

# Winnipeg Health Region Community Health Assessment 2019



Winnipeg Regional  
Health Authority    Office régional de la  
santé de Winnipeg

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This report is produced and published by the Evaluation Platform, Centre for Healthcare Innovation (CHI) & Winnipeg Regional Health Authority (WRHA).

**How to cite this report:**

Cui Y, Zinnick S, Henderson A, Dunne L. *Winnipeg Health Region Community Health Assessment 2019*. Winnipeg, MB. Evaluation Platform, Centre for Healthcare Innovation (CHI) & Winnipeg Regional Health Authority. December 2019.

The report is also available in PDF format on the WRHA's website at: [www.wrha.mb.ca/research/cha/](http://www.wrha.mb.ca/research/cha/)

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## Acknowledgements

The authors wish to acknowledge the contribution of many individuals who assisted in the development of this report. We apologize to anyone we have inadvertently neglected to mention.

We greatly appreciate the support provided by the George & Fay Yee Centre for Healthcare Innovation (CHI):

- We are grateful for the efforts of the staff of the Evaluation platform, CHI who helped produce the report by reviewing and editing indicators and supporting text and offering constructive feedback: Ashley Struthers, Catherine Charette, Ola Norrie, Tara Stewart, Andrew Fletcher-Cook and Paul Beaudin.
- We wish to extend a sincere thanks to the Knowledge Translation platform, CHI for their help with knowledge translation and patient engagement: Patrick Faucher, Carly Leggett, Mercy-Anne Magundayao, Carolyn Shimmin and Patricia Roche.
- Thanks also go to other members of the CHI team: Frank Krupka, Executive Director, for ongoing support and guidance throughout production of this report, Judy Dyrlund for providing administrative support, Liza Latta for preparing tables, and Ogai Sherzoi for helping to draft select “A Closer Look” sections of the report.

Dr. Chris Green (Senior Epidemiologist, Population and Public Health, WRHA) for the guidance he provided on interpreting the data presented in this report and for the review and constructive feedback he provided throughout the report process.

We are grateful to all Regional staff and partner organizations who gave their time to provide us with information, written content and feedback to better inform the indicators and “A Closer Look” sections of the report (alphabetically, by partner organization): CancerCare MB (Laura Coulter); MCHP (Heather Prior); MHSAL (Ellen Gilbert, Inga Hossack and Kellie Navitka); Manitoba Renal Program (Amie Lesyk); Shared Health (Jeanette Edwards); Winnipeg Regional Health Authority (Dr. Bunmi Fatoye, Melissa Fuerst, Amelia Gamvrelis, Clare Hargrave, Joel Lafond, Michelle Meade, Dr. Lori Mitchell, Hannah Moffatt, Debbie Nowicki, Dr. Pierre Plourde and Dr. Souradet Shaw); and University of Manitoba (Daniella DeMaré, Dr. Robert Schroth, Dr. Elizabeth Sellers and Dr. Joyce Slater).

Thank you to the WRHA Community Development Group for the guidance they have provided and continue to provide to help us connect with communities throughout the Region (alphabetically): Tonya Beveridge, Georgette Dupuis, Genny Funk-Unrau, Krystal Kaposi, Michelle Kirkbride, Madeline Kohut, Claire Meiklejohn, Vince Sansregret, Sharon Walters, Lorraine Wilks, Amanda Younka and Evan Zarecki.

Keir Johnson (Senior Executive Director, Quality & System Performance, WRHA) and Ingrid Botting (Corporate Secretary, WRHA) for the leadership and feedback they provided throughout the CHA report process.

Thank you to Jennifer Pepneck (Knowledge Broker, MCHP) for developing infographics and her assistance with the provincial report template.

Thank you to Natasha Woloschuk (Communications Specialist, WRHA) for her assistance preparing the report for publication.

Last but not least, the team would like to express gratitude to all those that have participated and contributed to the Community Health Assessment (CHA) process provincially. The 2019 CHA process has been a true collaboration. We would like to thank all Community Health Assessment Network members from across the province, as well as, staff at Manitoba Health, Seniors and Active Living for your continued support and guidance. As well, thanks to all the researchers at the Manitoba Centre for Health Policy and CancerCare Manitoba for providing the data and statistical support to our health region. We are truly blessed to have such commitment and dedication in Manitoba.

If you wish to provide feedback on the report, please email: [jdyrland2@wrha.mb.ca](mailto:jdyrland2@wrha.mb.ca).

## Letter from the President & CEO

Winnipeg has recently seen the substantial completion of health service consolidation in hospitals.

Grouping health services according to service type and urgency will benefit patients who access health services in hospital, but what about before their visit to hospital? What about illness prevention, chronic illness management or recovery at home? What if you have no home?

The Community Health Assessment offers insight into some of those questions reviewing the health of the community outside of hospital – both at home and in the community.

The Community Health Assessment is published every five years and offers a research-filled summary of where our community stands in relation to a broad range of key health indicators. This offers health care, social service, community development, support agencies and more, valuable insight into the health of our community and where we can all come together to provide better support and services to community members. It helps us better understand how we can collaborate with community partners to address really hard issues that impact on the health of our population.

The data reported in this report is valuable to the WRHA, and to our partners, and it informs our work. It guides the way we design services, where they are offered, how and who we partner with on different initiatives and what areas of health services we most need to concentrate on based on the needs of our residents.

We have made, and continue to make, important inroads within our community and to improve access to health services, but it is clear there remains work to be done. I know that we, and our partners, will continue to use the important information reported in the Community Health Assessment to address the disparities in health services and access some members of our community continue to face.



A handwritten signature in blue ink, appearing to read 'Réal Cloutier', written over a light blue rectangular background.

**Réal Cloutier**

President and CEO, WRHA

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## ACRONYMS

ACS	Ambulatory Care Sensitive
ACSC	Ambulatory Care Sensitive Conditions
ALC	Alternate Level of Care
AMI	Acute Myocardial Infarction
ATV	All-Terrain Vehicle
BMI	Body Mass Index
CCHS	Canadian Community Health Survey
CHA	Community Health Assessment
CHAN	Community Health Assessment Network
CHF	Congestive Heart Failure
CIHI	Canadian Institute for Health Information
CPES-IC	Canadian Patient Experiences Survey-Inpatient Care
EDI	Early Development Instrument
FiT	Fecal Immunochemical Test
FNHSSM	First Nations Health and Social Secretariat of Manitoba
FOBT	Fecal Occult Blood Test
HCA	Healthcare Aid
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSW	Home Support Worker
IERHA	Interlake-Eastern Regional Health Authority
IHD	Ischemic Heart Disease
IMA	Information Management and Analytics Branch
LGA	Large for Gestational Age
LIM-AT	Low Income Measure-After Tax
MB	Manitoba
MCHP	Manitoba Centre for Health Policy
MHSAL	Manitoba Health, Seniors and Active Living
MQLF	Manitoba Quality and Learning Framework

<b>NHS</b>	National Household Survey
<b>NRHA</b>	Northern Regional Health Authority or Northern Health Region
<b>PCH</b>	Personal Care Home
<b>PMH</b>	Prairie Mountain Health
<b>PMR</b>	Premature Mortality Rate
<b>PYLL</b>	Potential Years of Life Lost
<b>RHA</b>	Regional Health Authority
<b>RHS</b>	First Nations Regional Health Survey
<b>SGA</b>	Small for Gestational Age
<b>SH-SS</b>	Southern Health-Santé Sud
<b>STBBI</b>	Sexually Transmitted Blood-Borne Infection
<b>TRC</b>	Truth and Reconciliation Commission
<b>TRM</b>	Total Respiratory Morbidity
<b>VBAC</b>	Vaginal Birth After C-Section
<b>WRHA</b>	Winnipeg Regional Health Authority

# *Executive Summary*

## Major Findings and Implications

### **The population of the Winnipeg Health Region is growing and aging**

- The Winnipeg Health Region's population has been growing over the past five years. The projected population will reach 966,760 in 2030, representing a 24 percent increase from the population in 2018.
- The population in the Region is aging; the proportion of older adults aged 65+ is projected to increase from 15.8 percent in 2018 to 18.9 percent by 2030. An aging population will increase the demand for healthcare services in the Region.

### **Overall health status is improving...**

- Male and female life expectancy significantly increased between T1 (2007-2011) and T2 (2012-2016). Female life expectancy increased by 0.7 years to 83.4 years while male life expectancy increased by 1.1 years to 79.4 years. Among all health regions, the Winnipeg Health Region had the smallest difference in life expectancy between females and males (a 4-year difference). Provincially, there was a 4.3 year difference between female and male life expectancy in the most recent time period (2012-2016). However, these differences were not tested statistically.
- Hospitalizations and deaths due to heart attacks and strokes significantly decreased in the Region between T1 (2007-2011) and T2 (2012-2016). The mortality rate for all cancers was significantly lower than the provincial average in 2014-2016.
- In 2016, the majority (87.6%) of Winnipeg Health Region residents described their health as good, very good or excellent.

### **However, chronic disease burden is also increasing**

- Despite an improvement in life expectancy, residents of the Winnipeg Health Region continue to experience a substantial and increasing burden of illness due to largely preventable chronic diseases. For example:
  - In the most recent time period (2012/13-2016/17), the prevalence of ischemic heart disease (IHD) increased significantly in the Winnipeg Health Region by approximately six percent.
  - A staggering 26 percent of adults 50 to 64 years of age and 58 percent of older adults 65+ years of age were diagnosed with hypertension in 2016/17.
  - Diabetes prevalence increased significantly in all Winnipeg community areas while diabetes incidence significantly increased in six out of twelve Winnipeg community areas over time.

### **Immunization coverage rates vary throughout the Region and remain below national targets**

- Among adults 65 years of age and older in 2017/18, the Winnipeg Health Region had the highest coverage rates in the province for the seasonal influenza vaccine (58.2%) and the pneumococcal vaccination (62.6%). However, these rates fall short of the national coverage goal of 80 percent set as part of the Canadian National Immunization Strategy.<sup>i</sup>
- The National Immunization Strategy's coverage goal for the human papillomavirus virus vaccine (HPV) is to achieve 90 percent vaccination coverage by 2025 for children aged 17 years.<sup>j</sup> In 2017, coverage rates for females in the Winnipeg Health Region ranged from over 73 percent in Churchill to only 50 percent in Transcona.
- For the measles, mumps and rubella (MMR) vaccine, the national goal is to achieve 95 percent vaccination coverage among children at least seven years old. In the Winnipeg Health Region (2017), by 17 years of age, less than 65 percent of children were up-to-date with their MMR vaccinations. Coverage rates varied across the Region; in Churchill, over 70 percent of children were up-to-date on these immunizations compared to children in the Downtown and Seven Oaks community areas where just over 50 percent were up-to-date.

### **Communicable diseases are a growing concern in the Winnipeg Health Region**

- Similar to other urban regions in Canada<sup>ii</sup>, the Winnipeg Health Region is seeing a dramatic rise in sexually transmitted blood borne infections (STBBIs), including significant increases in lab-confirmed cases of syphilis (394% increase), gonorrhea (297% increase) and chlamydia (20% increase) from 2014 to 2018. Case counts continue to rise in 2019, imposing a substantial burden on public health resources. The root causes of the increase need to be investigated and addressed.

### **Visits with doctors and nurse practitioners remain stable but continuity of care has decreased**

- Overall, the percentage of residents in the Region who visited a physician or nurse practitioner in the community setting at least once in a fiscal year has remained constant at 81 percent from 2011/12 to 2016/17.
- Continuity of care (having one consistent health care provider) decreased in all of the Region's community areas (except St. James Assiniboia) from the previous time period (2010/11-2011/12) to the most recent time period (2015/16-2016/17). However, the decrease was only significant in Transcona, Seven Oaks, Inkster and Churchill. Continuity of care also decreased significantly in several neighbourhood clusters (e.g., Fort Garry North, River Heights West, Seven Oaks East, Inkster West, Inkster East and Point Douglas North).

### **Determinants of health & inequities across the Region**

- Within the Region, factors that impact health (e.g., education, employment, income and other socio-economic factors) are unequally distributed. Generally, higher income communities have better health across the Region. Individuals may also experience differences in access to and utilization of care services, quality of care and health status depending on their area of residence in the Region.

- Residents in some community areas and neighbourhood clusters are more likely to die prematurely. In the 2012-2016 time period, there was more than an 18 year difference in female life expectancy and almost an 18 year difference in male life expectancy between Point Douglas South residents (lowest life expectancy) and Inkster West residents (highest life expectancy). The premature mortality rate among Point Douglas South residents (highest) was five times higher than for residents in River East North (lowest).
- For the majority of chronic diseases in the Region, lower income residents are more likely to be diagnosed and treated for chronic diseases such as arthritis, hypertension, diabetes and mental illness.
- In 2016, the median after-tax household income in the Region was \$59,510, which is similar to the provincial average (\$59,093). Income in the Region ranged from less than \$40,000 in the Downtown community area to over \$75,000 in the Assiniboine South community area.
- Based on Statistics Canada's Low Income Measure, After-Tax (LIM-AT), the percentage of the Region's residents living in low income households in 2016 ranged from less than five percent in River East North to over 50 percent in Point Douglas South.
- There was substantial variation in the percentage of children living in low income families across the community areas in Winnipeg in 2016, with the Region's central community areas (i.e., Downtown, Point Douglas, Inkster) having the highest proportion of children living in low income families (43.4%, 40.9% and 30.1%, respectively).
- In 2016, ten percent of the Region's households reported they had experienced food insecurity at least once in the past 12 months, which is slightly higher than the provincial average (9.1%).
- Education levels in the Region in 2016 were slightly higher than the provincial average. The Region's residents were also more likely to have a post-secondary education (53% of the Region's respondents compared to 48% provincially).

## Key Findings by Chapter

### Chapter 1 – Who is living in the Winnipeg Health Region?

- In 2018, compared to the other health regions, the Winnipeg Health Region had a lower percentage of children aged 0-19 years (22.7 percent), a higher percentage of adults aged 20-64 years (62.2 percent), and an average percentage of older adults aged 65+ (15.1%).<sup>iii</sup>
- In 2016, one-quarter (25 percent) of the Region's overall population were immigrants (i.e. they had immigrated to Canada in their lifetime). The Philippines, India and China ranked among the top three countries of origin.
- There were 86,000 Indigenous People in the Region in 2016, representing 12.2 percent of the Region's total population. The majority (97.7%) identified as First Nations or Métis.

## Chapter 2 – What contributes to health in the Winnipeg Health Region?

- In the Region, the percentage of infants born small for gestational age (SGA) was significantly higher than the provincial average in both time periods (2007/08-2011/12 and 2012/13-2016/17). SGA birth rates were significantly associated with income in urban areas; infants born to women of the lowest income urban areas were 1.2 times more likely to be born SGA.<sup>ii</sup> However, rates of large for gestational age (LGA) births in the Region were significantly lower than the provincial average in both time periods.
- Teen pregnancy rates (23.3 per 1,000 females aged 15 to 19 years) and teen birth rates (13.9 per 1,000 females aged 15 to 19 years) in the Region were significantly lower than the provincial average in T2 (2012/13-2016/17). Both rates within the Region decreased significantly over time (from 2007/08-2011/12 to 2012/13-2016/17).
- In the Winnipeg Health Region in 2016, 58.6 percent of residents reported making a positive health change (the highest percentage in the province).
- Compared to other health regions, the Winnipeg Health Region also had the lowest reported percentage (49.2%) of residents who were overweight or obese in 2016.
- The Region had the lowest percentage (17.9%) of residents who reported being physically inactive in 2016.
- The Winnipeg Health Region had the second highest proportion of children (22.6%) living in low-income households in the province in 2016.

## Chapter 3 – How healthy are we?

- The infant mortality rate is a good indicator of child and population health. The infant mortality rate decreased significantly in the Region from 5.8 per 1,000 live births to 4.7 per 1,000 live births between 2007-2011 and 2012-2016.
- Colorectal cancer incidence, prostate cancer mortality rates and cancer mortality overall in the Winnipeg Health Region were all significantly lower than the provincial average in the most recent time period (2014-2016).
- Over 50 percent of injury-related hospitalizations in the Region in 2016/17 were falls. Opportunities for injury prevention (e.g., strategies to decrease falls in the older adult population) exist that could achieve significant success in the short-term.

## Chapter 4 – How well does our health system meet the population's needs?

- There was a wide range of hospitalization rates for ambulatory care sensitive conditions (ACSC) (e.g., asthma, diabetes, mental illness) across the Region's neighbourhood clusters in 2016/17, although the overall Regional rate was the lowest in the province. ACSCs can often be treated outside of the hospital in the community setting. Higher ACSC hospitalization rates in some neighbourhood clusters (usually found in socioeconomically disadvantaged areas) may be related to disproportionately poorer health status and to barriers in accessing primary health care.
- Between 2011/12 and 2016/17, there was an overall decrease in the percentage of residents who were admitted to hospitals in the Region, although it was not statistically significant.

- The percentage of older adults in the Region living in personal care homes (PCHs) decreased from 12.7 percent in T1 (2010/11-2011/12) to 11.5 percent in T2 (2015/16-2016/17). The level of care PCH residents required at the time of admission increased over time. However, neither of these changes were statistically significant.
- There was a significant decrease in the percentage of older adults in personal care homes who were overprescribed benzodiazepines (e.g., had at least two prescriptions for benzodiazepines, or at least one prescription for benzodiazepine dispensed with more than a 30-day supply) from 25.9 percent in T1 (2010/11-2011/12) to 21.3 percent in T2 (2015/16-2016/17).

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# Sommaire exécutif

## Principales constatations et implications

### La population de la région sanitaire de Winnipeg s'accroît et vieillit

- La population de la région sanitaire de Winnipeg s'est accrue au cours des cinq dernières années. On prévoit que la population atteigne 966 760 habitants en 2030, ce qui représente une hausse de 24 % de la population comparativement à 2018.
- La population de la région vieillit; la proportion des personnes âgées de 65 ans et plus devrait s'accroître de 15,8 % en 2018 à 18,9 % en 2030. Une population vieillissante augmentera la demande des services de soins de santé dans la région.

### L'état de santé global s'améliore...

- L'espérance de vie des hommes et des femmes s'est accrue considérablement entre la période 1 (2007-2011) et la période 2 (2012-2016). L'espérance de vie des femmes a atteint 83,4 ans, soit une hausse de 0,7 an, et l'espérance de vie des hommes a atteint 79,4 ans, soit une hausse de 1,1 an. Parmi toutes les régions sanitaires, la région sanitaire de Winnipeg a connu la plus faible différence quant à l'espérance de vie entre les femmes et les hommes (différence de 4 ans). Dans l'ensemble de la province, on a noté un écart de 4,3 ans entre l'espérance de vie des femmes et celle des hommes pour la plus récente période (2012-2016). Toutefois, ces différences n'ont pas été évaluées statistiquement.
- Le nombre d'hospitalisations et de décès dus aux crises cardiaques et aux accidents vasculaires cérébraux a nettement diminué dans la région entre la période 1 (2007-2011) et la période T2 (2012-2016). Le taux de mortalité attribuable à tous les cancers a significativement diminué comparativement à la moyenne provinciale entre 2014 et 2016.
- En 2016, la majorité (87,6 %) des résidents de la région sanitaire de Winnipeg décrivaient leur santé comme étant bonne, très bonne ou excellente.

### Cependant, le fardeau des maladies chroniques augmente également

- Malgré une amélioration de l'espérance de vie, les résidents de la région sanitaire de Winnipeg continuent de porter un fardeau de la maladie important et croissant en raison des maladies chroniques qui peuvent être en grande partie évitées. Par exemple :
  - Au cours de la plus récente période (2012/13-2016/17), la prévalence de la cardiopathie ischémique (CI) a connu une hausse importante, soit d'environ 6 %, dans la région sanitaire de Winnipeg.
  - Un taux stupéfiant de 26 % des adultes âgés de 50 à 64 ans et de 58 % des personnes âgées de 65 ans et plus ont reçu un diagnostic d'hypertension en 2016-2017.

- La prévalence du diabète a nettement augmenté dans toutes les zones communautaires de Winnipeg, alors que l'incidence du diabète a connu une hausse importante dans six des douze zones communautaires de Winnipeg au fil du temps.

#### **Les taux de couverture vaccinale varient dans l'ensemble de la région et demeurent sous les cibles nationales**

- Chez les adultes de 65 ans et plus en 2017-2018, la région sanitaire de Winnipeg présentait les taux de couverture les plus élevés dans la province pour le vaccin contre la grippe saisonnière (58,2 %) et le vaccin antipneumococcique (62,6 %). Toutefois, ces taux se situent bien en dessous de la cible de couverture nationale de 80 % établie dans le cadre de la Stratégie nationale d'immunisation<sup>iv</sup>.
- La cible de couverture établie dans la Stratégie nationale d'immunisation pour le vaccin contre le virus du papillome humain (VPH) est de 90 % d'ici 2025 pour les enfants de 17 ans<sup>i</sup>. En 2017, les taux de couverture pour les femmes de la région sanitaire de Winnipeg variaient de plus de 73 % à Churchill à seulement 50 % à Transcona.
- En ce qui a trait au vaccin contre la rougeole, la rubéole et les oreillons (RRO), la cible nationale est une couverture vaccinale de 95 % chez les enfants d'au moins sept ans. Dans la région sanitaire de Winnipeg (2017), moins de 65 % des enfants avaient reçu leurs vaccins RRO nécessaires à l'âge de 17 ans. Les taux de couverture varient dans l'ensemble de la région; en effet, à Churchill, ses immunisations étaient à jour chez plus de 70 % des enfants comparativement à 50 %, tout au plus, des enfants vivant dans les zones communautaires du Centre-ville et de Seven Oaks.

#### **Les maladies transmissibles sont une source de préoccupation croissante dans la région sanitaire de Winnipeg**

- À l'instar d'autres régions urbaines du Canada<sup>v</sup>, la région sanitaire de Winnipeg connaît une hausse dramatique d'infections transmissibles sexuellement et par le sang (ITSS), y compris une augmentation importante des cas de syphilis confirmés en laboratoire (hausse de 394 %), de gonorrhée (hausse de 297 %) et de chlamydia (hausse de 20 %) de 2014 à 2018. Le nombre de cas continue d'augmenter en 2019, imposant un lourd fardeau sur les ressources de santé publique. Les causes de cette hausse doivent être enquêtées et remédiées.

#### **Le nombre de visites chez les médecins et les infirmières praticiennes demeure stable mais la continuité des soins a diminué**

- Globalement, le pourcentage de résidents dans la région qui ont consulté un médecin ou une infirmière praticienne dans le milieu communautaire au moins une fois au cours d'une année financière est demeuré constant à 81 %, de 2011-2012 à 2016-2017.
- La continuité des soins (soit bénéficier d'un prestataire de soins de santé constant) a diminué dans toutes les zones communautaires de la région (sauf St. James-Assiniboia) depuis la dernière période (2010-2011/2011-2012) jusqu'à la plus récente période (2015-2016/2016-2017). Cependant, cette baisse n'a été importante qu'à Transcona, Seven Oaks, Inkster et Churchill. La continuité des soins a également diminué considérablement dans plusieurs voisinages (p. ex., Fort Garry North, River Heights West, Seven Oaks East, Inkster West, Inkster East et Point Douglas North).

## Déterminants de santé et iniquités dans l'ensemble de la région

- Au sein de la région, les facteurs qui ont des répercussions sur la santé (p. ex., éducation, emploi, revenu et facteurs socioéconomiques) sont distribués inégalement. Généralement, les résidents des communautés à revenu plus élevé ont une meilleure santé dans l'ensemble de la région. Par ailleurs, dépendamment du secteur où ils résident dans la région, les résidents peuvent se heurter à des différences quant à l'accès aux services de santé, à l'utilisation de ces services, à la qualité des soins et à leur état de santé.
- Les résidents de certaines zones communautaires et certains quartiers sont plus susceptibles de mourir prématurément. Durant la période de 2012-2016, il y avait une différence de plus de 18 ans dans l'espérance de vie des femmes et une différence de presque 18 ans dans l'espérance de vie des hommes entre les résidents de Point Douglas South (espérance de vie la plus faible) et les résidents d'Inkster West (espérance de vie la plus élevée). Le taux de mortalité prématurée chez les résidents de Point Douglas South (le plus élevé) était cinq fois plus élevé que chez les résidents de River East North (le plus faible).
- En ce qui a trait à la majorité des maladies chroniques dans la région, les résidents ayant le plus faible revenu étaient plus susceptibles d'être diagnostiqués et traités pour des maladies chroniques, comme l'arthrite, l'hypertension, le diabète et la maladie mentale.
- En 2016, le revenu ménager médian après impôts dans la région était de 59 510 \$, ce qui est similaire à la moyenne provinciale (59 093 \$). Le revenu dans l'ensemble de la région variait de moins de 40 000 \$ dans la zone communautaire du Centre-ville à plus de 75 000 \$ dans la zone communautaire d'Assiniboine South.
- En se fondant sur la Mesure de faible revenu après impôt (MFR-Apl) de Statistiques Canada, le pourcentage des résidents de la région vivant dans un ménage à faible revenu en 2016 variait de moins de 5 % à River East North à plus de 50 % à Point Douglas South.
- On a noté une variation substantielle quant au pourcentage d'enfants vivant dans une famille à faible revenu dans les zones communautaires de Winnipeg en 2016, les zones communautaires centrales (c.-à-d., Centre-ville, Point Douglas, Inkster) affichant la proportion la plus élevée d'enfants vivant dans un foyer à faible revenu (43,4 %, 40,9 % et 30,1 %, respectivement).
- En 2016, 10 % des familles de la région ont rapporté avoir vécu de l'insécurité alimentaire au moins une fois au cours des 12 mois précédents, ce qui est légèrement plus élevé que la moyenne provinciale (9,1 %).
- En 2016, les niveaux d'éducation dans la région étaient légèrement plus élevés que la moyenne provinciale. Les résidents de la région étaient également plus susceptibles d'avoir fait des études postsecondaires (53 % des répondants de la région comparativement à 48 % des répondants à l'échelle de la province).

## Constatations clés par chapitre

### Chapitre 1 – Portrait des résidents de la région sanitaire de Winnipeg

- En 2018, comparativement à d'autres régions sanitaires, la région sanitaire de Winnipeg affichait un pourcentage plus faible d'enfants âgés de 0 à 19 ans (22,7 %), un pourcentage plus élevé d'adultes âgés de 20 à 64 ans (62,2 %) et un pourcentage moyen de personnes âgées de 65 ans et plus (15,1 %)<sup>vi</sup>.

- En 2016, un quart (25 %) de la population globale de la région était constitué d'immigrants (c.-à-d., qu'ils avaient immigré au Canada au cours de leur vie). Les Philippines, l'Inde et la Chine se classaient parmi les trois premiers pays d'origine.
- On comptait 86 000 Autochtones dans la région en 2016, représentant 12,2 % de la population totale de la région. La majorité (97,7 %) s'identifiait comme un membre des Premières Nations ou Métis.

## Chapitre 2 – Facteurs de contribution à la santé dans la région sanitaire de Winnipeg

- Dans la région, le pourcentage de nourrissons nés petits pour leur âge gestationnel (PAG) était significativement plus élevé que la moyenne provinciale pour les deux périodes (2007-2008/2011-2012 et 2012-2013/2016-2017). Les taux de natalité PAG étaient étroitement associés au revenu dans les régions urbaines; les nourrissons nés de femmes vivant dans les régions urbaines au plus faible revenu étaient 1,2 fois plus susceptibles de naître PAG<sup>ii</sup>. Cependant les taux de natalité de nourrissons nés gros pour leur âge gestationnel (GAG) dans la région étaient significativement plus faibles que la moyenne nationale pour les deux périodes.
- Les taux de grossesses chez les adolescentes (23,3 par 1 000 femmes âgées de 15 à 19 ans) et les taux de naissances chez les adolescentes (13,9 par 1 000 femmes âgées de 15 à 19 ans) dans la région étaient significativement plus faibles que la moyenne nationale durant la période 2 (2012-2013/2016-2017). Dans la région, les deux taux ont diminué considérablement au fil du temps (de 2007-2008/2011-2012 à 2012-2013/2016-2017).
- En 2016, dans la région sanitaire de Winnipeg, 58,6 % des résidents ont déclaré avoir apporté un changement positif sur le plan de la santé (le plus haut pourcentage dans la province).
- Comparativement à d'autres régions sanitaires, la région sanitaire de Winnipeg affichait également le plus faible pourcentage rapporté (49,2 %) de résidents qui présentaient un surplus de poids ou une obésité en 2016.
- En 2016, la région présentait le plus faible pourcentage (17,9 %) de résidents ayant déclaré être physiquement inactifs.
- En 2016, la région sanitaire de Winnipeg a affiché le deuxième pourcentage le plus élevé d'enfants (22,6 %) vivant dans un ménage à faible revenu dans la province.

## Chapitre 3 – Santé des résidents

- Le taux de mortalité infantile est un bon indicateur de la santé des enfants et de la population. Le taux de mortalité infantile a nettement diminué dans la région, soit de 5,8 cas par 1 000 naissances vivantes à 4,7 cas par 1 000 naissances vivantes entre 2007-2011 et 2012-2016.
- L'incidence du cancer colorectal, les taux de mortalité associée au cancer de la prostate et le taux global de mortalité par cancer dans la région sanitaire de Winnipeg étaient significativement plus faibles que la moyenne provinciale pour la période la plus récente (2014-2016).
- En 2016-2017, plus de 50 % des hospitalisations attribuables à une blessure dans la région étaient dues à des chutes. Des moyens pour prévenir les chutes existent (p. ex., stratégies pour réduire les chutes chez les personnes âgées) et pourraient réduire considérablement les chutes à court terme.

## Chapitre 4 – Dans quelle mesure notre système de santé répond-il aux besoins de la population?

- On a noté une grande variation des taux d'hospitalisation liée aux conditions propices au traitement ambulatoire (CPSA) (p. ex., asthme, diabète, maladie mentale) dans les quartiers de la région en 2016-2017, quoique le taux global dans la région fût le plus faible dans la province. Les CPSA peuvent souvent être traitées dans le milieu communautaire plutôt qu'à l'hôpital. Les taux plus élevés d'hospitalisation liée aux CPSA dans certains quartiers (habituellement dans les régions défavorisées sur le plan socioéconomique) peuvent être reliés à un état de santé disproportionnellement médiocre et à des barrières à l'accès aux soins de santé primaires.
- Entre 2011-2012 et 2016-2017, on a noté une baisse globale du pourcentage de résidents qui ont été admis dans des hôpitaux de la région, bien que cette baisse ne soit pas significative sur le plan statistique.
- Le pourcentage des personnes âgées vivant dans des foyers de soins de longue durée (FSLD) dans la région a diminué de 12,7 % durant la période 1 (2010-2011/2011-2012) à 11,5 % durant la période 2 (2015-2016/2016-2017). Le niveau de soins que les résidents des FSLD avaient besoin au moment de l'admission a augmenté au fil du temps. Cependant, ces deux changements n'étaient pas significatifs sur le plan statistique.
- On a noté une diminution significative du pourcentage des personnes âgées dans les foyers de soins de longue durée chez qui l'on a fait une prescription abusive de benzodiazépines (p. ex., au moins deux ordonnances de benzodiazépines, ou au moins une ordonnance de benzodiazépines pour plus de 30 jours), soit de 25,9 % durant la période 1 (2010-2011/2011-2012) à 21,3 % durant la période 2 (2015-2016/2016-2017).

