Churchill

Community Area Profile, 2015
Winnipeg Regional Health Authority (WRHA)

OUR HEALTH
OUR COMMUNITY

This is a statistical health needs profile of Churchill (2011 pop. 813)—the name of a Winnipeg Regional Health Authority community area (CA) added in 2012. Churchill is a town in northern Manitoba, Canada on the west shore of Hudson Bay, roughly 110 kilometers from the Manitoba/Nunavut border. Churchill is located far from any other towns or cities, with Thompson being the closest larger settlement. The provincial capital Winnipeg is quite distant even by airplane.

Churchill is most famous for the many polar bears that move toward the shore from inland in the autumn, leading to the city being known as the "Polar Bear Capital of the World"—an epithet that has helped grow its tourism industry. Tourism and ecotourism are major contributors to the local economy, and the polar bear season, occurring in October and November each year, draw a significant number of travelers.

There has been a 12% decrease in Churchill's population from 2006 to 2011. A large percentage of residents are of Aboriginal ancestry. Median household income in Churchill was $70,038 in 2010 and 12% of Churchill residents were in low income status. Indigenous residents in Churchill tend to have a higher rate of employment compared to the total number of people employed in Manitoba. However, employment opportunities remain an issue for several reasons including the seasonal nature of employment in Churchill.

While there are many strengths and resiliencies within the community of Churchill, residents indicate that there are also significant challenges and disparities. Churchill Health Centre is striving to provide range of services specific to the needs and traditions of the diverse population (page 13).

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George & Fay Yee Centre for Healthcare Innovation
University of Manitoba

About this Community Area Profile

Prior to the development of community profiles, the Local Health Involvement Groups (**LHIGs**) were contacted for their suggestions to help shape community profiles. LHIGs inputs were very helpful in developing this profile. The **purpose** of this community area (CA) profile is to provide an overview of sociodemographic, health and wellness data. These data for Churchill will enable the improvement of health status in the community and the quality of life among multiple sectors in the population. The **community profile** serves as an important information resource for many organizations and programs associated with health, wellness, and community development.

It also plays an important role in helping stakeholders to engage with the public in a shared effort to improve the health for everyone. It is possible to build healthy and vibrant communities that empower citizens to achieve their best physical and mental health. A community profile helps provide the objective data for building a better community.

Health begins in the community. It is rooted in the circumstances of where individuals live, learn, and work. It is significantly affected by what residents earn as income, and who they live and socialize with.

Reading this Profile: Indicators, Data & Graphics

In this profile, results for each indicator are presented for Churchill CA overall. Where data has been suppressed due to small numbers, it is indicated with an [s].

Charts and Graphics

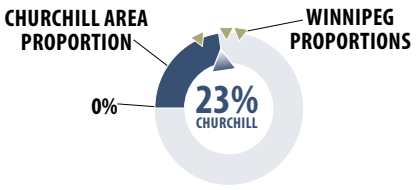
There are a variety of chart styles used is this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating the worst and best value across all CAs.

Findings

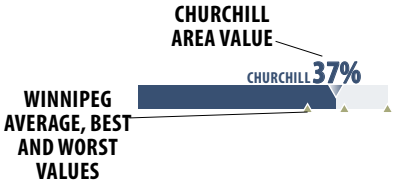
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see wrha.mb.ca/research/cha2014). Most rates are age/sex standardized.

Wherever possible we have also made an attempt to compare 2006 and 2011 Census and National Health Survey (NHS) data to report the socio-demographic findings.

DIAL CHART



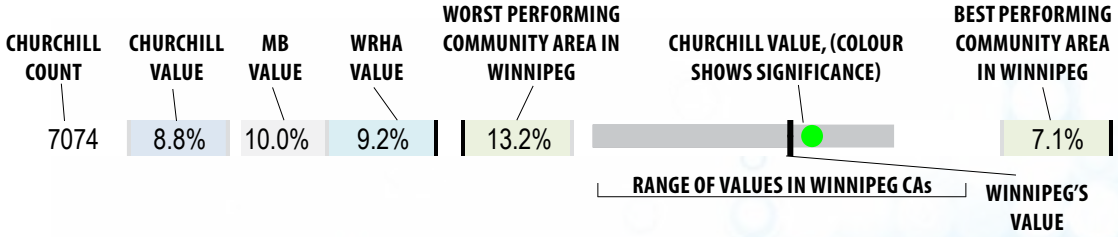
BAR CHART



SPINE CHART

About the At-a-Glance Indicator Chart

The chart on page 4 provides an At-a-Glance view of selected indicators of health status, health behaviours, preventive services, and health care access. The time periods stated for each indicator vary depending on the indicator and the data available to measure it. The first column provides indicator titles. The second column presents the latest time period for which the data are available, the third column gives exact count/cases in the CA, and the fourth column presents rate/percentage of the CA followed by Manitoba and Winnipeg rates/percentages. Finally, the table shows Winnipeg's worst and best CAs' rates/percentages along with graphic illustration of the data.



