very good or excellent,
- 90% have had no recent emotional difficulties
- less than 5% report having a major depressive disorder
- most rate their own health as very good or excellent compared to others their age
- 65% rate their mental health as very good or excellent
- 61% exercise regularly as a way to keep healthy (most common exercise is walking)
- 20% think about their diet & nutrition as a way to keep healthy
- when asked what can be done in your community to improve health most respondents stated recreation facilities/programs & improved access to health care
What did we learn?

- Total mortality rate is decreasing – less people are dying.
- PMR & PYLL are decreasing - fewer younger people are dying and they are not dying at such a young age.
- PYLL for males is almost double that of females.
- Diseases of the circulatory system are the most common cause of death in the Interlake. Stroke and heart attacks are our number one concern when dealing with chronic diseases and these rates have been increasing over time.
- Overall, less people are dying from cancer and those with cancer are living longer.
- HBW, LBW & preterm births have changed very little – all our rates are greater than the rural south.
- Chronic disease is a priority issue in the Interlake due to the rate at which the incidence of these diseases is increasing.
- Our concerns continue to increase in the area of chronic disease. More people have the warning signs.
- The IRHA has seen a significant increase in the number of residents who have been diagnosed with diabetes. Our rate is significantly higher than the rural south rate. First Nations people are 4 times more likely to have diabetes than other Interlakers.
- Respiratory morbidity has decreased over time but is still greater than rural south – asthma rates are lower than Manitoba rates.
- Injury hospitalizations have decreased – the main types of injuries are relatively minor according to the community survey.
- Over half the population rate their health as excellent and very good, similar to rates of Manitoba and Canada, ratings for functional health are 20% greater than self-rated health.
- Few people experience activity limitations.
- The overall quality of life of residents of the Interlake is a priority issue for the region. Issues surrounding chronic disease, self-rated health, and emotional and mental health support making this a priority issue.
Chapter 5 - Determinants of Health

What affects our health?

There is an entire range of individual and collective factors that affect the health of people in our communities. These factors include:

- Personal health practices & coping skills
- Healthy child development
- Biology & genetic endowment
- Social environment
- Health services
- Social support network
- Education
- Income & social status
- Employment & working conditions
- Physical environment
- Gender
- Culture

Crucial to the concept of determinants of health, is the fact that these factors do not act in isolation of each other. The interactions between these factors have a profound impact on health. As you can see by the following figure, the individual is in the centre of a very complex & dynamic world.

Figure 5.1

Source: Health Promotion Website, Dept. of Human Services, State Government of Victoria, Australia

In this report we will examine indicators of personal health practices and lifestyles, living and working conditions, some environmental factors, healthy child development and where meaningful, the effects of culture and gender.
Personal Health Practices & Lifestyle

Body Mass Index (BMI) is a common method of determining if an individual’s weight is in a healthy range based on their height. A BMI of between 25 and 29 is considered overweight and a BMI of 30 or over is considered obese.

Interlake residents, both male & female, are more likely to be obese or overweight than residents of Manitoba and Canada. This can be an indication of the prevalence of health conditions that are affected by an unhealthy body weight and are an indication of potential health risks.

Dietary Practices reflect the percentage of the population who follow the recommendations in Canada’s Food Guide for fruit and vegetable consumption.

Source: Manitoba Health – Data from CCHS Cycle 1.1 in Interlake Regional Health Authority Profile – August 2003
Interlake residents, both male and female, are less likely to consume the recommended number of servings of fruit and vegetables. This is an indication of overall eating habits, which appear to be poor.

**Physical Activity** reflects how physically active members of the population are in their leisure time. This indicator states the percentage of the population who are inactive, moderately active or active in their leisure time.

![Leisure Time Physical Activity Chart]

Source: Manitoba Health – Data from CCHS Cycle 1.1 in Interlake Regional Health Authority Profile – August 2003

Less than half of the Interlake population is moderately active or active in their leisure time. Male and female residents of the Interlake are equally as active as the rest of the population in Manitoba and Canada.

**Smoking Rates** indicate the percentage of the population over the age of 12 who are currently smokers or were previously smokers.

![Smokers & Former Smokers Chart]

Source: Manitoba Health – Data from CCHS Cycle 1.1 in Interlake Regional Health Authority Profile – August 2003
Interlake Community Health Assessment 2004

Interlake smoking rates are approximately equal to those of Manitoba. Interlake males have a higher rate of smoking than do females.

**Personal Health Practices Aimed at Improving Health**

Following are some of the data that has been collected around the topic of what people do to improve their health.

**Community Survey**
- 61% exercise regularly as a way to keep healthy (most common exercise is walking)
- 20% think about their diet & nutrition as a way to keep healthy
- most state improved recreation facilities/programs and improved access to health care are required in their community

**Community Forum**
- 37% said that wellness was the most important improvement made by the IRHA
- survey respondents report regular checks:
  - BP – 73%
  - Blood sugar – 64%
  - Cholesterol – 58%
- What do you do to stay healthy? Most common responses
  - Exercise (walking, swimming, cycling, bowling, curling, gardening)
  - Healthy eating (fruits & vegetables, less fat, drink water)
  - Socializing/relaxing
  - Regular physician visits

**Focus Groups**
- What do you do to stay healthy? Most common responses
  - Exercise (walking, swimming, cycling, bowling, curling, gardening)
  - Healthy eating (fruits & vegetables, less fat, drink water)
  - Socializing/relaxing/spiritual health/mental health
  - Regular physician visits
Medication Usage

Overall Number of Prescriptions
This is the percentage of residents with at least 1 prescription in a 2 year period

Figure 5.7

The rates of prescription drug use for Interlake residents have increased over time and the rates are now slightly higher than those of the Rural South.

On average, Interlake residents have almost 4 different drugs prescribed to them. These rates have increased over time and are equal to those of the Rural South.

Antidepressant Prescriptions
This is the percentage of the population with 2 or more prescriptions for depression in a 2 year period.
Figure 5.8

The Interlake rates have increased significantly over time and are slightly less than that of the Rural South.

Teen/Youth Health Issues

Six focus group discussions were conducted in the region with teens and young adults around the topic of teen and youth health issues. The questions that were asked dealt with topics such as:

- How do you describe a healthy teen/youth?
- What things are in your home/school/community to help you be a healthy person?
- What is the biggest health issue for teens/youth?
- What factors influence the use of drugs and alcohol?
- Describe solutions to these issues.
- How can you be involved in these solutions?
- What education approaches are most effective?

Teens and youth identified the following items as contributing to their health:

- Social supports/friends/peers
- Physical activity
- Adequate sleep
- Social activities/events
- Proper nutrition
- Pets
All groups identified drugs and alcohol as the main health issues that teens and youth are faced with. Peer pressure, boredom, stress/emotions, to get away (escape) and addictions are most often cited as the reasons they use drugs and alcohol. The focus groups offered the following as possible solutions to drug and alcohol use:

- parental guidance,
- counselors,
- more local activities,
- increased drug and alcohol awareness, and
- hearing on experiences of others.

The most effective educational approaches for health care workers to use when presenting information to teens and youth were listed as:

- presentations/workshops,
- speakers (close in age to those they are speaking to),
- talking to other people who are dealing with these problems,
- youth/drop-in centre, and
- current videos and printed material.

**What We Have Done in the Area of Health Promotion**

1. **Interlake Health Promotion Working Group** (established in 1999) is an intersectoral group whose purpose is to strengthen and coordinate efforts in health promotion in the region. Sub-groups include:

   A. **Physical Activity Working Group** has helped initiate Walking Clinics/Walking Challenges/Community Walks, Girls’ and Boys’ Physical Activity Workshops were piloted and a project manual was created.

   B. **Healthy Choices Nutrition Group** activities have included “Building A Healthy Lunch” Nutrition Month Program, Nutrition Month Challenge 2003, Expanded Nutrition Month Committee to a Healthy Choices Nutrition Group October 2003

   C. **Interlake Injury Prevention Network** activities have included Injury Prevention Strategy developed and Consultation Forum held (2002), Injury prevention awareness ‘train the trainer’, Falls prevention for seniors – ‘Steady As You Go’ – piloting program in Teulon, Presentations on transportation safety, suicide prevention, falls prevention, workplace safety, Safe Communities, water safety and ATV safety provided as part
of the Injury Prevention Network quarterly meetings, Expanded from 1 to 4 community based Progressive Farmer Farm Safety Day Camps.

D. **Tobacco Working Group** with representation from Manitoba Tobacco Reduction Alliance (MANTRA), Medical Officer of Health, Public Health Nurses, Anishinaabee Mino-Awaayin, youth, Manitoba Lung Association. Activities include Lungs Are For Life (Tobacco Prevention Program), Provided awareness presentations to municipal councils in relation to second hand smoke, Partnered with the Canadian Cancer Society to promote the ‘One Step At A Time’ self-help smoking cessation resource, Contracted assistance to organize smoking cessation resources and created ‘Options to Help You Quit Smoking’ bulletin.

E. **Recognition for Community Based Health Promotion Initiatives** – Initial awards for Healthy Community, Healthy Workplace and Healthy School targeted to be given in October 2004.

F. **Community Based Small Grant Program 2003** - A small grants program, funded by the IRHA was initiated June 2003, for community-based chronic disease prevention and injury prevention – 14 projects received funding in the first year. Six summer projects were approved for funding June 2004.

2. **Interlake Interagency** – an interagency group whose purpose is to collaborate in program and service planning

   A. **Early Childhood Development Committee**
      - Focus on parent/child-centered approach
      - Four district coalitions developed and ongoing action plans
      - Administers funding from Healthy Child Manitoba

   B. **Suicide Sub-Committee** has developed a plan for capacity building and training

   C. **Healthy Schools Group** – reviewing proposals for Healthy Schools provincial funding

3. **Healthy Communities** – intersectoral community based groups
   - Gimli
   - Teulon
   - Lundar
   - Stonewall

4. **Maternal / Child Planning Team:**
   - A. Breastfeeding strategy developed
   - B. Teen Health Sub-Committee
5. **Interlake Workplace Wellness** activities include the Interlake Workplace Wellness Project in partnership with Heart and Stroke Foundation and Health Canada, Expanded IRHA Workplace Wellness Group to 12 worksites, Selkirk and Area Workplace Wellness (a community-based workplace wellness initiative in partnership with Heart and Stroke Foundation of Manitoba)

6. **Selkirk and Area Healthy Connections** - Group of interdisciplinary health care providers in Selkirk working on integrating prevention into primary health care

## Living and Working Conditions

### Average Personal Income

The following graph indicates the average personal income (pre-tax) for persons aged 15 and over who reported income.

*Figure 5.9*

![Average Personal Income (Census 2001)](image)

Source: Statistics Canada, Census 2001

The average personal income for residents of the Interlake is somewhat lower than for all Manitobans.

An associated measure of the wealth of a population is income inequality. Income inequality measures the proportion of income held by the bottom half of all households (a proportion of 50% would represent no inequality). The proportion in the Interlake is 22%, which is equal to the Manitoba rate of 22.1%. This means that the bottom half of the population only received 22% of all income received by the entire population.
Occupations

The following graph indicates the percentage of the total labor force participants in the Interlake who are employed in each industry classification by gender.

Figure 5.10

Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003

54% of Interlake males are employed and are most likely to be working in trades & transportation, primary industry and sales & services. 44% of females are employed and are most likely to be working in sales & service, finance & administration and health. The remainder of the population is either not seeking work (ie students, homemakers or retirees) or are unemployed.

Unemployment Rate

This graph illustrates the percentage of the labour force aged 15 and over who did not have a job (the labour force consists of people who are currently employed and people who are unemployed but were available to work and had looked for work in the past 4 weeks).
The unemployment rates for all residents of the Interlake are higher than those of Manitoba and Canada, especially for men.

**Environmental Factors**

The following are emerging Public Health issues in the Interlake:

**West Nile Virus**

Manitoba had its first human cases of West Nile Virus in 2003. The majority of the province’s 142 cases occurred in the southwest area of the province. The Interlake region experienced 14 human cases of West Nile Virus in 2003. IRHA public health investigates and reports each case of West Nile Virus to Manitoba Health’s Communicable Disease Control Unit. The IRHA continues to actively participate in all planning and response activities at the provincial level through the West Nile Scientific Advisory Committee and at the regional/municipal level through the Central Regional Response Team.

**Severe Respiratory Illnesses (SRI’s)**

The global SARS outbreak of 2002-2003 and the more recent avian influenza outbreaks in Asia and British Columbia in 2004 have served to underscore the importance of planning for outbreaks of SRIs including pandemic influenza. While the Interlake region did not experience any cases of SARS or Avian Influenza, the IRHA established its Outbreak Response Team to function in a
lead planning and implementation role. Members of this team continue to actively participate in both provincial and regional planning activities.

**Surface and Ground Water**

The summer of 2003 saw several Lake Winnipeg beaches closed due to high levels of E. coli and multiple postings due to algal blooms. IRHA public health continues to work closely with Manitoba’s newly formed Water Stewardship ministry to assure clean beaches throughout the Interlake.

The majority of Interlake residents utilize ground water sources for their domestic water needs. The nature of the limestone carbonate aquifer that supplies this water is such that it is vulnerable to contamination from numerous human activities. IRHA public health works closely with MB Conservation and the newly established Office of Drinking Water to assure safe drinking water for Interlake residents.

**Animal Exposures**

Rabies virus is continuously present in the skunk population throughout the Interlake region. Any animal with the potential for contact with a rabid wild animal has the potential to develop and transmit rabies. Interlake residents exposed to wild or domestic animals through bites, scratches or other situations are followed up by public health and assessed with respect to the requirement for post exposure immunization. Over the last 5 years IRHA public health has investigated approximately 180 animal exposures per year. About 7% of these result in immunization of the exposed individual against rabies.

**Healthy Child Development**

**Childhood Immunization Rates**

This is the percentage of children in each age category with the complete set of recommended immunizations. There may be an under-recording of immunizations for some First Nations communities which may result in slightly lower rates.
The immunization rates for 1, 2 and 7 year olds in the southern districts of the region are higher than for children in the northern districts of the region. The average rate for 1 year olds is 85%, for 2 year olds is 74% and for 7 year olds is 69%. The Interlake rates are fairly close to those of the Rural South. As children age, the immunization rates decrease.

For our Aboriginal population we see that the immunization rates for 2 year olds is lower than that of the non-aboriginal population of the Interlake. The rates for those people living on-reserve is slightly lower than that of those living off-reserve.
Breastfeeding Practices

This is the percentage of live born babies who were exclusively or partially breastfed at the time of hospital discharge.

Figure 5.17


Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

The breastfeeding rates in the southern districts of the region are higher than in the northern districts of the region. All rates show a slight increase over time. The Interlake rate is equal to that of the Rural South.

Data from the IRHA Infant Feeding Study (2000) provides information on duration of breastfeeding. Of babies who were breastfed at time of hospital discharge, 49% were still breastfed at 6 months of age and 14% at 1 year of age.
Teen Pregnancy Rates

This is the number of pregnancies per 1,000 females aged 15 to 19. This includes live births, stillbirths, abortions and ectopic pregnancies.

