



PRAIRIE MOUNTAIN HEALTH  
SANTÉ PRAIRIE MOUNTAIN

2015

## Community Health Assessment



## Executive Summary

PRAIRIE MOUNTAIN HEALTH

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*"Health And Wellness For All"*

## Executive Summary

This report provides the results of the first ever comprehensive Community Health Assessment (CHA) for Prairie Mountain Health (PMH). Regional health authorities in Manitoba are responsible for assessing the health of the population on a regular basis. This CHA includes analysis of indicators, trends and other information sources that describe the health and burden of illness experienced by PMH residents, as well as the way health services are used. These findings will provide the groundwork for strategic and program planning in PMH.

Prairie Mountain Health has a growing population, which is projected to continue to expand, particularly in the senior populations. The overall population is projected to increase by 21% in the next 30 years and there is an expected population increase in all age groups with the most significant being in the population age 65 and over. This age group is predicted to increase by 62% from 29,800 residents in 2012 to 48,400 by 2042. The most dramatic increase will be seen in the population 85 years and over with an increase of more than 96%. This change in population will have a significant impact on the demand for health care services in PMH; for example, as the population of PMH ages, it is likely that there will be an increased need for cancer-related health services.

## Health Status is Improving for Some, But Not All

Throughout the CHA it has been noted that there is inequity in health status across PMH, with some segments of the population suffering a higher burden of illness. There was a strong association between income and health, with individuals living in lower income areas affected more by physical and mental illness. As summarized in the following tables, there are notable differences between PMH's healthiest districts and the least healthy.

The results in this report show that the health of Prairie Mountain Health residents has improved in a number of indicators of mortality and disease. PMH male life expectancy increased significantly. PMH's premature mortality rate (PMR) decreased significantly for residents, indicating that fewer people died before the age of 75 years. Similar to the province, the top three causes of death in the region were circulatory disease, cancer and respiratory disease.

Within PMH, the diagnosed prevalence of congestive heart failure (CHF) and osteoporosis decreased, as did heart attack and stroke rates. Prairie Mountain Health had the lowest prevalence of CHF in the province. Similar to the province, hypertension and diabetes prevalence increased within Prairie Mountain Health. However, the incidence of newly diagnosed cases of diabetes and hypertension decreased over time within PMH. If these lower incidence rates are sustained or fall even more, then the prevalence values for these diseases will also eventually decrease. Total respiratory morbidity prevalence increased significantly and the highest rate of respiratory morbidity in Manitoba was found among PMH residents. The increase in Prairie Mountain Health seemed to be largely driven by residents of the Brandon Zone where some districts reported rates which were double the provincial average.

The following tables summarize the most important results in indicators of mortality and diseases.

Prairie Mountain Health Changes in Indicators of Mortality

Indicator	2002-06	2007-11	Best District Rate	Worst District Rate
<b>Getting Better</b>				
Premature Mortality Rate (PMR) (per 1,000 residents)	3.25	3.07	Brandon South End (2.22)	Brandon Downtown (4.44)
Male Life Expectancy (Years)	76.5	77.4	Brandon South End (81.7)	Porcupine Mountain (73.2)
<b>No Significant Change</b>				
Total Mortality (per 1,000 residents)	8.23	8.06	Brandon South End (5.44)	Brandon Downtown (10.51)
Female Life Expectancy (Years)	82.3	82.3	Brandon South End (90.6)	Brandon Downtown (78.6)
Potential Years of Life Lost (PYLL) (per 1,000 residents)	53.5	54.5	Brandon West End (24.4)	Porcupine Mountain (103.6)
Suicide (per 1,000 residents aged 10+)	0.15	0.17	N/A	N/A

