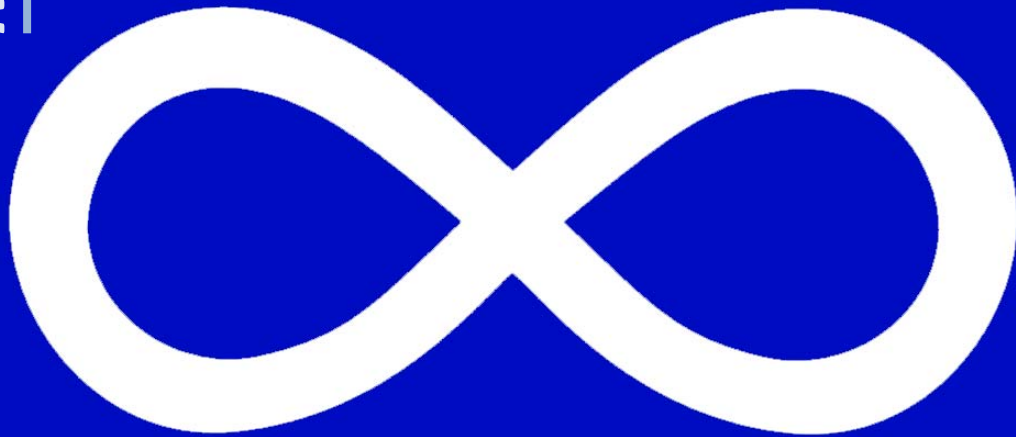


*Summary of the Findings from the  
Manitoba Centre for Health Policy Profile*

**MÉTIS** | Health Status & Healthcare Utilization



*A population-based study*

*June 9, 2011*



Regional Health Authority  
Central Manitoba Inc.

Office régional de la santé  
du Centre du Manitoba inc.

# **Summary of the Findings from the Manitoba Centre for Health Policy Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population–Based Study**

## **RHA Central Highlights**

**June 9, 2011.**

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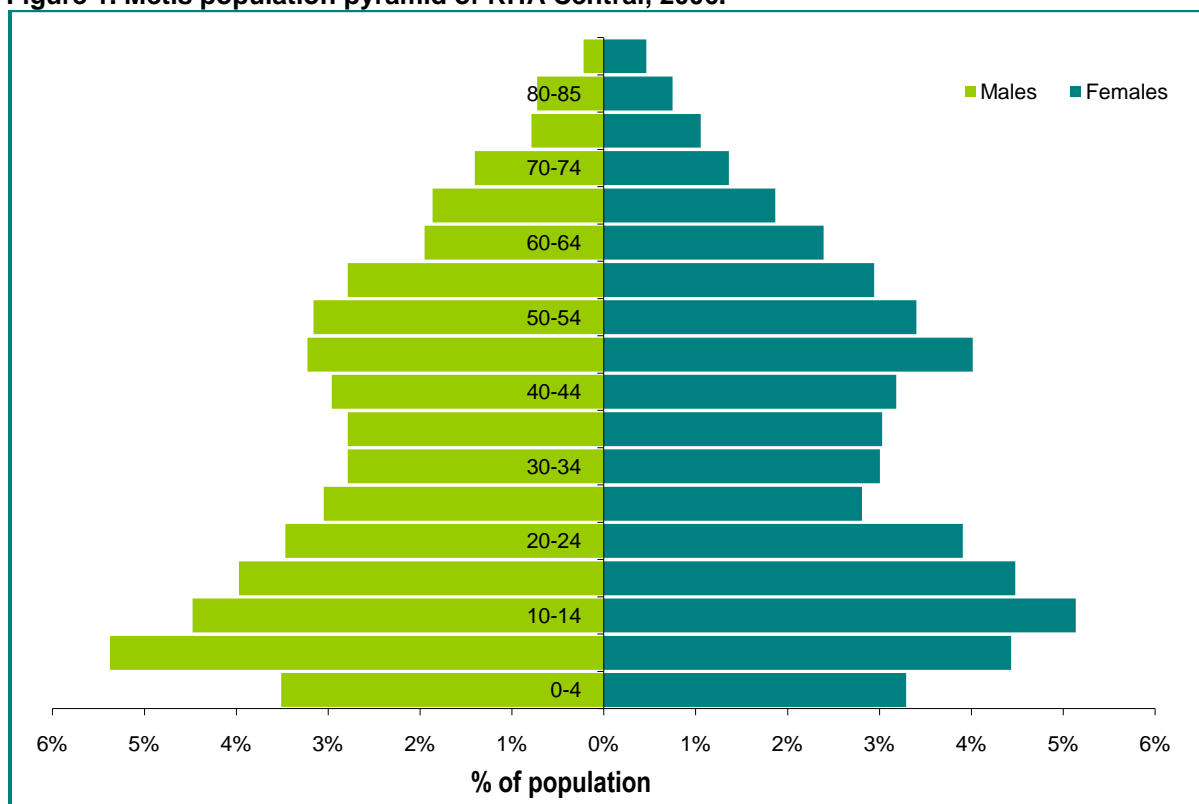
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## 1. POPULATION

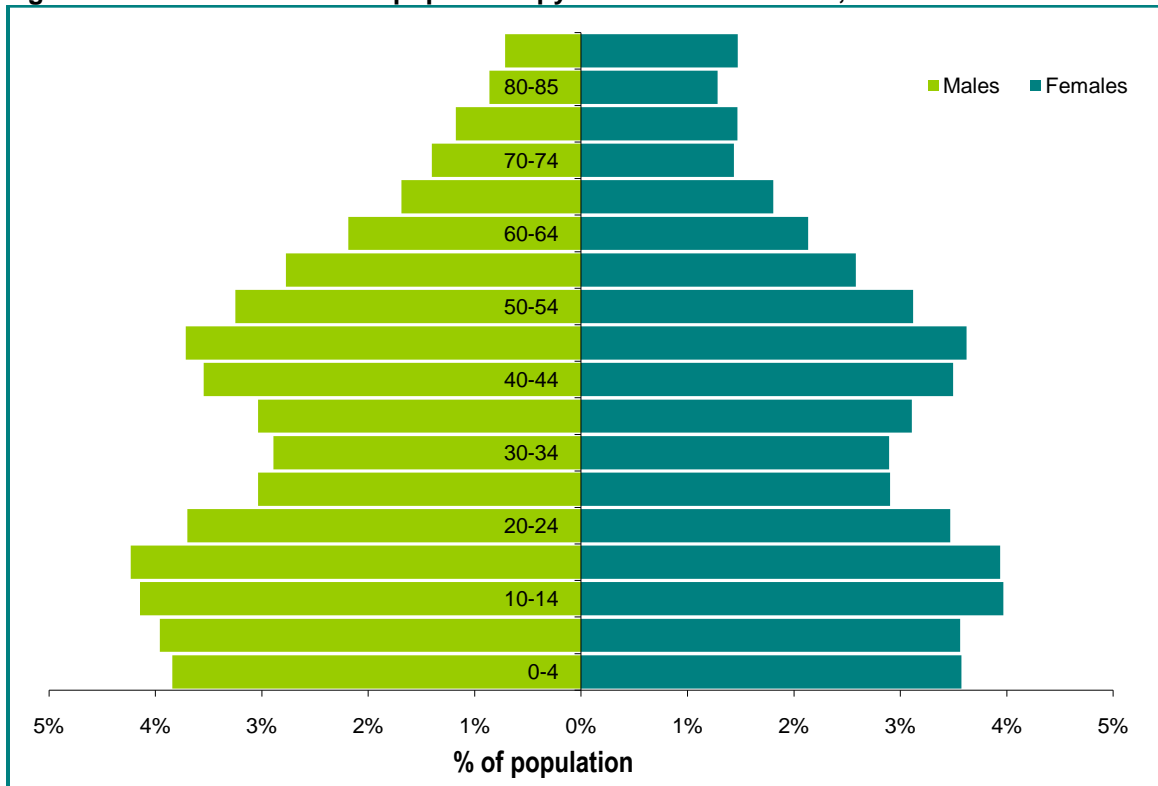
The Métis population in RHA Central was 4,558 in 2010 or 4.5 per cent of the total population of the region. As the population pyramids illustrate (**Figure 1** and **2**), Métis residents in Central tend to be younger than non-Métis residents, with higher proportions of Métis within the 5-9, 10-14, and 15-19 age groups, in particular. In addition, there were fewer Métis 85 years and over, 80-84 and 75-79 in comparison to non-Métis residents in Central. These findings are consistent with the Métis population profiles found in other RHAs though some RHAs such as Winnipeg, Brandon, Assiniboine and Parkland tend to have even younger Métis residents.

**Figure 1. Métis population pyramid of RHA Central, 2006.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

**Figure 2. All other Manitobans population pyramid of RHA Central, 2006.**



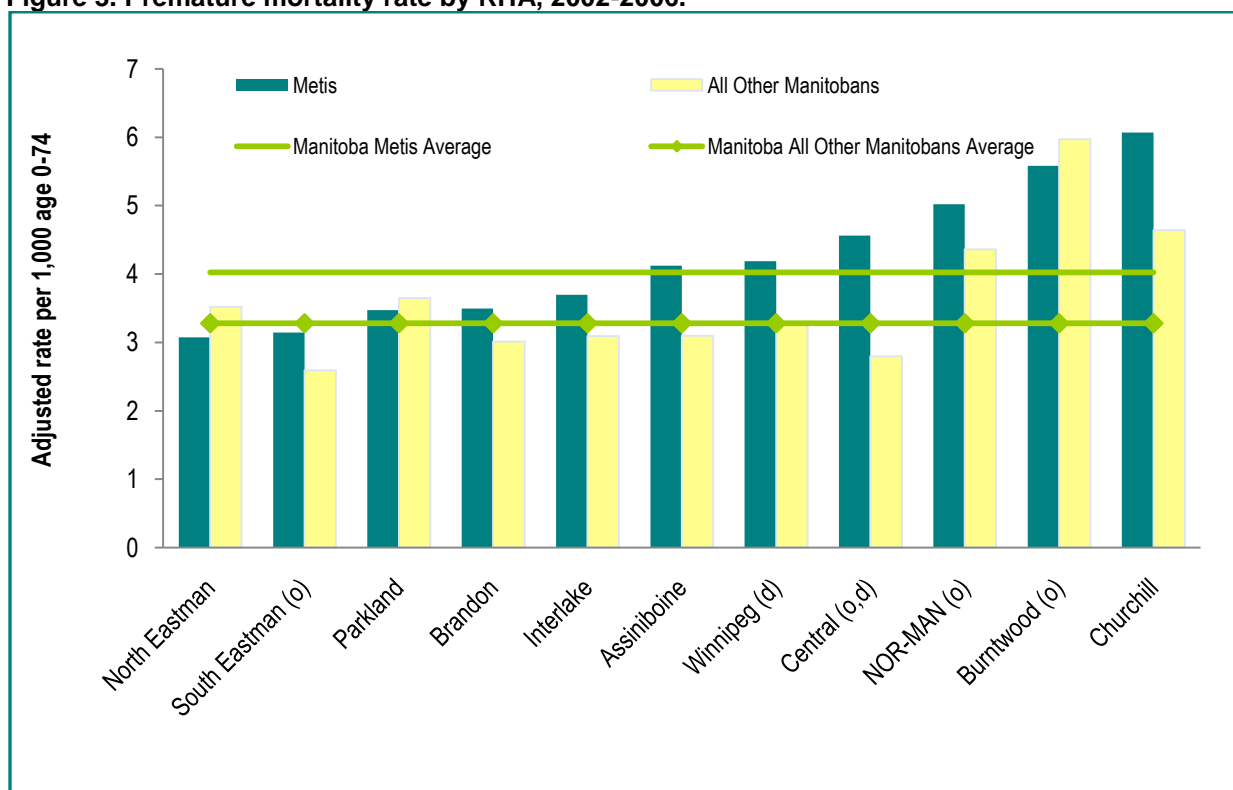
Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

## 2. POPULATION HEALTH STATUS AND MORTALITY

There were differences in population health and mortality indicators for Métis residents in Central compared to non-Métis residents. These indicators include premature mortality, Potential Years of Life Lost (PYLL), mortality for those with diabetes, total mortality and, life expectancy .