Figure 5.18

The teenage pregnancy rate is significantly higher in the northern district of the region than in the southern districts of the region. The northeast and northwest districts have had a significant change over time (northeast increasing and northwest decreasing). The Interlake rate has remained relatively stable over time but is still higher than that of the Rural South.

Information gathered in the focus group discussions around the topic of Aboriginal health tells us that it is culturally acceptable for teens in these communities to have a baby. This factor may contribute towards our higher rates in the northern districts of the region.
Youth Smoking Rates

This is the percentage of youth between the ages of 12 and 19 who report being daily or occasional smokers.

Figure 5.19

Interlake males and females are more likely to smoke than the youth of Manitoba and Canada.

Single Parent Households with Children

This is the number of single parent households with children expressed as a percentage of all families.

Figure 5.20

Source: Manitoba Health – Interlake Regional Health Authority Profile, August 2003
The Interlake has slightly fewer single parent households than Manitoba and Canada.

**Healthy Child Programs**

Provincially, early childhood development is a priority. Our children deserve every possible opportunity and they are the future of our community, province and nation. Research in child health has revealed a powerful relationship between child health and health in adulthood. Compelling arguments have been made regarding the importance of early childhood experiences and development on later health and well-being. Children living in poverty are at most risk for poor health outcomes. The child poverty rate has increased over the past several years. The Canadian rate of child poverty is now 19.9% and the Manitoba rate is 22.1%. There is growing concern about the impact of poverty on child health and well-being. Therefore the province and region are making investments in the following priority issues:

- Healthy pregnancy, birth and infancy
- Parenting and family supports
- Early childhood development, learning and care
- Community support

The Interlake region has a number of healthy child programs that are funded through Healthy Child Manitoba.

- **Healthy Baby Program** – This program supports women during pregnancy and the child’s infancy with financial assistance, emotional support and nutrition and health education.
- **Baby First Program** – This community based program supports overburdened families with children up to 3 years old. Regular visits by the public health nurses are supplemented by weekly home visits from specially trained home visitors who encourage and support all family members.
- **Early Start Program** – This program is available to families with preschool children who need support to ensure healthy early childhood development. A three year home visiting service provides parenting and literacy programs for these families and supports children’s early physical, mental and emotional development.
- **Parent-Child Centred Coalition** – This community development program brings parents, community organizations, school divisions and health
professionals together. They support parenting, improve children’s nutrition and literacy and build community capacity for helping families in their communities.

In 2002 the Interlake Early Childhood Development Committee conducted a needs assessment of early childhood and parent programs, services, community activities and resources that were available within the Interlake. The results of this assessment will provide the basis of program funding in the future.

Culture

Aboriginal Health Issues

Data from the Manitoba Centre for Health Policy report entitled “The Health and Health Care Use of Registered First Nations People Living in Manitoba” indicates that there is a statistically significant difference between the Registered First Nations people & non-Registered First Nations people in the Interlake for these indicators:

<table>
<thead>
<tr>
<th></th>
<th>IRHA – Registered First Nations Population</th>
<th>IRHA – All Others</th>
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<tbody>
<tr>
<td>Premature mortality rate</td>
<td>5.44</td>
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<td>(per 1,000 population)</td>
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<tr>
<td>Life expectancy (years)</td>
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<td></td>
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<tr>
<td>Males</td>
<td>71.39</td>
<td>75.47</td>
</tr>
<tr>
<td>Females</td>
<td>75.66</td>
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<td>Diabetes prevalence</td>
<td>193.81</td>
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<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>208.32</td>
<td>217.35</td>
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<tr>
<td>(per 1,000 population)</td>
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<td></td>
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<tr>
<td>Injury hospitalization</td>
<td>21.46</td>
<td>8.15</td>
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<td>(per 1,000 population)</td>
<td></td>
<td></td>
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<tr>
<td>Childhood immunization</td>
<td>58.17</td>
<td>76.93</td>
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<tr>
<td>(% of 2 year olds)</td>
<td></td>
<td></td>
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<tr>
<td>Breast screening</td>
<td>38.65</td>
<td>59.01</td>
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<td>(% women aged 50 – 69)</td>
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<tr>
<td>Breastfeeding</td>
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<td>(% of newborns)</td>
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<td>Table 5.1 Continued.</td>
<td>IRHA – Registered First Nations Population</td>
<td>IRHA – All Others</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------</td>
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</tr>
<tr>
<td>Physician visit rates (# per person)</td>
<td>5.63</td>
<td>4.47</td>
</tr>
<tr>
<td>Hospital separations (per 1,000 population)</td>
<td>319.56</td>
<td>169.77</td>
</tr>
<tr>
<td>Days of hospital care (# per person)</td>
<td>1.28</td>
<td>0.88</td>
</tr>
<tr>
<td>Amputations due to diabetes (per 1,000 population)</td>
<td>3.17</td>
<td>0.17</td>
</tr>
</tbody>
</table>

Participants of the Aboriginal health focus groups indicated that the major health concerns in their communities were

- diabetes
- risky behaviors (STI’s addictions, teen pregnancy)
- mental health
- maternal health
What did we learn?

- Interlake residents are more likely to be overweight or obese. Fewer Interlake residents eat the recommended number of servings of fruits and vegetables on a daily basis. Interlakers are just as active in their leisure time as the rest of Manitobans, although this represents less than 45% of the population. These three health promotion activities contribute to reducing the rate of chronic disease. Interlake residents need to eat better, reduce their weight and become more active.

- The need for health promotion activities and services has become a priority issue in the Interlake due to our high chronic disease rates. Most residents understand the need for health promotion and are willing to undertake their own health promotion activities as well.

- The number of prescriptions used by Interlake residents has increased over time, especially the use of antidepressants. Also, the number of different medications used has increased.

- The main health issues facing our teen and youth are drugs and alcohol use. Also, Interlake teens are more likely to smoke than other Manitoba teens.

- There is a discrepancy between the health of Aboriginal people and non-Aboriginal people living in the Interlake. In some cases (such as diabetes rates) this discrepancy is huge. The health of the Aboriginal people in the region is a priority issue for the Interlake.

- The average personal income for Interlake residents is lower than that of Manitoba and our unemployment rates are higher.

- Fewer Aboriginal children receive immunizations.

- Teen pregnancy rates across the region are quite variable but overall our rate is fairly similar to the rest of Manitoba.

- Tobacco use is one of the main contributing factors of chronic disease. Our youth smoking rates are fairly high and long term smoking can have a significant impact in the development of chronic disease.
Chapter 6 - Health System Performance

How well does the health system meet the needs of the population?

In order to determine how well our health system is functioning, we look at four overall measures: responsiveness, system competency, client/community focus and work life.

The responsiveness indicators try to determine how available and accessible health services are. We will review indicators that focus on supply.

The system competency indicators try to determine if we are delivering appropriate, competent and safe services.

The client and community focus indicators review how well we communicate with our clients and how we engage them in the health system.

The work life indicators focus on the work environment of the health care employees.

The community survey asked questions about how residents rated the importance of various health services. Percentage of survey respondents reporting services as very/extremely important:

- Health promo = 68%
- Comm. Services = 72%
- Home care/pch = 76%
- Hosp/Amb = 91%

Participants of the community forums were asked the same questions as those asked in the community survey, with the following results. Survey respondents reporting services as very/extremely important:

- Health promo = 77%
- Comm. Services = 79%
- Home care/pch = 86%
- Hosp/Amb = 90%
Responsiveness

**AVAILABILITY**

**Hospital Bed Supply** is the number of hospital beds per 1,000 residents of the area.

Figure 6.1

[Bar chart showing hospital bed supply for Interlake, Rural South, and Manitoba for 1995 and 2000]

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003

The Interlake hospital bed supply has decreased over time and is much lower than the Rural South and Manitoba rates. Approximately half of acute care hospitalizations for the Interlake population occur in Winnipeg due to its close proximity to the southern part of the region. Some of these hospitalizations are for services that cannot be provided in our region.
Physician Supply is the number of physicians (all types) per 1,000 residents of an area.

Figure 6.2

Source: Manitoba Health Annual Statistics 2001/02

The Interlake rate of 0.52 physicians per 1,000 residents is much lower than the provincial rate of 1.28 physicians per 1,000 residents.

Personal Care Home (PCH) Bed Supply is the number of provincially funded PCH beds per 1,000 residents age 75 and over.

Figure 6.3

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
The supply of PCH beds in the Interlake is equal to the Rural South and lower than the Manitoba rate. The Interlake supply has increased over time with the addition of the Fisher Personal Care Home (30 beds).

A recent review of the Interlake PCH bed requirements indicated that there was a 50 bed shortfall in the Interlake when the Manitoba Health formula was applied to the number of residents aged 75 and over.

**Home Care Cases**

The number of open home care cases per 1,000 residents measures the prevalence of home care services in the region (ie how many residents are receiving home care services).

**Figure 6.4**

Source: Manitoba Centre for Health Policy – The Manitoba RHA Indicators Atlas, June 2003
The number of new home care cases per 1,000 residents measures the incidence of home care services in the region (ie how many new residents are receiving home care services).

Figure 6.5

The number of new home care cases being opened has remained fairly stable over time. The IRHA rate is equal to that of the Rural South. The total number of open home care cases has increased over time, with the IRHA rate being greater than that of the Rural South. This tells us that home care clients are receiving services in their homes for longer periods of time.

**Primary Health Care Services**

Primary Health Care (PHC) is the first level of contact with the health system and includes services that promote health, prevent illness, care for common illnesses, and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services.

The core PHC services include assessment, diagnosis and treatment of common illnesses, health promotion, illness prevention, health maintenance and home support, community rehabilitation, pre-hospital emergency medical services and coordination and referral. PHC services are generally provided in the community. (Manitoba Health – Primary Health Care Policy Framework)
The Interlake region is enhancing its primary health care services with the introduction of nurse practitioners in under-serviced areas. Two nurse practitioners were hired in the fall of 2003 to service the areas of Riverton/Gimli and St. Laurent/Gypsumville. In the 7 month period between November 2003 and May 2004 there was a total of 416 patient visits in the Riverton/Gimli area and 298 visits in the St. Laurent/Gypsumville area.

Focus group discussions were held on the topic of primary health care across the region and most participants indicated that they would use primary health care services in their communities. Some factors that would affect who or how they used these services are:

- personal knowledge of the care provider,
- location of the provider,
- type of illness/injury, and
- consistency of provider.

Additional comments made by the participants of the primary health care focus group were:

- more cooperation & coordination is required between health care workers,
- the health care services in their communities are becoming strained, and
- their community requires more doctors.

When asked how to relieve the strain on the health care system, participants indicated that urgent care services & walk-in clinics could help to alleviate the strain on the existing services.

The community survey asked questions around the topic of availability of health care services, with the following results:

- 83% of respondents had a regular health care provider (either a doctor or nurse)
- 34% of respondents said its extremely/somewhat difficult to access primary provider in their community
- 65% of respondents have accessed some type of health promotion service in the past
Emergency Medical Services (EMS)

Emergency medical services (ambulances) are provided throughout the region. There are currently 8 EMS stations in the Interlake (Arborg, Ashern, Gimli, Gypsumville, Lundar, Selkirk, Stonewall and Teulon) with a total of 106 trained staff members.

An EMS Plan, created in 1997, set the foundation for the centralization of services (regional coordinator, trainer and medical director, regional accounting and purchasing, standard policies and procedures), increased levels of training, response time parameters, and the stabilization of the work force. In 1997 there were approximately 3500 calls annually in the region and 95% of the staff were casual and volunteer. A majority of the staff were at the First Responder level of training. In the ensuing years the service has moved towards permanent staffing (either part time or full time) and advanced levels of training with most staff now holding the EMT1 designation with advanced skills. Approximately half of the staff now holds their EMT2 designation. The provision of service across the region has stabilized with all 8 stations functioning fully with 24 hour coverage 7 days a week. Coverage from other stations is provided when staff is out of their area on a call in order to maintain appropriate coverage in each community. Over time the call volume has been steadily increasing to over 9000 calls annually in 2003. The region has identified gaps in EMS coverage which impact response times. The region has submitted a request for additional stations in St. Laurent/Woodlands and East St. Paul.

ACCESSIBILITY

Ensuring that services required by clients are readily accessible has been a priority for the region. Accomplishments such as enhanced facilities and equipment, increased staffing levels and additions to and increases in programs have occurred throughout the region.

The community survey asked questions around the topic of accessibility of health care services, with the following results:

- 59% of respondents say its easy to access their health care provider
- 80% of respondents can usually get the services they need

Participants in the community forums were asked to rate the importance of the recent accomplishments made by the IRHA and 18% said that accessibility was the most important.
In all focus group discussions held, participants commented on the fact that their communities were experiencing difficulties in accessing physician services. These difficulties included long waiting times for appointments, physicians not taking any new patients and physician vacancies taking a long time to fill.

**Personal Care Home Bed Waiting List**

In a recent review of PCH bed requirements the reported total number of clients awaiting PCH placement was 99. On average clients wait 7.5 months for placement. The highest waiting list is in the North East with 32 clients and the lowest is the North West with 17.

**EQUITY**

A few locations in the Interlake were identified as underserviced areas and became Board priorities a number of years ago. These areas were identified as underserviced because they had less services per population than did other areas of the region. Examples of improvements made in this area are:

- nurse practitioners established in Gypsumville/St. Laurent and Riverton/Gimli
- Gypsumville EMS station was established
- Work is continuing on a French Language Service Plan for the St. Laurent area.

**System Competency**

**APPROPRIATENESS**

**Seniors Health Services**

Over 14% of the Interlake population is over the age of 65. By the year 2015, we estimate this age group to account for over 17% of our population. Seniors form a large segment of our population and are large users of health services provided in the region. Due to the fact that this is a growing population we have to find ways to meet their health care needs. Services currently provided to seniors in the region include personal care homes, home care, seniors resource councils, meal programs and adult day programs. There are currently 12 seniors resource councils in the region serving approximately 1400 seniors monthly. There are 20 congregate meal programs that serve over 320 meals per day across the region. There are 12 adult day programs with a total of 60 participants daily in the
Interlake. Seniors understand what it takes to stay healthy and they are asking for programs that would help them maintain their health and independence. Assisted living programs are one of the new initiatives for seniors to remain in communities with the support and housing they require. The first assisted living complex in the region was developed in St. Laurent by the community. Other communities have shown interest in developing this option for seniors housing as well.

Focus group discussions were held on the topic of seniors health issues across the region. Seniors state the following things are necessary to maintain their health:

- physical activity,
- nutrition/diet,
- medical care and
- socialization.

Participants of the focus groups indicated that they had these concerns about health of seniors:

- consistent access to primary care and reduced waiting lists,
- education/info and activities for health promotion,
- missing leadership & coordination of local activities, and
- alternative forms of housing (ie EPH, assisted living).

