



Health news for people in Manitoba's RHA Central 2009/2010 ANNUAL REPORT to the Community

OCTOBER, 2010

2009 Community Health Assessment... Connecting the Dots

IN THE BIG PICTURE, what does health in Central Region look like? What patterns can we see? The portrait of our community's health is complex. In isolation, each answer to the many questions we could ask yields only a random dot of information. Our challenge lies in connecting the dots to see the emerging patterns. As we gather new evidence and gain insight from the communities, an image slowly comes into focus. The seemingly random dots begin to tell a story.

What are the ingredients of a healthy community? How do we connect the dots? This is what the recently-completed Community Health Assessment attempts to do. It measures, monitors and reports on the health status of the population, examining the factors that contribute to health.

Six priority issues emerged from the recent Assessment:

1. A growing and ageing population
2. High-risk families
3. Chronic Disease, especially diabetes
4. Mental Health
5. Aboriginal Health Status
6. Access to health care

Some of the facts about the population of our region help us to understand those issues better.

Central Region extends across more than 17,025 square kilometres of south-central Manitoba. It has six First Nation communities, and substantial French-speaking and Mennonite populations,

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www.rha-central.mb.ca



Abby Axalan and her husband John Paul Alias are reunited and live in Portage la Prairie.

Filipino nurses come, and stay

YOU CAN'T DO ANY better than 100 per cent retention. Every one of the 32 nurses that came to Central Region from the Philippines in April of 2009 has stayed. Three have brought their husbands over while others are still looking forward to family reunions.

Abby Axalan is one of the lucky ones. The man she married just before she left the Philippines joined her in Portage la Prairie in July. He is also a nurse and hopes to be working in the province before too long. "We're really happy. Canada is the country for us right now, where we will build our future," said Abby.

The journey has not always been easy. Abby, the middle of three daughters had never left home before applying to work in Canada. "When I got my visa and my mom knew I was going to leave, she was scared if I could make it because I had never been away from there," she said.

But Abby was determined to make

a better life for herself and her family. Although she worked as a nurse in a new government hospital in the Philippines, the pay was very little and the cost of living was high. "I was looking for greener pastures," she said. Abby was one of the 2,000 nurses that submitted a resume to the agency for the RHA Central positions. Happily, she was interviewed and hired shortly thereafter.

Abby and her fiancé pushed up their wedding date so they could marry before she left. Hoping to be reunited with her new husband by Christmas, Abby came to Canada not knowing anybody, although there were other nurses from her province in the group. Her husband's visa application was denied so Abby spent her first Christmas in Canada alone. "I could hardly listen to Christmas songs, it was so depressing," said Abby.

Those early days were tough, she said, but the RHA and the communities

involved went out of their way to ensure the new recruits were well looked after. Many of the nurses moved into the same apartment complex and together they learned to cope with the different weather, culture and food. "We base our food on meat," said Abby. "You like veggies. You eat salads and we don't eat salads. We don't eat sandwiches for lunch, that's our snack, and we have the famous rice."

Abby works at the Douglas Campbell Lodge in Portage la Prairie. Long term care facilities are unheard of in the Philippines, where there are no resources or alternatives for families except to take care of their own elderly. And so the concept of looking after the elderly is not new to Abby. "I was brought up by my family who told me to take care of old folk. It's not like a job, it's like they are family and we are taking care of them," she said. "I love to work, serving the elderly."



Whats
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A Joint Message from Regional Health Authority – Central Manitoba Inc.

To guide our efforts towards its achievement, four Board ENDs and Strategic Priorities prescribe organizational achievement:

- Healthy Individuals and a Healthy Environment
- A Healthy, Responsive and Innovative Organization
- Access to the Most Appropriate Care in the Most Appropriate Setting
- A Sustainable, Safe and Integrated Client-centred Health Care System.



Denise Harder, Chair of the Board of Directors and Chief Executive Director, Kathy McPhail

WE ARE PLEASED to present the Regional Health Authority – Central Manitoba Inc.’s (RHA Central) annual report highlighting some of the accomplishments of the year ending March 31, 2010.

The annual report reflects a bit of history as it unfolds every year and, undoubtedly, we can say this year was an extraordinarily eventful and memorable one. Amidst unprecedented economic turmoil, and rising flood waters in parts of Central Region in the spring, the World Health Organization declared the pandemic outbreak of a new strain of influenza, “H1N1”. As with the rest of the world, we were preoccupied with this concern through much of the year.

Our values of Integrity, Caring and Excellence were indeed tested and proven. With exemplary responsiveness to the needs of our community, individuals, staff and volunteers from across the Region rose to the occasion. Their efforts were a source of inspiration, and we were also reminded that health essentially connects us all. Our efforts to overcome the obstacles and challenges were interwoven with those of our regional and provincial colleagues from all sectors.

We are surrounded with competent, dynamic and caring individuals and organizations who work in and with the RHA Central. The achievements of this extraordinary year are due to a truly incomparable team of exceptional people “connecting” for a common purpose. We express our heartfelt appreciation to all who have dedicated their time, talent and effort.

Against this backdrop, RHA Central continued its commitment to excellence in providing quality care and service. As

demonstrated in the following pages, achievements were evident in all parts of the Region. The Aboriginal Health High School Internship program, the 32 nurses recruited from the Philippines into the RHA Central workplace, Chronic Disease Prevention Initiatives, and the opening of the Portage District General Hospital Emergency Room expansion and redevelopment project are but a few examples.

Fundamental to the decisions and choices we make on a daily basis, is connecting and engaging with our community. In our Community Engagement activities, we focused our attention on the Community Health Assessment (CHA). We observe that, on average, Central Region has a relatively healthy population. Key indicators of well-being show that, in recent years, through the combined efforts of individuals, the community and the RHA Central, there are many good things happening in Central Region. While we celebrate this achievement, we also recognize there is room for improvement. As we continue to ‘connect the dots’ of information provided in the CHA, thoughtful choices will be made over the coming year in our strategic plan, requiring all of us to collectively embrace a compelling vision for the future.

Key indicators of well-being show that, in recent years, through the combined efforts of individuals, the community and the RHA Central, there are many good things happening in Central Region.

The CHA results also highlighted the complex relationship between the determinants of health as well as the connection between the RHA Central, its partners, stakeholders and the community

in enabling people to be “as healthy as can be”. We invite you to learn more by accessing the CHA document on our website. We welcome your feedback.

Despite the global economic downturn, 2009/10 was a strong year for RHA Central. With a prudent and responsible approach in our fiscal policies and practices and a year-end surplus, our solid business performance this past year will allow us to uphold a sustainable, resilient and enduring health care system in Central Region. We will continue offering high-quality service to our community while facing an upcoming year of economic challenges.

The vision, commitment and conscientious attention to fiduciary responsibilities that our entire Board brings to the RHA Central are reflected in the professionalism and quality of our planning efforts, ethical decision making and deepening community engagement.

We acknowledge Manitoba Health, Manitoba Healthy Living, Youth & Seniors as well as our colleagues across

the province for their collaboration and shared expertise to enable a coordinated response to health emergencies.

Through open dialogue, shared wisdom and a sense of optimism, we find common ground and achieve great things even during the most challenging times. This was evident as we worked with people across the Region.

Someone once said that “Our lives are connected by a thousand invisible threads and, along these sympathetic fibers, our actions run as causes and return to us as results.” As we enter the second decade of the 21st century, we look forward to continuing the valuable connections with all our partners.

Sincerely,

Robert Jones
2009/10 Chair, Board of Directors

Denise Harder
2009/10 Vice-Chair, 2010/11 Chair
Board of Directors

Kathy McPhail
Chief Executive Officer



Regional Health Authority
Central Manitoba Inc.
Office régional de la santé
du Centre du Manitoba inc.

CALL FOR
NOMINATIONS

Board of Directors

Regional Health Authority – Central Manitoba Inc.

The Minister of Health is accepting nominations from the Regional Health Authority – Central Manitoba Inc. (RHA) residents interested in serving as RHA Board Members. Submission deadline of nominations forms with accompanying resumé is **December 15, 2010**. SEE FULL ANNOUNCEMENT ON PAGE 13.



Open and democratic leadership of our health care system

You can attend meetings of the RHA Central Board. In fact, you would be most welcome. Board meetings are normally held on the fourth Wednesday of the month throughout Central Region and they are open to the public. Agendas and meeting minutes are published on the RHA Central website at www.rha-central.mb.ca.



