



## Indicator: Male Life Expectancy (LE) at Birth

**DEFINITION:** The average number of years that a newborn baby is expected to live if the current age-specific mortality trends continue to apply.

**CALCULATION:** Life expectancy was calculated directly from the mortality experience of Winnipeg Regional Health Authority (the Region) residents using the “life table” approach.

**DATA SOURCES:** Manitoba Centre for Health Policy (MCHP), 2003, 2009, & 2013

### KEY FINDINGS:

- Male life expectancy (LE) at birth in the Region increased by almost 3 years over a 20-year period, from 75.6 years during 1991-1995 to 78.3 years during 2007-2011.
- Male LE at birth varied across the Region, with central areas (e.g., Downtown and Point Douglas) having lower male LEs at birth than other areas in Winnipeg and the overall Winnipeg average. Point Douglas had the lowest male LE at birth (71.7 years, 2007-2011).
- Household income was inversely associated with the length of male LE at birth: (a) Male LE at birth for the highest income neighborhood cluster (NC) was about 20% higher (19% higher in 2002-2006 and 23% higher in 2007-2011) than that for the lowest income NC; the absolute difference has increased from 13.4 years in 2002-2006 to 15.6 years in 2007-2011, (b) there was 10-year gap between the highest and the lowest urban income communities.

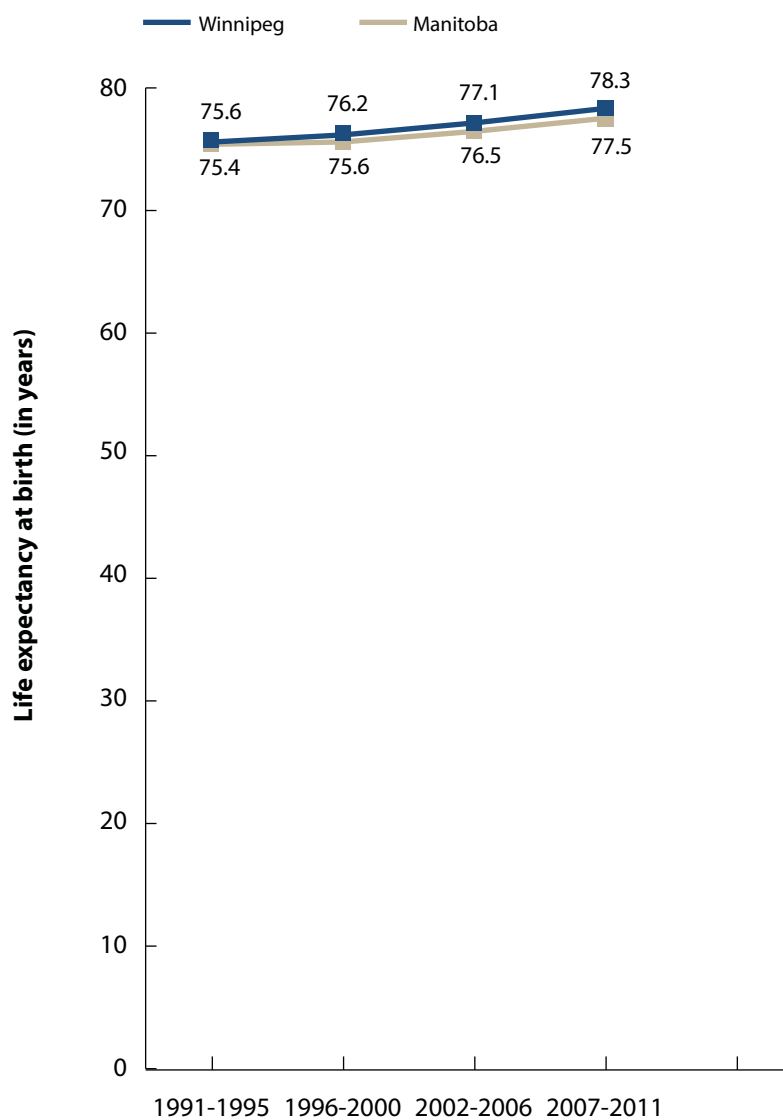
### WHAT DO THE FINDINGS MEAN TO COMMUNITIES?

- LE at birth is a measure of overall health in the community.
- Male LE at birth is about 5 years lower than female LE at birth; the difference between sexes has narrowed over the past 20 years.
- LE at birth is partly dependent on mortality in the first year of life. We observed that it is lower in lower income areas than in higher income areas likely because of the higher infant and child mortality rates in the former.
- The significant increase of male LE at birth in Churchill from 2002-2006 to 2007-2011 should not be over-interpreted as there is a small number of residents in the area (n=1,021, 2011) which results in significant year-to-year variation.

