

REGIONAL PROFILE

PRAIRE MOUNTAIN HEALTH



LOCATION AND DEMOGRAPHICS



LOCATION	Prairie Mountain Health (PMH) spans an area from the 53 rd parallel in the north to the United States border in the south and reaches from the Saskatchewan border across to the lakes and central Manitoba
DEMOGRAPHICS	Population ¹ : 167,121 Land Area ⁴ : 51,292 km ² Density: 3.3 persons/km ²
FACILITIES	Acute: 21 Transitional: 8 Personal Care Homes: 44
COMMUNITY HEALTH SERVICES	Public Health, Home Care, Mental Health, Primary Health Care, Emergency Medical Services

DID YOU KNOW?

- ✓ The Premature Mortality Rate in Prairie Mountain Health decreased significantly over time
- ✓ PMH has the lowest prevalence of congestive heart failure in Manitoba and the rate of heart attacks and strokes decreased significantly over time
- ! There are significant disparities between the most healthy and least healthy residents in PMH
- ✗ The highest rate of respiratory morbidity in Manitoba is found among PMH residents and total respiratory morbidity prevalence increased significantly over time
- ✗ Diabetes and Hypertension prevalence increased significantly over time in PMH

SOCIAL AND ECONOMIC INDICATORS

LIFE EXPECTANCY² 82.3 years		77.4 years	DEPENDENCY RATIO¹		5.75 dependents age 0-14 and 65+ for every 10 of working age 15-64
MEDIAN HOUSEHOLD INCOME³		\$50,888 < \$57,299 (MB)	HOUSING AFFORDABILITY³		Tenant: 29.1% < 35.4% (MB) Owner: 9.9% < 13.0% (MB)
EDUCATION LEVEL³		19% > 17% (MB) population aged 25-64 without a High School Diploma	UNEMPLOYMENT RATE³		5.9% < 6.2% (MB)

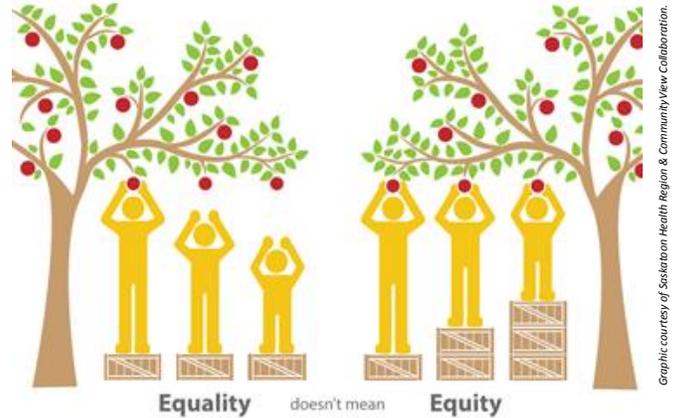
NOTES

¹ Manitoba Health Population Reports, 2013 ² Manitoba Centre for Health Policy RHA Indicators Atlas, 2013 ³ 2011 Census. Statistics Canada did not publish any area information where Global Non-response (GNR) was 50% or higher. Prairie Mountain Health had a GNR of 33.8%. Housing affordability is the percentage of households spending ≥ 30% of household total income on shelter costs. ⁴ Land area excludes the unorganized territories.

HEALTH STATUS IS IMPROVING FOR SOME, BUT NOT ALL

The widening of the health gap within our region became clear in the 2015 Community Health Assessment (CHA). Health status of Prairie Mountain Health residents is largely driven by the social determinants of health, particularly income. There is a significant relationship between income inequities and the incidence/prevalence of mortality, diseases and health conditions. The health status of PMH residents of lower income either did not improve over time or improved at a slower rate than for residents of higher income areas.