Regional Health Authority – Central Manitoba Inc. Board of Directors: (front row, lt-rt.) Denise Harder, Chair, Armande Leclair, Barbara Martens, Elin Czeranko, Donna Harasymec; (back row, lt-rt): Don Kuhl, Darlene Arnott, Norbert Delaquis, Vice-Chair, Kathy McPhail, Chief Executive Officer and Barry Driedger. (Not in photo.): Marie Buchan, Alice McKinney and Daren Van Den Bussche

THE BOARD'S JOB:

The Board is accountable to the residents of the Region for activities of the RHA Central. It ensures that the organization follows the by-laws, rules and regulations that govern it. The Board also develops new policies as needed and monitors the work of the Chief Executive Officer. Each year, the Board reviews the annual health plan and assures that it aligns with the Board ENDS or goals.

To learn their jobs, new board members attend provincial and regional orientations. Board members attend national, provincial and regional conferences and forums to keep informed of developments in health care. They report back to the Board about the various sessions they attend.

The Board meets at least ten times a year, and board members also sit on or work with three committees: the Audit Committee, the Policy Review Committee and the Community Engagement Committee. The Board forms a "Committee of the Whole" for the Executive Committee and Finance Committee and for risk management and quality control.

Board members also sit on regional and provincial committees.

CHECK-UPS

The Board regularly checks to make sure it is doing what the law and its own policies say it should be doing. It has developed a comprehensive self-assessment questionnaire which allows it to monitor itself annually against its own policies. Every board meeting is assessed by the participants and this assessment is discussed at the following meeting.

In 2009/10, the Board piloted the

Governance Dashboard, a tool which helps to monitor progress in achievement of its goals.

A CONTINUED FOCUS ON STRATEGIC PLANNING

Strategic thinking and planning are at the core of all the Board's work. During these past two years, the Board has reviewed its goals and realigned them to the needs of the community and the organization.

Board Engages with Community

"Community Engagement and Partnership" is a standing topic on the agenda of RHA Central Board meetings. The Board is committed to engaging with communities and forming partnerships with them to improve the health of people in our region.

Some of the major results of that commitment this year have been:

1) Assessing health needs

RHA Central has completed a comprehensive Community Health Assessment that gives the Board a clear picture of the health needs of people not just in the region as a whole but in specific districts. For the complete Assessment, go to www.rha-central.mb.ca and click "2009 Community Health Assessment" under "news".

2) Meetings with community groups

The Board met and dialogued with the following groups in 2009/10:

- Members of the Roseau River First Nation Health Team and Dakota Ojibway Health Services shared stories of their community's journey and its vision for the future. Highlights were the success story of Ginev Wellness Centre, which provides home care and associated Health care services to Roseau residents; and the strengthening of partnerships between Roseau and organizations such as the Dakota Ojibway Health Services, RHA Central and the Morris Medical Clinic.
- Representatives from the Carman Healthy Communities Committee provided the historical background to their project. They shared proudly of the strong network of

local government, businesses and organizations in Carman and RM of Dufferin, meeting together and working in collaboration to address community challenges.

- Representatives from the MacGregor/Austin Healthy Communities Committee described how the communities began working together back in 1990 and shared some of the many successes achieved both before and after the committee was formalized in 1998.
- The RHA Annual Public Meeting was held in Gladstone in October, 2009 with the theme, "It's Safe to Ask... Building a Culture of Safety."
- Two Board members attended the South Eastman Health Annual Public Meeting and Interlake RHA Annual Public Meeting.

- Numerous community stakeholder meetings held across the Region allowed dialogue to support RHA Central and staff to gain a better understanding of community values, needs and concerns and to promote collaborative development of policies, programs and services that are responsive to the community.

3) Recognizing volunteers

The Gladstone Seniors Inc. was the first recipient of the RHA Central Volunteer Representative Recognition Award, presented at the 2009 RHA Central Annual Public Meeting. The award honours Central Region volunteers or groups which have contributed to achieving the overall purpose of RHA Central in assisting people to become "AS HEALTHY AS THEY CAN BE."



Worthy Recipient for Volunteer Representative Recognition Award

ONE AWARD HONOURED over 1,000 volunteers at the RHA annual meeting in Portage la Prairie on October 6 when the second annual RHA Central Volunteer Representative Recognition Award was given to the Central Plains Cancer Care Services. The non-profit group is dedicated to improving the quality of life for cancer patients, survivors, and their family members. It is also committed to providing educational programs directed at the early detection and prevention of cancer.

Portage Mayor Ken Brennan said he did a bit of research before presenting the award together with RHA Board Member Darlene Arnott. In asking around the city, Brennan's awareness was heightened by how many folks had actually been touched in some way by Central Plains Cancer Care Services. "They affect so many people in their community and ask for so little. I don't know how we could not have given this award to them tonight," he said.

In trying to get to know Central Plains Cancer Care Services a little better, Brennan shared that he went to Central Plains office where he encountered the only paid staff position, Daisy Dowhy. Knowing how much the organization does, Brennan found himself looking around for a host of staff, which was not to be found. In asking about how things operate, Dowhy named a dozen volunteers that make themselves available for admin support and to "keep me sane." She said it is volunteers that make the work possible. "They don't get paid for their time. They do it because they care about the people in their community."

She credited the volunteer board, chaired by Colin Wilcox, for "looking outside the box" and putting the office together in 1999 with "a bit of money and a lot of hope." Wilcox, in turn, said Dowhy and her husband Greg are the "heart and soul of the office. Without them, we wouldn't be here."

Dowhy admits she probably volunteers as many hours as she gets paid for. There are over 1,000 volunteers, including over 200 drivers who take people to appointments for a flat rate of \$15, no matter how many miles or hours are involved. There are also many fundraisers and educators volunteering their time. The Cancer Care organization serves residents in 72 communities and relies on donations, memorials and fundraising to operate.

RHA Central Board Chair Denise Harder said she was moved by the caring of the Cancer Care volunteers. "I am touched by the depth of their commitment to strangers. In so many ways, this group is saying that 'you're my neighbour and although I don't know you, I care about you,'" said Harder. "They really care about their community."

Dowhy, who has been in her position for 12 years, said it is all worthwhile when people show their gratitude. "There is a feeling you can only get from those hugs, those cards and those phone calls," she said.



Holding the plaque are Colin Wilcox and Daisy Dowhy, surrounded by representatives of the Central Plains Cancer Care Services team.

Connecting the dots at annual meeting



Pictured above are: Kathy McPhail, CEO, Holly Neufeld, Health Care Aid in Carman's Boyne Lodge, Angie Bernardin, Administration Support Worker at Portage District General Hospital, Joyda Riediger, Phlebotomist in Pembina/Manitou and Chairperson Denise Harder.

THE RHA CENTRAL had a lot of ground to cover at its annual public meeting in Portage la Prairie on October 6. Over 100 people attended the 13th annual meeting where the Governing Board and Senior Management "connected the dots," in regards to the finances and operations of the RHA in 2009/10. The RHA also presented highlights of the Community Health Assessment (CHA) and handed out Quality Service Awards.

Alice McKinney, Chair of the Finance Committee, and Ken Klassen, Vice President Finance, reported an annual and accumulated surplus. Klassen said the \$3.8 million surplus from the past fiscal year is due to "Manitoba Health going to bat for us," with one-time funding at fiscal year-end and the hard work of staff. The RHA had anticipated a surplus of \$800,000

and even that would have been great news in the current economic climate and after an almost \$3 million deficit which took us four years to overcome.

"We, all of us as a team, have worked hard to climb out of the deficit and now we have a small cushion to help us in future years to weather economic difficulties," said Klassen. He said Central strives to have a structurally balanced budget and speculated that the onetime funding could be used for onetime expenses such as greening buildings, upgrading computer systems and training.

The 2010 Quality Service Awards, nominated by co-workers, are presented to staff best exemplifying quality, caring and excellence in the region. Jim Hunter Vice President Human Resources spoke to the Region's "exceptional, absolutely

tremendous" staff before presenting awards to recipients: Angie Bernardin, Administration Support Worker at Portage District General Hospital, Holly Neufeld, Health Care Aid in Carman's Boyne Lodge, and Joyda Riediger, Phlebotomist in Pembina/Manitou. The second annual Volunteer Representative Recognition was given to the Central Plains Cancer Care Services.

Epidemiologist Cynthia Carr spoke to the highlights of the third Community Health Assessment (CHA). She said Central has higher breast screening rates than the provincial average, while total mortality rates and child injury mortality rates have decreased and are lower than the Manitoba average. As well, the health of Central moms and babies is improving and the RHA has the highest breastfeeding initiation rates in the province.

The CHA shows a growing and aging population in Central. Carr said by the year 2036, Central's population is projected to increase by 54 per cent with the largest rate of growth with older residents. There is a need to support high-risk families in the region and to deal with chronic diseases such as diabetes. Other challenges include the need to address issues around mental health, Aboriginal health needs and access to care for residents with barriers such as low income, geography and cultural issues.

Following Carr's presentation, attendees were invited to talk about the CHA with Board and staff in round table discussions. Information collected from these discussions will be valuable to Central's Board and Management for future planning and strategizing.