Figure A3.2.1.a1

### Trends in Male Life Expectancy (in years) in Winnipeg & Manitoba

Life expectancy at birth (in years), 1991–2011



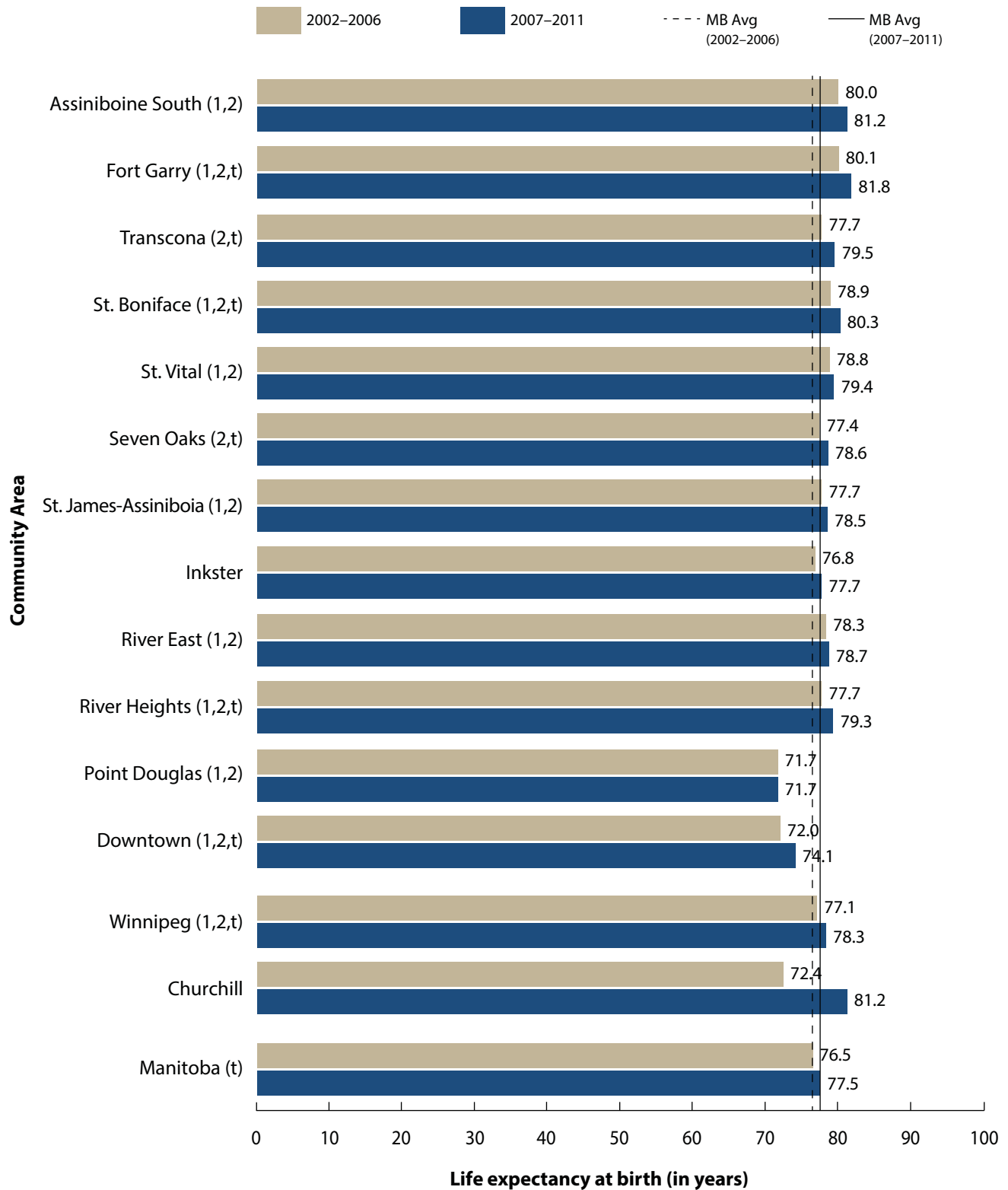
Sources: Manitoba Centre for Health Policy, 2003, 2009 & 2013

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

Figure A3.2.1.a2

**Male Life Expectancy (in years) by Winnipeg Community Area**

Life expectancy at birth (in years), 2002–2006 & 2007–2011



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

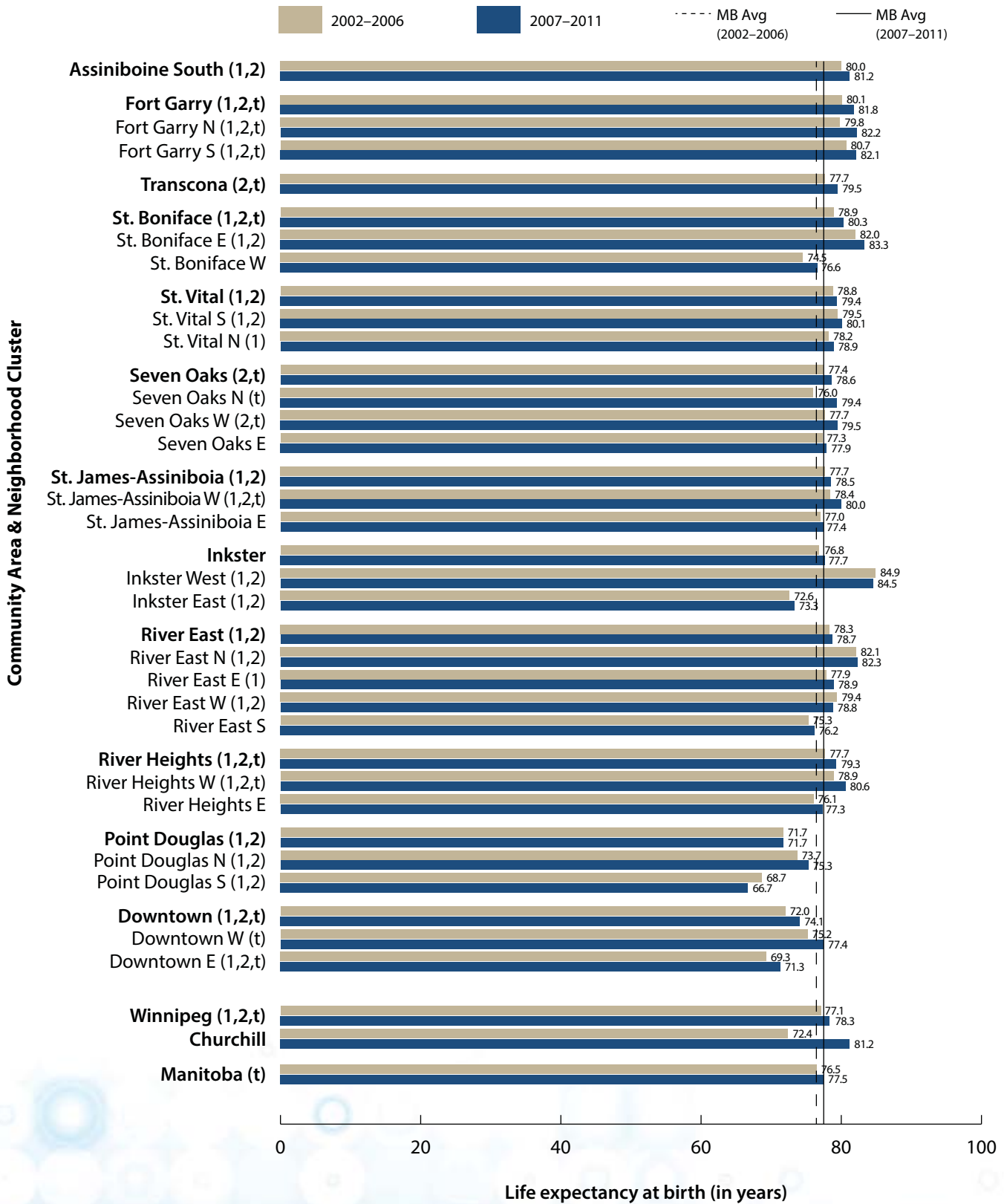
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

