



# Community Health Status Assessment: Creighton and Flin Flon Area 1996-2005



**Community Health Status Assessment** is an assessment of the overall health of the communities population whereas a **Human Health Risk Assessment** is an assessment of the risk to human health from a particular contaminant or combination of contaminants.

### Purpose:

- To provide an overall general assessment of the health status in the Flin Flon and Creighton area (FF/CR) in comparison to general population in Manitoba and Saskatchewan as well as the NOR-MAN (NHR) and Mamawetan Churchill River Health Regions (MCRHR),
  - To complement the Human Health Risk Assessment, and
  - To determine if there were particular areas of concern requiring further health status studies.
- This type of study is not able to determine why there may be differences between the populations.

### Source of Info:

- Saskatchewan and Manitoba vital statistics and cancer registries
- Canadian Community Health Survey and Census Canada

### The Population of Flin Flon and Creighton:

- is more like the Manitoba and Saskatchewan population in terms of age make-up and proportion of those with Aboriginal identity as compared to NHR and MCRHR.
- is decreasing between 2001 and 2006
- for those aged 75 years or older has increased in Creighton by 16.5% and decreased in Flin Flon by 8.8% from 2001 to 2006.

For comparison between the groups in this study, age-standardization was used to help compare rates of illnesses in populations with different age make-up



### The things that determine our health:

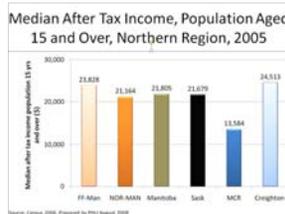
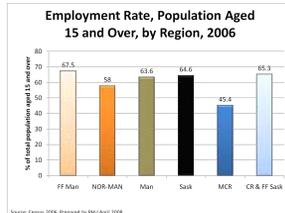
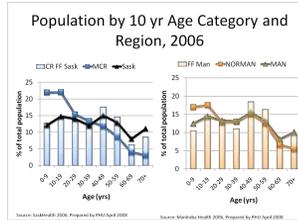
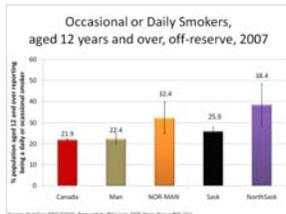
Our health of our communities and the people in those communities is influenced by an interaction of a variety of factors such as:

- Incomes and social status
- Education
- Employment
- Our genetics
- Our environment (our natural ecosystem and our human-made environment)
- Social supports in our family and community
- Early childhood development
- Health behaviours (whether we smoke, our nutrition, our exercise, etc)
- Health services

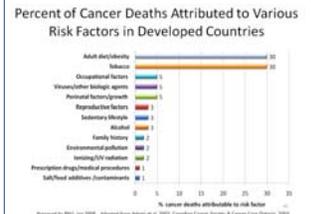
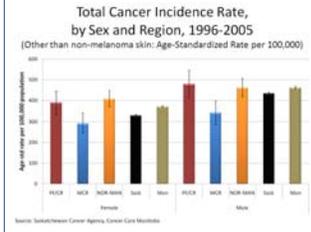
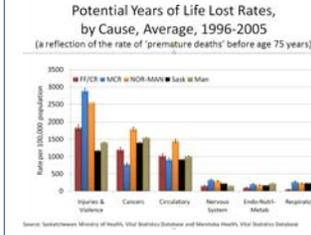
### The people of Flin Flon and Creighton on average had:

- slightly higher education levels than the overall population in NHR and MCRHR,
- slightly higher levels of employment for men and women compared to the populations in MB, SK, NHR and MCRHR,
- slightly higher income levels than MB, SK, NHR and MCRHR.
- less crowding in homes than MB, SK, NHR, and MCRHR.

The information was not available for some of the health behaviours for people in FF/CR but for the off-reserve populations in NHR and MCRHR, there were slightly higher rates of people who were overweight and obese, are heavy drinkers and who smoke or are exposed to second hand smoke compared to MB or SK.



The full presentation of the Community Health Status Assessment is available at [www.flinflonsoilstudy.com](http://www.flinflonsoilstudy.com) and click under the Document Library tab for the November 19, 2008 presentation to the Community Advisory Committee



### Death rates and common causes of death

- For all causes of death combined, the death rate in FF/CR is lower than the death rates in NOR-MAN HR and slightly lower than in MB and SK
- Circulatory disease (like heart disease and stroke) and cancers are the most common causes of death in FF/CR, MB, SK, NOR-MAN and MCR HRs.
- Death rates for circulatory diseases are lower in FF/CR than in NOR-MAN HR, MB and SK.
- Death rates for all cancers combined are lower in FF/CR compared to NOR-MAN and MB (all cancers were combined other than non-melanoma skin cancer).
- Deaths for respiratory diseases (lung diseases) are slightly higher in FF/CR than MB and SK but lower than NOR-MAN HR.
- Death rates for injuries and violent deaths are higher than in MB and SK but lower than NOR-MAN and MCRHR.

### Premature Death Rates and Common Causes of Premature Death

- Premature death rates (or Potential Years of Life Lost) for males and females combined are lower in FF/CR than in MB, NOR-MAN and MCR HRs.
- Premature death rates for injuries are higher in FF/CR than MB and SK
- Premature death rates for cancers, and respiratory (lung) disease are lower in FF/CR than in MB and SK

Causes	FF/CR	NOR-MAN	Man	SK	Man
Injury	1000	1000	1000	1000	1000
Cancers	1000	1000	1000	1000	1000
Respiratory	1000	1000	1000	1000	1000
Endocrine	1000	1000	1000	1000	1000
Stroke	1000	1000	1000	1000	1000

### Cancer

- Females: there is no significant difference in the cancer rate for females in FF/CR compared to those in MB, NOR-MAN or MCR HRs
- Males: there is no significant difference in the cancer rate for males in FF/CR compared to those in MB, SK, or NOR-MAN HR.
- Lung, breast, colorectal and prostate cancers were the most common cancers in FF/CR during this 10 year period – this is similar to Canada, MB, SK, NOR-MAN and MCR HRs.
- For the different types of cancers studied FF/CR had no significant differences except 1) female breast cancer was lower in FF/CR than in MB and 2) male prostate cancer was lower in FF/CR than SK.
- Non-melanoma skin cancer was not included in the study.

### Cancer Risk Factors

Cancer has multiple causes or 'risk factors': Tobacco, diet and obesity are thought to cause about 60% of the cancer causing death in developed countries.

This study of cancer incidence cannot determine the cause of specific types of cancers seen in Creighton and Flin Flon

*Generally, the overall health status of the Flin Flon Creighton population is as good as, and in some situations, better than the provincial averages for most of the indicators studied.*

This type of study may not identify low level risks from one factor due to the small population size and the fact that many health conditions have multiple causes or influences.