Financial 2009/10 Expenses

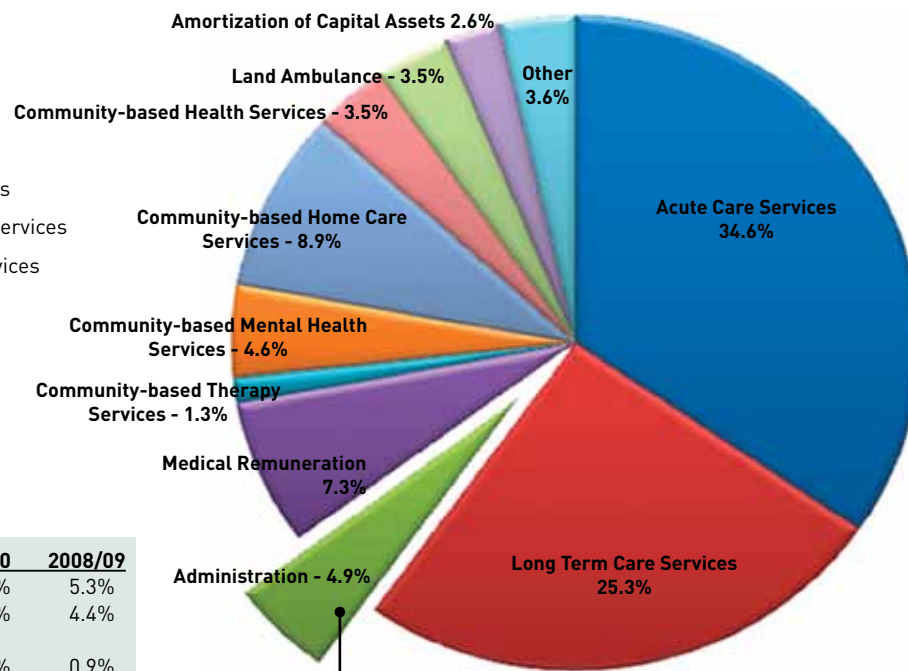
Regional Health Authority - Central Manitoba Inc. Expenditure Breakdown



Regional Health Authority
Central Manitoba Inc.

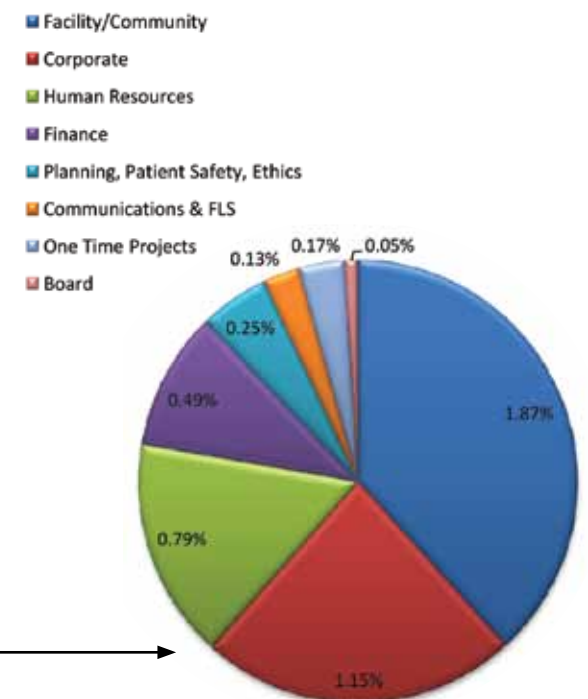
Office régional de la santé
du Centre du Manitoba inc.

- Acute Care Services
- Long Term Care Services
- Administration *
- Medical Remuneration
- Community-based Therapy Services
- Community-based Mental Health Services
- Community-based Home Care Services
- Community-based Health Services
- Land Ambulance
- Amortization of Capital Assets
- Other



*	2009/10	2008/09
Administrative cost (% of total)	4.9%	5.3%
Corporate operations (% of total)	4.0%	4.4%
Patient care & Recruitment/ HR-related functions (% of total)	0.9%	0.9%

Breakdown of 4.9% Administration Cost



In addition to salaries, administration costs include benefits, some regional program costs, rent, insurance, utilities, supplies, services, and travel.

Consolidated Statement of Financial Position

	2010	2009
ASSETS		
CURRENT		
Cash and short term investments	\$ 23,351,369	\$ 20,441,935
Accounts receivable, net	2,764,811	3,225,041
Accounts receivable - Manitoba Health	1,656,251	—
Inventories	1,226,408	1,155,690
Prepaid expenses	1,078,380	998,188
Due from Manitoba Health		
- vacation entitlements	7,775,928	7,775,928
	37,853,407	33,596,782
NON-CURRENT		
Due from Manitoba Health - retirement entitlements	9,106,000	9,106,000
Capital assets	81,153,207	80,562,663
Other assets	202,585	472,323
	\$ 128,315,199	\$ 123,737,768
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 14,295,324	\$ 14,405,858
Accounts payable - Manitoba Health	—	778,278
Accrued vacation benefit entitlements	10,918,319	9,996,841
Current portion of long term debt	246,015	230,364
	25,459,658	25,411,341
NON CURRENT		
Accrued retirement benefit entitlements	12,650,164	11,488,803
Long term debt	2,255,091	2,425,709
	14,905,255	13,914,512
DEFERRED CONTRIBUTIONS		
Expenses of future periods	3,454,975	4,050,269
Capital assets	76,526,267	76,186,983
	79,981,242	80,237,252
NET ASSETS		
Invested in capital assets	2,126,029	1,719,795
Contract facilities	319,357	1,036,741
Internally restricted	232,397	270,170
Unrestricted	5,291,261	1,147,957
	7,969,044	4,174,663
COMMITMENTS AND CONTINGENCIES	\$ 128,315,199	\$ 123,737,768

Consolidated Statement of Operations

	2010	2009
REVENUE		
Manitoba Health	\$ 181,311,424	\$ 164,798,291
Other government departments	84,331	85,457
Non-global patient and resident income	13,552,290	12,693,044
Other income	6,407,757	6,174,284
Amortization of deferred contributions - expenses of future periods	2,982,893	2,608,993
Amortization of deferred contributions - capital and foundations	5,243,717	5,004,007
Interest and donations	110,987	331,468
Ancillary operations	2,537,448	2,394,893
	212,230,847	194,090,437
EXPENSES		
Acute care services	72,112,536	64,928,419
Long term care services	52,762,892	49,559,572
Medical remuneration	15,109,690	13,199,760
Community-based therapy services	2,637,680	2,199,944
Community-based mental health services	9,554,481	8,111,538
Community-based home care services	18,593,957	17,806,330
Community-based health services	7,299,939	6,560,328
Land ambulance	7,313,718	6,470,814
Regional Health Authority undistributed	12,254,122	12,056,865
Interest on long term debt	301,730	279,290
Pre-retirement leave	2,469,914	3,121,180
Amortization of capital assets	5,361,384	5,115,743
Major repairs	537,251	429,614
Donations to foundations	—	10,000
Ancillary operations	2,089,399	1,974,560
	208,398,693	191,823,957
EXCESS OF REVENUE OVER EXPENSES	\$ 3,832,154	\$ 2,266,480
ALLOCATION OF EXCESS OF REVENUE OVER EXPENSES		
Capital and donations to foundations	\$ (654,918)	\$ (551,350)
Interest and donations	110,987	331,468
Ancillary operations	448,049	420,333
Health care operations	3,928,036	2,066,029
TOTAL	\$ 3,832,154	\$ 2,266,480

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority - Central Manitoba Inc. by submitting a request letter to: Chief Executive Officer, Regional Health Authority - Central Manitoba Inc., 180 Centenaire Drive - Southport MB R0H 1N0, Tel.: 1 800 RHA-6509 or visit www.rha-central.mb.ca



100 Years of Public Health in Canada



Canadians are healthier than they were 100 years ago, and much of the credit goes to public health programs, which are celebrating their 100th anniversary in Canada this year. Canadians can celebrate dramatic progress in these 12 areas of public health:

Safer and healthier foods

Canada is well known worldwide for its safe and high-quality food.

Control of infectious diseases

Controlling the spread of infectious diseases has been a fundamental goal of public health in Canada.

Healthier environments

Canadian environmental policies have dramatically reduced toxic emissions such as lead and mercury.

Vaccination

One hundred years ago, infectious diseases were the leading cause of death worldwide. In Canada, they now cause less than 5% of all deaths – thanks to immunization programs.

Recognition of tobacco use as a health hazard

Canada has seen a dramatic decline in tobacco consumption, along with a pervasive shift in attitudes.

Motor-vehicle safety

Alcohol-related collisions decreased substantially and seatbelt use increased, resulting in many lives saved and injuries prevented. New cellphone rules are saving more lives.