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

Figure A3.2.1.a3

### Male Life Expectancy (in years) by Winnipeg Community Area & Neighborhood Cluster

Life expectancy at birth (in years), 2002–2006 & 2007–2011



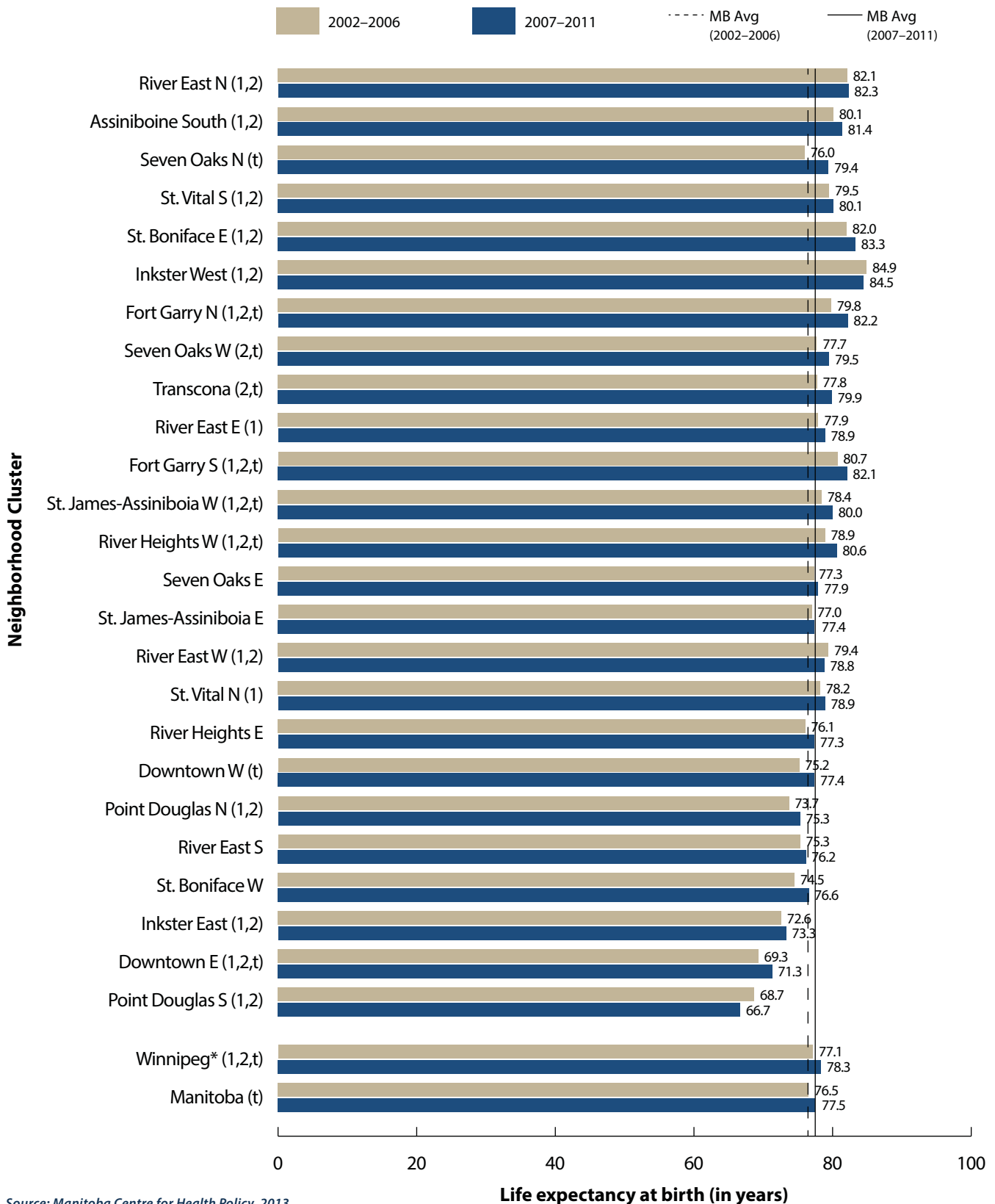
Source: Manitoba Centre for Health Policy, 2013