There are various programs in place in the region that aim to keep seniors as healthy as possible. Some of these are:

- home care
- personal care homes
- assisted living centres
- seniors resource councils
- meal programs (congregate meals and meals on wheels)
- seniors clubs
- health promotion programs (ie. influenza immunizations)
- nutrition screening
COMPETENCE

EMS Skills Training

Across the region, the EMS staff have the following training levels:

- EMR – 21% of staff
- EMT1 – 59% of staff
- EMT2 – 15% of staff
- EMT3 – 5% of staff

The 106 EMS attendants in the region have a total of 1295 transfer of function skills (on average, 12 each). Transfer of function skills includes such things as semi-automatic defibrillation, tubes maintenance, oxygen saturation levels, glucometer readings and administration of certain medications. The ongoing training of EMS staff has been one of the priorities in the region since 1997.

SAFETY

Patient Safety

The Interlake Regional Health Authority has a regular reporting and monitoring system in place for patient occurrences. An occurrence is an event, accident or circumstance that results in or could have resulted in an unintended or undesired outcome. The occurrence may result in an injury to an individual and/or damage to or loss of equipment or property. The occurrence reporting system ensures that there is timely and factual reporting and investigation of occurrences and that there is appropriate corrective action and preventive action taking place.

In the calendar year 2003 there were 1,651 occurrences. Of these occurrences,
- 692 were falls (226 resulted in some type of injury, 466 resulted in no injury)
- 248 were medication variances (ie, wrong time, wrong dose)
- 711 were miscellaneous events (verbal/physical aggression, equipment issues, etc)
In 2003, there were 117 nosocomial infections in hospitals (3.82% of patients) and 295 in PCH’s (4.69% of patients). These rates fall within the benchmark of 5% of patients.
In 03/04, there were 120 fire drills held in facilities across the region. This represents a 100% compliance rate.
SYSTEM ALIGNMENT

IRHA Structure

In early 2003 an extensive external organization design review was conducted in order to assess administrative costs, organizational structure and functionality. The organization benchmarked very favorably with other Regional Health Authorities and other public and private sector corporations. This external review provided additional insight and suggestions for process and design improvements, which will be followed up through a comprehensive action plan. The IRHA will continue to regularly evaluate, and modify as required, its organizational structure and processes.
The IRHA operates and administers a full range of health services and programs within the region.

Figure 6.13

Community/Client Focus

COMMUNICATION

An effective communication process exists in the Interlake which facilitates timely two-way communication with staff, health partners and the community. Effective two-way communication is a foundation on which the Interlake RHA has been built. Feedback and open dialogue has helped to shape the health system within the region, while paving the way for new and innovative partnerships to facilitate health service delivery. Methods that are used to implement this communication are:

- Internet website (www.irha.mb.ca)
- Healthy Outlooks Community Newsletter
- Synergy Staff Newsletter
- IRHA Job Line
- Community/Corporate Sponsorships
80% of respondents to the community survey indicated that they know how to get health care information when required.

12% of the community forum survey respondents said that communication was the most important achievement of the IRHA.

**Consumer Concerns Process**

A consumer concerns process exists within the IRHA to enable the organization to effectively deal with concerns that are brought forward. The region processes and addresses all consumer concerns or comments in a timely manner. Consumer comment cards are available in all facilities and sites or concerns can be brought forward in other manners (ie telephone call). Local management will attempt to resolve the issue and will provide information on the issues to Senior Management. Quarterly summaries of concerns are presented to the board. Consumer concerns are monitored and evaluated as a key component of the continuous improvement program. In the 12 month period ending March 31, 2004 there were 67 consumer concerns reported and in all cases the client was contacted and the issue reviewed.

45% of respondents to the community survey say they know where to go with a concern about health services in the region.

**Participation and Partnership**

The Interlake Regional Health Authority has relationships with many community and health based organizations. These relationships are fostered in order to provide the best programming, that we are able, for our clients. Some of the organizations that we partner with are:

- District Health Advisory Councils (4)
- Provider Advisory Council
- Interlake Interagency Committee (includes education, family services, justice, culture and recreation, etc)
- Alliance for the Prevention of Chronic Disease
- Interlake Early Childhood Development Committee
- Contracted organizations (Betel Home, Tudor House, Red River Place, Selkirk Mental Health Centre, various mental health organizations)
- Rural Municipalities in the Interlake (27)
Health Foundation and Auxiliaries
Healthy Community Groups
Manitoba Centre for Health Policy and the University of Manitoba
Media (Interlake newspapers)
Seniors Resource Councils (incl. congregate meal programs and Meals on Wheels programs)
Red River Community College
Manitoba Heart & Stroke Foundation
Interlake Chamber of Commerce
Anishinaabe-Miny-Awaawin
Anxiety Disorder of Manitoba
Mood Disorders of Manitoba
Seniors Centres
Royal Canadian Legion
Manitoba Health
Veterans Affairs Canada

RESPECT AND CARING

Spiritual Care Services

The region has established a regional spiritual care committee to review and enhance spiritual care services in the region. One of the initiatives was to conduct a survey at all hospitals and personal care homes around the spiritual care programs in place. The survey results indicate:

- one half of all facilities have some level of spiritual care coordination
- attempts are made to accommodate religious & cultural diets for patients
- worship services are conducted in all centres
- all hospitals & PCHs use clergy to provide spiritual care services

Palliative Care Services

Palliative care is:

- The combination of active and compassionate interventions by a multidisciplinary team intended to comfort and support individuals and families who are living with a life-threatening illness,
Striving to meet physical, psychological, social, and spiritual expectations and needs, while remaining sensitive to personal, cultural and religious values, beliefs and practices,

Being available to an individual and their family at any time during the illness or bereavement,

Being combined with therapies aimed at reducing or curing the illness, or being the total focus of care.

The Interlake Regional Health Authority Palliative Care Service is dedicated to addressing the needs of palliative care individuals and/or their families through access to services, education, information, advocacy, and support. It is available to any individual and/or their family at any time during a life-threatening illness or bereavement. Referrals for services can be made by anyone and are coordinated through the Palliative Care Coordinator or through a Home Care Case Coordinator.

This year, the Interlake Regional Health Authority was excited to establish Camp Stepping Stones, a weekend camp for children aged 5 to 17 who had experienced a recent death of someone significant in their lives. The camp was designed to provide a safe, supportive environment where grieving children and adolescents could feel free to share their thoughts and feelings with peers who had also experienced the death of someone they loved. The concept for Camp Stepping Stones was patterned after similar camps for children in North America.

**Acceptability**

Client Satisfaction Survey

The IRHA has an ongoing process to evaluate the level of satisfaction that clients have with the services they receive. This is accomplished with the use of client satisfaction surveys that are conducted two times per year per program. Many programs and services are part of this process currently and more are being added. The results of these surveys are reported through the ongoing continuous improvement program. The following results are from 03/04.

- Emergency Room – 85% of clients rated their experiences as excellent or very good (this is equal to the rating of 02/03)
- Community/Out-Patient Clients – 90% of clients rated their experiences as excellent or very good (this is slightly lower than the rating of 02/03)
In Patients – 78% of in-patients rated their experiences as excellent or very good (this is equal to the rating of 02/03)

- Crisis Stabilization Unit – 92% of clients indicated that their stay was helpful
- Dietary Departments – 86% of clients stated that overall they were satisfied with the services they received (this is slightly lower than the rating of 02/03)
- Housekeeping Departments – 99% of clients stated that overall they were satisfied with the services they received (this is equal to the rating of 02/03)

The community survey asked questions about how satisfied residents were with the services they had received at health care facilities in the region. The percentage of survey respondents reporting services as excellent or very good were:

- Hospital/ambulance services – 62%
- Health promotion services – 79%
- Community Services – 73%
- PCH’s – 58%

These two sets of results were obtained in different ways. The first is part of a regular monitoring program. The second is part of a one time survey of a small sample of Interlake residents.

**Work Life**

The Interlake Regional Health Authority employees approximately 1700 people who work a total of 680 equivalent full time positions. Positions include such things as nurses, health care aides, medical technologists, ambulance attendants, supervisors and managers, dietary, housekeeping and laundry aides, maintenance staff, pharmacists and case coordinators. Each position in the region has a job description to provide role clarity for all staff. Communication is maintained with staff by such means as regular department/site meetings, district staff meetings, Synergy newsletter, the sharing of Board meeting minutes and participation on regional committees.
PARTICIPATION IN DECISION MAKING

Planning Teams

Within the Interlake Regional Health Authority planning teams have been formed to plan and guide coordinated activities related to improvement of care and service. The committees develop, implement, recommend, and evaluate planning team activities related to the improvement of care and service. They also recommend and review initiatives implemented to improve services, develop, monitor and review performance indicators and participate in the accreditation process. There are 125 employees currently participating in the following planning teams:

- Primary Care, 3 Focus Groups (ER/Critical Care, Med/Surg, OR)
- Extended Care, Regional and District
- Leadership & Partnership, Regional
- Information, Regional
- Human Resources, Regional
- Environment, Regional
- Mental Health, Regional
- Population Health & Wellness, Regional

LEARNING ENVIRONMENT

The Interlake Regional Health Authority has a staff education program whose purpose is to provide and facilitate access to educational activities which positively influence health service delivery. The Education program believes that lifelong learning is vital to the Interlake Regional Health Authority and its employees. The program recognizes the unique needs of adult learners in pursuing their personal and professional growth.

Education Program Functions:

- Identify the learning needs of all Interlake Regional Health Authority employees on an ongoing basis
- Using a variety of delivery methods, provide access to educational opportunities in the Region
- Develop and facilitate access to educational resources
- Deliver a regional staff/volunteer orientation
- Maintain a regional infection control program
- Develop and maintain an occupational health program, incorporating health promotion and injury prevention principles
Link with educational institutions, other facilities and resources
Allocation of education funds

Education services offered within the region:
- Workplace safety education (e.g. WHMIS review at orientation and annually)
- Personal/ professional development (e.g. infection control topics, wound management sessions, behaviour modification)
- Leadership development (e.g. performance management, inspired leadership, documentation and discipline)
- Clinical skills development (e.g. CPR and delegated physician services reviewed annually, ACLS, NRP, TNCC)
- Technical skills development (e.g. computer education programs)

The IRHA designates funding annually to the regional education program to support continuing education initiatives and employees’ individual requests for assistance with registration and other related costs. The 2004/05 budget is $50,556 to cover the costs of course registrations, speaker fees and journal subscriptions.

The education program also facilitates the use of the Interlake Nurses’ Continuing Education Fund received from the Provincial Recruitment and Retention Fund. The Interlake has received $373,619 since July 2000 and has another commitment of $63,366.00 for this year. Through this fund the education program has organized many regional initiatives for nurses. It has also supported many individual nurses with registration and other related costs to attend sessions outside the region.

**WELL-BEING**

**Staff Separations**

There were 305 (18%) staff separations in the last year
Workplace Injuries

IRHA employee workplace injuries have decreased significantly. Rates are based on individual facilities and our 2004 WCB rates are between 10 & 40% below industry average. In 03/04 there were 219 worker injuries (incl. time loss & no time loss injuries).

Workplace Wellness

The region values the contribution made by the staff each day and works towards ensuring that it’s most valuable resource, the staff, have a positive work environment. The region knows that the workplace is an environment which can affect health, either negatively or positively. Healthy workplaces are those which support and reinforce personal well-being, resulting in a high level of job satisfaction. One of the ways this is accomplished in the Interlake is through the Workplace Wellness Project. The IRHA partnered with the Heart and Stroke Foundation of Manitoba to develop and submit a proposal to Health Canada. This project was approved for funding and began in December 2000. The overall project goal was to develop a workplace wellness model for the IRHA that can be adapted by Interlake communities and businesses. There are now Workplace Wellness committees at 12 sites across the region and a regional committee that oversees all workplace wellness activities. Since the conclusion of the Health Canada grant in 2002 the region has provided an annual budget of $10,000 for workplace wellness activities.

The region has developed a workplace wellness policy which integrates workplace wellness activities and workplace friendly policies. Examples of activities of the local workplace wellness committees are: physical activity events, workshops on things such as team building, conflict resolution, humor in the workplace and crafts, staff events such as lunches and barbeques, and book exchanges.

Another work life initiative of the region has been our participation in a provincial Employee Assistance Program. This program is provided free of charge to all staff of the region and includes areas such as financial, health, employment, behavioral, addictions and abuse counseling. The 2003 utilization rate for the Interlake was 5.8% of employees.

“For organizations to “thrive” (not just survive) in the new millennium, they need to make human resources and supporting employees a high priority.”
Linda Duxbury
Participants of the workplace wellness focus groups felt the most important things in a healthy workplace are:

- communication,
- praise and recognition,
- teamwork,
- Respect
- reasonable workload,
- support for education,
- self-care space

**Staff Satisfaction**

The Interlake Regional Health Authority developed a strategic priority to promote a work environment conducive to employee and volunteer growth, participation, health, well-being and satisfaction. An Interlake Workplace Wellness Project involving IRHA staff began in 2000. The initial activities were based on informal needs assessments such as staff discussions and a previous recruitment and retention study. Subsequent data collection involved a staff satisfaction and health survey. The purpose of this survey was to gain more complete baseline information to plan ways in which to improve our workplace, and monitor progress over time.

The survey was sent out to all staff as an attachment to the pay stubs. Staff returned the survey to a box in the business office in their workplace.

Nineteen percent of the staff completed the survey (316 of 1675 staff) with participation from both community and facility-based programs and from all four districts. Responses were grouped by district and by broad program areas including support staff, long term care, community and acute care. The main results were:

- Over 53% of the staff rated their own health as ‘excellent’ or ‘very good’
- Over 70% of staff report a healthy balance between work and personal life

**Staff Flu Immunization**

734 staff or 33% received flu immunization in 2003
What did we learn?

- The Interlake has fewer hospital beds, physicians and PCH beds than Manitoba on average. These facts and others make the performance of the health system a priority issue in the region.
- On average, people are receiving home care services for a longer period of time.
- Residents of the Interlake seem fairly receptive to the introduction of primary health care services in under-serviced areas. Further enhancements to this program will be made as the program develops.
- Primary health care and access to services are a priority issue for residents of the Interlake. Low physician supply and high chronic disease rates are factors that contribute to making this a key issue in the Interlake.
- Due to the fact that seniors form a large proportion of our population and are large users of service their health issues have become a priority for the region.
- The region has more consistent EMS service due to the increased number of paid staff which results in less pressure on volunteers. This may have contributed to the increased number of calls in the region.
- A majority of Interlake residents (80%) can usually access the health services they require.
- Patient safety is of great concern in the Interlake and our low rates of occurrences and nosocomial infections indicate that we are achieving our goal. Also, 100% compliance in fire drills is a great accomplishment.
- The results of our client satisfaction surveys are very good with a majority of all types of clients rating the care they received as very good and excellent.
- The staff of the IRHA is a valuable asset and as such significant effort is placed on having staff involved in decision making by participation in planning teams, in on-going staff education, ensuring workplace injuries are a rare occurrence and ensuring that staff have a positive environment through the activities of the workplace wellness committees.
Chapter 7 - Health System Infrastructure

What supports are in place to ensure we can meet the needs of our clients?