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- i. Gouvernement du Canada. 2019. Objectifs nationaux de couverture vaccinale et cibles nationales de réduction des maladies évitables par la vaccination d'ici 2025. Tiré le 18 octobre 2019 du site <https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/national-immunization-strategy/vaccination-coverage-goals-vaccine-preventable-diseases-reduction-targets-2025.html#1.2.1>.
  - ii. Agence de la santé publique du Canada. 2018. Un cadre d'action pancanadien sur les ITSS. Réduction des répercussions sur la santé des infections transmissibles sexuellement et par le sang au Canada d'ici 2030. Tiré le 18 septembre 2019 du site <https://www.canada.ca/content/dam/phac-aspc/documents/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework/infections-transmissibles-sexuellement-sang-cadre-action.pdf>
  - iii. Fransoo, R., Mahar, A., The Need to Know Team, Anderson, A., Prior, H., Koseva, I., McCulloch, S., Jarmasz, J., Burchill, S. The 2019 RHA Indicators Atlas. Winnipeg, MB. Manitoba Centre for Health Policy. Autumn 2019.

# Introduction

## Community Health Assessment (CHA) in Manitoba

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>vii</sup>

Understanding the health needs and assets of the people that live in the Winnipeg Health Region (the Region) is critical to effectively planning programs and services. Access to local health data supports planning for policies and programs that are responsive to communities' unique needs and will most benefit their residents.

In Manitoba, this understanding is gained through legislated Community Health Assessments (CHAs). This is the 5th cycle of CHA in Manitoba. The dates of the previous CHA cycles are as follows:

- 1<sup>st</sup> CHA cycle - 1997/98
- 2<sup>nd</sup> CHA cycle - 2004
- 3<sup>rd</sup> CHA cycle - 2009
- 4<sup>th</sup> CHA cycle - 2015

Using a population health approach, CHAs provide baseline information about the health status, determinants of health, and health system utilization of community residents. The CHA also tracks health outcomes over time, identifies opportunities for health promotion and disease prevention and describes the conditions that contribute to health disparities.

The CHA allows us to begin to understand ourselves: who we are, our strengths, our challenges, and how our health system responds to our needs. One of the strengths of CHA is that it presents data from several time periods to reflect health trends over time to help identify areas needing priority action.

In other jurisdictions, CHA work is captured under the term “Population and Public Health Surveillance” which is defined as “the collection, analysis, interpretation, and dissemination of data about demography, socio-economic status, health status, chronic diseases as well as their protective and risk factors”.<sup>viii</sup>

*“Community” can refer to all persons living in a certain region, or it might refer to groups of people with common characteristics or interests, for example: women, youth, older adults, cultural groups or those living with specific health issues.*

## Community Health Assessment Network (CHAN)

CHAN enables a coordinated approach to province-wide comparability on health issues within health regions, while recognizing and respecting the diversity among them. CHAN is a provincially coordinated, collaborative group comprised of representatives from:

- Manitoba Health Seniors and Active Living
- Department of Education (Healthy Child MB)
- Manitoba Centre for Health Policy (MCHP)
- George & Fay Yee Centre for Healthcare Innovation (CHI)
- Service Delivery Organizations:
  - Shared Health/Soins communs (SH)
  - CancerCare Manitoba (CCMB)
  - Addictions Foundation of Manitoba
  - Interlake-Eastern Regional Health Authority
  - Northern Health Region
  - Prairie Mountain Health
  - Southern Health-Santé Sud
  - Winnipeg Regional Health Authority



*CHAN workshop in Winnipeg, Autumn 2018*

## CHA Purpose and Use

CHAs present local data and local interpretation of that data, foster community engagement and highlight community strengths and areas for improvement. This information enables the community-wide establishment of health priorities, and facilitates collaborative action planning directed at improving community health status and quality of life.

## Community Health Assessments and the Manitoba Quality and Learning Framework

Manitoba is taking bold steps to improve access to care, quality of services and patient outcomes. Clinical leaders and health system experts from across the province are working on a provincial approach to the planning and delivery of better health care for Manitobans. This work is supported by clinical data and evidence, including the information presented in Manitoba's Community Health Assessments (CHA).

As the Provincial Clinical and Preventive Services Plan guides and supports decisions about human resources, investment and clinical services, the valuable information we gather in the CHAs will help ensure clinical experts have a real understanding of our population.

Ensuring positive patient outcomes experiences is a focus and responsibility of every member of our health system. Efforts to improve quality and safety are ongoing, and will be guided going forward by the new Manitoba Quality and Learning Framework that presents a common vision and approach to quality, patient safety and accreditation.

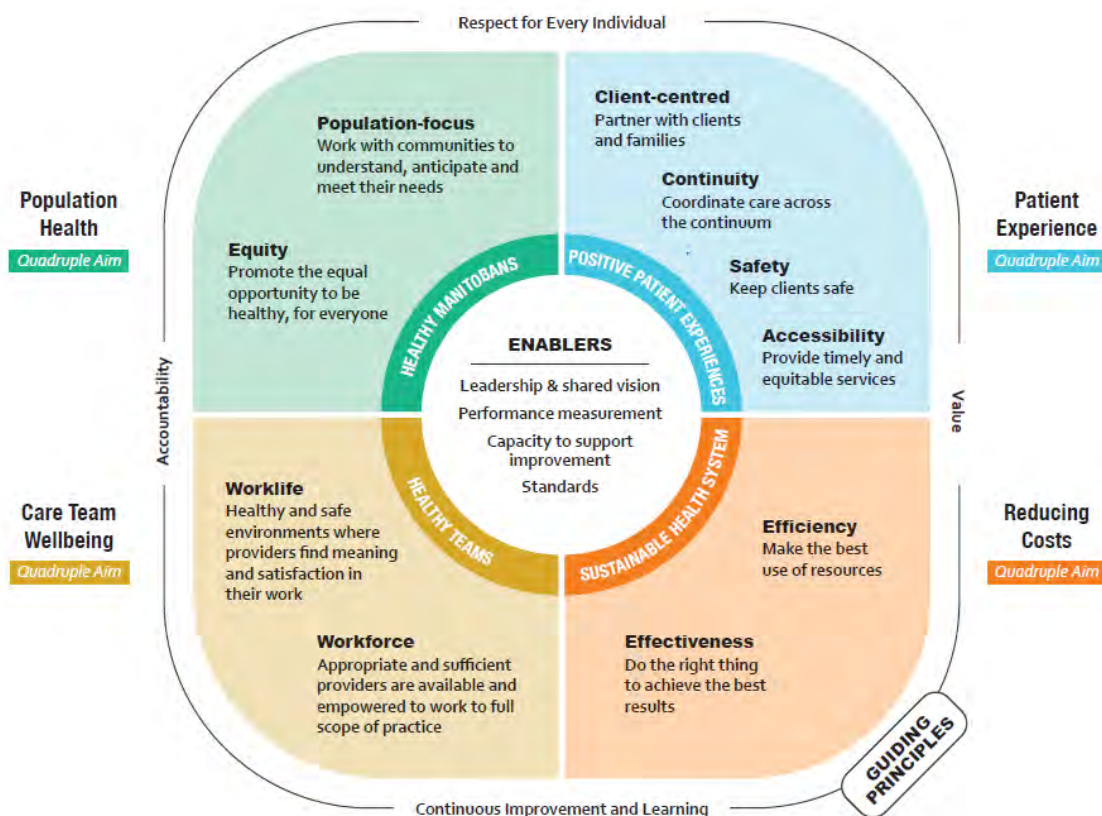
The Framework describes the Principles and Enablers of quality health care and defines the overarching goals of our system in alignment with the Institute for Healthcare Improvement’s Quadruple Aim. These four areas - Healthy Manitobans, Positive Patient Experience, Sustainable Health System and Healthy Teams – allow service delivery organizations, patients and providers to share a common understanding of our goals.

These common goals also ensure that we are able to closely monitor progress and success, by aligning the indicators included in Community Health Assessments (population health, equity, continuity of care, accessibility) with the overarching goals of the health system. Health authorities will be able to use CHA data and the Framework together to set priorities and monitor quality performance all within a culture of continuous improvement and learning.

The Framework is intended for use across the health system, by funders, policy makers, leaders, direct service providers and patients. It applies across the continuum of care, focused on improved provincial outcomes but adaptable to local needs and experiences.

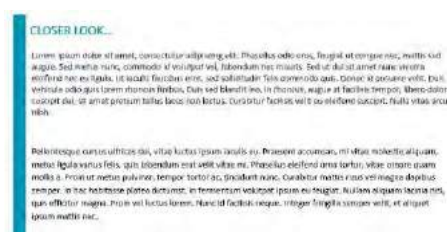
For more information on the Manitoba Quality and Learning Framework, please visit <https://sharedhealthmb.ca/about/quality-patient-safety-learning/framework/>.

## The Manitoba Quality and Learning Framework (MQLF)



## Provincial Template for CHA Reports

There are five Regional Health Authorities (RHAs) in Manitoba, and all RHAs have collaborated to produce CHA reports using a common template to allow for easier comparison of population health indicators across the province. While regional CHA reports will have a similar look, the content reflects findings unique to each health region. New to CHA reports are story boxes called “A Closer Look” which provide additional regional context.



## Population Health and Health Equity

To tell the story of the health and well-being of any community or population, we do so by making comparisons. We ask ourselves how that population has stayed the same over time and how it is changing. We compare the population in our health region to that of other health regions in the province; in one district (or community area) to the neighboring one. We ask ourselves why one population is healthier than another.

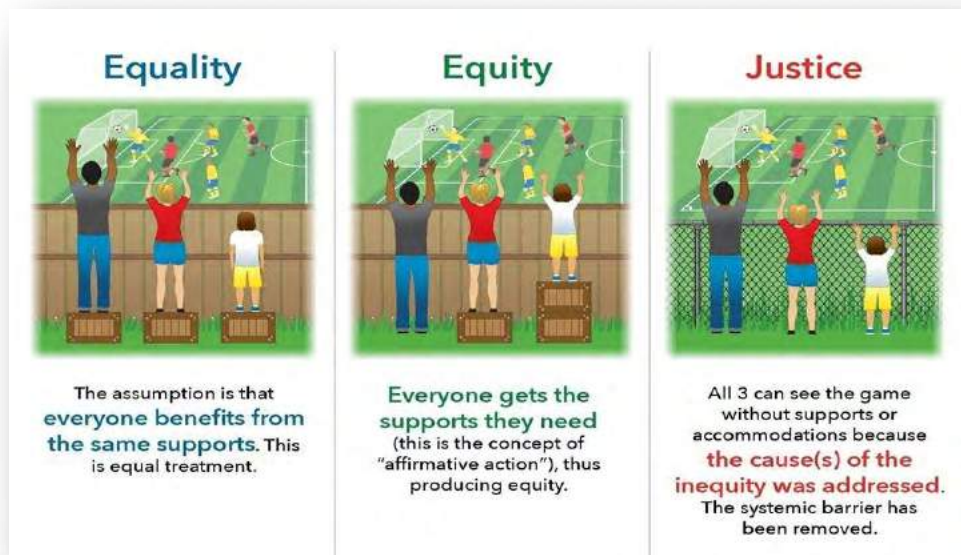
Many terms are used to describe differences in health among population groups including “disparities”, “inequalities”, and “inequities”. Even when intending to describe ideas that mean something quite different, these terms are sometimes used interchangeably. It is important to be clear what we mean when we use these terms.

*“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*  
(Braveman, P. et al 2017)

### What does it mean?

While **health disparities** and **health inequalities** can both be used to describe measurable differences in health status among population groups, the term health inequities should be interpreted differently.

**Health inequities** are *unfair* and *modifiable* because the underlying causes are largely social and economic in nature. The interventions needed go beyond health care services and supporting healthy behaviours, to the types of public policies, programs and services a society chooses. For example, decades ago, the poverty rates amongst older adults in Canada was substantially reduced by introducing a universal public pension program. Language surrounding health inequities will hopefully lead us to talk about why these differences exist and what kind of changes are likely to get at the root causes to make the biggest difference in narrowing persisting gaps among population groups.<sup>ix</sup> Conceptual differences are illustrated below.<sup>x</sup>



Measuring and reporting on health inequalities has grown with each cycle of CHA. We have expanded the measurement of health inequalities when available and appropriate. In doing so, we will advance discussions and action around health equity — a growing priority for health systems and governments at all levels in Canada and internationally. This aligns with Manitoba’s **Chief Provincial Public Health Officer Position Statement on Health Equity**,<sup>xi</sup> which discusses the importance of working to improve health equity as a key way to improve overall population health and as a health goal in and of itself.

*“Social determinants of health are unequally distributed among population groups in our society” and these are influenced by “unequal and unfair social relations such as colonialism, discrimination, racism and gender inequity” as well as “structural drivers such as social policies and programs, economic arrangements and politics.”<sup>xii</sup> The Chief’s position statement also recognizes that the health care system and its services influence only about 25 percent of overall health outcomes, while up to 60 percent of a population’s health status is influenced by the social determinants of health and the structural drivers.<sup>xiii</sup>*

In 2013, the Winnipeg Regional Health Authority (WRHA) released a formal statement committing to promote health equity.<sup>xiv</sup> Specifically, the WRHA committed to:

1. Ensure health equity considerations and actions are embedded in the provision of all health care services;
2. Produce and translate health equity knowledge;
3. Promote health equity in decision-making (governance); and
4. Facilitate participation and partnerships to amplify health equity action within and beyond the health sector.

The WRHA has workshops and tools for staff and leaders to learn more, improve services, and promote equity. For more information on the WRHA’s position statement on health equity and to find resources, please visit the Region’s [website](#).

To provide a comprehensive picture of the health of the people living in our communities, information regarding the social determinants of health, health status measures by health region and health status changes over time is presented throughout this report.

## How are health inequalities measured?

To strengthen the measurement of health inequalities between subpopulations, Manitoba participated in a collaborative pan-Canadian expert working group to inform work by Statistics Canada and the Canadian Institute for Health Information (CIHI). The goal was to develop common equity characteristics for disaggregating health indicators. This collaborative national work resulted in recommended definitions for six equity characteristics for measuring health inequalities: age, sex, gender, income, education, and geographic location.<sup>xv</sup>

This CHA report supports measuring health inequalities by:

- Stratifying data by geographic location
- Stratification of select indicators by age groupings and sex
- Geographic disparity ratios
- Income disparity ratios
- Presenting data graphs and tables in a new way to help identify disparities or health gaps

## System Responsibility

CHAs provide a better understanding of what contributes to health inequities and what we need to address in order to advance health equity for our population.

As identified for the third round of CHA, in 2015, the evidence informs an approach to interventions to achieve more equitable population health outcomes, which address equitable access in three main areas. These include **equity of access** to:

### 1. Health Care Services

This is the responsibility of health and social service agencies, their boards and the various levels of government, which provide funding, oversight, planning and policy support. One example is providing services universally to the whole population and supplementing them with “targeted” services for population groups experiencing persistently poorer health and social outcomes.

### 2. Social Determinants of Health

This is the responsibility of all levels of government and the organizations to which they further delegate responsibilities, commission work and distribute funds which affects all sectors of society. Examples include approaches such as healthy community planning, inter-sectoral action on health, healthy public policy, health in all policies; health as a human right; and health among sustainable development goals.

### 3. Community Participation

An important consideration includes collaboration with populations in vulnerable situations and more likely to experience health inequities to inform priorities, directions and decisions. This includes making space at the tables where decisions are made, for community voices.

The notion of equitable access is based on the pioneering work done by Whitehead and Dahlgren<sup>xvi,xvii</sup> and international works related to the right to health to which Canada has made commitments to via international covenants, treaties and declarations.

Health regions and the province overall strive to maintain and improve the health of the entire population. To this end, we are involved in population health planning which must address what contributes to those socially and economically influenced health differences among population groups. Future planning efforts must take these health equity gaps into consideration to improve overall population health outcomes; and would benefit from applying an equity analysis to all phases of planning and implementation. Further resources are available in the appendix.

Actions to mitigate health inequities among population groups is an important component of improving the overall health of all Manitobans. Health inequities are evident among several population groups including newcomers and refugees, visible minorities, persons with disabilities and people living in poverty or other types of economic or social marginalization. There is strong evidence that Indigenous peoples of Manitoba experience persistent health disparities resulting from historic and current traumatic experiences related to colonization and racism. One of the population groups most impacted by health inequities is the Indigenous peoples of Manitoba. A recent report, ***The Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba***, was released in Autumn 2019 and key highlights from the report are noted below.

## **The Health Status of and Access to Healthcare by Registered First Nations Peoples in Manitoba**

The Manitoba Centre for Health Policy (MCHP) and the First Nations Health and Social Secretariat of Manitoba (FNHSSM) partnered to develop a comprehensive report, entitled *The Health Status of and Access to Healthcare by Registered First Nations Peoples in Manitoba*, looking at health and healthcare use patterns of First Nations people living in Manitoba. Comparisons were made between First Nations and all other Manitobans, between on and off reserve First Nations, and regional comparisons by health regions and by Tribal Council Areas. This report will “contribute to building a dialogue that supports strategies for increased access to equitable healthcare, improving programs that support First Nations health and wellness, and supporting policy change and development”. It is an update to the MCHP report referred to as the 2002 First Nations Atlas.

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***“To understand why First Nations’ health is worse than other Manitobans, we need to first acknowledge the history of colonization and the horrendous effects it had (and continues to have) on the First Nations (peoples and their) ways of life. As part of an effort to ‘civilize’ First Nation people, many children were forcibly removed from their families and communities and placed in residential schools. In being made to adopt the European way of life, they lost much of their language, their culture, and their connection to the families and communities. The trauma from this experience is still being felt today as the pain of this loss is passed down through generations.”***

---

There is a widening and unequal gap between First Nations people's health and other Manitobans.

The Truth and Reconciliation Commission of Canada's Call to Actions, especially number 19, was the impetus for this study: "to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services."<sup>xviii</sup>

While the majority of the data available was based on illness and not wellness, the report did highlight community strengths and resilience in results from the Manitoba First Nations Regional Health Survey (RHS). Compared to all other Manitobans, some of the key findings included:

- Mortality indicators are significantly worse among First Nations peoples
- Cancer screening rates are significantly lower among First Nations peoples
- Incidence of cervical and colorectal cancer are significantly higher among First Nations peoples
- Poorer mental health is seen among First Nations peoples
- First Nations peoples have substance use disorder rates three times higher
- Rates of suicide and suicide attempts are five to six times higher among First Nations peoples
- Poor health and lower physician service use indicate barriers to First Nations peoples accessing care
- First Nations peoples have more hospital use across all indicators
- There is a dramatically higher rate of opioid dispensations for First Nations peoples
- First Nations communities highlight the importance of traditional healers
- 45 percent of RHS respondents reported they have safe drinking water on reserve
- 59 percent of RHS respondents reported their houses on reserves require repair
- One in four families living on reserve include a survivor of residential schools

The health status gap between First Nations and all other Manitobans has widened since 2002. Researchers have urged five actions to create change and improve health of the individuals, families, and communities:<sup>xix</sup>

1. Annual reporting on progress in addressing gaps in health and access to healthcare;
2. Development of strategic initiatives for equitable access to intervention and prevention measures (including addressing racism in the health system through mandatory cultural safety training for all staff, hiring of First Nations providers, new human resource policies for safe reporting of racist incidents);
3. Development of short- and long-term plans for the training and hiring of First Nations healthcare professionals;
4. Further development of research partnerships among MCHP, MHSAL, FNHSSM and Manitoba First Nations;
5. Setting First Nations on the path to borderless healthcare delivery by improving access to primary care healthcare that is designated and delivered through First Nations-led partnerships.

Although the health profile of First Nations peoples is not summarized in the CHA report, we invite you to read *The Health Status of and Access to Healthcare by Registered First Nations Peoples in Manitoba*.

## Data Sources and Limitations

### Data Sources

The information for this report includes multiple sources of data to provide an in-depth look into the health of our population. These are referenced throughout the document in the figures and tables and include:

#### **Administrative Health and Surveillance Data**

These data measure health status and health services utilization in the province and health regions. The majority of the administrative health and surveillance data are provided by the Manitoba Centre for Health Policy (MCHP) or Manitoba Health, Seniors and Active Living, Information Management and Analytics Branch (MHSAL IMA).

MCHP data are obtained from the Population Research Data Repository, a comprehensive collection of administrative, registry, survey, and other data about residents of Manitoba. The data come from a variety of government department administrative datasets. For more detailed information about the repository, visit the MCHP website. Data presented in this report are primarily from published reports, including: The 2019 RHA Indicators Atlas and Mental Illness Among Adult Manitobans. However, home care data from the MCHP are unpublished work commissioned by MHSAL.

#### **Canadian Community Health Survey (CCHS)**

CCHS is a national cross-sectional self-reported survey on residents' health status, health determinants, and health care utilization. CCHS is designed to collect health data at the provincial and health region levels. Respondents who participated in the CCHS were selected to be representative of the provincial population and to provide reliable estimates at the health region level. It is typically collected by Statistics Canada every other year. The Manitoba sample size is 5,183 respondents. The data are weighted for representativeness and standardized to take into account certain demographic differences across health regions (e.g., age and sex), which can allow for more accurate comparisons between health regions in the province.

#### **2016 Census**

The 2016 Census data are used to describe population and community characteristics. The Census data provide high-quality information for communities across the province and are used to support planning for employment, education and health care services. It is typically collected by Statistics Canada every five years.

To ensure confidentiality, Statistics Canada randomly rounds up the values, including totals, either up or down to a multiple of '5' or '10.' As a result, when these data are summed or grouped, the total value may not match the individual values since totals and sub-totals are independently rounded. Similarly, percentages, which are calculated on rounded data, may not necessarily add up to 100 percent.

## Healthy Child Manitoba

Data on the Early Development Instrument (EDI) and Family First risk factors are provided by the Healthy Child Manitoba Office. For more details about the EDI program in Manitoba and other provincial reports on child health, please visit the Healthy Child [website](#).

## CancerCare Manitoba

Cancer screening, incidence and mortality data are provided by CancerCare Manitoba from the Manitoba Cancer Registry, Screening Programs and Radiation Oncology Program. To view the *2019 Manitoba Cancer System Performance Report*, please visit: <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/System-Performance-Report.pdf>.

## Canadian Patient Experiences Survey – Inpatient Care (CPES-IC)

The 2017/18 Canadian Patient Experiences Survey is a standardized survey patients use to provide feedback about the quality of care they received during their most recent stay in a Canadian acute care hospital. It was created by the Canadian Institute for Health Information (CIHI) and has been endorsed by Accreditation Canada to meet the accreditation requirements for patient experience surveying. The results of the survey were analyzed by the Information Management and Analytics Branch of MHSAL. The CPES-IC has been collected across all regional health authorities in Manitoba since 2017.

## Data Limitations

We acknowledge that there are limitations that should be taken into consideration when interpreting the data presented in this report. A challenge of drafting large population surveillance reports using multiple data sources is the availability of the most up-to-date data. The most current data available have been used for this report; however, for some indicators (e.g., dementia prevalence, mood and anxiety disorders) the most recent data can be several years old.

Although many of the indicators are representative of the population, the information in this report may not reflect the health status and needs of Indigenous peoples living in Manitoba due to data limitations. For more information on the Health Status of First Nations people in Manitoba, please see the previous section (First Nations People's Health in Manitoba).

Some indicators (e.g., cancer-related) are not available at the community area or neighbourhood cluster level. For some indicators, statistical testing was not available to test the differences compared to the Manitoba average (e.g., Census) or the changes over time (e.g., Canadian Community Health Survey). Although differences may be noted, the statistical significance of these differences should not be inferred. Similarly, statistically significant differences were not tested across RHAs, community areas and neighbourhood clusters.

## **Administrative Health and Surveillance Data**

The majority of the administrative health and surveillance data (e.g., provided by the Manitoba Centre for Health Policy or MHSAL IMA) rely on medical claims data. Some health providers (e.g., physicians, nurse practitioners) working in rural areas are covered under alternate payment methods (e.g., salaried), and they submit claims (shadow billings) for administrative purposes only. This may result in under-reported health services in those areas. This is particularly true for many Northern districts because much of the primary care for residents in some communities is provided by nurses and not coded into medical claims data.

In addition, some useful demographic factors such as race and ethnicity are not captured in the administrative health data repository; we also cannot assess the differences of health status and health care utilizations across these groups.

## **Canadian Community Health Survey (CCHS)**

Due to the self-reported nature of the CCHS, recall and self-serving biases may have particular impact on certain survey questions. For example, respondents were asked about events (e.g., physical activity, fruit and vegetable consumption) occurring during the last month, and their ability to remember accurately may affect the data. In addition, respondents may choose to alter their responses in a more positive light to questions that may be perceived as more sensitive (e.g., alcohol consumption).

Respondents who participated in the CCHS were selected to be representative of the provincial population and to provide reliable estimates at the health region level. However, due to the small number of respondents, caution is needed when interpreting some response categories and smaller geographic areas.

Since 2015, considerable changes were made to the CCHS (e.g., sample selection procedures, content, etc.). Therefore, the 2015-2016 data cannot be combined with previous cycles to examine data at smaller area levels (i.e., community areas and neighbourhood clusters). For certain indicators deemed important to report, data used in previous cycles of the CCHS was not available this cycle.

Although the CCHS survey is representative of 98 percent of the total population, it is missing information from the other two percent of the population is (e.g., the homeless, persons living on-reserve and other Indigenous settlements, full-time members of the Canadian Armed Forces, the institutionalized population and children aged 12 to 17 years old living in foster care). These groups may differ in risk for a wide range of health issues and may have different health service needs.

## **Census Data**

In 2011, Statistics Canada's mandatory long-form census was abolished and replaced with a voluntary National Household Survey (NHS). The response rate to the NHS was much lower than the mandatory long-form census. Therefore, comparisons between the 2016 census data, presented in this report, and the previous 2011 NHS cannot be made, as well as, trends since 2011 cannot be noted.

## Data Presentation and Interpretation

Most indicators in this report are presented using a population-based approach. This means that the rates or prevalence shown are based upon virtually every person living in Manitoba and excludes only those in federal penitentiaries, members of the Canadian Armed Forces, and the RCMP.

The indicators in this report are based upon where people live, not where they received services, with a few exceptions. For example, a person living in Winnipeg Health Region may be hospitalized in Selkirk, but the hospitalization is attributed back to the rate for Winnipeg Health Region. Thus, the results show the health and healthcare use patterns of the population living in the Winnipeg Health Region, no matter where they receive their care.

In all cases, the latest available information is presented. Visual representations of data have been labelled and ordered in a consistent fashion throughout the report with sources clearly defined.

In this report where the term 'Indigenous' is used, it is referring to only those residents who have self-identified as being of either First Nations, Métis or Inuit. When Winnipeg Health Region is used alone it refers to all residents of the health region, including those identifying as First Nations or Métis.

## Geographic Boundaries

In the majority of cases, the quantitative data is presented for the five regional health authorities of Manitoba.



## Rates and Prevalence

In the majority of visual representations, data are presented as a rate or prevalence. Prevalence refers to the proportion of the population that has a certain condition, either at a given point in time (point prevalence) or over a period of time (period prevalence). It is an indication of how common the condition is, and therefore, has implications for the provision of services. Most indicators in this report use the concept of period prevalence over a one year, three year, or five year period.

In contrast, a rate refers to a change in state over time and is used to express the frequency of events during a given period. Many health-related events can happen to a given person more than once. For example, the physician visit rate shows how often residents visit physicians each year. Where an indicator covers a period longer than one year, the rate is annualized— that is, given as an annual average.

## Adjusted Rates and Crude Values

The indicator tables and figures in this report are labelled as ‘age and sex adjusted’ rates when results have been statistically adjusted to account for the different age and sex composition of the populations living in different areas. This adjustment allows for fair comparisons among areas with different population characteristics. Adjusted rates show what that area’s rate would have been if the area’s population had the same age and sex composition as the Manitoba population.

In some cases ‘crude values’ are presented in order to indicate the actual number of events that occurred (e.g., residents living with a particular condition) within the health region and to represent the possible burden of illness to the Winnipeg Health Region in particular.

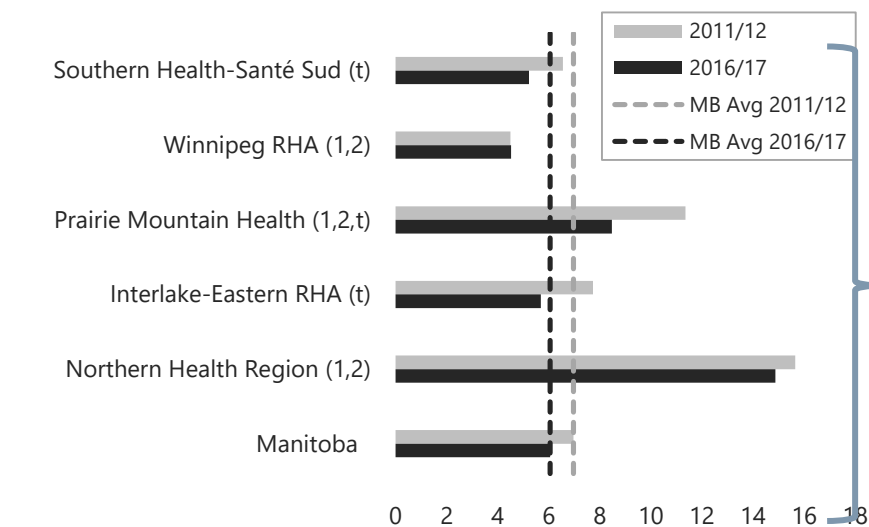
When reading this report, if the narrative referring to an indicator suggests that a difference is ‘significant’ then you know the difference is considered statistically significant (*p-value* <.05) and not likely to be an annual or period fluctuation or due to chance. When a difference is not described as ‘significant’, the rate should be considered similar to the provincial average and/or the previous time period. Statistical significance was only tested for the difference compared to the provincial average and/or changes over time. There were no statistical tests completed for differences between regions, community areas and neighbourhood clusters.