'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 A3.2.1.a4

### Male Life Expectancy (in years) by Winnipeg Neighborhood Cluster

Life expectancy at birth (in years), 2002–2006 & 2007–2011



Source: Manitoba Centre for Health Policy, 2013

\*Excluding Churchill

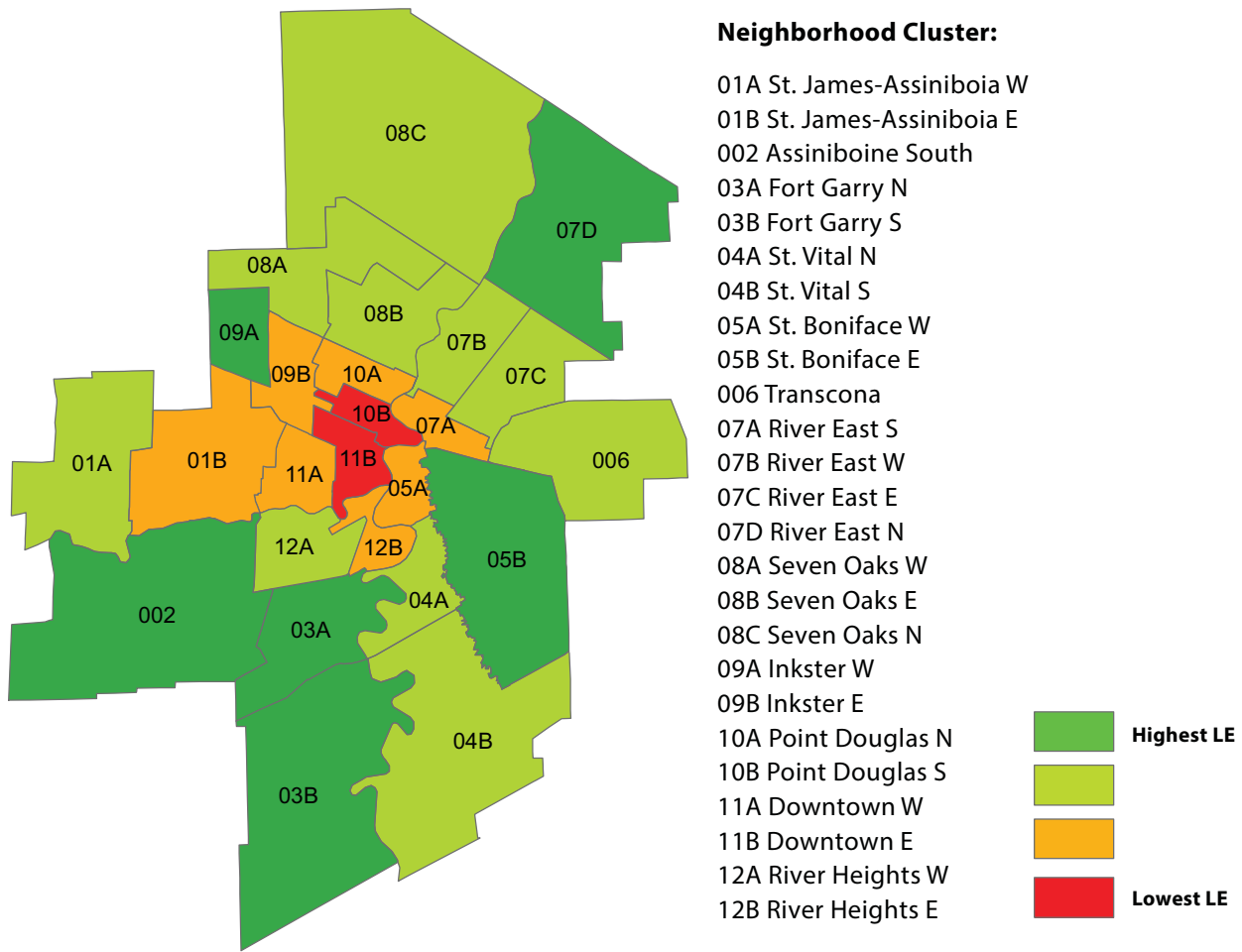
'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'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

**Male Life Expectancy (LE) (in years) by Winnipeg Neighborhood Cluster**

Life expectancy at birth (in years), 2007–2011



Source: Manitoba Centre for Health Policy, 2013

Table A3.2.1.a1

### Health Inequality in Male Life Expectancy (LE) at Birth (in years), by Median Household Income & Urban Income Quintile

Health Inequality Measures	Time Period	
	2002–2006 Years of Life	2007–2011 Years of Life
Male Life Expectancy (LE) at Birth by <i>Neighborhood Cluster (NC)</i> <i>median household income</i>		
Highest income NC male LE (River East N)	82.1 years	82.3 years
Lowest income NC male LE (Point Douglas S)	68.7 years	66.7 years
Absolute difference (Highest income NC - Lowest income NC)	13.4 years	15.6 years
Ratio (Highest income NC / Lowest income NC)	1.19	1.23
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Male Life Expectancy (LE) at Birth by <i>Urban Income Quintile</i>		
Highest Urban Income Quintile (U5)	81.9 years	83.1 years
U4	81.0 years	81.9 years
U3	79.1 years	80.0 years
U2	77.0 years	78.7 years
Lowest Urban Income Quintile (U1)	71.9 years	72.9 years
Absolute difference (U5-U1)	10.0 years	10.2 years
Ratio (U5/U1)	1.14	1.14

Source: Manitoba Centre for Health Policy, 2013



## Indicator: Female Life Expectancy (LE) at Birth

**DEFINITION:** The average number of years that a newborn baby is expected to live if the current age-specific mortality trends continue to apply.

