



Indicator: Hospitalization for Ambulatory Care Sensitive Conditions

DEFINITION: The proportion of inpatient hospitalizations for ambulatory care sensitive conditions (ACSCs) among Winnipeg Regional Health Authority (the Region) residents aged 75 years and younger in a given year. ACSCs are a group of 17 diseases and diagnoses, including asthma, angina, gastroenteritis, and congestive heart failure that should be treated in the community and not in hospital.

NUMERATOR: Number of inpatient hospitalizations for ACSCs among the Region's residents aged 75 years and younger in a given year.

DENOMINATOR: Number of the Region's residents aged 75 years and younger in the given year.

CALCULATION: (Number of inpatient hospitalizations for ACSCs among the Region's residents aged 75 years and younger/Number of the Region's residents aged 75 years and younger)×1,000. Proportions are age- and sex-adjusted to the Manitoba population aged 75 years and younger in the first time period (i.e., 2006/07 Manitoba population as the standard population for 2006/07 and 2011/12; 2000/01 Manitoba population as the standard population for 2000/01 and 2005/06).

DATA SOURCES: Manitoba Centre for Health Policy (MCHP), 2009 & 2013

KEY FINDINGS:

- The proportion of hospitalizations for ACSCs among the Region's residents aged 75 years and younger decreased over time, from 6.6 hospitalizations per 1,000 residents in 2000/01 to 4.1 hospitalizations per 1,000 residents in 2011/12. The Region's proportion of hospitalizations is consistently lower than the provincial average.
- Churchill had the highest proportion of hospitalizations for ACSCs (16.9 hospitalizations per 1,000 residents in 2006/07 and 28.4 per 1,000 residents in 2011/12). Within Winnipeg, neighborhood clusters (NC) Point Douglas South (19.2 per 1,000 in 2006/07 and 11.9 per 1,000 in 2011/12) and Downtown East (13.5 per 1,000 in 2006/07 and 10.1 per 1,000 in 2011/12) had the highest proportions of hospitalization for ACSCs.
- Residents living in low income areas were more likely to be hospitalized for ACSCs: In 2011/12, residents in the lowest income NC (Point Douglas S) were 9.15 times more likely to be hospitalized for ACSCs than those in the highest income NC (River East North); and the Region's residents in the lowest income quintile were 3.95 times more likely to be hospitalized for ACSCs than those in the highest income quintile.

WHAT DO THE FINDINGS MEAN TO COMMUNITIES?