Finances

In 2003/04 the Government of Manitoba spent $2,836.56 per capita on health care. This is higher than the Canadian average of $2,495.97. (CIHI website)

The following graph shows the Interlake expenditures on acute and community care services for the period between 1999/00 and 2001/02.

![Graph showing IRHA Acute & Community Spending]

Source: Manitoba Health – IRHA Regional Profile – August 2003

For each of these three years, the Interlake reported a higher proportion of expenditures on community care (99/00 – 38.7%, 00/01 – 36.8%, 01/02 – 36.9%) than did all Manitoba RHA’s (99/00 – 18.9%, 00/01 – 20.2%, 01/02 – 20.7%).

The IRHA spends 5.2% of its operating budget on administration expenses. This compares favorably with the provincial average of 5.8%. Administrative expenses include costs such as audit fees, property and liability insurance, regional travel, advertising, communication, payroll processing, etc.

The province is beginning to move toward population based funding however to date the Interlake receives less per capita funding than do most regions.
Human Resources

The Interlake Regional Health Authority employees approximately 1700 people who work a total of 680 equivalent full time positions. These numbers are inclusive of all employees providing service in our facilities and community based programs (ie. nurses, health care aides, technologists, therapists, support staff, etc).

Leadership

In early 2003 an extensive external organization design review was conducted in order to assess administrative costs, organizational structure and functionality. The organization benchmarked very favorably with other Regional Health Authorities and other public and private sector corporations. This external review provided additional insight and suggestions for process and design improvements, which is being followed up through a comprehensive action plan. The IRHA will continue to regularly evaluate, and modify as required, its organizational structure and processes.

The region has an annual planning process which incorporates the operational and capital plans. There is a quarterly reporting on activities related to the operational plan. Every five years a strategic planning process is undertaken during which time current data is reviewed and the strategic direction for the next five years is set. Staff from around the region are involved in both of these planning activities.

Workplace wellness is an important activity throughout the region and there have been sessions held specifically for managers (ie Wellness Day for Managers and Organizational Culture Presentation).

Staff education is part of the focus of senior management and all managers are encouraged to attend conferences and workshops. This is supported by a fund that is available to sponsor managers when attending such events.
Information Technology

The region is currently developing an information technology strategic plan, which will analyze and prioritize technology requirements.

A significant amount of work has been accomplished in the information technology area since 1998. Some of the projects were:
- Centralized accounting system
- Staff scheduling package
- Payroll system
- Hospital information system
- Client scheduling
- Diagnostic billing
- Emergency services database
- Regional dictation system
- Public health client database

Physical Structures & Equipment

The IRHA has several facilities and community health offices across the region:

- **Acute care hospitals**
  - Arborg – 14 beds
  - Ashern – 16 beds
  - Eriksdale – 13 beds
  - Gimli – 28 beds
  - Selkirk – 59 beds
  - Stonewall – 15 beds
  - Teulon – 15 beds

- **Personal Care Homes**
  - Arborg – 40 beds
  - Ashern – 20 beds
  - Eriksdale – 20 beds
  - Fisher Branch – 30 beds
  - Gimli – 80 beds in Betel Home
  - Lundar – 20 beds
  - Selkirk – 272 beds in Betel Home, Red River Place & Tudor House
  - Stonewall – 50 beds
  - Teulon – 20 beds
Community health offices
- Arborg,
- Ashern,
- Eriksdale,
- Fisher Branch,
- Gimli,
- Gypsumville,
- Lundar,
- Riverton,
- Selkirk,
- St. Laurent,
- Stonewall and
- Teulon

The region has an ongoing commitment to maintain its facilities to the highest standards. In the period 00/01 to 03/04 there were a total of 48 safety & security projects completed, with a total budget of $4,160,514. This included projects such as:
- Fire alarm system upgrades
- Flooring replacement
- Nurse call system upgrades
- Roof repairs
- Parking lot repairs
- Lighting upgrades
- Emergency room renovations

Also during this time the Gimli Community Health Centre Redevelopment Project was completed with a budget of $14,900,000.

Public Health Surveillance

A number of indicators relating to public health are routinely monitored.

Breast screening rates
- 67% of women between the ages of 50 and 69 in the IRHA had at least one mammogram between 2000 and 2001
- this is equal to the Rural South rate
Cervical screening rates
- 69% of women between the ages of 18 and 69 in the IRHA had at least one Pap smear between 1999 and 2001
- this is higher than the Rural South rate of 65%

Flu Vaccine Rates for persons 65 years plus
- 57% of IRHA residents age 65 and over received the flu vaccine in 2000/2001
- this is higher than the rural south rate of 53%

Pneumococcal Immunization for persons 65 years plus
- by 2002 40.5% of residents age 65 and over received the pneumococcal vaccine
- this is a significant increase since 1999 when only 2.3% of this age group had been immunized
- this is higher than the Manitoba rate of 38.1%

Animal Exposures (Rabies virus)
- there are an average of 180 animal exposures reported annually
- 7% of these exposures result in immunization of the individual
What did we learn?

- Manitoba spends more on health (per capita) than do other provinces.
- The province is beginning to move toward population-health based funding. This may improve funding to the region, based on the regions health status and needs. Currently the Interlake receives less per capita funding than most regions.
- A larger proportion of the Interlake expenditures are spent on community based programs, as compared to other regions.
- The amount spent by the IRHA on administration is less than the provincial average.
- The leaders of the organization routinely involve staff in planning activities.
- The IRHA supports its managers with workplace wellness activities and continuing education.
- A significant amount of resources have recently been devoted to the maintenance and upgrade of the Interlake’s physical facilities.
- Typically the Interlake population is above average when it comes to screening and immunization activities.
Chapter 8 – Summary, Analysis & Recommendations

Overview of the CHA process

The comprehensive CHA process undertaken for this report began in July 2003. It started with a complete review of information available to the region, which identified issues of importance to the region and areas where data was lacking. A regional steering committee was then developed to aid in the identification of the main questions/issues that the region faced. The result of this work led to a priority list of questions that would require further study. They are as follows:

1. Accessibility issues
   a. Access to medical services such as primary care providers, family physicians, diagnostic services
   b. PCH bed waiting lists

2. Workplace wellness
   a. What do staff feel are the components to a healthy workplace

3. Primary health care
   a. Services that would be acceptable under a primary health care program
   b. How people currently access prevention services
   c. Community health centres and nurse practitioners

4. Emotional and mental health
   a. How do Interlakers rate their emotional and mental health

5. Injury prevention
   a. What are the major causes of injury in the Interlake
   b. What can people do to prevent these injuries

6. Aboriginal health
   a. What are the major health issues faced by the Aboriginal population of our region
   b. How does the health status of the Aboriginal population differ from the rest of the population
7. Palliative care program
   a. Is the palliative care program meeting the needs of its clients

8. Quality of life
   a. What is the overall quality of life of our residents

9. Health system performance
   a. How well is the health system meeting the health care needs of our residents

10. EMS and emergency services
    a. What changes have been made to the EMS program in the last several years
    b. How have these changes affected the service provided

11. Public health programs related to children
    a. What programs exist in the region related to children
    b. How does the health of Interlake children compare with other Manitoba children

12. Chronic disease
    a. What chronic diseases are the Interlake population faced with
    b. How do our chronic disease rates compare with those of the rest of Manitoba
    c. What prevention programs are in place to help prevent chronic disease

13. Communication
    a. What processes are in place to communicate with the Interlake population

14. Seniors services
    a. What is the overall quality of life of Interlake seniors
    b. What is needed to keep seniors healthy
    c. What programs are in place to meet the health care needs of seniors
15. Teen/youth health issues
   d. What is the overall quality of life of Interlake teens and youth
   e. What is needed to keep teens and youth healthy
   f. What programs are in place to meet the health care needs of teens and youth

15. Environmental health issues
   a. What are the main environmental issues faced in the Interlake

16. Patient safety issues
   a. How many and what types of patient occurrences do we have in the Interlake

Once these issues and questions were identified, a quantitative data analysis was begun to determine what information was currently available to answer these questions. The main quantitative data sources were: the RHA Atlas produced by the Manitoba Centre for Health Policy, the Interlake RHA Profile produced by Manitoba Health, indicators developed through various Statistics Canada surveys (Census 2001, Canadian Community Health Survey, National Population Health Survey) and the results of the community survey undertaken by the IRHA and 7 other RHA’s.

The 17 questions and the important findings from the quantitative data analysis were plotted onto the Performance Measurement Framework to give us a picture of “emerging” issues (see Appendix A). Information gaps were then identified and a process was established for locating this missing information. This information was found by further quantitative data analysis and community consultation. The community consultation that was undertaken involved focus group discussions and community forums.

There were focus group discussions conducted across the regions on the following topics:
   ✷ Staff workplace wellness
   ✷ Seniors health
   ✷ Primary health care
   ✷ Teen/youth health
   ✷ Aboriginal health

Community forums were held in 14 communities across the region during which preliminary information from the CHA was presented, general health
information was displayed and further data collection was undertaken by asking participants various questions (ie, what preventive health measures they have undertaken, ratings of various health programs and services, what they do to stay healthy, suggestions for improving health in their community).

**Analysis**

Analysis of all of the information gathered was completed in a number of stages utilizing various methods. Initial analysis of the quantitative data identified indicators of particular importance to the Interlake. These indicators were benchmarked to known standards. These indicators were then added to the questions/issues that were identified by the steering committee. A summary of all data collected was plotted in a table. This table was then used to look at what we learned about each question/issue and indicator. Results of the information gathered from each source (ie quantitative and qualitative) was compared to determine if the various sources of data were giving us the same picture of the question/issue. When an issue had results that were similar from each data collection method we were provided with validation of the results. Another analysis technique used was the Diamond Model which helped determine priorities for the quantitative data. In the Diamond Model, the Interlake rates for various indicators were compared over time and with the Rural South rates. This analysis helped to determine the priority health issues facing our residents and once again lent validity to the qualitative data that was collected.

According to the diamond model our top 4 priorities are:

- Stroke and hypertension
- Heart attack, diabetes, preterm births and high birth weight babies
- Respiratory disease (incl. Asthma) and low birth weight babies
- Premature mortality rate, potential years of life lost, overall mortality rates and cancer incidence.

(Refer to Appendix B for the completed Diamond Model)

The final analysis was done with the steering committee and focused on a review and evaluation of all the information and evaluated it based on the criteria.

The 4 criteria that were used to evaluate the qualitative data were:

1. positive or negative impact on a large number of people
2. growing or increasing issue
3. long term positive or negative consequences
4. something can be done (time and resources).
Although there are many areas that require ongoing development in the areas of increasing resources/partnership development reported in this CHA, the highest priority areas have been identified as the following:

1. Chronic disease prevention and health promotion
2. Primary health care
3. Health system performance
4. Seniors services
5. Aboriginal health
6. Quality of life

The next section will review each of these priorities and provide some recommendations.
**Chronic Disease Prevention/Health Promotion**

Chronic diseases (heart disease, cancer, lung disease, kidney disease and diabetes) are linked by common preventable risk factors related to lifestyle. These risk factors include physical activity, unhealthy eating, obesity and tobacco use. Chronic diseases are illnesses that last for a long time, they can be controlled, but not cured. Research has demonstrated that efforts in prevention can greatly reduce the incidence of chronic disease. The steps to chronic disease prevention will also serve to increase our quality of life.

Based on our analysis, the following chronic diseases are a growing concern for the Interlake population:
- **Cardiovascular Disease**
  - Stroke
  - Hypertension
  - Acute Myocardial Infarction (Heart Attack)
- Diabetes
- Respiratory Morbidity
- Asthma
- Cancer

**Cardiovascular Disease (Stroke, Hypertension & Acute Myocardial Infarction)**

Stroke rates have increased over time in the Interlake and the rate (2.29/1,000) is now significantly higher than that of the Rural South (1.97/1,000). (Rates for the Rural South have actually decreased over time). All districts within the Interlake, with the exception of the northeast, have had their rates increase over time. In actual numbers, we see approximately 125 people being affected by a stroke annually in the Interlake.

The rate of hypertension (high blood pressure) being diagnosed in Interlake residents has increased significantly over time and the IRHA rate (23.62%) is significantly higher than that of the Rural South (22.11%) and is among the highest in the province of Manitoba. (Rural South rates have also been increasing over time). Within the IRHA, three out of four districts have experienced a significant increase. In actual numbers, we have over 12,000 people who have been diagnosed with hypertension.
The rate of heart attacks in the Interlake has decreased slightly over time but our rate (2.56/1,000) remains higher than that of the Rural South (2.3/1,000). (Rural South rates have also decreased over time). There is considerable variability between the four districts, with the northwest increasing significantly over time to now having the highest rate in the region. In actual numbers, there are approximately 150 people in the Interlake who suffer a heart attack each year.

These 3 chronic diseases all relate to the overall cardiac health of the population. The increasing rates of hypertension are cause for concern as the existence of this condition can lead to a stroke or heart attack. The fact that the Interlake population has high rates in all 3 of these indicators makes these chronic conditions a priority.

**Diabetes**

There has been a significant increase in the number of Interlake residents diagnosed with diabetes over time. Our rate (5.9%) is significantly higher than that of the Rural South (4.9%) and is among the highest in the province of Manitoba. When we compare the rates for the Registered First Nations population to those of the other Interlake residents we see that Registered First Nations people are 4 times as likely to have diabetes as others (193.81/1,000 vs 45.26/1,000). There is also a substantial difference between living on-reserve and off-reserve (216.52/1,000 vs 137.3/1,000). In terms of actual numbers, overall we see in excess of 3,200 people in the Interlake having diabetes at any given point in time (prevalence).

Diabetes rates are increasing at a very fast rate and now affect a fairly large portion of our population.

**Asthma and Respiratory Morbidity (Respiratory Disease)**

Interlake residents have lower rates of asthma than others in Manitoba.

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<td>Interlake</td>
<td>55.2/1,000</td>
<td>62/1,000</td>
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<tr>
<td>Manitoba</td>
<td>62.7/1,000</td>
<td>68.8/1,000</td>
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Overall respiratory disease rates in the Interlake have decreased over time but our rate (12.05%) is still higher than that of the Rural South (11.44%). Within the IRHA, three districts have seen significant decrease over time but the northwest district has experienced a significant increase over time. In terms of actual
numbers, overall we see in excess of 18,000 people in the Interlake being diagnosed with some form of respiratory disease.

Overall, respiratory disease is a concern in the Interlake. Our rates have decreased in 3 districts and are lower than the provincial average but are still higher than the Rural South.

**Cancer**

The number of cases of cancer diagnosed annually has decreased slightly over time in the Interlake and our rate (5.58/1,000) is similar to that of the Rural South (5.46/1,000). All districts have shown a decrease in the number of new cases of cancer. The average number of new cases diagnosed annually is approximately 440. Overall, the number of people in the Interlake who have ever been diagnosed with cancer and are still alive is close to that of the province as a whole.

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<tr>
<td>Interlake</td>
<td>28.8/1,000</td>
<td>30.3/1,000</td>
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<tr>
<td>Manitoba</td>
<td>29.7/1,000</td>
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In terms of actual numbers, overall we see in excess of 2,300 people in the Interlake living with cancer.

