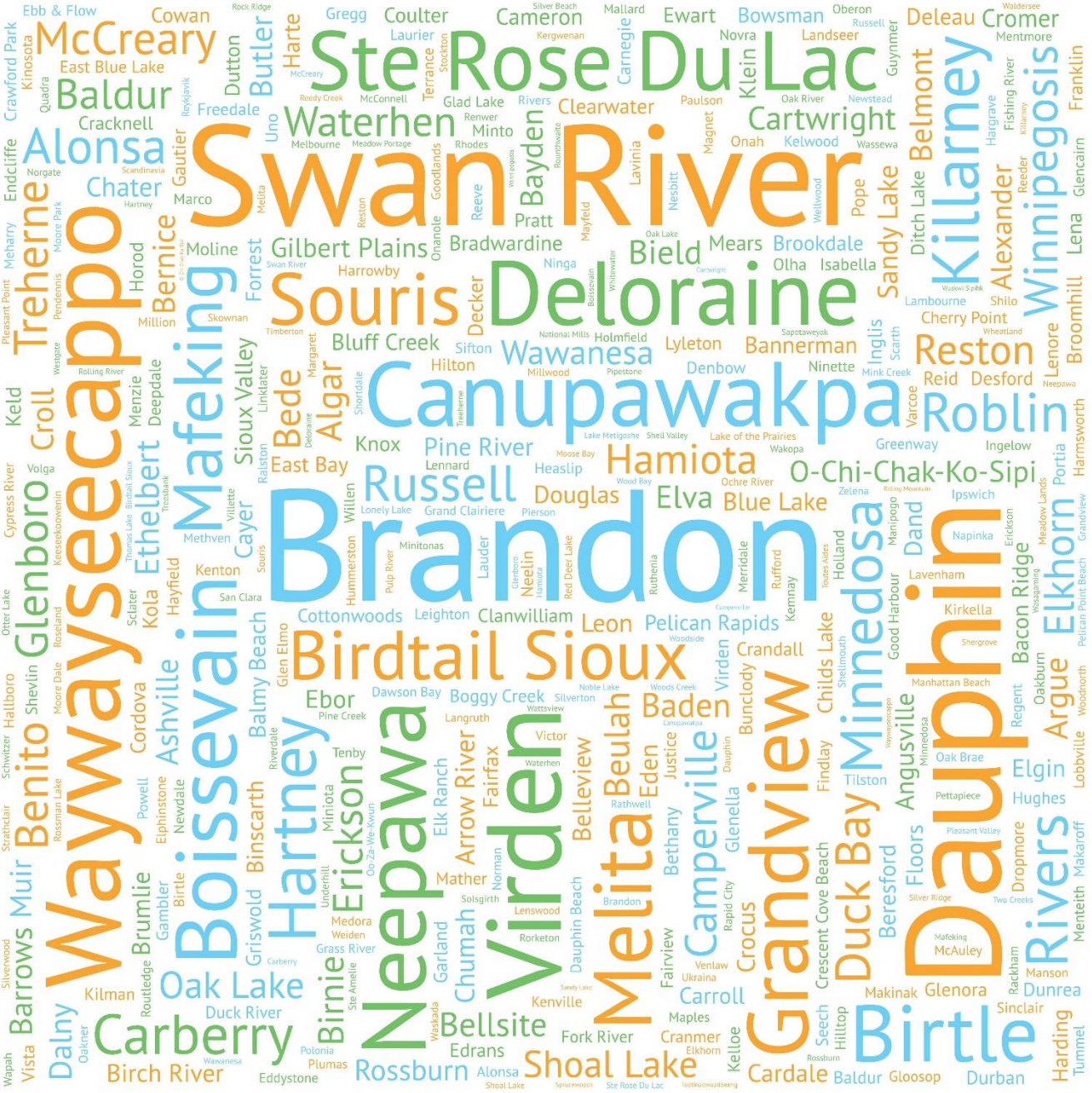
PMH COMMUNITY HEALTH ASSESSMENT

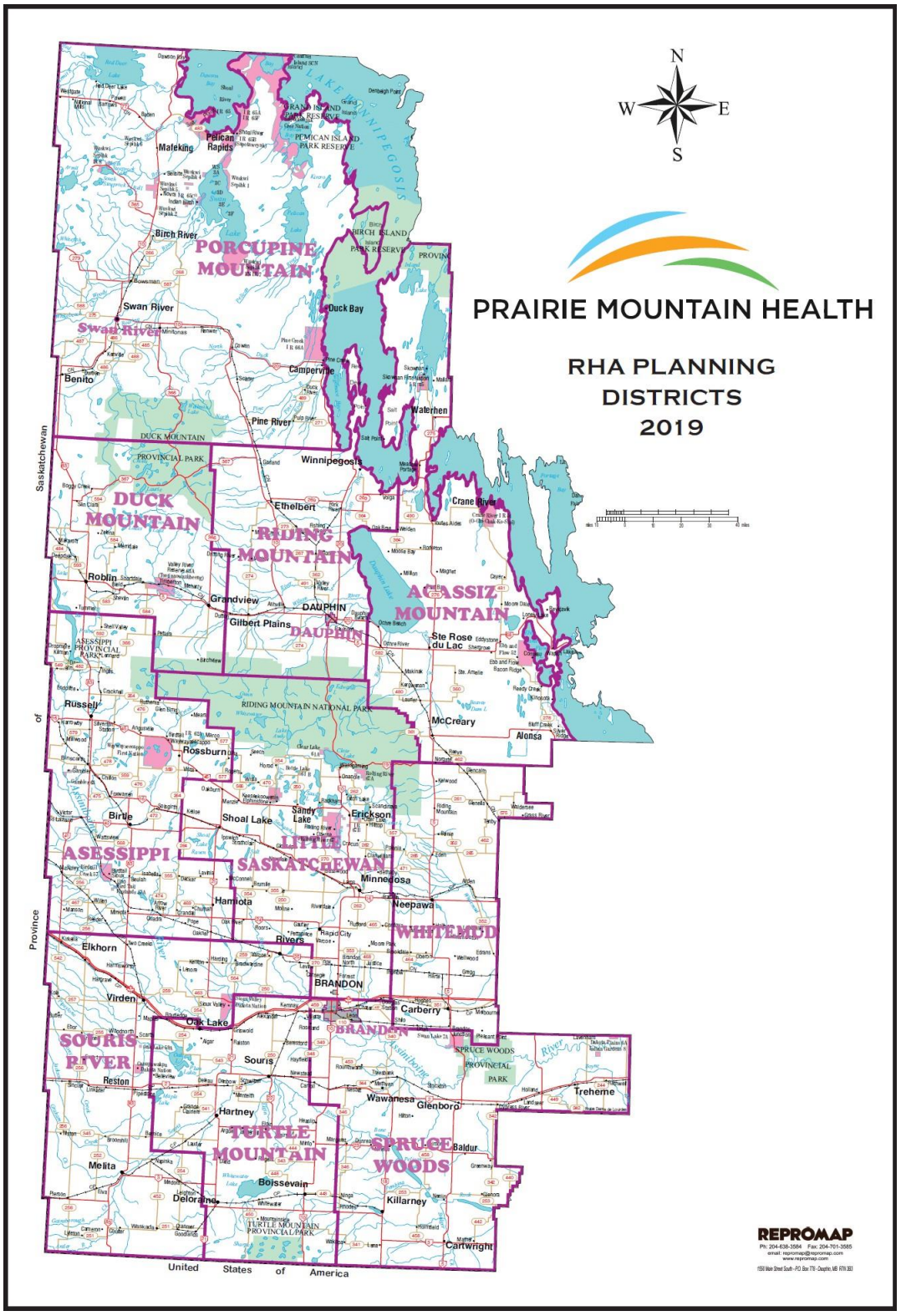
EXECUTIVE SUMMARY



PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN

2019

This report is produced and published by the Prairie Mountain Health CHA team. It is available in PDF format on our website at: www.prairiemountainhealth.ca/cha-2019



Prairie Mountain Health acknowledges that it provides services in facilities and sites located on the original lands and traditional territories of the Cree, Dakota, Ojibway, Oji-Cree and homelands of the Métis. Prairie Mountain Health respects that the First Nation Treaties were made on these territories and we dedicate ourselves to continued collaboration in partnership with First Nation, Métis and Inuit people in the spirit of reconciliation.

Executive Summary

This report provides the results of a comprehensive Community Health Assessment (CHA) for Prairie Mountain Health (PMH). The 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. Population health surveillance is essential to healthcare planning and resource allocation to ensure we develop equitable and sustainable programs and services.

Who Lives in Prairie Mountain Health?

Prairie Mountain Health has a growing population, which is projected to continue increasing, particularly in the senior population. The Indigenous population is growing at a faster rate than that of all other residents of PMH. Another growing population in PMH are newcomers to Canada.

Language barriers and cultural differences impact client experience and affect service provision. PMH's changing population will continue to have a significant impact on health care services in the region. Ongoing planning and enhanced partnerships aimed at addressing the needs of an aging population, newcomers, and Indigenous populations will be vital. Geography and low population densities pose challenges with sustainability of services in parts of the region.

What Keeps Us Healthy?

Many factors have an influence on the health of us as individuals, families, and communities. In addition to our genetics, lifestyle choices, and the quality of and access to our health care system, where we are born, grow, live, learn, work and age also have an important influence on our health.