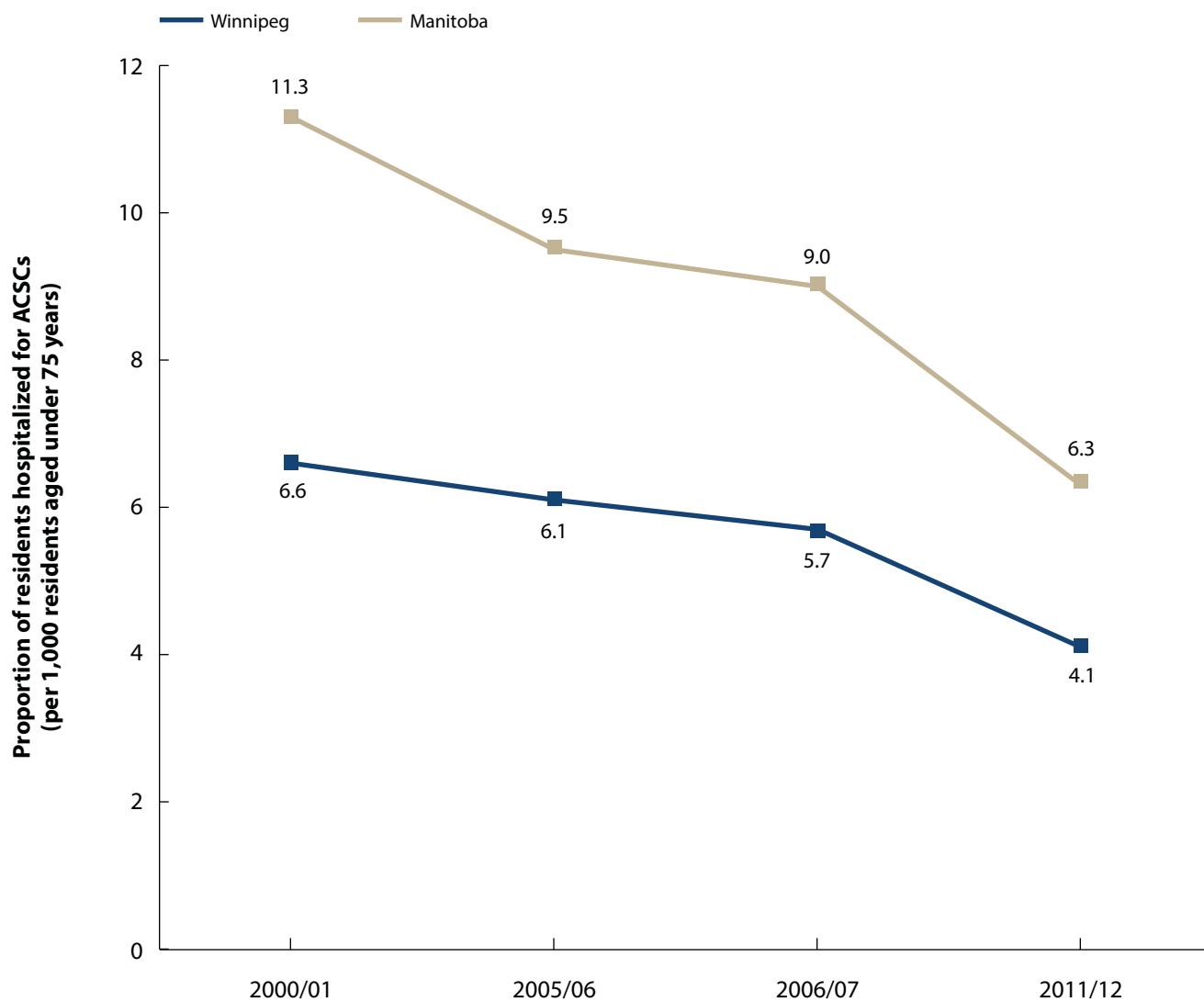
- Hospitalizations for ACSCs are often considered avoidable if the conditions are managed appropriately through ambulatory care. This indicator is an indirect measure of access to primary health care, care in the community, and the ability of the health care system to effectively manage chronic conditions.
- Data suggest that chronic disease management in community settings has improved overall, but it remains a challenge in some of the lower income communities.
- The definition for ACSCs in this report is different from that in the 2011 Statistics Canada report¹, so the data are not directly comparable.

¹ Sanmartin C, Khan S and the LHAD Research Team. Hospitalizations for ambulatory care sensitive conditions (ACSC): the factors that matter. Health Research Working Paper Series No. 8, Ottawa, 2011.

Figure A5.1.8.a1

Trends in Hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) in Winnipeg & Manitoba

Age- & sex-adjusted proportion of hospitalization for ACSCs (per 1,000 residents aged under 75 years), 2000/01–2011/12