**RISK FACTORS**

There are 3 major risk factors that have an impact on the incidence of chronic disease. These are:

- Lack of physical activity
- Obesity and unhealthy eating habits
- Smoking

**Physical Activity Levels** - Less than half of Interlake residents are moderately active or active in their leisure time. This proportion is very similar to that of the rest of Manitoba and Canada.

**Obesity and Eating Habits** - 71% of males and 54% of females in the Interlake are not at a healthy body weight (ie overweight or obese according to their BMI). A BMI between 25 and 29 is considered overweight and a BMI of 30 or over is considered obese. These rates are higher than those of Manitoba and Canada.
Interlake residents, both male and female, are less likely to consume the recommended number of servings of fruits and vegetables. Only 11% of males and 16% of females consume the recommended 5 or more servings of fruits and vegetables daily.

**Smoking** - Interlake smoking rates are approximately equal to those of all Manitobans. Interlake males have a higher rate (30.9%) of smoking than do females (26.9%).

Interlake residents, on average, have high rates of the major risk factors that contribute to chronic disease. These lifestyle factors are rooted in traditions and the social and physical environments in which we live. Health promotion efforts aim to help communities establish local actions and environments which support healthy choices.

From our community consultations we find that many Interlakers know the importance of taking care of their health and many are undertaking activities to accomplish this.

**Personal Health Practices Aimed at Improving Health**

Some of the information gathered during the community health assessment around personal health practices follows:

**Cancer Screening**

Breast screening rates
- 67% of women between the ages of 50 and 69 in the IRHA had at least one mammogram between 2000 and 2001
- this is equal to the Rural South rate

Cervical screening rates
- 69% of women between the ages of 18 and 69 in the IRHA had at least one Pap smear between 1999 and 2001
- this is higher than the Rural South rate of 65%

**Community Survey**
- 61% exercise regularly as a way to keep healthy (most common exercise is walking)
- 20% think about their diet & nutrition as a way to keep healthy
most state improved recreation facilities/programs and improved access to health care are required in their community

Community Forum
- 37% said that wellness was the most important improvement made by the IRHA
- survey respondents report having the following regular checks:
  - BP – 73%
  - Blood sugar – 64%
  - Cholesterol – 58%
- When asked “What do you do to stay healthy?” the most common responses are:
  - Exercise (walking, swimming, cycling, bowling, curling, gardening)
  - Healthy eating (fruits & vegetables, less fat, drink water)
  - Socializing/relaxing
  - Regular physician visits

Focus Groups
- When asked “What do you do to stay healthy?” the most common responses are:
  - Exercise (walking, swimming, cycling, bowling, curling, gardening)
  - Healthy eating (fruits & vegetables, less fat, drink water)
  - Socializing/relaxing/spiritual health/mental health
  - Regular physician visits

Teens and youth identified the following items as contributing to their health:
- Social supports/friends/peers
- Physical activity
- Adequate sleep
- Social activities/events
- Proper nutrition
- Pets

The Interlake population is aging, as indicated in our population projections. We anticipate that by 2015, approximately 17% of the population will be over the age of 65. With this aging population comes increased incidence of chronic disease.

There are also several social and economic factors at play in our communities. Research has shown that they have a significant impact on the health of a population.
Education – 75% of Interlake residents between the ages of 25 and 29 are high school graduates compared with 79% of Manitoba residents.

Income – The average personal income of Interlake residents is $24,700 compared with $26,400 for all Manitobans.

Unemployment Rate – The unemployment rate for all residents of the Interlake (7.7%) is higher than that of Manitoba (6.1%) and Canada (7.4%), especially for men. The unemployment rate for males in the Interlake is 8.6% compared with Manitoba males at 6.3% and Canadian males at 7.6%.

These indicators show that overall Interlake residents do not fare as well as other Manitobans and Canadians when it comes to education, income and employment.

Summary and Recommendations

A major focus on health promotion and disease prevention is necessary in the Interlake to reduce the chronic disease rate. Many deaths of Interlake residents are the direct result of chronic disease and there are many warning signs that our population is at risk for further development of chronic disease. This becomes more of an issue as our population ages. Interlake residents have acknowledged a basic understanding of the need to address this issue. Therefore the timing is right.

Recommendations:

1. Prevention activities must be directed at all levels of prevention:
   - Primary - measures designed to combat risk factors for illness before an illness ever has a chance to develop
   - Secondary - activities designed to slow or stop the progress of a disease during its early stages and to prevent other complications from arising
   - Tertiary – activities designed to slow or stop the progress of a disease during its advanced stages

2. In order to address the major chronic diseases (heart, lung, cancer, and diabetes) a major focus must be placed on reducing the 3 major risk factors:
   a. Obesity and eating habits
   b. Physical activity
   c. Smoking
3. The region needs to dedicate resources to prevention activities.

4. Health promotion activities related to cardiac health, diabetes and cancer should take priority.

5. Communities and residents seem to know what they need to do to stay healthy. The development of community-led initiatives for chronic disease prevention with consideration of the broad determinants of health needs to be a priority.

6. More avenues for communication and education on prevention activities should be developed.

7. Develop a specific strategy for teen/youth health promotion based on their identified issues.
Primary Health Care

Primary Health Care (PHC) is the first level of contact with the health system and includes services that promote health, prevent illness, care for common illnesses, and manage ongoing health problems. The core PHC services include assessment, diagnosis and treatment of common illnesses, health promotion, illness prevention, health maintenance and home support, community rehabilitation, pre-hospital emergency medical services and coordination and referral. PHC services are generally provided in the community. (Manitoba Health – Primary Health Care Policy Framework)

The Interlake region is enhancing its primary health care services with the introduction of nurse practitioners in under-serviced areas. Two nurse practitioners were hired in the fall of 2003 to service the areas of Riverton/Gimli and St. Laurent/Gypsumville. In the 7 month period between November 2003 and May 2004 there was a total of 416 patient visits in the Riverton/Gimli area and 298 visits in the St. Laurent/Gypsumville area.

Focus group discussions were held on the topic of primary health care across the region and most participants indicated that they would use primary health care services in their communities. Some factors that would affect who or how they used these services are:

- personal knowledge of the care provider,
- location of the provider,
- type of illness/injury, and
- consistency of provider.

Additional comments made by the participants of the primary health care focus groups were:

- more cooperation & coordination is required between health care workers,
- the health care services in their communities are becoming strained, and
- their community requires more doctors.

When asked how to relieve the strain on the health care system, participants indicated that urgent care services & walk-in clinics could help to alleviate the strain on the existing services.
The community survey asked questions around the topic of availability of health care services, with the following results:

- 83% of respondents had a regular health care provider (either a doctor or nurse)
- 34% of respondents said its extremely/somewhat difficult to access a primary provider in their community
- 80% of respondents said they can usually get the services they need
- 65% of respondents have accessed some type of health promotion service in the past (Interlakers that are most likely to use these services are over the age of 55, retired, living in 1 or 2 person households, have an income less than $20,000 or between $30,000 and $39,999)
- 68% of respondents said health promotion is very/extremely important

Information previously provided on chronic disease in the Interlake further exemplifies the need for enhanced primary health care programming with a focus on all levels of prevention.

**Summary and Recommendations**

Primary health care has been identified as a provincial priority. The region knows that primary health care can impact access to services and has begun to work towards this program delivery method. With the many smaller communities within the Interlake and the accessibility issues (as discussed in the next priority) development of primary health care services is a priority for the region. During the community health assessment process the region gathered qualitative data on Interlake residents’ perception of primary health care. Interlake residents appear prepared to try a more integrated method of service delivery.

Recommendations:

1. Continue to develop primary health care resources within communities that are accessible and have flexible hours.
2. Secure resources for nurse practitioners.
3. Develop and educate health care provider teams which include physicians in the primary health care model.

4. Review/revise the infrastructure within the region to facilitate primary health care delivery.
Health System Performance

In our review, priorities were determined in two areas of health system performance: accessibility and work life.

Accessibility

The Interlake region is vast geographically, therefore having accessible services is a challenge within the current resources. We have also identified that there is a disparity in the overall health of residents in our northern and southern districts, with those in the north being less healthy than those in the south.

The community survey asked questions around the topic of availability of health care services, with the following results:

- 83% of respondents had a regular health care provider (either a doctor or nurse)
- 34% of respondents said its extremely/somewhat difficult to access a primary health care provider in their community
- 80% of respondents said they can usually get the services they need
- 65% of respondents have accessed some type of health promotion service in the past (Interlakers that are most likely to use these services are over the age of 55, retired, living in 1 or 2 person households, have an income less than $20,000 or between $30,000 and $39,999)
- 68% of respondents said health promotion is very/extremely important

The accessibility to some of the basic services included in primary health care (physician care, home care and personal care) are illustrated in the statistics that follow:

**Physician Utilization** - On average, Interlake residents seek physician care in the same proportion and have the same number of visits as do residents of the Rural South. 81% of Interlake residents and 80% of Manitobans have visited a physician for any reason in a one year period. An Interlake resident has on average 4.17 visits to a physician annually whereas the rate for Manitoba is 4.29 visits annually. The percentage of residents who saw a physician in Winnipeg has increased from 25% in 1995 to 31% in 2000.
Home Care – The number of new home care cases and the total number of home care clients has increased over time. Both of these rates are higher than the Rural South rates. In actual numbers, there are approximately 986 new home care cases every year and the total number open at any given time is approximately 1,500 (data gathered July 2004).

Personal Care Home – The supply of PCH beds in the Interlake (120.6 beds/1000 pop 75+) is equal to the Rural South (119.4 beds/1000 pop 75+) and lower than the Manitoba rate (127.3 beds/1000 pop 75+). The Interlake supply has increased over time with the addition of the Fisher Personal Care Home (30 beds). A recent review of the Interlake PCH bed requirements indicated that there was a 4 bed shortfall in the Interlake when the current Manitoba Health formula was applied to the number of residents aged 75 and over. This review also reported that the total number of clients awaiting PCH placement was 99. On average clients wait 7.5 months for placement. The highest waiting list is in the North East with 32 clients and the lowest is the North West with 17.

Hospital Bed Supply - The Interlake hospital bed supply (2.51 beds/1,000) is much lower than the Rural South (3.76) and Manitoba (3.82) rates and has decreased over time. Approximately half of acute care hospitalizations for the Interlake population occur in Winnipeg due to its close proximity to the southern part of the region. Some of these hospitalizations are for services that cannot be provided in our region.

Physician Supply - The supply of physicians in the Interlake is much lower than the provincial average. The Interlake rate is 0.52 physicians per 1,000 residents whereas the provincial rate is 1.28 physicians per 1,000 residents. The types of physicians that are available locally in the Interlake are general practitioners, pediatricians, anesthetists, psychiatrists and surgeons. There are also a number of visiting specialists to the Interlake. These include: gynecologist, cardiologist and dermatologist.

EMS – Emergency medical services (ambulances) are provided throughout the region. There are currently 8 EMS stations in the Interlake (Arborg, Ashern, Gimli, Gypsumville, Lundar, Selkirk, Stonewall and Teulon) with a total of 106 trained staff members.

Across the region, the EMS staff have the following training levels:

- EMR – 21% of staff
- EMT1 – 59% of staff
- EMT2 – 15% of staff
- EMT3 – 5% of staff
The 106 EMS attendants in the region have received training in a total of 1295 transfer of function skills (on average, 12 each). Transfer of function skills includes such things as semi-automatic defibrillation, tubes maintenance, oxygen saturation levels, glucometer readings and administration of certain medications. The ongoing training of EMS staff has been one of the priorities in the region since 1997.

The community survey asked questions around the topic of accessibility of health care services, with the following results:

- 59% of respondents say it's easy to access their health care provider
- 80% of respondents can usually get the services they need

Participants in the community forums were asked to rate the importance of the recent accomplishments made by the IRHA, 18% said that accessibility was the most important.

In all focus group discussions held, participants commented on the fact that their communities were experiencing difficulties in accessing physician services. These difficulties included long waiting times for appointments, physicians not taking any new patients and physician vacancies taking a long time to fill.

Ensuring that services required by clients are readily accessible has been a priority for the region. Accomplishments such as enhanced facilities and equipment, increased staffing levels and additions to and increases in programs have occurred throughout the region.

**Worklife**

Staff are the most valuable resource of the IRHA. The region values the contribution made by the staff each day and works towards ensuring that it's most valuable resource, the staff, have a positive work environment.

The Interlake Regional Health Authority employees approximately 1700 people who work a total of 680 equivalent full time positions.

Staff of the region have an opportunity to participate in the planning activities of the region by working on one of the planning teams. Planning teams have been formed to plan and guide coordinated activities related to improvement of care and service.
The IRHA has a staff education program whose purpose is to provide and facilitate access to educational activities which positively influence health service delivery. Education services offered within the region:

- Workplace safety education (e.g. WHMIS review at orientation and annually)
- Personal/professional development (e.g. infection control topics, wound management sessions, behaviour modification)
- Leadership development (e.g. performance management, inspired leadership, documentation and discipline)
- Clinical skills development (e.g. CPR and delegated physician services reviewed annually, ACLS, NRP, TNCC)
- Technical skills development (e.g. computer education programs)

The IRHA designates funding annually to the regional education program to support continuing education initiatives and employees’ individual requests for assistance with registration and other related costs. The 2004/05 budget is $50,556 to cover the costs of course registrations, speaker fees and journal subscriptions.

The education program also facilitates the use of the Interlake Nurses’ Continuing Education Fund received from the Provincial Recruitment and Retention Fund. The Interlake has received $373,619 since July 2000 and has another commitment of $63,366 for this year (2004/2005). Through this fund the education program has organized many regional initiatives for nurses. It has also supported many individual nurses with registration and other related costs to attend sessions outside the region.

IRHA employee workplace injuries have decreased significantly. Rates are based on individual facilities and our 2004 WCB rates are between 10 & 40% below industry average.

In 2003/2004 there were 219 worker injuries (incl. time loss & no time loss injuries).

A work life initiative of the region has been our participation in a provincial Employee Assistance Program. This program is provided free of charge to all staff of the region and includes areas such as financial, health, employment, behavioral, addictions and abuse counseling. The 2003 utilization rate for the Interlake was 5.8% of employees.
One of the ways that the region works towards providing a positive work environment for its staff is through the Workplace Wellness Project. The overall project goal was to develop a workplace wellness model for the IRHA that can be adapted by Interlake communities and businesses. There are now Workplace Wellness committees at 12 sites across the region and a regional committee that oversees all workplace wellness activities. Since the conclusion of the Health Canada grant the region has an annual budget of $10,000 for workplace wellness activities. Examples of activities of the workplace wellness committees are: physical activity events, workshops on things such as team building, conflict resolution, humor in the workplace and crafts, staff events such as lunches and barbeques, and book exchanges.

One of the data collection methods used when establishing the Workplace Wellness Project was a staff satisfaction and health survey. The purpose of this survey was to gain baseline information to plan ways in which to improve our workplace, and monitor progress over time.

The survey was sent out to all staff as an attachment to the pay stubs. Staff returned the survey to a box in the business office in their workplace.