Decline in deaths from coronary heart disease and stroke

Cardiovascular disease death rates have been declining steadily in Canada since the mid-1960's. The 1997 death rates were almost half those of 1969.

Healthier mothers and babies

Today, the health of mothers and children in Canada is among the best in the world.

Acting on the social determinants of health

Canada is acting on determinants like income, education, early childhood development and social connections, which can all affect health.

Universal policies

Policies that reduce socio-economic disparities have reduced the risk of poor health for many Canadians.

Safer workplaces

The rate of work-related injury has been steadily declining since 1988—from 40 injuries among every 1,000 workers in 1988 to 20 per 1,000 in 2006.

Family Planning

In 1969, all forms of contraception were legalized in Canada. Waiting until a mother is at least 18 years old before she has children and waiting two years after a child's birth to conceive another child improves maternal and child health.

100 Years of Public Health in Canada ... then and now...

To help celebrate 100 years of the Canadian Public Health Association, we have featured throughout this issue story captions about one of the 12 great public health achievements in Canada over the past century.

Visit us online (www.rha-central.mb.ca/newsletters.php) to read more about these topics and others.

2011 Healthy Communities Conference

Mark your calendars...

**April 29, 2011
Carman MB**

Safer Communities

For more information, please contact Cheryl Pearson at (204) 435-2773 or email: cpearson@rha-central.mb.ca.



Challenges & Future Direction

Challenges:

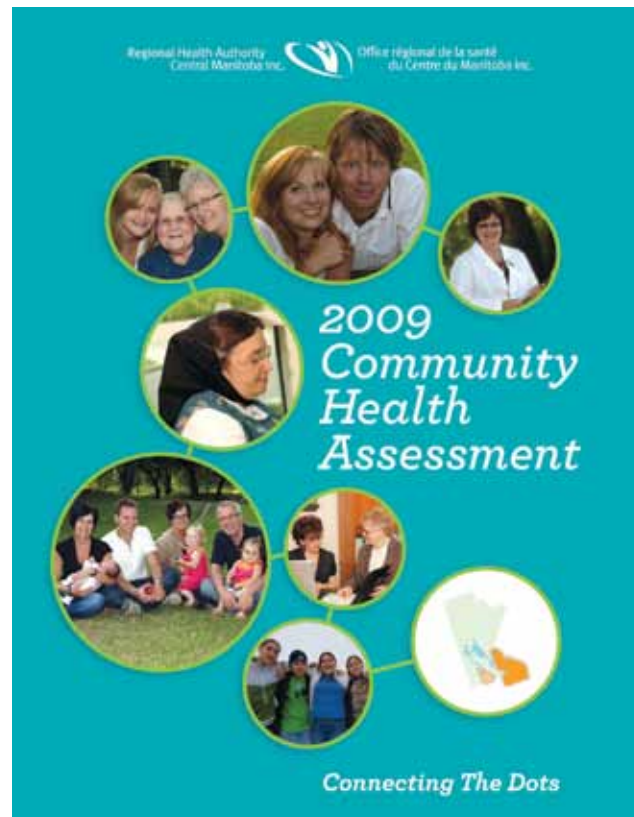
- RHA Central and health communities worldwide are facing new strains of diseases and outbreaks such as last year's H1N1.
- People's expectations of their health care system are increasing.
- Regulatory demands are increasing. Advances in research have increased the complexity of care and added pressure to improve quality, safety and access.
- Global economic recession is affecting all sectors of society including health care.
- Central Region's population is one of the fastest growing in Manitoba, with a projected increase of 54% in the next 30 years.
- RHA Central is experiencing an increased demand on services. For example, there are a growing number of emergency room visits in our regional centres.
- It's becoming more difficult to recruit and retain enough staff. Increasing numbers of retirements are creating severe shortages across Central Region.
- Chronic disease management is a challenge, especially with an ageing population, and with life expectancy rising. It is estimated that more than 75% of health care dollars are spent on patients with chronic diseases and the majority of health care dollars are spent in the last months of our lives.
- Medical, technological and pharmaceutical innovation is changing the face of health care, but at the same time ageing infrastructure and equipment across the Region are an increasing concern.

To address these challenges, we are:

- Continuing to plan carefully and managing resources effectively
- Looking for new partners
- Improving the quality of all programs and services with an evidence-informed approach
- Considering how social determinants affect health
- Implementing best practices.

The focus on learning is driving every aspect of RHA Central's planning. As the world around us changes, and as new information about health becomes available, we are committed to supporting prevention programs and building partnerships with the community to ensure that the people in our Region are AS HEALTHY AS CAN BE.

RHA Central is experiencing many of the challenges typical of health care in Canada. Yet these challenges look somewhat different in each region and each region has its own way of meeting them. Here are some of the challenges RHA Central faces:



along with a rich heritage of many other cultures. As a whole, Central Region is a vibrant and ambitious modern community.

Covering 37 municipalities and with nearly 105,000 people, Central is the most populous of the province's rural and northern Health Authority regions. There is a good reason for calling Central Region a rural health authority. An urban population is defined as having a minimum population of 10,000 and a population density of at least 400 people per square kilometre. According to this definition, just 36.9 per cent of RHA Central residents live in urban settings compared to 80 per cent of Canadians and 71.3 per cent of Manitobans.

Between 1996 and 2008 our regional

population grew by 8.3 per cent, compared to the provincial growth rate of 4.7 per cent. Of the 25,625 families living in RHA Central in 2006, just over four out of five families are married-couple families, which is much higher than the provincial average of 72.2 per cent of families. Single-parent families make up 10.9% of these, most headed by a female, and with a median income about half that of married-couple families. There is an important relationship between income and health. In populations with the least discrepancy in incomes across the population, health status is the best, regardless of the overall income level.

The 2009 CHA document provides a rich source of information for all those

who have an interest in the health of people in Central Region. As it gathered this information, the RHA Central took the time to step back, and to look at the "patterns in the dots". The seemingly random dots indeed began to tell a story and issues of primary concern were thus identified. But the story continues, and there are still more dots to connect. The CHA is an ongoing process and we will carry on, gathering and reviewing more data, publishing companion documents and telling additional health stories in Central Region. CHA 2009 now enables Central Region to strategically carry on the process of creating more opportunities for people in Central Region to live "AS HEALTHY AS CAN BE".

2009 Community Health Assessment

Getting a clearer picture of our region's people and their health

• CONTINUED FROM PAGE 1



Emergency care in Portage enhanced by \$5 million expansion

IT'S BIGGER, IT'S BETTER and it's ready for business. A \$5 million Emergency and Intensive Care Unit expansion has enhanced the Portage District General Hospital (PDGH), ready to meet an increasing number of patients. When the Portage District General Hospital was built in 1956, its emergency department wasn't designed to handle approximately 28,000 patients that now come through its doors each year.

The expanded facility adds five emergency treatment spaces, one of which is an isolation room to prevent the spread of communicable diseases. There are also two new observation beds and a new double indoor ambulance bay. Previously, ambulance patients had to be unloaded outside no matter what the weather whereas now, the new bays meet provincial standards and allow the safety and comfort of indoor unloading.

"Our hospital is an older hospital," said Dr. Jim Price, Director of Emergency Services and ICU at PDGH. "In an ideal world with unlimited finances, we would make a good case for a new hospital, but that's many years down the road." Meanwhile, he is thrilled with the new facility. "It's a pleasant environment," he said. "That does make a difference – everybody's happier. The main thing is room. Now we can keep patients and observe them. Dr. Price also expressed appreciation for the new trauma room, with all the devices needed readily available.

Georgina McDougall, Client Services Manager at the hospital, calls the new space wonderful. "Staff love the openness of it," she said. "Before when you walked into our area, it looked chaotic. Now it's just as busy but it doesn't look or feel chaotic."



Portage District General Hospital is one of the nine rural Manitoba hospitals classified as a regional centre.

Both Price and McDougall emphasized that the standard of care is the same, but that more space, improved privacy, and pleasant surroundings greatly strengthen the delivery of emergency and ICU care in Portage.

Portage District General Hospital is one of nine rural Manitoba hospitals classified as a regional centre for 24-hour emergency room coverage. This means one or more doctors are in the emergency unit at all times in these communities.



Dr. Price appreciates the new trauma room, with all the devices needed readily available.

100 Years of Public Health in Canada

Vaccinations

Let's look at what happens when immunization rates dropped significantly in two countries.

Measles in Ireland: Ireland saw measles soar from 148 cases in 1999 to 1200 cases in 2000 when MMR (measles, mumps and rubella) immunization rates dropped to 76% in response to false concerns of a link between MMR and autism. Several children died in this outbreak.