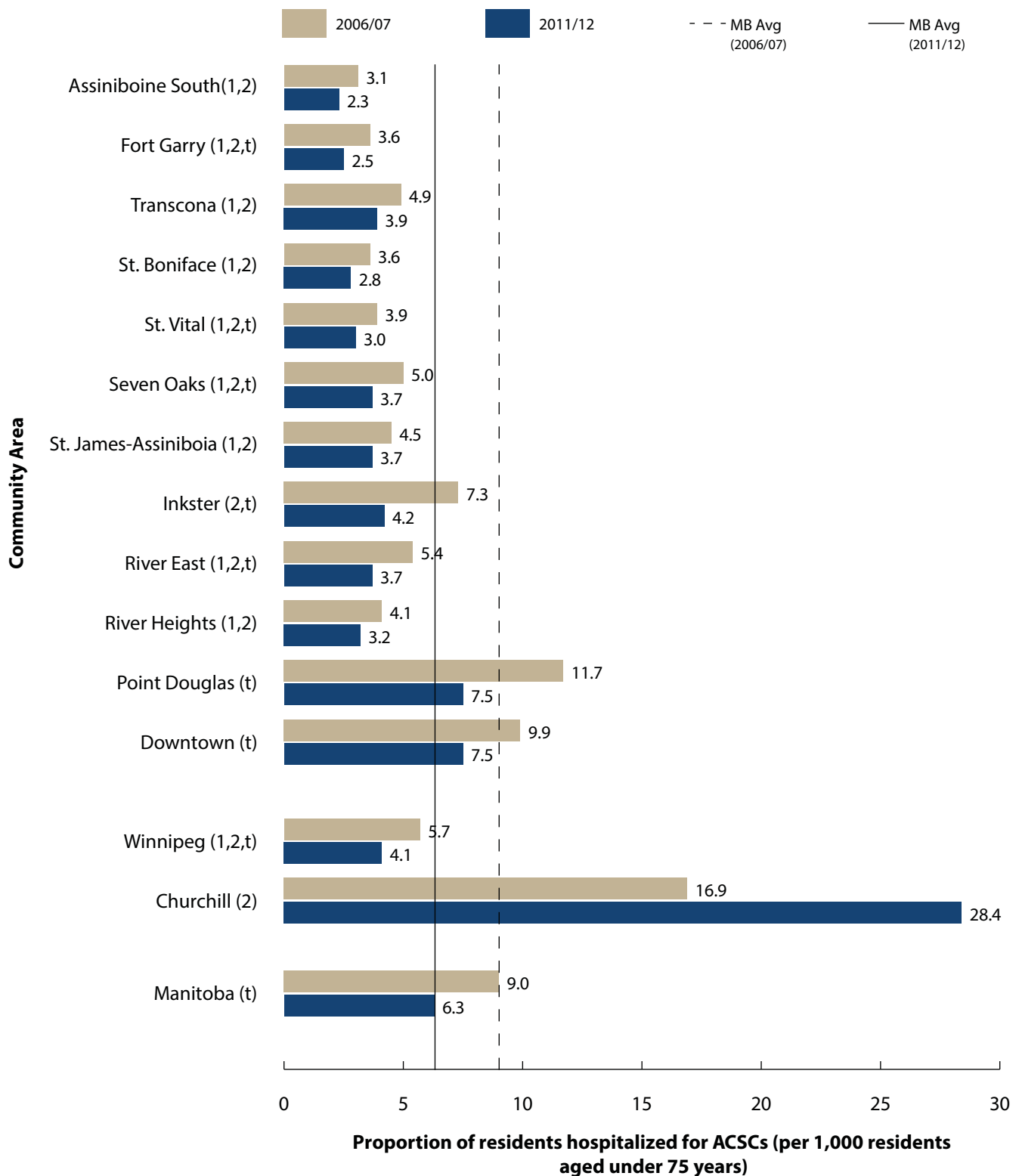
Sources: Manitoba Centre for Health Policy, 2009 & 2013

**The following charts of Community Area & Neighborhood Cluster are ordered by decreasing median household income.

Figure A5.1.8.a2

Hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) by Winnipeg Community Area

Age- & sex-adjusted proportion of hospitalization for ACSCs (per 1,000 residents aged under 75 years), 2006/07 & 2011/12