**CALCULATION:** Life expectancy was calculated directly from the mortality experience of Winnipeg Regional Health Authority (the Region) residents using the “life table” approach.

**DATA SOURCES:** Manitoba Centre for Health Policy (MCHP), 2003, 2009, & 2013

### KEY FINDINGS:

- Female life expectancy (LE) at birth in the Region has increased from 81.4 years during 1991-1995 to 82.7 years during 2007-2011.
- Female LE at birth varied across the Region, with central areas (e.g., Downtown and Point Douglas) having lower female LEs at birth than other areas in Winnipeg and the overall Winnipeg average. Point Douglas South had the lowest female LE at birth (70.9 years, 2007-2011).
- Household income was inversely associated with female LE at birth: (a) During 2007-2011, female LE at birth for the highest income neighborhood cluster (NC) was 23% higher than that for the lowest income NC; there was a 16.6-year difference between the two NCs and the gap has remained relatively stable, (b) The gap between the highest and the low income communities increased from 6.8 years in 2002-06 to 8.1 years in 2007-11.

### WHAT DO THE FINDINGS MEAN TO COMMUNITIES?

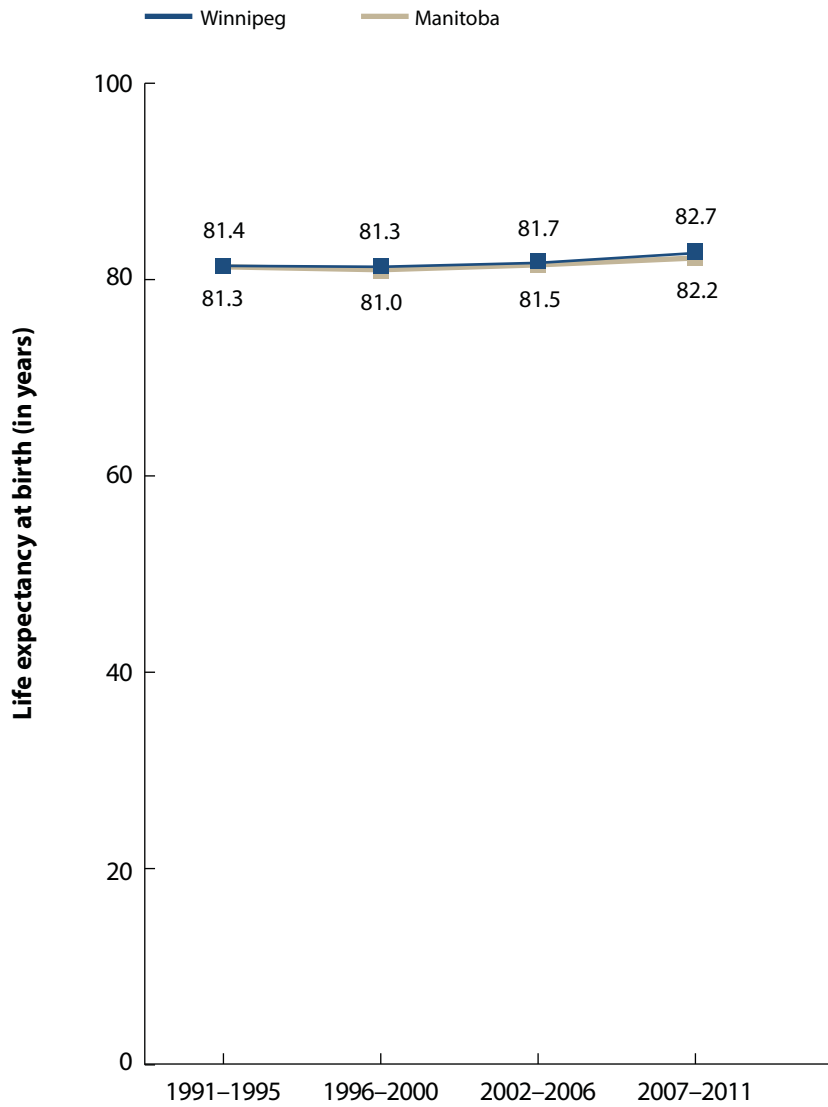
- Female LE at birth is about 5 years higher than male LE at birth; the difference in LE at birth between the sexes has narrowed over the past 20 years.
- LE at birth is a measure of overall health in the community and is partly dependent on mortality in the first year of life. We observed that LE at birth is lower in lower income areas than in higher income areas likely because of the higher infant and child mortality rates in the former.