Pertussis in Japan: In 1974 in Japan, rumours began to spread that pertussis vaccination was no longer needed and that the vaccine was not safe. By 1976, only 1 in 10 infants were getting vaccinated. In 1979, Japan suffered a major pertussis epidemic, with more than 13,000 cases of whooping cough and 41 deaths. In 1981, the government began vaccinating with acellular pertussis vaccine, and the number of pertussis cases dropped again.

Unfortunately, in RHA Central, as in the rest of Canada, immunization rates are decreasing, so we are also seeing more cases of these vaccine-preventable diseases. There was an outbreak of mumps in Nova Scotia in 2007 and an outbreak of measles in Toronto in 2008. When people stop immunizing, there is more disease and people may die.

This influenza season, I choose to be healthy.

I'll get immunized against influenza.

Don't get influenza. Don't spread influenza.
Get immunized.
Protect yourself and those around you

Canadian Coalition for Immunization Awareness & Promotion (CCIAIP)
immunize.ca



Services “à la mode”

PEOPLE ARE BECOMING increasingly aware that it's important to take responsibility for their own health. Through federal funding, communities with a higher concentration of Francophones in Central Region recently got a financial boost to help link them together to improve local health.

Most people take for granted that they can get health information in the language they speak. But for minorities, language can be one more barrier to better health care. Francophone communities in RHA Central will benefit from a grant from the *Société santé en français/Health Canada* to improve access to health services in French.

Denis Clément, Community Development Officer and member of the Réseau communautaire as well as the *Table de concertation régionale du Centre* lives in the RM of Montcalm. He says he saw the potential benefits of the FLS project immediately and encouraged the communities to partner wherever possible to make sure the grant was maximized.

And partner they did! Components of the project include the installation of in-house electronic billboards in clinics and health care centres as well as outside electronic billboards where messages about healthy living and upcoming local initiatives are broadcasted while people wait.

“We have an ageing community and these tools will help communities to take responsibility for their health,” adds Clément. Getting healthy living messages in one's own language is important, he said. “It's just common sense. People can discuss health care and their diseases better in their own language.”

Through Telehealth, people from St. Jean Baptiste, St. Claude, Swan Lake and Notre Dame de Lourdes along with communities in neighbouring RHAs have already been able to participate in various interactive forums. The project allowed 30 participants of many ages to get together electronically to discuss various topics related to diabetes – topics such as diet and foot care — all in a language they



Anita Jenin, Claire Comte and Tom Helliwell provide a valuable bilinguist service to the Central community.

clearly understand. RHA staff member Lorraine Grenier notes the benefits in that clients with the same sorts of issues can network and share across communities using technology that wasn't available to them before. “Imagine, for example, an autistic patient who no longer has to travel two hours one way to meet with a support group,” said Grenier. “Or the option to link remote clients in the RHA with Francophone specialists. The possibilities are endless and will expand as clients

become more familiar and comfortable with accessing services in news ways.”

The project is an opportunity for communities as well as individuals to get involved in better decision-making for healthy living. “We don't always make good choices – ongoing messaging is very important,” said Clément, “and this will help inform people about better healthy living habits.”

High School Aboriginal Youth Program Offers Hope



Kristal Sandney and her mother Rebecca.

THERE WEREN'T A LOT of dry eyes in the house when Kristal Sandney's mother spoke at her graduation. Rebecca Sandney spoke of how very proud she was of her daughter and how very much it means to her that her daughter is following her dreams.

A high school program that introduces students to the world of health care might not sound like a tear-jerker - unless you

come from a place where few people graduate from high school and even fewer enter a profession in health care.

Jim Hunter, VP Human Resources for RHA Central, said the Region has formed 23 new partnerships, including First Nation and Métis communities, governments, and education/training institutions. Recognizing the Aboriginal population as the fastest growing in the region and

realizing that many in the RHA's workforce will soon be eligible to retire, a recruitment strategy was needed with the goal of increasing the representation of Aboriginal people in the workplace. Currently, Aboriginals make up only four per cent of the region's approx. 3,700 employees. “We would like our workforce to mirror the population it serves,” said Hunter, adding that an increase in Aboriginal caregivers will also mean more culturally sensitive care for Aboriginal people.

Since Holly Leost was hired as Director of Aboriginal Employment in 2008, the number of aboriginals employed by the Region has grown from 1.8 per cent to 4 per cent, with a goal of 11 per cent.

As well, a partnership is being developed with high schools. Leost said she found the dropout rate for Aboriginal students was very high and she hoped the program would encourage students to stay in school. She found that many aboriginal youth weren't aware of all the job opportunities in health care. “We want our Aboriginal people to see RHA Central as an employer of choice,” said Leost.

The Aboriginal Health High School Internship program has been a huge success. Students volunteer in various facilities for half a day per week to earn a half credit. They are exposed to public health, home care, hospital work, administration and long term care as well as mental health and information technology and emergency services. Students completing

the program were offered six weeks of employment during the summer months with the RHA. Leost worked hard to accommodate travel and scheduling issues for students. “Instead of three strikes and you're out for students with attendance issues, we worked with their families and their schedules,” she said. For one student that meant attending the Internship Program one full day every two weeks instead of half a day a week. For another it meant relocating to Portage la Prairie in order to have summer employment.

“The best part of this is that students went back to their communities and shared with their friends what a great program they were involved in. They are now going to be future role models for other students,” said Leost. “This “sharing” is integral to the program.”

“It's not just another program,” said Leost, “It's changing lives. It's offering hope where there was none before.” Students are able to see beyond what they're exposed to in their communities, they have a chance to see what they can accomplish with dedication and hard work

Kristal's mom, Rebecca, couldn't agree more. Kristal is in Grade 12 this year and is already talking about becoming a nurse. “If it wasn't for this program, I don't think she would have done this,” said Rebecca. “I told her, ‘follow your dream, make something of yourself’. I never had that opportunity so I am happy my daughter will.”



New Ambulance Station for Altona

EMERGENCY MEDICAL Services (EMS) in Altona has a new home. The brand new facility is located on the southwest corner of the hospital property. The station also has a new name to go with it. Called 'RHA Central EMS Station 14', the building will allow paramedics and dispatchers to work more efficiently and improve ambulance service for residents.

The ambulance in Altona used to be housed in the fire hall, but when that space was no longer available, the ambulance found temporary quarters in a polyethylene shed on the hospital grounds. It wasn't ideal. The paramedics who manned the ambulance had offices in the Community Health Resource Centre, and there were no facilities for extra ambulances that are sometimes needed at peak times.

The new facility puts the paramedics in the same building as their ambulance and equipment. EMS Station 14 was officially opened on May 18, 2010 by Health Minister Theresa Oswald as part of Emergency Medical Services Awareness Week. At 2,176 square feet, the station houses an ambulance and a meeting room as well as a kitchen and crew quarters. The \$700,000 "green" project is complete with geothermal heating and cooling, 2 x 8 walls for better insulation, and a special ventilation system to remove diesel particles from the building when ambulances start up.

Regional Director of EMS Corene Debreuil explained the benefits of the new station. "The building itself is a nice place to work, making it easier to recruit and maintain paramedics," she said. Even more significantly, having a station in Altona allows more efficient geo-posting. Geo-posting is the system used by ambulance dispatchers to ensure that the widespread geographic areas of RHA Central have adequate ambulance coverage. For instance, if there's a major incident in Portage la Prairie where more



RHA Central EMS Station 14 is a result of the tremendous collaborative efforts by the region and various levels of government and RHA Central. Pictured in photo: Kathy McPhail, CEO, Minister Theresa Oswald, Corene Debreuil, Regional Director Emergency Medical Services, Armande Leclair, RHA Board Member and Edith Calder, Director of Health Services – Altona.

ambulances are required, the dispatcher, using computerized mapping, deploys the remaining ambulances so no single area has to wait too long for an ambulance if needed. RHA Central also has Continuity of Service agreements with all neighboring RHAs, explained Debreuil, "so if two of our ambulances are helping with a major incident in another region, we shift our resources over to fill the gap." The new station makes Altona a solid base in this geo-posting network.

100 Years of Public Health in Canada

Most smokers would like to quit

Tobacco is the only product sold in Canada, that when used as directed, kills half of its users. Tobacco has a huge impact on the health of people who smoke or who are exposed to second hand smoke and 80% of the people smoking would like to quit. The RHA works with communities and other agencies to address tobacco prevention and cessation. We are currently working with schools in the region on a new curriculum called "Back Off Tobacco" that helps students understand the impact of smoking and develop skills that aid them in not starting to smoke in the first place. We also know that a variety of options need to be available for people who do smoke and are trying to quit- so that people can choose options that work for them. One option available to everyone is counselling through the Smokers Helpline. It is available to people wanting to quit and those just starting to think about quitting. This confidential service will help you develop a quit plan and then support you through the process.

For the Smoker's Helpline, call toll free 1-877-513-5333 or online at www.smokershelpline.ca.