Source: Manitoba Center for Health Policy, 2013

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

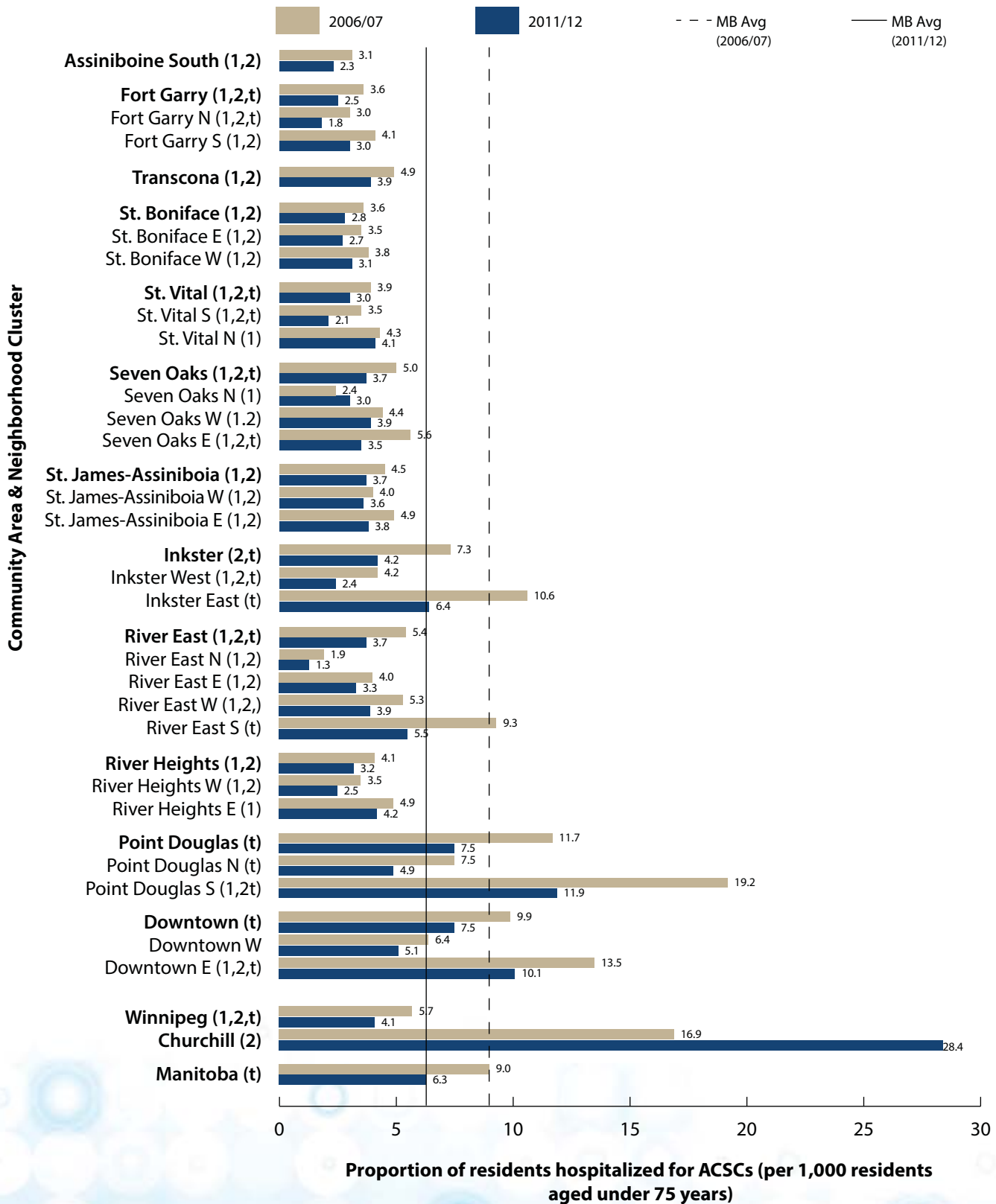
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

Figure A5.1.8.a3

Hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) by Winnipeg Community Area & Neighborhood Cluster

Age- & sex-adjusted proportion of hospitalization for ACSCs (per 1,000 residents aged under 75 years), 2006/07 & 2011/12