Figure A3.2.1.b1

### Trends in Female Life Expectancy (in years) in Winnipeg & Manitoba

Life expectancy at birth (in years), 1991–2011



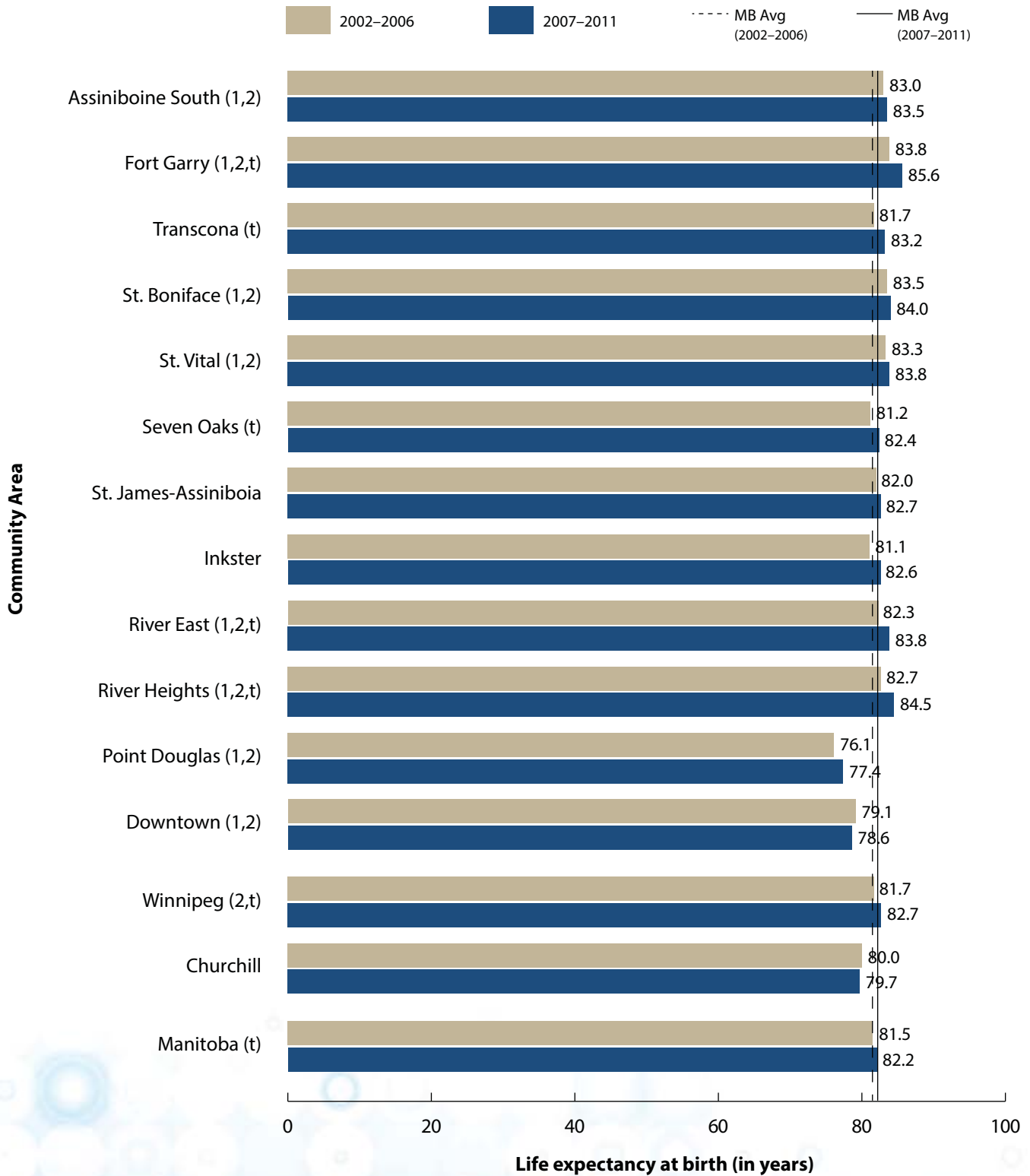
Sources: Manitoba Centre for Health Policy, 2003, 2009 & 2013

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

Figure A3.2.1.b2

**Female Life Expectancy (in years) by Winnipeg Community Area**

Life expectancy at birth (in years), 2002–2006 & 2007–2011



Source: Manitoba Centre 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

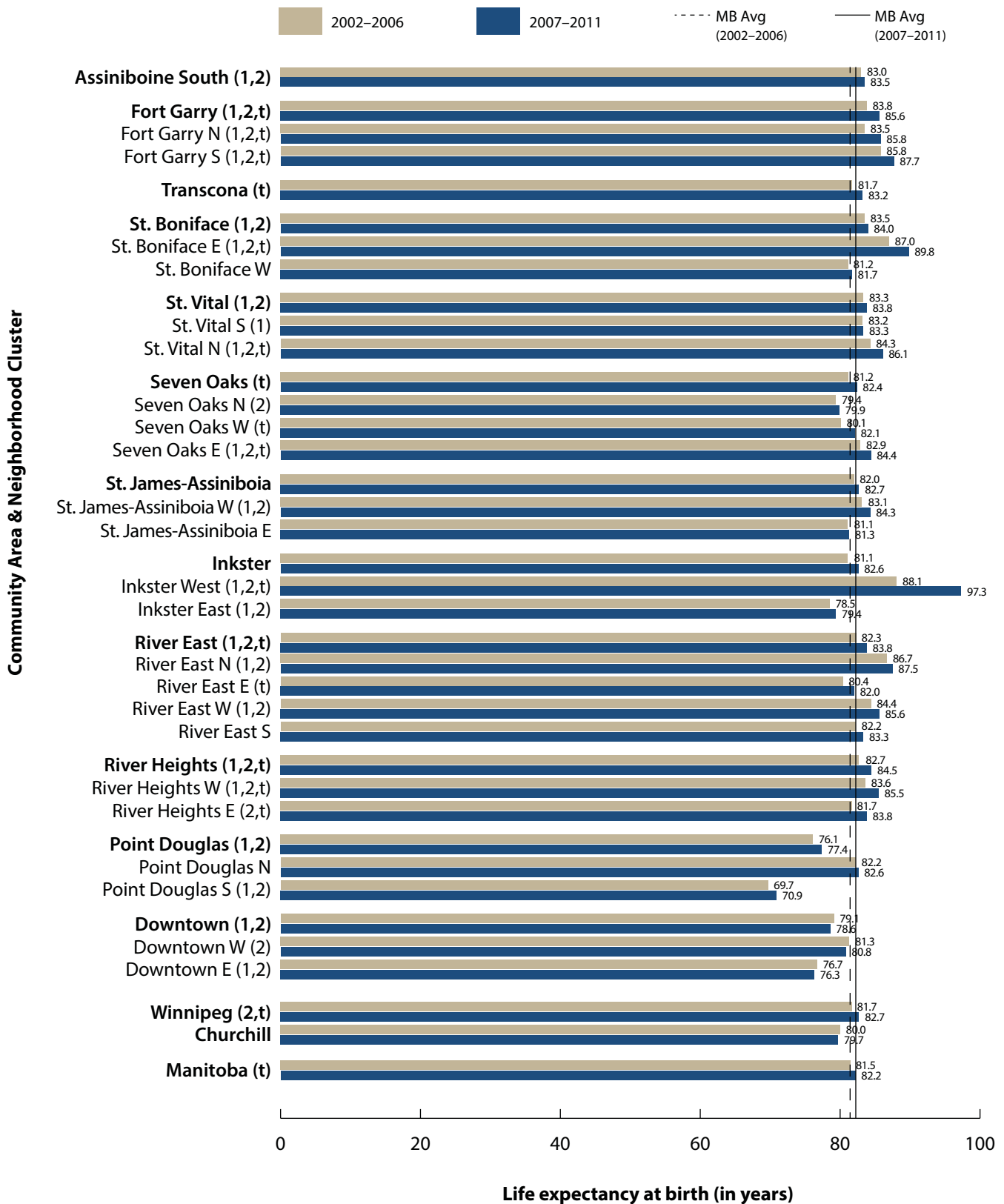
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