The premature mortality rate (PMR) for Métis was found to be significantly higher than non-Métis in RHA Central (see **Figure 3**). The rate for Métis was 4.6 per 1,000 compared to 2.8 per 1,000 for non-Métis. Central and the Winnipeg RHA were the only two regions where PMR rates were significantly higher for Métis residents compared to non-Métis. Métis in Central also have a higher PMR rate compared to Métis rates provincially but the difference is not considered statistically significant.

**Figure 3. Premature mortality rate by RHA, 2002-2006.**



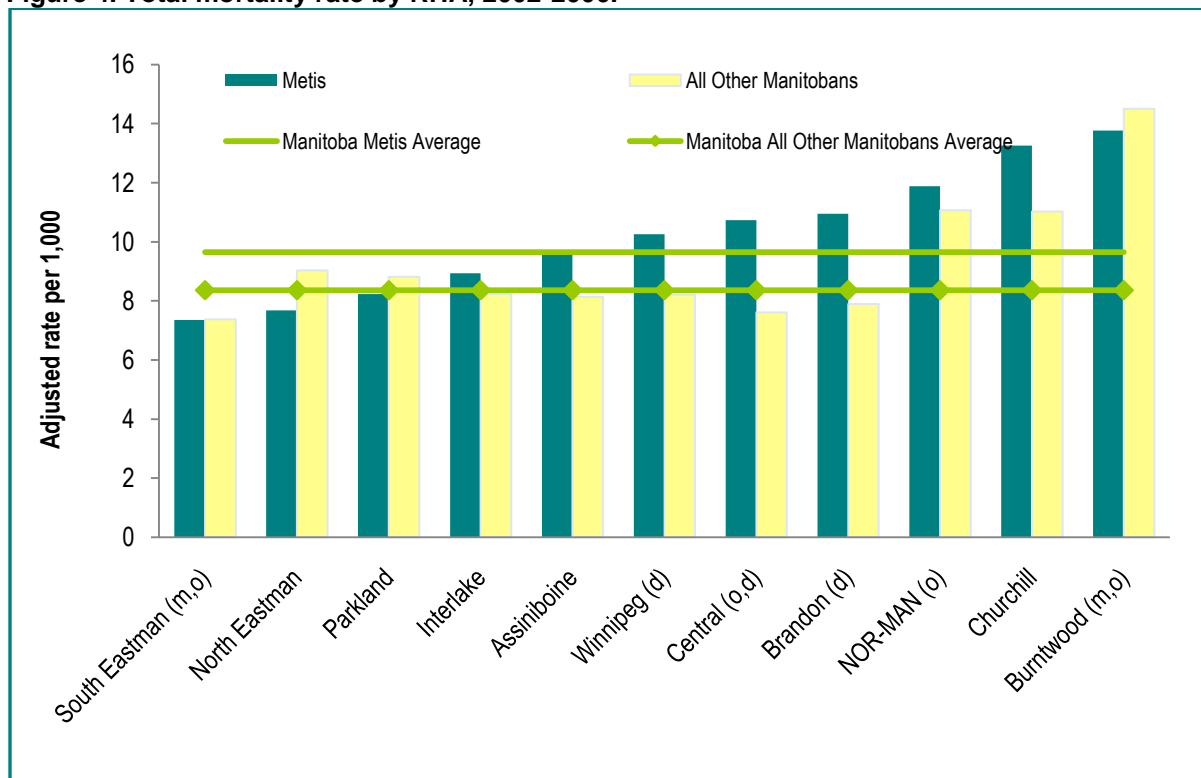
Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.

'd' indicates the difference between the two groups' rates was statistically significant for this area.

The Métis total mortality rate from 2002-2006 in Central was 10.7 per 1,000 compared to the non-Métis rate at 7.6 per 1,000 (see **Figure 4**). This difference in rates is considered statistically significant. Brandon and Winnipeg were the only other RHAs which were found to have statistically significant differences in the total mortality rate between Métis and non- Métis residents.

**Figure 4. Total mortality rate by RHA, 2002-2006.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Métis was statistically different from Manitoba average for Métis.

'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.

'd' indicates the difference between the two groups' rates was statistically significant for this area.

As illustrated in Table 1, the female life expectancy for Métis living in RHA Central was 79.2 years in 2010 which was significantly lower than life expectancy among the non-Métis female population of 83.6 years. Similarly, for males Métis life expectancy (73.8 years) was much lower than the non-Métis figure of 77.6 years. The non-Métis life expectancy rate in Central was above the Manitoba average and is considered statistically significant.

**Table 1. Life expectancy for Metis and all other Manitobans by RHA, 2002-2006.**

	FEMALE Life Expectancy (years)		MALE Life Expectancy (years)	
	Metis	All Other Manitobans	Metis	All Other Manitobans
South Eastman	88 (m,d)	83.3 (o)	76.9	78.8 (o)
Central	79.2 (d)	83.6 (o)	73.8 (d)	77.6 (o)
Assiniboine	77.6 (d)	83 (o)	75.2	76.5
Brandon	80.5	82.9 (o)	72.7 (d)	77.3
Winnipeg	81	81.8	74.6 (d)	77.1
Interlake	83.4	82.4	74.5 (d)	77.1
North Eastman	82.7	80.9	82.9 (m)	75.3
Parkland	82.3	81.1	76.7	75.7
Churchill	s	78.5	s	75.2
NOR-MAN	79.3	77.8 (o)	72.4	73.6 (o)
Burntwood	74 (m)	75.6 (o)	72.6	69.9 (o)
Manitoba	81	81.8	75 (d)	76.8

Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis.

'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.

'd' indicates the difference between the two groups' rates was statistically significant for this area.

The five-year mortality rates (due to any cause) for individuals with diabetes is presented in **Figure 5**. Between 2002/03 and 2006/07 the mortality rate for RHA Central Métis was 27.3 per cent compared to 19.0 per cent for Métis provincially. Central had the highest mortality rate for Métis residents who had diabetes among all Manitoba RHAs. However, the difference between the provincial and regional rate is not statistically significant.

**Figure 5. Mortality Rates for individuals age 19+ with Diabetes by RHA, 2002/03-2006/07.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis.

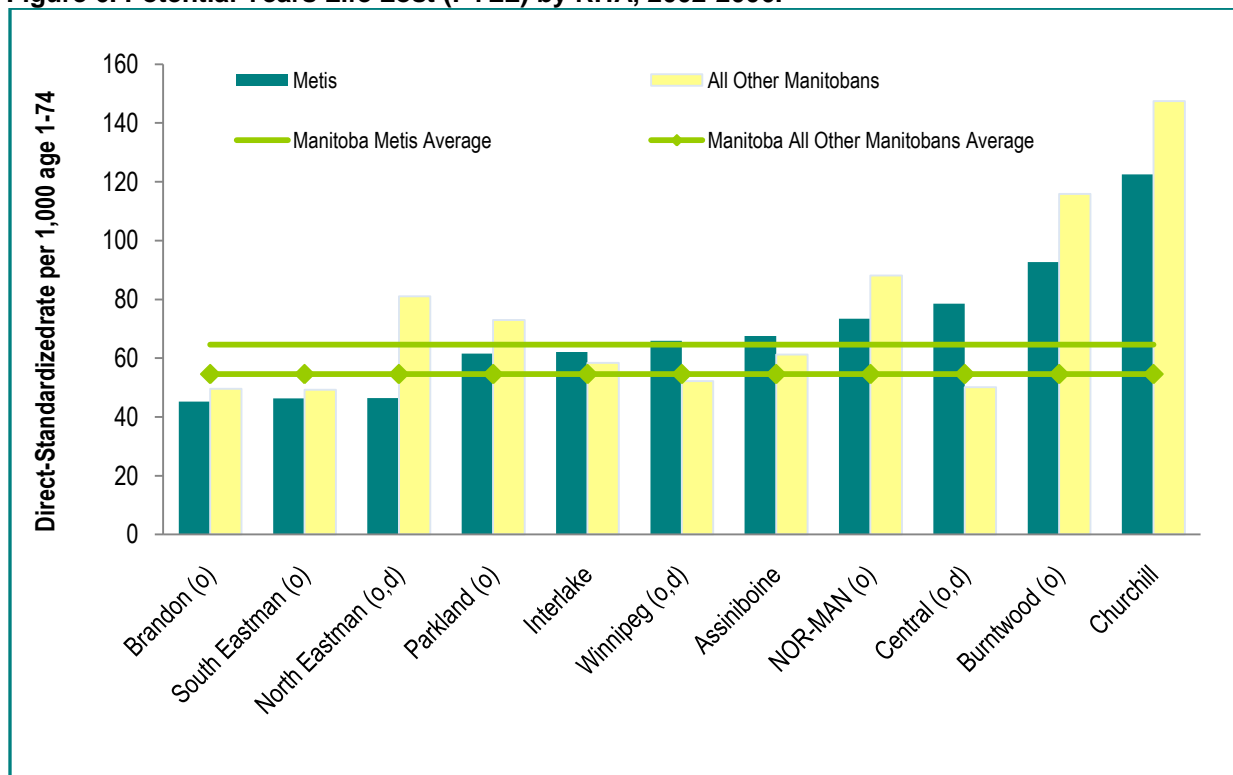
'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.

'd' indicates the difference between the two groups' rates was statistically significant for this area.

's' indicates data suppressed due to small numbers.

The PYLL rate between 2002-2006 for Métis living in Central was significantly higher than for the non-Métis population (see **Figure 6**). The regional rate for Métis was also higher than the provincial Métis rate though it was not considered a statistically significant difference. In addition, the PYLL for non-Métis residents in Central is lower than the provincial average and is considered statistically significant.