Amongst the most significant predictors of health are income, employment and education. PMH has the lowest median household income in the province. More than a quarter of children in the North zone live in low income families and children in Brandon Downtown are two and a half times as likely to live in a low income family as children in Turtle Mountain district. More than a quarter of PMH residents do not have a high school diploma. In contrast, Brandon South End residents are more than two and a half times as likely to have at least a high school diploma as residents of Agassiz Mountain. Unemployment rates vary greatly across the region, with rates in Porcupine Mountain more than double those in the Whitemud district. PMH residents report the highest levels of work stress in the province.

A strong sense of community belonging reflects attachments, social engagement and participation within communities which is associated with positive health outcomes. PMH residents report a slightly stronger 'sense of community belonging' than the province as a whole.

Only half of PMH residents report making positive health changes in the past year; the lowest percentage in the province. A quarter of the region's adults are classified as obese, and eighteen percent of respondents report being current smokers.

The prevalence of substance use disorder (including alcohol and/or drug dependence) is significantly higher in PMH than the provincial average. Substance use is associated with alcohol poisoning, violence, injuries and deaths, and prolonged use may lead to a number of acute and chronic disease conditions.

Immunization rates for PMH seniors are well below national targets at 53% for Influenza and 62% for Pneumococcal. People 65 years and older are at greater risk of serious complications from the flu and pneumonia, often leading to hospitalization and death, because immune defenses become weaker with age.

Only a third of eligible PMH residents have completed their colorectal screening. In Manitoba, it is recommended that most people aged 50 to 74 years participate in colorectal screening every two years. Screening is lowest amongst low income males.

In the North zone, a significantly higher proportion of pregnant women do not receive adequate prenatal care, which can place both the mother and infant at risk. While breastfeeding is a key part of the healthy growth and development of infants, there are significantly lower breastfeeding initiation rates in the northern part of the region. Pregnant teenagers are less likely to receive early prenatal care and more likely to experience negative health outcomes, depressive disorders, and reduced educational opportunities. Encouragingly, in PMH there have been significant decreases in the rates of teenage pregnancy and teenage births in recent years.

How Healthy Are We?

PMH residents are living longer, with male and female life expectancy increasing significantly over time. Premature mortality, or death before the age of 75, is significantly higher than the Manitoba average in the North zone, whilst significantly lower in the South zone. Circulatory diseases and cancer account for more than half of all deaths.

Unintentional injuries, such as motor vehicle accidents, drowning, falls, burns and poisonings, are responsible for almost one hundred deaths every year in PMH. Low income residents are two to three times as likely to die of unintentional injuries as high income residents. Similarly, hospitalizations due to unintentional injury are significantly higher than the provincial average, with falls accounting for more than half of these hospitalizations.

The prevalence of mood and anxiety disorders remains the highest in the province, with more than 34,000 adults in PMH diagnosed with a condition. Only half of those prescribed antidepressants receive the recommended follow-up. Mood and anxiety disorders frequently coexist with other chronic diseases and conditions.

Five-year cancer survival rates in PMH are the best in the province. Breast cancer incidence is significantly lower than the provincial average, whilst the colorectal incidence rate is significantly higher. Although the incidence of prostate cancer is significantly lower, the proportion of prostate cancer diagnosed at a later stage, along with the mortality rate are significantly higher for PMH residents than the province.

Cardiovascular disease is a major cause of death and disability in the region. Almost a quarter of PMH adults live with hypertension or high blood pressure. Hearteningly, the stroke rate is significantly lower than the province and has decreased significantly over time. PMH has the highest rate of ischemic heart disease in the province, however it did decrease significantly over time. Significant disparities exist, with residents of the North zone almost twice as likely to live with cardiovascular disease or experience a heart attack or stroke as others in the region.

More than 17,500 PMH residents live with diabetes. The incidence and prevalence of diabetes is significantly higher than the province and has increased significantly over time. Diabetes prevalence amongst low income residents is twice that of high income residents in Manitoba. Renal disease is a common complication of diabetes. The number of residents in PMH living with end stage kidney disease is projected to increase by two-thirds in the next five years, placing a massive strain on a hemodialysis program that is already at capacity.

Arthritis is a chronic condition that seriously impacts quality of life, functional independence, and physical ability of many residents. Arthritis prevalence in the region is significantly higher than the provincial average, with almost 30,000 residents living with arthritis.

More than 23,000 PMH residents live with a respiratory disease such as asthma, chronic bronchitis, or emphysema. The rate is significantly higher than the provincial average, increased significantly over time and remains the highest in the province. Asthma prevalence in PMH children is significantly higher than the province and increased significantly over time. Almost 40% of those diagnosed with asthma do not fill the prescriptions recommended for long-term control. The rates for the region are driven by residents in the Brandon zone, who have significantly higher and increasing rates of respiratory disease.