## Visualization of Data

The 2019 CHA introduces a new method of visualizing data to describe regional differences and changes over time. It captures all the components of the previously used Manitoba Centre for Health Policy multiple year bar charts but in a more condensed format.

## The ORIGINAL bar graph from MCHP:

### *Hospitalization Rate Ambulatory Care Sensitive Conditions by RHA, 2016/17 (T2) and 2011/12 (T1) Age- and sex-adjusted per 1,000 residents aged 0-74*



*In the CHA reports the bar charts here are collapsed and visualized below.*

*For each time period, the range in values (lowest to highest) are shown on either end*

*The regions are ordered from lowest to highest (based on T2 for table)*

*T2 = recent time period  
T1 = earlier time period*

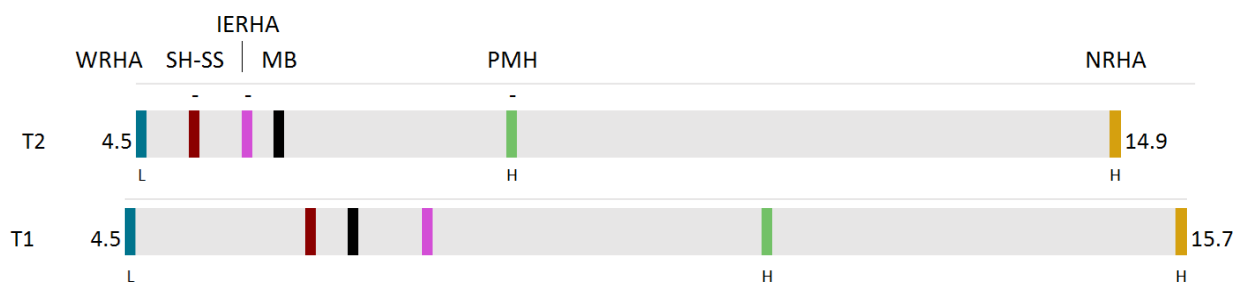
*Data tables with actual values and crude counts*

- 1 indicates area's rate was statistically different from Manitoba average in first time period
- 2 indicates area's rate was statistically different from Manitoba average in second time period
- t indicates change over time was statistically significant for that area
- s indicates data suppressed due to small numbers

MCHP RHA Indicators Atlas 2019

## The NEW look in CHA reports:

### *Hospitalization Rate Ambulatory Care Sensitive Conditions by RHA, 2016/17 (T2) and 2011/12 (T1) Age- and sex-adjusted per 1,000 residents aged 0-74*



H/L Significantly higher or lower than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		SH-SS		IERHA		MB		PMH		NRHA	
T2 COUNT	3,467		1,010		861		8,023		1,522		995	
T2 RATE	4.5	L	5.2	-	5.7	-	6.1		8.5	H-	14.9	H
T1 RATE	4.5	L	6.6		7.7		7.0		11.4	H	15.7	H

MCHP RHA Indicators Atlas 2019

## Graphing the two time periods:

- The line bars are stacked one on top of the other with the most recent time period on top and the earlier time period below.
- The earlier or first time period is labeled “T1” and the second or more recent time period is labeled “T2”. These labels are positioned at the extreme left end of the line bars.

## Understanding the sliding scale:

### Identifying regional data

- Bars on the sliding scale correspond to the regional values in the MCHP bar chart. To easily identify regional position, each RHA and Manitoba has been assigned a specific colour.

### The range of values

- The T2 bar reflects only the range in values from the lowest regional value (WRHA 4.5) to the highest (14.9 NRHA). The horizontal bar does not show the entire scale from 0.
- The T1 bar reflects the data in the earlier time period (or in some cases, the only time period available). In the example above, the lowest value is the same for both time periods (WRHA 4.5) but the highest value extends the scale to the right (NRHA 15.7). The scale has been extended to reflect the full range of values for both time periods.
- The bookends (lowest and highest values) easily identify whether values have increased, decreased, or remained similar across the province. This is a quick way to see whether the regional disparity has widened or narrowed.

### Statistical significance (statistical significance of $p < .05$ )

- Significant differences from the Manitoba average are shown below the RHA marker as either H (higher) or L (lower). This replaces MCHP’s symbols “1” or “2” for indicating statistical differences from the Manitoba average by time period.
- Significant changes over time are shown above the RHA marker as + (increasing) or - (decreasing). This replaces MCHP’s symbols “t” for indicating if the change over time was statistically significant for that area.

### Data table below sliding scales

- A data table follows each set of line bars showing the actual values for every health region.
- T2 COUNT reflects the crude count for only the recent time period (e.g., residents, hospitalizations, visits, etc.)
- T2 RATE presents the regional data reflected in T2 sliding scale
- T1 RATE presents the regional data reflected in T1 sliding scale
- Statistically significant notations as described above
- Values are ordered from left to right, lowest to highest according to the T2 rate

Interpreting the data

Significant increases or decreases (statistical significance of  $p<.05$ ) in a health region’s value over time (from T1 to T2) are notated by either a + (increase) or – (decrease) above the RHA marker on the T2 bar and repeated in the accompanying table.

Southern Health Santé Sud, Interlake Eastern RHA and Prairie Mountain Health have all shown a significant decrease in hospitalizations for ambulatory care sensitive conditions (ACSC) between T1 and T2.

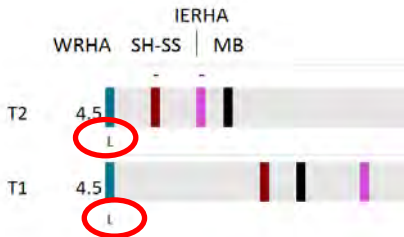


Values that are significantly different from the Manitoba average for that time period are notated by either an H (higher) or L (lower) underneath the RHA marker on both the T1 and T2 bars and repeated in the accompanying table.

Prairie Mountain Health and Northern RHA have significantly higher rates of hospitalization for ACSC than the province as a whole in both time periods.



Winnipeg RHA has significantly lower rates of hospitalization for ACSC than the province as a whole in both time periods.



PMH	
1,522	
8.5	H-
11.4	H

Prairie Mountain Health had an ACSC rate of 11.4/1,000 in the first time period (2011/12) which was significantly higher than the provincial average of 7.0/1,000. This value has decreased significantly to 8.5/1,000 in the second time period (2016/17) but remains significantly higher than the T2 provincial average of 6.1/1,000.

## Regional Data Tables

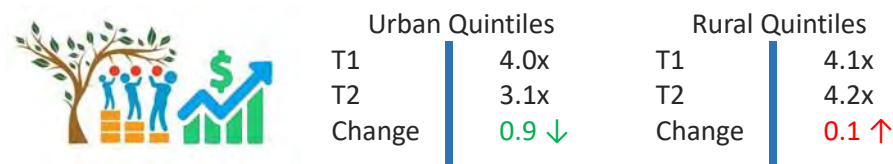
Whenever available and appropriate, community area and neighbourhood cluster level data are presented in tables.

- When two time periods are available, the counts and rates or percentages of the most recent time period (labeled T2) are presented first, followed by the rates or percentages of the earlier time period (labeled T1).
- The community areas are ordered by premature mortality rate (PMR) from left to right, lowest to highest (best to worse) according to the T2 rate.
- The neighbourhood cluster order varies between tables as they are ordered from best to worst based on the value/rate in T2, when appropriate.

## Disparity Measures

There are two disparity measures shown in the report; income disparity and geographic disparity.

**Income disparity** is provided at a provincial level and is represented by the following visual for Inadequate Prenatal Care:



Manitobans are split into urban and rural with urban being just the cities of Winnipeg and Brandon, and rural being all other health regions.

Within each group the population is divided into five groups of approximately equal population, according to the average household income (as determined by the Census small dissemination area) called income quintiles.

- The disparity measure is reported only where there is a statistically significant linear trend between income and the indicator; and the difference between the highest income quintile and the lowest income quintile is statistically significant ( $p < .05$ ).
- The disparity is the relative rate ratio between those in the highest income quintile and those in the lowest income quintile.

Understanding the income disparity information:

- The example above indicates that in urban settings, in the second time period (T2), the residents of the lowest income areas were 3.1 times as likely to receive inadequate prenatal care as those in the highest income areas. The gap between the income levels has shrunk markedly over time.
- In a rural setting, the residents of the lowest income areas were 4.2 times as likely to receive inadequate prenatal care as those in the highest income areas. The gap between the income levels has increased slightly over time.
- The direction of change is indicated by the arrows and the colour indicates whether the gap is narrowing (green) or widening (red).

**Geographic disparity** is shown at a regional level and is represented in the regional data table by the following visual for Inadequate Prenatal Care:



The disparity is measured between the neighbourhood cluster with the highest value for the indicator and the neighbourhood cluster with the lowest value. For some indicators, the neighbourhood cluster with the lower value is actually better, but in other indicators the reverse may be true.

Understanding the geographic disparity information:

- In the example above, the disparity measure in T1 indicates that the neighbourhood cluster with the highest value (Point Douglas South) are 9.4 times more likely to receive ‘inadequate prenatal care’ than the neighbourhood cluster with the lowest value (River East North). Similarly, the T2 reflects that the neighbourhood cluster (Point Douglas South) with the highest value are 6.6 times more likely to receive ‘inadequate prenatal care’ than (Fort Garry North), the neighbourhood cluster with the lowest value.
- Note that the neighbourhood clusters with the highest and lowest values may vary from T1 to T2.
- The green highlighted value indicates the change in percent between the two time periods. The arrow pointing down and the green font colour indicate that the disparity or gap has narrowed by 30 percent over time.

<sup>iv</sup> World Health Organization. (1948). Mental health: A state of well-being, [https://www.who.int/features/factfiles/mental\\_health/en/](https://www.who.int/features/factfiles/mental_health/en/)

<sup>v</sup> BC Centre for Disease Control. (n.d.). Population & Public Health Surveillance. <http://www.bccdc.ca/our-services/programs/population-public-health-surveillance>

<sup>vi</sup> The Robert Wood Johnson Foundation (RWJF). What is Health Equity?, 2017 <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

<sup>vii</sup> <http://agentsofgood.org/wp-content/uploads/2017/04/Equality-vs-Equity-Illustration3.jpg>

<sup>viii</sup> Manitoba Health, Seniors and Active Living. (2018). Chief Provincial Public Health Officer Position Statement on Health Equity, [https://www.gov.mb.ca/health/cppho/docs/ps/health\\_equity.pdf](https://www.gov.mb.ca/health/cppho/docs/ps/health_equity.pdf)

<sup>ix</sup> Manitoba Health, Seniors and Active Living. (2018). Chief Provincial Public Health Officer Position Statement on Health Equity, [https://www.gov.mb.ca/health/cppho/docs/ps/health\\_equity.pdf](https://www.gov.mb.ca/health/cppho/docs/ps/health_equity.pdf)

<sup>x</sup> In Pursuit of Health Equity: Defining Stratifiers for Measuring Health Inequality — A Focus on Age, Sex, Gender, Income, Education and Geographic Location

<sup>xi</sup> WRHA. 2013. Health Equity Position Statement. Accessed from: <https://www.wrha.mb.ca/about/healthequity/files/HealthEquityworddocBWwebsite.pdf>

<sup>xii</sup> Canadian Institute for Health Information. Pan-Canadian Dialogue to Advance the Measurement of Equity in Health Care: Proceedings Report. Ottawa, ON: CIHI; 2016. [https://secure.cihi.ca/free\\_products/Measurement\\_of\\_Equity\\_in\\_Health\\_Care\\_Proceedings\\_Report\\_EN.pdf](https://secure.cihi.ca/free_products/Measurement_of_Equity_in_Health_Care_Proceedings_Report_EN.pdf)

<sup>xiii</sup> Whitehead M & Dahlgren G. Levelling up (Part 1): a discussion paper on Concepts and principles for tackling social inequities in health. Copenhagen: World Health Organization Regional Office for Europe, 2006.  
<https://apps.who.int/iris/handle/10665/107790>

<sup>xiv</sup> Whitehead M & Dahlgren G. Levelling up (Part 1): a discussion paper on Concepts and principles for tackling social inequities in health. Copenhagen: World Health Organization Regional Office for Europe, 2006.  
<https://apps.who.int/iris/handle/10665/107790>

<sup>xv</sup> Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to Action.  
[http://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf). Accessed October 15, 2019

<sup>xvi</sup> Katz, A., Kinew, K.A., Star, L., Taylor, C., Koseva, I., Lavoie, J., et al. (2019). The Health Status of and Access to Healthcare by Registered First Nations Peoples in Manitoba. [http://mchp-appserv.cpe.umanitoba.ca/reference//FN\\_Report\\_web.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference//FN_Report_web.pdf). Accessed October 15, 2019


# **CHAPTER 1:**

## **WHO LIVES IN THE WINNIPEG HEALTH REGION?**

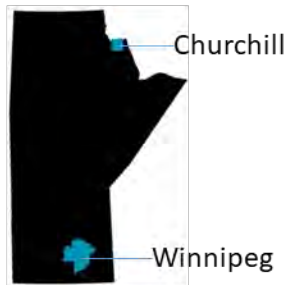
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# AT A Glance: Who lives in the Winnipeg Health Region?

 Winnipeg Health Region     Manitoba

## Winnipeg Health Region



## Birth rate (rate of live births per 1,000 females aged 15 to 45)



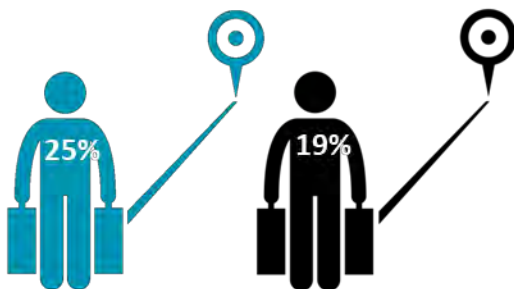
## Visible Minority Population (persons, other than Indigenous people, who are non-Caucasian in race or non-white in colour)



## Lone-Parent Families (% of total census families)



## Immigrant Population (% of population who identify as immigrant with permanent residency status)



## Dependency Ratio (number of dependents per 100 working-age residents)



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## Chapter 1 Key Findings

### Why is this chapter important?

This chapter outlines the geography of the Winnipeg Health Region (the Region) as well as demographic features of the Region's population. The unique characteristics of the Region influence how healthy residents are and have a significant impact on which services and programs are needed.

Population health surveillance is essential to health care planning and resource allocation to ensure we develop equitable and sustainable programs and services. The information in this chapter is foundational to forecasting health issues that will require dedicated short- and long-term strategies. This chapter will focus on indicators related to:

- Population;
- Birth rate;
- Internal migration;
- Indigenous population;
- Visible minorities;
- Immigration; and
- Lone-parent families.

### Population

- Winnipeg Health Region's population was 778,239 in 2018 and comprised approximately 57 percent of the Manitoba population. It increased six percent since the 2014 Community Health Assessment.
- In the Region, 23 percent of residents were children and youth (19 years of age or younger) and 16 percent of residents were older adults (65 years of age and older) in 2018.
- Nearly 28 percent of the Region's total population identified themselves as visible minorities in 2016. Note that this does not include Indigenous Peoples.

### Birth Rate

- The annual birth rate in Manitoba decreased slightly, from 58.1 live births per 1,000 women in 2011/12 to 55.5 live births per 1,000 women in 2016/17. The annual birth rates in the Winnipeg Health Region were the lowest in the province in both time periods (2011/12 and 2016/17).
- Birth rates varied across the Region in 2016/17; the birth rate for women in Point Douglas South (highest) was nearly three times higher than women residing in River Heights East (lowest).

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## Internal Migration

- In the Region, five percent of the population was currently living in a different city, town, township, village or Reserve within Canada in 2016 compared to five years earlier.

## Indigenous Population

- There were 86,000 Indigenous Peoples in the Region in 2016 (12% of the Region's total population).
- Point Douglas had the highest proportion of Indigenous residents (29%) in the Region in 2016.

## Immigration

- In 2016, the most common place of birth reported by the Region's immigrants was Asia.
- There were 13,330 non-permanent residents living in Winnipeg, making up 82 percent of all non-permanent residents living in Manitoba in 2016.

## Lone-Parent Families

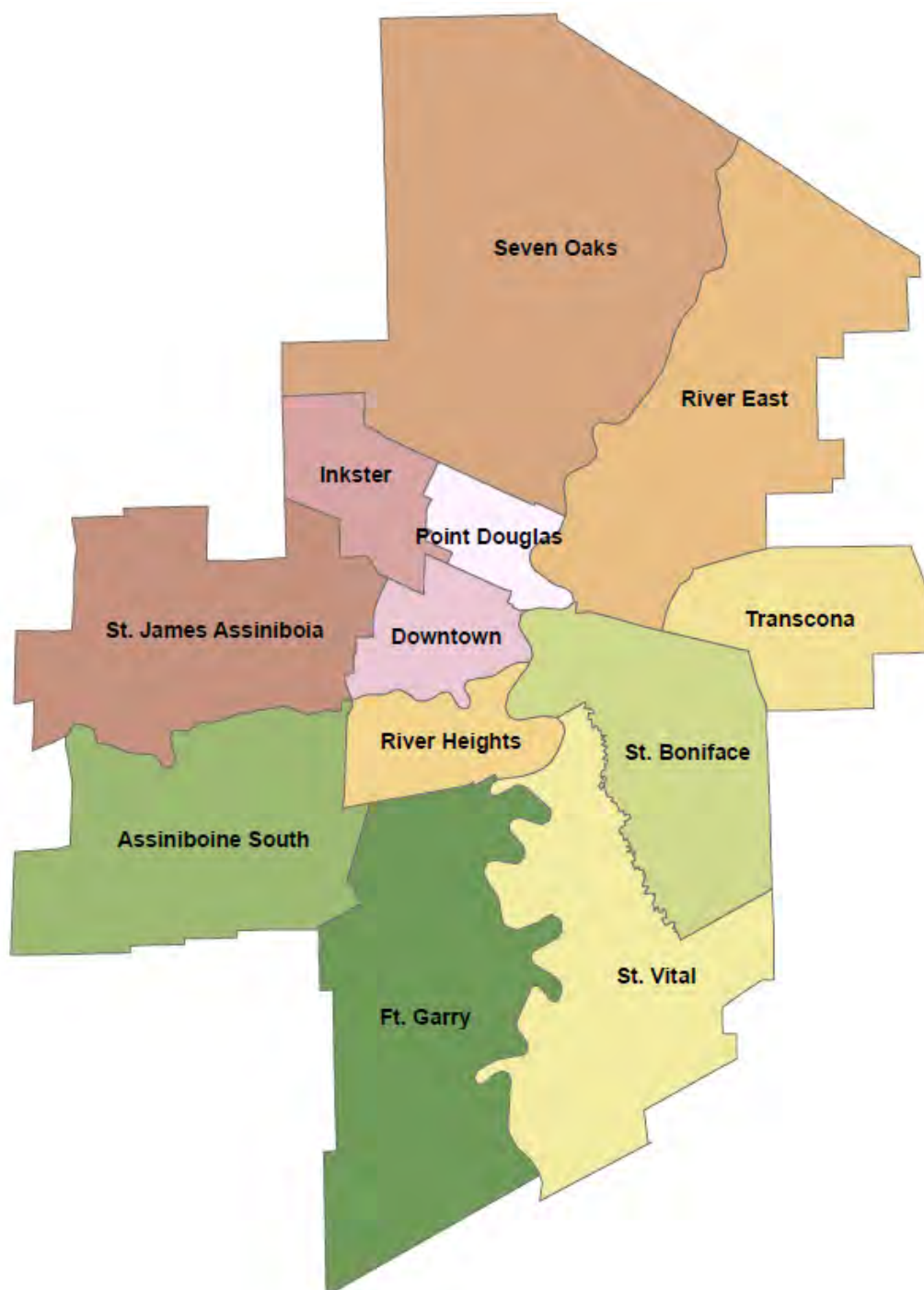
- The percentage of census families that were composed of only one parent of any marital status (e.g., divorced, separated, widowed or never-married) living with at least one child in the same dwelling (lone parent families) accounted for 18 percent of all the Region's census families in 2016.
- The proportion of lone parent families varied across the Region, with Point Douglas South having the highest proportion (44%) and River East North having the lowest proportion (5.6%).

## Geographic Boundaries

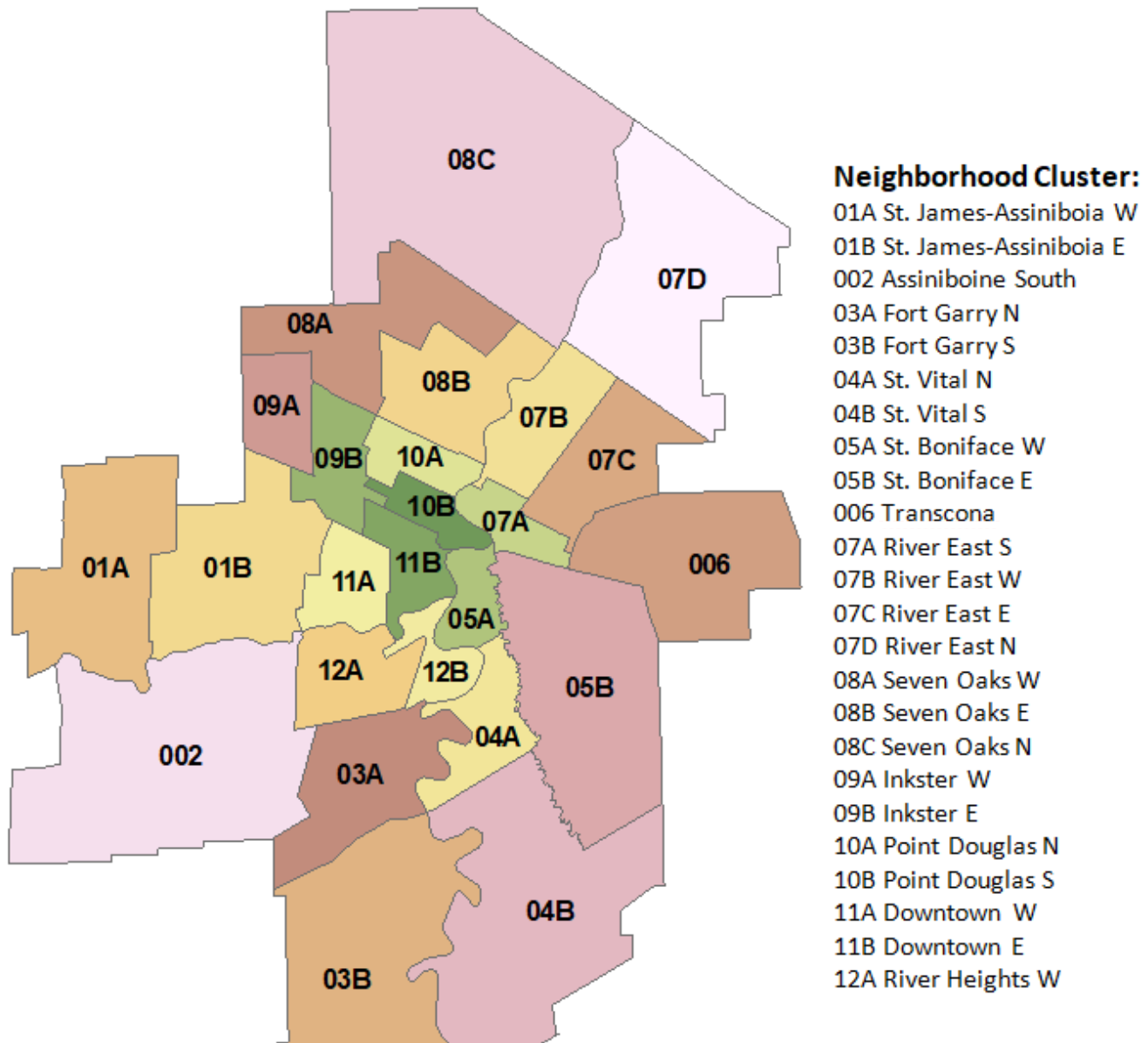
- The Winnipeg Regional Health Authority (WRHA or Winnipeg Health Region) includes the City of Winnipeg, the Rural Municipalities of East and West St. Paul, and the Town of Churchill.
- The Region's communities are subdivided into 13 community areas (CAs) including Churchill (see Map 1, Churchill not shown) and 25 neighborhood clusters (NCs) (see Map 2).
- There are 239 neighbourhoods and more than 1,100 census dissemination areas in the Region.
- Map 3 shows the distribution of neighborhood income (based on dissemination area income quintiles, please refer to the report's introduction for the details of income quintile calculation and assignment). However, health data are not provided at either the neighbourhood or dissemination area levels.

**Map 1.1 Winnipeg Health Region (the Region) Community Areas (N=12, Churchill not shown)**

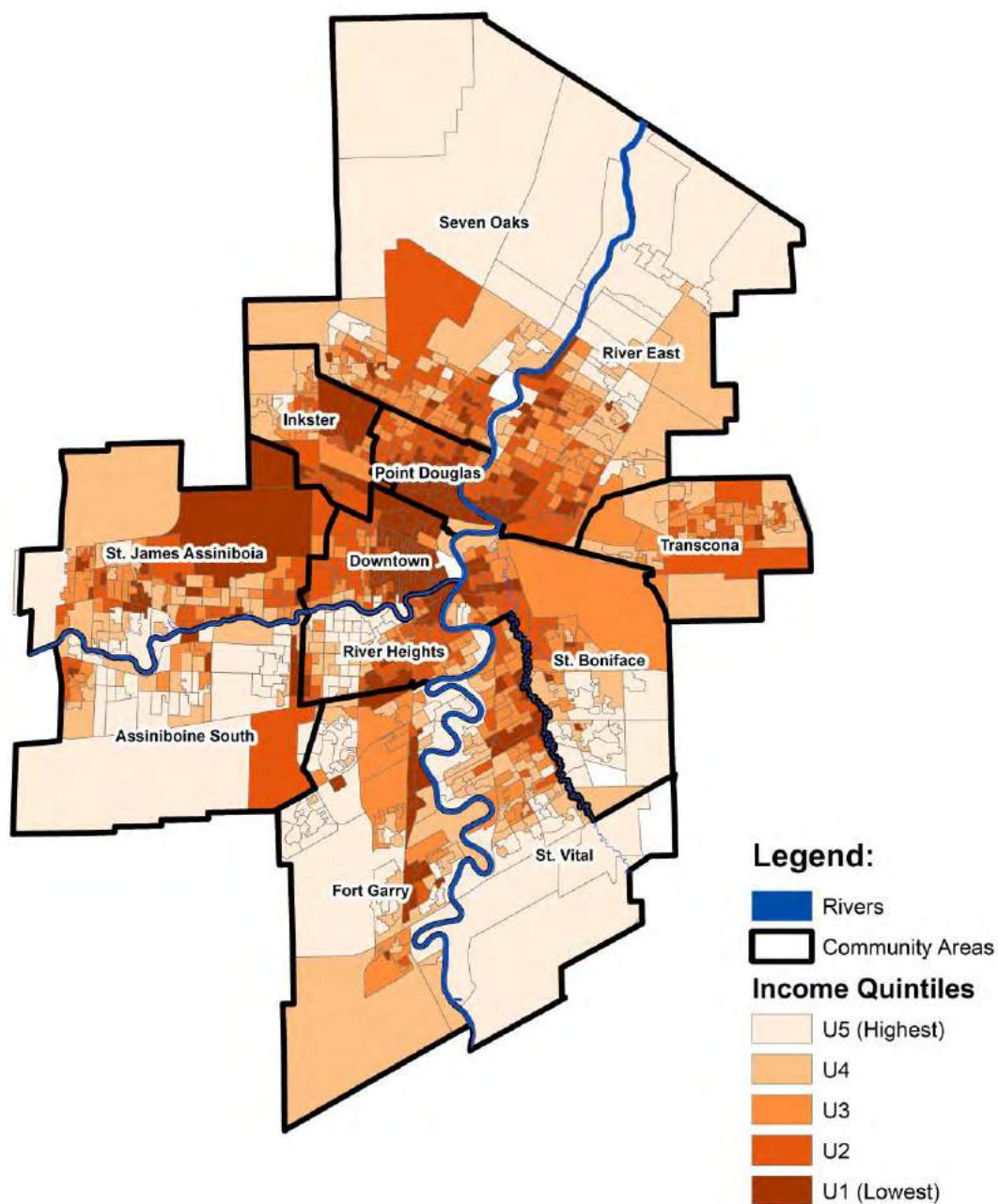
Note: Seven Oaks includes West St. Paul; River East includes East St. Paul



Map 1.2 Winnipeg Health Region (the Region) Neighbourhood Clusters (N=25, Churchill not shown)



**Map 1.3 Winnipeg Health Region (the Region) Community Income Distributions, Census 2016**  
Based on average household income by census dissemination area



Source: Statistics Canada Census 2016  
Map: Created by Population and Public Health Unit, WRHA, November 2019

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## Programs & Services

In collaboration with the community and partners, the Winnipeg Regional Health Authority (WRHA) endeavours to provide access to appropriate services in the appropriate setting. The WRHA strives to deliver a seamless continuum of care that supports clients at every stage of their lives. For more information on any of the programs and services listed below, please visit the Region's website: <https://www.wrha.mb.ca/prog/index.php>.