**Figure 6. Potential Years Life Lost (PYLL) by RHA, 2002-2006.**



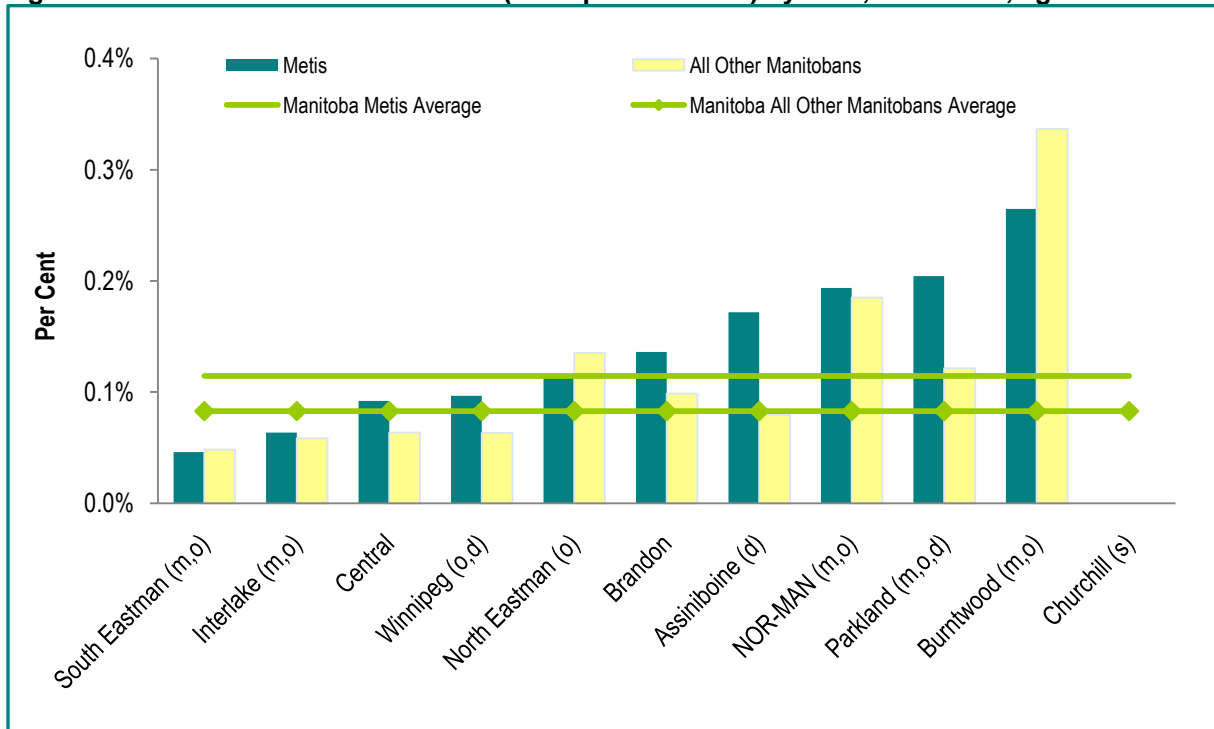
Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.

'd' indicates the difference between the two groups' rates was statistically significant for this area.

For all other population health and mortality indicators, Métis in Central were found to have higher rates than non-Métis in the region including for injuries, suicide, and mortality rates for those with mental illnesses although the differences were not considered statistically significant. The good news was that regional rates for Métis in RHA Central were slightly lower than the Manitoba average for Métis in suicides and injury mortality (see **Figure 7**).

**Figure 7. Annual Prevalence of Suicide (attempts or deaths) by RHA, 1997-2006, age 10+.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis

'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans

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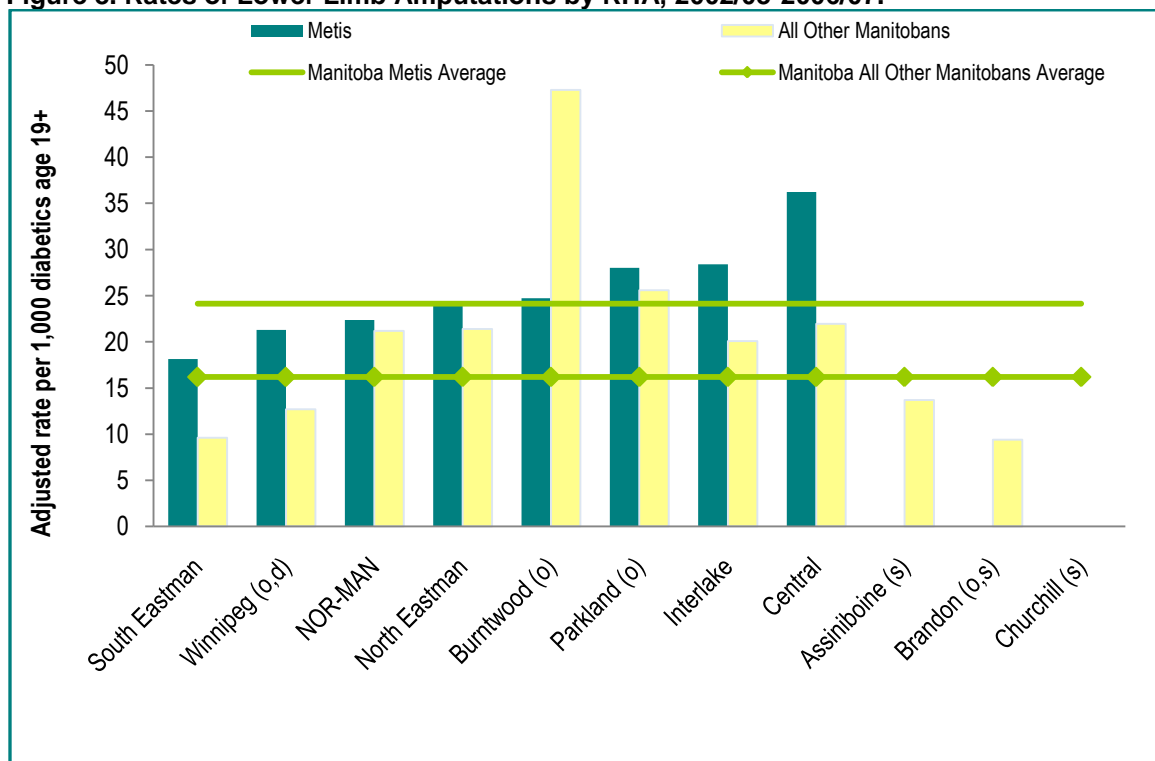
's' indicates data suppressed due to small numbers

### 3. PHYSICAL ILLNESS INDICATORS

Prevalence of physical illness indicators such as arthritis, total respiratory morbidity (TRM), diabetes, lower limb amputations caused by diabetes, heart disease, osteoporosis and acute myocardial infarction (AMI – heart attacks) were found to be significantly higher for Métis in RHA Central compared to non-Métis in the region. These findings are consistent with results found in other RHAs across Manitoba.

An important finding is that RHA Central was found to have the highest rate of lower limb amputation for Métis residents among all Manitoba RHAs. This finding was somewhat surprising given the lower than provincial average rate of reported chronic diseases among Métis in Central. This rate though is based on very small numbers and the difference in rates is not considered statistically significant.

**Figure 8. Rates of Lower Limb Amputations by RHA, 2002/03-2006/07.**



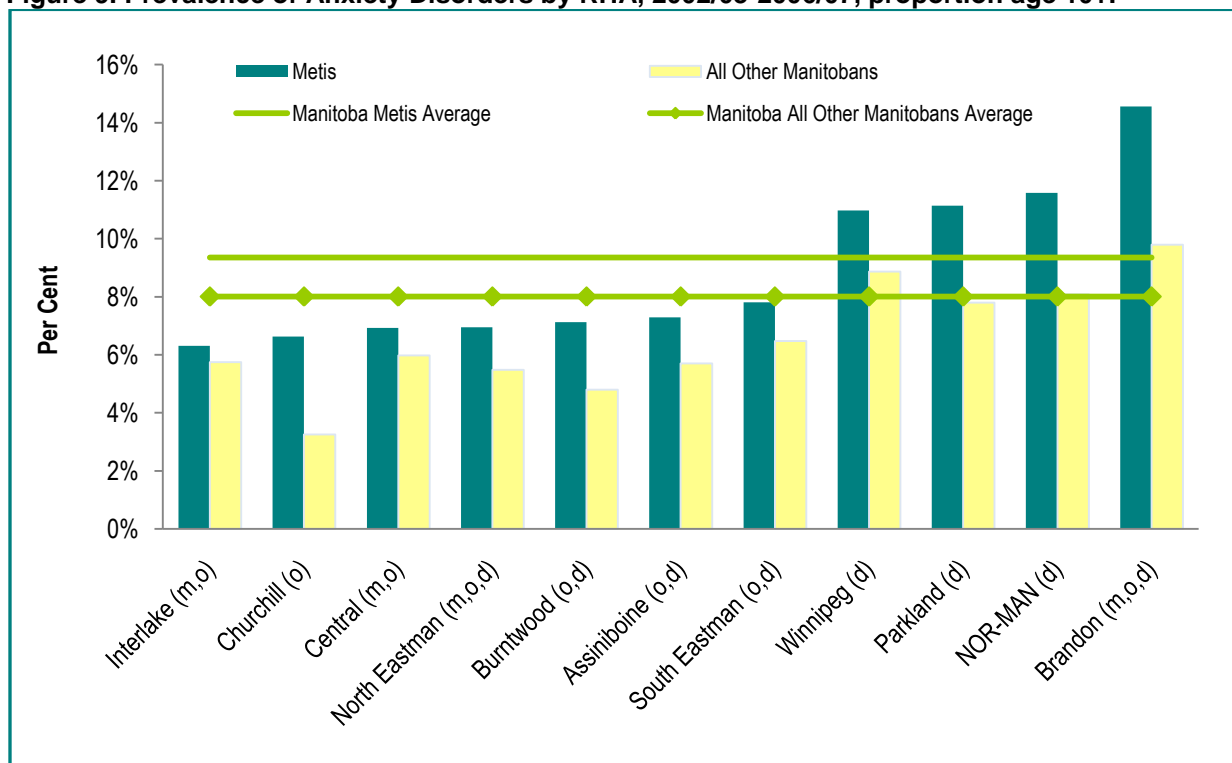
Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.  
 NOTE: 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
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## 4. MENTAL HEALTH

For RHA Central, cumulative mental illness rate (the prevalence of depression, anxiety disorders, substance abuse, personality disorder, and schizophrenia combined) from 2002/03 to 2006/07 for Métis residents was slightly above the regional rate for non-Métis residents. The regional Métis rate was lower than the provincial rate for Métis but the difference is not statistically significant. For each individual mental illness that was studied (depression, anxiety disorders, substance abuse, personality disorders, dementia and schizophrenia), a similar pattern was found.

Notably positive results were found for both anxiety disorders and substance abuse where rates for Métis in RHA Central were lower than the Métis provincial average and the difference was statistically significant. For anxiety disorders, the prevalence from 2002/03-2006/07 for Métis in Central was 6.9 per cent, well below the Métis provincial average of 9.4 per cent (see **Figure 9**).

**Figure 9. Prevalence of Anxiety Disorders by RHA, 2002/03-2006/07, proportion age 10+.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

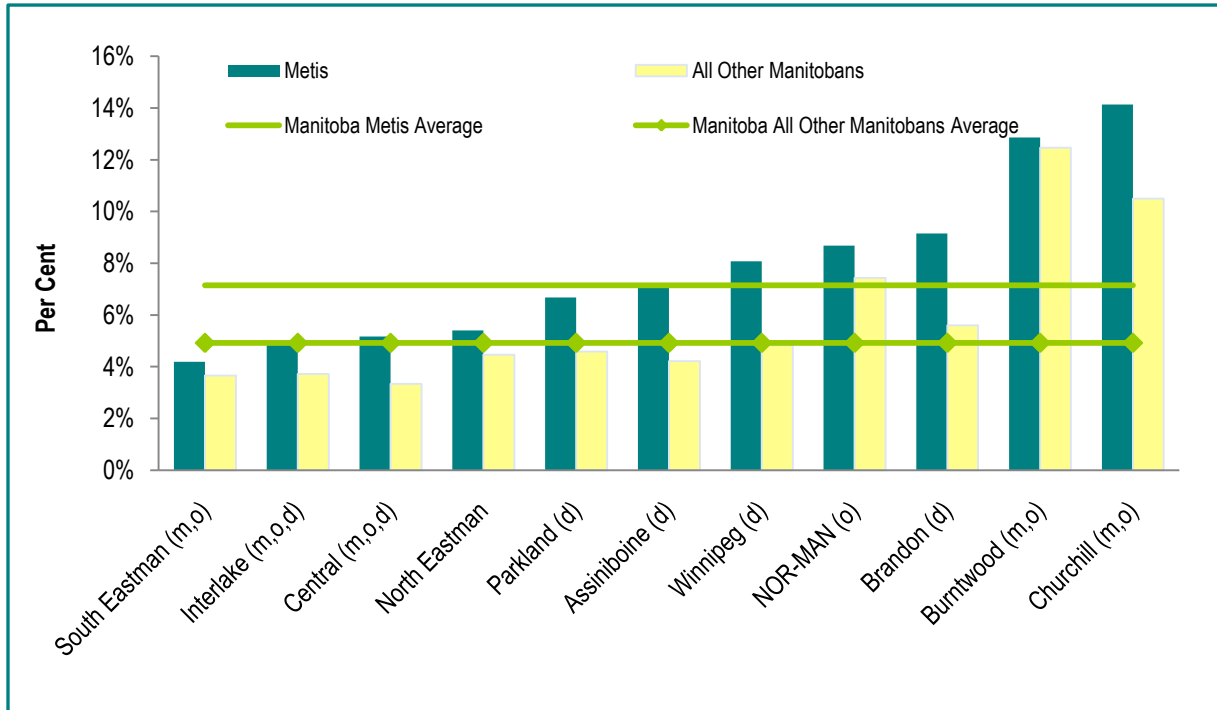
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The prevalence of substance abuse among Métis in RHA Central from 2002/03-2006/07 was 5.2 per cent, well below the Métis provincial average of 7.2 per cent. This was the 2nd lowest reported treatment rate for substance abuse among Métis in Manitoba RHA (see **Figure 10**).

