



Winnipeg Regional
Health Authority

Office régional de la
santé de Winnipeg

Executive Summary

Community Health Assessment Report 2004 Volume 1

Background

Preface

The *Community Health Assessment Report 2004* begins to provide a portrait of the health and well-being of residents living in the Winnipeg Health Region. The regional health authority is mandated in the RHA Act of Manitoba to assess the health needs in the population on an ongoing basis. This *Community Health Assessment Report 2004* provides a foundation of information to support evidence based planning and decision-making.

The *Community Health Assessment Report 2004* is organized into three parts: *Executive Summary*, *Population Health Profiles* and *Data Book*. Population Health Profiles describe health issues for various populations residing in the Winnipeg Health Region. The third part, the *Data Book* is a comprehensive set of indicators that reflect the evidence used to develop population health profiles.

The *Executive Summary* highlights findings from the *Population Health Profiles* and the *Data Book*. In addition the *Executive Summary* is organized into the following sections:

- What is the *Community Health Assessment Report 2004*?
- Summary of Key Findings
- Where Should We Focus?
- Next Steps

It is intended that the information from this report will promote dialogue, debate and partnerships among citizens and stakeholders to improve the health of the entire population and reduce health disparities.

Purpose

The overall purpose of the comprehensive *Community Health Assessment Report 2004* is:

- To provide information to support evidence-based decision making, resource allocation and priority setting within the region
- To provide information about the determinants of health and health outcomes of the population
- To endorse the concept of measurement and monitoring in the health system
- To identify information gaps
- To meet the requirements of Manitoba Health as mandated in the Regional Health Authorities Act: 2:23:2(b).

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Your feedback and input are valued, and important to the ongoing health assessment process and analysis of information. If you wish to provide feedback, please e-mail statsinfo@wrha.mb.ca or fax the Population Health and Health System Analysis Team at (204) 947-9970.

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What Is The Community Health Assessment Report 2004?

The *Community Health Assessment Report 2004* begins to paint a portrait of the health and well-being of residents of the Winnipeg Health Region (WHR). The Report is comprised of two principal documents: the *Population Health Profiles* and the *Data Book of Indicators*.

The *Population Health Profiles* describe health outcomes and determinants of health for various population subsets in the WHR. These population subsets include the 12 community areas (CAs) that comprise the WHR, and selected WHR Populations of Special Interest chosen for additional investigation.

The *Data Book* is a compendium of approximately 275 indicators that measure health status, determinants of health, health system performance, and population and health system characteristics. For each indicator, information on current status, trend data, and comparison data (by categories of person, place and time) is provided wherever possible. Data in this report can be mixed and matched to help determine population needs, create special reports that reflect targeted populations and establish comparisons to other provincial and national data.

The *Population Health Profiles* and the *Data Book* provide a pillar of information to inform planning and decision-making activities throughout the WHR. The information in the *Community Health Assessment Report 2004* is intended to be used by services and programs, communities and other key stakeholders and as a baseline for performance systems. In addition to providing a summary of health and illness issues for the region overall, several value-added components have been developed for the *Community Health Assessment Report 2004*. These value added components include: summaries by selected populations; exploratory analysis of underlying population health issues; a comprehensive compendium of indicators; data presented in graphical and spatial analysis formats; Web-based publication designed to facilitate many user requirements; and the involvement of field experts and reviewers. The *Executive Summary* highlights the major findings from the *Population Health Profiles*, reflects successes in population health outcomes and identifies areas in which to focus.

The *Community Health Assessment Report 2004* provides a foundation of the information required to address the goal of improving the health of the WHR population.

Process

Community health assessment is a basic activity in improving the health status of a community and is a process that is conducted in a variety of ways around the world. Each regional health authority in the province of Manitoba has adopted a common set of indicators to assist in the development of regional specific community health assessments with comparability on several indicators. The process and indicators are supported through the collaboration of partners within the Community Health Assessment Network (CHAN) of Manitoba. Baseline indicators were identified and developed using Manitoba Health's Performance Measurement Framework.

The *Community Health Assessment Report 2004* for the Winnipeg Regional Health Authority follows the guidelines and requirements established by Manitoba Health. Regional specific information requirements were then identified and created to support the mandated role of the health assessment. The *Data Book of Indicators* was developed using Manitoba Health's Performance Measurement Framework; and the *Population Health Profiles* were developed using the Winnipeg Regional Health Authority's Population Health Assessment Framework.