It's flu season...

Get the shot, not the flu!

And protect yourself against H1N1 flu, too.

For this year, the annual seasonal flu shot is available to all Manitobans at no charge. It will offer protection against H1N1 flu and two additional seasonal flu strains.

An annual flu shot is especially important for those at increased risk of serious illness from the flu, their caregivers and close contacts.

This includes:

- seniors age 65 or older
- children age six months to four years
- those with chronic illness
- pregnant women
- health care workers and first responders
- individuals of Aboriginal ancestry
- people who are severely overweight or obese

If you are 65 or older or have a chronic illness, you should also get a pneumo shot. One pneumo shot may give you a lifetime of protection.

For more information, contact a public health nurse, doctor, pharmacist or call Health Links-Info Santé at **788-8200** or toll-free **1-888-315-9257**.

manitoba.ca





Why did it happen?

Analysing Errors Leads to Better Care

RHA CENTRAL WANTS to shed more light on critical incidents. A “critical incident” happens when something goes seriously wrong with a patient as a result of their treatment, not as a result of the condition they came in to be treated for.

For example, if someone was operated on the wrong limb (as an extreme analogy), or given the wrong medication and suffered significantly because of it, those would be called critical incidents. Every critical incident in the RHA is investigated. Shirley Guenther, Regional Patient Safety Coordinator, is part of those reviews. “Once the critical incident review committee has reviewed them closely and come up with the contributing factors” said Guenther, “they determine recommendations to improve patient care.”

But you can’t review what hasn’t been reported. This is why we have policy around disclosure and encourage staff to do so acknowledging it’s not always easy to report a situation that has not turned out as intended. When an error happens, naturally a staff member worries: What’s going to happen to me now? Posters and education in all RHA facilities encourage patients, families and staff to report issues. Guenther emphasizes that the investigation of a critical incident is not about discipline. Whatever is said within the investigation is legally privileged information. This gives the investigation a better chance of getting at root causes.

The RHA applies Root Cause Analysis to every reported critical incident. A critical incident seldom has only one contributing factor, so reviewers often interview even those who weren’t directly involved. This



Every critical incident in RHA Central is investigated.

often reveals information that no one has thought of as a contributing factor to the critical incident – for instance, the medication given in error may look very similar and have similar packaging as the correct medication or the name of the medications may sound very similar.

The Region also works with Failure Mode Effects Analysis, in which the analysts look ahead to see how a particular

process might fail, then come up with changes to that process so failure is less likely to happen. Staff are the experts in their areas and are able to determine potential failures in processes that are part of their work.

Critical incidents have occurred in years gone by, but may not have been recognized as such. The accepted attitude in the past might have been: ‘When

you go to hospital and are on extended bedrest, there’s a good chance that you will develop an ulcer or ‘bedsore.’ Now, said Guenther, “that’s not the kind of care that should be expected. When people receive health care, we don’t want to make them sicker than they were before they came for care. Ultimately, through these processes, we’ve set the bar higher.”



Dr. Bob Menzies is Family Medicine Lead for the CTU at Boundary Trails Health Centre.

Clinical Teaching Units Open Doors

IT’S SHAPING UP to be a win-win situation. Make that a win-win-win situation. The University of Manitoba (U of M) needs medical teachers, RHA Central needs physicians and rural residents need health care. The Clinical Teaching Units (CTU) now being negotiated should benefit everybody involved.

The U of M has had an increase in enrolment in medical students and is reviewing its ability to grow beyond Winnipeg’s borders to train post-graduate students. Clinical Teaching Units are being planned for Brandon, Steinbach and, in Central Region at Boundary Trails Health Centre (BTHC). Dr. Denis Fortier said he was “absolutely thrilled” with the opportunity for the RHA and the physician groups in Winkler and Morden to assist in preparing students to become family physicians in a rural setting.

Historically, most of the learning was through individual teacher/mentors at various sites across the province. The

University now wants to work with rural health care in a more formalized fashion. It is working with rural sites to develop a curriculum that will, for example, place two residents at a time in the BTHC Distributed Learning Centre and each resident with two fourth-year medical students. A second-year resident in family medicine could take shifts in the clinic, the Emergency Room and also spend time in the Operating Room. The eight-week experience for family practice residents and five-week experience for medical students will emphasize the unique advantages of both rural practice and rural life.

“Hopefully this experience will influence them to think of family medicine,” said Dr. Fortier. “We want them to see the benefits of family practice and rural practice.” It is important, he added, that students who are making the most vital and important decision for their career have a chance to experience rural medicine.

Dr. Fortier said that although “transferring the skills and knowledge of our trade to the young folk is imbedded in our psyche from day one of our training,” it is not necessarily easy for busy doctors to add new learners into their practices. “But we also know that the future recruitment and retention depends a lot on the impact and influence we have on these learners,” he said. “If you train someone, there is a better chance that person comes back and lives and works with you.”

It is not only the teaching physicians and clinic and hospital staff that will affect the outcome of this project. Dr. Fortier said communities will also need to lend support to encourage the learners to consider a permanent posting in a rural site. “The RHA and the communities involved will be asked to help with housing and transportation needs,” he said, “but also to actively integrate these learners into day-to-day life in the community.”



Cultural Diversity Migrates to Central

DID YOU KNOW that 10 years from now, the Central Region's international immigration rate will be more than double what it is today? In fact, by 2020 it's expected that immigration will be the single biggest factor driving population growth in the region, and those high rates will continue for at least another two decades. This long-term influx of migrants creates the need to provide culturally sensitive health care and reduce access barriers.

Central Region staff have been participating in a variety of cultural diversity education sessions as well as collaborating directly with many different groups, ranging from Kanadier Mennonites to Filipino and First Nation communities. Kim Dyck oversees staff development in RHA Central and says that it's important to increase our understanding of different belief systems and always try to focus on the distinct needs of each client. "One aspect of our approach is to be more sensitive to distinct cultural values and belief systems," she said. "Sometimes we need to focus less on the immediate task at hand, sit back and remember the person we are caring for."

As part of Central's regional general orientation, all new employees are introduced to cultural diversity focusing on multicultural awareness, recognizing the unique health needs that arise in these diverse communities. "We all have our own prejudices and stereotypes often as a result of lack of awareness so, through education, we become aware of different belief systems, traditions and values which allow us to have a broader understanding," said Kim Dyck.

Kanadier Mennonite residents make up one of the region's larger culturally distinct groups. Some of the many



One unifying principle that joins all cultures is a desire to be "as healthy as can be".

challenges for providing health care to this group include communication issues, poverty, and a reluctance to seek prenatal care or even discuss pregnancies at all. Central Region staff members are highly interested in learning about these topics. At a recent over subscribed workshop on childbearing practices among Kanadier Mennonites, 150 staff, including physicians, attended.

As well collaborating with First Nation communities is a high priority, and many inroads have already been made that can

be built on in the future. "We've extended a lot more partnerships and resources with our First Nation communities, and we're starting to break some of those barriers," said Dyck. "Our CEO, Kathy McPhail, has really instilled into us the importance of partnerships. People are becoming more aware and with First Nations finding paths through the jurisdictional issues."

Although there are many factors that serve to define a culture and of its individual members, one unifying principle that joins all cultures is a desire

to be "AS HEALTHY AS CAN BE! Our challenge as healthcare providers is to offer the same level of care to persons from all cultures, but delivered in ways that speak to the history, experiences, world view and spirituality of the particular culture, individual or family in question. "We're all entitled to the same care. Sometimes we can get so focused on the busy-ness and the task at hand and we need to remind ourselves to focus on the needs of the individual clients and recognize their uniqueness."

Annual Report Now Available



The Regional Health Authority Central Manitoba's 2009/10 Annual Report is now available online. The report outlines the expenditures and accomplishments undertaken in the 2009-10 fiscal year. It also highlights the progress on strategies and successes the region made to provide the highest quality of health care and service to Central Region.

To download a copy of the report, go to: www.rha-central.mb.ca

100 Years of Public Health in Canada

Control of Infectious diseases

With infectious diseases, who gets sick and who stays well is determined by a balance between the organism (or bug), the person and the environment in which they live.

The Bug: In spite of all our modern advancements, we have not wiped out infectious diseases. The bugs that cause them have remarkable abilities to mutate, jump to new species and evolve so that the "toughest survive."

The Person: Life expectancy has improved over the last hundred years. Manitoban children born in 2005 are expected to live on average one year longer in their lifetime compared to children born ten years earlier in 1995. Better nutrition, control of infectious disease, particularly in childhood and better living conditions, support longer life.

Our Environment: Less crowding in our homes, better water and sewer, and controls on the quality of our food (like pasteurization of milk) have limited our contact with the infectious organisms and help control the spread of disease.