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

Figure A3.2.1.b3

### Female Life Expectancy (in years) by Winnipeg Community Area & Neighborhood Cluster

Life expectancy at birth (in years), 2002–2006 & 2007–2011



Source: Manitoba Centre 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

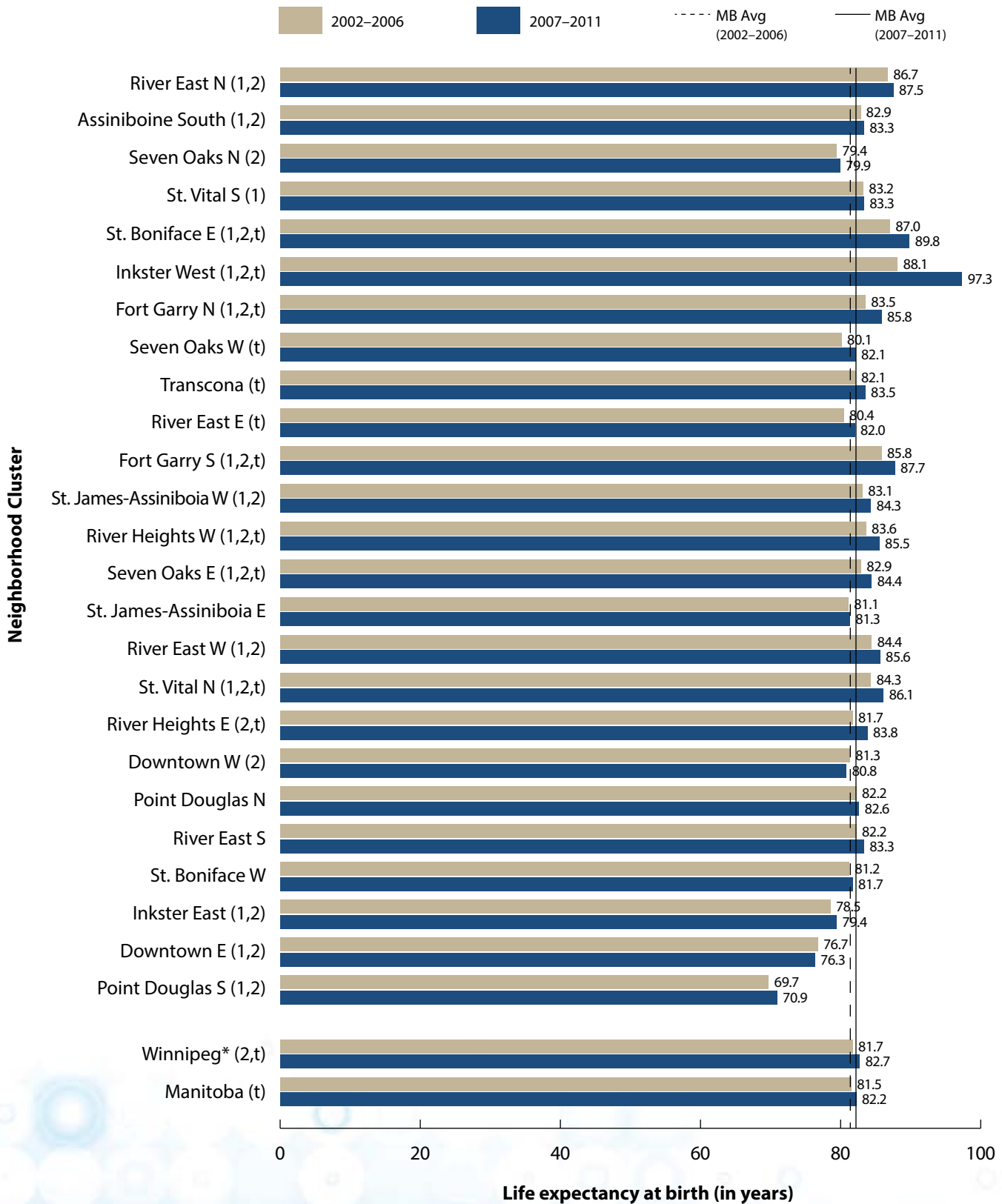
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

