



For example, it cost about 6.5 times more to treat a Winnipegger with coronary heart disease than someone without. For people living in the South Eastman Regional Health Authority, the cost is about 5.7 times more to treat people with CHD. Costs are based on where people live, not on where they received care, meaning if a patient is transferred to Winnipeg, their records are based on the regional health authority they fall under.

Although this University of Manitoba research doesn't explain why these costs are different, possibilities include decisions to hospitalize people, the use of certain prescription drugs, the availability of services, and the use of community-based services such as self-management programs for people with chronic diseases.

*MCHP is a research unit in the Department of Community Health Sciences in the Faculty of Medicine, at the University of Manitoba. Research scientists and their collaborators at MCHP study health services, population and public health, and the social determinants of health using data from the entire population of Manitoba. Most of the research is oriented towards answering questions of interest to policy makers in Manitoba based on a formal association with Manitoba Health and input from other government departments.*



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Greg Finlayson is available for interviews.

The summary and report will be available for download on Wednesday, April 21 from

<http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>

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