Source: Manitoba Center for Health Policy, 2013

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

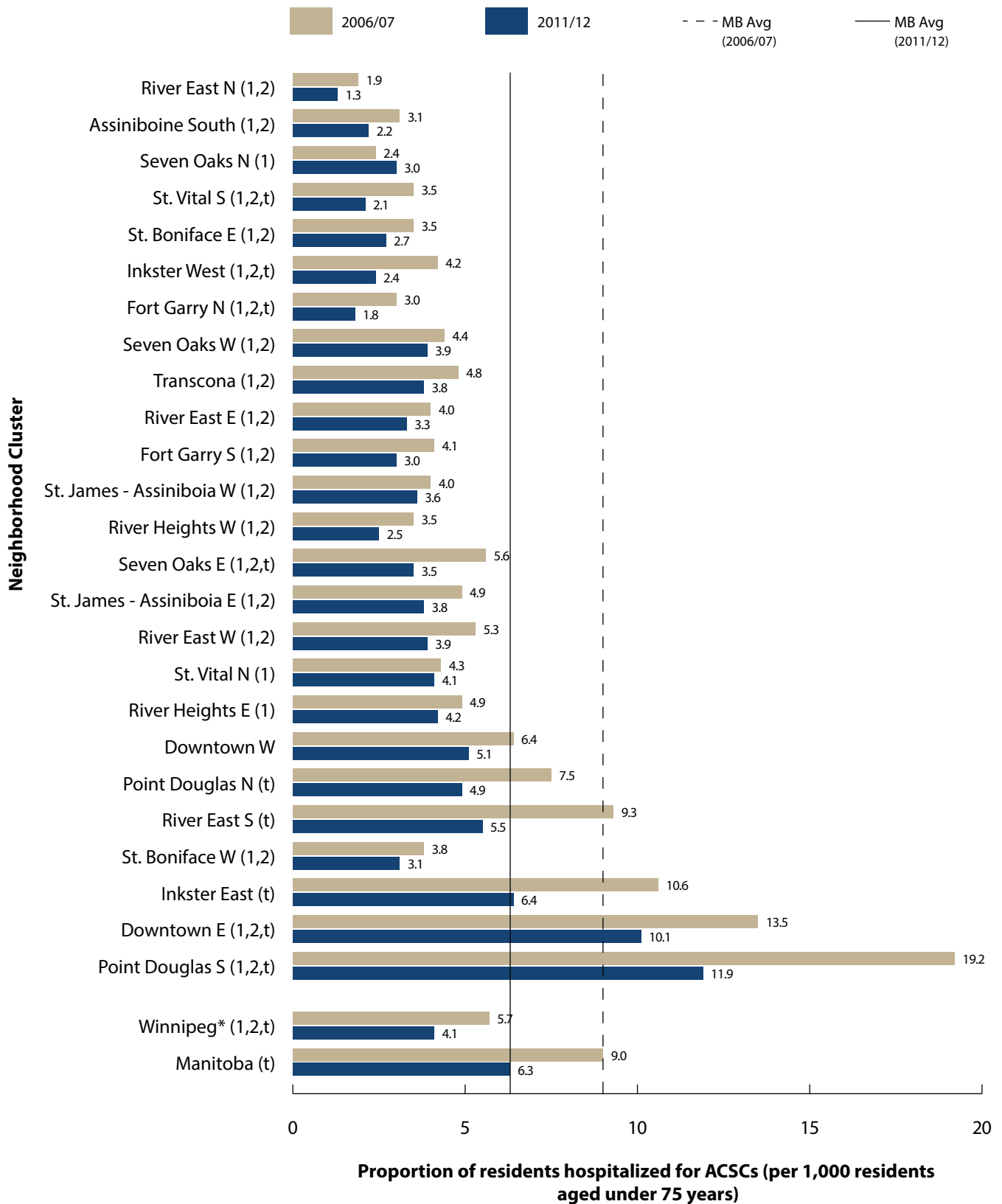
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

Figure A5.1.8.a4

Hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) by Winnipeg Neighborhood Cluster

Age- & sex-adjusted proportion of hospitalization for ACSCs (per 1,000 residents aged under 75 years), 2006/07 & 2011/12