### Programs & Services Offered in the WRHA:

- Anesthesia
- Adult Mental Health
- Antenatal Home Care
- Breast Health
- Cardiac Sciences
- Child/Adolescent Mental Health
- Child Health
- Clinical Engineering
- Critical Care
- Communication Devices
- Diagnostic Imaging
- Emergency
- Endoscopy Regional Service
- Family Medicine
- Genetics & Metabolism
- Geriatric Mental Health
- Hip and Knee Resource Centre
- Home Care
- Infection Prevention & Control
- Laboratories
- Manitoba Renal Program
- MB Telehealth
- Medicine
- Neurological Surgery
- Nutrition & Food Services
- Oncology
- Ophthalmology
- Oral Health
- Palliative Care
- Long Term Care
- Pharmacy
- Population & Public Health
- Rehabilitation
- Primary Care
- Psychology
- Rehab/Geriatrics
- Sleep Disorder Centre
- Surgery Program
- Tuberculosis
- Tissue Bank Manitoba
- Transplant Manitoba
- Women's Health

### Health Service Facilities Operating within the WRHA

#### **Three Acute Care Hospitals**

- Health Sciences Centre Winnipeg (Tertiary)
- St. Boniface General Hospital (Tertiary)
- Grace Hospital (Winnipeg West Integrated Health and Social Services)

#### **Three Community Hospitals**

- Concordia Hospital
- Seven Oaks General Hospital
- Victoria General Hospital (South Winnipeg Integrated Health and Social Services)

#### **Personal Care Homes (PCH)**

- 38 PCHs
- 10 Supportive housing providers

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### ***Community-Based Health***

- 13 community health agencies
- Manitoba Adolescent Treatment Centre (includes both community-based and hospital-based services)
- Pan Am Clinic
- 82 grant-funded community agencies

### ***Walk-in Connected Care and Access Centres***

- Community-Based Health and Social Services (WRHA and Government of Manitoba's Department of Families Community-Based Services)
  - Access Downtown
  - Access River East/Transcona
  - Walk-in Connected Care Access Fort Garry
  - Walk-in Connected Care McGregor
  - Walk-in Connected Care Access NorWest
  - Walk-in Connected Care Access St. Boniface
  - Walk-in Connected Care Access Winnipeg West

## **Key Partner and Health Relationships**

### ***Government of Manitoba***

- Department of Families (including Social Services, Child Protection, Housing and Income Assistance – Winnipeg Integrated Services)
- Manitoba Health, Seniors and Active Living

### ***Educational Institutions***

- University of Manitoba
- University of Winnipeg
- Université de Saint-Boniface
- Red River College

### ***Municipal Government***

- City of Winnipeg (including the Winnipeg Fire Paramedic Service and Winnipeg Police Service)
- Town of Churchill

### ***Community Partners***

- End Homelessness Winnipeg
- United Way of Winnipeg
- Santé en français
- Downtown Winnipeg BIZ
- Winnipeg Chamber of Commerce
- Manitoba Council of Health Care Unions (MCHCU)

### ***Health Partners***

- Shared Health (including Diagnostic Services & Digital Health)
- CancerCare Manitoba
- The Northern Regional Health Authority

- 
- Prairie Mountain Health
  - Southern Health-Santé Sud
  - Interlake-Eastern Regional Health Authority

***Indigenous Organizations***

- Assembly of Manitoba Chiefs
- Southern Chiefs' Organization
- Manitoba Keewatinook Ininew
- Okimowin (MKO)
- Manitoba Metis Federation



Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg

## Population

### Definition

The total number of residents living within a geographic area over a one-year time period, based on a resident's current address on their Manitoba Health Card, which is updated on June 1st of every year.

### Regional Key Findings

- The population of the Winnipeg Health Region was 778,239 in 2018, representing approximately 57 percent of the Manitoba population.
- In 2018, 22.7 percent of the Region's residents were children and youth aged 19 and younger while 15.8 percent of the total population were older adults aged 65 and older.
- Community areas in the Region varied in population sizes, with the largest population in River East and the smallest in Churchill in 2018.
- The Assiniboine South community area had the highest proportion of residents aged 65+ compared to the other community areas.

**Table 1.1 The Winnipeg Health Region Population by Gender and Age (data as of June 1, 2018)**

Community Area	2018 population	Females	Males	Age 0-19	Age 20-64	Age 65+
Fort Garry	94,506	50.8%	49.2%	23.0%	62.1%	14.9%
Assiniboine South	35,314	51.6%	48.4%	19.9%	57.0%	23.1%
St. Vital	72,819	51.5%	48.5%	21.2%	60.3%	18.5%
St. Boniface	63,152	51.1%	48.9%	23.2%	60.8%	15.9%
River Heights	57,873	52.0%	48.0%	17.3%	65.3%	17.4%
Transcona	40,296	50.3%	49.7%	25.4%	61.1%	13.5%
St. James-Assiniboia	63,417	51.7%	48.3%	20.3%	60.3%	19.4%
Seven Oaks	80,030	50.7%	49.3%	23.5%	61.3%	15.2%
River East	103,577	51.4%	48.6%	22.2%	60.5%	17.3%
Inkster	37,072	49.6%	50.4%	26.8%	62.2%	10.9%
Downtown	80,556	48.7%	51.3%	23.0%	64.2%	12.8%
Point Douglas	48,724	49.2%	50.8%	29.5%	60.7%	9.8%
Churchill	903	50.2%	49.8%	24.3%	66.4%	9.3%
<b>Winnipeg RHA</b>	<b>778,239</b>	<b>50.8%</b>	<b>49.2%</b>	<b>22.7%</b>	<b>61.5%</b>	<b>15.8%</b>

Source: MHSAL Population Report 2018

## Population Pyramids

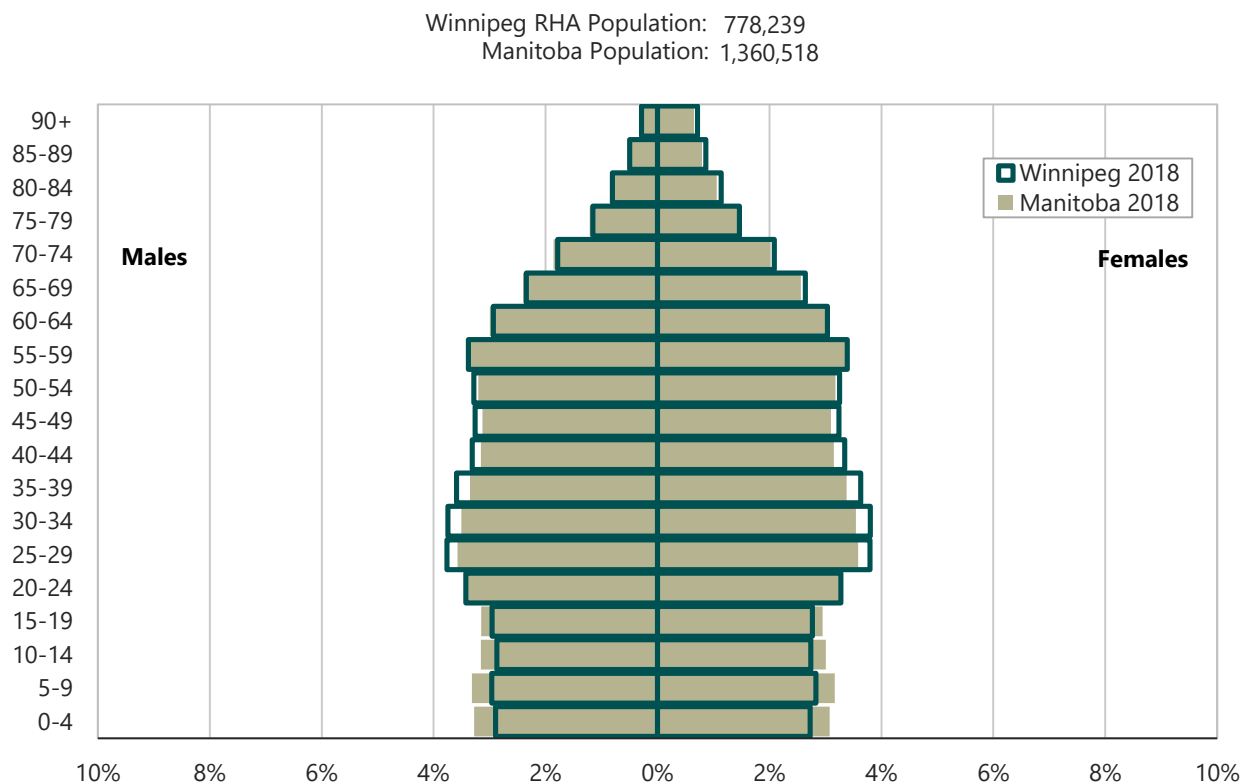
### Definition

The age and sex distribution of a population living in a geographic area for a one-year time period.

### Key Findings

- The population pyramid in the Winnipeg Health Region is similar to Manitoba's population pyramid (Figure 1.1), but the Region had a smaller proportion of children and youth aged 19 years and younger in 2018.
- Compared to the provincial population, the Region had a slightly higher proportion of adults aged 25 to 54 years, and also older adults aged 80 years and older.
- Figure 1.2 shows the age and sex composition of the Regional population in 2018. It suggests that the Region can expect a significant increase in the older adult (65 years and older) population as the 50 to 64 year old cohort ages over the next several decades.

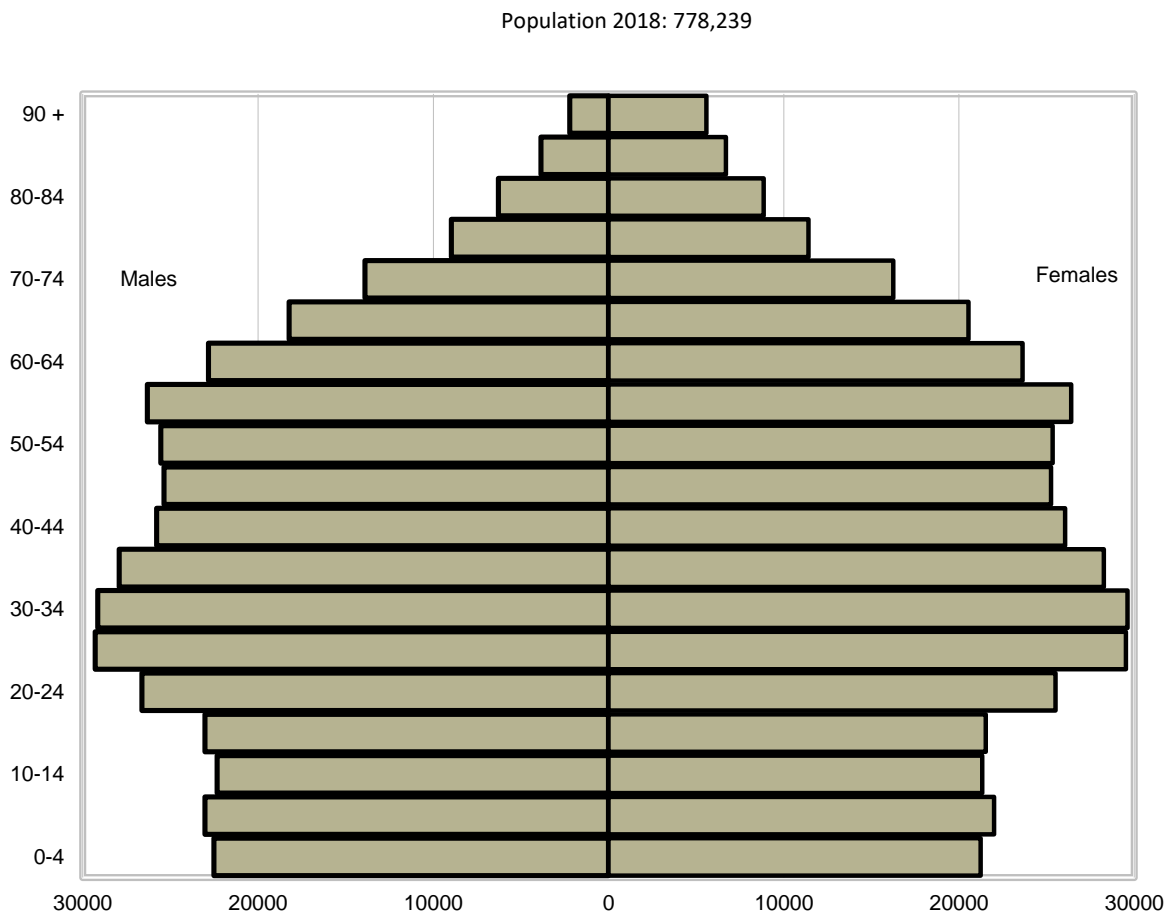
**Figure 1.1 Age Profile of Winnipeg RHA vs. Manitoba, 2018**



Source: MHSAL Population Report 2018

# Who lives in the Winnipeg Health Region?

Figure 1.2 Age & Sex Profile of Winnipeg Health Region, 2018



Source: MSHAL Population Report, 2018

## Birth Rate

### Definition

Over a one-year time period, the rate of live births per 1,000 females aged 15 to 45.

### Provincial Key Findings

- The annual birth rate in Manitoba decreased slightly from T1 (2011/12) to T2 (2016/17), but not significantly.
- The Northern RHA had a significantly higher birth rate than the Manitoba average in both time periods.
- Birth rates were higher for rural women compared to urban women in both time periods.
- Income disparity:** Birth rates were significantly associated with income in both urban and rural areas in both time periods. Women in lower income areas had higher birth rates.



#### Urban Quintiles

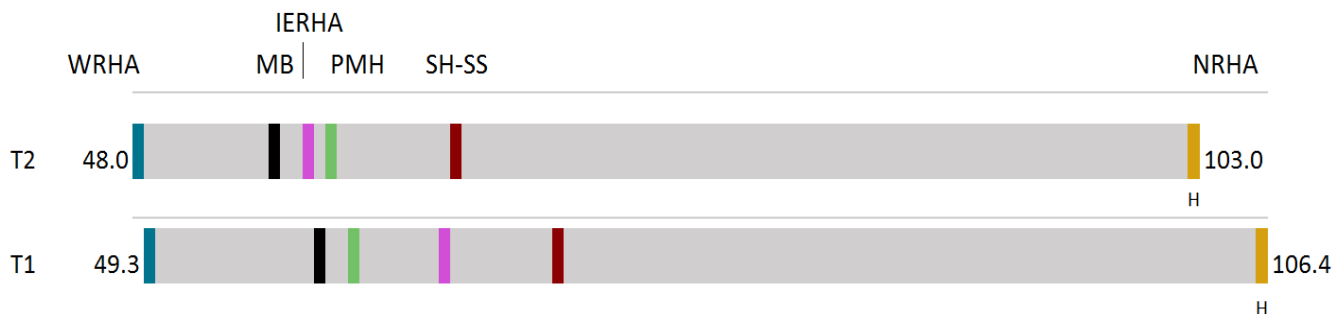
T1 1.6x  
T2 1.3x  
CHANGE 0.3 ↓

#### Rural Quintiles

T1 1.9x  
T2 1.9x  
CHANGE 0.0

**Figure 1.3 Birth Rate by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age-adjusted rate of live births per 1,000 females aged 15-45



H/L Significantly higher (H) or lower (L) than the MB average for that time period.

+/- A significant increase (+) or decrease (-) since the first time period

	WRHA	MB	IERHA	PMH	SH-SS	NRHA
T2 COUNT	8,021	16,027	1,360	2,080	2,882	1,669
T2 RATE	48.0	55.5	57.4	58.8	65.1	103.0 H
T1 RATE	49.3	58.1	64.3	59.6	70.2	106.4 H

Source: MCHP RHA Indicators Atlas 2019

### Regional Key Findings

- The annual birth rates in the Winnipeg Health Region were the lowest in the province in both time periods.
- Birth rates in Assiniboine South and River Heights were significantly lower than the provincial average in both time periods.
- In T2 (2016/17), the birth rate was 2.8 times higher for women in Point Douglas South (highest) than women in River Heights East (lowest).
- The regional geographic disparity gap<sup>1</sup> narrowed by 14 percent between T1 (2011/12) and T2 (2016/17).

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<sup>1</sup> The regional geographic disparity gap measures the neighbourhood cluster with the highest value compared to the neighbourhood cluster with the lowest value. For more information on the geographic disparity gap, please see the introduction to the CHA report.

# Who lives in the Winnipeg Health Region?

**Table 1.2 Birth Rate by Winnipeg Community Area and Neighbourhood Cluster, 2011/12 (T1) and 2016/17 (T2)**

Age-adjusted rate of live births per 1,000 females aged 15-45

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>16,027</b>	<b>55.5</b>		<b>58.1</b>	
<b>Fort Garry</b>	<b>979</b>	<b>44.0</b>		<b>43.0</b>	<b>L</b>
Fort Garry South	712	46.7		44.2	
Fort Garry North	267	40.5		42.3	
<b>Assiniboine South</b>	<b>271</b>	<b>39.7</b>	<b>L</b>	<b>42.9</b>	<b>L</b>
<b>St. Vital</b>	<b>736</b>	<b>48.0</b>		<b>45.6</b>	
St. Vital North	322	53.2		52.2	
St. Vital South	414	47.2		44.0	
<b>St. Boniface</b>	<b>627</b>	<b>45.6</b>		<b>47.3</b>	
St. Boniface West	165	48.2		49.7	
St. Boniface East	462	46.5		46.9	
<b>River Heights</b>	<b>518</b>	<b>35.1</b>	<b>L</b>	<b>37.3</b>	<b>L</b>
River Heights West	354	43.3		42.8	
River Heights East	164	29.9		32.8	
<b>Transcona</b>	<b>441</b>	<b>48.9</b>		<b>43.4</b>	
<b>St. James-Assiniboia</b>	<b>564</b>	<b>43.7</b>		<b>41.0</b>	<b>L</b>
St. James-Assiniboia East	262	43.1		43.4	
St. James-Assiniboia West	302	45.7		41.8	
<b>Seven Oaks</b>	<b>791</b>	<b>44.4</b>		<b>45.7</b>	
Seven Oaks East	450	49.2		48.8	
Seven Oaks North	38	40.1		47.4	
Seven Oaks West	303	41.9		46.0	
<b>Winnipeg RHA</b>	<b>8,021</b>	<b>48.0</b>		<b>49.3</b>	
<b>River East</b>	<b>1,026</b>	<b>47.9</b>		<b>47.6</b>	
River East South	248	56.9		55.5	
River East East	364	54.4		50.0	
River East West	354	44.6		47.1	
River East North	60	38.7		36.9	
<b>Inkster</b>	<b>446</b>	<b>51.6</b>		<b>55.0</b>	
Inkster East	224	67.8		66.2	
Inkster West	222	43.3		47.4	
<b>Downtown</b>	<b>935</b>	<b>53.9</b>		<b>62.8</b>	
Downtown East	516	66.8		70.9	
Downtown West	419	49.5		65.2	
<b>Point Douglas</b>	<b>680</b>	<b>67.8</b>		<b>79.8</b>	<b>H</b>
Point Douglas South	286	83.7		107.0	<b>H</b>
Point Douglas North	394	60.5		65.2	
<b>Churchill</b>	<b>7</b>	<b>31.7</b>		<b>65.9</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 3.3 x  
T2 Disparity 2.8x  
Change ↓14%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP RHA Indicators Atlas 2019

## Internal Migrant Mobility

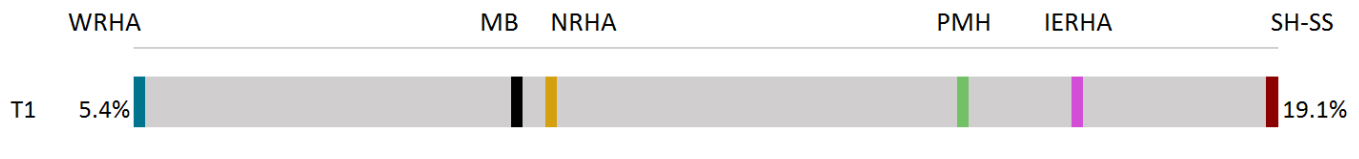
### Definition

The percentage of the population that is currently living in a different city, town, township, village or Reserve within Canada compared to five years earlier.

### Provincial Key Findings

- The provincial 5-year mobility rate (10.1%) has decreased slightly from the 2011 Census value of 10.5 percent.
- The 5-year mobility rate was highest in Southern Health-Santé Sud where close to a fifth of all residents moved from another city, town, township, village or Reserve into Southern Health-Santé Sud in a five year time period.

Figure 1.4 5-Year Internal Migration Mobility 2016 Census



	WRHA	MB	NRHA	PMH	IERHA	SH-SS
T1 COUNT	36,160	117,145	6,625	22,735	19,435	32,190
T1 RATE	5.4%	10.1%	10.4%	15.4%	16.8%	19.1%

Source: Statistics Canada Census 2016

### Regional Key Findings

- Five percent of the population in the Region was not living in Winnipeg five years prior to the 2016 Census.
- Two percent of the population in the Region was not living in Winnipeg one year prior to the 2016 Census.
- Internal migration varied by neighbourhood cluster: one percent of the population of Inkster West was not living in Winnipeg five years prior to the 2016 Census compared to 11 percent of the population of Seven Oaks North was not living in Winnipeg five years prior to the 2016 Census.
- The proportion of the population of Seven Oaks North that moved to Winnipeg one year and five years prior to the 2016 Census was 6.4 and 9.4 times higher, respectively, than that of Inkster West.

# Who lives in the Winnipeg Health Region?

**Table 1.3 Internal Migrant Mobility by Winnipeg Community Area and Neighbourhood Cluster, Census 2016**

Percentage of the population who have moved in the past year and the past 5 years

	1 year		5 years	
	Count	Percent	Count	Percent
<b>Manitoba</b>	<b>41,300</b>	<b>3.4%</b>	<b>117,145</b>	<b>10.1%</b>

<b>Fort Garry</b>	<b>1,725</b>	<b>2.0%</b>	<b>4,815</b>	<b>5.9%</b>
Fort Garry North	480	1.4%	1,645	5.1%
Fort Garry South	1,245	2.4%	3,170	6.4%

<b>Assiniboine South</b>	<b>580</b>	<b>1.8%</b>	<b>1,710</b>	<b>5.4%</b>
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<b>St. Vital</b>	<b>1,080</b>	<b>1.6%</b>	<b>3,210</b>	<b>5.0%</b>
St. Vital South	565	1.4%	1,750	4.6%
St. Vital North	510	1.9%	1,460	5.7%

<b>St. Boniface</b>	<b>1,050</b>	<b>1.8%</b>	<b>3,075</b>	<b>5.6%</b>
St. Boniface East	725	1.7%	2,095	5.2%
St. Boniface West	320	2.1%	980	6.8%

<b>River Heights</b>	<b>1,365</b>	<b>2.4%</b>	<b>4,025</b>	<b>7.4%</b>
River Heights West	675	1.9%	1,990	5.9%
River Heights East	690	3.2%	2,035	9.6%

<b>Transcona</b>	<b>450</b>	<b>1.3%</b>	<b>1,340</b>	<b>4.0%</b>
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<b>St. James-Assiniboia</b>	<b>1360</b>	<b>2.3%</b>	<b>3,690</b>	<b>6.6%</b>
St. James-Assiniboia West	745	2.4%	1,730	5.8%
St. James-Assiniboia East	610	2.3%	1,960	7.6%

<b>Seven Oaks</b>	<b>725</b>	<b>1.1%</b>	<b>1,950</b>	<b>3.0%</b>
Seven Oaks West	310	1.1%	830	3.0%
Seven Oaks East	420	1.1%	1,125	3.1%
Seven Oaks North	295	5.9%	550	11.3%

	1 year		5 years	
	Count	Percent	Count	Percent
<b>Winnipeg RHA</b>	<b>13365</b>	<b>1.9%</b>	<b>36160</b>	<b>5.4%</b>

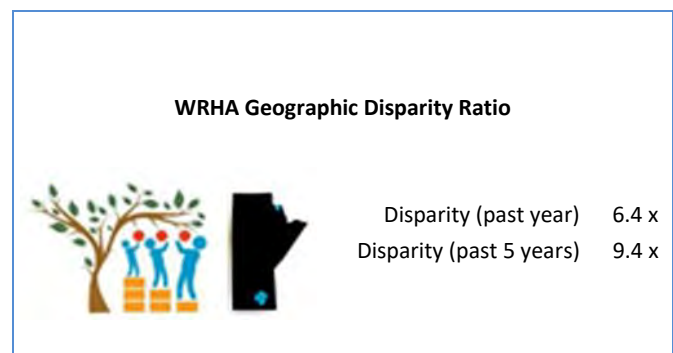
<b>River East</b>	<b>1,395</b>	<b>1.7%</b>	<b>3,605</b>	<b>4.5%</b>
River East East	515	1.7%	1,255	4.3%
River East West	595	1.7%	1,565	4.6%
River East South	290	1.7%	785	4.8%
River East North	190	2.0%	885	9.8%

<b>Inkster</b>	<b>490</b>	<b>1.5%</b>	<b>855</b>	<b>2.9%</b>
Inkster West	155	0.9%	195	1.2%
Inkster East	335	2.3%	660	4.8%

<b>Downtown</b>	<b>1,760</b>	<b>2.7%</b>	<b>4,155</b>	<b>6.6%</b>
Downtown West	680	1.9%	1,775	5.2%
Downtown East	1,080	3.6%	2,375	8.3%

<b>Point Douglas</b>	<b>870</b>	<b>2.2%</b>	<b>2,050</b>	<b>5.4%</b>
Point Douglas North	475	1.7%	1,125	4.3%
Point Douglas South	395	3.2%	925	8.1%

<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
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Source: Statistics Canada Census 2016

## Population Density

### Definition

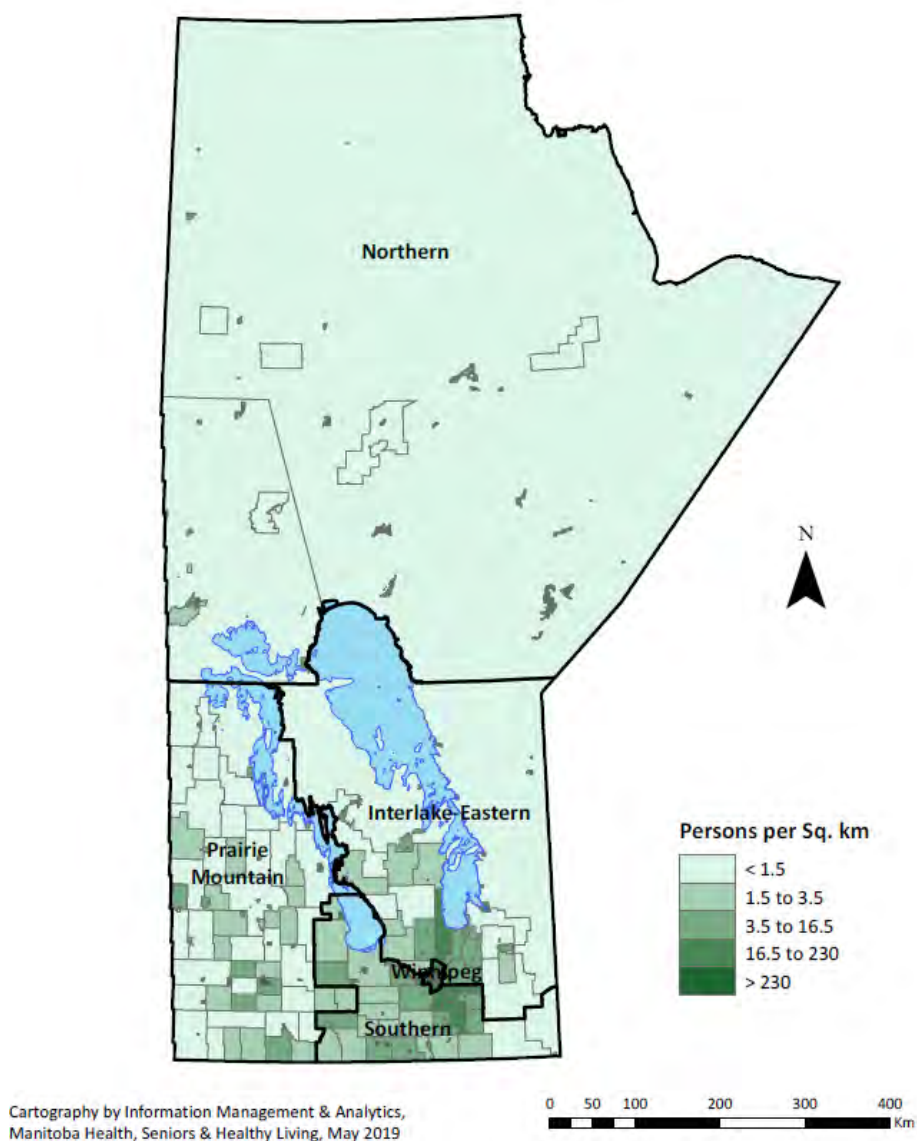
The number of people per-square kilometer based on the population divided by the total land area for a one-year time period.

### Provincial & Regional Key Findings

- The population density in the Region was 1,158 residents per square kilometre in June 2018.
- The majority of Manitoba residents were concentrated in the Winnipeg Health Region.
- The community area of Downtown had the highest population density of 4,983 residents per square kilometer in June 2018.

