

# 2004 COMMUNITY HEALTH ASSESSMENT



## The Parkland Region - Our People

In 2003, there were 42,609 people in the Parkland Region. Twenty per cent of Parkland people are children under age 15. Another 19% are seniors over the age of 65. This makes the Parkland population "older" than the Manitoba average of only 13% seniors.

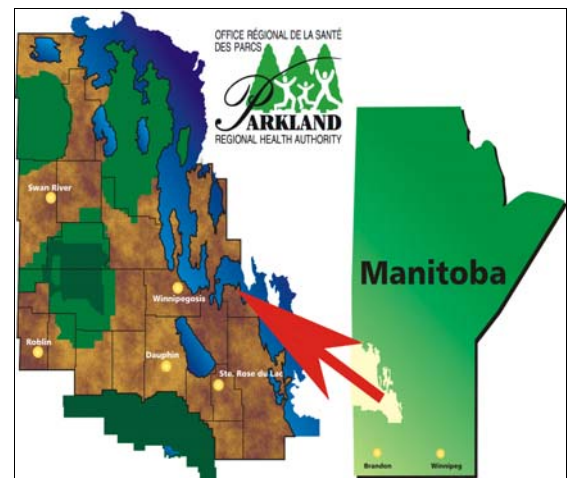
One quarter of Parkland residents are Aboriginal. This includes First Nations, Metis and Inuit people. Our Aboriginal population is younger and growing more quickly than our non-Aboriginal population.

There are many factors that affect health. Many of these are outside the control of the health care system. Income, education and employment are three of these non-medical determinants of health. People with lower incomes, less education and who are unemployed are more likely to have poor health.

Incomes in Parkland are lower than the Manitoba average. Compared to other Manitobans, Parkland residents are less likely to have finished high school, college or university, and unemployment is higher in Parkland than the Manitoba average, particularly for men.

Throughout our Community Health Assessment process, people around the region spoke of how income, education and employment affect their health.

When asked how we would rate our own general health, over half of Parkland residents say their health is very good or excellent. Another 33% say their health is good, and about 15% say their health is fair or poor.



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*Individuals, families and communities achieving the best possible health and wellness*

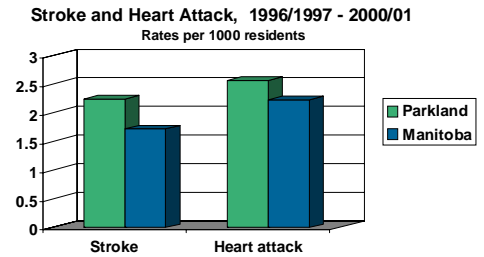
## Chronic Diseases

Cardiovascular disease, respiratory illnesses and diabetes place a heavy burden of illness on our population. Our data show that chronic diseases are a major cause of death and hospitalization in our region. These illnesses have a long-term impact on quality of life.

### Heart attack and stroke

Parkland's rates of **heart attack and stroke** are higher than the Manitoba average. When we consider the actual burden of illness in our population, more than 100 people have a heart attack in Parkland each year, and nearly 100 people have a stroke each year.

### Heart disease and stroke



Manitoba Centre for Health Policy

### Respiratory illness

Chronic **respiratory illnesses** such as asthma, acute bronchitis, and chronic obstructive pulmonary disease (COPD) share several risk factors:

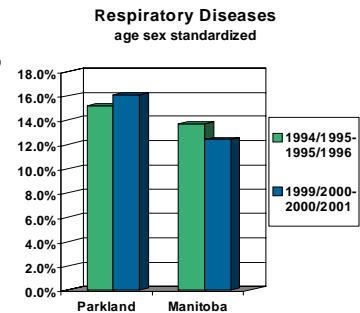
- smoking
- exposure to second-hand smoke
- household moulds
- occupational exposures such as asbestos

The treatment rate for chronic respiratory illnesses is high in Parkland compared to Manitoba, and increasing while the Manitoba rate is decreasing. Sixteen percent of Parkland residents, or 14,000 people, were treated for one of these conditions in 1999/2000 - 2000/2001.

