

Definition/Description:

New Home Care Cases (Incidence)

This is the number of new home care cases being opened per thousand residents.

Home Care

The Manitoba Home Care Program, established in 1974, is the oldest comprehensive, province-wide, universal home care program in Canada. Home Care is provided to Manitobans of all ages assessed as having inadequate informal resources to return home from hospital or to remain at home in the community. Home care services are provided free-of-charge. Reassessments at pre-determined intervals are the basis for decisions by case managers to discharge individuals from the Program or to change the type or amount of services delivered by the Home Care Program.

Home Care Use: Open Cases, Closed Cases, New Cases, Average LOS

'Open cases' was defined as the per cent of residents who were open in the Home Care program, that is, the per cent of residents who were registered with the Home Care program for at least one day during the time period. 'Closed cases' was defined as the proportion of residents who were taken out of the Home Care program over the time period. 'New cases' was defined using the number of home care clients with a start date in the home care program after April 1st (i.e. after the fiscal year start). Average LOS (length of stay) was defined as the number of days "open" in the Home Care program, using registration and termination dates.

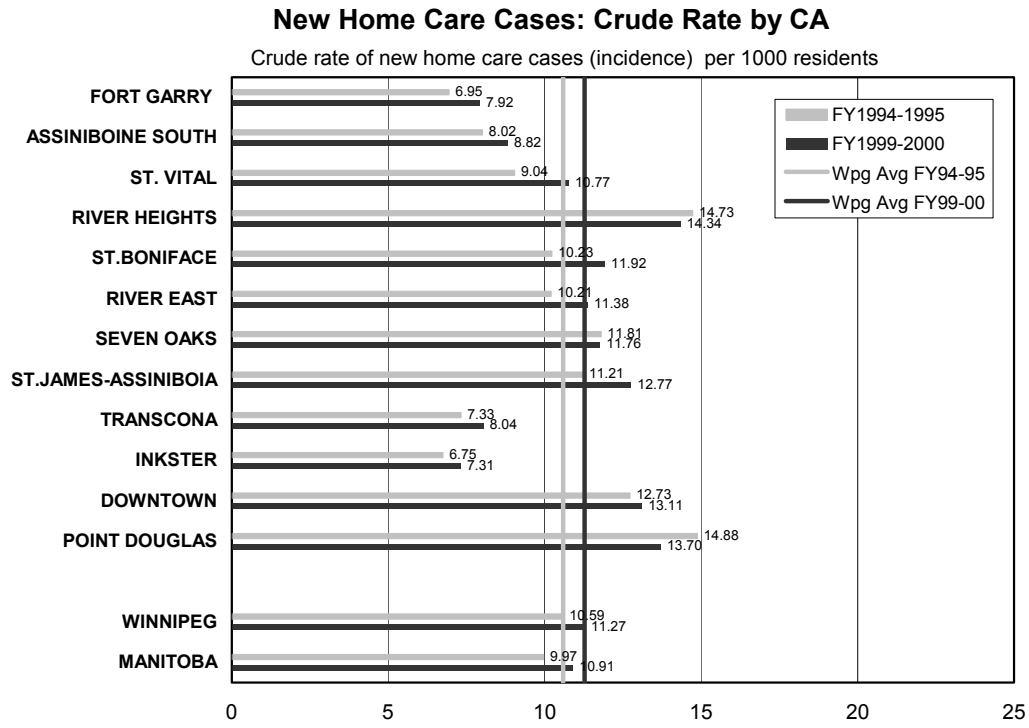
Methodology:

For all Home Care and Personal Care Home (PCH) analyses, two years of data were used (1994/95-1995/96 and 1999/2000-2000/01), with the population from the same years as the denominator (see specific categories for exceptions). In preparation for analyses done for the RHA 2002 deliverable by Manitoba Centre for Health Policy, considerable effort was invested in determining whether some reasonable results could be presented for PCH residents in Churchill. In past studies, Churchill is either excluded altogether or included with Burntwood for PCH analyses. The conclusion was that reliable results could not be produced, so Churchill was excluded from PCH analyses from the RHA 2002 Manitoba Centre for Health Policy deliverable.