**Map 1.4 Manitoba Population Density by Municipality, 2018**

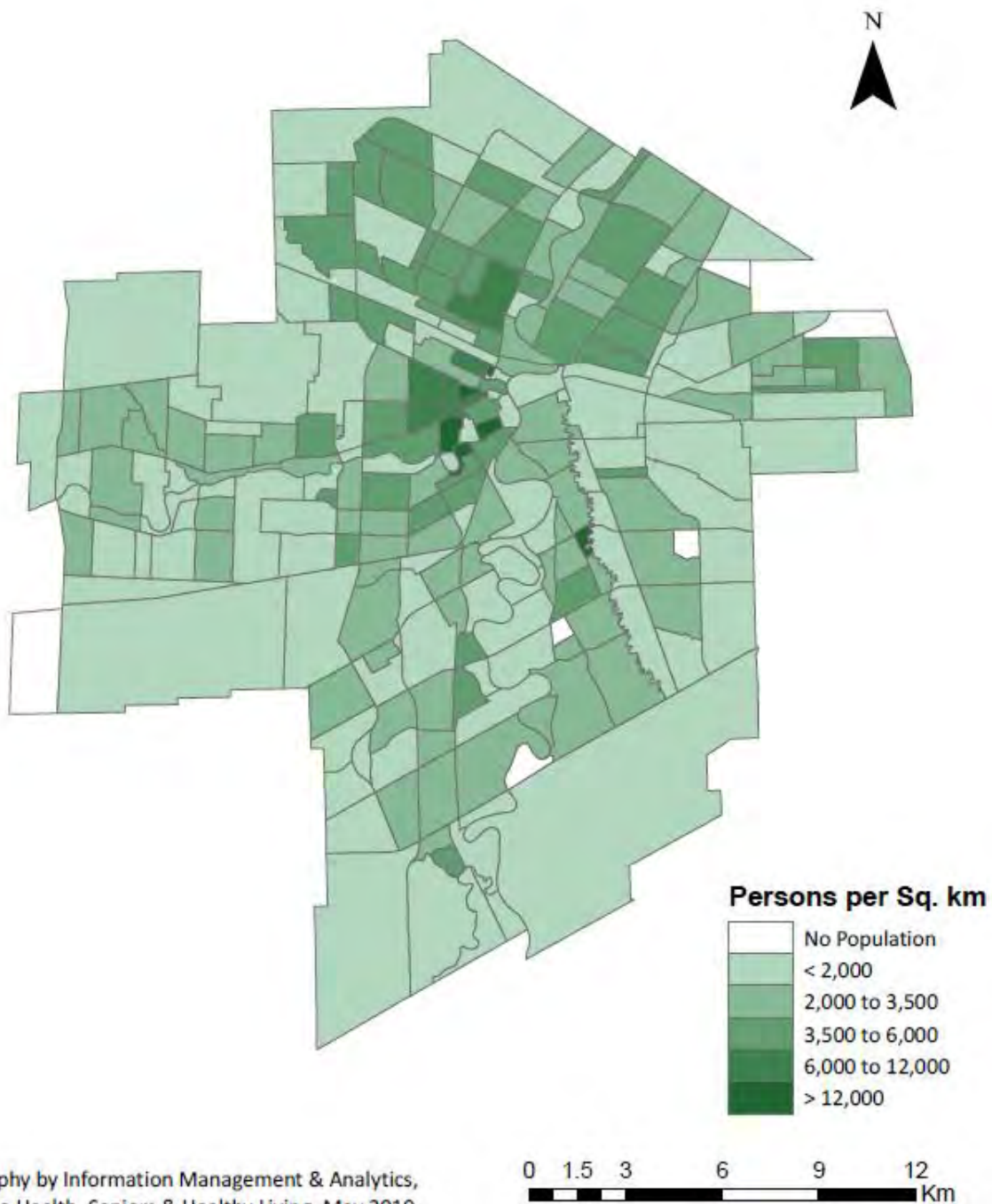
Population per square km



# Who lives in the Winnipeg Health Region?

Map 1.5 Winnipeg Neighbourhood Population Density, 2018

Population per square km



Cartography by Information Management & Analytics,  
Manitoba Health, Seniors & Healthy Living, May 2019

## Population Change over Time

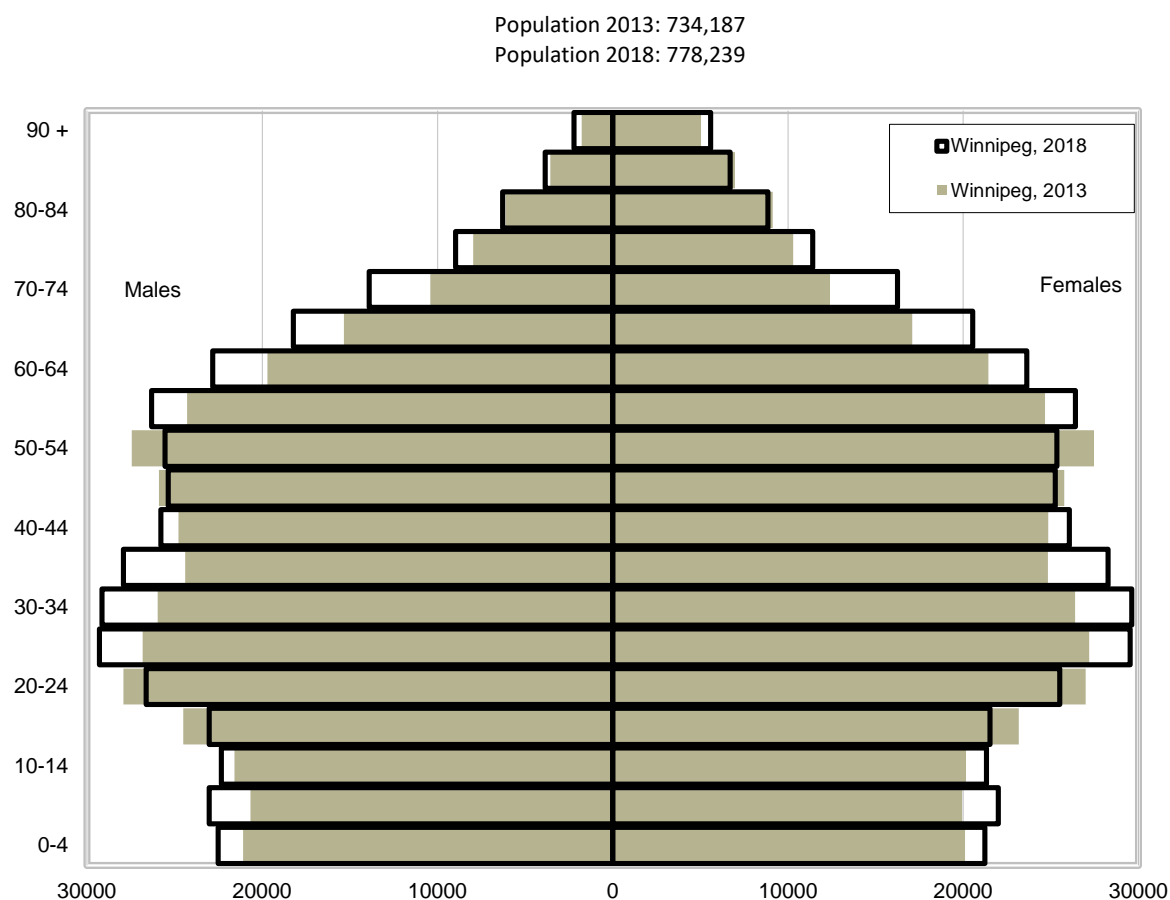
### Definition

The change in the number of people who live in a defined area over a five-year time period.

### Regional Key Findings

- According to the Manitoba Health, Seniors and Active Living Population Report of 2018, the population in the Winnipeg Health Region has increased by six percent since 2013.
- There was an increase in the population in almost every age group, except for residents aged 15-19, 20-24, 45-49 and 50-54 years.

Figure 1.5 Age & Sex Profile of Winnipeg Health Region



Source: MHSAL Population Report 2018

## Population Projections

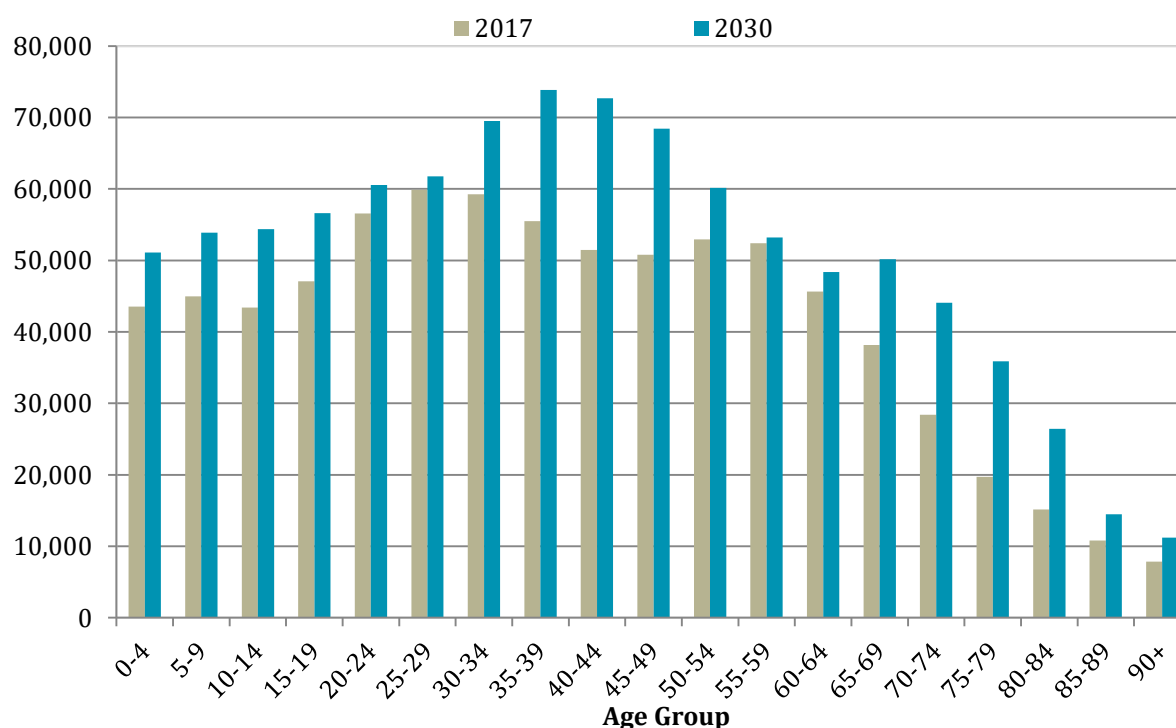
### Definition

An estimate of population growth expected by 2030, based on medium forecasts of birth, death and migration rates.

### Regional Key Findings

- According to population projections to 2030, under a medium-growth scenario (medium fertility, medium life expectancy at birth, and medium net migration), the Region is projected to have a population of 966,760, which represents a 24 percent increase from 2017.
- The most noticeable change will be the large increase of old adults in the 65 and older age groupings. The proportion of older adults (aged 65+) will increase from 15.8 percent in 2018 to 18.9 percent in 2030.

**Figure 1.6 Population projections under the medium growth scenario in Winnipeg Health Region by age group, 2017 (observed year) and 2030 (projected year)**



Source: IMA MHSAL 2019

## Indigenous Population

### Definition

An estimate of the Indigenous population based on self-reported 'Aboriginal identity' which includes persons who are First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who are Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band.

### Provincial Key Findings

- In 2016, Indigenous People comprised 18 percent of the population in Manitoba. The majority of Indigenous People reported a single Indigenous identity of either First Nations or Métis.
- The Northern Health Region had the highest proportion of Indigenous population (72.6%), while Winnipeg Health Region had the lowest (12.2%) in 2016.

**Figure 1.7 Indigenous Population by RHA, 2016**



	WRHA	SH-SS	PMH	MB	IERHA	NRHA
T1 RATE	12.2%	13.4%	17.5%	18.0%	27.3%	72.6%

Source: Statistics Canada Census 2016

### Regional Key Findings

- There were 86,000 Indigenous People in the Region (12.2% of the Region's total population) in 2016.
- The majority (97.7%) reported a single Indigenous identity of First Nations or Métis.
- The Point Douglas community area had the highest proportion of Indigenous residents (29%) and Fort Garry had the lowest proportion (5.9%).
- The number of Indigenous People living in Point Douglas South was 8.8 times higher than that of River East North.

# Who lives in the Winnipeg Health Region?

**Table 1.4 Indigenous Population by Winnipeg Community Area and Neighbourhood Cluster, Census 2016**

Includes those who identify as First Nations, Metis and Inuk

	Count	Percent
<b>Manitoba</b>	<b>223,310</b>	<b>18.0%</b>

<b>Fort Garry</b>	<b>5,075</b>	<b>5.9%</b>
Fort Garry North	1,870	5.6%
Fort Garry South	3,205	6.2%

<b>Assiniboine South</b>	<b>2,435</b>	<b>7.3%</b>
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<b>St. Vital</b>	<b>7,135</b>	<b>10.6%</b>
St. Vital South	3,555	8.8%
St. Vital North	3,580	13.2%

<b>St. Boniface</b>	<b>7,095</b>	<b>12.1%</b>
St. Boniface East	4,560	10.5%
St. Boniface West	2,540	16.6%

<b>River Heights</b>	<b>5,005</b>	<b>8.7%</b>
River Heights West	2,660	7.5%
River Heights East	2,345	10.7%

<b>Transcona</b>	<b>4,090</b>	<b>11.3%</b>
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<b>St. James-Assiniboia</b>	<b>6,605</b>	<b>11.3%</b>
St. James - Assiniboia East	3,025	11.2%
St. James - Assiniboia West	3,580	11.4%

<b>Seven Oaks</b>	<b>6,590</b>	<b>9.6%</b>
Seven Oaks West	2,440	8.2%
Seven Oaks North	445	8.8%
Seven Oaks East	4,150	10.8%

	Count	Percent
<b>Winnipeg RHA</b>	<b>86,000</b>	<b>12.2%</b>

<b>River East</b>	<b>11,480</b>	<b>13.6%</b>
River East North	475	5.1%
River East West	3,855	10.8%
River East East	3,800	12.2%
River East South	3,825	21.8%

<b>Inkster</b>	<b>5,350</b>	<b>16.7%</b>
Inkster West	1,490	8.7%
Inkster East	3,860	26.0%

<b>Downtown</b>	<b>11,605</b>	<b>17.4%</b>
Downtown West	5,480	15.2%
Downtown East	6,120	19.9%

<b>Point Douglas</b>	<b>11,840</b>	<b>29.0%</b>
Point Douglas North	6,265	22.2%
Point Douglas South	5,570	44.4%

<b>Churchill</b>	<b>NA</b>	<b>NA</b>
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## WRHA Geographic Disparity Ratio



T1 Disparity 8.8 x

Source: Statistics Canada Census 2016

## Visible Minority Population

### Definition

An estimate of the visible minority population, defined as persons, other than Indigenous people, who are non-Caucasian in race or non-white in colour.

### Provincial Key Findings

- In Manitoba, nearly 216,855 people identified themselves as a member of a visible minority group, representing 17.5 percent of the total population in 2016.
- In 2016, the Winnipeg Health Region had the highest percentage of visible minorities (27.5%); Interlake-Eastern RHA had the lowest percentage (1.8%).

Figure 1.8 Visible Minority Population by RHA, 2016



	IERHA	NRHA	SH-SS	PMH	MB	WRHA
T1 RATE	1.8%	3.2%	3.6%	7.4%	17.5%	27.5%

Source: Statistics Canada Census 2016

### Regional Key Findings

- About 193,955 residents in the Region identified themselves as a visible minority, representing 27.5 percent of the total population.
- Inkster had the highest percentage of visible minority population (56%), while Assiniboine South had the lowest (10.3%).
- In 2016, residents of Seven Oaks West (highest) were 14.5 times more likely to identify as a visible minority than residents of River East North (lowest).

# Who lives in the Winnipeg Health Region?

Table 1.5 Visible Minority Population by Winnipeg Community Area and Neighbourhood Cluster, Census 2016

	Count	Percent
<b>Manitoba</b>	<b>216,855</b>	<b>17.5%</b>

<b>Fort Garry</b>	<b>34,305</b>	<b>40.0%</b>
Fort Garry North	8,670	25.7%
Fort Garry South	25,630	49.2%

<b>Assiniboine South</b>	<b>3,440</b>	<b>10.3%</b>
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<b>St. Vital</b>	<b>14,450</b>	<b>21.4%</b>
St. Vital South	8,570	21.2%
St. Vital North	5,880	21.6%

<b>St. Boniface</b>	<b>10,830</b>	<b>18.5%</b>
St. Boniface West	2,120	13.9%
St. Boniface East	8,705	20.1%

<b>River Heights</b>	<b>8,540</b>	<b>14.9%</b>
River Heights West	5,210	14.7%
River Heights East	3,325	15.1%

<b>Transcona</b>	<b>6,080</b>	<b>16.8%</b>
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<b>St. James-Assiniboia</b>	<b>7,200</b>	<b>12.3%</b>
St. James - Assiniboia West	2,960	9.4%
St. James - Assiniboia East	4,240	15.7%

<b>Seven Oaks</b>	<b>31,835</b>	<b>46.6%</b>
Seven Oaks North	430	8.5%
Seven Oaks East	12,105	31.4%
Seven Oaks West	19,730	66.2%

	Count	Percent
<b>Winnipeg RHA</b>	<b>193,955</b>	<b>27.5%</b>

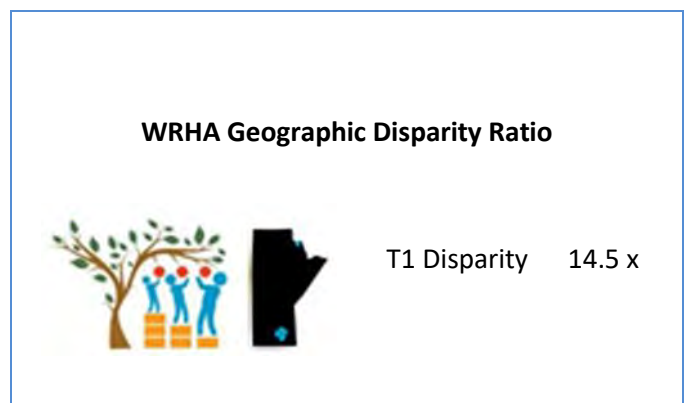
<b>River East</b>	<b>16,385</b>	<b>19.4%</b>
River East North	430	4.6%
River East West	3,895	10.9%
River East South	3,880	22.1%
River East East	8,610	27.5%

<b>Inkster</b>	<b>17,900</b>	<b>56.0%</b>
Inkster East	6,805	45.8%
Inkster West	11,095	64.7%

<b>Downtown</b>	<b>27,655</b>	<b>41.4%</b>
Downtown West	14,325	39.6%
Downtown East	13,330	43.4%

<b>Point Douglas</b>	<b>14,440</b>	<b>35.4%</b>
Point Douglas South	3,395	27.1%
Point Douglas North	11,050	39.1%

<b>Churchill</b>	<b>NA</b>	<b>NA</b>
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Source: Statistics Canada Census 2016

## Knowledge of Official Languages

### Definition

Knowledge of official languages refers to whether the person can conduct a conversation in English only, French only, in both or in neither language. For a child who has not yet learned to speak, this includes languages that the child is learning to speak at home.

### Key Findings

- In the Region, the majority of residents indicated they spoke “English” most often at home (88.3%) in 2016.
- Compared to other community areas, a larger proportion of residents (25.2%) in St. Boniface spoke French or both English and French most often at home.
- For more information on this indicator, please see [“A Closer Look at the Region’s Francophone Population”](#).

Table 1.6 Knowledge of Official Languages by Winnipeg Community Area, Census 2016

Community Area	English only		French Only or English and French		Neither English nor French	
	Count	Percent	Count	Percent	Count	Percent
Fort Garry	75,745	88.3%	7,955	9.3%	2,075	2.4%
Assiniboine South	29,925	89.6%	3,265	9.8%	215	0.6%
St. Vital	55,275	81.8%	11,540	17.1%	765	1.1%
St. Boniface	43,115	73.7%	14,750	25.2%	650	1.1%
River Heights	49,760	86.7%	7,140	12.4%	475	0.8%
Transcona	32,710	90.2%	3,360	9.3%	205	0.6%
St. James-Assiniboia	53,495	91.5%	4,760	8.1%	235	0.4%
Seven Oaks	63,415	92.8%	3,100	4.5%	1,835	2.7%
River East	77,705	91.8%	5,700	6.7%	1,205	1.4%
Inkster	30,090	94.1%	1,250	3.9%	650	2.0%
Downtown	59,095	88.4%	5,670	8.5%	2,080	3.1%
Point Douglas	38,460	94.3%	1,740	4.3%	600	1.5%
Churchill	N/A	N/A	N/A	N/A	N/A	N/A
Winnipeg RHA	623,375	88.3%	71,215	10.1%	11,040	1.6%
Manitoba	1,116,420	90.0%	108,555	8.7%	15,715	1.3%

N/A: data not available

Source: Statistics Canada Census 2016



## A CLOSER LOOK AT THE REGION'S FRANCOPHONE POPULATION

### **Why a focus on the Francophone population?**

Linguistic duality is one of the fundamental dimensions of Canadian history. As a multicultural society, Canada's two official languages, English and French, have retained their special status as languages used in the public domain. The Winnipeg Regional Health Authority respects the linguistic duality of Canada and undertakes to provide health care services in French to its francophone population.

Access to health services in one's own language means far more than simply respect for that person's culture: it is, at times, indispensable for improving health and for people taking ownership of their own health. Miscommunication in the health and social service sector can be life-threatening. Official language communities encountering communication challenges are more likely to experience adverse events, longer hospital stays, and decreased satisfaction. Further, language barriers adversely affect a patient's ability to communicate with their care team.

### **Defining Francophones: An inclusive approach**

Knowledge of how many Francophones live in the Region is crucial to understanding the need for French language services. There are many ways to capture the number of Francophones using Census data. In 2019, the provincial Managerial Round Table (Santé en français) recommended that designated bilingual/francophone health service delivery organizations in Manitoba should identify their Francophone population by selecting data derived from the Census question 'Knowledge of official languages', and collate responses from the 'English and French' and 'French only' fields.

### **Why not language spoken most often at home?**

To illustrate this, consider Darcy's story: Darcy's mother tongue is French. Growing up he spoke French at home, he went to school in French, and even pursued some of his post-secondary education in French. Today, Darcy lives with his partner who does not speak French. Therefore, the language they speak most often at home is English. However, when Darcy seeks out healthcare services, he requests services in French or bilingual French and English. If we were to use the question 'language spoken most often at home', we risk missing people like Darcy and underestimate the need for Francophone services in our region.

## Why not maternal language?

To illustrate this, consider Chloe's story: Chloe's mother tongue is English. Growing up she was raised in an English household but attended a French immersion school. Since then, Chloe has been a champion in the Francophone community. She has pursued her post-secondary education in French, now teaches in a French immersion school, and volunteers in Francophone organizations in the community. If we were to use the question 'mother tongue', we risk missing people like Chloe and underestimate the need for Francophone services in our region.

As the Francophone community continues to diversify, it is important to take an inclusive approach. In accordance with the Francophone Community Enhancement and Support Act (CCSM F157) adopted in 2016, the Francophone community is defined as persons in Manitoba whose mother tongue is French and those persons in Manitoba whose mother tongue is not French but who have a special affinity for the French language and who use it on a regular basis in their daily life. The Act was intentional in this choice of words to provide a more inclusive approach in identifying the Francophone community.

*"Wanting to live in French is not due to a lack of language ability: Even though I can function very well in English, I live in French, I think in French, I laugh in French, I cry in French, I get angry in French; I'm Francophone and I value that." - États généraux de la francophonie manitobaine.*



## Immigrant Status in Private Households

### Definition

Immigrant status refers to whether the person is an immigrant or a non-permanent resident, and applies to each member of a household.

### Key Findings

- In 2016, 19.2 percent of Manitoba residents were immigrants.
- Winnipeg Health Region had the highest proportion of immigrants in the province (25.2%), most likely due to the fact that it includes the City of Winnipeg, which is not only the largest city in the province but also the capital of Manitoba.
- There were 13,330 non-permanent residents living in Winnipeg, making up 82 percent of all non-permanent residents living in Manitoba in 2016.
- Inkster and Seven Oaks community areas had the highest proportion of immigrants in the Region.

**Table 1.7 Immigrant Status in Private Households by Winnipeg Community Area, Census 2016**  
Percentage of total residents

Community Area	Immigrants		Non-Permanent Residents	
	Count	Percent	Count	Percent
Fort Garry	26,055	30.4%	6,505	7.6%
Assiniboine South	4,850	14.5%	250	0.6%
St. Vital	13,430	19.9%	855	1.3%
St. Boniface	9,885	16.9%	700	1.2%
River Heights	10,015	17.5%	1,260	2.2%
Transcona	6,075	16.7%	40	0.1%
St. James-Assiniboia	8,165	14.0%	340	0.6%
Seven Oaks	28,625	41.9%	595	0.9%
River East	18,670	22.1%	455	0.5%
Inkster	14,315	44.8%	115	0.4%
Downtown	23,270	34.8%	2,025	3.0%
Point Douglas	12,810	31.4%	145	0.4%
<b>WRHA</b>	<b>178,105</b>	<b>25.2%</b>	<b>13,330</b>	<b>1.9%</b>
<b>Manitoba</b>	<b>225,005</b>	<b>19.2%</b>	<b>16,245</b>	<b>1.4%</b>

Source: Statistics Canada Census 2016

## Immigration by Place of Birth

### Definition

This indicator measures the place of birth of any person who has ever been a landed immigrant or permanent resident.

### Key Findings

- In Manitoba, the most common place of birth reported by immigrants was Asia in 2016. About 42.8 percent of immigrants to Manitoba were born in Asia (the Philippines, India, China and Vietnam).
- In the Winnipeg Health Region, the most common places of birth reported by immigrants were the same as those for the province.

**Table 1.8 Place of birth of Immigrants in Winnipeg Health Region and Manitoba, 2016**

Place of birth	WRHA		MB	
	Count	Percent	Count	Percent
Philippines	57,015	32.0%	61,755	27.4%
India	19,565	11.0%	21,155	9.4%
China	7,575	4.3%	9,190	4.1%
United Kingdom	7,000	3.9%	11,500	5.1%
Poland	4,535	2.5%	5,215	2.3%
Germany	4,110	2.3%	10,300	4.6%
Vietnam	4,049	2.3%	4,220	1.9%
United States	4,175	2.3%	6,960	3.1%
Portugal	3,985	2.2%	4,300	1.9%
Ukraine	3,720	2.1%	4,730	2.1%
Other countries	62,371	35.1%	85,675	38.6%
<b>Total immigrant population</b>	<b>178,100</b>	<b>100%</b>	<b>225,000</b>	<b>100%</b>

Source: Statistics Canada Census 2016

## Lone-Parent Families

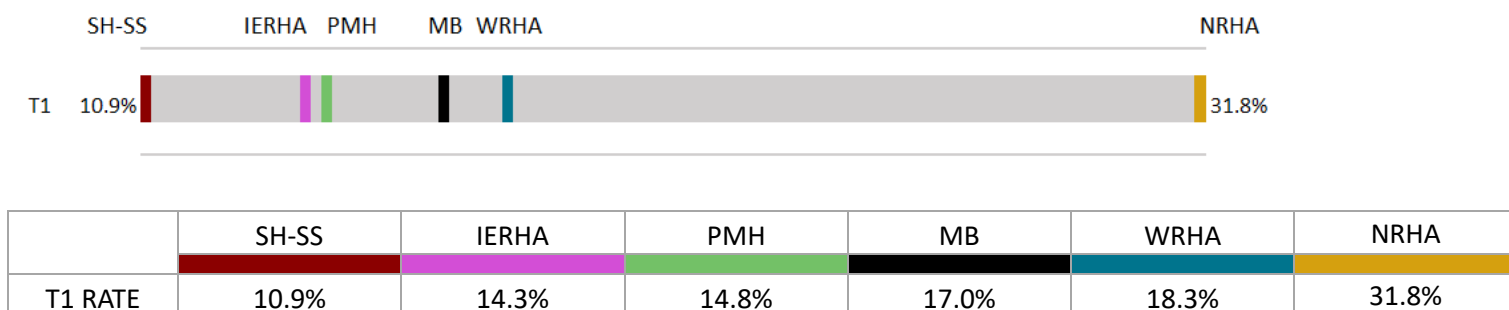
### Definition

The percentage of census families<sup>2</sup> composed of only one parent of any marital status (e.g., divorced, separated, widowed or never-married) living with at least one child in the same dwelling.

### Provincial Key Findings

- In Manitoba, lone-parent families accounted for 17 percent of all census families in 2016.
- 13.2 percent of all census families were headed by lone-parent women.
- The Northern Health Region had the highest percentage of lone-parent families in the province.

Figure 1.9 Lone-Parent Families, Manitoba and RHAs, 2016



Source: Statistics Canada Census 2016

### Regional Key Findings

- Lone parent families accounted for 18.3 percent of all census families in the Region in 2016.
- 14.4 percent of all census families were headed by lone-parent women.
- Residents of Point Douglas South (highest) were 7.8 times more likely to be part of a lone-parent family compared to residents of River East North (lowest) in 2016.

<sup>2</sup> A census family is defined as “a married couple and the children, if any, of either and/or both spouses; a couple living common law and the children, if any, of either and/or both partners; or a lone parent of any marital status with at least one child living in the same dwelling and that child or those children. All members of a particular census family live in the same dwelling. A couple may be of opposite or same sex. Children may be children by birth, marriage, common-law union or adoption regardless of their age or marital status as long as they live in the dwelling and do not have their own married spouse, common-law partner or child living in the dwelling. Grandchildren living with their grandparent(s) but with no parents present also constitute a census family.” (Statistics Canada. 2017. Dictionary, Census of Population, 2016)

# Who lives in the Winnipeg Health Region?

**Table 1.9 Lone-Parent Families by Winnipeg Community Area and Neighbourhood Cluster**  
Number and percentage of total census families who are headed by one parent

	Count	Percent
<b>Manitoba</b>	<b>58,865</b>	<b>17.0%</b>

<b>Fort Garry</b>	<b>3,035</b>	<b>12.9%</b>
Fort Garry North	1,175	12.3%
Fort Garry South	1,860	13.4%

<b>Assiniboine South</b>	<b>1,320</b>	<b>13.2%</b>
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<b>St. Vital</b>	<b>3,015</b>	<b>15.5%</b>
St. Vital South	1,560	12.9%
St. Vital North	1,445	19.5%

<b>St. Boniface</b>	<b>2,370</b>	<b>14.3%</b>
St. Boniface East	1,655	13.0%
St. Boniface West	710	18.6%

<b>River Heights</b>	<b>2,565</b>	<b>17.2%</b>
River Heights West	1,630	16.7%
River Heights East	935	18.1%

<b>Transcona</b>	<b>1,865</b>	<b>17.5%</b>
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<b>St. James-Assiniboia</b>	<b>3,150</b>	<b>18.8%</b>
St. James - Assiniboia West	1,715	18.4%
St. James - Assiniboia East	1,430	19.2%

<b>Seven Oaks</b>	<b>3,360</b>	<b>17.7%</b>
Seven Oaks North	145	9.5%
Seven Oaks West	1,290	15.6%
Seven Oaks East	2,075	19.3%

	Count	Percent
<b>Winnipeg RHA</b>	<b>35,440</b>	<b>18.3%</b>

<b>River East</b>	<b>4,880</b>	<b>20.4%</b>
River East North	165	5.6%
River East East	1,570	17.3%
River East West	1,910	18.8%
River East South	1,400	29.8%

<b>Inkster</b>	<b>1,990</b>	<b>23.0%</b>
Inkster West	770	16.0%
Inkster East	1,225	32.2%

<b>Downtown</b>	<b>4,200</b>	<b>26.7%</b>
Downtown West	2,175	23.5%
Downtown East	2,020	31.2%

<b>Point Douglas</b>	<b>3,275</b>	<b>32.1%</b>
Point Douglas North	2,020	27.5%
Point Douglas South	1,255	44.0%

<b>Churchill</b>	<b>NA</b>	<b>NA</b>
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## WRHA Geographic Disparity Ratio



T1 Disparity 7.8 x

Source: Statistics Canada Census 2016

## Dependency Ratio

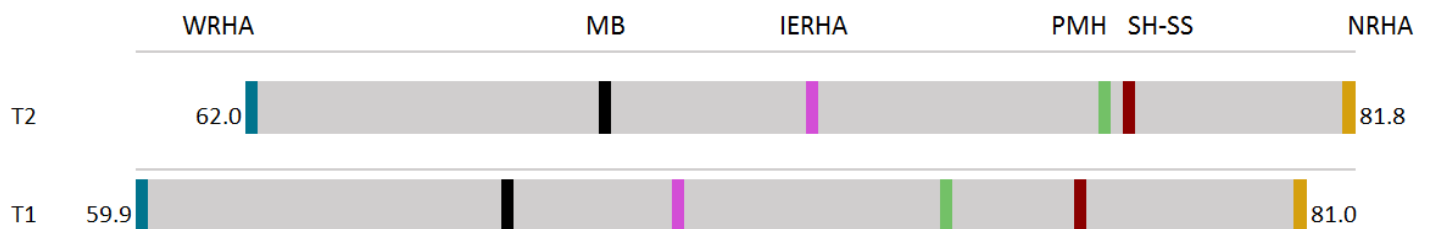
### Definition

The ratio of the combined youth population (aged 19 and younger) and elderly population (aged 65 and older) to the working age population (aged 20-64) per 100 workers.