An altered balance in this triad leads to outbreaks. Good early warning systems identify and control these diseases before they spread widely. We need to help other countries improve their health. Preventing disease globally is critical as we cannot be a healthy country in a sick world.



Breaching the mental health care “silo”

To maintain mental health or recover from mental illness, we all require healthy families, good friendships, being valued for who we are, being part of community, natural support systems, meaningful work, as well as safe, affordable housing. These are as important as the formal parts of our health care services which provide the medication, counseling and inpatient treatments. We can all be part of the solution.

A SILO CAN BE SEEN for miles away along the roads of southern Manitoba, standing tall on its own and serving a very useful farming purpose. In Central Region, it's serving another purpose as well: it's a picture of the way mental illness has been isolated in our health care system.

Like a silo, mental health looms large. One in five people will be affected by a mental illness at some point in their lives. And like a silo standing alone, mental health is often isolated from the rest of the health care system, and it can isolate those who suffer from it.

RHA Central is committed to breaking down the “silo” approach to mental illness, to integrate it as a seamless part of general health care. In one step towards that goal, community mental health services for residents in the southern part of the region were recently moved from the Eden Psychiatric Hospital location to a downtown Winkler mall location (Pathways Community Mental Health), next to the medical clinic. This new office location brings mental health services to where people come for a variety of reasons, making it easier for them to access services.

Separating community mental health services from inpatient treatment makes good sense. Only a small percentage of

people with mental health problems need to be hospitalized. Eden Mental Health Centre has 30 beds yet, at any given time, the RHA and Eden Community Mental Health programs are providing services to over 1,000 people across RHA Central Region. The two main community mental health offices, in Portage la Prairie and Winkler, each have satellite offices in the smaller surrounding communities in effort to provide service as locally as possible.

How can we break down the silo? Ken Kroeker, Regional Director – Mental Health, said, “Mental health is everyone's business. We need a strong education strategy for a wide range of people in schools, workplaces, even recreational facilities, to learn about the nature of mental illness and how to respond to it.”

A shift in public attitude toward those struggling with mental health issues, said Kroeker, is “a key factor in being able to ensure that our population embodies good mental health. We need to be able to have conversations about our mental health and illness in normalized ways, in similar ways as we have learned to talk about the challenges related to living with diabetes, cancer, heart disease, etc. These are all challenging health issues about which we can openly converse without stigma attached.”



Community mental health services for residents in the southern part of the region were recently moved to downtown Winkler.



Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

CALL FOR NOMINATIONS

Board of Directors

Regional Health Authority – Central Manitoba Inc.

The Minister of Health is accepting nominations from the Regional Health Authority – Central Manitoba Inc. (RHA) residents interested in serving as RHA Board Members. Submission deadline of nominations forms with accompanying resumé is **December 15, 2010**.

In accordance with the Regional Health Authority Act, the Minister of Health will appoint directors to fill vacancies. Existing Board Members whose term of office expires March 31st may be eligible for reappointment.

Information regarding qualifications, general responsibilities of Board Members, and nomination forms are available at the RHA Regional Offices in Southport (204 428-2720 or 1 800 RHA-6509), Notre Dame de Lourdes (204 248-7250), Morden (204 822-2650) or on the RHA Central website. Your local municipal, First Nation or Manitoba Metis Federation offices will also help you to access this information.

www.rha-central.mb.ca

3 easy ways to find health services in Central Region

1 Visit www.rha-central.mb.ca

2 MTS Directory

For a listing of services available in your community, look under “Regional Health Authority – Central Manitoba Inc.,” your community acute/long term care facility name or the RHA Listing page located just prior to white pages.

3 Call Health Links-Info Santé
toll free at 1 888 315-9257

And speak to a Registered Nurse,
24-hours a day, 7 days a week.



Regular Screening Reduces Risk of Cervical and Breast Cancer

CERVICAL AND BREAST cancer screening can help save lives. The earlier cancer is found, the higher the chance that it can be treated and cured. Cervical cancer rates in Central Region have doubled over the past few years. RHA Central's rate is 15 cases per 100,000 residents which is the highest in Manitoba.

Why is that? Well... the increase may reflect increased screening. Or another consideration is that the high rates of cervical cancer could also be a result of low screening participation rates, especially in smaller communities.

So, how do we increase screening? CancerCare Manitoba partners with RHA Central to deliver a week-long PAP screening program in various communities around the region. "Health practitioners book a day off their regular work to participate in a PAP screening week, and we have clinics in communities throughout the region that participate," shared Stephanie Verhoeven. "It allows people to get a PAP screen without an appointment on a walk-in basis during that week." PAP Test Week 2010 runs from October 25-30.

CancerCare and Central Region also collaborate on mobile breast cancer screening. Women over age 50 get personal, mailed invitations when the mobile clinic is scheduled for a location near them. There is one fixed site at Boundary Trails Health Centre that runs all year. Only 50-57% of women eligible

for screening take part in breast screening even at Boundary Trails. Screening for women aged 50-69 is recommended and, again, can identify cancer before it becomes incurable.

So what is RHA Central doing to increase screening rates? Central's goal to increase participation rates for PAP tests and breast cancer screening are key parts of a broader plan to reach out to women in every community. "Where might we be missing people?" is one of the questions Verhoeven asks in the course of her work. As Regional Director of Public Health, she says the Region is always looking for ways to increase opportunities for women to get testing and health information. "We're working closely with all of the medical clinics to broaden what the PAP screening program is about. It's a step towards a comprehensive women's health program," she said. "Ideally, women will be able to come and have their PAP done and they might be able to attend a workshop or get their breast screening done at the same time."

CancerCare and Central Region share the goal of at least 70% of eligible women having regular PAP tests and breast screening. More testing means a lower risk of cancer, and a better chance that the women of Central Region are AS HEALTHY AS THEY CAN BE.

FEMALE BREAST CANCER INCIDENCE

Breast cancer has the highest incidence among all cancers for women in Canada and Manitoba with 22,700 breast cancer cases nationally in 2009. Breast cancer incidence rates rose steadily in the 1980s and early 1990s, with modest declines and increases since. (Canadian Cancer Society's Steering Committee, Canadian Cancer Statistics 2009, Toronto: 2009)

Highlight

- The female breast cancer incidence rate among RHA Central residents, decreased from 114.0 to 105.0 per 100,000 between 2000/02 and 2003/05. This is lower than the Manitoba average of 122.0 in 2003-2005.

CERVICAL CANCER INCIDENCE

Cervical cancer has the 13th highest incidence among Canadian women in 2009, with 1,300 new cases nationally in 2009. Cervical cancer is preventable through regular pap smears. The introduction of a population-based HPV vaccine program in Manitoba should also assist in the prevention of new cervical cancer cases.

Highlight

- The cervical cancer incidence rate in Central increased from 6.0 to 15.0 per 100,000 between 2000/02 and 2003/05, and is much higher than the Manitoba average of 9.0 in 2003-2005.
- Central Region had the highest cervical cancer incidence rate among all Manitoba RHAs in 2003-2005. We are hopeful that this is reflective of better screening, which would mean that we are identifying cases at the earliest possible stage, where they are most amenable to treatment. We will continue to monitor these data.

Programs & Services

In collaboration with the community and partners, the RHA Central endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in Central Region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.

Community-Based Services

- Communications/Media Relations
- personal health information access

Dietitian Services

Disaster Management

Emergency Medical Services (Ambulance)

Healthy Living

- Healthy Living Together program
- Regional Diabetes Program
- Get Better Together

Home Care Services

- personal care at home
- adult day programs
- respite care
- handivan services
- Meals on Wheels
- home equipment loan
- personal care home assessments and applications
- Services to Seniors – congregate meal programs
- Supports for Seniors in Group Living

Mental Health

- adult counselling services
- adult inpatient psychiatric treatment (Eden Mental Health Centre)

- out-patient psychiatry services
- child & adolescent services
- mental health crisis team services
- safehouse
- employment support services
- housing support services
- intensive case management services
- self help services (MB Schizophrenia Society, Canadian Mental Health Assoc., Anxiety Disorders Assoc., Mood Disorders Assoc.)
- seniors mental health services
- prenatal education
- reproductive health
- school health
- travel health/occupational health
- Families First home visiting program
- Healthy Baby services (Growing with Mom)
- Teen Clinic

Midwifery

Nurse Practitioners

Palliative Care

Patient Safety Services

Pharmacy

Physician Services

- family physicians
- physician specialists
- Medical Officer of Health

Public Health Services

- public health nursing services
 - communicable disease prevention & control
 - immunizations/child health clinic
 - postpartum & breastfeeding support

Rehabilitation

- audiology
- occupational therapy
- physiotherapy
- speech language therapy

Support Services

Facility-Based Services

Acute Care

- emergency and intensive care
- medical care
- obstetrical care
- surgery
- transitional care (for clients who are waiting for placement in a long term care facility)

Ambulatory Care

- chemotherapy
- dialysis (hemodialysis)
- child development clinic
- ostomy clinic

Lab & Imaging Services

- breast screening
- mammography
- computed tomography (CT Scans)
- electrocardiogram (ECG)
- magnetic resonance imaging (MRI)
- ultrasound
- x-ray
- laboratory

Long Term Care Services

– Personal Care Homes

Contract Health Corporations

Eden Health Care Services

Eden Mental Health Centre

Prairie View Lodge

Rock Lake Health District Hospital

Rock Lake Health District Personal

Care Home

Salem Home Inc.

