Seeing the big picture of northern health and healthcare of Metis and First Nations people in Manitoba: do healthcare patterns reflect underlying need?

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Aarhus University, Denmark
www.umanitoba.ca/faculties/medicine/units/mchp/
A World-Class Repository

Population-Based Health Registry

- Family Services
- Social Housing
- Healthy Child MB data
- Education
- Immunization
- Medical
- Nursing Home
- Provider
- ER
- Vital Statistics

Special data e.g. ICU, Metis, First Nations

Justice, U of M, lab and diagnostics

Census Data at DA level
So what works? …

researchers, decision-makers

• **USER INVOLVEMENT FROM START TO FINISH**
  – integrated KT

• **INTERACTIVE FORUMS**

• **RELEVANT RESEARCH FOR REGIONS**

• **EVIDENCE-BASED STORY TELLING** potentially leads to **EVIDENCE-INFORMED DECISION MAKING**
So what does it take?

To develop collaborative relationships around data stewardship and use, it takes:

- TIME and $ commitment
- SHARED LANGUAGE
- TRUST
- RELATIONSHIP BUILDING
- “LETTING GO” of traditional roles
- PATIENCE
- UNDERSTANDING


Profile of Metis Health Status and Healthcare Utilization in Manitoba (2010)

Research Team
PIs: Dr. Patricia J. Martens (MCHP)
    Dr. Judith Bartlett (MMF)
MCHP: Elaine Burland, Heather Prior, Charles Burchill, Shamima Huq, Dan Chateau, Angela Bailly, Linda Romphf
MMF: Dr. Julianne Sanguins, Sheila Carter
Dept’ Health contacts: Deborah Malazdrewicz, Rose Neufeld, Marie O’Neil
The seven MMF Regions of Manitoba and their overlay with the 11 RHAs

*Note: report based upon linkage with 90,915 Metis over time (73,016 in 2006). MB total population is ~1.2 million.*
Premature mortality rates 21% higher for Metis (4.0 vs 3.3 per 1000 aged 0-74 years, p<.05).
<table>
<thead>
<tr>
<th>Region</th>
<th>Rate (annual rate per 1,000 Metis residents aged 0-74 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Region (m)</td>
<td>3.65</td>
</tr>
<tr>
<td>Interlake Region</td>
<td>4.15</td>
</tr>
<tr>
<td>Northwest Region</td>
<td>3.95</td>
</tr>
<tr>
<td>Winnipeg Region</td>
<td>4.35</td>
</tr>
<tr>
<td>Southwest Region</td>
<td>4.25</td>
</tr>
<tr>
<td>The Pas Region</td>
<td>5.05</td>
</tr>
<tr>
<td>Thompson Region (m)</td>
<td>5.85</td>
</tr>
</tbody>
</table>

'M' indicates the area's rate for Metis was statistically different from Manitoba average for Metis.
'O' indicates the area's rate for all other Manitobans was statistically different from Manitoba average for all other Manitobans.
'D' indicates the difference between the two groups' rates was statistically significant for this area.
'S' indicates data suppressed due to small numbers.

Source: MCHP/MMF, 2009

Most healthy (in southern MB)
Least healthy (in northern MB)
So does health care use reflect underlying “need”?

Figure 10.1.2: Total Hospital Separation Rate by Metis Region, 2006/07
Age & sex adjusted rate of hospital separations per 1,000 Metis residents

Note: Hospital rates 26% higher for Metis (194 vs. 154 per 1000, p<.05).
Figure 9.2.2: Ambulatory Consultation Rate by Metis Region, 2006/07
Age- & sex-adjusted rate per Metis resident

Source: MCHP/MMF, 2010

Note: Consultation rates to specialists 7% higher for Metis (0.30 vs. 0.28 per person per year, p<.05). Low in the north for Metis.
MMF (Health & Wellness Department) is doing community dialogues through 7 Regional Knowledge Networks, to give context to the data.

**Healthcare use:**
- North has lower physician and consult visits than expected,
- Health care use is higher for Metis,
- Youth health: high risk

**Geography:**
- "Geographical variation provides context of "promising practices" compared to First Nations?

**Burden of disease:**
- Poorer health status for Metis compared to all other Manitobans,
- Mostly higher (13%-49%) rates of illness,
- Metis rates mostly similar or better than all others,
- Continuity of care consistently associated with higher uptake of screening

**Prevention and screening:**
- North has lower physician and consult visits than expected,
The health and health care use of Registered First Nations people living in Manitoba: a population-based study (2002)

Research Team


AMC: Doreen Sanderson and the Health Information and Research Committee of AMC, Marilyn Tanner-Spence, Audrey Leader

MB FN-CAHR: Brenda Elias, John O’Neil
January 2001
This map has been developed by the Health Information and Research Committee of AMC, in conjunction with Mike Anderson (MKO) and Charles Burchill (MCHP)

Note: report based upon linkage with 97,635 Registered First Nations over time (87,328 in 1999)
Premature mortality rates 200% higher for First Nations (6.6 vs. 3.3 per 1000 ages 0-74 years, p<.05).
Huge variation in PMR by Tribal Council: overall 6.1 per 1000
KTC (in north) 4.8 per 1000; DOTC (in south) 9.3 per 1000, both p<.05
So does health care use reflect underlying “need”?

Direct Adjusted Hospital Separation Rate per 1,000 Population
by Tribal Council
1998/1999

Keewatin Tribal Council
Island Lake Tribal Council
Interlake Reserves Tribal Council
Indep First Nations North
Indep First Nations South
Swampy Cree Tribal Council
West Region Tribal Council
Southeast Resource Devel Council
Dakota Ojibway Tribal Council
Manitoba On Res

Rate per 1,000 Population

Most healthy (in NORTHERN MB)
Least healthy (in SOUTHERN MB)
Figure 7.4: Direct Adjusted Ambulatory Consultation Rate, per person by Tribal Council 1998/99

Keewatin Tribal Council
Island Lake Tribal Council
Interlake Reserves Tribal Council
Indep First Nations North
Indep First Nations South
Swampy Cree Tribal Council
West Region Tribal Council
Southeast Resource Devel Council
Dakota Ojibway Tribal Council
Manitoba, On Reserve

Most healthy
Least healthy

Note: Consult rates only 7% higher for First Nations (0.29 vs 0.27 per person per year, p<.05). But highest for selected north locations.
Key findings First Nations report:

- Health status of Registered First Nations people is much poorer
- Big differences in health status and health care use across Tribal Council areas (DOTC in south of concern)
- Higher overall use of physicians and hospitals reflect RFN poorer health status
- Consult rates do not reflect need; no relationship to proximity to urban centres
- Preventive care rates are lower
Summary Comparisons… Metis and First Nations compared

**Metis**
- Poorer health
  - PMR 13% higher
- Greater use of healthcare
  - Hospitals 26% higher
  - Consults 7% higher
- Lower consults, poorer health in North
- Similar/better preventive care

**First Nations**
- Much poorer health
  - PMR 200% higher
- Greater use of healthcare
  - Hospitals 223% higher
  - Consults 7% higher
- Lower consults, poorer health in South
- Poorer preventive care
Manitoba Centre for Health Policy

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(includes copies of all reports – full reports and four-page summaries)

Youtube video about our workplace …
http://www.youtube.com/watch?v=r--a96JEuXo&feature=youtube_gdata


Martens PJ. Straw into Gold: lessons learned (and still being learned) at the Manitoba Centre for Health Policy. Healthcare Policy 2011; Vol. 6 (Special Issue):44-54.


