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Faculty of Medicine

## Community Health Sciences

April 19, 2010 Manitoba Centre for Health Policy University of Manitoba Winnipeg, Canada Contact: Jack Rach 204-789-3669

## UNIVERSITY OF MANITOBA RESEARCHERS EXAMINE THE ADDITIONAL COST OF CHRONIC DISEASE IN MANITOBA

For Release on Wednesday, April 21, 2010

Winnipeg, Manitoba – Over half the people in Manitoba over 19 live with a chronic condition such as arthritis, asthma or chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes, or stroke which places a burden on them and on the healthcare system. This information comes from a report by the Manitoba Centre for Health Policy (MCHP), a research unit in University of Manitoba's Faculty of Medicine. The report includes important information that will be useful for health and social policy makers in the province to determine the potential impact of healthcare costs for programs designed to reduce the incidence of chronic disease.

"If chronic disease can be prevented, healthcare costs could be reduced," says Greg Finlayson, lead researcher of the study. "With the right kind of policy changes, prevention can occur at the community level through accessibility and affordability of good housing and healthy food, and at the individual level through eating well, exercising, not smoking, and so on."

Research shows that personal choices such as eating healthier foods, physical activity or not smoking can reduce your risk of getting the conditions studied in this report. Research also points to a link between lower socioeconomic status and poorer health so improving societal factors at the policy level, like making good food and housing more affordable, or reducing environmental contaminants, should lessen the likelihood of people getting chronic diseases. Educating people on managing these illnesses has also been shown to reduce their need for healthcare.

Executive Director of the Manitoba Lung Association, Margaret Bernhardt-Lowdon agrees. "Both asthma and chronic obstructive pulmonary disease have a profound effect on patients' quality of life," says Bernhardt-Lowdon. "However, there is overwhelming evidence that with early treatment and lifestyle changes, patients with asthma and COPD can improve their quality of life and require fewer hospitalizations and medical interventions."

Researchers at the University of Manitoba compared the costs of healthcare for people with arthritis, asthma and chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, and stroke over a two-year period. The report compares what it costs the province to provide healthcare to individuals with one of these conditions with individuals who do not have the condition. For example using one method of analysis, on average it costs \$22,000 to treat someone who has had a stroke. The average healthcare costs for someone in Manitoba who hasn't had a stroke is \$3,800. The report also breaks-down costs for physician services, inpatient and day surgery, hospital care, prescription drugs, home care and nursing homes for each of these conditions.

"One of the most interesting findings of this research is that the cost of treating chronic disease is different throughout the province," says Finlayson. "After considering age, sex, and other influencing factors, we still found people who were treated for similar conditions had different costs for healthcare depending upon where they lived. These differences are not caused by the actual cost of providing services because these values have been equalized – they're caused by using services differently."

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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 downloaded on Wednesday, April 21 from <a href="http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html">http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html</a>
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