Churchill (FC-90) Community Profile

OUR HEALTH OUR COMMUNITY

Socio-demographic Characteristics

Socio-demographic factors (e.g., age, gender, ethnicity, primary language) and socioeconomic status (e.g., income, education, employment) can influence health outcomes. The age distribution of a community impacts the supports and services needed in a community. For example, young families and older adults benefit from affordable housing and balanced working hours. Different population groups, varying in income and education levels often have different challenges in maintaining or improving their health. For instance, Indigenous and vulnerable persons are groups which, in general, face barriers to good health and access to health services.

Source: 2011 Census / National Household Survey

AGE & GENDER	FEMALES	MALES
0-9 years	**65 (16%)**	**55 (14%)**
10-19 years	**50 (12%)**	**50 (13%)**
20-39 years	**120 (29%)**	**100 (26%)**
40-64 years	**145 (35%)**	**145 (37%)**
65-74 years	**25 (6%)**	**20 (5%)**
75+ years	**10 (2%)**	**20 (5%)**

ETHNICITY	
Aboriginal	**390 (45.9%)**

EDUCATION	
No certificate/diploma/degree (15+ population)	**28%**
High school diploma or equivalent (15+ population)	**21%**
Postsecondary certificate, diploma or degree (15+ pop.)	**52%**

EMPLOYMENT	
Participation rate (in labour force/15+ population)	**76.7%**
Employment rate (employed/15+ population)	**64.6%**
Unemployment rate (unemployed, in labour force)	**15.2%**

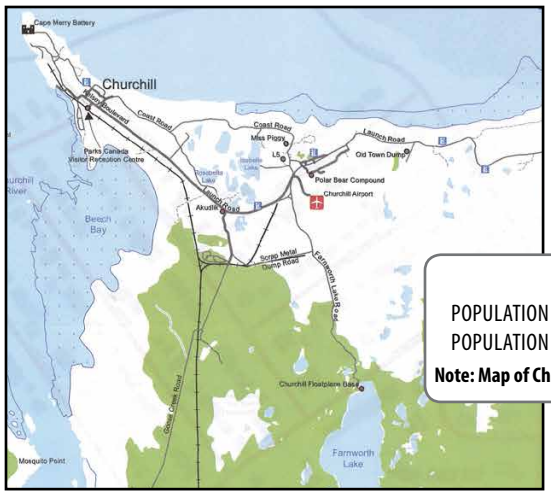
INCOME	
Income under $19,999	**155 (24%)**
$20,000-$59,999	**345 (53%)**
$60,000-$99,999	**55 (9%)**
$100,000-$124,999	**45 (7%)**
$125,000+	**45 (7%)**

LONE-PARENT FAMILIES	
Female-led parent	**35 (70%)**
Male-led parent	**15 (30%)**

65+	
Male, living alone	**10 (33%)**
Female, living alone	**10 (40%)**

Source: MCHP, 2013

LIVING IN PERSONAL CARE HOME	**27.8%**



AREA: 53.96 KM²
POPULATION (2011): 813
POPULATION (2006): 923

Note: Map of Churchill on page 11

Highlights

- The population of this community is steadily decreasing from 923 in 2006 to 813 in 2011 (12% decrease)
- In 2011, close to 50% of residents identified as being Aboriginal.
- In 2011, the labor force participation was reported as 76.7% and the unemployment rate as 15.2%.
- Attendees at the **community engagement** event (April 2014) identified the main issues of concern as:
  - high cost of healthy food/healthy lifestyle, overall cost of living
  - lack of economic opportunities and other community issues
  - drug and alcohol issues
- In response to the question, 'what contributes to good health' attendees stated that: recreation/exercise, healthy food, availability of health/social services, and a sense of community contribute to good health.
- Potential years of life lost (PYLL) significantly decreased over time.
- The percentages of Churchill residents who received treatment for total respiratory disease, hypertension, and ischemic heart disease have slightly decreased over time.
- The percentage of Churchill residents who received treatment for osteoporosis increased over time.
- The percentage of Churchill residents who received treatment for diabetes remained somewhat the same over time.
- Inpatient hospitalization has significantly increased over time.