Nineteen percent of the staff completed the survey (316 replies). Participation included responses from both community and facility-based programs from all four districts. Responses were grouped by district and by broad program areas including support staff, long term care, community and acute care. Some of the results included:

- Over 53% of the staff rated their own health as ‘excellent’ or ‘very good’
- Over 70% of staff report a healthy balance between work and personal life

Subsequent to the staff satisfaction survey, staff workplace wellness focus group discussions were held across the region. Participants of the workplace wellness focus groups felt the most important things in a healthy workplace are:

- communication,
- praise and recognition,
- teamwork,
- respect,
- reasonable workload,
- support for education, and
- self-care space.
**Summary and Recommendations**

**Accessibility**

Accessibility is a priority for the region based on the vast geography of the region, health status variations in the north/south, and reduced resources in the area of hospital beds, personal care home beds and physicians. EMS is the backbone of a large geographic region and gaps still exist in this service. All of these issues make accessibility a priority in the region.

Recommendations:

1. The IRHA hospital bed supply is lower than the provincial average therefore we need to ensure beds are utilized appropriately.

2. Increase PCH bed supply to meet current and future needs. This will also help to keep inappropriate admissions out of acute care beds.

3. Work towards having a sufficient, stable physician pool, especially in remote communities.

4. Seek additional resources for EMS stations to reduce geographical gaps in coverage.

5. Closely monitor our home care needs to determine if current resources are adequate to meet service needs.

**Worklife**

Staff are the region’s most valuable resource. Recruitment and retention of health care providers continues to be a priority as there is still a shortage of health care providers. Focusing on recruitment and retention efforts and ensuring the IRHA has a positive work environment are crucial to the ongoing health care service delivery.
Recommendations:

1. Continued recruitment and retention strategies for health care providers.

2. Continue to explore ways to make jobs more efficient through information systems and teamwork.

3. Expand workplace wellness activities for staff.

4. Secure additional resources to educate staff.

5. Continue to enhance communication and opportunities for decision making within programs and services.
**Seniors Services**

Over 14% of the Interlake population is over the age of 65. By the year 2015, we estimate this age group to account for over 17% of our population. Seniors form a large segment of our population and are large users of health services provided in the region. Due to the fact that this is a growing population we have to find ways to meet their health care needs. Services, specific to the seniors population, that are currently provided include personal care homes, home care, seniors resource councils, meal programs and adult day programs.

**Personal Care Homes** - The supply of PCH beds in the Interlake (120.6 beds/1000 popn 75+) is similar to the Rural South rate (119.4 beds) and lower than the Manitoba rate (127.3 beds). The Interlake supply has increased over time with the addition of the Fisher Personal Care Home (30 beds). The rate of admission to a personal care home has increased over the past several years for Interlake residents (26.49 to 30.92/1000 pop. 75+). The Interlake rate is higher than that of the Rural South and Manitoba. The average length of stay in a personal care home has decreased over time in all areas. Approximately 60% of Interlake residents are admitted at level of 3 or 4 care (the highest levels of care) while only 50% of residents in the Rural South are at this level of care at the time of admission. This means that our residents are frailer when admitted which could explain the shorter length of stay.

**Home Care** - The number of new home care cases and the total number of home care clients has increased over time. Both of these rates are higher than the Rural South rates. In actual numbers, there are approximately 986 new home care cases every year and the total number open at any given time is approximately 1,500.

**Seniors Resource Councils (incl. Meal programs and Adult Day programs)** - There are currently 11 seniors resource councils in the region serving approximately 1400 seniors monthly. There are 19 congregate meal programs that serve over 320 meals per day across the region. There are 12 adult day programs with a total of 60 participants daily in the Interlake. Seniors understand what it takes to stay healthy and they are asking for programs that would help them maintain their health and independence.

**Prevention Activities** - 57% of IRHA residents aged 65 and over received the flu vaccine in 2000/2001. This is higher than the rural south rate of 53%.
In 2002 a cumulative total of 40.5% of residents age 65 and over received the pneumococcal vaccine. This is a significant increase since 1999 when only 2.3% of this age group had been immunized. This is higher than the Manitoba rate of 38.1%.

Assisted living programs are one of the new initiatives for seniors to remain in communities with the support and housing they require. The first assisted living complex in the region was developed in St. Laurent by the community. Other communities have shown interest in developing this option for seniors housing.

Focus group discussions were held on the topic of seniors health issues across the region. Seniors state that the following things are necessary to maintain their health:

- physical activity,
- nutrition/diet,
- medical care and
- socialization.

Participants of the focus groups indicated that they had these concerns about the health of seniors:

- inconsistent access to primary care and increased waiting lists,
- lack of education/info and activities for health promotion,
- lack of leadership & coordination of local activities, and
- limited alternative forms of housing (ie EPH, assisted living).

There are various programs in place in the region that aim to keep seniors as healthy as possible. Some of these are:

- home care
- personal care homes
- assisted living centres
- seniors resource councils
- meal programs (congregate meals and meals on wheels)
- seniors clubs
- health promotion programs (ie. influenza immunizations)
- nutrition screening
Summary and Recommendations

A full continuum of service options must exist to keep our seniors living in our communities with a good quality of life. Seniors report that they need access to physical activity programs, proper nutrition, medical care and socialization opportunities in order to stay healthy.

Recommendations:

1. Offer education and programs for healthy seniors.

2. Work with communities to increase options for independent living, housing and socialization.

3. Monitor home care resources closely to ensure there are sufficient resources to meet the program needs.

4. Focus on prevention programs (ie. Falls prevention, nutrition, physical activity programs) and provide opportunities in the community.
Aboriginal Health

The Interlake region has a significant Aboriginal population, with 9 First Nations Communities, many status and non-status First Nations people living off reserve and also a significant Metis population.

**Population** – 11% (7,843 people) of the Interlake population are Registered First Nations people as reported in the Manitoba Centre for Health Policy (MCHP) report entitled “The Health & Health Care Use of Registered First Nations People Living in Manitoba”. These numbers do not include other people of Aboriginal descent (ie, Non-Registered First Nations, Metis, etc) therefore, the total number of people of Aboriginal descent living in the Interlake is estimated to be around 14,000.

**Health Status** - Data from the above-mentioned MCHP report indicates that there is a statistically significant difference between the Registered First Nations people & non-Registered First Nations people in the Interlake for these indicators:

<table>
<thead>
<tr>
<th></th>
<th>IRHA – Registered First Nations Population</th>
<th>IRHA – All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature mortality rate</td>
<td>5.44</td>
<td>3.39</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>males</td>
<td>71.39</td>
<td>75.47</td>
</tr>
<tr>
<td>Life expectancy (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>75.66</td>
<td>81.08</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>193.81</td>
<td>45.26</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>208.32</td>
<td>217.35</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury hospitalization</td>
<td>21.46</td>
<td>8.15</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood immunization (% of 2</td>
<td>58.17</td>
<td>76.93</td>
</tr>
<tr>
<td>year olds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast screening (% women aged</td>
<td>38.65</td>
<td>59.01</td>
</tr>
<tr>
<td>50 – 69)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding (% of newborns)</td>
<td>55.84</td>
<td>68.27</td>
</tr>
</tbody>
</table>
Higher diabetes rates are strongly associated with populations having poorer health status. An associated indicator is the rate of lower limb amputations due to diabetes. These rates are 15 times higher for the Registered First Nations population than for others living in the Interlake.

Participants of the Aboriginal health focus groups indicated that the major health concerns in their communities were
- diabetes
- risky behaviors (STI’s, addictions, teen pregnancy)
- mental health
- maternal health

**Determinants of Health** – Information from various sources has been collected on some of the determinants of health as they relate to our Aboriginal population and are presented below.

**Education** – 33% of on-reserve First Nations people have completed high school compared with 75% of all IRHA residents.

**Income** – The average household income for on-reserve First Nations People is $22,500 compared with $24,700 for all IRHA residents.

**Unemployment** – 17% of on-reserve First Nations people are unemployed compared with 7.7% of all IRHA residents.

**Housing Quality** – Only 54% of on-reserve First Nations people live in adequate housing. On average there are more than 4 people living in each home and 11% lack modern plumbing.

**Service Provision** - The IRHA recognizes that it meets many of the First Nations health needs within its health care facilities. There have been many cooperative health initiatives that have been collectively established. There is a recognized
need to strengthen communications, to explore and establish appropriate partnerships and understand cultural sensitivities in order to provide quality health services to First Nations people. Although we must acknowledge the jurisdictional issues currently before us, mutual respect and collective problem solving will strengthen the foundation for working together.

**Summary and Recommendations**

Our Aboriginal population is not as healthy as the rest of the population. Some of the key issues that have been highlighted in the data presented are:

- Some chronic disease rates are higher in our Aboriginal population
- The Aboriginal population has a lower life expectancy and higher premature mortality rate
- The Aboriginal population have higher rates for utilization of some services (ie physicians and acute care hospitals)
- The Aboriginal population uses preventive services at a lower rate than other Interlakers (ie breast screening, childhood immunizations)
- Focus group participants know what the problems are in their communities & want to do something about them
- Partnerships in primary prevention programs exist (ie Health promotion/disease prevention, diabetes education resources, Healthy Child programs) and there is an opportunity to enhance and broaden these

These issues make Aboriginal health a priority.

Recommendations:

1. Continue in the development of a relationship with Aboriginal communities.

2. Continue working on the goals that were incorporated into the recently developed performance deliverable on Aboriginal Health, which are:
   - To develop a collaborative communication network and plan to actively engage Aboriginal groups in the development of a regional specific health strategy
   - To research and develop an information resource related to Aboriginal health
   - To develop employment and associated educational awareness strategies for Aboriginal people
To provide the IRHA Board and staff with appropriate cultural sensitivity training

3. Help with prevention activities in Aboriginal communities, especially those involving diabetes.
Quality of Life

There are many facets of an individual’s life that interact to determine our overall quality of life. In order to measure the quality of life of our residents we must examine many indicators.

Functional & Self-Rated Health

Functional health encompasses measures of vision, hearing, speech, mobility, dexterity, feelings, cognition and pain. Self-rated health reflects the presence of disease, aspects of positive health status, physiological and psychological reserves and social and mental function.

Residents of the Interlake rate their functional health and self-rated health slightly lower than residents of Manitoba and Canada in the Statistics Canada Canadian Community Health Survey (CCHS). There is also a substantial difference between ratings of functional and self-rated health. This data is presented in the table below:

Self-Rated Health responses of very good/excellent:

<table>
<thead>
<tr>
<th></th>
<th>Interlake</th>
<th>Manitoba</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>M:</td>
<td>54.8%</td>
<td>M: 57.6%</td>
<td>M: 59.8%</td>
</tr>
<tr>
<td>F:</td>
<td>58.2%</td>
<td>F: 56.0%</td>
<td>F: 57.7%</td>
</tr>
</tbody>
</table>

Functional Health responses of very good/excellent:

<table>
<thead>
<tr>
<th></th>
<th>Interlake</th>
<th>Manitoba</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>M:</td>
<td>74.7%</td>
<td>M: 77.8%</td>
<td>M: 79.8%</td>
</tr>
<tr>
<td>F:</td>
<td>70.2%</td>
<td>F: 75.9%</td>
<td>F: 76.8%</td>
</tr>
</tbody>
</table>

The results of the community survey report that 50% of Interlake residents state that their health is generally very good or excellent. This compares to 53% of the overall respondents.

Activity Limitations

Activity limitations include limitations in activities due to physical condition, mental condition or health problems which last for more than 6 months.
Fewer residents of the Interlake suffer from any condition which prevents some or most of their normal activities as reported in the Statistics Canada Canadian Community Health Survey (CCHS). The results to the community survey report that 15% of Interlakers have an activity limitation that prevents some or most of their activities. This data is presented in the table below:

Activity Limitations preventing some/most activities:

<table>
<thead>
<tr>
<th></th>
<th>Interlake</th>
<th>Manitoba</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHS</td>
<td>8.4%</td>
<td>8.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Community Survey</td>
<td>15%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

**Emotional/Mental Health**

Information on the emotional and mental status of the population has been obtained from the Canadian Community Health Survey conducted by Statistics Canada. The results represent responses to the survey questions on major depressive disorders, self-rated mental health and satisfaction with life, expressed as a percentage of the population. The sample size was fairly small therefore we do not have information for the Interlake alone, but we will refer to overall Manitoba rates as an indication of responses for the Interlake population.

- **Major depressive disorder** (2 or more weeks with persistent depressed mood & loss of interest in normal activities)
  - 4.4% of Manitoba residents and 4.5% of Canadians overall state that they have suffered from a major depressive disorder.

- **Self rated mental health** (the individuals own ratings of their mental health status)
  - 65% of Manitobans rate their mental health as excellent or very good while 67% of overall Canadians give this response.

- **Satisfaction with life** (an individuals own rating of their overall satisfaction with life)
  - 87% of Manitobans and 85% of Canadians say that they are satisfied or very satisfied with their life.

As we can see, the rates of Manitobans who have a major depressive disorder is very close to that of overall Canadians. Also, Manitobans self-rated mental health and satisfaction with life is very similar to that of Canadians.
Respondents to the community survey reported the following:
- 86% reported no recent emotional difficulty (compared to 87% overall)
- 73% reported that they have someone to talk to when feeling anxious all or almost all of the time (compared to 87% overall) – females are more likely to have someone to talk to

In summary, when reviewing various quality of life indicators, we find:
- half of Interlake residents say their health is very good or excellent,
- 90% have had no recent emotional difficulties
- less than 5% report having a major depressive disorder
- most rate their own health as very good or excellent compared to others their age
- 65% rate their mental health as very good or excellent
- 61% exercise regularly as a way to keep healthy (most common exercise is walking)
- 20% think about their diet & nutrition as a way to keep healthy
- when asked what can be done in your community to improve health most respondents stated recreation facilities/programs & improved access to health care

What makes you healthy?

All focus groups were asked questions around the topic of what makes a healthy person. Their responses are summarized below.

**Seniors**
- Physical activity
- Socialization
- Proper nutrition
- Independent/able to care for self/interested in community
- Financially secure
- Emotional health (happy)
- Access to medical care

**Youth**
- Social supports/friends/peers
- Physical activity
- Adequate sleep
- Social activities/events
- Proper nutrition
- Pets
Staff Workplace Wellness (Healthy Workplace)
- Support & recognition from managers & co-workers
- Teamwork
- Positive attitude at work
- Manageable workload
- Adequate/attractive physical space
- Good communication
- Education & tools to do your job

Aboriginal
- Healthy choices – nutrition, exercise, balance in life
- Emotional health – being loved, respected, support network, self-esteem
- Access to health care when required
- Financial security, education
- Environmental factors – water, housing
- Free from addictions, violence

Primary Health Care
- Exercise, not smoking
- Access to medical services (doctors, public health nurse, nurse practitioners, clinics, home care, mental health)
- Social events, churches
- Education (in general & on specific health topics)
- Fire dept/911

In summary, there are many facets of an individual’s life that interact to determine our overall quality of life. Some of these items have been highlighted here and there are many more as well. We can see from their answers to questions around quality of life that Interlake residents realize there are many parts to their overall quality of life and they realize how important all of these aspects are. Quality of life issues fit closely with all of the health promotion and prevention activities that are undertaken in the region and are also reliant on the relationships that we have with other organizations that function in our region (ie housing, education, etc).
Quality of life affects all of us – we clearly heard it from our residents during the community consultation and therefore it is a priority. A majority of recommendations made in the previous priorities will actively affect the quality of life of people in our region.