### Respiratory Diseases

- Treatment for asthma, bronchitis, and COPD

- 16.1% Parkland
- 12.4% Manitoba



Manitoba Centre for Health Policy

### Asthma

Looking specifically at **asthma**, Parkland has one of the highest hospitalization rates in the province. However, when we look at the number of people seeing doctors for asthma, the rates are lower than the provincial average. Parkland people with asthma are more likely to be hospitalized for their condition than other Manitobans with asthma.

### Diabetes

**Diabetes** is a growing concern in Parkland. The percentage of people in Parkland with diabetes is larger and growing faster than in most other regions of Manitoba. In 1999, 6.5%, or 2700 Parkland residents had diabetes, including 260 people who were newly diagnosed that year.

Parkland residents carry a heavy burden of chronic disease compared to other Manitobans. Seniors and First Nations people in particular have high rates of these illnesses. However, our Aboriginal and senior populations do not account completely for our high rates. We must look to other factors explain and solve the problem of chronic disease in Parkland.

These chronic diseases have a common set of risk factors, including smoking, physical inactivity, poor nutrition, obesity and chronic stress. Socio-economic conditions also affect the risk of these illnesses.



**The percentage of people in Parkland with diabetes is larger and growing faster than in most other regions of Manitoba.**

## Healthy Lifestyles

Healthy lifestyles are an important part of living well. Physical activity, nutrition, obesity and smoking rates reflect actions that we take to support our own health.

Moderate **physical activity**, or at least 30 minutes a day, is the minimum amount we need to reduce health risks. Over half of Parkland men and women over the age of 12 are inactive - they do not do enough physical activity to benefit their health. People in Parkland are less likely to be active than other Manitobans.

Most Parkland residents are aware of the need to be more active. However, they experience barriers to activity such as a lack of facilities, leadership and motivation for activity, and safety concerns that keep people indoors.

Eating fruits and vegetables is one aspect of **healthy eating**. Canada's Food Guide to Healthy Eating recommends that we eat a minimum of 5 servings of fruits and vegetables every day. Most people in Parkland do not reach this goal. In Parkland in 2003, only 24% of Parkland men and 38% of Parkland women ate 5 or more servings of fruits and vegetables a day.

People in Parkland know they need to eat more healthy foods. However, according to people around the region, there are many barriers to healthy eating, such as cost of healthy foods, access to grocery stores, and convenience.

**Body weights** at both extremes create health risks. The percentage of underweight people is too small to report, but the majority of Parkland people are overweight or obese.

**Smoking rates** for both men and women in Parkland are similar to the Manitoba average. Less than a quarter of Parkland men and women were smokers in 2003. Smoking rates have been dropping over the last ten years.

In 2003, one quarter of Parkland residents said they were exposed to second hand smoke in public places. The new smoke-free law now protects all Manitobans from second-hand smoke in workplaces and public places. It also provides an environment that supports quitting smoking.

## Injuries

Injuries are a major cause of death and hospitalization for Parkland people. Parkland injury rates are higher than the Manitoba average. First Nations people in Parkland have double the injury hospitalization rate of non-First Nations people.

The leading causes of injury deaths and hospitalizations in Parkland are:

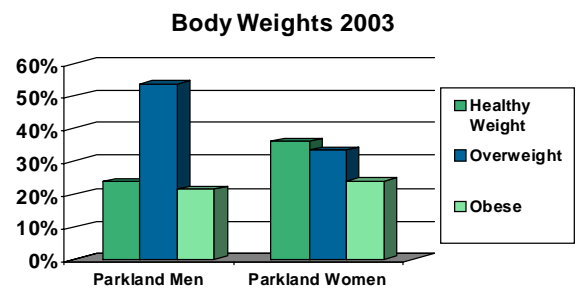
- falls;
- motor vehicle injuries;
- suicide and self-inflicted injuries.

In our regional telephone survey, 14% of Parkland respondents told us that they had been injured in the past year. This includes any injury serious enough to limit activities, not only those requiring hospitalizations. Most of these injuries did not result in missed work or school. Most injuries are predictable and preventable.