Churchill At-a-Glance

BETTER THAN WRHA | WORSE THAN WRHA | SIMILAR TO WRHA | SIGNIFICANCE COULD NOT BE CALCULATED

	Indicator	Time Period	Churchill Count	Rates or Percentages: Churchill	MB	WRHA	WRHA Worst CA	WRHA	WRHA Best CA
HEALTH STATUS	Male Life Expectancy ^	2007-2011	8	81.2	0.8	78.3	71.7		81.8
	Female Life Expectancy ^	2007-2011	11	79.7	0.8	82.7	77.4		85.6
	Premature Mortality **	2007-2011	13	3.0	3.1	2.9	5.4		1.9
	Potential Yrs of Life Lost **	2007-2011	213	38.3	51.5	45.8	100.3		29.7
	Respiratory Diseases	2011/12	55	6.0%	9.5%	9.9%	13.2%		6.0%
	Hypertension Incidence *	2011/12	9	3.0	3.1	3.0	3.5		2.4
	Hypertension Prevalence	2011/12	186	30.9%	25.6%	24.6%	30.9%		22.5%
	Diabetes Incidence *	2009/10-2011/12	9	0.78	0.85	0.80	1.25		0.61
	Diabetes Prevalence	2009/10-2011/12	102	16.1%	10.0%	9.2%	16.1%		7.1%
	Heart Disease Incidence *	2007/08-2011/12	17	0.91	0.67	0.66	0.91		0.50
	Heart Disease Prevalence	2007/08-2011/12	45	9.3%	7.9%	7.8%	9.6%		6.8%
	Osteoporosis Prevalence	2009/10-2011/12	26	14.3%	10.4%	10.4%	14.3%		7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	139	17.4%	23.3%	24.4%	27.4%		17.4%
	Substance Abuse Prev.	2007/08-2011/12	126	14.6%	50.0%	4.9%	14.6%		2.6%
	Families - 3+ Risk Factors[1]	2011	n/a	41.2%	23.6%	23.9%	51.8%		11.8%
	Breastfeeding Initiation	2011/2012	[s]	86.7%	82.9%	85.5%	68.8%		93.7%
	Children not school-ready[2]	2010/11	n/a	16.7%	15.0%	14.8%	24.3%		8.7%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	73.7%	71.5%	72.4%	58.8%		78.9%
	Breast Cancer Screening	2010/11-2011/12	n/a	52.0%	53.4%	51.4%	36.6%		57.5%
	Use of Physicians	2011/12	698	72.8%	79.1%	81.2%	72.8%		84.1%
	Hospitalization for ACSC **	2011/12	27	28.4	6.3	4.1	28.4		2.3
	Inpatient Hospitalizations **	2011/12	172	200.8	87.9	65.4	200.8		59.6

^ in years * per 100 person yrs. ** per 1,000

[1] Risk factors for maternal health and child development

[2] Children "not ready for school" in two or more domains of "Early Development Instrument"

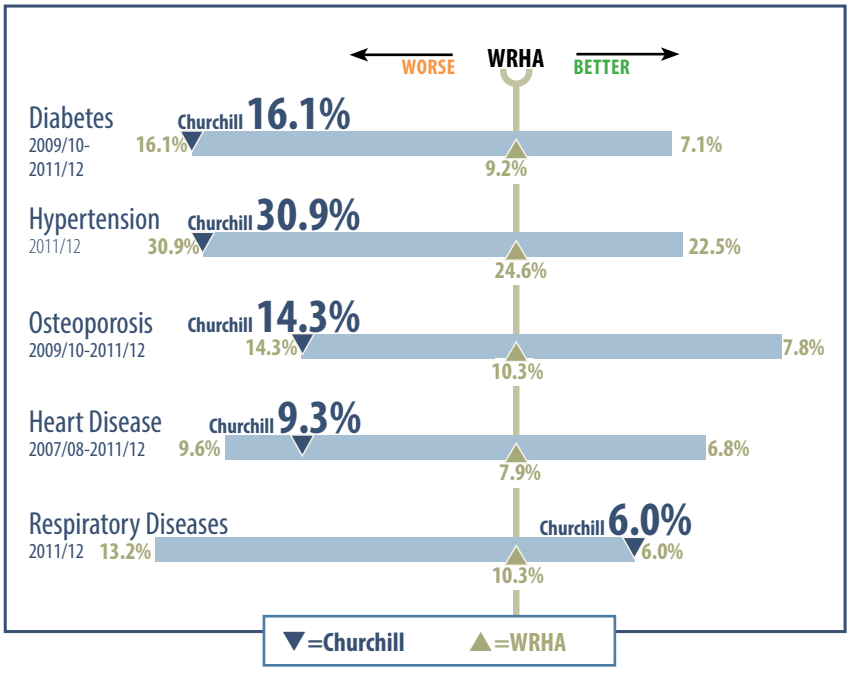
How Healthy is the Community?

Self-perceived Health

General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

- The annual Canadian Community Health Survey (CCHS) did not report Churchill specific data for the period of 2005 - 2012.
- As a result, we are unable to provide self-perceived health and general mental health data.
- Community developers may review these indicators and establish data collection process to report findings in the future.

Chronic Disease



- Stroke event rate has been suppressed.
- Heart attack event rate has been suppressed.
- Dementia prevalence has been suppressed.

Chronic disease is a growing and global problem. It not only burdens individuals suffering from them but also burdens families, communities, and the health care system.