**Figure 10. Prevalence of Substance Abuse by RHA, 2002/03-2006/07, proportion age 10+.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
'd' indicates the difference between the two groups' rates was statistically significant for this area

## 5. PREVENTION AND SCREENING

The findings for prevention and screening indicators in Central were fairly consistent with findings found across the province. Métis in Central region were found to have slightly higher rates of immunization (children and adults) and cancer screening (breast and cervical) than non-Métis with rates quite similar to the provincial Métis averages. These are positive findings indicating that the region is able to provide the necessary access to health promotion and early detection services.

## 6. CHILD HEALTH INDICATORS

Child health indicators that were studied showed that results for Métis children in RHA Central were fairly consistent with findings in other Manitoba RHAs. Statistically significant differences between Métis and non-Métis in RHA Central were observed in breastfeeding initiation rates and in the prevalence of Attention Deficit Hyperactivity Disorder (ADHD).

As **Figure 11** illustrates, breastfeeding initiation rates for Métis in the Central region between 2004/05–2006/07 were 79.4 per cent, this is lower than the non-Métis rate of 86.7 per cent. That difference is considered statistically significant. Both regional Métis and non-Métis rates were higher than the provincial rates.

**Figure 11. Breastfeeding Initiation Rates by RHA, 2004/05-2006/07, proportion of newborns.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

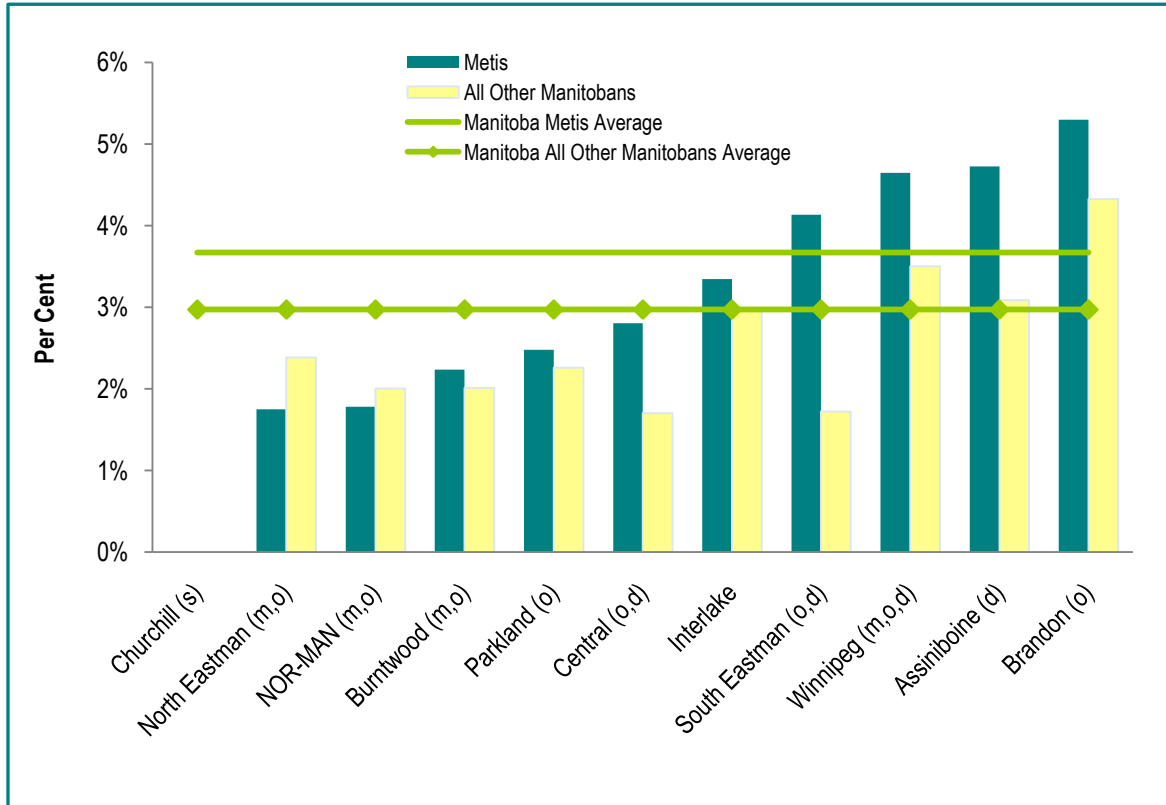
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ADHD prevalence for Métis children in Central region in 2006/07 was considerably higher at 2.8 per cent compared to non-Métis children at 1.7 per cent (see **Figure 12**). This difference in prevalence is considered statistically significant.

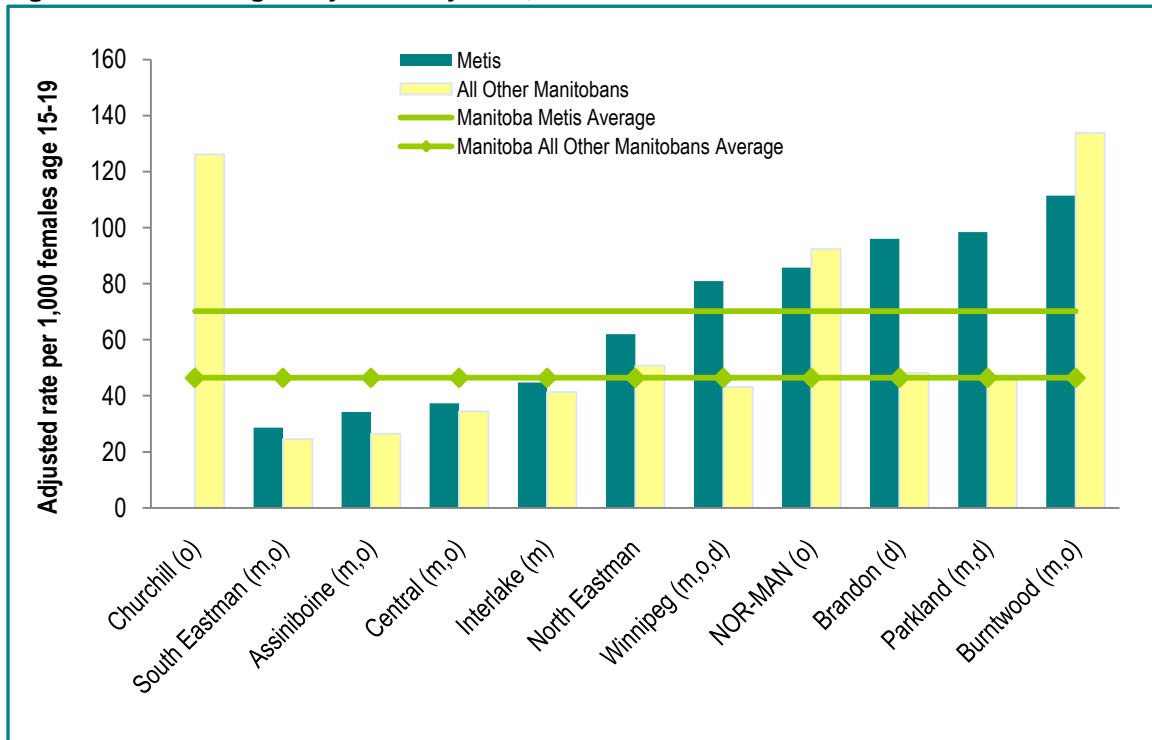
**Figure 12. ADHD Prevalence by RHA, 2006/07, proportion of children age 5-19.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.  
 NOTE: 'm' indicates the area's rate for Métis was statistically different from Manitoba average for Métis  
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 'd' indicates the difference between the two groups' rates was statistically significant for this area  
 's' indicates data suppressed due to small numbers

The good news is that for each of these child health indicators, the findings for Métis in RHA Central were better than the Métis provincial average. One prominent example was teen pregnancy rates. Central's teen pregnancy rates for both Métis and non-Métis females were well below the provincial average and the difference is considered statistically significant (see **Figure 13**).

**Figure 13. Teen Pregnancy Rates by RHA, 2002/03-2006/07.**



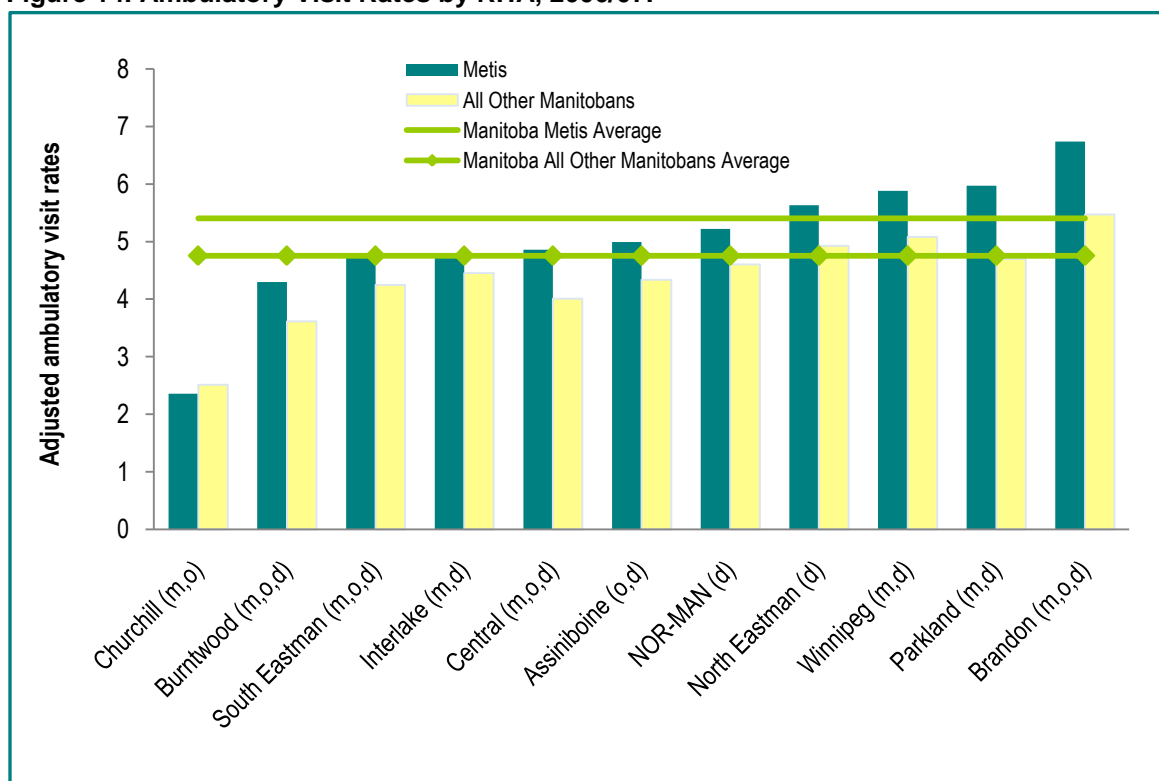
Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
 'd' indicates the difference between the two groups' rates was statistically significant for this area

## 7. PHYSICIAN SERVICES

Métis residents in RHA Central have a lower rate of ambulatory visits rates compared to Métis provincially (see **Figure 14**). Ambulatory physician visit rates were lower with Métis residents in RHA Central averaging 4.9 visits per year in 2006/07 compared to 5.4 visits for Métis provincially. This difference is considered statistically significant. This indicator can be interpreted in two different ways. It may reflect that Métis residents have poorer access to physician services compared to other Métis in Manitoba, or it may reflect more simply that Metis living in Central have better health status and therefore, somewhat less need to visit a physician. Several indicators reviewed and presented in this document do appear to indicate slightly better access among RHA Central Métis compared to other Métis residents of Manitoba.

