

#### A summary of the report: 2024 RHA Indicators Atlas

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To make health care better for everyone, we need to understand how healthy Manitobans are and how they use health services.

We use data to answer questions like "how long are Manitobans living?" and "what illnesses impact Manitobans the most?" Data are collected whenever someone receives a health care service like going to the hospital, seeing a doctor, filling a prescription or receiving a vaccine. All this information is safely stored in a data repository at the Manitoba Centre for Health Policy (MCHP). To protect people's privacy, personal details like names and health card numbers are removed. Instead, each person is given a scrambled code. Researchers use this code to connect different pieces of information together without knowing who the person is. Data from the repository were used to create this report.

For nearly 25 years, MCHP has partnered with The Need-To-Know Team to create health atlases to inform the planning and delivery of health services across Manitoba. The Need-To-Know Team, formed in 2001, includes managers from all five Regional Health Authorities (RHAs) as well as provincial planners. Achieving health and social equity for all Manitobans is central to the Need-To-Know Team's vision.

The 2024 RHA Health Indicators Atlas is the fifth report of its kind. This report includes 113 health indicators, the most ever analyzed in an atlas report; and is different from past reports as it provides more than one study of health outcomes. First, a trend analysis was completed that looks at patterns in all health indicators over 20 years from 2003 to 2023. Second, a time period analysis explored health outcomes over three separate timeframes: 2012/13, 2017/18 and 2022/23. The trend analysis is useful for understanding how health has changed over many years, while a time period analysis compares outcomes in the short-term, pointing to more urgent needs.

### The Health of Manitobans

Over 20 years (2003-2023), Manitobans are living longer and have experienced better health in many areas. Rates of mortality, hospitalizations, acute care hospital days, heart attacks and strokes have all shown decreasing trends over time. The percentage of people living with chronic conditions, such as total respiratory morbidity, osteoporosis, congestive heart failure, and ischemic heart disease, have also decreased. Despite these favorable trends, there are some indicators that worsened over time, such as the percentage of people living with mood and anxiety disorders and

diabetes, as well as the percentage of pregnant women receiving inadequate prenatal care and the percentage of caesarean section births.

Looking at the health of Manitobans over three different time periods helped researchers compare outcomes more recently and identify when changes over time may have happened. For example, mortality rates were not significantly different between time periods, but the long-term trend showed that a decrease has been gradual over time. On the other hand, new cases of diabetes only increased between the two most recent time periods. This suggests that the overall rise in diabetes over time is mainly due to more cases in recent years. Interestingly, the percentage of people living with congestive heart failure significantly decreased between the first and second time period and then significantly increased between the second and third time period, while the trend overall decreased. This could signal a more recent increase that planners should be aware of, or that the percentage of people with this condition has levelled off. Finally, the rate of teen pregnancies has decreased over time and between each time period, which was observed for all of Manitoba and each health region.

# **Factors Impacting Health**

### **Population Growth**

Manitoba's population has grown by 5.1% since 2017, with a notable increase in the number of seniors. Even though the overall health of the population is improving, for example, fewer people are getting certain illnesses or going to the hospital, the total number of people who need care is going up. This is very important for planning healthcare services. Analysis over 20 years shows that more people are living with chronic illnesses, and these numbers are expected to increase as the population ages, which poses a serious concern for the health system.

#### **COVID-19 Pandemic**

The COVID-19 pandemic impacted the health of Manitobans and changed how people accessed health services. Mortality rates rose between 2019 and 2021, especially for those under the age of 75, but returned to pre-pandemic levels in 2022/23. More people received a flu shot; however, these rates fell in 2022/23 and are back to pre-pandemic rates. There was also an increase in healthcare visits for respiratory and mental health concerns.

Despite health services needing to adapt rapidly to meet pandemic demands, delays and cancellations were inevitable, which made it harder for people to

## **How We Measured the Health of Manitobans**

#### **Trend Analysis Time Period Analysis** Shows 20 year pattern, if a rate has Compares health indicators over the short-term Gone Stayed the Gone Time Down Same Up **Period** Time Time 3 **Period Period** It shows how the health of Manitobans has changed Over Time Pointing to more urgent needs





### **Decreased Rates of**

- Mortality
- Hospitalizations
- Acute care hospital days
- Heart attack
- Stroke

# **But some Rates Worsened**



### **Increased Rates of**

- Anxiety disorders
- Diabetes
- Caesarean section births
- Inadequate prenatal care

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attend follow-up appointments, receive emergency care, or be admitted to hospital. Hospital services were affected early in the pandemic, and fewer people were admitted to hospital or had day surgeries due to restrictions and the focus on urgent care. These services returned to average levels by 2022/23. Similarly, procedures, such as heart surgeries, hip and knee replacements, and MRIs also dropped early in the pandemic but mostly returned to pre-pandemic rates by 2022/23. Many family doctors transitioned to virtual visits to limit in-person contact, which was shown to help keep Manitobans connected to their primary care providers when in-person visits dropped in 2020/21.

#### Income

People living in lower-income neighbourhoods tend to experience worse health compared to those in wealthier areas. Individuals living in higher income areas continue to be more likely to get care from specialists, have MRI scans, and receive hip and knee replacements compared to those living in lower income areas. Encouragingly, gaps have begun to narrow for some health indicators in recent years, including rates of diabetes, high blood pressure, heart disease, and prenatal care in rural communities. In urban areas, there were fewer disparities in rates of arthritis and teen pregnancies. Despite these positive changes, health inequities still exist and need continued focus and action.

# The Big Picture

The good news is that the overall health of Manitobans has improved and continues to improve. Disruptions in health services due to the COVID-19 pandemic have mostly returned to pre-pandemic levels.

However, challenges remain. The province's growing and aging population is leading to an increased number of people requiring care for



chronic illnesses and diabetes in particular. Mental health continues to be a concern, with rates of mood and anxiety disorders rising steadily over the past two decades. Some areas of maternal and child health, like making sure people get enough prenatal care, still need work. While there has been progress in narrowing health inequities, they continue to persist. Residents of low income areas experience some of the poorest health outcomes in the province. To meet rising demand and improve health outcomes, system planning must prioritize equitable access to care across all regions and income groups.

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