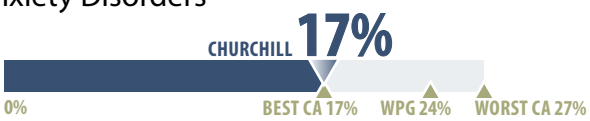
FINDINGS

- The percentage of Churchill residents who received treatment for **diabetes** remained somewhat the same over time (16.1% in 2009/10-2011/12).
- The percentage of Churchill residents who received treatment for **hypertension** slightly decreased over time (from 32.7% in 2006/07 to 30.9% in 2011/12).
- The percentage of Churchill residents who received treatment for **osteoporosis** increased over time (from 8.9% in 2004/05-2006/07 to 14.3% in 2009/10-2011/12).
- The percentage of Churchill residents who received treatment for **ischemic heart disease** slightly decreased over time (from 11.1% in 2002/03-2006/07 to 9.3% in 2007/08-2011/12).
- The percentage of Churchill residents who received treatment for **total respiratory disease** slightly decreased over time (from 7.8% in 2006/07 to 6.0% in 2011/12).
- Churchill numbers for **stroke event rate**, **heart attack event rate**, and **dementia prevalence** are suppressed due to small numbers.

Mental Health & Substance Abuse

Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

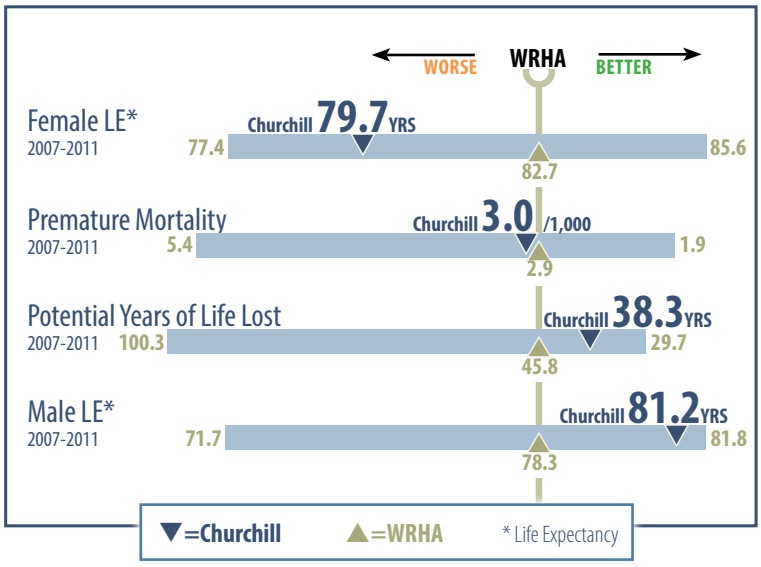
2007/08-2011/12

Mental and substance disorders are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life.

FINDINGS

- The percentage of Churchill residents who received treatment for **mood and anxiety disorders** remained somewhat the same over time (17% in 2007/08-2011/12).
- The percentage of Churchill residents who received treatment for **substance abuse** increased over time (from 11.1% in 2002/03 to14.6% in 2007/08-2011/12).

Life Expectancy & Death



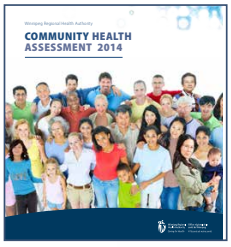
* Suicide rate has been suppressed.

Community health is influenced by life expectancy and mortality. **Life expectancy** is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, increasing life expectancy has an impact on support services required by aging population. For example, home care and personal care homes.

Potential years of life lost (PYLL) is an important health indicator of a community as it estimates the average years a person would have lived if he/she had not died prematurely. Acute and chronic disease conditions and injuries (intentional or unintentional) result in premature death of individuals. One of the biggest challenges to achieving healthy communities is to prevent and manage disease conditions and injuries—in effect, lowering the premature death rate.

FINDINGS

- **Female life expectancy** at birth has remained somewhat the same over time (80 years in 2007-2011).
- **Premature mortality** rate (PMR) slightly decreased over time in Churchill (from 5.0 per 1,000 residents in 2002-2006 to 3.0 in 2007-2011).
- **Potential years of life lost** (PYLL) significantly decreased over time in Churchill (from 62.3 years per 1,000 residents in 2002-2006 to 38.3 years in 2007-2011).
- **Male life expectancy** at birth has increased slightly over time (from 72.4 years in 2002-2006 to 81.2 years in 2007-2011).
- **Suicide** death numbers are suppressed due to small numbers.

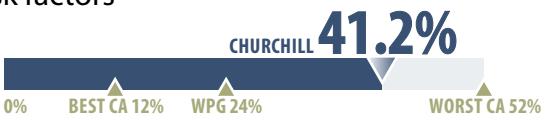


Complete report available at wrha.mb.ca/research/cha2014.

Reproductive & Developmental Health

Reproductive and developmental health indicators have an impact on safe motherhood, child survival, and reduction of maternal and child morbidity and/or mortality. Socio-economic factors influence reproductive health, teen pregnancies, and teen births.