Tabor Home Inc.

For information on how to access these or other programs and services available in Central Region, visit: www.rha-central.mb.ca or speak with your local physician or public health nurse.



Preventing death by suicide

PREVENTING DEATH by suicide is the primary aim of the newly-formed Suicide Prevention Committee of RHA Central. In keeping with Manitoba Healthy Living's suicide prevention strategy – Reclaiming Hope – an RHA Central committee is placing a particular focus on reducing the risk of suicide among youth.

The need for a strategy for preventing youth suicide cannot be overstated. According to the Canadian Psychiatric Association, 24 % of all deaths among 15-24 year olds in Canada are the result of suicide, and suicide is the second leading cause of death for Canadians between the ages of 10 and 24. The number of youths at risk for death by suicide is even higher than the number of deaths would suggest. In a survey of 15,000 grade 7-12 students, 16% had seriously considered suicide and 14% had made a suicide plan. (Canadian Mental Health Association) These numbers make it clear that suicide prevention is everyone's business.

More often than not, people with thoughts of suicide go unnoticed. One of the most effective ways to prevent suicide is to have more people who are able to recognize the warning signs and intervene. The goal in Central Region is to equip people in all walks of life: from social workers and counselors to teachers, religious/spiritual leaders and coaches to parents and friends, with the tools to help someone who is thinking about suicide.

The committee has developed a Suicide Prevention & Response Resource Handbook which is available to anyone who interacts with youth or others who may be at risk for suicide. RHA Central is also offering training for people who wish to learn more about how to help someone who is or may be suicidal.

Training is available in two basic formats. The first is a program called safeTALK. This two to three-hour program is available to groups 15 years and older. Participants learn how to recognize when someone is at risk for suicide, how to respond to that person and how to activate a suicide alert. The second program is a two-day workshop



Put Yourself in a Healthy Frame of Mind.

It's easier to cope with daily stresses when you look at life from fresh angles. Think of 3 things that are positive in your life right now. Remember, change and occasional disappointments are natural. Trust in your own strength to get you through hard times, but don't be afraid to ask for help.

known as ASIST (Applied Suicide Intervention Skills Training). ASIST training develops the skills used in suicide first-aid. Participants learn to intervene to prevent the immediate risk of suicide. Mental Health First Aid is also offered for health care providers from a trained clinician in the community mental health program as well for the public by the Canadian Mental Health Association. The workshop is suitable for all caregivers. Support is available to help offset the cost.

If you would like a copy of the Suicide Prevention & Response Resource Handbook or would like more information about either safeTALK or ASIST, please contact Jennifer Merasty, Mental Health Program at 822-2662 or visit www.rha-central.mb.ca.

It's Safe to Ask

Ask your doctor, nurse or pharmacist...

- 1 What is my health problem?
- 2 What do I need to do?
- 3 Why do I need to do this?



MANITOBA INSTITUTE
FOR PATIENT SAFETY
www.safetoask.ca

AstraZeneca
The Women's Foundation
cps/isp

100 Years of Public Health in Canada

Safer and Healthier Foods

Did you know the average lifespan of Canadians has increased by more than 30 years since the early 1900s, and 25 of those years are attributable to advances in public health? Public Health professionals have been working over the past century to ensure Canadians have safer and healthier foods. But even though we now enjoy one of the safest food supply systems in the world, and people know more about the importance of healthy eating and physical activity, they are failing to apply that knowledge to daily living. Our current public health threat is an obesity and type 2 diabetes epidemic. Our goal in public health for the next generation is to make healthy food choices and increased physical activity the easy choice accessible to all. Other public health goals are to eliminate trans fatty acids in food, reduce salt in processed food, improve food labelling, and encourage healthy food choices in schools and workplaces.



Teen Clinic: A Model of Health

THE TEEN CLINIC located at the Portage Collegiate Institute was nominated for a prestigious award this year. The clinic didn't win the Enid Thompson Award for health care innovation, but it certainly is a worthy nominee. This award recognizes an outstanding change that has had a positive effect on patient care in the publicly funded health care system.

Jennifer Baker, Regional Director of Healthy Living for RHA Central, says a big factor in the Teen Clinic's success is teamwork. Right from the start, a steering committee included representatives from RHA Central, the high school and the school division. "The support of both the RHA board and the school board positioned us really well for creative problem-solving," says Baker.

As an example, she tells of a problem for which the team found a creative solution. Because of the clinic's success, large groups of students were regularly waiting in the waiting room. While it's ideal that students were seeking the health care they need, on the other hand, said Baker, "We also understand that education is a determinant of health, so they need to be in class." Steering committee and staff worked together to devise a system

whereby only the number of students who could be seen in one block were in the waiting room. Others could put their names down for the block where they were available, and this way they didn't miss valuable classtime.

Collaboration also allows resources to be directed where there is greatest need. This means people spend their time on the things that make the biggest differences. "We have limited resources for mental health promotion," said Baker, "so we ask the students and teachers what key issues they're seeing in the school. That way the mental health promotion staff person can focus energies on issues that are impacting students at the Collegiate."

Teamwork is most evident in the day-to-day operation of the clinic. Teachers support the clinic because they know that healthy students will learn better. The Addictions Foundation of Manitoba clinician's office is in the teen clinic where she sees students, and referrals are shared back and forth between counsellors, the nurse practitioner, community dietitian and other caregivers. Baker calls it a "collegial and holistic approach for the clients – everyone has a role to play."



Have YOU had your flu shot yet?

Vaccination has saved more lives in Canada in the last 50 years than any other medical intervention. Vaccines help your immune system to recognize and fight bacteria or viruses that cause diseases.

For this year the flu shot is available to all Manitobans at no charge and will include protection against pandemic H1N1 as well as two other strains of the flu.

Why should I get the flu shot?

Between 2,000 and 8,000 Canadians can die of influenza and its complications annually.

Getting your flu shot every year is the best way to protect yourself against seasonal influenza (the flu).

The flu can seem similar to a common cold, but the symptoms of the flu are usually more severe. Fever, body aches, extreme tiredness and a dry cough are more common with the flu than with a common cold. Also, the flu is more likely to lead to serious problems like pneumonia, bacterial infections and hospitalization. When you are immunized, you also help protect others, because you are less likely to spread infection.

Flu Season Preparedness

You can play an active role in staying healthy and preventing the spread of influenza. Follow these simple steps:

Get an annual flu shot!

SOME TIPS

Clean your hands frequently: Twenty seconds of hand washing with warm water and soap helps remove bacteria and viruses or you can use a waterless hand sanitizer if soap and water are not available. Remember to clean your hands before and after eating, after using the bathroom, after coughing or sneezing, and after touching surfaces that may have been contaminated by other people.

Cover up when you cough or sneeze:

Raise your arm up to your face to cough or sneeze into your sleeve or if you use a tissue, dispose of it as soon as possible and clean your hands immediately.

Keep shared surface areas clean:

Doorknobs, light switches, telephones, keyboards and other surfaces can become contaminated with all kinds of bacteria and viruses. Regular cleaning and disinfecting of these surfaces can help.

If you get sick, stay home! If you go out when you're sick, you may spread your illness to co-workers, classmates, neighbours or others. It may take you longer to get better if you are not well rested. Wait until you no longer have a fever and your cough is improving, before going out.

100 Years of Public Health in Canada

Healthy Housing

Healthy housing affects our physical, mental and social well-being. Healthy housing has adequate privacy, adequate space, physical accessibility, adequate security, security of tenure, structural stability and durability, adequate lighting, heating and ventilation, adequate basic infrastructure such as water supply, sanitation and waste-management facilities, and suitable environmental quality. The absence of any one of these can directly or indirectly affect our health.

Public Health Inspectors inspect all types of accommodations to determine whether these places are free from health hazards. Inspectors ensure that landlords provide safe and healthy living environments.

HEALTHY AS CAN BE!

Thank you for reading our Fall 2010 issue reaching households across Central Region. Created by the RHA Central, HEALTHY AS CAN BE! is published to share stories about health care, health promotion and health wellness.

Stories are written by RHA Central staff and/or Rosetta Projects, freelance writers in Central Region. Many regards to the numerous interviewees who contributed to our stories.

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Thank you for joining us!