**Over half of Parkland men and women over the age of 12 are inactive. Physical activity provides health benefits by reducing the risk of premature death, heart disease, diabetes, cancer, arthritis, depression, and obesity.**

## Healthy Body Weights



Canadian Community Health Survey

## Child and Youth Health

Pre-natal and early childhood experiences have an important effect on life long health and well being.

### Breastfeeding

Breastfeeding protects children against infectious diseases and allergies, and reduces their lifelong risk of chronic diseases. In 1996 - 2001, 69% of Parkland babies were being breastfed when they went home from the hospital. The breastfeeding rate is increasing in Parkland, but is still lower than the Manitoba rate of 80%.



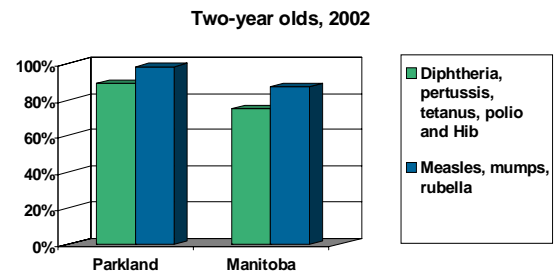
**Breastfeeding is increasing in Parkland, but it is still lower than the Manitoba rate of 80 per cent.**

### Immunization

Immunization rates for Parkland children are consistently higher than the Manitoba average.

Lower respiratory tract infections such as bronchitis or pneumonia are common illnesses in childhood. Parkland children have a high rate of hospitalization for lower respiratory tract infections than the Manitoba average. This may relate to our high percentage of children in low-income households, and to low breastfeeding rates.

### Immunizations - children



Manitoba Health

## Sexual and Reproductive Health of Youth

Parkland youth told us that sexuality and reproductive health are one of their most important health concerns. We also found that young women in Parkland have high rates of teen pregnancy and of sexually transmitted infections (STIs) such as Chlamydia.

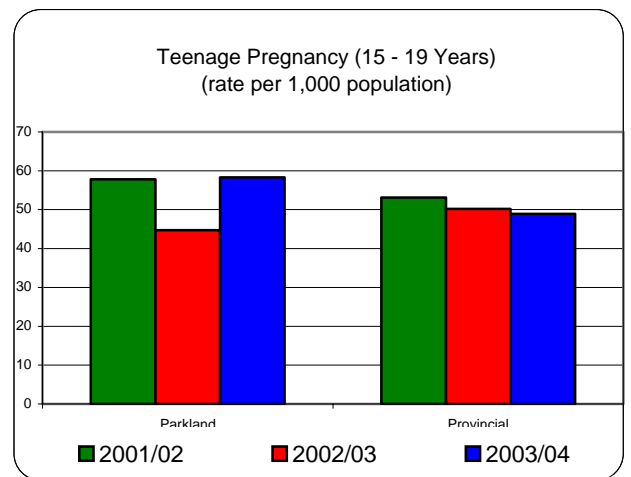
### Teen pregnancy

Parkland has a higher rate of teen pregnancy than the Manitoba average. Teenagers raising children are less likely to finish high school, and more likely to have a lower income. They are also more likely to need support in parenting their children than are older mothers.

### Sexually transmitted diseases

The Parkland rate of Chlamydia was 240/100,000 in 2001. However, Parkland young women aged 15 - 24 have a rate nearly 10 times as high, at 2179/100,000.

These young women account for over half of the Chlamydia cases we report in Parkland. The rates in men are lower, but this may be because they are tested less often than women.



**Parkland has a higher rate of teen pregnancy than the Manitoba average teen parents may lack personal and economic resources for child rearing.**

Youth are concerned about their sexual health, but they may not seek services that could help them protect their health. They may not have transportation to travel to services in other towns. They also told us that they are concerned about other people knowing that they are seeking services.



The Health Assessment showed that the use of Community Health programs in Parkland is increasing..



Parkland residents have stated transportation is a major barrier in accessing the health care system.

## Access to Services

Measures of how we use health care suggest that we have good access to health services at the regional level. Some examples are:

- increasing use of Community Health programs;
- high rates of childhood immunization;
- dropping wait times for personal care homes;
- an average of 5 doctor visits per Parkland resident every year;
- high rates of hospital admission for all causes.