Families with 3 or more risk factors
2011



FINDINGS

- In 2002/03-2006/07, 7.6% of infants were low birth-weight. However, in 2007/08-2011/12 the numbers were suppressed due to small numbers.
- The percentage of mothers with newborns who screen positive for 3 or more risk factors for maternal health and child's development decreased over time in Churchill (75% in 2003 and 41.2% in 2011).

Early childhood development has an impact on the emotional and physical health of individuals in their later years. Research indicates that children who begin school and are ready to learn will have future success in learning throughout their lives. Early development Instrument (EDI) scores are used to assess if children are ready or not ready for school. EDI results are a reflection of the strengths and needs of children in

Children Not Ready for School
2010/11

FINDINGS

- The percentage of children "Not ready for school" in two or more domains of the EDI has been steady (16.7%) over the years (2006/07-2010/11) in Churchill.

Sexually Transmitted Infections (STIs)

STIs have serious outcomes. Several STIs may not show early symptoms. As a result, there are greater risks of passing the infection to others. However, they can be treated and individuals can be cured.

FINDINGS

- There were 82 people screened for this in 2014/15. Data not accessible on results *(personal communication with Churchill Chief Operating Officer).*

What Determines Health in the Community?

Community engagement session(s) were undertaken in order to meet with the community members and various agency staff to look behind the numbers to understand health in each community. Thanks to the Community Facilitators who organized these sessions for Evaluation Platform member(s) to lead. Broadly, the following questions were posed to participating members.

What do you think impacts/affects the health of people in your community?

What is it you would like others (in & outside the community) to know about the health of those who live in Churchill community area.

The majority of participants' views and discussions were around social determinants of health and health equity—factors that impact the health in the community. Participants' views are strongly supported by the literature.

Several factors influence the health and well-being of a community. Some factors increase the risk of ill health and some decrease its risk. Mostly these factors are interrelated and contribute towards both positive and negative impacts on the community's health. However, some of these factors are modifiable and, therefore, can improve the health and well-being of a community.

Since several factors are interrelated, participants' views often included more than one factor when they were explaining how the community's health and well-being is impacted. Participant voices are presented below.

Community Voices

Education, Employment & Income

- There is low literacy rate in the community.
- High cost of healthy food/healthy lifestyle and overall cost of living.
- Need economic opportunities for the community and to address community issues (e.g., lack of public transportation).
- Not everyone has money for medication – people running out of money and can't afford to renew.
- Family's financial situation impacts prescription compliance.
- Vulnerable populations that require supports/supported living/housing.

Mental Health

- Presence of drug, alcohol and mental health issues in the community.
- There is only one addictions worker and lack of ability to get help such as AFM due to wait lists.
- Enhance preventive strategies – continue to increase awareness and prevention.
- Provide information for school – teach young.

Social Belonging

- Nature of the Churchill weather leading to isolation and low motivation in the residents.
- Community has access to the complex which allows to use the facilities for exercise and social gatherings and it is affordable.
- There is a sense of community and usually in family gatherings no alcohol is served.

Access to Care/Programs

- Churchill Health Centre (CHC) is easily accessible.
- Low STI rate due to increased harm reduction (condom provision).
- Need timely access to reliable and required healthcare specialists.
- Diabetes is a concern in this community.
- Dementia rate is high – there is limited space to receive care in Churchill. Patients end up in long term beds in CHC. CHC does its best in accommodating these patients but services and programs are not in place to address increasing numbers.

What Determines Health in the Community?

The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors,** and **health care access.**

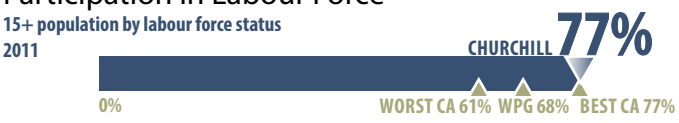
Education & Employment

No certificate, degree, or diploma

15+ Population
2011

Participation in Labour Force

15+ population by labour force status
2011



Employment Rate

15+ population by labour force status
2011

Unemployment Rate

15+ population
2011

Education impacts an individual's job opportunities and income level. It also helps individuals to better understand their health options and make informed choices about health. People with higher education tend to be healthier than those with less formal education. Offering to partner with other organizations to deliver informal education (e.g. skills building workshops) could contribute towards improved individual and community health.

FINDINGS

- In 2011, the percentage of individuals in Churchill with no certificate, diploma or degree has decreased from 42% in 2006 to 28% in 2011.
- The percentage of individuals having a high school diploma or equivalent has increased from 18% in 2006 to 21% in 2011.

Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

- The labor force participation rate reported in Churchill has decreased from 80% in 2006 to 77% in 2011.
- The employment rate has decreased from 68% in 2006 to 65% in 2011.
- The unemployment has increased from 14.5% in 2006 to 15.2%. in 2011.