### Provincial Key Findings

- Between T1 (2013) and T2 (2018), the demographic dependency ratio increased from 66.6 to 68.5 dependents per 100 workers.
- The dependency ratio ranged from 62 percent (the Winnipeg Health Region) to 81.8 percent (the Northern Health Region) in T2.

Figure 1.10 Dependency Ratio, by RHA, 2013 (T1) and 2018 (T2)



H/L Significantly higher (H) or lower (L) than the MB average for that time period.  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA	MB	IERHA	PMH	SH-SS	NRHA
T2 COUNT	295,339	552,950	54,570	74,595	89,385	34,562
T2 RATE	62.0	68.5	72.1	77.5	77.8	81.8
T1 RATE	59.9	66.6	69.8	74.5	77.1	81.0

Source: IMA MHSAL 2019

### Regional Key Findings

- The dependency ratios in the Region were lower than the provincial average in both time periods, but the differences were not statistically significant.
- Between T1 (2013) and T2 (2018), the demographic dependency ratio increased from 59.9 to 62 dependents per 100 workers.
- The dependency ratios varied across the Region, with the highest in Assiniboine South (75.4%) and the lowest in River Heights East (45.5%).
- The regional geographic disparity ratio was stable between T1 and T2 (1.7x).

# Who lives in the Winnipeg Health Region?

**Table 1.10 Dependency Ratio by Winnipeg Community Area and Neighbourhood Cluster, 2013 (T1) and 2018 (T2)**

Number and percentage of dependents (people aged 0-19 year and people aged over 65 years) per 100 workers

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>552,950</b>	<b>68.5</b>	<b>66.6</b>	

<b>Fort Garry</b>	<b>35,807</b>	<b>61.0</b>	<b>59.1</b>	
Fort Garry South	21,189	58.4	55.5	
Fort Garry North	14,618	65.2	64.1	

<b>Assiniboine South</b>	<b>15,183</b>	<b>75.4</b>	<b>68.6</b>	
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<b>St. Vital</b>	<b>28,942</b>	<b>66.0</b>	<b>61.1</b>	
St. Vital North	11,059	64.1	62.4	
St. Vital South	17,883	67.2	60.3	

<b>St. Boniface</b>	<b>24,729</b>	<b>64.4</b>	<b>60.2</b>	
St. Boniface East	17,970	63.3	61.5	
St. Boniface West	6,759	67.3	57.0	

<b>River Heights</b>	<b>20,062</b>	<b>53.1</b>	<b>51.0</b>	
River Heights East	13,378	57.9	56.6	
River Heights West	13,378	57.9	56.6	

<b>Transcona</b>	<b>15,682</b>	<b>63.7</b>	<b>60.0</b>	
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<b>St. James-Assiniboia</b>	<b>25,172</b>	<b>65.8</b>	<b>65.6</b>	
St. James-Assiniboia East	10,724	60.2	59.3	
St. James-Assiniboia West	14,448	70.7	71.2	

<b>Seven Oaks</b>	<b>30,990</b>	<b>63.2</b>	<b>62.2</b>	
Seven Oaks East	16,536	61.4	61.0	
Seven Oaks West	12,109	64.8	63.4	
Seven Oaks North	2,345	68.5	64.4	

	T2		T1	
	Count	Rate	Rate	
<b>Winnipeg RHA</b>	<b>295,339</b>	<b>62.0</b>	<b>59.9</b>	

<b>River East</b>	<b>40,961</b>	<b>65.4</b>	<b>62.6</b>	
River East South	6,602	53.8	53.1	
River East North	3,951	65.3	60.5	
River East East	12,607	65.9	62.0	
River East West	17,801	70.7	69.0	

<b>Inkster</b>	<b>13,995</b>	<b>60.6</b>	<b>60.7</b>	
Inkster West	7,344	57.3	54.2	
Inkster East	6,651	64.8	68.7	

<b>Downtown</b>	<b>25,269</b>	<b>50.6</b>	<b>49.9</b>	
Downtown East	11,633	47.1	47.0	
Downtown West	13,636	54.0	52.8	

<b>Point Douglas</b>	<b>18,244</b>	<b>61.7</b>	<b>64.2</b>	
Point Douglas North	11,547	58.4	60.3	
Point Douglas South	6,697	68.4	71.6	

<b>Churchill</b>	<b>303</b>	<b>50.5</b>	<b>53.1</b>	
------------------	------------	-------------	-------------	--

## WRHA Geographic Disparity Ratio



T1 Disparity 1.7 x  
T2 Disparity 1.7x  
Change 0%

Source: IMA MHSAL 2019

# **CHAPTER 2:**

## **WHAT CONTRIBUTES TO HEALTH IN THE WINNIPEG HEALTH REGION?**

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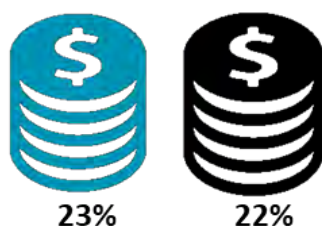
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# AT A Glance: What Keeps Us Healthy?

 Winnipeg Health Region    Manitoba

Children 17 and under Living in Poverty  
(Low income measure – after tax)



Educational Attainment  
(population age 15+ with at least a high school diploma)



Child Dental Extraction  
(age <6 years, rate per 1,000 population)



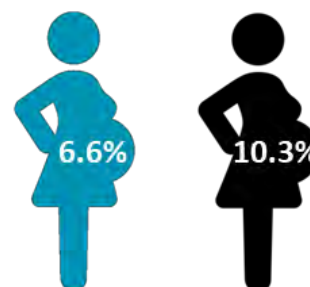
Unemployment Rate  
(as percentage of labour force)



Fruit and Vegetable Consumption  
(consumes 5+ servings per day)



Inadequate Prenatal Care  
(proportion of women with a single, live, in-hospital birth receiving no or inadequate prenatal care)



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## Chapter 2 Key Findings

### What influences how healthy our population is?

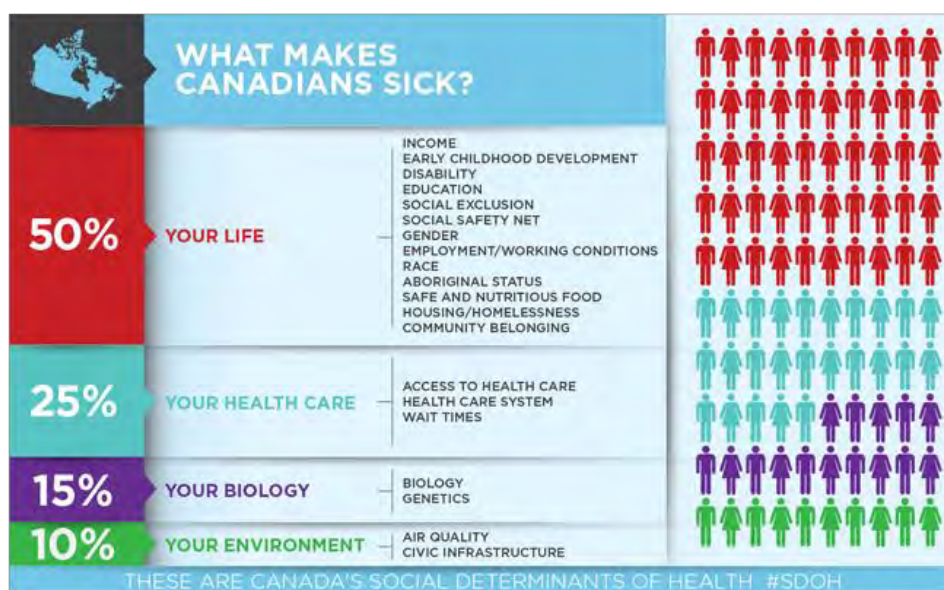
This chapter presents information regarding the social determinants of health and health status measures by geographic area in order to provide a comprehensive picture of the health of residents of the Winnipeg Health Region.

Interactions between the determinants of health result in differences in health status between individuals living in different geographic areas of the Region and the province. Wherever possible, the report presents the health status of the population overall, and identifies population groups that experience poorer health outcomes. These comparisons are essential to assess whether gaps are widening or narrowing among population groups (based on income and geographic location). Future planning efforts must take these health gaps into consideration to improve overall population health outcomes.

According to the Canadian Medical Association (CMA), social determinants of health “are systematic social and economic conditions that influence a person’s health. They include income, housing, education, gender and race, and have a greater impact on individual and population health than biological and environmental conditions. Their impact can be even greater than that of the health care system itself.”<sup>i</sup> In 2013, the CMA published the results of the National Dialogue on Health Care Transformation.<sup>ii</sup> The dialogue took place online as well as in six town halls conducted across the country. Participants identified four social determinants of health (income, housing, nutrition and food security, and early childhood development) as having equal, if not more important, roles in determining health than the healthcare system. Other social determinants of health that were mentioned by participants as being important to health included: culture, the environment, education and health literacy.<sup>ii</sup>

As participants in the National Dialogue on Health Care Transformation expressed, some determinants of health impact an individual’s health more than others (see Figure 2.1). According to the CMA, about 50 percent of an individual’s health is determined by their life experiences (e.g., income, early childhood development, disability, etc.). Only 25 percent of an individual’s health is determined by the health care they receive (e.g., access to health care, the healthcare system, wait times, etc.) and 15 percent is determined by an individual’s biology (e.g., genetics). Finally, the environment determines about ten percent of an individual’s health (e.g., air quality, civic infrastructure, etc.).

**Figure 2.1 Social Determinants of Health**



Canadian Medical Association, n.d., cited in South East Local Health Integration Network, 2014.<sup>1</sup>

In an attempt to answer the question of what keeps Winnipeg Health Region residents healthy, this chapter will look at indicators related to:

- Income;
- Housing;
- Food Security;
- Education;
- Employment/Working Conditions;
- Healthy Child Development;
- Personal Health Determinants;
- Health Behaviours; and
- Use of Preventive Services.

The indicators reported in this chapter relate to the social determinants of health. However, while all determinants of health are important, data are not currently available for all social determinants at the provincial and regional levels. Further, not all determinants of health are easily modifiable or can be reasonably addressed by the Region (e.g., determinants of health related to biology and genetics). It is also important to note that all factors that affect a person's health cannot be addressed solely by the healthcare system.

Note: Data presented from the 2015-2016 Canadian Community Health Survey (CCHS) are only available at the Regional level (not at the community area or neighbourhood cluster level).

<sup>1</sup> Social determinants of health infographic accessed from:  
<http://www.southeastlin.on.ca/Priorities/Planning/HealthLinks/HealthLinkCareCoordinationLearningProgram/ServingVulnerablePopulations/SVP102/SVP102-page2.aspx>

## Social Determinants of Health in Winnipeg Health Region

- Socio-economic conditions in the Winnipeg Health Region improved over time<sup>iii</sup> and were better than the provincial average in some cases (e.g., median household income, unemployment rates, labour force participation, education) but worse for others (e.g., proportion living in low income, household food insecurity). There continued to be a wide income gap with a difference of over \$72,000 between the neighbourhood clusters with the highest and lowest incomes in 2015. Over 16 percent of households were living in low income in the Region in 2016.
- Across all health regions in the province in 2016, the Region had the best *material* deprivation score (a composite score which includes average household income, unemployment rate and proportion of the population without high school graduation) but the second worst *social* deprivation score (a composite score which includes the proportion of the population who are separated, divorced or widowed, the proportion of the population that lives alone and the proportion of the population that has moved at least once in the past five years). These results suggest that while Winnipeg Health Region residents may have more opportunities in terms of income, education and employment, the social fabric (social deprivation) may be weaker in the Region. The percentage of Winnipeg Health Region respondents who reported a very strong “sense of community belonging” on the 2015-2016 Canadian Community Health Survey was lowest in the province (19.7%).
- It is also important to note that while the Region had the best scores on material deprivation in the province in 2011 and 2016, scores in the Region have gotten worse over the past 20 years and the change was statistically significant<sup>iii</sup>.

## Healthy Child Development

- Rates of inadequate prenatal care (the proportion of women who receive no or inadequate prenatal care) in the Winnipeg Health Region were significantly lower than the provincial average in both time periods (2007/08-2011/12 and 2012/13-2016/17). In the Region’s neighbourhood clusters, inadequate prenatal care was higher in areas with higher premature mortality rates.<sup>iii</sup>
- In the Region, the percentage of infants born small for gestational age (SGA) was significantly higher than the provincial average in both time periods (2007/08-2011/12 and 2012/13-2016/17). Rates of large for gestational age (LGA) births in the Region were significantly lower than the provincial average during the same two time periods.
- There was a substantial variation in the percentage of children living in low income families across the community areas in Winnipeg, with the Region’s central community areas (e.g., Downtown, Point Douglas, Inkster) having the highest proportion of children living in low income families (43.4%, 40.9% and 30.1%, respectively) in 2016.
- In 2017, 24.6 percent of mothers in the Region who were screened as part of the Families First Program had three or more risk factors (e.g., maternal depression and/or anxiety, maternal smoking, maternal alcohol use, receiving income support or experiencing financial difficulties, less than high school education) identified as leading to poor childhood outcomes.
- Teen pregnancy rates (23.3 per 1,000 females aged 15 to 19 years) and teen birth rates (13.9 per 1,000 females aged 15 to 19 years) in the Region were significantly lower than the provincial average in T2 (2012/13-2016/17). Both rates have decreased over time.
- More information on healthy child development can be found in [“A Closer Look at Childhood Immunizations”](#) and [“A Closer Look at Early Childhood Caries & Pediatric Dental Extraction in the Region.”](#)

## Personal Health Determinants

- Nearly sixty percent (59%) of Winnipeg Health Region respondents reported they had 'very good' or 'excellent' health. Slightly more respondents (66.8%) reported they had 'very good' or 'excellent' mental health in 2015-2016.
- Over 10 percent (12.2%) of the Region's respondents reported they had 'poor/fair' general health while less than 10 percent (7.2%) reported they had 'poor/fair' mental health in 2015-2016.
- In the Winnipeg Health Region, 58.6 percent of residents reported making a positive health change in 2015-2016 (i.e., reduced weight, quit smoking, etc.), the highest percentage in the province.
- The Region also had the lowest reported percentage of residents who were overweight or obese (49.2%) in 2015-2016.

## Health Behaviours

- The percentage of residents in the Region diagnosed with a substance use disorder (including alcohol and/or drug dependence) was significantly lower than the provincial average between 2010/11 – 2014/15.
- The Region had the lowest percentage (17.9%) of residents who reported being physically inactive on the 2015-2016 Canadian Community Health Survey.
- In the Winnipeg Health Region, the proportion of drivers who reported using a cell phone while driving between 2011-2012 and 2013-2014 (22%) was slightly lower than the provincial average (24%).

## Use of Preventive Services

- In the Winnipeg Health Region, 58.2 percent of adults aged 65 years and older received the influenza vaccine, the highest coverage rate in the province in 2017/18.
- The highest coverage rate for pneumococcal immunization was also seen in the Winnipeg Health Region in 2017/18; 62.6 percent of older adults aged 65 years and older in the Region were vaccinated. Older adults are able to receive the pneumococcal vaccine at the same time as the influenza vaccine. More information on influenza and pneumococcal immunizations can be found in "[A Closer Look at Influenza and Pneumococcal Vaccines for Older Adults.](#)"
- The percentages of the Region's population participating in screening tests for colorectal, breast and cervix cancers were significantly higher than the provincial average in 2016-2017. More information on these cancer screening programs can be found in "[A Closer Look at Cancer Screening in the Region.](#)"

## Health Disparities Across Income and Geographic Dimensions

- Residents living in the lowest income urban and rural areas were more likely to have inadequate prenatal care, higher SGA birth rates, preterm birth rates, teen pregnancy rates, teen birth rates, and pediatric dental surgery than those living in the highest income rural and urban areas in T2.
- There was a substantial gap between the neighbourhood clusters with the highest and lowest proportion of residents living in low-income families, particularly for children and youth. In 2016, children under 17 years of age in Downtown East (highest) were 23.7 times more likely to be living in low income compared to their peers living in Seven Oaks North (lowest).

- 
- The geographic disparity rate ratio measures the difference in health status across community areas and neighborhood clusters by comparing areas with the highest rates to areas with lower rates. For most health-related indicators in this chapter, the gap has narrowed (decreased) between T1 and T2.

## Social Determinants of Health

### Social Deprivation Index

#### Definition

A composite score which includes the proportion of the population, aged 15 years and older, who are separated, divorced, or widowed, the proportion of the population that lives alone, and the proportion of the population that has moved at least once in the past five years.

#### Why is this indicator important?

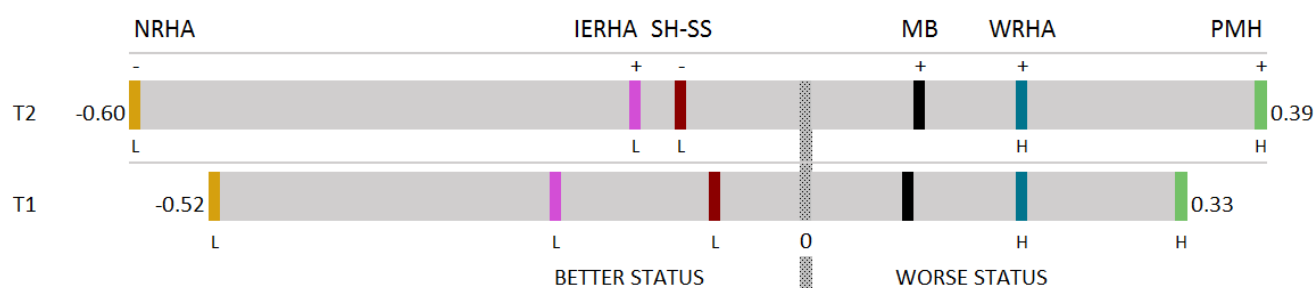
It reflects the status of relationships among individuals in the family, workplace, and the community. Scores on these indices range from -5 to +5; lower scores indicate better status or less deprivation, while higher scores indicate worse status or more deprivation.

#### Provincial Key Findings

- The social deprivation index increased slightly between T1 (2011) and T2 (2016). An increase in the score means status worsened over time.
- The social deprivation index was significantly worse (higher) than the provincial average for the Winnipeg Health Region and Prairie Mountain Health in both time periods.
- The social deprivation index for Southern Health-Santé Sud and the Northern Health Region improved, but got worse for Prairie Mountain Health and Interlake–Eastern RHA over time.

**Figure 2.2 Social Deprivation by RHA, Canadian Census 2011 (T1) and 2016 (T2)**

Average scores from -5 to +5. Lower values indicate better status



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		SH-SS		MB		WRHA		PMH	
T2 COUNT	77,068		128,240		198,809		1,351,359		770,185		170,521	
T2 RATE	-0.60	L-	-0.15	L+	-0.11	L-	0.09	+	0.19	H+	0.39	H+
T1 RATE	-0.52	L	-0.22	L	-0.08	L	0.08		0.18	H	0.33	H

Source: MCHP RHA Indicators Atlas 2019

### **Regional Key Findings**

- The social deprivation index in the Region was significantly worse (higher) than the provincial average in both time periods and did not improve over time.
- Six community areas (Fort Garry, Assiniboine South, St. Boniface, Transcona, Seven Oaks and Inkster) had better (lower) scores in both time periods compared to the provincial average.
- More than half of all neighbourhood clusters had worse (higher) scores than the Manitoba average in both time periods.

# Social Determinants of Health

Table 2.1 Social Deprivation Index by Winnipeg Community Area & Neighborhood Cluster, 2011 (T1) and 2016 (T2)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>1,351,359</b>	<b>0.09</b>	<b>+</b>	<b>0.08</b>	
<b>Fort Garry</b>	<b>93,742</b>	<b>-0.17</b>	<b>L+</b>	<b>-0.32</b>	<b>L</b>
Fort Garry South	58,531	-0.10	L+	-0.22	L
Fort Garry North	35,211	-0.28	L+	-0.45	L
<b>Assiniboine South</b>	<b>37,133</b>	<b>-0.36</b>	<b>L+</b>	<b>-0.46</b>	<b>L</b>
<b>St. Vital</b>	<b>71,981</b>	<b>0.13</b>	<b>H+</b>	<b>0.06</b>	<b>L</b>
St. Vital South	43,247	-0.22	L+	-0.37	L
St. Vital North	28,734	0.65	H-	0.69	H
<b>St. Boniface</b>	<b>63,070</b>	<b>0.03</b>	<b>L+</b>	<b>-0.06</b>	<b>L</b>
St. Boniface East	46,539	-0.37	L+	-0.41	L
St. Boniface West	16,531	1.17	H+	0.90	H
<b>River Heights</b>	<b>60,031</b>	<b>0.75</b>	<b>H+</b>	<b>0.72</b>	<b>H</b>
River Heights West	38,630	0.39	H	0.38	H
River Heights East	21,401	1.40	H+	1.29	H
<b>Transcona</b>	<b>39,595</b>	<b>-0.21</b>	<b>L</b>	<b>-0.22</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>61,307</b>	<b>0.42</b>	<b>H</b>	<b>0.41</b>	<b>H</b>
St. James-Assiniboia West	33,058	0.20	H+	0.17	H
St. James-Assiniboia East	28,249	0.68	H-	0.70	H
<b>Seven Oaks</b>	<b>78,083</b>	<b>-0.12</b>	<b>L-</b>	<b>-0.06</b>	<b>L</b>
Seven Oaks North	5,371	-0.76	L-	-0.66	L
Seven Oaks East	42,690	0.11	H+	-0.25	L
Seven Oaks West	30,022	-0.33	L+	-0.38	L
<b>Winnipeg RHA</b>	<b>770,185</b>	<b>0.19</b>	<b>H+</b>	<b>0.18</b>	<b>H</b>
<b>River East</b>	<b>101,152</b>	<b>0.14</b>	<b>H-</b>	<b>0.22</b>	<b>H</b>
River East North	9,897	-1.31	L-	-0.59	L
River East East	32,059	-0.14	L+	-0.20	L
River East West	40,206	0.52	H-	0.54	H
River East South	18,990	0.59	H-	0.68	H
<b>Inkster</b>	<b>37,220</b>	<b>-0.29</b>	<b>L-</b>	<b>-0.22</b>	<b>L</b>
Inkster West	20,573	-0.73	L+	-0.76	L
Inkster East	16,647	0.26	H-	0.47	H
<b>Downtown</b>	<b>76,933</b>	<b>1.03</b>	<b>H</b>	<b>1.03</b>	<b>H</b>
Downtown West	39,808	0.42	H-	0.46	H
Downtown East	37,125	1.68	H	1.67	H
<b>Point Douglas</b>	<b>48,956</b>	<b>0.49</b>	<b>H-</b>	<b>0.54</b>	<b>H</b>
Point Douglas North	31,647	0.25	H-	0.38	H
Point Douglas South	17,309	0.94	H+	0.82	H
<b>Churchill</b>	<b>982</b>	<b>0.79</b>	<b>H+</b>	<b>0.20</b>	<b>H</b>

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Material Deprivation Index

### Definition

A composite score which includes average household income, unemployment rate for ages 15 years and older, and proportion of the population aged 15 and older without high school graduation.

### Why is this indicator important?

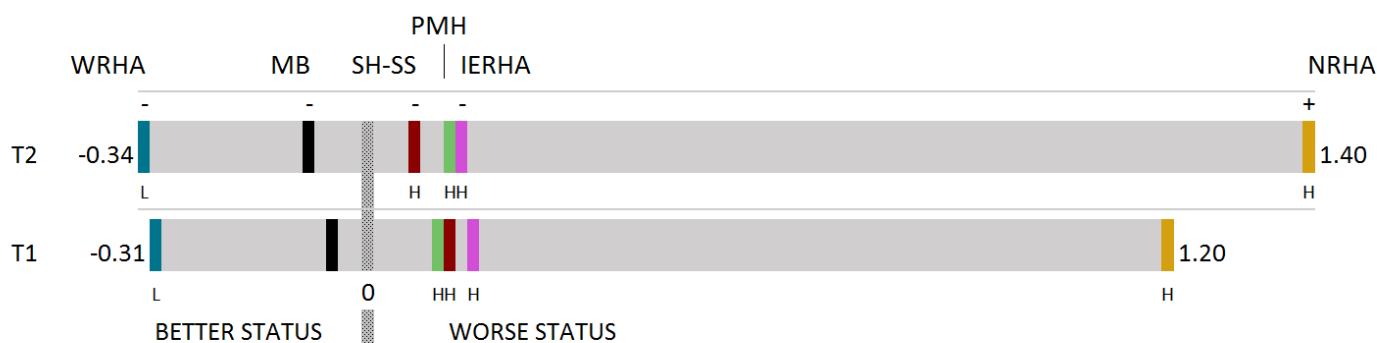
It reflects the status of wealth, goods and conveniences. Scores on these indices range from -5 to +5; lower scores indicate better status or less deprivation, while higher scores indicate worse status or more deprivation.

### Provincial Key Findings

- Overall, the material deprivation index in Manitoba improved from T1 (2011).
- All health regions, except the Winnipeg Health Region, had worse (higher) index scores than the provincial average in both time periods.
- The index scores for Southern Health-Santé Sud, Winnipeg Health Region and Interlake-Eastern RHA significantly improved, whereas the score in the Northern Health Region got worse, and Prairie Mountain Health did not change significantly between T1 and T2.

**Figure 2.3 Material Deprivation by RHA, Canadian Census 2011 (T1) and 2016 (T2)**

Average scores from -5 to +5. Lower values indicate better status



	WRHA		MB		SH-SS		PMH		IERHA		NRHA	
T2 POP	770,185		1,351,359		198,809		170,521		128,240		77,068	
T2 RATE	-0.34	L-	-0.07	-	0.08	H-	0.14	H	0.14	H-	1.40	H+
T1 RATE	-0.31	L	-0.05		0.14	H	0.13	H	0.17	H	1.20	H

Source: MCHP RHA Indicators Atlas 2019

### Regional Key Findings

- The Region had the best (lowest) material deprivation index in the province in both time periods and improved by 10 percent over time.

- Three community areas (Inkster, Downtown, and Point Douglas) had worse (higher) scores than the provincial average in both time periods.

**Table 2.2 Material Deprivation Index by Winnipeg Community Area & Neighborhood Cluster, 2011 (T1) and 2016 (T2)**

Average scores from -5 to +5. Lower values indicate better status.

	T2		T1		
	Count	Rate	-	Rate	
<b>Manitoba</b>	<b>1,351,359</b>	<b>-0.07</b>	<b>-</b>	<b>-0.05</b>	

<b>Fort Garry</b>	<b>93,742</b>	<b>-0.63</b>	<b>L+</b>	<b>-0.72</b>	<b>L</b>
Fort Garry North	35,211	-0.84	L+	-0.94	L
Fort Garry South	58,531	-0.50	L+	-0.55	L

<b>Assiniboine South</b>	<b>37,133</b>	<b>-1.08</b>	<b>L-</b>	<b>-1.07</b>	<b>L</b>
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<b>St. Vital</b>	<b>71,981</b>	<b>-0.53</b>	<b>L-</b>	<b>-0.50</b>	<b>L</b>
St. Vital South	43,247	-0.68	L	-0.67	L
St. Vital North	28,734	-0.31	L-	-0.24	L

<b>St. Boniface</b>	<b>63,070</b>	<b>-0.60</b>	<b>L-</b>	<b>-0.56</b>	<b>L</b>
St. Boniface East	46,539	-0.67	L	-0.68	L
St. Boniface West	16,531	-0.39	L-	-0.24	L

<b>River Heights</b>	<b>60,031</b>	<b>-0.75</b>	<b>L-</b>	<b>-0.66</b>	<b>L</b>
River Heights West	38,630	-0.82	L-	-0.80	L
River Heights East	21,401	-0.63	L-	-0.42	L

<b>Transcona</b>	<b>39,595</b>	<b>-0.27</b>	<b>L-</b>	<b>-0.27</b>	<b>L</b>
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<b>St. James-Assiniboia</b>	<b>61,307</b>	<b>-0.49</b>	<b>L-</b>	<b>-0.42</b>	<b>L</b>
St. James-Assiniboia East	28,249	-0.41	L-	-0.45	L
St. James-Assiniboia West	33,058	-0.55	L-	-0.40	L

<b>Seven Oaks</b>	<b>78,083</b>	<b>-0.30</b>	<b>L-</b>	<b>-0.14</b>	<b>L</b>
Seven Oaks East	42,690	-0.31	L-	-0.14	L
Seven Oaks West	30,022	-0.21	L-	-0.03	L
Seven Oaks North	5,371	-0.71	L-	-0.74	L

	T2		T1		
	Count	Rate	-	Rate	
<b>Winnipeg RHA</b>	<b>770,185</b>	<b>-0.34</b>	<b>L-</b>	<b>-0.31</b>	<b>L</b>

<b>River East</b>	<b>101,152</b>	<b>-0.25</b>	<b>L+</b>	<b>-0.29</b>	<b>H</b>
River East East	32,059	-0.17	L-	-0.18	L
River East West	40,206	-0.32	L	-0.31	L
River East South	18,990	0.25	H+	0.17	H
River East North	9,897	-1.25	L	-1.24	L

<b>Inkster</b>	<b>37,220</b>	<b>0.08</b>	<b>H-</b>	<b>0.11</b>	<b>H</b>
Inkster East	16,647	0.42	H-	0.46	H
Inkster West	20,573	-0.19	L-	-0.17	L

<b>Downtown</b>	<b>76,933</b>	<b>0.18</b>	<b>H-</b>	<b>0.23</b>	<b>H</b>
Downtown East	37,125	0.40	H-	0.42	H
Downtown West	39,808	-0.02	H-	0.06	H

<b>Point Douglas</b>	<b>48,956</b>	<b>0.63</b>	<b>H-</b>	<b>0.64</b>	<b>H</b>
Point Douglas South	17,309	1.17	H	1.18	H
Point Douglas North	31,647	0.33	H-	0.34	H

<b>Churchill</b>	<b>982</b>	<b>0.52</b>	<b>H-</b>	<b>0.63</b>	<b>H</b>
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H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

## Income and Social Status

### Median Household Income—After-Tax

#### Definition

The median combined total income (after-tax, post transfer) of all members of a household, aged 15 years and older, who reported income. “Median” refers to the point that is exactly between the lowest and highest incomes.

#### Why is this indicator important?

Median household income is an important measure of income inequality that exists in communities. It is an effective measure because health regions with smaller differences between the top and bottom ends generally experience better health status than those with more disparate incomes.