The *Community Health Assessment Report 2004* involves the systematic collection and analysis of primary and secondary information sources. The majority of the information in the *Population Health Profiles* relies on secondary data, or information coming from existing databases, surveys or research. The primary data comes from key informants, focus groups, surveys and Community Health Advisory Councils. The findings discussed in this *Executive Summary* are presented in detail in the *Population Health Profiles* and the *Data Book of Indicators*.

Summary of Key Findings by Population

Population health profiles were developed to provide an initial assessment of population groups within the Winnipeg Health Region. The analysis of information resulted in a summary of issues pertaining to the following populations: Winnipeg Health Region overall; 12 Community Areas; and Populations of Special Interest – this includes Children and Youth, Seniors, Aboriginal People, Immigrants, and Persons with Disabilities.

Winnipeg Health Region

Health issues were identified by examining health status indicators in seven health domains: Cancer; Chronic Health Conditions; Communicable Disease; Infant and Maternal Health; Injury; Mental Health; and Mortality. To summarize the overall health status of a population, comparisons were made to national or provincial values for the seven health domains. In particular, a health domain was categorized as average, below or above average based on the indicators that were associated with that domain. Based on the categorization of the domains, an overall health status was characterized as being average, above average or below average.

The information presented in the *Community Health Assessment Report 2004* suggests that, in general, the health status of the residents of the WHR is average when compared with Canadian health status values. Over half of WHR residents (61.2%) report their health to be very good or excellent. This percentage is similar to that of Manitoba and Canada. Indicators for several defined categories of illness illustrate areas in which the WHR ranks below the Canadian norm.

Leading health issues were identified based on the burden of illness in the population, comparison to national rates and the potential to impact on health. Using these criteria, the leading health issues identified in the WHR are:

- Chronic Diseases:
 - Cancer
 - Cardiovascular disease
 - Diabetes
- Infant and Maternal Health
- Injury
- Mental Health
- Obesity
- Respiratory Illness, including tuberculosis
- Sexually Transmitted Infections

The health of our communities is shaped by the determinants of health and the interactions between these determinants. This report detects variability within the region for many of the health outcomes and determinants of health measures. This variability also helps to identify the health disparities for specific populations in the WHR. A population health approach identifies opportunities to improve the health of a population.

Community Areas

In addition to the key health issues identified at the regional level, each community area (CA) portrays a unique combination of issues. Variability and common patterns of health issues have been identified within the 12 community areas (CAs) that comprise the WHR. Opportunities for improvement have been identified for each CA based on the burden of illness in the population, comparison to regional rates and the potential to impact on health. Even though CAs are compared to the WHR for many of the determinants of health, there may be other determinants of health - not measurable at the CA level - affecting these health issues. Examples of such determinants of health include personal health behaviours.

Health issues in the CAs were identified by examining health status indicators in six health domains: chronic health conditions (including cancer); communicable disease; infant and maternal health; injury; mental health; and mortality. To summarize the overall health status of a population, comparisons among the community areas were made for the six health domains. In particular, for each CA a health domain was categorized as average, below or above average based on the indicators that were associated with that domain. Based on the categorization of the domains for each CA, an overall health status was characterized as being average, above average or below average. The following summaries do not reflect differences for the neighbourhood clusters within these community areas.

St. James-Assiniboia

The St. James-Assiniboia CA has a different demographic profile from most of the other CAs, with a higher proportion of senior citizens and, smaller populations of Aboriginal persons, immigrants, and visible minorities. When compared to the WHR, this CA is above average for most 'health measures'. However, this CA experiences slightly below average 'health outcomes'.

Opportunities for improvement to health in the St. James-Assiniboia CA include the following health conditions:

- Cancer
- Cardiovascular Diseases
- Diabetes
- Unintentional Injury
- Respiratory Illness
- Mental Health

Assiniboine South

Based on the data analysed, the health status of the Assiniboine South CA is – for the most part - above average. Many of the indicators of health outcomes and health determinants for this CA compared favourably to the WHR. This CA population has the following strengths: a high socio-economic status, with good social support and social environments, both of which provide the foundation for a healthier population.

Opportunities for improvement to health in the Assiniboine South CA include the following health conditions:

- Low Birth Weight Infants
- Mental Health (specifically, anti-depressant use)

Fort Garry

Based on the data analysed, the Fort Garry CA is - for the most part - above average. Most of the indicators of health outcomes and health determinants for this CA compared favourably with those for the WHR. This CA population has the following strengths: a high socio-economic status, with good social support and social environments, both of which provide the foundation for a healthier population. In addition, the Fort Garry CA differs from most CAs in terms of its high level of educational attainment.