Source: Manitoba Center for Health Policy, 2013

*Excluding Churchill

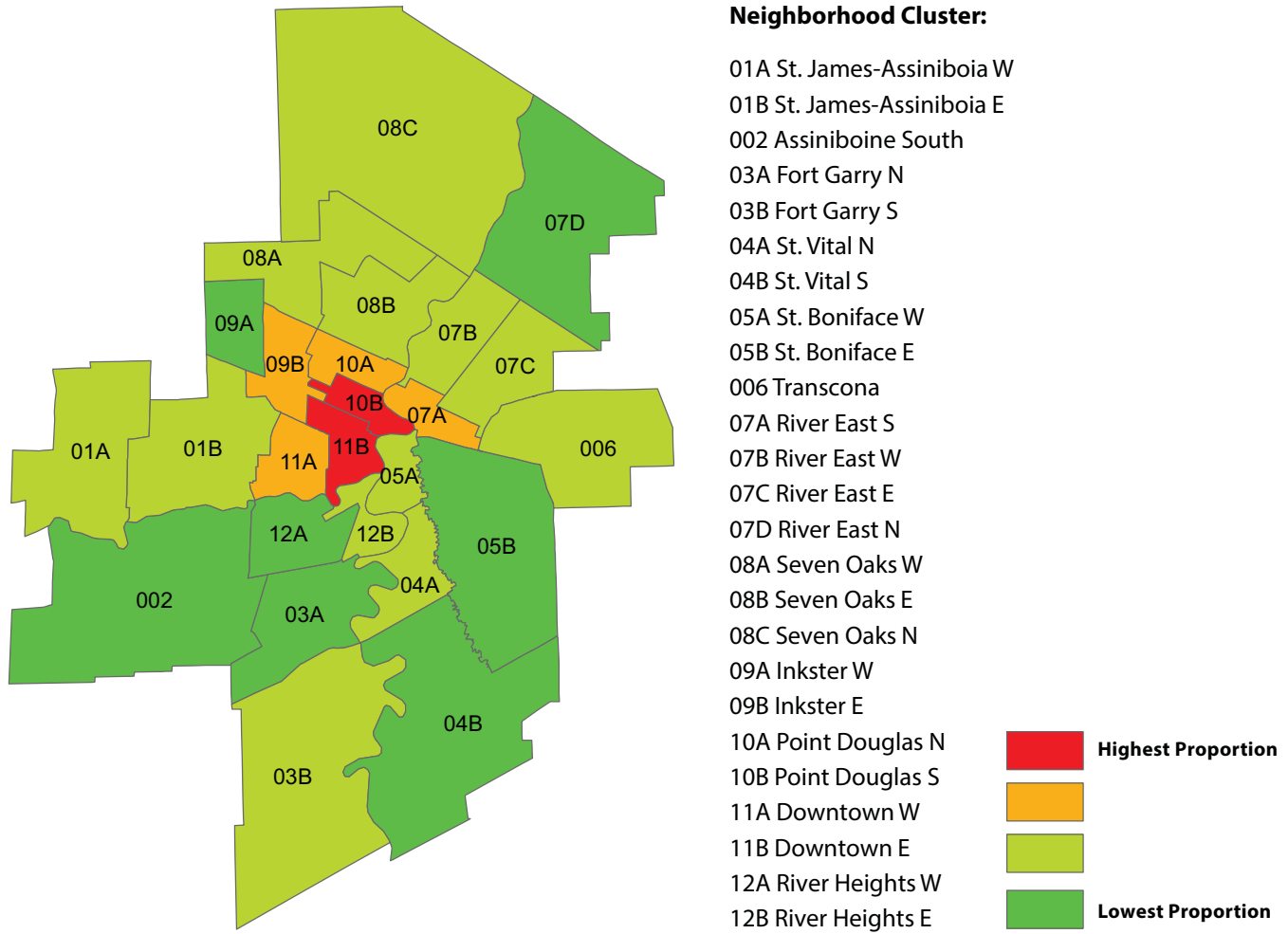
'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

Hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) by Winnipeg Neighborhood Cluster

Age- & sex-adjusted proportion of hospitalization for ACSCs (per 1,000 residents aged under 75 years), 2011/12



Source: Manitoba Centre for Health Policy, 2013

Table A5.1.8.a1

Health Inequality in Hospitalization for Ambulatory Care Sensitive Conditions (per 1,000 residents aged under 75 years), by Median Household Income & Urban Income Quintile

Health Inequality Measures	Time Period	
	2006/07 # of hospitalizations per 1,000 residents aged under 75 years	2011/12 # of hospitalizations per 1,000 residents aged under 75 years
Hospitalizations for Ambulatory Care Sensitive Conditions by <i>Neighborhood Cluster (NC) median household income</i>		
Highest income NC (River East N)	1.9	1.3
Lowest income NC (Point Douglas S)	19.2	11.9
Absolute difference (Lowest income NC – Highest income NC)	17.3	10.6
Ratio (Lowest income NC / Highest income NC)	10.11	9.15
Hospitalizations for Ambulatory Care Sensitive Conditions by <i>Urban Income Quintile</i>		
Highest Urban Income Quintile (U5)	2.5	2.1
U4	3.8	2.6
U3	5.0	3.7
U2	6.3	4.5
Lowest Urban Income Quintile (U1)	11.3	8.3
Absolute difference (U1-U5)	8.8	6.2
Ratio (U1/U5)	4.52	3.95

Source: Manitoba Centre for Health Policy, 2013