How Well Does Our Health System Meet the Needs of the Population?

Visits to primary care providers by PMH residents have been increasing, with residents making on average over 800,000 visits to physicians or nurse practitioners every year. The most frequent causes for these visits are respiratory, circulatory, musculoskeletal and mental illness.

Health professionals will often refer clients to another provider due to the complexity, obscurity, or seriousness of a condition. Referrals to other health care professionals are significantly lower for PMH residents than the provincial average. Specialist care is particularly important in rural areas where clients use specialist services less frequently due to access issues. Less than half of PMH residents report that the level of coordination between their regular health care provider and other health professionals is 'excellent/very good'.

Continuity of care allows for a stronger patient-healthcare provider relationship and correlates with better health outcomes, improved client satisfaction and fewer hospitalizations. The percentage of North zone residents who received at least half of their care from the same physician or nurse practitioner is significantly lower than the provincial average and decreased significantly over time.

A lower rate of ambulatory care sensitive conditions (ACSC) hospitalization is an indication of access to good quality primary health care. Appropriate management and control in the community reduces the need for hospitalization, improves quality of life, and reduces health spending for chronic conditions. ACSC hospitalizations in PMH remain significantly higher than the provincial average, and in Manitoba, low income residents are four times more likely to be hospitalized for an ACSC than high income residents.

In an average year just over 13,000 PMH residents are hospitalized, accounting for almost 20,000 individual hospital admissions. Although this is a significant decrease, use of hospitals remain significantly higher than the provincial average.

Reducing hospital readmissions is a recognized strategy to improve patient outcomes and reduce healthcare costs. High rates of readmission act as a signal to review practices, including discharge planning and continuity of services after discharge. The rate of unplanned hospital readmissions in PMH remains significantly higher than the provincial average.

PMH remains the only region to have significantly higher Caesarean section (C-section) rates than the Manitoba average and significantly lower rates of women undergoing a vaginal birth after a prior C-section. C-sections are associated with a greater risk of maternal morbidity, negative maternal and infant health outcomes and higher costs to the health care system. C-section rates are used to monitor clinical practices, with lower rates indicating more appropriate and efficient care.

The Canadian Patient Experience Survey supports quality improvement initiatives, informs hospital care and promotes patient-centred care. The majority of clients in PMH (70%) report a very good hospital experience, however a substantial proportion (42%) report that they did not receive enough information from hospital staff about what to do if they were worried about their condition or treatment after they left the hospital.

Benzodiazepine use by seniors is not recommended as it poses serious safety concerns including increased risk for confusion, memory loss, poor coordination and muscle control, potentially leading to falls and fractures. Benzodiazepine use in PMH is pervasive with twenty-percent of community-dwelling older adults and a third of all personal care home (PCH) residents under the influence of psychoactive drugs at any one time. Rates remain the highest in the province and are significantly higher than the provincial average.

An estimated 5,400 PMH residents received one or more home care services over a two-year period. The majority of people waited 30 days or less to the first visit from a Home Care provider. An aging population, and an increase in those living with chronic conditions, will result in the need for additional home care support services along with an increased number of admissions to a PCH. The proportion of PMH residents aged 75 years and older living in PCHs is the highest in the province. The median wait time for admission to a PCH from hospital or community is significantly higher than the province.

Mind the Gap

Inequity in health status is evident across PMH, with some segments of the population experiencing a higher burden of illness. The health status of residents is largely driven by the social determinants of health, particularly income, with individuals living in lower income areas having higher rates of physical and mental illnesses. There are notable disparities between PMH's healthiest districts and the least healthy.

Premature mortality rate is considered the single best indicator of the overall health status of a region's population and need for healthcare. North zone residents are over 1.2 times more likely to die before the age of 75 than residents of the South zone; this disparity gap has persisted over time. Brandon Downtown residents are more than twice as likely to die prematurely as residents of Brandon West End; this gap has widened at the district level. In urban settings (Brandon and Winnipeg), low income residents are almost three times as likely to die prematurely as high income residents. In rural settings, low income residents are over twice as likely to die prematurely as high income residents. The inequities between low and high income Manitobans has not improved over time.

The majority of indicators presented within this CHA report demonstrate that the health gap has persisted for both low income residents and geographically between zones and districts. These CHA findings provide the basis for discussion and future planning with our communities, partner organizations, Manitoba Health, Seniors and Active Living, Shared Health, and regional programs and services. An equity perspective is crucial to reducing the health disparities across our region and province.

PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN

192-1st Avenue West
Box 579
Souris MB R0K 2C0
Toll-free: 1-888-682-2253

prairiemountainhealth.ca