This is confirmed by what people told us in our regional telephone survey. Ninety percent of respondents said that they have a regular health care provider such as a doctor or nurse. Over 80% rated the availability of health care services as good, very good or excellent.

However, there are still some challenges to access. People have told us that it can be difficult to get a regular health care provider if you don't already have one. Without a regular family physician, for example, it can be difficult to get a doctor's appointment when one is needed.

Parkland residents told us that transportation is a major barrier to access.

It is an even greater challenge for people with low incomes and those who live in more remote communities.

People also told us that it is hard to "navigate the system" when they need specialized care. Providers in Winnipeg or Brandon often do not adjust the way they coordinate services to accommodate the long distances that Parkland resident must travel to access those services.

## Hospital Use

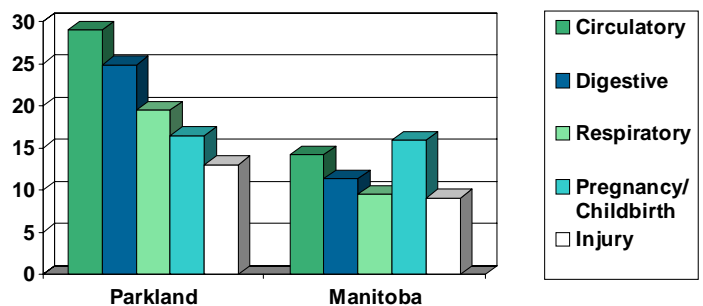
Parkland hospitals provide the majority of acute care services used by region residents. We have 215 hospital beds in the region, or 5.1 per 1000 people. This is higher than the Manitoba average of 3.8 beds per 1000 people.

Hospital use is also high in Parkland. The total number of hospital admissions has been dropping for the last several years, but is still higher than the Manitoba average.

We have high rates of hospitalization for every category of illness.

Our use of hospitals in Parkland is higher than we would expect given that we have average population health status.

Hospital Admissions, 2002/2003  
age/sex adjusted rate per 1000



Hospital use is high in Parkland. The Region has high rates of hospitalization for every category of illness.

# 2004 COMMUNITY HEALTH ASSESSMENT



## *Where did this information come from?*

*The information we gathered for the Community Health Assessment (CHA) came from many sources. Statistics came from our internal records, and from other sources. We also gathered a lot of important information by talking to people in Parkland. Our sources included:*

*\*Manitoba Health*

*\*Manitoba Centre for Health Policy*

*\*Statistics Canada*

*\*focus groups*

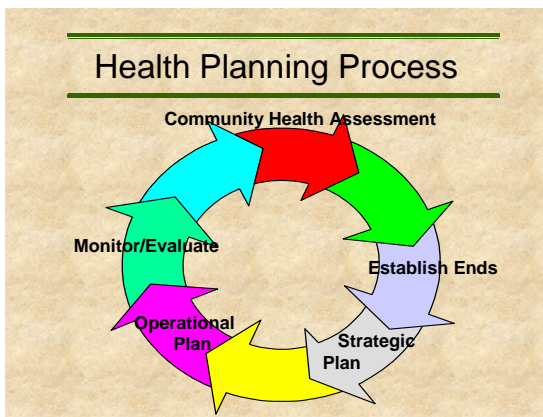
*\*telephone surveys*

*\*open meetings*

*\*interviews with health care providers and partners*

*\*Parkland RHA Program and Service Statistics*

*Thank you to everyone who participated in focus groups, surveys and meetings.*



**The PRHA uses a cyclical process for health planning.**

## *What does the PRHA do with this information?*

The Parkland Regional Health Authority uses a **cyclical process** for health planning. Data gathered about the Region and its residents through the Community Health Assessment, together with information generated in monthly Monitoring Reports and meetings with community partners, helps the Board establish the “**End Statements**” for our organization. The Ends are the “outcomes” the Board expects to see.

The Ends, along with Health Assessment and performance measurement information, form the bulk of the Strategic Plan. Each RHA submits a Strategic Plan to Manitoba Health every **five years**.

The Strategic Plan for **2006-2011** was submitted to Manitoba Health in June 2005.

The PRHA submits an **Operational Plan** to Manitoba Health every **year**.

## **PRHA Contact Information**

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