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

Figure A3.2.1.b4

### Female Life Expectancy (in years) by Winnipeg Neighborhood Cluster

Life expectancy at birth (in years), 2002–2006 & 2007–2011



Source: Manitoba Centre for Health Policy, 2013

\*Excluding Churchill

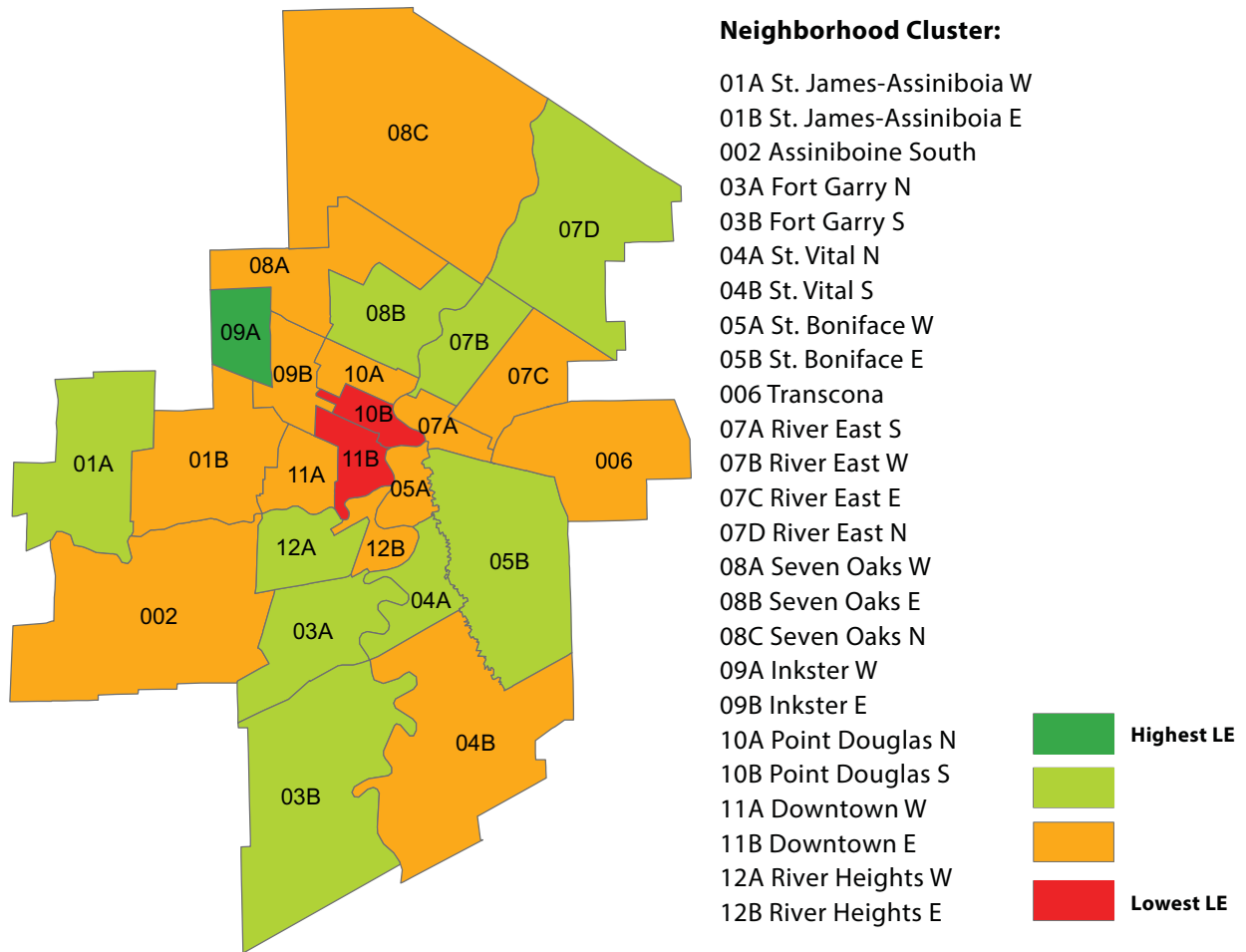
'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'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

### Female Life Expectancy (LE) (in years) by Winnipeg Neighborhood Cluster

Life expectancy at birth (in years), 2007–2011



Source: Manitoba Centre for Health Policy, 2013

Table A3.2.1.b1

### Health Inequality in Female Life Expectancy (LE) at Birth (in years), by Median Household Income & Urban Income Quintile

Health Inequality Measures	Time Period	
	2002–2006 Years of Life	2007–2011 Years of Life
Female Life Expectancy (LE) in years by <i>Neighborhood Cluster (NC)</i> <i>median household income</i>		
Highest income NC female LE (River East N)	86.7 years	87.5 years
Lowest income NC female LE (Point Douglas S)	69.7 years	70.9 years
Absolute difference (Highest income NC – Lowest income NC)	17.0 years	16.6 years
Ratio (Highest income NC / Lowest income NC)	1.24	1.23
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Female Life Expectancy (LE) in years by <i>Urban Income Quintile</i>		
Highest Urban Income Quintile (U5)	85.9 years	87.8 years
U4	86.4 years	86.8 years
U3	85.6 years	86.8 years
U2	84.5 years	85.1 years
Lowest Urban Income Quintile (U1)	79.1 years	79.7 years
Absolute difference (U5-U1)	6.8 years	8.1 years
Ratio (U5/U1)	1.09	1.10

Source: Manitoba Centre for Health Policy, 2013