**Figure 14. Ambulatory Visit Rates by RHA, 2006/07.**

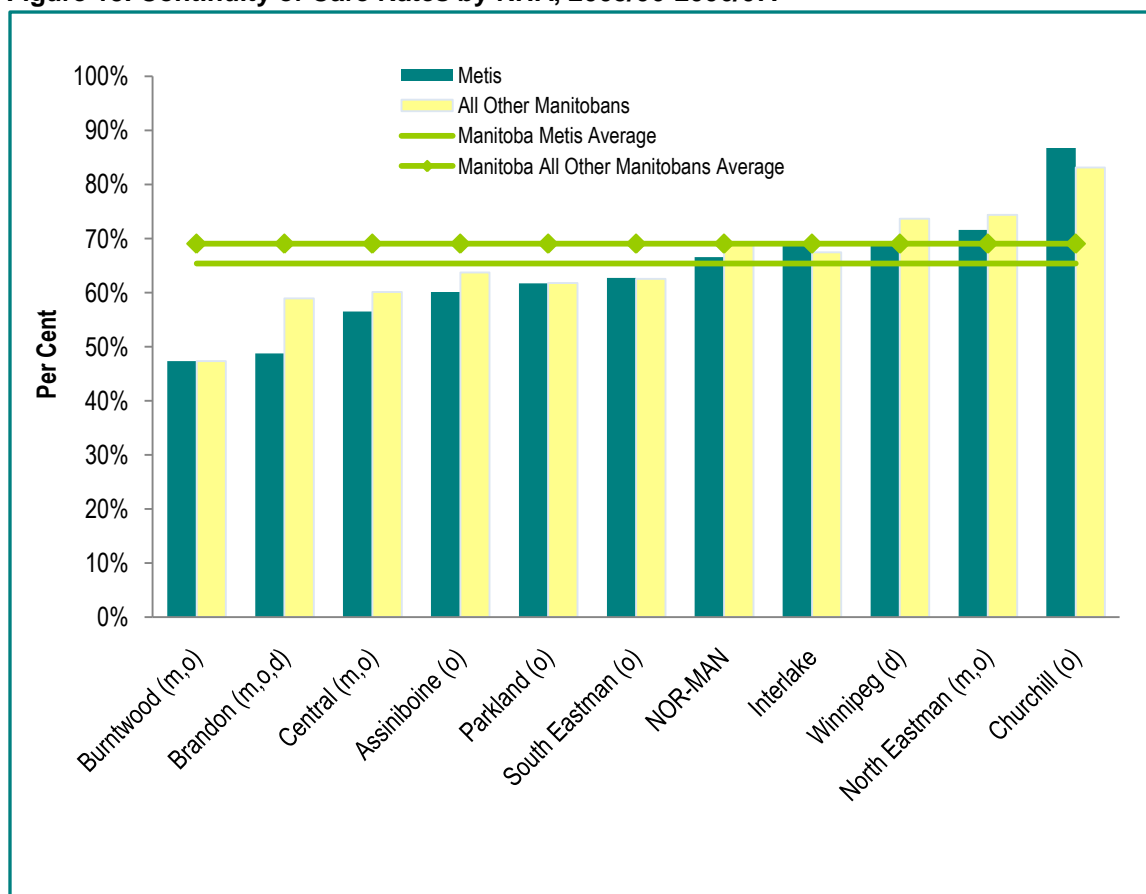


Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
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The indicator ``continuity of care`` measures the percentage of residents who have at least 50 per cent of visits to one physician in three years (see **Figure 15**). The more access a person has to one physician, may indicate better continuity and quality of care. Between 2005/06-2006/07, 56.5 per cent of RHA Central Métis residents saw one physician which is well below the Métis provincial average of 65.4 per cent. However, the rate among non- Métis residents was also statistically lower than the provincial average. Rates among RHA Central Métis and non- Métis residents were not statistically different; which may reflect a different type of provision of care in RHA Central compared to other regions (such as a team approach to provision of care), or may reflect physician `turn-over` which can impact access to care.

**Figure 15. Continuity of Care Rates by RHA, 2005/06-2006/07.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis

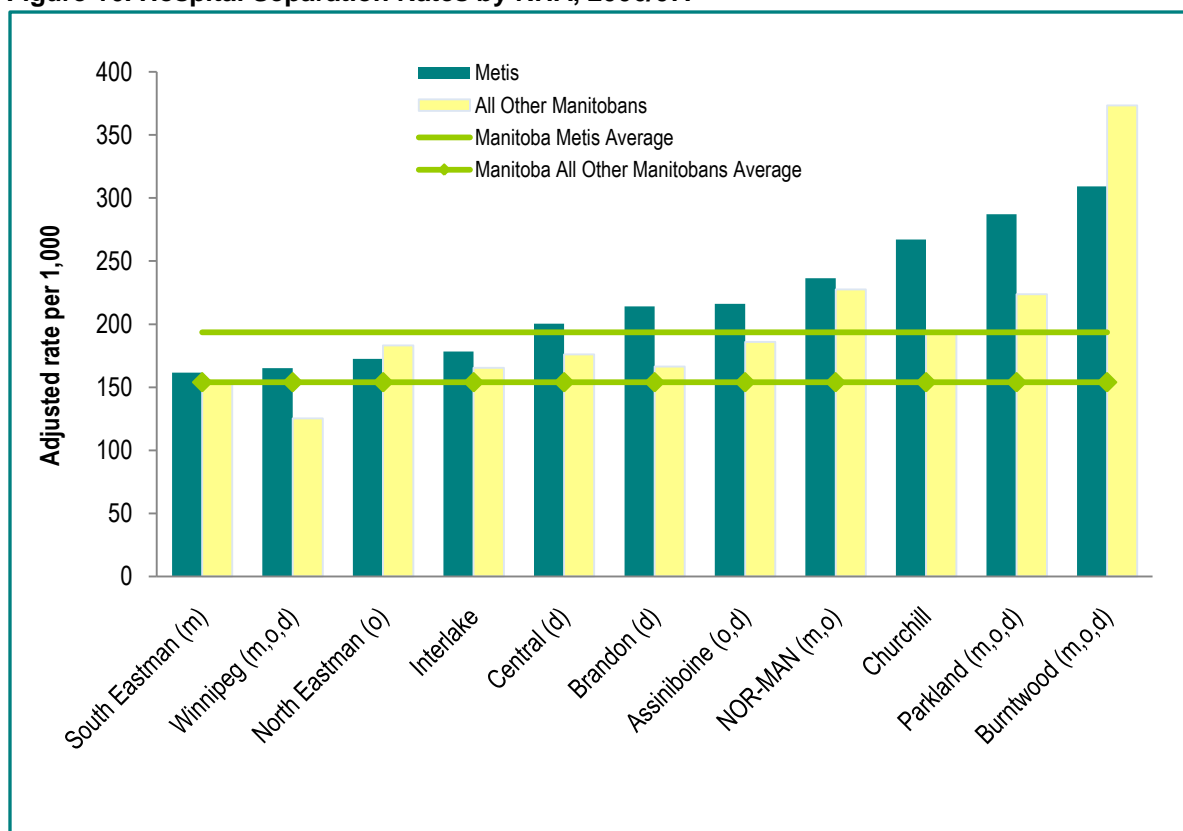
'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans

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## 8. USE OF HOSPITAL SERVICES

Higher rates of hospital separations (the rate of inpatients only) may indicate lower health status and may reflect lower access to prevention and other ambulatory services, such as physician visits. Similar to many RHAs in Manitoba, Métis residents in RHA Central had higher hospital separation rates compared to non-Métis (see **Figure 16**). In 2006/07, the hospital separation rate for Métis was 200 per 1,000 residents compared to 176 per 1,000 for non-Métis and this difference is statistically significant. However, the hospitalization rate for Métis residents of RHA Central was not statistically higher than the provincial rate.

**Figure 16. Hospital Separation Rates by RHA, 2006/07.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

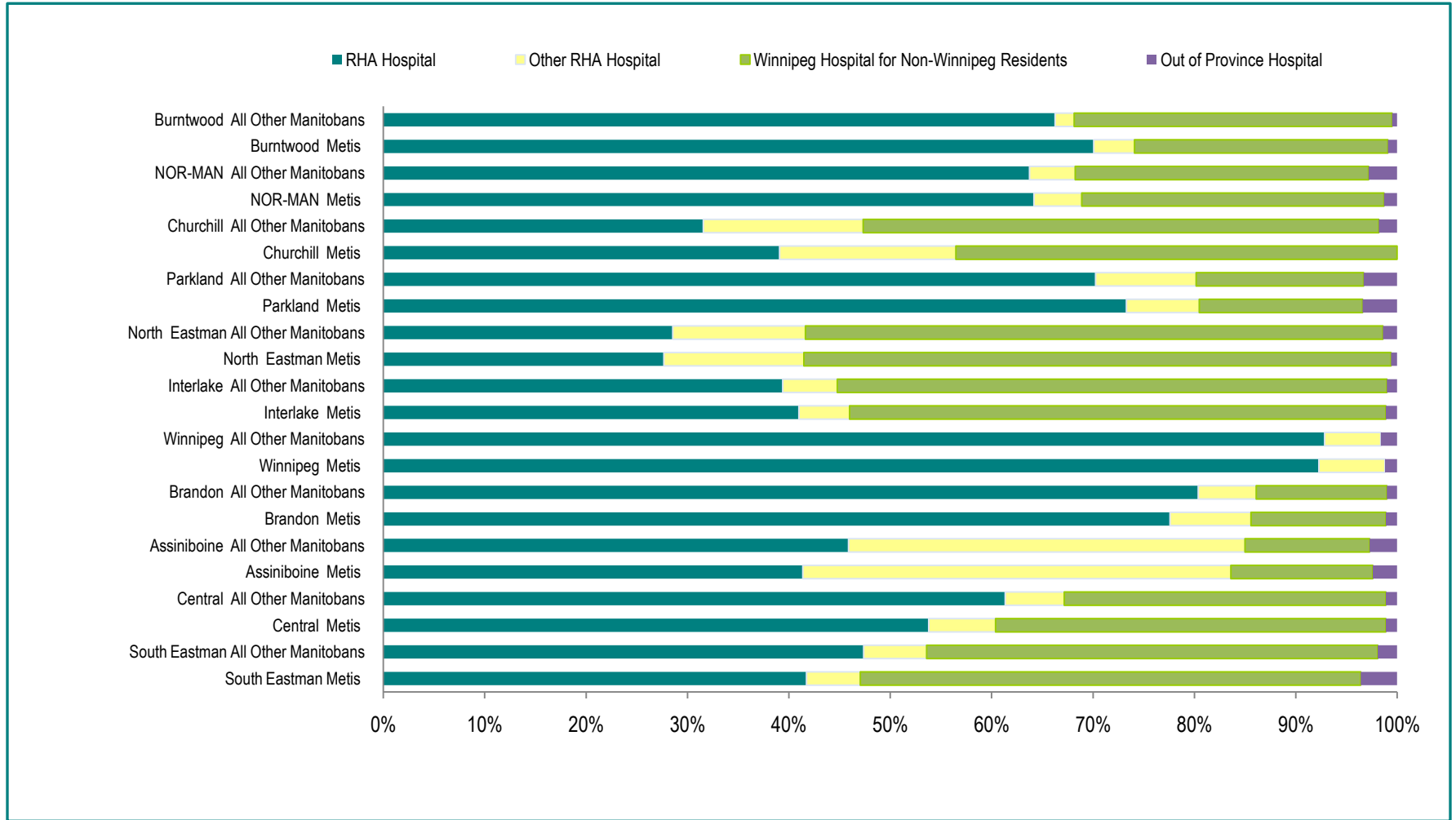
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'd' indicates the difference between the two groups' rates was statistically significant for this area

