

Manitoba Centre for Health Policy

Working Together for a Better Manitoba

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A summary of the report *The 2019 RHA Indicators Atlas*

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Imagine that you are on a hockey team trying to improve your game and your team's performance. You would want to know what you do well and what areas need improvement. Like that hockey team, the Regional Health Authorities (RHAs) face a similar challenge. They need to know what is going well in the health system, and what areas need improvement, so they can provide the right services to improve our health.

While hockey teams look at their offensive and defensive skills, decision makers in the healthcare system can look at health services and outcomes like:

- How long are Manitobans living?
- What is the level of disease in Manitoba?
- How are we using healthcare services, like doctor's office visits and lab tests?
- What are the outcomes related to the use of healthcare services?

Data like these help us to find out how healthy Manitobans are. It also helps to identify areas to focus on to improve the healthcare system.

One of Manitoba's healthcare teams working to improve services and health outcomes is called the 'Need to Know Team'. This team has been working together since 2001. The team includes researchers from MCHP, managers from all five RHAs, and provincial planners. A provincial research and healthcare system collaboration like this is unique to Manitoba. This is the fourth atlas-style report this team has created. It looks at the health status of all Manitobans, and our use of the healthcare system.

Each time a Manitoban visits a doctor, fills a prescription or uses a hospital, data are created. These data are in MCHP's Data Repository. Names are removed and health card numbers are replaced with a 'scrambled' number to protect privacy. This lets researchers link data. Linked data helps us to answer questions like how many Manitobans with diabetes develop kidney failure.

Data from the Repository were used to create this atlas report. The Need to Know Team worked with researchers at MCHP to decide what would be included. They also helped interpret the results. These team members will also help their colleagues across the province to use these new findings to "improve our game" in healthcare.

What We Do Well

In the last RHA Atlas report, the health gap between the wealthy and the poor was widening. Since 2013, findings show that this gap is no longer widening. Rich or poor, urban or rural, when we look at Manitoba as a whole, everyone is living longer, which is very good news.

We also found that we are using hospitals less over time, and that hospital care remains closely matched to our need for healthcare. These trends are positive for our healthcare system.

Maternal and child health also showed improvement. Manitoba's teen pregnancy rate dropped sharply. It has been among the highest for Canadian provinces. More pregnant women are receiving good prenatal care. Infant mortality has decreased. The rate at which preschoolers had surgery to have multiple cavities removed has also decreased. All of these are good signs.





People All Over
Manitoba

are

**Living
Longer**



There is still a

← GAP →

between those in

Low Income Areas + High Income Areas

in

LIFE EXPECTANCY

— But it's no longer widening —

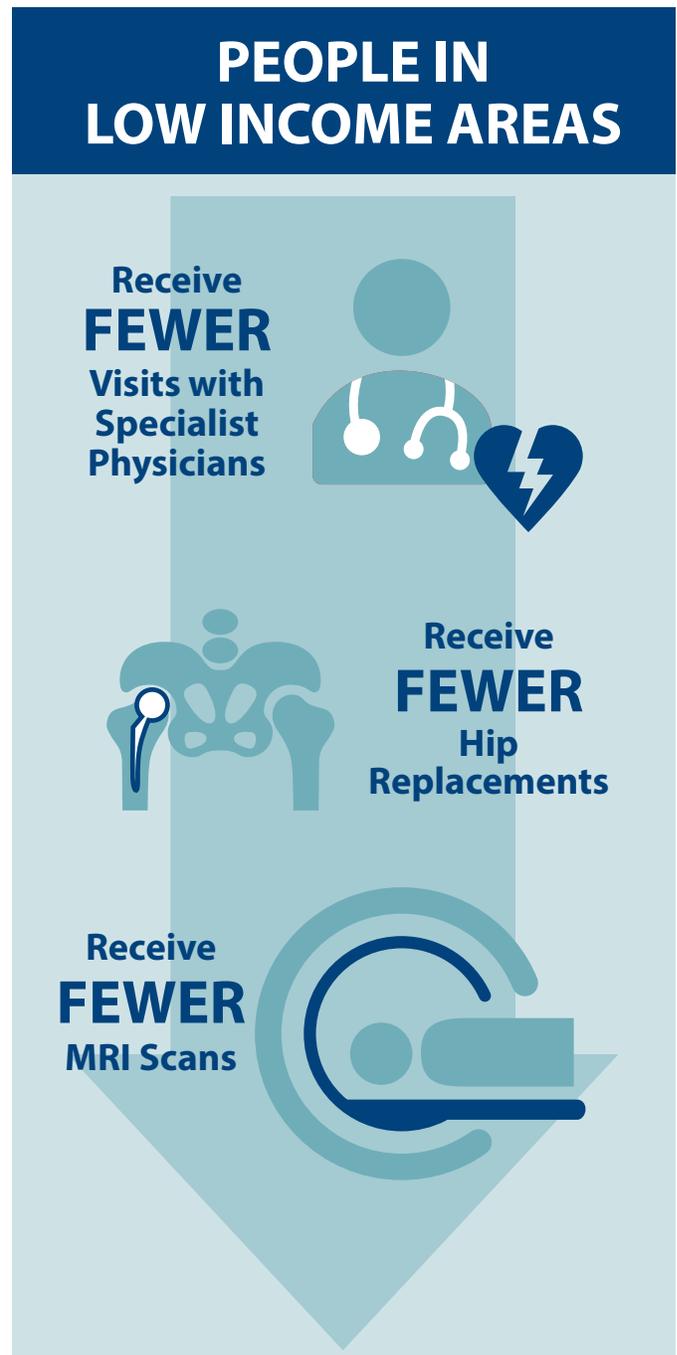
Areas that Need Improvement

Typically, people who live in the poorest neighbourhoods are also the least healthy. Our healthcare system is meant to respond to need. In this system, we would expect people living in poorer neighbourhoods to use more health services. In many parts of the system like hospital care, this is exactly what we found. However, there were a few exceptions. The rate at which Manitobans consulted specialist physicians, received hip replacements, and got MRI scans all had the opposite trend. Manitobans in wealthier, healthier neighbourhoods received more of these services than those in lower income areas. These differences need more investigation to make certain healthcare access is fair for all Manitobans.

Even though this report showed that the gap in health status between rich and poor is no longer increasing, it's not shrinking either. Reducing those gaps should remain a key target for health system managers. Almost every disease we studied was more common in lower than higher income areas.

The Bigger Picture

For most hockey teams, not all players are going to improve at the same time. In this report, we found a number of recent improvements along with a number of challenges for the healthcare system. Thankfully, we have an excellent team of experienced players, and an outstanding data system providing the evidence we need to work on those challenging areas. Let's take a moment to celebrate recent successes, then get back to work to address the areas that need more attention.



Manitoba Centre for Health Policy

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The Manitoba Centre for Health Policy is a research unit in the department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences.

MCHP conducts population-based research on health services, population and public health, and the social determinants of health.

To View the Original Report, Please Visit

http://mchp-appserv.cpe.umanitoba.ca/reference/RHA_Report_Web.pdf



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