Material and Social Deprivation

Material Deprivation (2006)

Social Deprivation (2006)

Better health is also influenced by social support and connectedness that an individual has with their family, friends, and community. Community connectedness reflects our commitment to shared resources and systems. Hence having community centers and programs, transportation system, and social safety nets could enhance the health of individuals living in the community.

Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion of individuals who are separated, divorced, or widowed, living alone and a higher proportion of the population that has moved at least once in the past five years.

FINDINGS

- Churchill has a material deprivation score of 0.87 (higher than zero = worse, meaning low average household income, high unemployment) and social deprivation score of 0.34 (higher than zero = worse). Material deprivation is significantly more than Manitoba (-0.02; lower than zero = better)

Income & Affordable Housing

		MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS	CHURCHILL	**$70,038**	**$45,961**
	WINNIPEG	**$58,503**	**$30,455**

Low income residents
2011

Renting, spending more than 30% of income on housing
2011

Owned, spending more than 30% of income on housing
2011

Income plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income, experience the poorest health and well-being. Therefore, the range of incomes within the community needs to be considered when designing community programs and services to improve access for all.

FINDINGS

- Median individual income of Churchill has increased from $30,458 in 2005 to $45,961 in 2010. Similarly, median household income has increased from $55,200 to $70,038.
- In 2010, average individual income was reported to be $50,063 and average household income was reported to be $84,504.
- In the 2011 National Household Survey (NHS) report, low-income statistics are presented based on the after-tax low-income measure (LIM-AT). This measure is not related to the low-income cut-offs (LICO) presented in the 2006 Census and therefore prevalence rates of low income are not comparable.

Affordable housing is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could experience physical and mental health problems.

FINDINGS

- In 2011, 16.7% of Churchill tenant households were spending 30% or more of household total income on shelter costs.
- In 2011, none of the Churchill owner households were spending 30% or more of household total income on shelter costs.