Opportunity for improved health in the Fort Garry CA include the following health conditions:

- Pre-term Births

River Heights

On the basis of the data analysed, the health status of the River Heights CA is average. In general, the indicators of health outcomes and health determinants for this CA are comparable to those for the WHR. This CA population have the following strengths: good socio-economic status and social environments, with average levels of social support. One challenge may lie in the high proportion of senior citizens who live alone.

Opportunities for improvement to health in the River Heights CA includes the following health conditions:

- Cancer
- Cardiovascular Disease
- Injury
- Mental health

St. Vital

Based on the data analysed, the health status of the St. Vital CA is average. In general, the indicators of health outcomes and health determinants for this CA compare favourably to those for the WHR. This CA has the following strengths: a good socio-economic status, with above average levels of social support and social environments, both of which provide the foundation for a healthy population.

In the St. Vital CA, opportunities for improvement to health include the following health conditions:

- Unintentional Injury
- Reduce health inequities in cardiovascular disease and cancer in this CA.

St. Boniface

Based on the data analysed, the health status of the St. Boniface CA is average. In general, the indicators of health outcomes and health determinants for this CA are comparable to those for the WHR. This CA has the following strengths: good socio-economic status and social environments, with average levels of social support.

Opportunities for improvement to health in the St. Boniface CA include the following health conditions:

- Cancer
- Mental Health
- Low Birth Weight Infants
- Reduce health inequities for chronic diseases, in particular cardiovascular disease in this CA.

Transcona

Based on the data analysed, the health status of the Transcona CA is average. The indicators of health outcomes and health determinants for Transcona CA are comparable to those for the WHR with average health outcomes. This CA has the following strengths: good socio-economic status and social environments, with above average levels of social support.

Opportunities for improvement to health in the Transcona CA include the following health conditions:

- Diabetes
- Respiratory Illness
- Low Birth Weight Infants
- Mental health

River East

Based on the data analysed, the health status of the River East CA is average. In general, the indicators of health outcomes and health determinants for this CA are comparable to those for the WHR. However, there is variability in this CA for many of the determinants of health and for measures of health outcome. The data identify populations within River East that are similar to CAs with respect to below average health outcomes.

Opportunities for improvement to in River East CA include the following health conditions:

- Cardiovascular Disease
- Diabetes
- Reduce health inequities for teenage pregnancy, communicable diseases, and injury in this CA.

Seven Oaks

Based on the data analysed, the health status of the Seven Oaks CA is average. In general, the indicators of health outcomes and health determinants for this CA are comparable to those for the WHR. This CA experiences average socio-economic status, average social environments, and average levels of social support. Ethnic diversity is apparent with a high population of visible minorities.

Of particular note is the variability in this CA for many of the determinants of health and health outcome measures. This variability identifies disparities of health that are similar to other CAs with population health challenges in the WHR.

Opportunities for improvement to health in the Seven Oaks CA include the following health conditions:

- Cancer
- Cardiovascular Disease
- Diabetes
- Respiratory Illness
- Hepatitis B (Acute)
- Pre-term Births
- Reduce health inequities for teenage pregnancy, communicable diseases, and injury in this CA.

Inkster

Based on the data analysed, and when compared to the WHR, the overall health status of the Inkster CA is average. For example, premature mortality is of concern (based upon age-adjusted premature mortality rates), possibly indicating a higher burden of illness and injury in this population. Comparison of health determinant indicators for this CA to those for the WHR shows below average socio-economic status, fair levels of social support, but stable social environments. Ethnic diversity is apparent with a high population of Aboriginal people and visible minorities.

The data identify populations within Inkster CA that are similar to CAs with respect to below average health outcomes.

Opportunities for improvement to health in the Inkster CA include the following health conditions:

- Communicable Diseases
- Respiratory Illnesses
- Diabetes
- Infant and Maternal Health

Point Douglas

Based on the data analysed, the health status of the Point Douglas CA is below average. There are many health issues of concern in the Point Douglas CA, making this one of the WHR's less healthy populations. The indicator data show that this CA fares worse than the WHR for most health outcomes and health determinants. The Point Douglas CA has a very different demographic profile from most of the other CAs. For example, it has a higher proportion of children and youth and a distinct ethnic diversity. This CA also has the highest proportion of Aboriginal people of all the CAs. In general, lower levels of socio-economic status; social support and social environments result in a population with, as noted above, below average health status. A few of the many issues that have an impact on the population's health include:

- More single parents and senior citizens who live alone
- Very low incomes, highest poverty rates, low education, low literacy and low participation in the workforce
- Poor social environment: less home ownership and more frequent permanent residence changes

Opportunities for improvement to health in the Point Douglas CA include the following health conditions:

- Diabetes
- Cancer
- Cardiovascular Diseases
- Communicable Diseases
- Respiratory Illnesses
- Injury
- Infant and Maternal Health
- Mental Health

Downtown

On the basis of the data analysed, the health status of the Downtown CA is below average. In addition to the Point Douglas CA, the Downtown CA is one of the WHR's less healthy populations. The indicator data show that this CA fares worse than the WHR for most of the health outcomes and health determinants. The Downtown CA has a very different demographic profile from most of the other CAs. This includes higher proportions of Aboriginal people, immigrants and visible minorities than the other CAs. In general, lower levels of socio-economic status, social support, and social environments result in a population with, as noted above, below average health status. A few of the many issues that have an impact on the population's health include:

- More single parents and senior citizens who live alone
- Low incomes, high poverty rates, low employment, low education, low literacy, and lower participation in the labour force.
- Poor social environment: less home ownership and more frequent permanent residence changes

Opportunities for improvement to health in the Downtown CA include the following health conditions:

- Diabetes
- Cancer
- Cardiovascular Diseases
- Communicable Diseases
- Respiratory Illnesses
- Injury
- Infant and Maternal Health
- Mental Health

Populations of Special Interest

Aboriginal Population

Data available for this report indicate that the WHR Aboriginal population has a health status that is well below average compared to that of many other populations in the WHR. Aboriginal people experience higher rates of illness for many of the health measures investigated in this report than those reported for non-Aboriginal people. They also experience worse measures for many of the determinants of health than those reported for non-Aboriginal people. The combination of demographic characteristics, health outcomes and health determinants contributes to a higher burden of illness experienced for many Aboriginal people in the WHR.

While differences exist between Canada's First peoples, in particular the First Nations, Métis and Inuit peoples, there are some common themes that emerge from the information reviewed. Isolation and undermining and devaluation of culture and tradition are social influences that have an impact on many of the health outcomes of Aboriginal people. Opportunities to improve health outcomes include a focus on the issues across the lifespan for children, youth, adults and older adults.

Persons with Disabilities

Most people with disabilities have the potential to lead healthy and productive lives if given the opportunity to attain it and fully participate in all aspects of community life. Current reports on persons with disabilities describe some of the determinants of health, but contain minimal information on health needs. Just as health needs vary in a large population, similar variation exists for persons with disabilities.

Persons with disabilities have a variety of health needs that contribute to their well-being. Two important characteristics to consider for persons with disabilities are: 1) disabilities can lead to further health issues and 2) health issues can result in disabilities. Since a lack of information on persons with disabilities in the WHR exists, the ability to monitor the needs of this population remains a challenge. Opportunities exist to develop innovative approaches by which to

determine the health needs of this population and improve supports for people with disabilities.

Children and Youth

Important health issues for children and youth in the WHR include cancer, injury, mental health and respiratory illness. The WHR experiences slightly higher infant mortality rates than those reported for Canada. Determinants of health such as poverty and social environments reflect challenges that have an impact on the health of children and youth in the WHR.

Immigrants

The immigrant population in Manitoba (including Winnipeg) is expected to double between 2001 and 2006. This population has unique health issues related to mental health and communicable disease that, when combined with the expected population growth, may produce an increase in their incidence. In addition, population health determinants that affect immigrant health should also be considered. Since there is a lack of information on the immigrant population in the WHR, a challenge remains in the ability to monitor the needs of this population. In particular, there may be different needs between the refugee population and all other immigrants. Opportunities to improve the ways in which to meet the needs of the WHR immigrant population, such as looking to other health regions with large immigrant populations for guidance about future programme planning and development.

Senior Citizens

The key issues for senior citizens in the WHR highlight needs for chronic disease management (especially cancer, cardiovascular disease, respiratory illness, arthritis and diabetes), ability to maintain daily functions, and unintentional injuries. The determinants of health that contribute to these health outcomes include social support networks, social environments, income and socio-economic status. Overall the information identifies chronic diseases, injuries, and social support as critical influences in the quality of life of senior citizens in the WHR.