Source: MCHP RHA Indicators Atlas, 2013

Prairie Mountain Health Changes in Indicators of Diseases

Indicator	2006-07	2011-12	Best District Rate	Worst District Rate
<b>Getting Better</b>				
Osteoporosis Prevalence (residents age 50+)	12.8%	11.2%	Dauphin (8.3%)	Brandon Downtown (14.3%)
Congestive Heart Failure (CHF) Prevalence (residents aged 40+)	1.68%	1.49%	Brandon South End (1.02%)	Dauphin (2.64%)
Acute Myocardial Infarction (AMI) Rate (per 1,000 residents aged 19+)	4.71	4.31	Turtle Mountain (3.48)	Dauphin (7.08)
Stroke Rate (per 1,000 residents aged 40+)	3.03	2.46	Brandon East End (1.57)	Swan River (3.98)
<b>No Significant Change</b>				
Ischemic Heart Disease (IHD) Prevalence (residents aged 19+)	8.92%	8.69%	Asessippi (6.34%)	Dauphin (14.31%)
<b>Getting Worse</b>				
Total Respiratory Morbidity (TRM) Prevalence	11.5%	12.1%	Whitemud (8.2%)	Brandon Downtown (19.2%)
Diabetes Prevalence (residents aged 19+)	9.2%	10.4%	Whitemud (8.4%)	Porcupine Mountain (14.3%)
Hypertension Prevalence (residents aged 19+)	25.7%	26.8%	Whitemud (25.1%)	Porcupine Mountain (31.2%)
Arthritis Prevalence (residents aged 19+)	21.4%	22.3%	Spruce Woods (18.5%)	Porcupine Mountain (30.5%)

Source: MCHP RHA Indicators Atlas, 2013

Further to the disparities in health status from the most healthy to the least healthy districts, the three zones of Prairie Mountain Health also have significant variation in health status as shown in the following table.

## PMH Zone Changes in Indicators of Mortality and Diseases

Indicator	South Zone			Brandon Zone			North Zone		
	Trend *	Most recent	MB Avg**	Trend *	Most recent	MB Avg**	Trend *	Most recent	MB Avg**
Premature Mortality Rate (PMR) (per 1,000 residents)	😊	2.83	↓	😐	2.96	↔	😐	3.57	↑
Hypertension Prevalence (residents aged 19+)	😐	25.9%	↔	😐	26.3%	↑	😐	28.1%	↑
Arthritis Prevalence (residents aged 19+)	😐	19.5%	↓	😐	23.0%	↑	😐	26.1%	↑
Ischemic Heart Disease (IHD) Prevalence (residents aged 19+)	😊	7.2%	↓	😊	7.3%	↓	😊	12.2%	↑
Total Respiratory Morbidity (TRM) Prevalence	😊	9.2%	↔	😐	16.1%	↑	😊	12.2%	↑
Diabetes Prevalence (residents aged 19+)	😐	9.6%	↔	😐	10.2%	↔	😐	11.2%	↑
Osteoporosis Prevalence (residents age 50+)	😊	10.8%	↔	😊	13.3%	↑	😊	9.5%	↓
Congestive Heart Failure (CHF) Prevalence (residents aged 40+)	😊	1.21%	↓	😐	1.31%	↓	😊	2.15%	↑
Acute Myocardial Infarction (AMI) Rate (per 1,000 residents aged 19+)	😐	3.96	↔	😊	3.59	↔	😐	5.61	↑
Stroke Rate (per 1,000 residents aged 40+)	😊	2.42	↔	😊	1.73	↓	😊	3.20	↑

Source: MCHP RHA Indicators Atlas, 2013

\* Trend over time:

😊 =Getting Better 😐 =No Significant Change 😞 =Getting Worse

\*\* Most recent rate compared to the Manitoba average:

↓ =significantly lower ↔ =similar ↑ =significantly higher

Cardiovascular disease is more prevalent among northern PMH residents. While there has been a significant decrease in the rate of strokes among PMH residents overall, the rates have remained high among residents in the North Zone. The proportion of residents living with ischemic heart disease in the North Zone is almost twice that of residents in the South and Brandon zones.

Just over 10% of PMH residents are living with diabetes. The prevalence of diabetes and the rate of lower limb amputation for residents with diabetes were significantly higher than the provincial average for residents in the North Zone of PMH.

As shown in the following summary table, there were notable differences in the North Zone of PMH. Despite some improvement in four disease indicators, the North Zone was significantly higher than the provincial average in almost all of the mortality and disease indicators summarized here.

**PMH Summary of Changes in Indicators of Mortality and Diseases**

	Trend over time			Most recent compared to the Manitoba Average		
	Getting Better	No Significant Change	Getting Worse	Significantly higher	Similar	Significantly lower
	😊	😐	😞	↑	↔	↓
South	4	3	3	0	6	4
Brandon	4	2	4	4	3	3
North	4	3	3	9	0	1
PMH	5	1	4	5	4	1

**PMH Changes in Indicators of Health Conditions**

Prairie Mountain Health had a significant increase in the prevalence of mood and anxiety disorders. This was largely driven by increases in the North and Brandon zones. The prevalence of substance abuse was significantly higher in the North and Brandon zones, and both the South and North zones experienced significant increases over time.