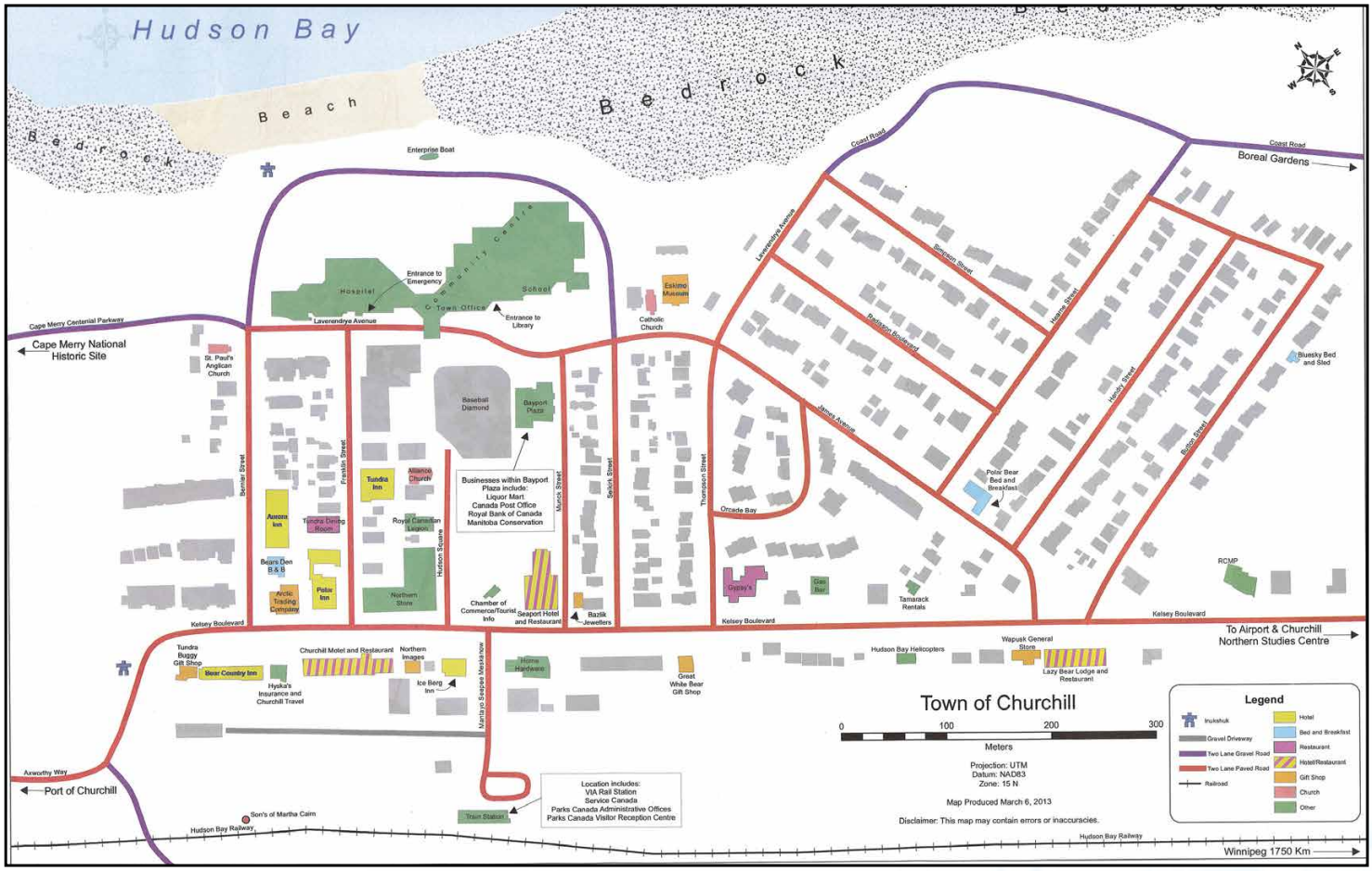
At-a-Glance

Selected indicators from 2011 Census / NHS

CHURCHILL

	Indicator	Churchill	MB	WRHA	WRHA Worst CA	WRHA	WRHA Best CA
EDUCATION	No certificate, diploma or degree	28.5%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	20.8%	27.7%	28.6%	20.8%		33.1%
	Postsecondary certificate, diploma or degree	51.5%	47.2%	51.7%	35.6%		61.2%
EMPLOY.	Labour participation rate	76.7%	67.3%	68.3%	61.2%		76.7%
	Unemployment rate	15.2%	6.2%	5.9%	15.2%		4.7%
HOUSING	Renting,shelter costs are 30% or more of household income	16.7%	35.4%	37.5%	45.0%		16.7%
	Owner, shelter costs are 30% or more of household income	0.0%	13.0%	14.0%	17.7%		0.0%
INCOME	Low income in 2010 based on after-tax low-income measure %	12.4%	16.4%	16.4%	33.3%		8.0%
	Median Individual Income	$45,961	$29,029	$30,455	$21,801		$45,961
	Median Household Income	$70,038	$57,299	$58,503	$36,298		$81,462

Churchill CA Map

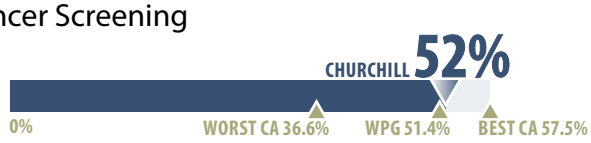


Health Care Access, Immunization & Screening

Immunization typically is the administration of a vaccine in order to make an individual immune or resistant to an infectious disease(s). Screening is a process to prevent or recognize a disease in an individual when there are no visible signs and symptoms. Immunization and screening at medically defined age intervals are vital for the prevention of disease in the community. Prenatal care is an important preventive care. It helps to achieve a healthy pregnancy and birth which positively impacts children's health in the early years of life.

Childhood Immunization
Aged 2 years
2007/08

Breast Cancer Screening
2010/11-2011/12



Use of physicians
2011/12

FINDINGS

- Immunization rates for children aged 2 years remained somewhat the same over time (73.7%).
- The percentage of residents aged 65 and older receiving a flu shot has statistically increased over time (from 53% in 2006/07 to 55% in 2011/12).
- During 2010/11-2011/12, 52% of women aged 50-69 years had a screening mammography for breast cancer.
- In 2014/15, 99 women had a cervical screening (Pap test) for cancer *(personal communication with Churchill Chief Operating Officer)*.
- Prenatal care, anecdotally, considered to be very good (personal communication with Churchill Chief Operating Officer).

Access to health services is essential for maintaining and improving community health. To meet the health needs (prevent, diagnose, and treat illness) of communities, the Region and Manitoba's Minister of Health are responsible for providing quality services. The Region is collaborating with various community organizations to help ensure that their community's health needs are addressed.

FINDINGS

- The percentage of Churchill residents who attended at least one ambulatory visit (use of physician) in a given year has remained the same over time (72.8% in 2011/12)
- Ambulatory visits to all physicians per resident per year made by Churchill residents significantly decreased over time (from 3.7 in 2006/07 to 3.1 in 2011/12)
- However, ambulatory consultations (first referral) per resident per year significantly increased over time (from 0.17 in 2006/07 to 0.29 in 2011/12)
- Inpatient hospitalization has significantly increased over time (from 152.2 per 1000 residents in 2006/07 to 200.8 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has decreased over time (from 42.7% in 2005/06-2006/07 to 27.8% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has been suppressed due to small numbers.

Health Behaviors

Individual **health behaviors** help to maintain physical and mental health and reduce the risk of chronic conditions. Exercising daily and eating fruits and vegetables daily are recommended to minimize disease burden. Similarly, it is recommended to avoid smoking and binge drinking.