Métis in the Central region used hospitals outside of RHA Central more than non-Métis residents. 38.5 per cent of Métis residents were treated at Winnipeg hospitals, compared to 31.7 per cent for non-Métis residents (see **Figure 17**). This may reflect need for certain specialist services that may be available in Winnipeg (for example, perhaps for specific issues such as amputation related to diabetes where a facility such as Health Sciences in Winnipeg may deal with more of these procedures from patients throughout Manitoba).

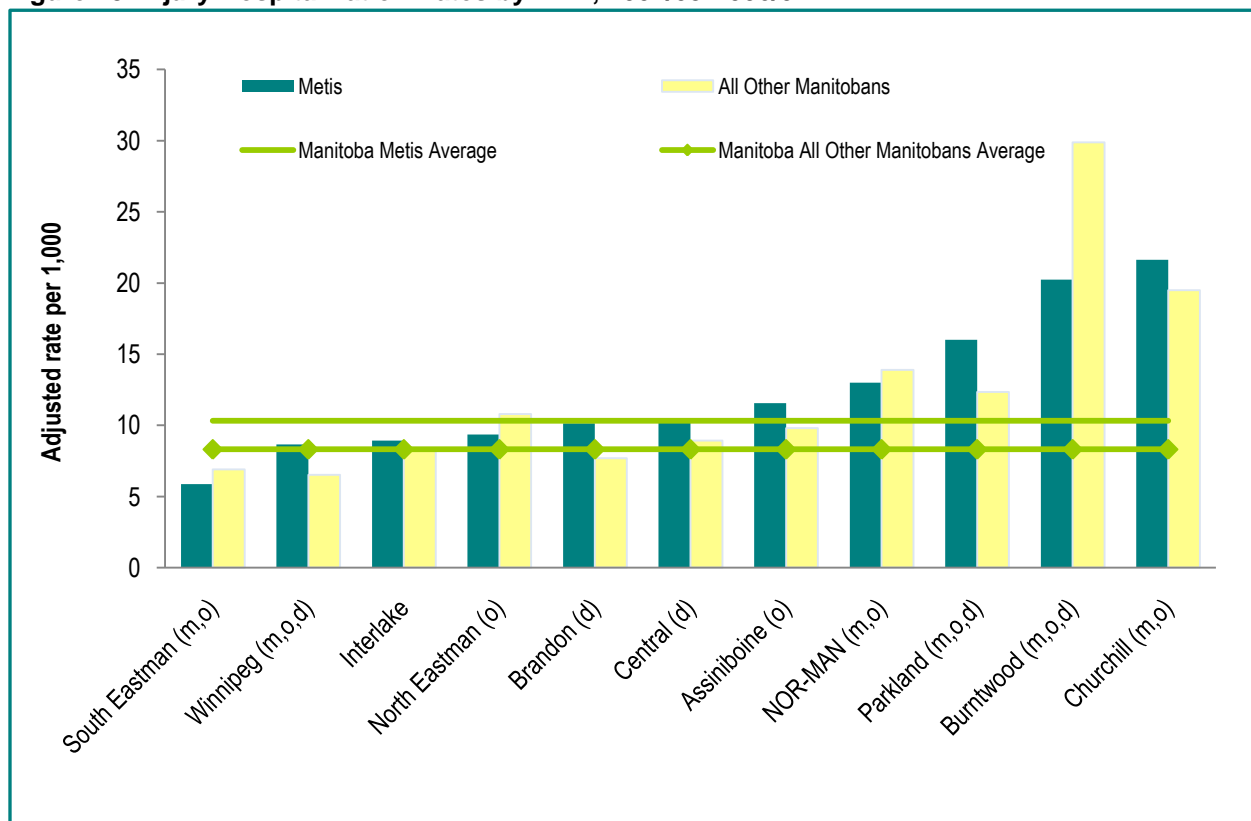
**Figure 17. Where RHA residents went for hospital separations, 2006/07.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

As illustrated in **Figure 18**, within the region, there is a statistically higher Métis injury hospitalization rate (10.5 per 1,000 people from 2002/03-2006/07) compared to non-Métis residents (8.9 per 1,000). The regional rate in Central was similar to the Métis provincial average of 10.7.

**Figure 18. Injury Hospitalization Rates by RHA, 2002/03-2006/07.**



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Métis was statistically different from Manitoba average for Métis  
'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
'd' indicates the difference between the two groups' rates was statistically significant for this area

## 9. SURGICAL AND DIAGNOSTIC SERVICES

Surgical and diagnostic service utilization levels were measured to gauge the level of access Métis and non-Métis have in Manitoba. For key surgical and diagnostic services in Manitoba, rates in RHA Central for catheterizations, coronary arterial bypass Graft (CABG) surgery, knee replacement and cataracts between 2002/03 and 2006/07 were found to be higher for Métis than for non-Métis with the difference in rates considered to be statistically significant. This was a fairly consistent finding across all RHAs.

Rates for surgical and diagnostic services for Métis in RHA Central were found to be higher than the Métis provincial average. While they may indicate improved access to surgical and diagnostic procedures, it may also indicate lower health status regionally and higher rates for chronic conditions that require surgical and diagnostic intervention.

## 10. USE OF HOME CARE AND PERSONAL CARE HOMES (PCH)

Métis in the RHA Central were found to have higher open home care case rates compared to non-Métis in the region between 2005/06-2006/07. This may indicate that Métis residents require more home care to manage chronic conditions. The RHA Central Métis home care case rate was below the provincial Métis average.

In terms of Personal Care Homes in RHA Central, non-Métis residents had slightly higher rates of PCH admission as well as more PCH residents between 2005/06-2006/07 than Métis residents though the difference is not considered statistically significant.

## 11. PRESCRIPTION USE

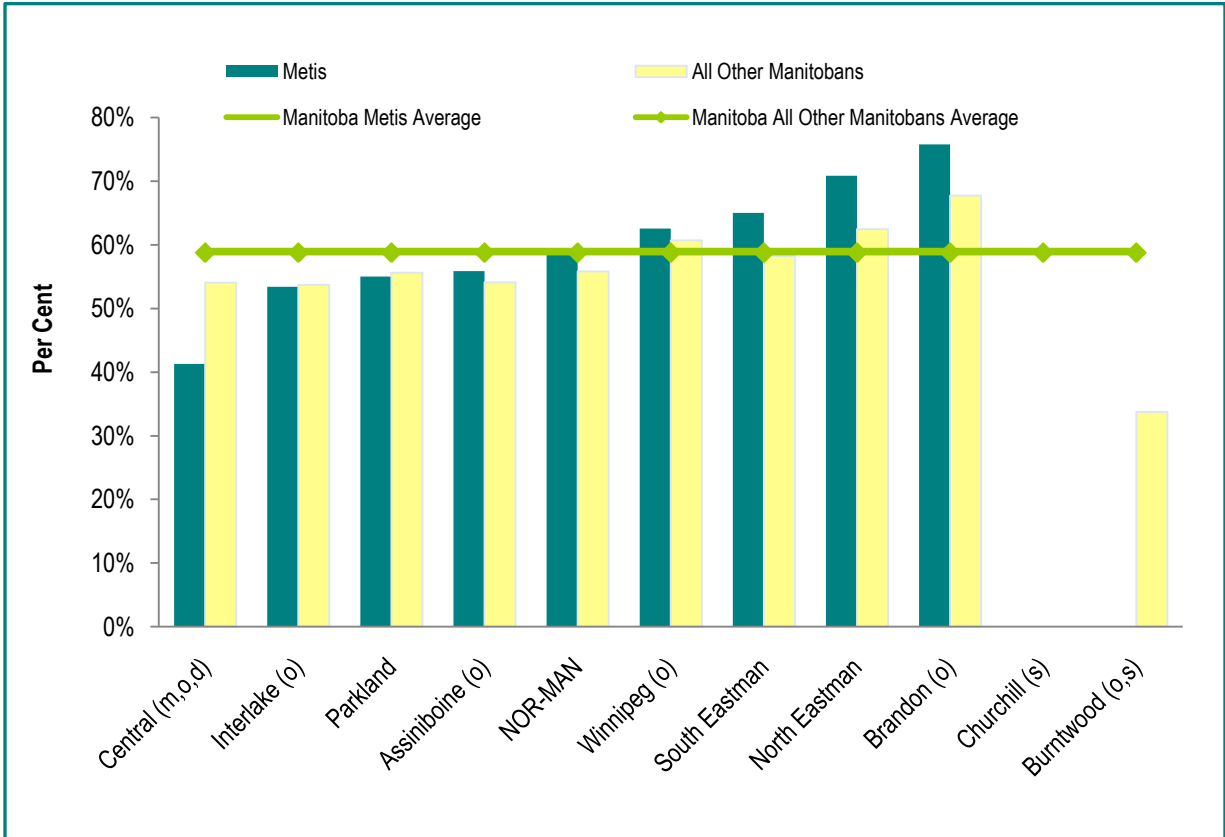
Prescription use among Métis in RHA Central was found to be higher than non-Métis prescription rates in almost all prescription drugs that were studied, reflecting the poorer health status of Métis residents. Statistically significant differences in RHA Central were found with antibiotics, opioid, repeated opioid prescriptions (defined as three or more opioid prescriptions in one year), benzodiazepine, and repeated benzodiazepine. Prescription use for anti-depressants and antipsychotic medication was found to be higher among Métis in Central though the difference with non-Métis is not considered statistically significant.

While the higher prescription rates for Métis in the Central region may be a concern, it should also be noted that prescription use rates regionally were below that for Métis on a provincial level for all prescriptions studied except for the Opioid defined daily dose rate (one or more prescriptions per year) for 2006/07.