The prevalence of dementia within the region was significantly lower than the provincial average. However, the district rates ranged from a low of 5.3% to a high of 16.0%, and the Brandon Zone showed a significant increase in dementia prevalence over time.

**Access to and Use of Healthcare Services**

**Primary Health Care**

There is variable utilization of primary health care services across the Prairie Mountain Health region; utilization is impacted by health status, comorbidity, income, and availability. Transportation to access services was identified as a challenge for residents in First Nation communities.

Supply and demand for primary health care remains an issue for PMH, highlighting the need to continue to focus on building capacity within the region. Ongoing staff shortages (EMS, nursing, therapy,

diagnostic, etc.) and physician resources are a significant challenge for PMH, and recruitment initiatives continue to be a top priority. Many innovative primary health care initiatives are underway in PMH. Monitoring outcomes to determine impact on access, quality of care, and health status will provide the region with needed information for ongoing planning for program implementation and service delivery.

There are high numbers of mental health clients living in Brandon, Dauphin, and Swan River. Many of these clients are living in these communities in order to access the services and supports available. Access to safe, supportive housing is a challenge for clients of the Mental Health program.

Residents of Prairie Mountain Health received over 95% of their general and family practitioner visits within the region. Residents of Prairie Mountain Health received 64% of their visits to specialists within the region, and around 34% in Winnipeg. Provincially, Prairie Mountain Health residents had the second highest proportion of hospitalizations and hospital days in their home region at 81% and 90%, respectively.

Poorer access to primary care may lead to increased hospitalization. Hospitalization rates for ambulatory care sensitive conditions (ACSC) are strongly related to income and overall health status. Hospitalization rates for ACSC in Prairie Mountain Health decreased; however the rate was still significantly higher than the provincial average. Rates for residents in the North Zone were almost double that of the other zones in PMH.

### **Use of Hospitals**

Residents of the North Zone had significantly higher rates of hospital use and readmissions than other PMH residents. Residents of the South Zone of PMH had higher rates of hospitalization for waiting PCH placement compared to other PMH residents. Brandon Zone residents had lower rates of inpatient hospital admissions and readmissions but higher rates of use of outpatient services and days of care for surgical services and obstetric care than other PMH residents. PMH's hospital readmission rates were significantly higher than the provincial average, largely driven by high rates in the North and South Zones; however rates did decrease over time.

### **Women and Children**

A significantly higher proportion (almost a quarter) of pregnant women in the North Zone of PMH did not receive adequate prenatal care, which can place both the mother and infant at risk. This correlated with a significantly higher rate of antenatal hospitalization and infant hospital readmission in the North Zone. Among women in the North Zone of PMH the proportion of infants considered large for gestational age was significantly higher than the provincial average, while breastfeeding initiation rates were significantly lower.

In Prairie Mountain Health, 4% of Brandon women, 11% of women from the South and 27% of women from the North travelled more than an hour to give birth. Research suggests that this increases the likelihood of the mother experiencing moderate to severe stress sevenfold. The North Zone and Brandon experienced significantly higher rates of pre and postnatal psychological distress and there was a high prevalence of maternal depression in the South Zone and Brandon.

Caesarean section rates continue to be significantly higher among PMH women than the provincial average. Infants delivered via Caesarean Section are at increased risk of a number of complications including respiratory problems and difficulties breastfeeding.

Alcohol consumption during pregnancy (significantly higher than the Manitoba average in the South zone and Brandon) and smoking during pregnancy (significantly higher in the North zone and Brandon) have the potential to lead to adverse outcomes for both the mother and child.