- The annual Canadian Community Health Survey (CCHS) did not report Churchill specific data for the period of 2005 - 2012.
- As a result, we are unable to provide related to: alcohol consumption, smoking, second hand smoking, fruit and vegetable consumption, overweight and obesity, and physical activity.
- Community developers may review these indicators and establish data collection process to report findings in the future.

Churchill Health Centre Programs

The primary care programs available through the Churchill Health Centre are as follows:

Emergency Department

- The Churchill Health Centre's Emergency Department is open 24/7.
- Emergency Medical Services: This includes treatment and transport of ill/injured clients in emergent and non-emergent settings. Staff are trained in Advanced Life Support, Basic Life Support, CPR, and First Aid.
- Community para-medicine
- Mobile Vital Signs Clinics: This involves holding public clinics to check vital signs such as blood pressure, blood sugar levels, SpO_2 and heart rate.
- Non-Emergency Home Visit Program: This involves having a health-care provider visit a patient for such things as general well-being checks, medication compliance checks, wound care/dressing changes, CPAP assistance, monitor patient vital signs, distribute and promote ERIK packages, give immunizations, etc.
- Community & Health Centre Training/ Education: This includes bike helmet safety promotion, providing CPR/first aid courses, emergency preparedness promotion, fire extinguisher training, patient scenario training with physicians/other health-care providers, and managing the public access defibrillator program.

Medical Clinic

The Medical Clinic is staffed by two to three physicians, a clinic nurse, a clinic aide and a receptionist and is open 8:30am – 5:00pm. Services include but are not limited to:

- Same day access for non- emergent ailments
- Preventive health and screening
- Well baby check-ups
- Palliative care
- Prescription renewal services
- Treatment of chronic health ailments
- Arranging for services of specialist, employer and motor vehicle licensing required complete physical appointment.

Several consultants make their services available to the Churchill Health Centre on a regular basis. The consultants are affiliated with the Northern Medical Unit. The consultants travel to Churchill and provide a variety of specialized services, including:

- Adolescent and adult psychiatry
- Diabetic foot care
- Internal medicine and infectious disease
- Obstetrics/gynecology
- Ophthalmology
- Optometry
- Otolaryngology (ENT)
- Audiology
- Pediatrics
- Surgery

In addition to the visiting consultants, other services offered include:

- Physiotherapy
- Ultrasound
- Dentistry
- Occupational therapy
- Pediatric dental restoration

Churchill Health Centre Programs (cont'd.)

Dental Clinic

The Dental Clinic provides high quality, evidence-based oral health services to residents of Churchill and its surrounding communities. It is open **1-5 Monday to Friday or 9-5 when a provider is in the community.**

Two dentists rotate through the clinic, providing services two weeks each month. In addition, the clinic features a director, dental program coordinator/ administrator, additional dentists for call-up as required, dental assistants, a community-based registered dental hygienist, additional registered dental hygienists for call-up as required, a health promotion specialist, and a receptionist.

The clinic also provides pediatric dental care under general anesthetic one to two weeks per month, to Nunavut children from the Kivilliq, Kitikmeot and Baffin Regionals as well as the children residing in Churchill.

Addiction Services

Addiction Services is located in the primary care department of the Churchill Health Centre and is open **8:30am – 4:30pm**

Staff members work with clients of all ages with any type of addition. Services include:

- Auricular acupuncture used for addictions
- Emotional Freedom technique
- Assessment for clients on probation
- Individual counselling
- Presentations in the school
- General counselling services
- Referrals to treatment centers

Public Health

The Public Health office has a staff of 3and is open Services include:

- Well baby clinics
- Infection control
- Health promotion
- Chronic disease prevention
- Immunizations and vaccines
- School health
- Women and children's health
- Home care
- Rabies prevention program
- Sexual and reproductive health
- Emergency preparedness and response
- Delivery of Families First and Healthy Baby programs

Community Wellness

The Community Wellness program offers a wide range of mental health services for out-patient and in-patients. The **three** staff provides services to people all ages individually, to families or in a group setting if preferred. They include:

- Grief and loss
- Depression
- Work stress
- Housing
- Trauma
- Suicidal ideation
- Behavioral concerns
- Advocacy
- Social/societal issues
- Situational and post-traumatic stressors
- Addictions

Mental Health

The Mental Health program consists of four health-care professionals who provide a range of services, including addictions counselling. The centre also provides services offered through Child and Family Services.

The Mental Health office is open 9 a.m. to 5 p.m., Monday to Friday. In addition there is an on call worker for Child and Family Services and 24 hour emergency services for crisis situations available in the Churchill Health Centre's Emergency Department.

Long-Term Care

The Churchill Health Centre provides long-term care to seven residents who are unable to live independently. The program has a staff of **two**, including other Services include:

- Meals
- Daily living assistance
- Dementia care
- **Activities Worker**
- **Clergy**
- **Hairdresser**

Residents are also able to take part in a variety of activities, including bingo and yoga.