Recommendations:

1. Continue to develop opportunities for community education on health issues.

2. Continue to develop partnerships.

3. Identify specific emotional and mental health issues and work towards implementing programs that meet these needs.

4. Review initiatives with specific target groups and relate programs to what they say makes them healthy.
Appendices

A. IRHA Performance Measurement Framework – CHA 2004
B. Diamond Model for Priority Setting
C. Community Survey Questionnaire
D. Community Forum Survey Questionnaire
E. Focus Group Questions
## Manitoba’s Health

### Performance Measurement Dimensions

**Focus: Interlake Comprehensive CHA 03/04 Indicators**

### Health Status and Determinants

#### Status

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Health Conditions</th>
<th>Human Function</th>
<th>Well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Stand. Mortality Rate</td>
<td>- HBW</td>
<td>- Activity limitation</td>
<td>- Self rated health</td>
</tr>
<tr>
<td>- PYLL (all, cancer)</td>
<td>- LBW</td>
<td></td>
<td>- Functional health</td>
</tr>
<tr>
<td>- PMR</td>
<td>- Preterm Birth Rate</td>
<td></td>
<td>- QOL</td>
</tr>
<tr>
<td>- Mortality – top 5 causes</td>
<td>- Cancer Incidence</td>
<td></td>
<td>- Emotional/mental health</td>
</tr>
<tr>
<td>- Cancer Mortality – top 5</td>
<td>- Arthritis/Rheumatism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unintentional Injury Deaths</td>
<td>- Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- AMI/Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Respiratory morbidity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cancer Prevalence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Injury hospitalization rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Injury data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Determinants

<table>
<thead>
<tr>
<th>Personal Health Practices &amp; Lifestyle</th>
<th>Personal Resources</th>
<th>Living and Working Conditions</th>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- BMI</td>
<td>- Informal Caregiving Report</td>
<td>- Income inequality</td>
<td>- Exposure to second hand smoke</td>
</tr>
<tr>
<td>- Dietary Practices</td>
<td></td>
<td>- Median income</td>
<td>- ground &amp; drinking water</td>
</tr>
<tr>
<td>- Medications</td>
<td></td>
<td>- Occupation (% farming)</td>
<td></td>
</tr>
<tr>
<td>- Physical Activity</td>
<td></td>
<td>- Unemployment rates</td>
<td></td>
</tr>
<tr>
<td>- Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Teen health issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health promotion activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Child Development</th>
<th>Biology &amp; Genetic Endowment</th>
<th>Culture</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Childhood immunization rates</td>
<td>- Aboriginal health issues – diabetes rates, immunization rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Breastfeeding practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adolescent &amp; Teen pregnancy rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public health programs for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Youth smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Early Childhood Development Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maternal Health During Pregnancy Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Infant Feeding Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Youth Consultations Report</td>
<td></td>
<td></td>
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</tbody>
</table>
**Health System Performance**

1. **Responsiveness**

<table>
<thead>
<tr>
<th>Availability</th>
<th>Accessibility</th>
<th>Timeliness</th>
<th>Continuity</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- hospital beds/1000</td>
<td>- PCH bed waiting lists</td>
<td>- PCH bed waiting lists</td>
<td>- Home care report</td>
<td>-services in under-serviced areas (St. Laurent, Riverton, Gyp)</td>
</tr>
<tr>
<td>- physicians/1000</td>
<td>- home care cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- home care cases</td>
<td>- PCH beds/1000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- primary health care</td>
<td>- primary health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- EMS/emergency services</td>
<td>- EMS/emergency services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **System Competency**

<table>
<thead>
<tr>
<th>Appropriateness</th>
<th>Competence</th>
<th>Effectiveness</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>- seniors services</td>
<td>- EMS skills/training stats</td>
<td>- Seniors Consultation Report</td>
<td>-patient safety</td>
</tr>
<tr>
<td>- Seniors Consultation Report</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legitimacy</th>
<th>Efficiency</th>
<th>System Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- IRHA structure/continuum of health services</td>
</tr>
</tbody>
</table>

3. **Client/Community Focus**

<table>
<thead>
<tr>
<th>Communication</th>
<th>Confidentiality</th>
<th>Participation and Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>- complaint mgmt process (# of complaints, # resolved)</td>
<td>- spiritual care survey results - palliative care services</td>
<td>- advisory committees - interagency committee - relationship with Tudor, Red River &amp; Betel - mental health advisory committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect and Caring</th>
<th>Organization Responsibility and Involvement in the Community</th>
<th>Acceptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>- environmental issues</td>
<td>- responses to results of client satisfaction survey</td>
<td></td>
</tr>
</tbody>
</table>

4. **Work Life**

<table>
<thead>
<tr>
<th>Open Communication</th>
<th>Role Clarity</th>
<th>Participation in Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- planning teams - processes that are set up</td>
</tr>
</tbody>
</table>

| Learning Environment | Well-being | |
|----------------------|------------| |


- staff education budget (provincial funds, increase in our budget)
- staff education activities
- education program structure – how we facilitate learning

- staff turnover rate
- workplace injuries
- workplace wellness initiatives
- staff satisfaction survey

Note: The following dimensions (“Health System Infrastructure” and “Community & Health System Characteristics”) may reflect indicators/measures or provide useful contextual information

### Health System Infrastructure

<table>
<thead>
<tr>
<th>Finances</th>
<th>Human Resources</th>
<th>Leadership</th>
<th>Information &amp; Technology</th>
<th>Physical Structure &amp; Equipment</th>
<th>Public Health Surveillance</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ratio between acute &amp; community costs</td>
<td>- position vacancy rate</td>
<td>- IT strategic plan</td>
<td>- capital &amp; safety &amp; security projects over last 5 years</td>
<td>- breast screening rates</td>
<td>- cervical cancer screening rates</td>
<td>- immunization rates</td>
</tr>
<tr>
<td>- % operating budget spent on admin</td>
<td>- length of time positions vacant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- flu vaccine rates</td>
</tr>
<tr>
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### Community and Health System Characteristics

<table>
<thead>
<tr>
<th>Population Demographics</th>
<th>Health Service Utilization (Rates)</th>
<th>Expenditures (Rates)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>- population numbers</td>
<td>- high profile procedure rates</td>
<td>- Community &amp; PCH Drug Cost Report</td>
<td>-service profile by district</td>
</tr>
<tr>
<td>- education</td>
<td>- hospital service utilization rates</td>
<td>- average cost per person</td>
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<tr>
<td>- housing</td>
<td>- physician service utilization rates</td>
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<tr>
<td>- Aboriginal population</td>
<td>- average length of time for home care cases</td>
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<tr>
<td>- population density</td>
<td>- average LOS in PCH</td>
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<td>- population projections</td>
<td>- PCH admissions</td>
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<td>- ER/OPD Activity Report</td>
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</table>
The Diamond Model - Determining Priorities

Priority Rank

1. Stroke Hypertension
2. ANI Diabetes Preterm Births Newborn
3. Respiratory Morbidity Low Birth Weight Asthma
4. PMR Pylar Total Mortality Cancer Incidence
5. Better than

RHA Rate Compared to Manitoba Rate (for the Past 5 Years)

Same as

Better than

Worse than

5 Year Trend in RHA Compared to 5 Year Trend in Manitoba
Community Service Questionnaire

INTERVIEWER: __ __ __ PHONE: __ __ __ - __ __ __ __

GENDER: Male ...................... 1  Female..................2

REGION: Parkland ............. 1  Assiniboine...........2  NOR-MAN ..........3
Brandon.............. 4  Central .................5  South Eastman ......6
North Eastman ...... 7  Interlake.............8

Hello, I’m calling on behalf of the Regional Health Authorities of Manitoba. My name is __________ and I’m from acumen research and we wish to speak to the person in your household who is 18 years of age or older and whose birthday will come next. Is that you? We wish to do a brief 15 minute survey about health. Do you have a few minutes now?

Q1 Can you please tell me the name of the city, town, or community you live in?
______________________________ (CHECK COMMUNITY LIST)

Just before we begin, I would like to assure you that all the information gathered through this study is strictly confidential. We guarantee your anonymity – no names will be attached to the research findings. The information gathered in this study will be used for future health planning by your Regional Health Authority. Please also note that this call may be monitored for quality control purposes.

Q2 Would you say your health is generally… READ LIST

Excellent ............................................................1
Very good...........................................................2
Good...................................................................3
Fair .....................................................................4
Or, poor? ............................................................5
Don’t know / refused .........................................9

Q3 During the past 30 days, did you have any difficulties with your physical health that kept you from doing the things you usually do in a typical day? IF YES ASK … would you say it limited your normal activities a little, a lot or totally?

No.................................................................1
A little ..............................................................2
A lot ...............................................................3
Totally............................................................4
Don’t know / refused .........................................9
Q4  During the past 30 days, did you have any difficulties with your emotional health, like depression, stress or anxiety, that kept you from doing the things you usually do in a typical day?  IF YES, ASK … would you say it limited your normal activities a little, a lot or totally?

No..............................................................................1
A little .................................................................2
A lot ....................................................................3
Totally...............................................................4
Don’t know / refused .........................................9

Q5  Compared to others your age, would you say your health is… READ LIST

Excellent ............................................................1
Very good...........................................................2
Good.................................................................3
Fair .................................................................4
Or, poor? ...........................................................5
Don’t know / refused .........................................9

Q6  What, if anything, is the main thing you do on a daily basis to improve your health? PROBE.

Q7  What types of things would you like to see in your own community that you believe could help you to improve your health? PROBE

Q8  When you are feeling anxious or upset and you need to talk, do you have someone you can count on to listen to you?  IF YES ASK … Would that be a little of the time, some of the time, most of the time or all of the time?

No..............................................................................1
A little .................................................................2
Some .................................................................3
Most .................................................................4
All .....................................................................5
Don’t know / refused .........................................9
R9 Would you say your spiritual well being plays an extremely important, somewhat important, or unimportant role in how you feel about your overall health every day? 

(Central)

- Unimportant ....................................................... 1
- Somewhat important .......................................... 2
- Extremely important .......................................... 3
- Don’t know / refused ......................................... 9

Q10 In the past 12 months, did you have any injuries that were serious enough to limit normal activities, such as work, school, or regular activities outside of the home?

- Yes ................................................................. 1
- No ................................................................. 2
- Don’t know / refused ......................................... 9

GOTO Q16

Q11 Looking back at your most recent injury, where did it happen? (IF RESPONDENT SAYS ‘AT WORK’, PROBE FOR TYPE OF WORKPLACE)

- In a home or the surrounding yard ....................... 1
- In a residential institution ................................. 2
- School, college, or university (exclude sports areas) ................................................................. 3
- Other institution (e.g., church, hospital, theatre, civic building) ............................................ 4
- Sports or athletics area (include school sports areas) ................................................................. 5
- Commercial area (store, restaurant, bar, office, airport or other transport terminal) ............. 6
- On a street, sidewalk, highway or in vehicle ....... 7
- Factory, warehouse, or construction site .......... 8
- In a workplace .................................................. 9
- Farm (excluding farmhouse) ............................ 10
- In a mine .......................................................... 11
- In a park or other place for recreation ............. 12
- Other ............................................................... 13
- Don’t know / refused ........................................... 99

GOTO Q16
Q12  What type of injury did you have? For example, was it a broken bone, or burn?

Multiple injuries.................................01
Broken or fractured bones......................02
Burn, scald, chemical burn......................03
Dislocation .........................................04
Sprain or strain ..................................05
Cut, puncture, animal bite (open wound) .......06
Scrape, bruise, blister ............................07
Concussion or other brain injury ...............08
Poisoning ..........................................09
Injury to internal organs ........................10
Whiplash or spinal injury .......................11
Other ..................................................12
Don’t know / refused ..............................99

Q13  And in the past 12 months, about how many days of school or work did you miss as a result of this injury?

Days missed ____ ____ ____ (IF DK/REFUSED, ENTER 999)

Q14  And, if you went to see anyone about treatment for your injury, where did you go?

Hospital emergency or urgent care dept. .......01
Hospital non-emergency or outpatient clinic (e.g., day surgery, cancer) ...............02
Family doctor .......................................03
Walk-in clinic .......................................04
Community health centre or clinic ..............05
Doctor or attendant at work ......................06
Doctor or attendant at school ....................07
Looked after it at home ............................08
Visit to a counselor or other mental health professionals ..........................09
Alternate therapies like massage, reflexology, chiropractor, acupuncture, physiotherapist ....10
Nursing station .....................................11
Visit to a spiritual or religious advisor, group 12
Telephone consultation only ....................13
Other ..................................................14
Did not seek medical treatment .................15
Don’t know / refused ..............................99
Q15 What are you now doing, if anything, to prevent this kind of injury from happening again? **CIRCLE ALL THAT APPLY**

- Gave up alcohol / drug use...............................01
- Gave up other activity (exclude alcohol or drug use)...........................02
- Being more careful...........................................03
- Took safety training .........................................04
- Using protective gear/safety equipment...........05
- Changing physical situation / moved out or away / ended relationship...............06
- Sought professional help.................................07
- Taking medication / had medical testing / had surgery to prevent further injury ...........08
- Other .................................................................09
- Nothing can be done about it .........................10
- Don’t know / refused .......................................99

Q16 Do you have a regular health care provider, such as a doctor or nurse that you can see about your health?

- Yes .................................................................1
- No ...............................................................2
- Don’t know / refused .....................................9

Q17 Please tell me how easy it is for you to get an appointment to see a health care provider, such as a doctor, nurse, public health or home care worker? Would you say it is extremely difficult, somewhat difficult, neither difficult nor easy, somewhat easy, or extremely easy to get such an appointment?

- Extremely difficult .............................................1
- Somewhat difficult .............................................2
- Neither difficult nor easy ...................................3
- Somewhat easy ...................................................4
- Extremely easy ...................................................5
- Don’t know / refused .........................................9

Now I will read you a list of statements. Please tell me whether you agree, disagree, or do not feel strongly either way. Would that be strongly agree/disagree, or somewhat agree/disagree? **ROTATE**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>DK/REF</th>
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</thead>
<tbody>
<tr>
<td>Q18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5 9</td>
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</tbody>
</table>

“When I need a particular health care service, I am usually able to get it.”
Q19  “When I have a concern about the health care system in my region, I know where to go to get my concern addressed.”

Q20  “If I need specific information about my health or a particular treatment, I know where to go or who to call about it.”