Successes

Evidence indicates that progress is being made in the following health areas: childhood and influenza immunization programmes, tobacco use reduction and harm-reduction strategies. Ongoing health-related activities need to be sustained to ensure continued progress in these areas.

Immunization Programmes

- Childhood immunization programmes support positive health outcomes for vaccine preventable diseases in children.
- Influenza immunization programmes have reduced the potential threats as the number of people immunized is increasing.

Aboriginal Health Initiatives

- Many ongoing initiatives, such as the Aboriginal Health Services Continuum of Care Strategy and Aboriginal Human Resource Initiatives, are underway in the WHR.

Tobacco-Use Reduction

- There is evidence of a reduction in tobacco use in the WHR.¹ However, there is a need to increase our support for smokers who wish to quit, especially those with higher smoking rates.

Harm-Reduction Initiatives

- Initiatives to reduce the harms associated with drug use are being successfully implemented.

¹ This is based on data from the Canadian Tobacco Use Monitoring Survey, 2003, which showed reduction in tobacco use for Manitoba between 2001 and 2003. Data available on-line: http://www.hc-sc.gc.ca/hecs_sesc/tobacco/research/ctums.

Where Should We Focus?

The *Community Health Assessment Report 2004* is a resource that furthers our understanding of the health of our population and detects areas to focus to address the goal of improving the health of the population. It is an integral part of the planning cycle that provides a foundation of knowledge in the evidence based planning cycle. The next steps of the planning cycle relate to the integration of information into the planning process by addressing the challenge and responsibility to improve health and reduce health disparities. While information is necessary to make good decisions about health priorities, information alone cannot dictate a plan of action. One challenge is the need to digest such a large volume of detailed information, synthesize it with what is already known from other sources, and distill it all down to practical priorities for action.

In this Community Health Assessment Report, a first attempt to identify the Region's "big picture" population health priorities for action was undertaken. There was a focused discussion and a consultation process involving the Population Health and Health System Analysis Team and the Medical Officers of Health. In order to identify overall population health priorities the following criteria were established: burden of illness; morbidity and mortality; direction of trend; effectiveness of available interventions; and system readiness.

Presented below are the results of this process. Four priority areas in which the Winnipeg Health Region should be taking action were identified along with five populations that merit focussed attention. These priority areas and priority populations are meant to be considered at a high level to facilitate further planning discussions and assist in setting the course for investing in improved health and reducing health disparities within the WHR.

The process also recognized that it would be essential to work in partnership with many others and to integrate initiatives. Several opportunities exist to accomplish this objective that:

- Develop multiple strategies to improve chronic disease outcomes
- Integrate initiatives across the continuum of care
- Enhance infrastructure to improve monitoring and surveillance/information systems
- Re-orient health services to support populations experiencing multiple health issues
- Integrate organizations and activities to support the collective needs of populations experiencing multiple health issues

Finally, it is recognized that, although this report is based on existing data, it cannot provide specific data on emerging threats and diseases, the region must be prepared for them.

Priority Areas for Action to Improve the Health of the Population

The priority areas and opportunities for action are as follows:

Active Living and Healthy Eating

- Enhance physical activity in the daily lives of WHR residents
- Improve nutrition options and support healthy eating in the daily lives of WHR residents

Injury Prevention

- Prevention of falls
- Suicide prevention
- Traffic safety

Mental Health Promotion

- Promote coping skills and resiliency

Sexual Health

- Promote healthy sexuality
- Promote safer sex

Populations of Focus

The information in this report identifies health disparities for subpopulations throughout the WHR. All areas of the region have vibrant, active, and healthy communities. These disparities can only be eliminated if we work with the affected neighbourhoods and communities – capitalizing on their strengths and knowledge – and with a wide range of partners to address the determinants of health that influence the health status of populations. Opportunities for action have been identified for selected populations.

Community Areas with Health Disparities

- Point Douglas, Downtown, and parts of River East and Inkster are CAs with concentrated health disparities.
- Smaller neighbourhoods of poverty and other health disparities exist within many of the CAs.

Children and Youth

- Determinants of health, such as poverty and social environments, have an impact on the health of children and youth in the WHR.
- Opportunities exist to work with partners like Healthy Child Manitoba and the School Divisions in the WHR.

Aboriginal People

- Champion a multi-sectoral approach to address the needs of this population, with an overall impact on the social determinants of health.
- Many health issues reflect opportunities to target needs across the lifespan (children, youth, adults and older adults).

Immigrants

- Develop innovative approaches to determine the health needs of this population, with a focus on the refugee population.
- Provide guidance on future programme planning and development.