Source:

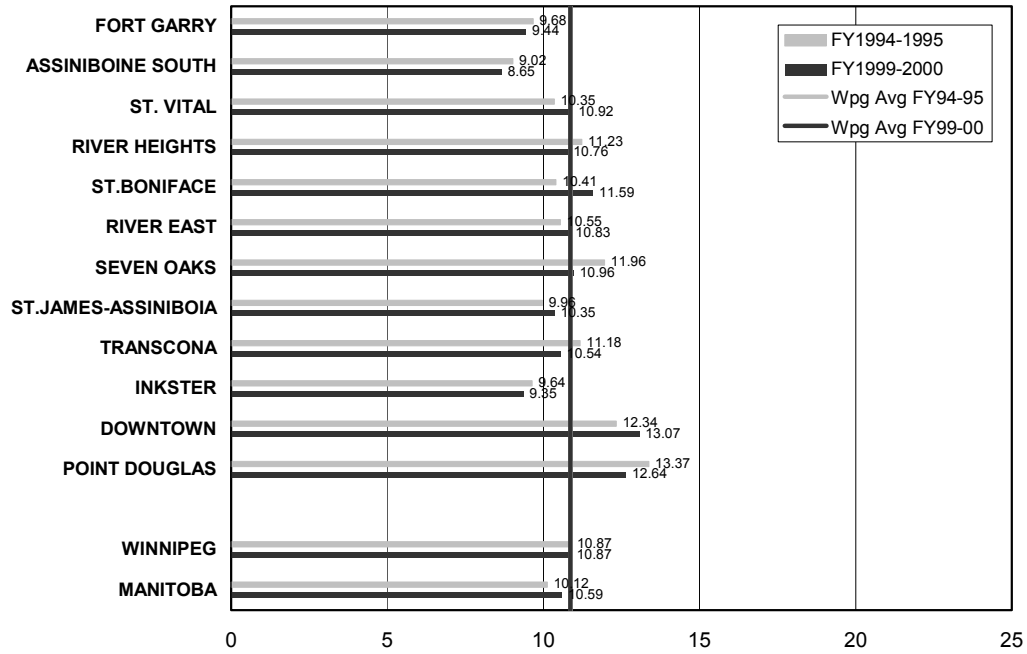
The Need to Know Project, Manitoba Centre for Health Policy, 2003. All numerical values, tables, and figures (including spatial analyses) were generated by the Population Health and Health System Analysis Unit, Winnipeg Regional Health Authority.

Findings:



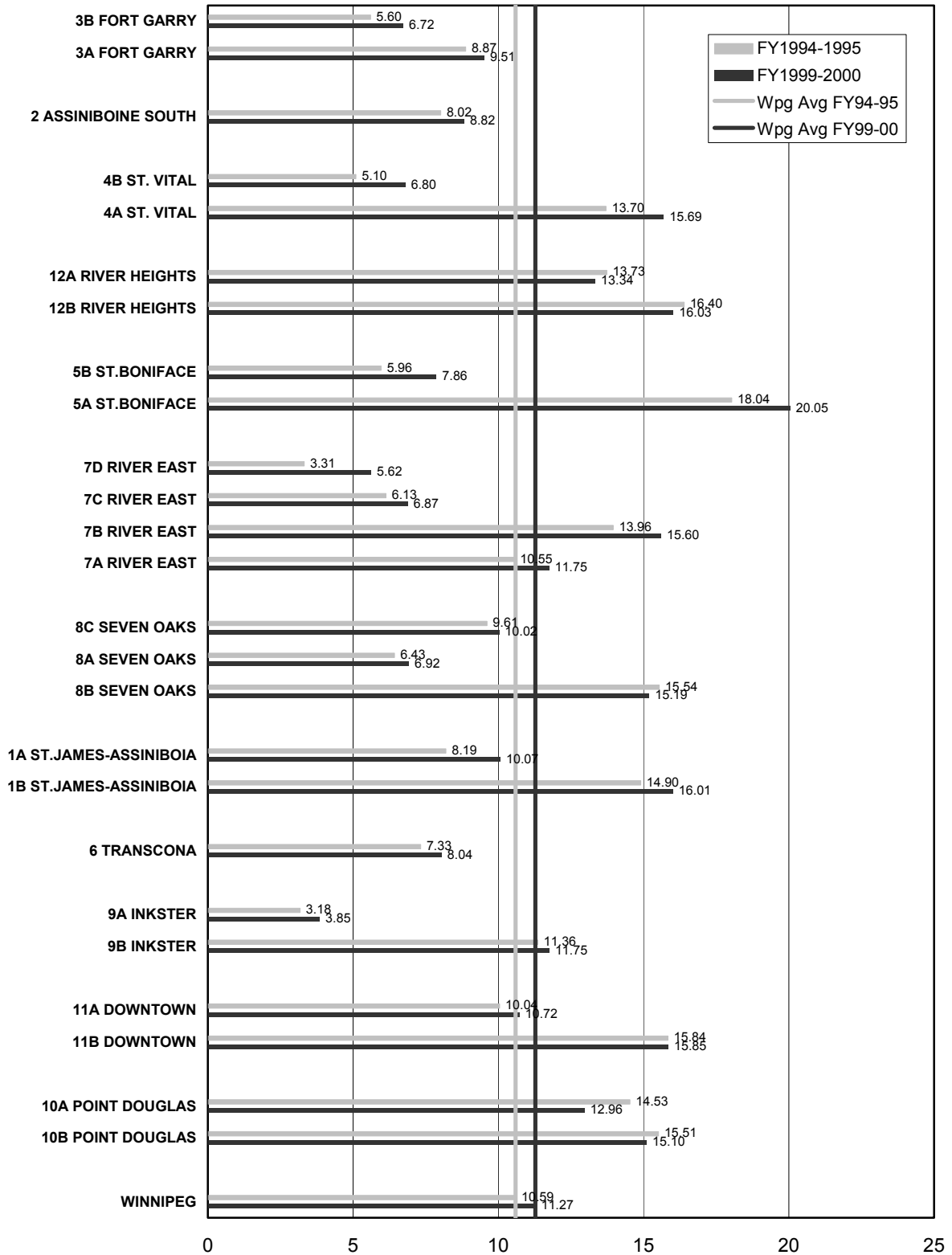
New Home Care Cases: Age-Adjusted Rates by CA