### **Seniors**

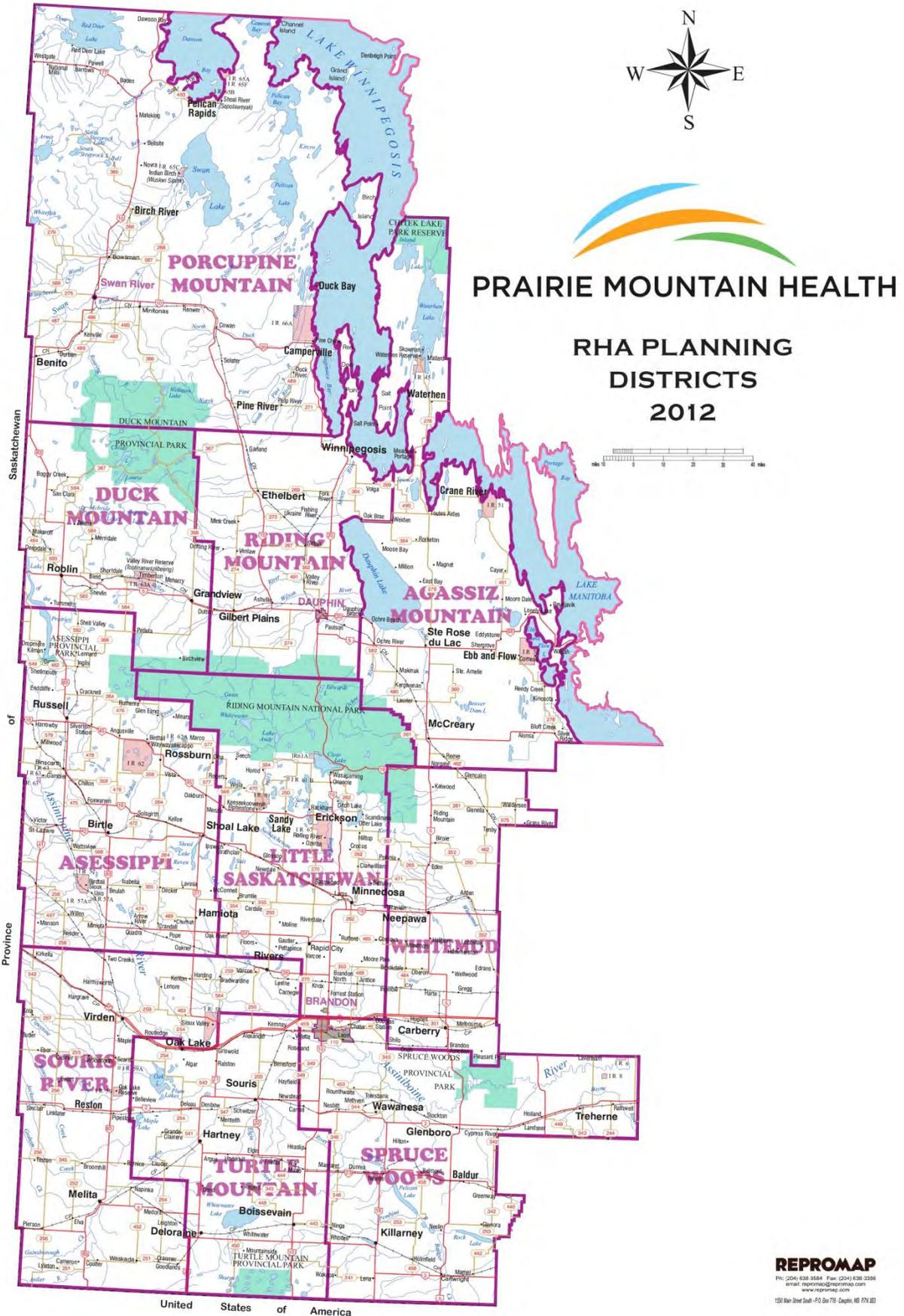
Prairie Mountain Health has the highest proportion of seniors (age 65 and older) in the province, which has significant implications for planning programs and services, and facility use. The proportion of PMH residents 75 years and older admitted to personal care homes was higher than the provincial average but decreased over time. Just over 13% of PMH residents 75+ were living in a personal care home. The lack of designated chronic care beds for clients whose needs exceed the capacity of personal care homes was noted, with acute care or transitional beds being the only alternative available.

There is a strong relationship between prevalence of osteoporosis and income, with a higher prevalence among residents of lower income areas in both urban and rural settings; yet osteoporosis prevalence was significantly lower in the North Zone. This finding is most likely related to access to health services (screening) and not truly indicative of lower rates of disease. Benzodiazepine use among residents age 75+ living in the community and in Personal Care Homes in PMH remains a cause for concern with rates significantly higher than the province. PMHs rate of hospitalizations due to unintentional falls were higher than Manitoba which supports the need for the regional falls prevention initiative that is currently underway.

### **Mind the Gap**

Health status of Prairie Mountain Health residents is largely driven by the social determinants of health, particularly income. With a majority of the indicators presented within this CHA report, there is a significant relationship between income inequities and the incidence/prevalence of mortality, diseases and health conditions. The health status of residents of lower income either did not improve over time or improved at a slower rate than for residents of higher income areas. As a result, the health gap continues to widen.

These CHA findings will provide the basis for discussion and future planning with our communities, partner organizations and regional programs and services. An equity perspective is crucial to reducing the health disparities within our region.



The complete version of the 2015 Community Health Assessment is available on the Prairie Mountain Health website at [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)