Now we would like to get your opinion about health care services in your region. Using a scale of 1 to 5 where 1 is not at all important and 5 is extremely important, please tell me how important to you are ... ROTATE

<table>
<thead>
<tr>
<th>Q21</th>
<th>Health promotion, such as flu shots, blood pressure clinics, or health fairs?</th>
<th>Not at all important</th>
<th>Extremely important</th>
<th>DK/REF</th>
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<td></td>
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<td>1  2  3  4  5  9</td>
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<thead>
<tr>
<th>Q22</th>
<th>Community services, such as public health or mental health?</th>
<th>1  2  3  4  5  9</th>
<th></th>
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<table>
<thead>
<tr>
<th>Q23</th>
<th>Home care and personal care homes?</th>
<th>1  2  3  4  5  9</th>
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<table>
<thead>
<tr>
<th>Q24</th>
<th>Hospitals and ambulance services?</th>
<th>1  2  3  4  5  9</th>
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Q25  **MOST IMPORTANT Q__ ____ and SECOND MOST IMPORTANT Q__ ____**.

**IF RESPONDENT DOES NOT CLEARLY HAVE A “#1” AND “#2” CHOICE, ASK ... and which of {health promotion} or {hospitals and ambulance services} or {community services} or {home care and personal care homes} is most important to you? And which is second most important to you?**

Q26  Have you used a health promotion service, such as a flu shot, a blood pressure clinic, or a health fair, in the past 12 months?

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<tr>
<th></th>
<th>1  2  3  4  5  9</th>
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<tbody>
<tr>
<td>Yes ................................................................</td>
<td>1</td>
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<tr>
<td>No ..................................................................</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know / refused ..................................</td>
<td>9</td>
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Q27  How would you rate your experience? Would you say it was... READ LIST

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<th>1  2  3  4  5  9</th>
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<tbody>
<tr>
<td>Excellent ................................................</td>
<td>1</td>
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<tr>
<td>Very good ................................................</td>
<td>2</td>
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<tr>
<td>Good ................................................................</td>
<td>3</td>
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<td>Fair .......................................................</td>
<td>4</td>
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<tr>
<td>Or, poor? ................................................</td>
<td>5</td>
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<tr>
<td>Don’t know / refused ..................................</td>
<td>9</td>
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</tbody>
</table>
Q28 Have you used community services, such as public health or mental health services in the past 12 months?

Yes .................................................................................1
No ..................................................................................2
Don’t know / refused .........................................................9

Q29 How would you rate your experience? Would you say it was… READ LIST

Excellent ............................................................1
Very good ...........................................................2
Good .................................................................3
Fair .....................................................................4
Or, poor? ............................................................5
Don’t know / refused .................................................9

Q30 Have you personally used home care or a personal care home in the past 12 months?

Yes .................................................................................1
No ..................................................................................2
Don’t know / refused .........................................................9

Q31 How would you rate your experience? Would you say it was… READ LIST

Excellent ............................................................1
Very good ...........................................................2
Good .................................................................3
Fair .....................................................................4
Or, poor? ............................................................5
Don’t know / refused .................................................9

Q32 Have you used a hospital or an ambulance service in the past 12 months?

Yes .................................................................................1
No ..................................................................................2
Don’t know / refused .........................................................9

Q33 How would you rate your experience? Would you say it was… READ LIST

Excellent ............................................................1
Very good ...........................................................2
Good .................................................................3
Fair .....................................................................4
Or, poor? ............................................................5
Don’t know / refused .................................................9
R34  Now I want to read you a list of health services. Please tell me if this health service is offered in your area?  **READ LIST AND CIRCLE ALL THAT APPLY. (North Eastman)**

- Clinical dietitian.................................01
- Nurse practitioner .................................02
- Mental health services............................03
- Social workers ......................................04
- Diabetes education .................................05
- Wellness facilitators ...............................06
- Public health nurses ..............................07
- Doctors ................................................08
- Home care ..........................................09
- Services to seniors ...............................10
- None of the above .................................11
- I don’t know about any services in my area..98
- Refused .............................................99
R35  There are many reasons why people do or do not immunize against things like infections, flu and pneumonia. Would you say you are “for” or “against” the idea of immunization for yourself? **IF “FOR” ASK** …Which one of the following statements best describes your view? **READ LIST**

- People should get immunized because their doctor tells them to ........................................1
- OR
- People should get immunized because it’s the smart thing to do to protect themselves.
- Which statement is closest to your view?...........2

**IF “AGAINST” ASK** …Which of the following statements best describes your view? **READ LIST**

- People should not get immunized because they might get a bad reaction to the vaccine..........3
- OR
- The only people who should get immunized are those who are weak or frail. Which statement is closest to your view?....................4
- Don’t know / refused ........................................9

R36  Have you used any health services outside your Regional Health Authority in the past 12 months? **IF YES**… Where did you go? (Interlake, Assiniboine).

- **SPECIFY LOCATION**
- IF “NO”, ENTER 8 AND GO TO Q38
- IF DON’T KNOW / REFUSED, ENTER 9 AND GO TO Q38

R37  What was the main reason you did so? **ENSURE ONE RESPONSE ONLY (Interlake, Assiniboine)**. **IF RESPONDENT DESCRIBES ILLNESS, ASK** … And the reason you went outside your region to deal with that was

- Closer to my place of work............................01
- Services are not available in my community...02
- Referred by a doctor in my community ........03
- More likely to be referred to other health services I may need.................................04
- Frequent changes in local doctors...............05
- Concerns about confidentiality ..................06
- Concerns about quality of care .................07
- Prefer to see a female doctor......................08
- Personal choice ...........................................09
- Convenience of travel ...............................10
- Offers services for all members of my family .11
- Waiting periods in my area are too long.........12
- Injury occurred outside of my region..........13
- Don’t know / refused .................................99
R38 Some people use family doctors outside their Regional Health Authority or outside Manitoba. If you used a family doctor outside South Eastman Regional Health Authority in the past year, where did you go? (South Eastman)

- Winnipeg ............................................................1
- Within Manitoba but not Winnipeg ...................2
- Out of province ..................................................3
- Did not go outside South Eastman RHA ...........4 \GO TO Q40
- Did not visit a family doctor ..............................5 \GO TO Q40
- Don’t know / refused .........................................9 \GO TO Q40

R39 What was the main reason you saw a family doctor outside your Regional Health Authority? ENSURE MAIN RESPONSE. (South Eastman)

- Closer to my place of work ..............................01
- Services are not available in my community ...02
- Referred by a doctor in my community ...........03
- More likely to be referred to other health services I may need .................................................04
- Frequent changes in local doctors ....................05
- Concerns about confidentiality .........................06
- Concerns about quality of care ........................07
- Prefer to see a female doctor ............................08
- Personal choice ...................................................09
- Convenience of travel ......................................10
- Offers services for all members of my family .11
- Waiting time for appointment with local doctors too long ..............................................12
- Injury occurred outside of my region ............13
- Other reason ......................................................14
- Don’t know / refused .......................................99

R40 Overall, how would you rate the availability of health care services for people your age?… READ LIST (NOR-MAN)

- Excellent ............................................................1
- Very good...........................................................2
- Good...................................................................3
- Fair....................................................................4
- Poor ....................................................................5
- Don’t know / refused .........................................9

R41 And how would you rate the quality of health care services for people your age? READ LIST (NOR-MAN / Parkland)

- Excellent ............................................................1
- Very good...........................................................2
- Good...................................................................3
- Fair....................................................................4
- Poor ....................................................................5
- Don’t know / refused .........................................9
R42 Have you used any health care services, other than a visit to a doctor, in your region in the past 12 months? (IF RESPONDENT IS UNCLEAR ABOUT HEALTH CARE SERVICES PROMPT WITH … Health care services like home care, a hospital, an ambulance, mental health or public health services, diabetes education. (Parkland)

Yes .................................................................1
No .................................................................2
Don’t know / refused ........................................9

R43 As you may know, there are people who struggle with eating disorders like anorexia or extreme obesity. If health services were made available to help people with eating disorders, how likely is it that you or someone you know might use these services? … READ LIST (Brandon)

Very likely ..........................................................1
Somewhat likely ..................................................2
Somewhat unlikely ...............................................3
Or not at all likely ..................................................4
Don’t know / refused ............................................9

R44 As you may know, many people are thinking about the kind of care they would like to receive even at the end of their life. If all the necessary supports were in place, would you prefer to die in the hospital or at home? (Brandon)

In hospital ..........................................................1
At home ............................................................2
Nursing home / hospice care ..................................3
At the home of friends or family (not at own home) ........................................4
Other ..................................................................5
No preference ......................................................6
Don’t know / refused ............................................9
DEMOGRAPHIC QUESTIONS

Q45  What age category are you in – are you under 45 or over 45? READ LIST

18 to 19 ............................................................01
20 to 24 ............................................................02
25 to 29 ............................................................03
30 to 34 ............................................................04
35 to 39 ............................................................05
40 to 44 ............................................................06

45 to 49 ............................................................07
50 to 54 ............................................................08
55 to 59 ............................................................09
60 to 64 ............................................................10
65 to 69 ............................................................11
70 to 74 ............................................................12
75 or over .........................................................13
Don’t know / refused .......................................99

Q46  Please tell me which of the following best describes your level of schooling?
READ LIST, CHOOSE HIGHEST LEVEL ATTAINED

Less than high school.................................1
Graduated high school .................................2
Some college or university .........................3
Completed college or technical school .........4
University graduate.....................................5
Don't know / refused .....................................9
Q47  To which ethnic or cultural groups did your ancestors belong? **DO NOT READ LIST.**

- Canadian .........................................................01
- English ...........................................................02
- German .........................................................03
- Scottish ........................................................04
- Ukrainian ......................................................05
- Irish ...............................................................06
- French ..........................................................07
- First Nations / Aboriginal .................................08
- Polish .............................................................09
- Metis ................................................................10
- Dutch / Netherlands ........................................11
- Filipino ..........................................................12
- Russian ..........................................................13
- Icelandic ........................................................14
- Swedish ..........................................................15
- Italian ............................................................16
- Belgian ...........................................................17
- Norwegian .....................................................18
- Jewish .............................................................19
- Welsh .............................................................20
- Multiple origins ............................................21
- Other .............................................................22
- Don't know / refused .........................................99

Q48  Which of the following best describes your current employment situation? **READ LIST, IF MORE THAN ONE, ASK...** Which do you consider to be your primary source of income?

- Employed full-time ..........................................1
- Employed part-time ..........................................2
- Self-employed / home-based business ............3
- Retired ............................................................4
- Not employed .................................................5
- Don't know / refused .........................................9
Q49 And how many people, including both adults and children, are currently living in your household?

____  ____ (IF DK/REFUSED, ENTER 999)

Q50 Please tell me which of the following categories best describes your yearly family income? Is it below $40,000 or over $40,000? READ LIST

Under $10,000..................................................01
$10,000 to $19,999 ..........................................02
$20,000 to $29,999 ..........................................03
$30,000 to $39,999 ..........................................04
$40,000 to $49,999 ..........................................05
$50,000 to $59,999 ..........................................06
$60,000 to $69,999 ..........................................07
$70,000 to $79,999 ..........................................08
$80,000 to $89,999 ..........................................09
$90,000 to $99,999 ..........................................10
$100,000 or over ..............................................11
Don't know / refused ........................................99

Q51 Can you please tell me your postal code?

R ____ ____ ____ ____

R 0-9 A-Z 0-9 A-Z 0-9

I'd like to thank you for taking the time to participate in this survey.
Thank you for attending our Community Forum. We appreciate you taking the time to complete this questionnaire. You will receive a ballot for a draw when you hand this survey in.

AGE________ GENDER: M____ F____ TOWN/RM YOU LIVE IN_____________________

Station 1 – What is CHA?
What is one of the ways we collect data for the community health assessment?
___ A. Counting the number of people who live in each residence?
___ B. Holding focus group discussions?
___ C. Determining what kind of car you drive?

Station 2 – IRHA accomplishments
In your mind, which is the most important accomplishment?
___ Wellness    ___ Partnership
___ Communication   ___ Continuous Improvement
___ Accessibility   ___ Work Environment

Station 3 – What has the data told us?
What is the most important/attracted your attention/surprised you the most of the data you saw?

Station 4 – Prevention
In the last year have you had the following check:
BP       Yes___No___
Blood sugar       Yes___No___
Cholesterol       Yes___No___
Your BMI __________ (Optional)

Station 5 – Survey results
Using a scale of 1 to 5 (1 being not important and 5 being extremely important) tell us how important these services are:
♦ Health promotion (such as flu shots, blood pressure clinics or health fairs) 1 2 3 4 5
♦ Community services (such as public health or mental health) 1 2 3 4 5
♦ Home care and personal care homes 1 2 3 4 5
♦ Hospitals and ambulance services 1 2 3 4 5

Station 6 – The IRHA board wants your suggestions
What are your suggestions to improve health in your community?

Disclaimer: Information collected on the survey will be kept strictly confidential. It will be utilized for IRHA research purposes and will be used to assist the IRHA when planning health care services.
Focus Group Questionnaires

Aboriginal Focus Group

1. What makes you healthy?
2. What do you do to stay healthy?
3. What things are the things in your community that help you stay healthy?
4. What are the significant health issues in your community?
5. What are the top three health issues?
6. What are your thoughts, feelings and opinions regarding your ability to communicate with the IRHA?

Primary Health Care Focus Group

1. What services in your community are perceived to have effects on your health?
2. What services do you or your family use in your community?
3. Tell us what factors affect your choice of health care services.
4. How do people feel about the use of alternative health care providers?
5. What types of services would you like to have access to in your community?
6. What factors affect your access to services in your community?
7. How best can the IRHA get the message out to members of your community about Primary Health Care?
8. Do local health services adequately serve the population?

Seniors Health Care Focus Group

1. How would you describe a healthy senior?
2. What is there in your community that helps you to be healthy?
3. What is there in your home that helps you to be healthy?
4. What would you consider to be the biggest health issue for the seniors?
5. What would you see as solutions?
6. What are some of the ways seniors can be involved in the solutions?
7. What would make it difficult for seniors to be involved?
8. What would make it easier for seniors to be involved?
9. What are the most effective ways for health workers to work with seniors?
10. What would an ideal healthy community for seniors look like?

Workplace Wellness Focus Group
1. How would you describe a healthy workplace?
2. Think about a good day at work; tell us what happened that made it a good day.
3. Tell us how you have been involved in decisions that affect your work?
4. What suggestions do you have for increasing involvement in decisions?
5. Think about being rewarded, in terms of praise and recognition, for your work. What are some ways that the IRHA can provide meaningful recognition?
6. What are some ways that we can improve communication in our organization?
7. What else could we, collectively do to make our workplace a healthy place to be?
8. Of the responses to the above questions, what are the most important things that we could do to make our workplace a healthy place to be most doable?

Youth Focus Group
1. Describe a healthy teenager.
2. What is there in your home, school and community to help keep you a healthy person?
3. What are the biggest health issues for health?
4. What influences your decisions to use drugs and alcohol?
5. What influences your decisions to not use drugs and alcohol?
6. Describe solutions to these issues.
7. How can students be involved in the solutions?
8. What education approaches are most effective for health and community workers when dealing with youth?
References


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