Age- & sex-adjusted rate of new home care cases (incidence) per 1000 residents



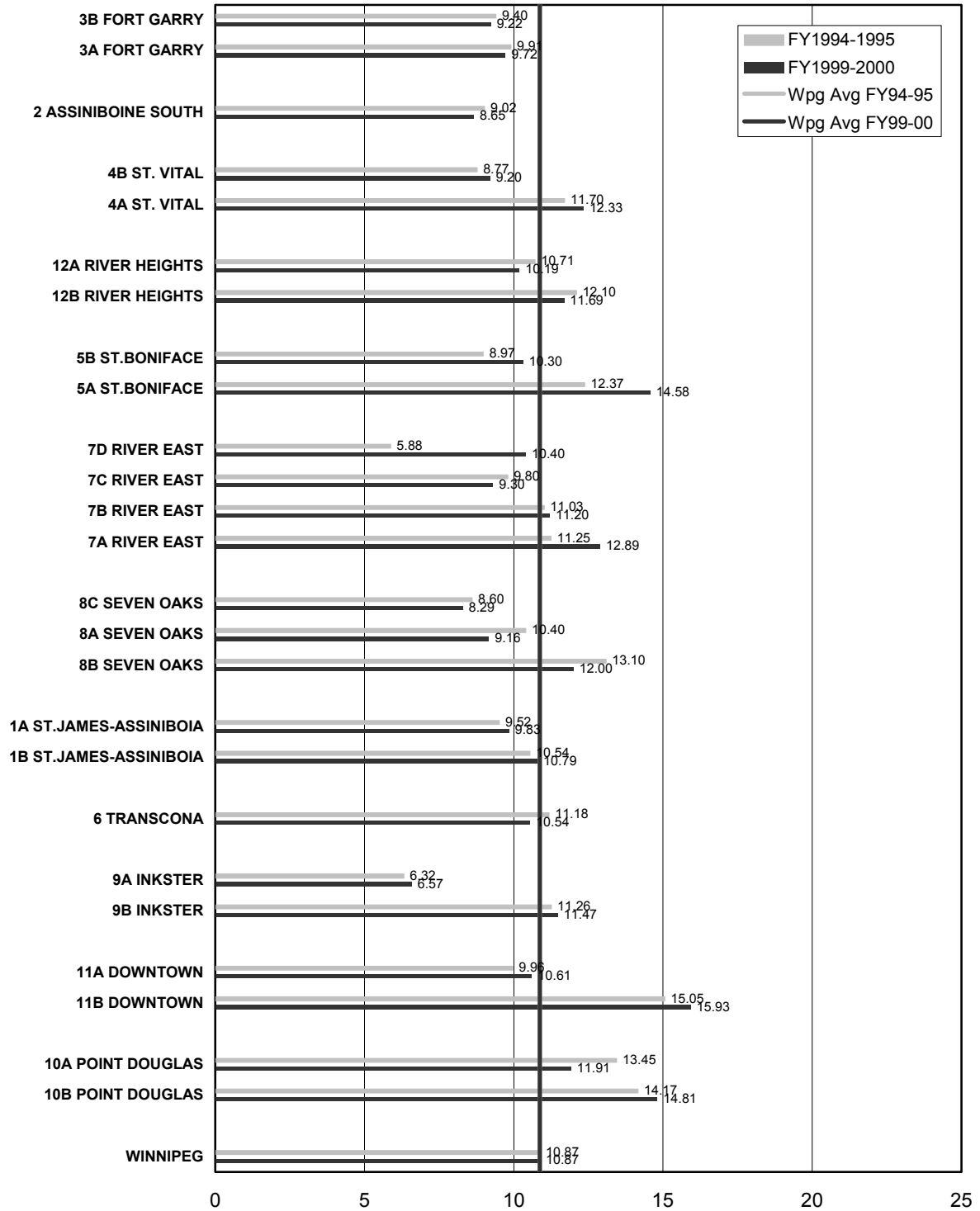
New Home Care Cases: Crude Rates by NC

Crude rate of new home care cases (incidence) per 1000 residents



New Home Care Cases: Age-Adjusted Rates by NC

Age- & sex-adjusted rate of new home care cases (incidence) per 1000 residents



Highlights:

Note: The crude rates are referred to in this narrative (unless otherwise stated) as very few differences were noted between crude and adjusted rates.

Regional Rates:

- There was a slight increase in the crude incidence rate of new home care cases for the WHR between the time periods of 1994-1995 (t_1) and 1999-2000 (t_2).
- The WHR rate increased from 10.59 cases per 1000 population to 11.27 cases per 1000 population (crude rates); these rates were slightly higher than those for Manitoba for the same time periods.
- There were minimal differences between the age- & sex-adjusted rates and the crude rates at the regional level; however, the age- & sex-adjusted rate for the WHR in t_1 is identical to that of t_2 . This may indicate that the slight increase in the crude rate is due to the changing age and sex distribution of the underlying WHR population.

Community Area Rates:

- The lowest rates of incidence of new home care cases were seen in community areas Inkster and Fort Garry for both time periods.
- The highest rates of incidence of new home care cases were found in community areas River Heights, Downtown, and Point Douglas for both time periods; this rate was also substantially higher than the WHR rate in both time periods.
- Almost every community area experienced an increase in the rate of incidence of new home care cases between the two time periods. The exceptions include: Seven Oaks, and Point Douglas.
- The following community areas had rates that were lower than that of the WHR (both time periods): Fort Garry, Assiniboine South, St. Vital, Transcona, and Inkster.