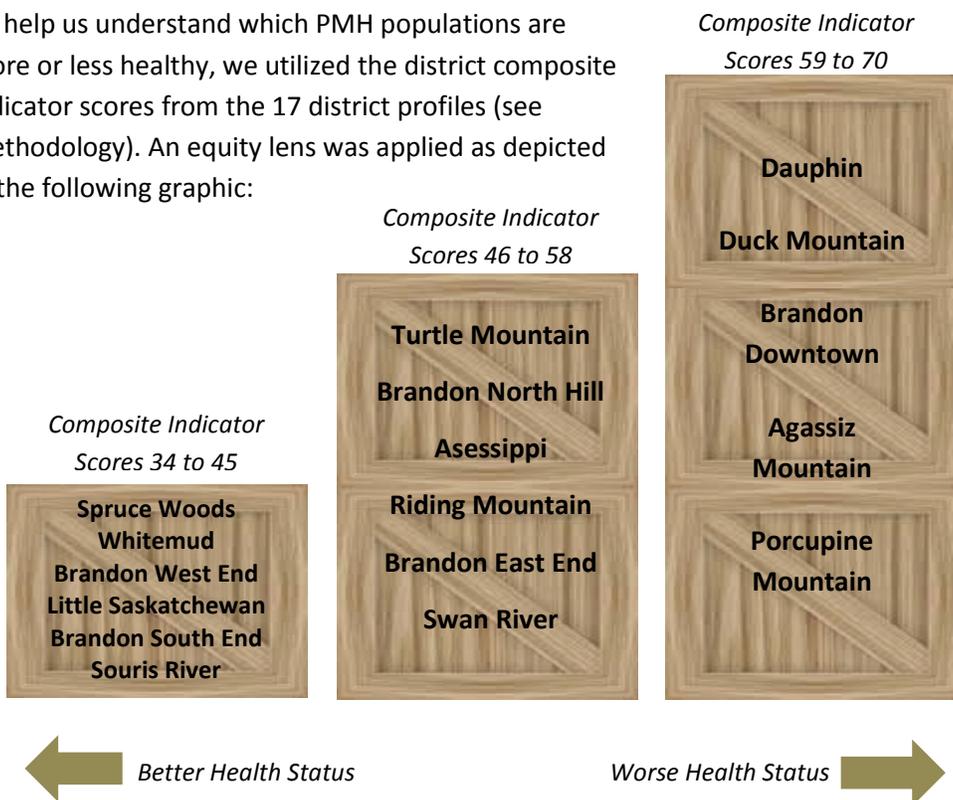
To better understand this health gap, a profile document for PMH and each zone and district has been created using data from the 2015 Community Health Assessment. These profile 'snapshots' are intended to provide the basis for discussion, future planning efforts as well as to assist with understanding the health disparities and inequities that exist within our region. These profiles are envisioned to complement the comprehensive CHA and should not be viewed as standalone resources. As noted within the CHA, an equity perspective is crucial to reducing the health disparities and therefore improving health outcomes within PMH.



Graphic courtesy of Saskatoon Health Region & CommunityView Collaboration

EQUITY LENS

To help us understand which PMH populations are more or less healthy, we utilized the district composite indicator scores from the 17 district profiles (see methodology). An equity lens was applied as depicted in the following graphic:



Looking at the profiles and the equity lens might help you answer these questions:

- How healthy are the zones and districts within PMH compared to others in the region?
- What disparities are there amongst PMH zones and districts?
- What changes do we need to work at to support those who need it most?
- How can we work with partners to address disparities and social determinants of health?

METHODOLOGY

The equity lens was determined based on 26 indicators chosen from the 2015 Prairie Mountain Health Community Health Assessment. These indicators represent a cross-section of health indicators including mortality, socioeconomic factors, cardiovascular and other disease conditions, mental illness, hospital and physician use as well as quality of care. No attempt was made to give different weights to indicators; each of the 26 indicators were treated as equal for the purposes of creating a composite indicator score. The composite indicator was set on a range of 0 to 100 with PMH at the middle of the range (50). A lower score is better. PMH composite indicator scores ranged from a low of 34 (PMH best) to a high of 70 (PMH worst). An equity lens was then applied using the PMH range.



The 2015 Community Health Assessment and zone and district profiles are available on the PMH intranet and internet