## 12. QUALITY OF PRIMARY CARE

The antidepressant prescription follow up indicator measures the prevalence of patients who had three subsequent ambulatory visits within four months of an antidepressant prescription being filled between 2004/05–2006/07 (see **Figure 19**). RHA Central has low prevalence of follow-up for not only Métis residents at 41.3 per cent which is well below both the regional non-Métis rate of 58.8 per cent but also below the Métis provincial average of 59.1 per cent. This is a finding of note given that regular monitoring of persons prescribed antidepressants after a diagnosis of depression is an important aspect of high quality mental health care. Without proper follow up, persons diagnosed with a major depression may be at risk of poorer health and social well being.

**Figure 19. Antidepressant Use Follow-Up by RHA, 2004 -2006.**

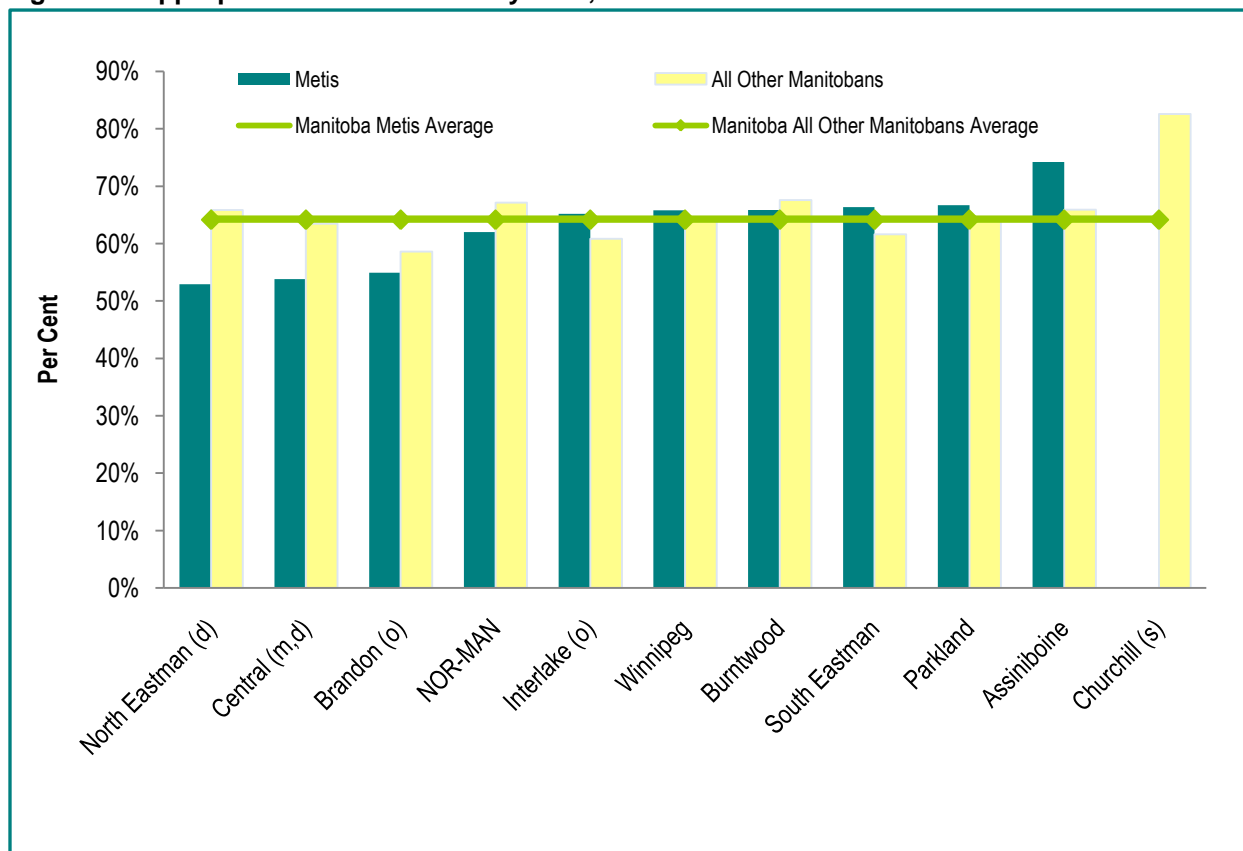


Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
'd' indicates the difference between the two groups' rates was statistically significant for this area  
's' indicates data suppressed due to small numbers

The prevalence of long-term medication use for asthma care for Métis in RHA Central was 53.8 per cent, the lowest prevalence rate among Manitoba RHAs. This is well below the regional rate for non-Métis residents at 63.5 per cent and also below the provincial Métis average of 64.4 per cent. The difference in rates both comparisons are considered statistically significant.

**Figure 20. Appropriate asthmatic care by RHA, 2006.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
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'd' indicates the difference between the two groups' rates was statistically significant for this area  
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RHA Central fared better on other Primary Care indicators measuring diabetes care follow up which tracked the annual percentage of diabetes patients who had annual eye exams. While non-Métis RHA Central residents had a higher rate of annual eye exams compared to Métis residents, the difference was not considered statistically significant and the regional Métis rate was very similar to the provincial Métis rate (provincial rate was 32.5%, RHA Central rate was 32.0%).

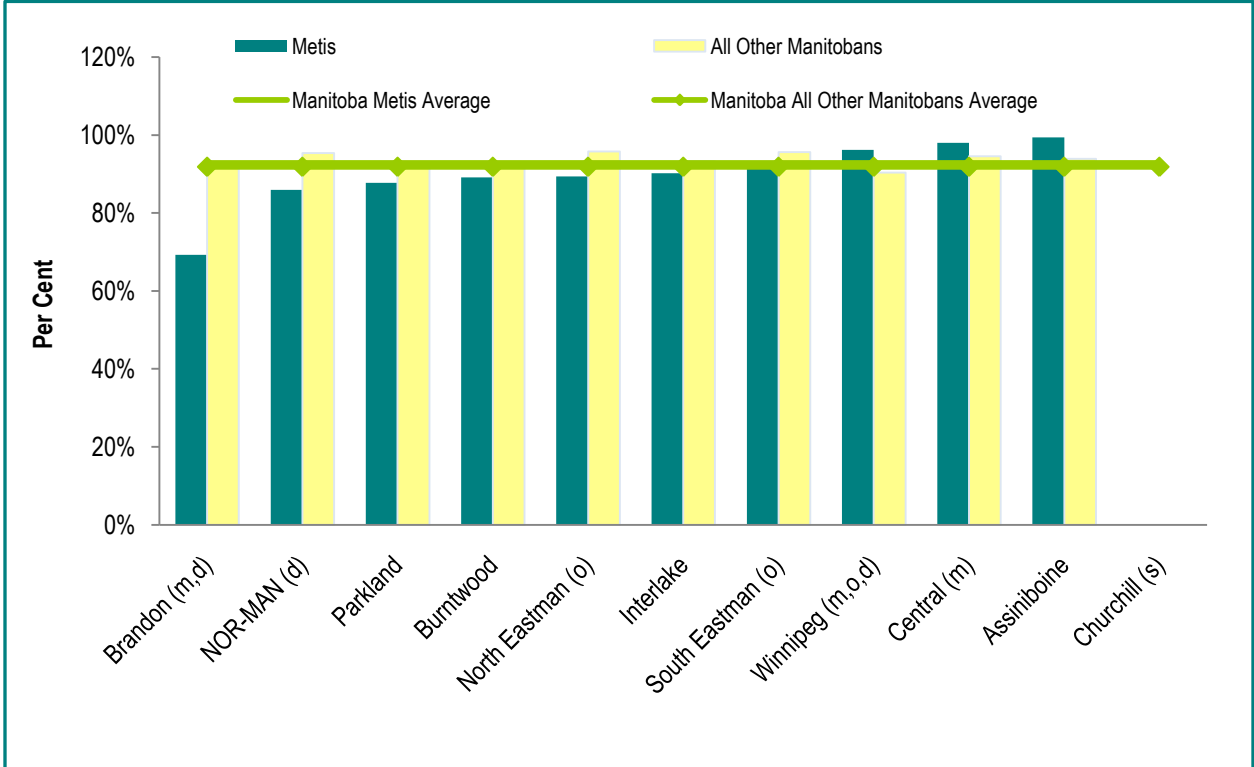
Similarly, for post AMI (Acute Myocardial Infarction) care between 2002/03 to 2006/07 which measured the percentage of heart attack patients who received a beta blocker prescription within four months, Métis residents in RHA Central had a lower percentage compared to both the Métis provincial rate (78.5%) and regional non-Métis rate but the differences in rates are not considered statistically significant.

Finally, RHA Central Métis residents were not found to have high rates of potentially inappropriate prescribing of Benzodiazepine to community-dwelling older adults between 2004/05 and 2006/07. While non-Métis prescribing rates in Central were high (22.1%) compared to the provincial rate (19.8%), Métis rates regionally were below the non-Métis rate and below the Mets provincial average.

### 13. HEALTH PRACTICES AND PERSONAL CHARACTERISTICS FROM THE CANADIAN COMMUNITY HEALTH SURVEY

Based on the results of the Canadian Community Health Survey (CCHS), a twice a year Statistics Canada survey on health determinants, health status, and health system utilization, Métis in RHA Central did score higher on life satisfaction (98.0%) compared to non-Métis in the region (94.6%) and Métis people provincially (92.8%). The difference between the provincial and regional rate for Métis is considered statistically significant.

Figure 21. Proportion of residents who are Very Satisfied/Satisfied with life by RHA, age 12+.



Source: Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.  
 NOTE: 'm' indicates the area's rate for Métis was statistically different from Manitoba average for Métis  
 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
 'd' indicates the difference between the two groups' rates was statistically significant for this area  
 's' indicates data suppressed due to small numbers

Métis in RHA Central also had better scores compared to their non-Métis counterparts in RHA Central on total activity levels (an indication of higher physical activity levels) and physical activity restrictions due to health and/or mental health problems (i.e. Métis respondents in Central reported having fewer physical activity restrictions than their non-Métis counterparts). The differences were not considered statistically significant.

On other survey questions, Métis had poorer scores than non-Métis residents in Central on questions relating to self-perceived stress, emotional wellbeing, obesity, smoking rates and exposure to smoke. Some of the findings must be interpreted with caution due to low numbers for some indicators (consumption of fruits and vegetables, smoking

rates, and exposure to smoking) while the figures for frequency of drinking more than 5 drinks a day was suppressed due to low numbers.