#### Provincial Key Findings

- In T1 (2015), the median after-tax household income in the province was \$59,093.
- Figure 2.4 shows income gaps across the RHAs. The lowest median after-tax household income was in Prairie Mountain Health while the highest was in the Interlake-Eastern RHA. The median income in Interlake-Eastern RHA was 1.1 times higher than the median income in Prairie Mountain Health.

Figure 2.4 Median Household Income (after-tax, post transfer) 2015



	PMH	MB	WRHA	NRHA	SH-SS	IERHA
T1 INCOME	\$54,014	\$59,093	\$59,510	\$60,308	\$60,802	\$61,155

Source: Statistics Canada Census 2016

#### Regional Key Findings

- In T1 (2015), the median after-tax household income in the Region was \$59,510, which was similar to the provincial average.
- The lowest median after-tax household income was in Point Douglas South, while the highest was in River East North.
- Median after-tax household income was 3.4 times higher in River East North (highest) compared to Point Douglas South (lowest).

Table 2.3 Median Household Income (after-tax, post transfer) by Winnipeg Community Area & Neighborhood Cluster in 2015

	Median Income
<b>Manitoba</b>	<b>\$59,093</b>

<b>Fort Garry</b>	<b>\$68,021</b>
Fort Garry North	\$75,140
Fort Garry South	\$63,824

<b>Assiniboine South</b>	<b>\$75,787</b>
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<b>St. Vital</b>	<b>\$63,922</b>
St. Vital North	\$50,968
St. Vital South	\$75,182

<b>St. Boniface</b>	<b>\$68,175</b>
St. Boniface West	\$48,198
St. Boniface East	\$78,163

<b>River Heights</b>	<b>\$56,848</b>
River Heights West	\$64,344
River Heights East	\$48,674

<b>Transcona</b>	<b>\$68,754</b>
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<b>St. James-Assiniboia</b>	<b>\$59,811</b>
St. James - Assiniboia West	\$62,658
St. James - Assiniboia East	\$56,852

<b>Seven Oaks</b>	<b>\$64,328</b>
Seven Oaks West	\$70,540
Seven Oaks East	\$60,589
Seven Oaks North	\$89,932

	Median Income
<b>Winnipeg RHA</b>	<b>\$59,510</b>

<b>River East</b>	<b>\$55,823</b>
River East South	\$47,444
River East West	\$54,349
River East East	\$64,841
River East North	\$103,277



<b>Inkster</b>	<b>\$61,079</b>
Inkster West	\$74,125
Inkster East	\$48,443

<b>Downtown</b>	<b>\$39,626</b>
Downtown West	\$51,494
Downtown East	\$31,979

<b>Point Douglas</b>	<b>\$44,437</b>
Point Douglas North	\$51,661
Point Douglas South	\$30,465

<b>Churchill</b>	<b>N/A</b>
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**WRHA Geographic Disparity Ratio**

T1 Disparity 3.4 x

N/A = data not available  
Source: Statistics Canada Census 2016

## Low Income Measure – After-Tax (LIM-AT)

### Definition

In Canada, the LIM-AT is set at 50 percent of the median income after-tax, adjusted for family size and composition.

### Why is this indicator important?

The LIM-AT is used internationally as a relative measure of poverty.

### Provincial Key Findings

- In T1 (2016), 15 percent of Manitobans were living in low income households, based on the LIM-AT.
- Prairie Mountain Health and the Northern Health Region had the highest proportion (17%) of residents living in low income households.
- Twenty-two percent of children under the age of 18 were living in low income households. Specifically, the age group with the highest proportion living in low income households was children aged 0 to 5 years (25%).
- Fourteen percent of older adults aged 65 years and older were living in low income households in 2016.

**Figure 2.5 Prevalence of Low Income based on the Low-income measure, after tax (LIM-AT) (%), 2016**

	IERHA	SH-SS	MB	WRHA	NRHA	PMH
T1	12%	15%	15%	16%	17%	17%

Source: Statistics Canada Census 2016

### Regional Key Findings

- In T1 (2016), 16 percent of the Region's residents were considered to be living in low income households, based on the LIM-AT.
- The percentage of residents who were living in low income households varied considerably within the Region, from four percent in River East North and Seven Oaks North to 51 percent in Point Douglas South.
- 23 percent of children under the age of 18 were living in low income households. Specifically, the age group with the highest proportion living in low income households was children aged 0 to 5 years (26%).
- 12 percent of older adults aged 65 years and older were living in low income households in 2016.
- Compared to males, a slightly higher percentage of females were living in low income households as measured by the LIM-AT (16% versus 15%). In the older adult population, 14 percent of females aged 65 years and older were living in low income households compared to 10 percent of males aged 65 years and older.

**Table 2.4 Prevalence of Low Income by Winnipeg Community Area & Neighborhood Cluster, 2016**

	Rate
<b>Manitoba</b>	<b>15.0%</b>

<b>Fort Garry</b>	<b>17.0%</b>
Fort Garry North	11.0%
Fort Garry South	21.0%

<b>Assiniboine South</b>	<b>9.0%</b>
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<b>St. Vital</b>	<b>13.0%</b>
St. Vital North	19.0%
St. Vital South	8.0%

<b>St. Boniface</b>	<b>10.0%</b>
St. Boniface West	18.0%
St. Boniface East	8.0%

<b>River Heights</b>	<b>14.0%</b>
River Heights West	11.0%
River Heights East	18.0%

<b>Transcona</b>	<b>8.0%</b>
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<b>St. James-Assiniboia</b>	<b>11.0%</b>
St. James - Assiniboia West	11.0%
St. James - Assiniboia East	11.0%

<b>Seven Oaks</b>	<b>13.0%</b>
Seven Oaks West	14.0%
Seven Oaks East	12.0%
Seven Oaks North	4.0%

	Rate
<b>Winnipeg RHA</b>	<b>16.0%</b>

<b>River East</b>	<b>15.0%</b>
River East South	22.0%
River East West	13.0%
River East East	13.0%
River East North	4.0%

<b>Inkster</b>	<b>18.0%</b>
Inkster West	11.0%
Inkster East	26.0%

<b>Downtown</b>	<b>31.0%</b>
Downtown West	20.0%
Downtown East	43.0%

<b>Point Douglas</b>	<b>30.0%</b>
Point Douglas North	20.0%
Point Douglas South	51.0%

<b>Churchill</b>	<b>N/A</b>
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## WRHA Geographic Disparity Ratio



T1 Disparity 12.8 x

N/A = data not available  
Source: Statistics Canada Census 2016

## Household Food Insecurity

### Definition

The proportion of the population who reported being unable to acquire or consume an adequate quality diet or sufficient food quantity in socially acceptable ways, or the uncertainty that one will be able to do so.

### Why is this indicator important?

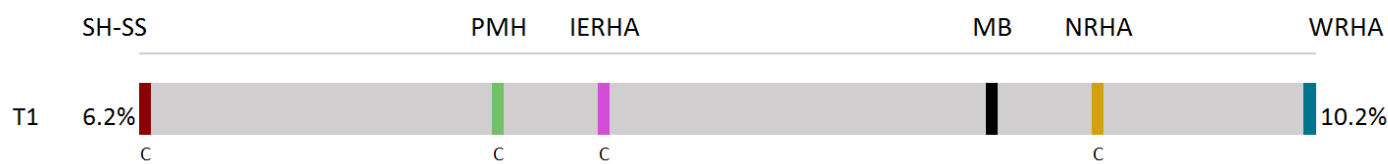
This is an important health equity indicator because it is often associated with a household's financial ability to access food. Increased food insecurity can lead to a poorer diet which can negatively impact health status.

### Provincial & Regional Key Findings

- According to the 2015-2016 Canadian Community Health Survey (CCHS), 9.1 percent of Manitoba households reported they had experienced food insecurity at least once in the past 12 months.
- The proportion of households that reported they experienced food insecurity was lower than the provincial average in Southern Health-Santé Sud, Prairie Mountain Health and the Interlake-Eastern RHA. However, since these areas' rates are highly variable (due to a small number of survey responses), they should be interpreted with caution.
- 10.2 percent of Winnipeg Health Region households reported they had experienced food insecurity at least once in the past 12 months, which was slightly higher than the provincial average.

**Figure 2.6 Household Food Insecurity by the RHA, 2015-2016**

Age-and sex-adjusted proportion (%) of weighted sample reported being 'moderate/severely food insecure'



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
c – estimate displayed with caution

	SH-SS		PMH		IERHA		MB		NRHA		WRHA	
T1 RATE	6.2%	C	7.4%	C	7.8%	C	9.1%		9.4%	C	10.2%	

Source: Statistics Canada CCHS 2015-2016

## Housing Affordability

### Definition

The percentage of people in households that spend 30 percent or more of total household income (before-tax) on shelter expenses (e.g., electricity, water, municipal services, rent, monthly mortgage payments, property taxes, condo fees).

### Why is this indicator important?

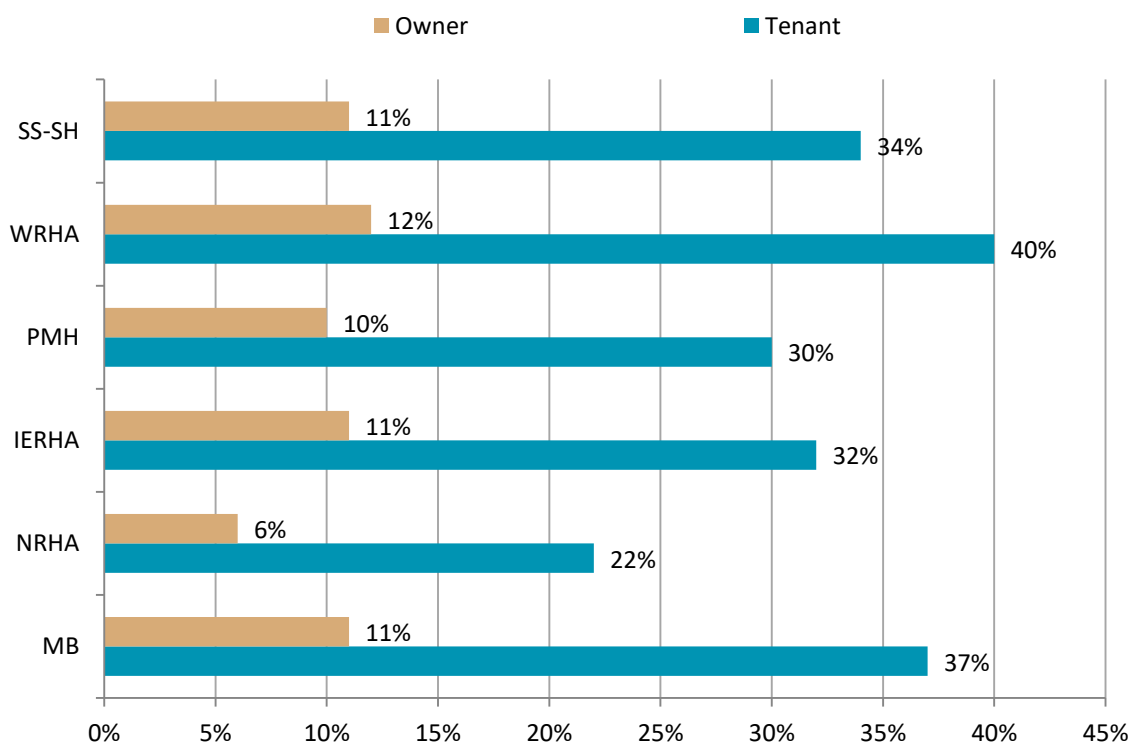
Housing is a critical component of a person's environment. Living in poor housing conditions has been linked to respiratory conditions, lead poisoning, injuries, and decreased mental health.

### Provincial Key Findings

- In 2016, 37 percent of Manitoba residents who were tenants (renters) had housing costs more than 30 percent of their household income. For Manitoba residents who owned their own homes, 11 percent had housing costs which exceeded 30 percent of their total household income.
- The highest proportions of tenants and owners whose housing costs exceeded 30 percent of their total household income in 2016 were found in the Winnipeg Health Region and the lowest proportions were in the Northern Health Region.

**Figure 2.7 Housing Affordability by RHA, 2016**

Percentage of tenants and owners spending 30% or more of total household income on shelter expenses



Source: Statistics Canada Census 2016

### **Regional Key Findings**

- The proportion of the Region's tenants (40%) and owners (12%) whose housing costs exceeded 30 percent of their total household income were the highest in the province in 2016.
- The lowest proportion of tenants whose housing costs exceeded 30 percent of their total household income were found in River East North (24%) and the highest proportion were found in Fort Garry South (50%).
- The lowest proportion of owners whose housing costs exceeded 30 percent of their total household income were found in River East North (9%) and the highest proportion were found in Downtown East (23%).

**Table 2.5 Housing Affordability by Winnipeg Community Area & Neighborhood Cluster, 2016**

Percentage of tenants and owners spending 30% or more of total household income on shelter expenses

	Tenant	Owner
<b>Manitoba</b>	<b>37%</b>	<b>11%</b>

<b>Fort Garry</b>	<b>48%</b>	<b>16%</b>
Fort Garry North	43%	12%
Fort Garry South	50%	19%

<b>Assiniboine South</b>	<b>37%</b>	<b>10%</b>
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<b>St. Vital</b>	<b>41%</b>	<b>12%</b>
St. Vital North	41%	13%
St. Vital South	40%	11%

<b>St. Boniface</b>	<b>38%</b>	<b>10%</b>
St. Boniface West	40%	12%
St. Boniface East	36%	10%

<b>River Heights</b>	<b>38%</b>	<b>13%</b>
River Heights West	40%	12%
River Heights East	36%	16%

<b>Transcona</b>	<b>33%</b>	<b>10%</b>
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<b>St. James-Assiniboia</b>	<b>38%</b>	<b>10%</b>
St. James - Assiniboia West	38%	10%
St. James - Assiniboia East	37%	10%

<b>Seven Oaks</b>	<b>36%</b>	<b>13%</b>
Seven Oaks West	31%	15%
Seven Oaks East	38%	12%
Seven Oaks North	44%	10%

	Tenant	Owner
<b>Winnipeg RHA</b>	<b>40%</b>	<b>12%</b>

<b>River East</b>	<b>39%</b>	<b>12%</b>
River East South	39%	16%
River East West	43%	10%
River East East	32%	12%
River East North	24%	9%

<b>Inkster</b>	<b>31%</b>	<b>11%</b>
Inkster West	32%	11%
Inkster East	31%	12%

<b>Downtown</b>	<b>41%</b>	<b>15%</b>
Downtown West	38%	13%
Downtown East	42%	23%

<b>Point Douglas</b>	<b>44%</b>	<b>13%</b>
Point Douglas North	41%	13%
Point Douglas South	46%	14%

<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>
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## WRHA Geographic Disparity Ratio



Disparity (Tenant) 2.1x  
Disparity (Owner) 2.6x

N/A: data not available

Source: Statistics Canada Census 2016

## Education

### Educational Attainment

#### Definition

The proportion of the population, aged 15 years and older, by the highest level of education attained.

#### Why is this indicator important?

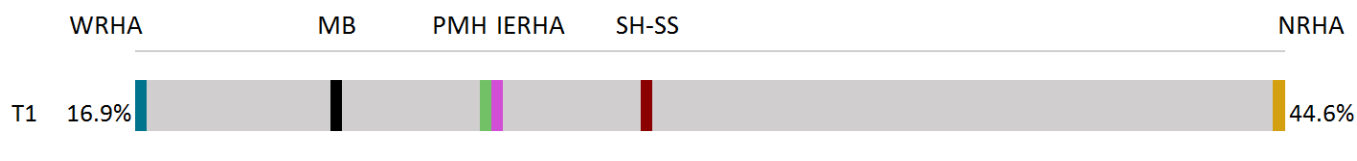
Educational attainment is widely acknowledged as a key component of socioeconomic status and is positively associated with health. Higher levels of education improve ability to access and understand information to stay healthy. Understanding levels of education is important for health planning.

#### Provincial Key Findings

- In 2016, 22 percent of Manitoba residents aged 15 years and older had attained less than a high school education (no certificate, diploma or degree), which was higher than the national level (18.3%).<sup>iv</sup>
- This varied dramatically across the health regions, with the lowest in the Winnipeg Health Region (16.9%) and the highest in the Northern Health Region, at nearly 45 percent.
- 58 percent of Manitoba residents aged 25 to 64 years old had attained a post-secondary certificate, diploma or degree in 2016.

**Figure 2.8 Educational Attainment by RHA, 2016**

Percentage of population (Aged 15+) with less than a high school education



	WRHA	MB	PMH	IERHA	SH-SS	NRHA
T1 RATE	16.9%	22.0%	25.7%	25.7%	29.4%	44.6%

Source: Statistics Canada Census 2016

## Regional Key Findings

- In 2016, 17 percent of the Region's residents aged 15 years and older did not complete a high school education (no certificate, diploma or degree), which was lower than the provincial average (22%).
- More than half of the Region's residents (53%) had obtained a post-secondary education.
- Considerable variation between community areas occurred for post-secondary education, with the highest proportion of residents with a post-secondary education in River Heights (64%) and the lowest proportion in Point Douglas (39%).

**Table 2.6 Highest Level of Education Attained by Residents 15 Years and Older by Winnipeg Community Area, 2016**

Community Area	Less than High School	High School	Postsecondary certificate, diploma or degree
Fort Garry	11%	28%	61%
Assiniboine South	12%	28%	61%
St. Vital	15%	29%	57%
St. Boniface	15%	29%	56%
River Heights	10%	26%	64%
Transcona	18%	36%	47%
St. James-Assiniboia	16%	33%	51%
Seven Oaks	19%	31%	51%
River East	20%	33%	47%
Inkster	23%	31%	46%
Downtown	22%	28%	51%
Point Douglas	31%	30%	39%
<b>WRHA</b>	<b>17%</b>	<b>30%</b>	<b>53%</b>
<b>Manitoba</b>	<b>22%</b>	<b>30%</b>	<b>48%</b>

Source: Statistics Canada Census 2016

## Employment and Working Conditions

### Labour Force Participation

#### Definition

The percentage of the population, aged 15 years and older, who reported being in the labour force.

#### Why is this indicator important?

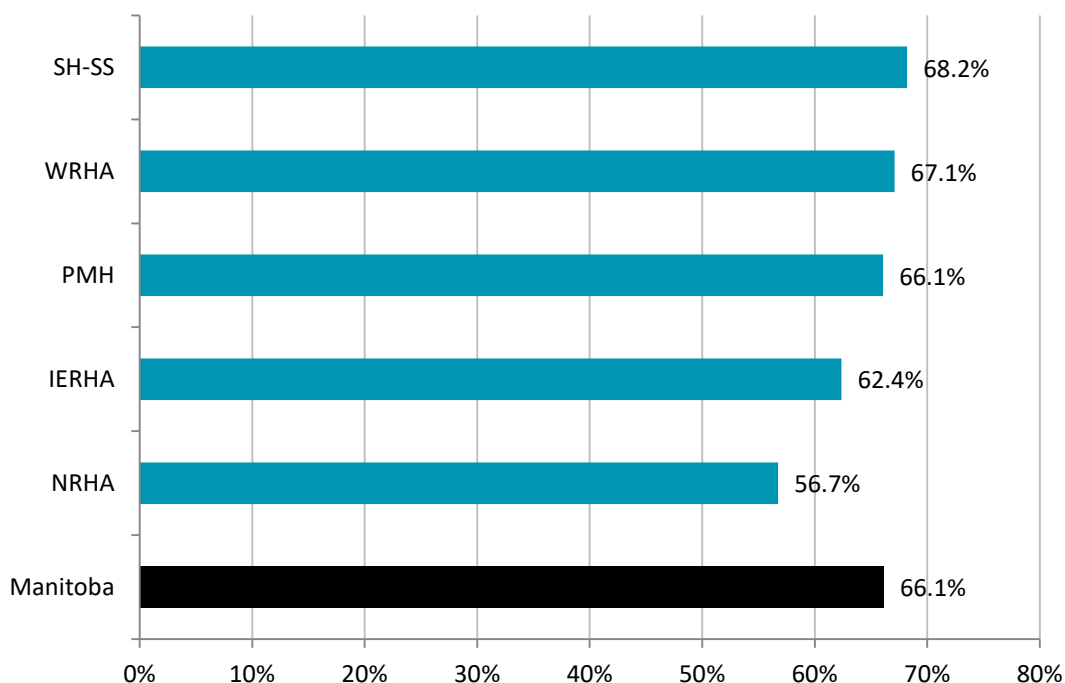
Those that are employed generally have higher levels of social inclusion and feeling they are contributing to the overall well-being of the community around them.

#### Provincial Key Findings

- According to the 2016 Census, the labour force participation rate in the province was 66.1 percent.
- Southern Health-Santé Sud had the highest labour force participation (68.2%), while the Northern Health Region had the lowest in the province (56.7%).
- Males had higher labour force participation than females (70.7% versus 61.7%) in 2016.

**Figure 2.9 Labour Force Participation by RHA, 2016**

Percentage of residents (aged 15+) who reported being in the labour force



Source: Statistics Canada Census 2016

### **Regional Key Findings**

- In 2016, the labour force participation in the Region was 67.1 percent, the second highest in the province.
- There were sex differences in the Region with higher labour force participation for males (71.2%) than females (63.2%).
- The overall labour participation in River Heights East (the highest) was 1.5 times higher than that of Point Douglas South (the lowest).

**Table 2.7 Labour Force Participation by Winnipeg Community Area & Neighborhood Cluster, 2016**

Percentage of the population (aged 15+) identified as participating in the workforce during the first week of May 2016

	Percentage
<b>Manitoba</b>	<b>66.1%</b>

<b>Fort Garry</b>	<b>66.0%</b>
Fort Garry North	66.9%
Fort Garry South	65.5%

<b>Assiniboine South</b>	<b>64.7%</b>
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<b>St. Vital</b>	<b>67.3%</b>
St. Vital North	66.3%
St. Vital South	68.0%

<b>St. Boniface</b>	<b>69.8%</b>
St. Boniface West	68.8%
St. Boniface East	70.1%

<b>River Heights</b>	<b>72.1%</b>
River Heights West	71.9%
River Heights East	72.5%

<b>Transcona</b>	<b>70.8%</b>
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<b>St. James-Assiniboia</b>	<b>66.1%</b>
St. James - Assiniboia West	64.6%
St. James - Assiniboia East	67.9%

<b>Seven Oaks</b>	<b>67.3%</b>
Seven Oaks West	68.5%
Seven Oaks East	66.4%
Seven Oaks North	68.4%

	Percentage
<b>Winnipeg RHA</b>	<b>67.1%</b>

<b>River East</b>	<b>65.6%</b>
River East South	68.8%
River East West	61.3%
River East East	69.1%
River East North	67.7%


<b>Inkster</b>	<b>67.1%</b>
Inkster West	70.5%
Inkster East	63.0%

<b>Downtown</b>	<b>66.4%</b>
Downtown West	70.3%
Downtown East	61.8%

<b>Point Douglas</b>	<b>60.9%</b>
Point Douglas North	66.1%
Point Douglas South	48.4%

<b>Churchill</b>	<b>N/A</b>
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**WRHA Geographic Disparity Ratio**



T1 Disparity 1.5 x

N/A: data not available  
Source: Statistics Canada Census 2016

## Unemployment Rates

### Definition

The percentage of the population, aged 15 years and older, who reported being unemployed, expressed as a percentage of the labour force.

### Why is this indicator important?

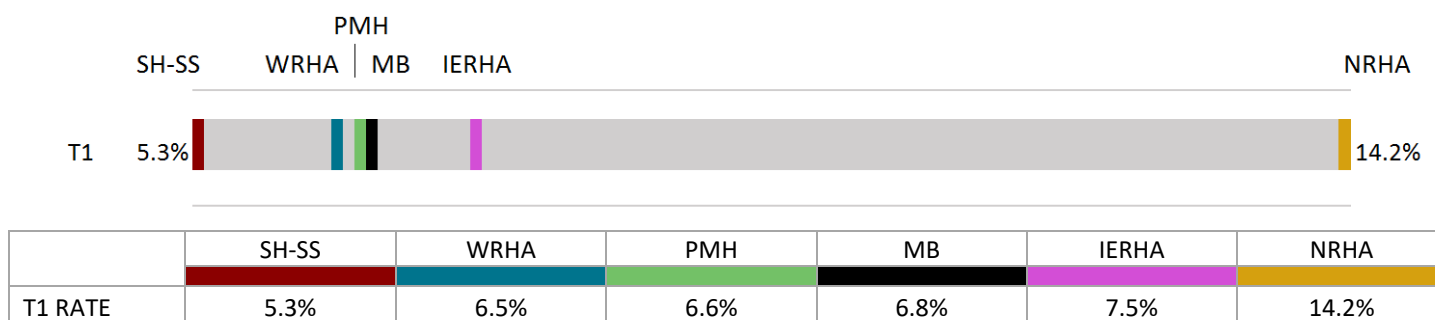
Unemployment is a significant risk factor for poor physical and mental health and therefore a major determinant of health inequality. It may be associated with increasingly difficult living conditions, low socioeconomic status and health and social problems.

### Provincial Key Findings

- According to the 2016 Census, the unemployment rate in Manitoba was 6.8 percent.<sup>2</sup>
- In 2016, the unemployment rate varied across the health regions. The highest unemployment rate was in the Northern Health Region (14.2%); while the lowest unemployment rate was in Southern Health-Santé Sud (5.3%).
- Males had a higher unemployment rate than females (7.3% versus 6.1%).

**Figure 2.10 Unemployment Rates, Manitoba and RHAs, 2016**

Percentage of the population aged 15+ identified as unemployed in the first week of May 2016



Source: Statistics Canada Census 2016

### Regional Key Findings

- The unemployment rate in the Region (6.5%) was slightly lower than the provincial average in 2016.<sup>3</sup>
- The lowest unemployment rate for males (4.8%) was found in River East North, and the highest rate (14.2%) in Point Douglas South.
- The lowest unemployment rate for females (3.0%) was found in Seven Oaks North, and the highest rate (13.4%) in Point Douglas South.

<sup>2</sup> As of June 2019, the unemployment rate in the province had decreased to 5.7 percent as more people searched for work (Statistics Canada, 2019).

<sup>3</sup> The unemployment rate in the City of Winnipeg decreased to 5.4 percent in September, 2019 (Statistics Canada, 2019).

**Table 2.8 Unemployment Rates by Winnipeg Community Area & Neighborhood Cluster, 2016**

Percentage of the labour force aged 15+ identified as unemployed in the first week of May 2016

	Percentage
<b>Manitoba</b>	<b>6.7%</b>

<b>Fort Garry</b>	<b>6.9%</b>
Fort Garry North	5.9%
Fort Garry South	7.7%

<b>Assiniboine South</b>	<b>4.9%</b>
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<b>St. Vital</b>	<b>6.0%</b>
St. Vital North	7.0%
St. Vital South	5.2%

<b>St. Boniface</b>	<b>5.5%</b>
St. Boniface West	6.2%
St. Boniface East	5.1%

<b>River Heights</b>	<b>5.7%</b>
River Heights West	5.2%
River Heights East	6.5%

<b>Transcona</b>	<b>6.2%</b>
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<b>St. James-Assiniboia</b>	<b>5.6%</b>
St. James - Assiniboia West	5.4%
St. James - Assiniboia East	5.7%

<b>Seven Oaks</b>	<b>6.1%</b>
Seven Oaks West	6.5%
Seven Oaks East	5.8%
Seven Oaks North	4.2%

	Percentage
<b>Winnipeg RHA</b>	<b>6.5%</b>

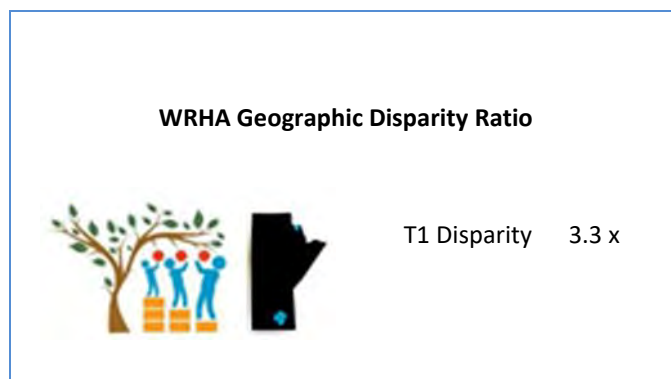
<b>River East</b>	<b>7.0%</b>
River East South	8.8%
River East West	5.7%
River East East	7.5%
River East North	4.2%

<b>Inkster</b>	<b>7.2%</b>
Inkster West	6.6%
Inkster East	8.1%

<b>Downtown</b>	<b>8.0%</b>
Downtown West	6.9%
Downtown East	9.6%

<b>Point Douglas</b>	<b>9.6%</b>
Point Douglas North	8.2%
Point Douglas South	13.9%

<b>Churchill</b>	<b>N/A</b>
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N/A: data not available  
Source: Statistics Canada Census 2016

## Industry Sectors

### Definition

The percentage of the population, aged 15 years and older, by their kind of work and the description of the main activities in their job.

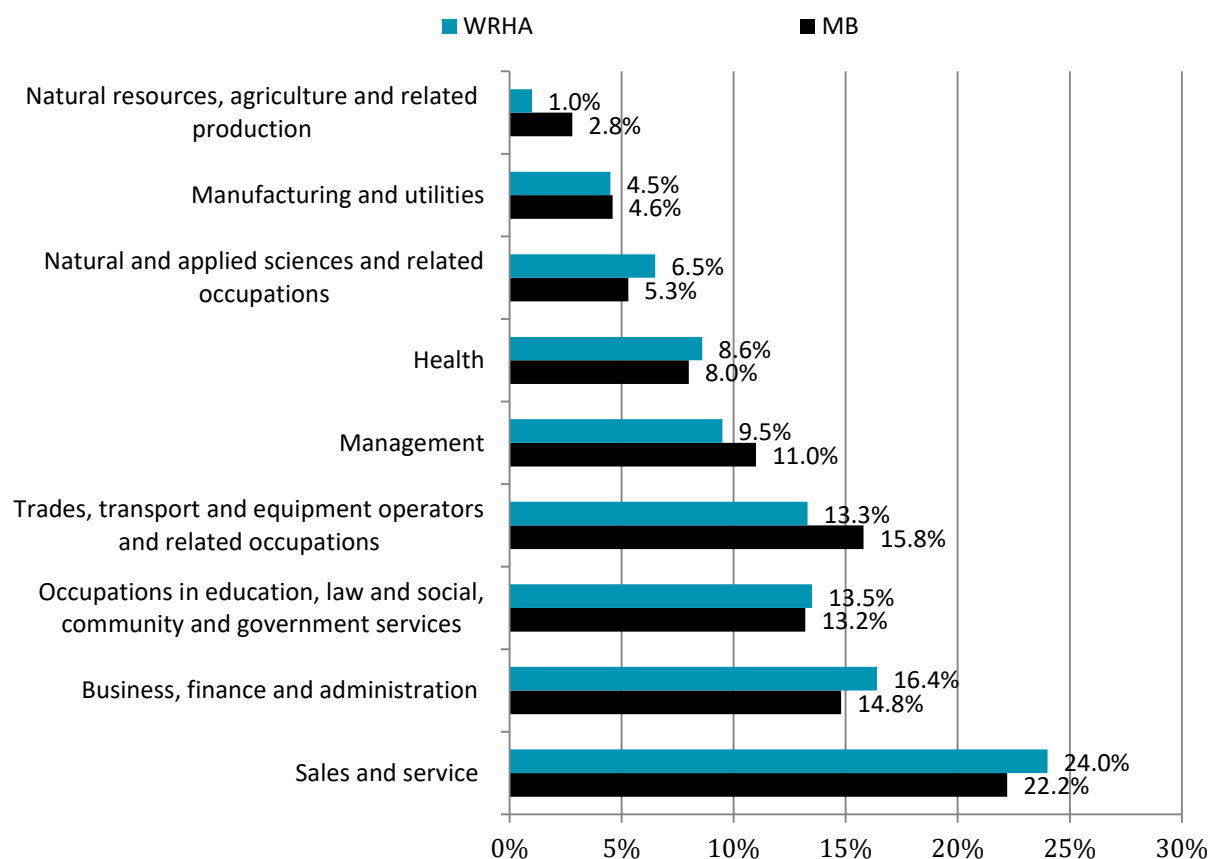
### Why is this indicator important?