Persons with Disabilities

- Develop innovative approaches to determine the health needs of this population.
- Provide guidance on future programme planning and development.

Emerging Threats

This report provides comprehensive information about the current health status and determinants of health for residents in the WHR. It portrays the current situation in the WHR. The report also, on the basis of trend information, makes predictions about the future. What existing data cannot do as well is inform the population of new potential threats. Nevertheless, the WHR needs to be prepared for emerging diseases, especially since there is every evidence that the potential for such will continue to challenge the WHR and its population. The infrastructure required to deal with such threats includes:

1. Comprehensive, integrated and co-ordinated regional disaster management plan
2. Comprehensive, integrated and co-ordinated regional immunization programme
3. Comprehensive, integrated and co-ordinated regional information system.

Next Steps

A regional health authority is responsible for providing for the delivery of and administering health services to meet the health needs in its health region...to promote and protect the health of the population...to assess health needs in the health region on an ongoing basis...to develop objectives and priorities for the provision of health services which meet the health needs...to ensure that health services are provided in a manner which is responsive to the needs of individuals and communities in the health region and which coordinates and integrates health services and facilities... Section23:1(2).²

In addition, guidelines from Manitoba Health identify expectations regarding the use of the Community Health Assessment Report. The intended uses are to inform the regional health authority strategic planning process; to inform the regional health authority communities and stakeholders; to provide baseline information to support programme planning and evidence based decision making activities; and to encourage dialogue and debate when identifying opportunities and approaches to improve the health of a population.³

Many opportunities exist for improving the health of a population. A 'population health approach' provides a comprehensive framework with which to apply the knowledge provided in the Community Health Assessment Report 2004. The goals of a population health approach are: to maintain and improve the health status of the population; and to reduce inequities in health status between the population groups.⁴ The following table identifies key elements to improve the health of a population:

Focus on the health of the population

- Focus initiatives on the health of an entire population, or significant subpopulations, rather than individuals

Address the determinants of health and their interactions

- Understand the interactions between individual characteristics, social and economic factors, and physical environments
- Develop strategies that address the entire range of factors that determine health

Apply multiple strategies

- Identify and describe range of strategies, links among strategies and the settings where the strategies are initiated

Upstream investment to address the root causes

- Balance between short and long term accomplishments

Collaboration - Foster shared responsibility and accountability

- Identify common goals
- Ensure co-ordinated planning
- Develop and implement related policies, programmes and services among multi-sectoral partners
- Short- and long-term outcomes are identified, monitored and assessed
- Regular and timely reporting of results and sharing information with partners and public

Employ mechanisms to engage citizens

- Use various levels of public participation

Knowledge development

- Develop ongoing knowledge transfer assessment and activities
- Apply evidence to decisions
- Application to other initiatives

² C.C.S.M. c. R34 The Regional Health Authorities Act of Manitoba, Updated June 2004.

³ Manitoba Health's Minimum Requirements for RHA Comprehensive CHA Reports, November 2003.

⁴ Adapted from Health Canada's Towards A Common Understanding: Clarifying the Core Concepts of Population Health, A Health Canada Discussion Paper, July 2001.

The expectation is that this document will serve as a catalyst to support change, assist in setting health priorities specific to our communities and focus resources toward targeting high-risk areas and populations within the region. The community health assessment is an ongoing process that supports the information needs of the regional health authority's planning cycle. Various communities and service providers may use different parts of this as well as other information to assist in their planning efforts.

One of the immediate next steps in the Community Health Assessment process is to share the findings with the public, staff and key stakeholders to support the dialogue and debate; to develop priorities and planning activities; and to support evidence based decision-making in the Winnipeg Regional Health Authority.

Another step in the process is to facilitate further definition of the issues presented in the executive summary by community members, key stakeholders and staff. For the most part community input is limited in this document. Current efforts continue to integrate the information from these activities along with the existing information to verify/challenge our assumptions, provide insight and to help provide information where there are gaps. There is much room for improvement in this area. It is anticipated that the future community health assessment process will identify other opportunities to engage the community through ongoing surveys, public polling, focus groups, and Community Health Advisory Councils.

In Summary

The Community Health Assessment Report 2004 and its Executive Summary, Population Health Profiles and Data Book provide baseline information to support evidence based decision-making, resource allocation, and priority setting. It is anticipated that the Community Health Assessment Report 2004 will support dialogue, debate, and planning efforts throughout the Winnipeg Health Region.