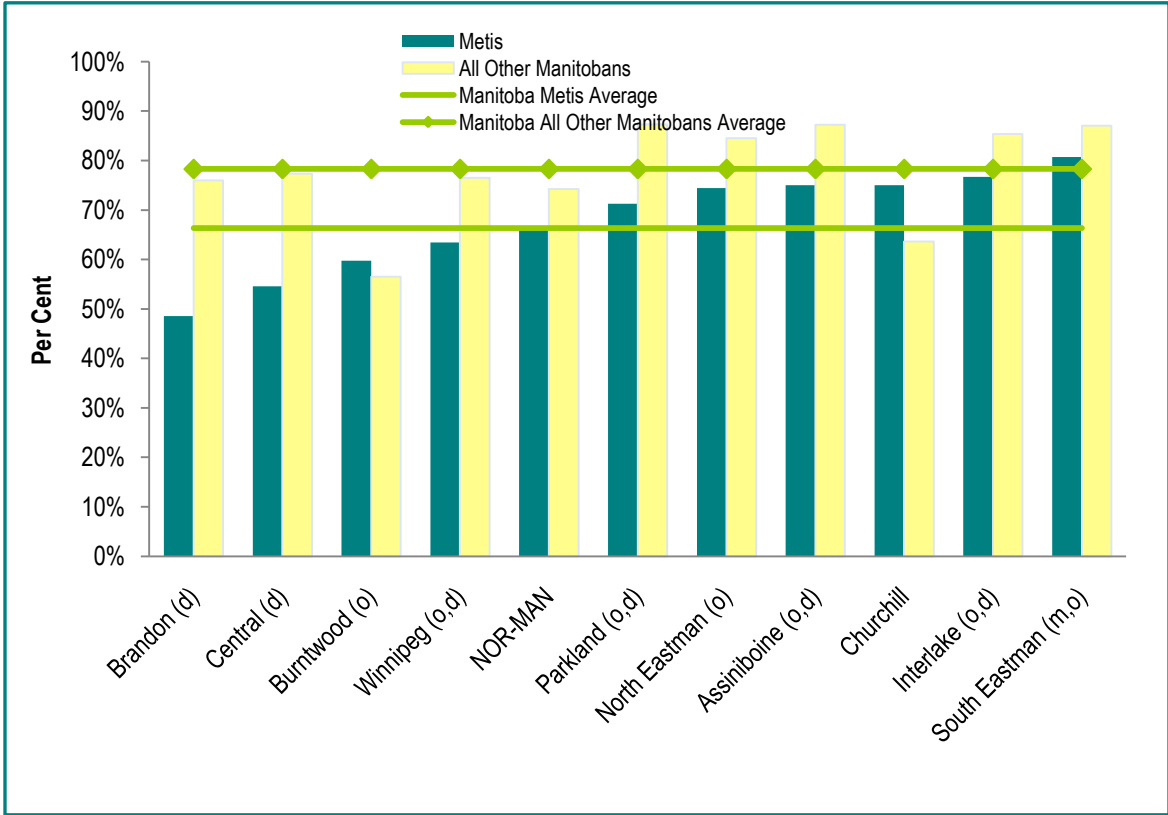
Generally, regional numbers for Métis residents in Central were similar to provincial Métis survey responses with none of the indicators showing a statistically significant difference except for the life satisfaction response as noted earlier.

## 14. EDUCATION AND SOCIAL SERVICES

Métis living in RHA Central did generally have less positive outcomes compared to non-Métis on both education and social services indicators.

In terms of education, the most notable indicator was grade 3 students with no school changes in four years with only 54.5 per cent of Métis students having no changes compared to 77.4 per cent of non-Métis in Central region (see **Figure 22**). That difference in the proportion of school changes is considered statistically significant. This means that Métis students were more likely to move between schools compared to non-Métis students.

**Figure 22. Prevalence of grade 3 students with no school changes by RHA, 2003–2006.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.  
 NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
 'd' indicates the difference between the two groups' rates was statistically significant for this area

For other educational indicators such as retention rates for children kindergarten to grade 8, on-time pass rates for the grade 12 standards exam for language arts and math, and high school completion rates, Métis students in RHA Central were found to have poorer results. However, the differences in rates were not statistically significant. The regional Métis results were also quite similar to findings for Métis across the province.

**Figure 23** shows that there was a greater portion of Métis children in families in Central receiving provincial income assistance (19.6% for Métis children, 8.2% of non-Métis children).

There was also a greater percentage of Métis young adults, 18-19 years old, receiving provincial income assistance than non-Métis (9.7% for Métis young adults, 5.7% for non-Métis young adults) (see **Figure 24**). These differences are statistically significant.

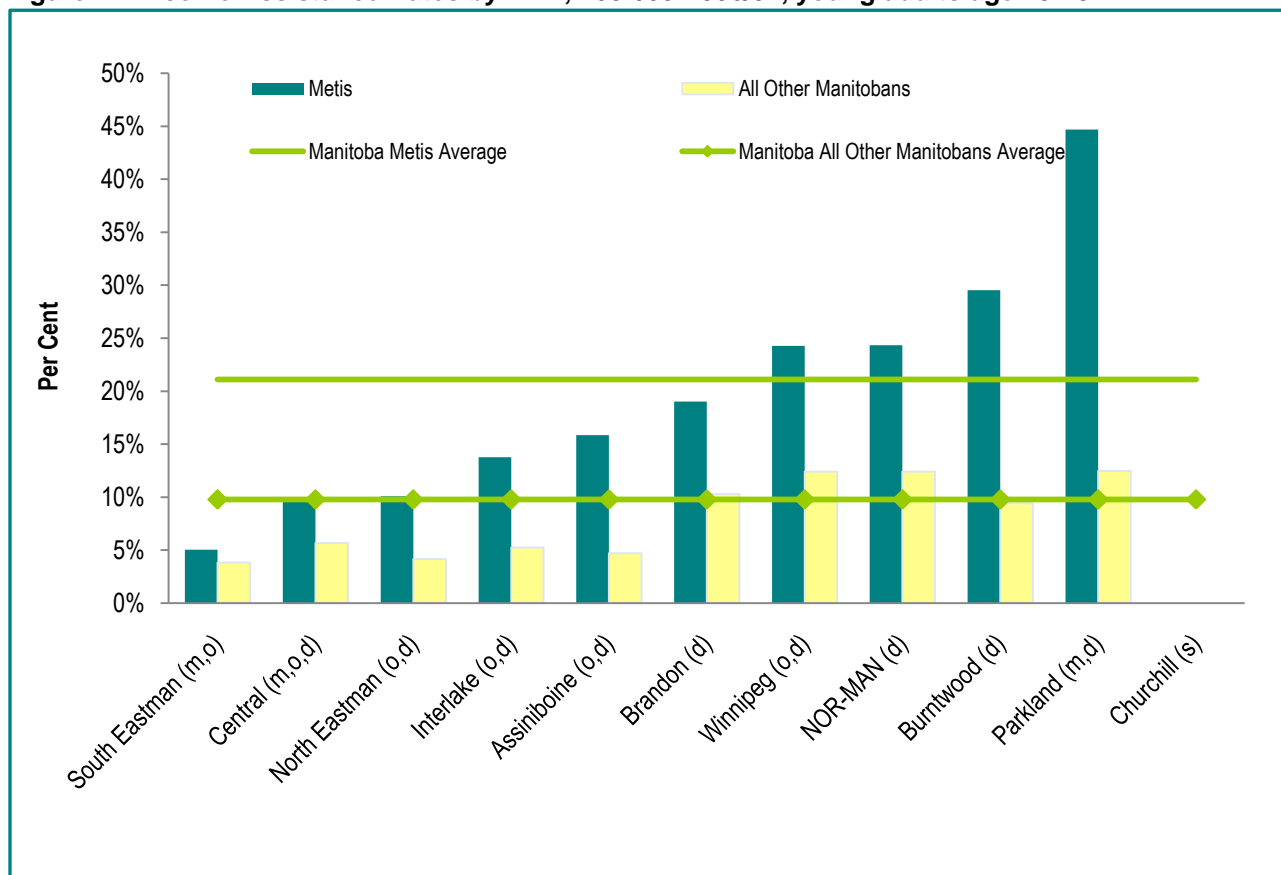
**Figure 23. Income Assistance Rates by RHA, 2004/05-2006/07, proportion of children age 0-17.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
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**Figure 24. Income Assistance Rates by RHA, 2004/05-2006/07, young adults age 18-19.**

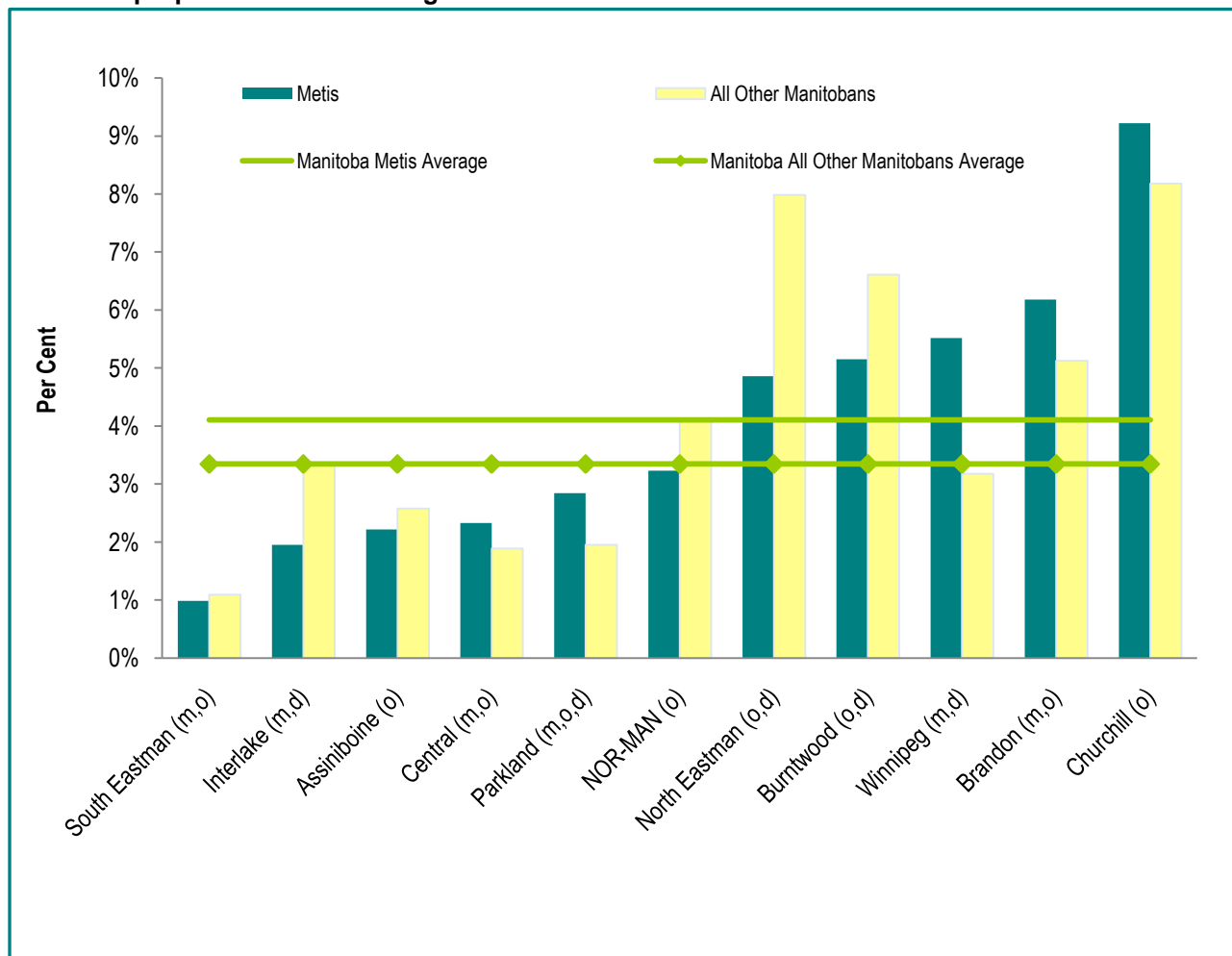


Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
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Métis children were also more likely to be in foster care than non- Métis children in RHA Central (see **Figure 25**).

**Figure 25. Prevalence of Children in Care by RHA, 2004/05-2006/07, proportion of children age 0-17.**



Source: Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study, 2010.

NOTE: 'm' indicates the area's rate for Metis was statistically different from Manitoba average for Metis  
 'o' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans  
 'd' indicates the difference between the two groups' rates was statistically significant for this area

These findings are consistent with those found in all Manitoba RHAs. The encouraging aspect to the results was that the Métis children were better off in RHA Central than Métis across the province with statistically lower rates of children living in families in receiving income assistance (19.6% in RHA Central compared to the Métis provincial rate of 28.5%), young adult receiving income assistance (9.7% in RHA Central and 21.1% provincially) and in the prevalence of children in care (2.3% in RHA Central and 4.1% provincially).