- The following community areas had rates that were higher than that of the WHR (both time periods): River Heights, Seven Oaks, St. James-Assiniboia, Downtown and Point Douglas.
- The River East CA and the St. Boniface CA had lower rates than that of the WHR for t_1 ; the rates in t_2 was slightly higher than that of the WHR.
- Adjusting the rates for the age and sex of the population had the overall effect of minimizing the differences seen among the community areas in the crude rates. However, the values in Point Douglas and Downtown, remained the highest after adjustment, indicating that the age and sex distribution of the underlying population is less likely to account for differences seen in the crude rates.

Neighbourhood Cluster Rates:

- The lowest rates of incidence of new home care cases were found in Inkster West 9A for both time periods; these rates were substantially lower than that of the WHR in both time periods.
- The highest rates of incidence of new home care cases were found in St. Boniface West 5A for both time periods.
- Almost every neighbourhood cluster experienced an increase in their rate between the two time periods, the exceptions were in River Heights West 12A, River Heights East 12B, Point Douglas North 10A, Point Douglas South 10B, and Seven Oaks East 8B.
- The following neighbourhood clusters had rates that were higher than the WHR rate in t_1 and t_2 : St. Vital North 4A, River Heights West 12A, River Heights East 12B, St. Boniface West 5A, River East West 7B, Seven Oaks East 8B, St. James-Assiniboia East 1B, Inkster East 9B, Downtown East 11B, and Point Douglas North 10A and Point Douglas South 10B.
- Adjusting the rates for the age and sex of the population had the overall effect of minimizing the differences seen among the neighbourhood clusters in the crude rates. However, the values in St. Boniface West 5A, Point Douglas North 10A, Point Douglas South 10B and Downtown East 11B, remained the highest after adjustment, indicating that the age and sex distribution of the underlying population is less likely to account for differences seen in the crude rates.