The type of employment, irrespective of income level, may carry greater health risks due to exposure to harmful substances or potential risk of injuries.

### Provincial & Regional Key Findings

- In the Winnipeg Health Region, the leading five industry sectors in 2016 were: 1) sales and service; 2) business, finance and administration; 3) education, law and social, community and government services; 4) trades, transport, equipment operators and related occupations; and 5) management. These were the same leading five industry sectors as Manitoba, but differed in rankings.

**Figure 2.11 Percentage of Labour Force by Industry Sectors in the Winnipeg Health Region and Manitoba, 2016**



Source: Statistics Canada Census 2016

## Work Stress

### Definition

The proportion of residents, aged 15 to 75 years, who reported most days at their main job or business to be 'quite a bit/extremely stressful', 'a bit stressful' or 'not at all/ not very stressful'.

### Why is this indicator important?

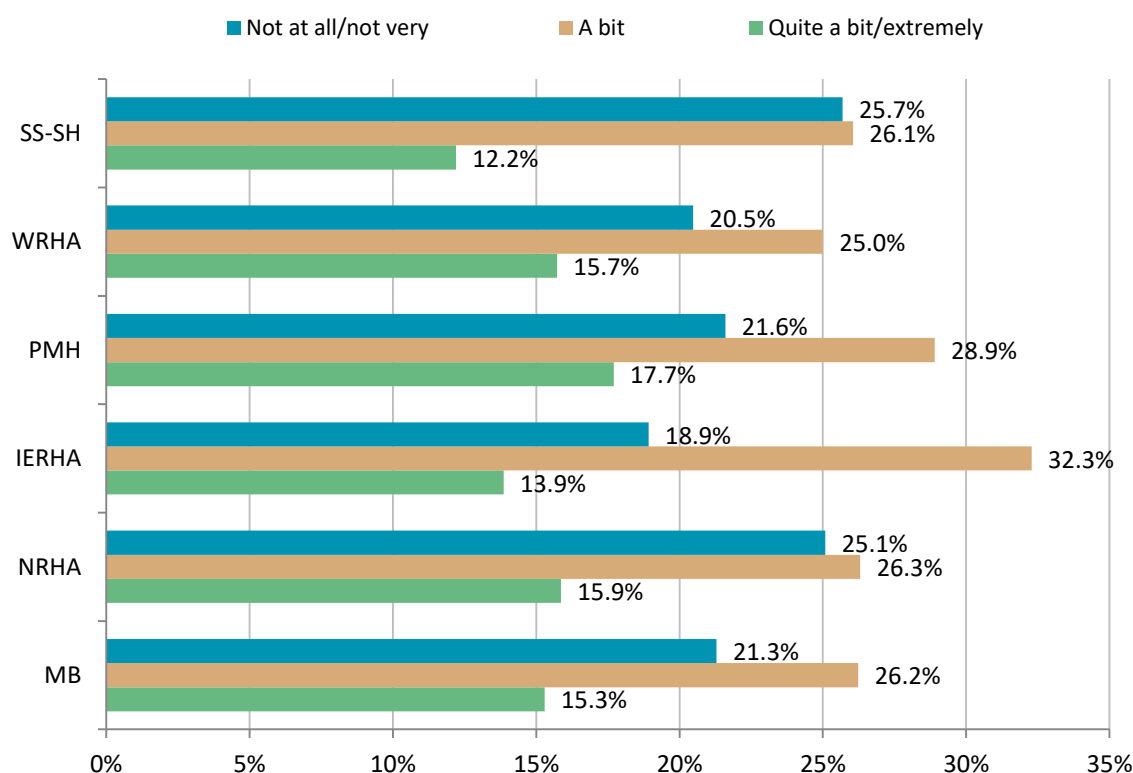
Work stress is one of the most common forms of stress, and can lead to poor health and injuries.

### Provincial & Regional Key Findings

- In Manitoba, 15.3 percent of respondents aged 15 to 75 years reported most days at their main job or business were 'quite a bit/extremely stressful' in 2016.
- The percentage of respondents who reported most days at work were 'quite a bit/extremely stressful' ranged from 12.2 percent in Southern Health-Santé Sud to 17.7 percent in Prairie Mountain Health.
- 15.7 percent of respondents from the Winnipeg Health Region reported most days at work to be 'quite a bit/extremely stressful', in contrast to 20.5 percent of respondents who reported a low level of work stress (most days were not at all or not very stressful).

**Figure 2.12 Perceived Work Stress by RHA, 2016**

Age- and sex- adjusted proportion (%) of weighted sample (aged 15-75)



Source: Statistics Canada CCHS 2015-2016



## A CLOSER LOOK AT HEALTH INEQUALITIES IN THE WINNIPEG HEALTH REGION

Many of the factors that affect a person's health, known as social determinants of health, cannot be addressed solely by the healthcare system. Action to understand and address access to the social determinants of health requires multi-sectoral, strong, and ongoing partnerships. Working in partnership is essential to amplify health equity action within and beyond the health sector.<sup>v</sup>

### **Partnerships to support better health and social services**

Within the health sector, healthcare practitioners and leaders are working to improve access to supports that can influence social determinants of health. For example, practitioners can support patients and their families in accessing their entitled benefits using the get your benefits tool ([www.getyourbenefits.ca](http://www.getyourbenefits.ca)). To support older adults to achieve and maintain health and wellness, Healthy Ageing Resource Teams (HARTS) work in partnership to support clients access these benefits.

My Health Teams across the Region are engaging in many outreach efforts and activities to support underserved populations to access primary care providers and other social services. Focused outreach efforts, including engagement in health fairs, are underway with multiple partners including community-based organizations, charities and shelters.

The Health Outreach and Community Support (HOCS) team provides mobile clinical outreach and consultation to support individuals experiencing homelessness. The HOCS team partners with shelters, housing first teams, agencies, housing sites and health and social service providers to offer trauma-informed, relationship-based support for individuals to access health and social services.

There are also many community services provided by community-governed organizations funded through the Winnipeg Regional Health Authority (WRHA). Funded agencies provide clinical assertive community treatment, intensive case management services and work upstream to help tackle the root causes of illness. Community Health Centers deliver integrated, people-centred services and programs that reflect the needs and priorities of the diverse communities they serve.<sup>vi</sup>

## Partnerships in support of community initiatives

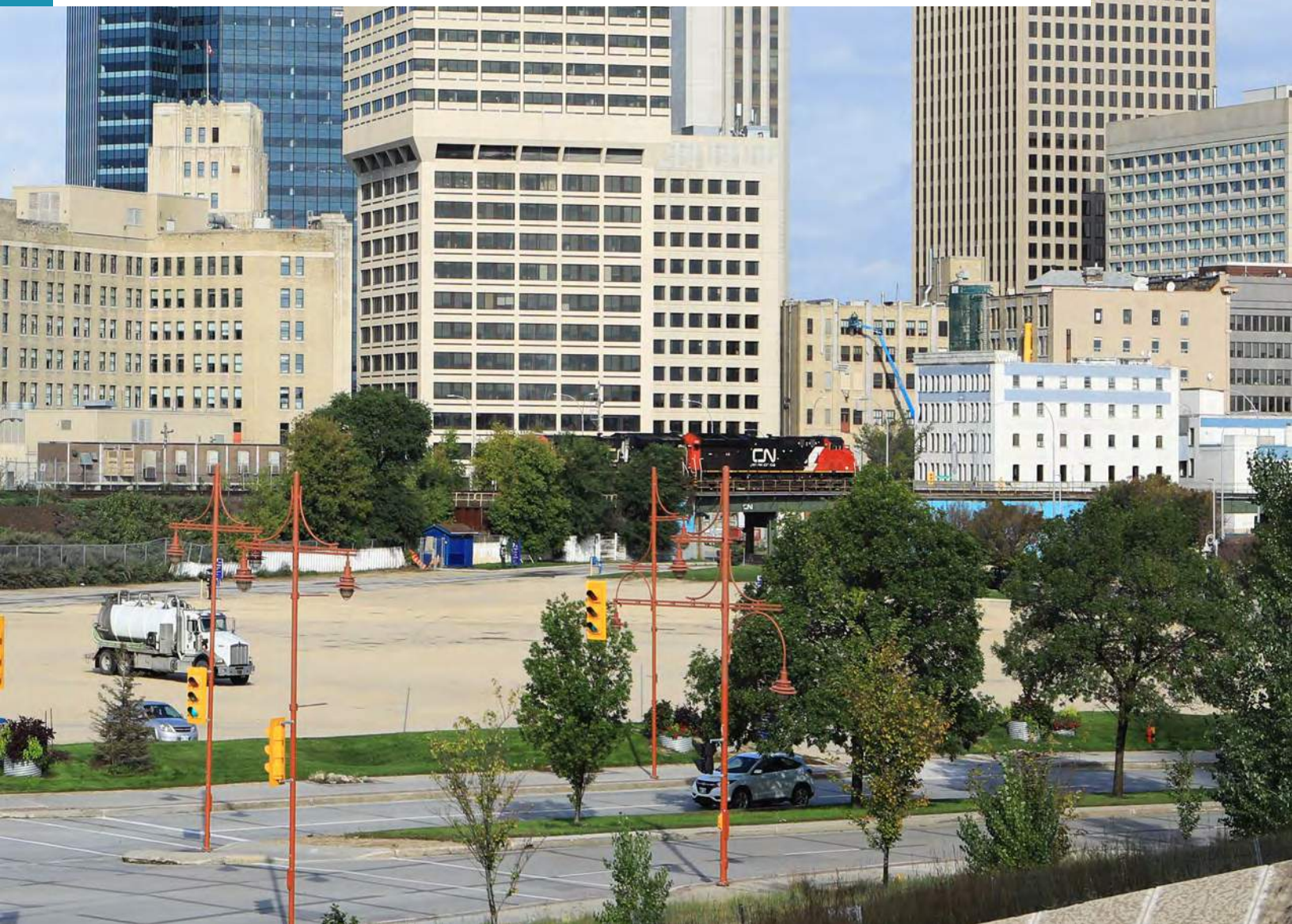
The WRHA is also working in active partnerships on community initiatives to improve access to supports that can influence social determinants of health in the community.

The WRHA is an active member of the Winnipeg Poverty Reduction Council (WPRC). The vision of the WPRC is, “an inclusive Winnipeg where everyone flourishes and is valued.” The WRHA is supportive of the Council's current area of focus, *TRC92: Youth Employment Project*. This project brings together the business community with Indigenous youth in a relationship-based learning journey guided by reconciliation.<sup>vii</sup>

The Winnipeg Food Council is another example of WRHA involvement in active intersectoral partnership. The Winnipeg Food Council, created in 2017, is a citizen advisory committee of the City of Winnipeg. A WRHA staff member is a member of the Council, providing support and guidance as the Food Council develops annual reports, a communications strategy, a framework for a municipal policy scan and a ward-level food assessment project.

The WRHA is a funder and partner of End Homelessness Winnipeg. Since 2015, End Homelessness Winnipeg has served as the backbone organization and led the implementation of the 10-year plan to end homelessness in Winnipeg. In 2019, End Homelessness Winnipeg transitioned to become an Indigenous organization and launched a five-year plan (2020-2025).

A key component of health equity promotion involves working in partnership with community members, stakeholders, community organizations and government sectors to increase access to supports that can influence social determinants of health. More action and collaboration is urgently needed to close health gaps. The WRHA has workshops and tools for staff and leaders to learn more, improve services and promote equity.<sup>viii</sup>



## Healthy Child Development

### Inadequate Prenatal Care

#### Definition

The proportion of women with a single, live, in-hospital birth receiving no or inadequate prenatal care, over a five-year time period.

#### Why is this indicator important?

Women who access prenatal care and receive regular prenatal visits are more likely to experience better health and birth outcomes, including a lower risk for low birth weight infant compared to women who receive no prenatal care. Inadequate prenatal care is more likely to be found in women who had less than a Grade 12 education or were younger (less than 25), living in lower income areas, on income assistance, a lone parent, socially isolated or having had multiple pregnancies.<sup>ix</sup>

#### Provincial Key Findings

- In Manitoba, a total of 7,300 women (10.3%) received inadequate prenatal care in T2 (2012/13-2016/17).
- Rates in the Winnipeg Health Region were significantly lower than the provincial average in both time periods, while rates were significantly higher in the Northern Health Region.
- **Income disparity:** Inadequate prenatal care rates were significantly associated with income in urban and rural areas in both time periods, with women in lower income areas having rates that were 2-3 times higher than women in higher income areas.<sup>iii</sup> In urban settings, income disparity decreased between T1 (2007/08-2011/12) and T2 (2012/13-2016/17).



#### Urban Quintiles

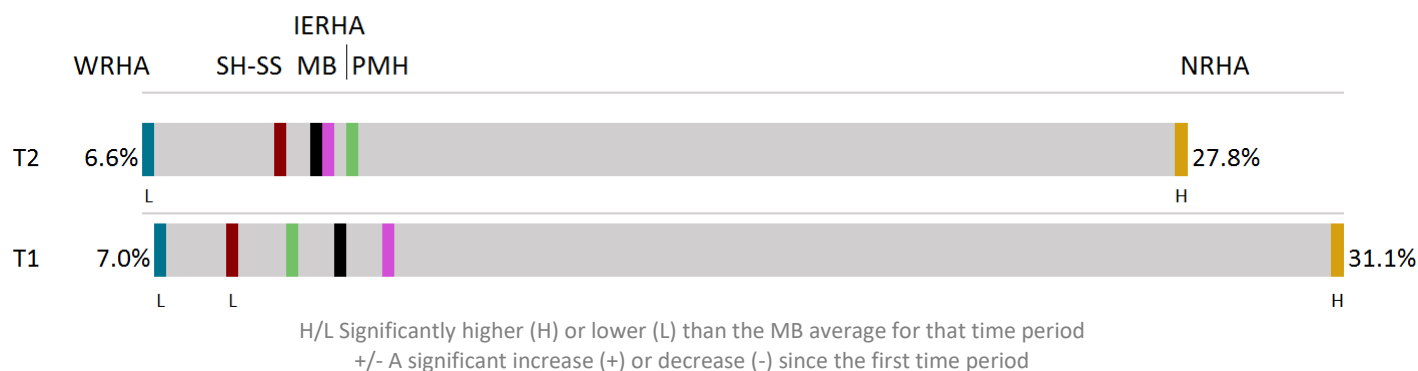
T1	4.0x
T2	3.1x
CHANGE	0.9 ↓

#### Rural Quintiles

T1	4.1x
T2	4.2x
CHANGE	0.1 ↑

**Figure 2.13 Inadequate Prenatal Care Rate by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of singleton live in-hospital births



	WRHA		SH-SS		MB		IERHA		PMH		NRHA	
T2 COUNT	2,117		1,139		7,300		665		971		2,391	
T2 RATE	6.6%	L	9.4%		10.3%		10.6%		10.9%		27.8%	H
T1 RATE	7.0%	L	8.6%	L	10.8%		11.8%		9.7%		31.1%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- Rates of inadequate prenatal care were significantly lower than the provincial average in T1 (2007/08-2011/12) and T2 (2012/13-2016/17).
- Rates in most community areas were significantly lower than the provincial average in both time periods, except for Inkster, Downtown and Point Douglas.
- Rates in Point Douglas were significantly higher than the provincial average in both time periods.
- In T2, the rate of inadequate prenatal care in Point Douglas South (highest) was 6.6 times higher than Fort Garry North (lowest).
- The regional geographic disparity gap narrowed by 30 percent between T1 and T2.

**Table 2.9 Inadequate Prenatal Care Rate by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of singleton live in-hospital births

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>7,300</b>	<b>10.3%</b>		<b>10.8%</b>

<b>Fort Garry</b>	<b>142</b>	<b>4.5%</b>	<b>L</b>	<b>4.7%</b>	<b>L</b>
Fort Garry North	28	2.8%	L	3.6%	L
Fort Garry South	114	5.2%	L	5.4%	L

<b>Assiniboine South</b>	<b>43</b>	<b>4.2%</b>	<b>L</b>	<b>4.2%</b>	<b>L</b>
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<b>St. Vital</b>	<b>113</b>	<b>4.2%</b>	<b>L</b>	<b>4.4%</b>	<b>L</b>
St. Vital South	45	3.1%	L	3.6%	L
St. Vital North	68	5.2%	L	5.2%	L

<b>St. Boniface</b>	<b>97</b>	<b>4.0%</b>	<b>L</b>	<b>4.8%</b>	<b>L</b>
St. Boniface East	62	3.3%	L	4.2%	L
St. Boniface West	35	5.6%	L	6.0%	L

<b>River Heights</b>	<b>86</b>	<b>4.1%</b>	<b>L</b>	<b>4.7%</b>	<b>L</b>
River Heights West	43	3.1%	L	3.7%	L
River Heights East	43	5.4%	L	6.1%	L

<b>Transcona</b>	<b>79</b>	<b>4.4%</b>	<b>L</b>	<b>4.4%</b>	<b>L</b>
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<b>St. James-Assiniboia</b>	<b>94</b>	<b>4.1%</b>	<b>L</b>	<b>4.1%</b>	<b>L</b>
St. James-Assiniboia West	46	3.8%	L	4.3%	L
St. James-Assiniboia East	48	4.2%	L	3.7%	L

<b>Seven Oaks</b>	<b>136</b>	<b>4.3%</b>	<b>L</b>	<b>4.4%</b>	<b>L</b>
Seven Oaks East	60	3.5%	L	4.5%	L
Seven Oaks West	72	5.3%	L	4.4%	L
Seven Oaks North	s			s	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>2,117</b>	<b>6.6%</b>	<b>L</b>	<b>7.0%</b>	<b>L</b>

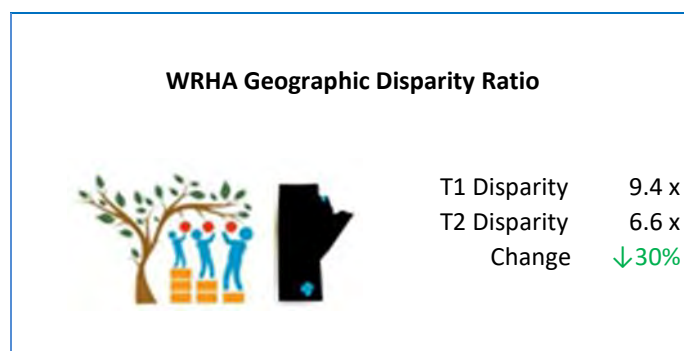
<b>River East</b>	<b>215</b>	<b>4.9%</b>	<b>L</b>	<b>5.2%</b>	<b>L</b>
River East West	44	2.9%	L	4.4%	L
River East North	8	3.5%	L	2.2%	L
River East East	68	4.6%	L	5.1%	L
River East South	95	7.6%		7.3%	

<b>Inkster</b>	<b>156</b>	<b>8.3%</b>		<b>9.4%</b>	
Inkster West	29	3.6%	L	5.1%	L
Inkster East	127	11.9%		12.5%	

<b>Downtown</b>	<b>469</b>	<b>10.4%</b>		<b>11.4%</b>	
Downtown West	198	9.1%		9.5%	
Downtown East	271	11.3%		13.5%	

<b>Point Douglas</b>	<b>481</b>	<b>13.1%</b>	<b>H</b>	<b>14.4%</b>	<b>H</b>
Point Douglas North	197	9.5%		10.4%	
Point Douglas South	284	18.6%	H	21.1%	H

<b>Churchill</b>	<b>6</b>	<b>16.5%</b>		<b>s</b>	
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s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Preterm Birth Rate

### Definition

The proportion of live births with a gestational age of less than 37 weeks, based on a five-year time period.

### Why is this indicator important?

Preterm births are the leading cause of infant mortality. Preterm infants can have both short and long term health issues, including developmental disabilities, mental illnesses and respiratory conditions<sup>x</sup>.

### Provincial Key Findings

- In Manitoba, there were a total of 6,089 preterm births (7.6%) in T2 (2012/13-2016/17).
- The preterm birth rate remained stable over time in the province and all the health regions.
- Preterm birth rates in the Northern Health Region were significantly higher than the provincial average in both time periods, while rates in Southern Health-Santé Sud were significantly lower.
- **Income disparity:** Preterm birth rates were significantly associated with income in urban and rural areas in both time periods, with women in lower income areas having higher rates.<sup>iii</sup> In urban areas, women residing in the lowest income areas were 1.4 times more likely to give birth prematurely compared to women residing in the highest income areas in both time periods. In rural areas, women residing in the lowest income areas were 1.5 times more likely to give birth prematurely compared to women residing in the highest income areas in T2.



#### Urban Quintiles

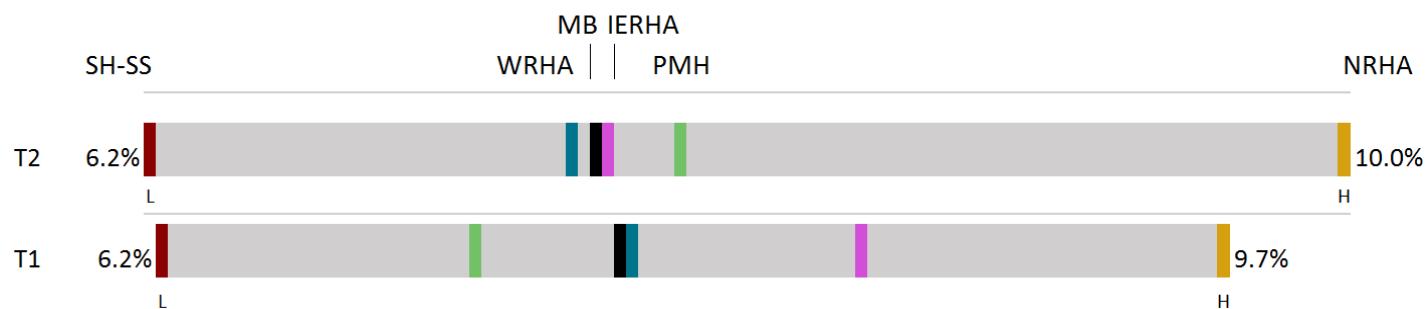
T1	1.4x
T2	1.4x
CHANGE	0.0

#### Rural Quintiles

T1	1.3x
T2	1.5x
CHANGE	0.2↑

**Figure 2.14 Preterm Birth Rate by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of live in-hospital births



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		WRHA		MB		IERHA		PMH		NRHA	
T2 COUNT	877		3,105		6,089		528		781		782	
T2 RATE	6.2%	L	7.6%		7.6%		7.7%		7.9%		10.0%	H
T1 RATE	6.2%	L	7.7%		7.7%		8.5%		7.2%		9.7%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The preterm birth rate in the Region was stable over time and the same as the provincial average in both time periods (7.6%).
- Preterm birth rates in Point Douglas were significantly higher than the provincial average in both time periods, while rates in Fort Garry were significantly lower.
- The preterm birth rate in Point Douglas South (highest) was 2.5 times higher than River East North (lowest) in T2.
- The regional geographic disparity gap narrowed by four percent between the two time periods.

**Table 2.10 Preterm Birth Rate by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of live in-hospital births

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>6,089</b>	<b>7.6%</b>	<b>7.7%</b>	

<b>Fort Garry</b>	<b>274</b>	<b>6.2%</b>	<b>L</b>	<b>5.7%</b>	<b>L</b>
Fort Garry South	181	6.0%	L	5.6%	L
Fort Garry North	93	6.8%		5.9%	

<b>Assiniboine South</b>	<b>89</b>	<b>6.4%</b>		<b>7.2%</b>	
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<b>St. Vital</b>	<b>239</b>	<b>6.5%</b>		<b>7.7%</b>	
St. Vital South	125	6.2%		7.6%	
St. Vital North	114	6.8%		7.7%	

<b>St. Boniface</b>	<b>217</b>	<b>6.7%</b>		<b>6.8%</b>	
St. Boniface East	160	6.5%		7.0%	
St. Boniface West	57	7.3%		6.4%	

<b>River Heights</b>	<b>220</b>	<b>7.5%</b>		<b>6.9%</b>	
River Heights West	142	7.3%		6.9%	
River Heights East	78	7.8%		6.9%	

<b>Transcona</b>	<b>136</b>	<b>6.1%</b>	<b>-</b>	<b>8.1%</b>	
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<b>St. James-Assiniboia</b>	<b>228</b>	<b>7.8%</b>		<b>7.1%</b>	
St. James-Assiniboia West	118	8.0%		6.6%	
St. James-Assiniboia East	110	7.5%		7.6%	

<b>Seven Oaks</b>	<b>333</b>	<b>8.0%</b>		<b>9.1%</b>	<b>H</b>
Seven Oaks North	13	5.9%		5.1%	
Seven Oaks West	139	8.0%	-	10.3%	H
Seven Oaks East	181	8.2%		8.5%	

	T2		T1	
	Count	Rate	Rate	
<b>Winnipeg RHA</b>	<b>3,105</b>	<b>7.6%</b>	<b>7.7%</b>	

<b>River East</b>	<b>405</b>	<b>7.7%</b>		<b>7.0%</b>	
River East North	13	4.4%		4.0%	
River East East	125	6.9%		7.3%	
River East West	154	8.2%	+	5.2%	L
River East South	113	8.7%		10.2%	H

<b>Inkster</b>	<b>181</b>	<b>8.3%</b>		<b>8.1%</b>	
Inkster West	78	7.6%		8.8%	
Inkster East	103	9.0%		7.6%	

<b>Downtown</b>	<b>407</b>	<b>8.1%</b>		<b>8.9%</b>	<b>H</b>
Downtown West	197	8.1%		8.8%	
Downtown East	210	8.1%		9.1%	

<b>Point Douglas</b>	<b>372</b>	<b>10.1%</b>	<b>H</b>	<b>9.2%</b>	<b>H</b>
Point Douglas North	201	9.4%	H	8.4%	
Point Douglas South	171	11.1%	H	10.4%	H

<b>Churchill</b>	<b>s</b>			<b>8.2%</b>	
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## WRHA Geographic Disparity Ratio



T1 Disparity 2.6 x  
T2 Disparity 2.5 x  
Change ↓4%

s: suppression due to small numbers  
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019

## Small for Gestational Age (SGA)

### Definition

The percentage of live hospital births in which birth weight falls below the 10<sup>th</sup> percentile of sex-specified birth weight for a given gestational age, based on a five-year time period.

### Why is this indicator important?

SGA infants are more likely to face both short-term and long-term health issues including diabetes, hypertension and cardiovascular disease. SGA is often related to maternal smoking, substance use and poor nutrition during pregnancy, placental insufficiency and other conditions. <sup>ix</sup>

### Provincial Key Findings

- The percentage of infants born SGA in Manitoba significantly increased (5%) over time.
- Rates in the Winnipeg Health Region were significantly higher than the provincial average in both time periods, while rates in all other RHAs were significantly lower.
- **Income disparity:** SGA birth rates were significantly associated with income in urban but not in rural areas in both time periods, with infants born to women in lower income areas having higher rates. <sup>iii</sup> In urban areas, infants born to women in the lowest income areas were 1.2 times more likely to be born small for gestational age compared to infants born to women living in the highest income areas in T2 (2012/13-2016/17).

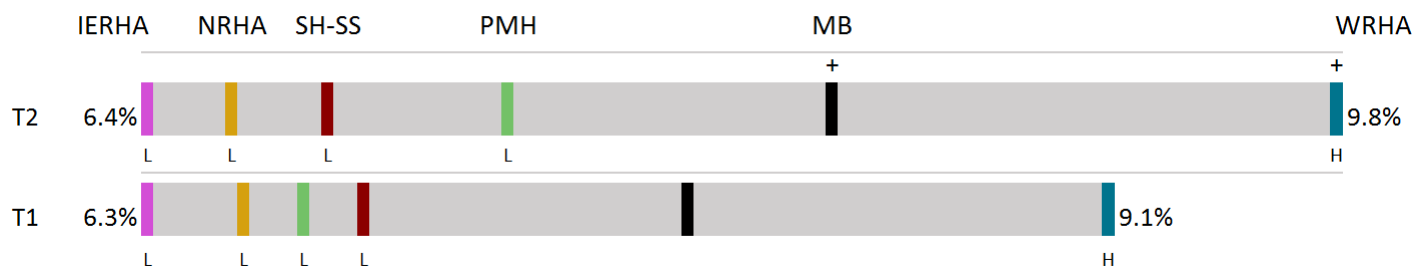


#### Urban Quintiles

T1	1.4x
T2	1.2x
CHANGE	0.2↓

**Figure 2.15 Small for Gestational Age Percent by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of live in-hospital births



H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

	IERHA		NRHA		SH-SS		PMH		MB		WRHA	
T2 COUNT	440		535		985		734		6,576		3,873	
T2 RATE	6.4%	L	6.6%	L	6.9%	L	7.4%	L	8.3%	+	9.8%	H+
T1 RATE	6.3%	L	6.6%	L	7.0%	L	6.8%	L	7.9%		9.1%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- In T2 (2012/13-2016/17), 9.8 percent of infants were SGA, which was significantly higher than the provincial average. The rate increased over time.
- In T2, the percentage of infants born SGA was significantly higher than the provincial average in the community areas of Fort Garry, St. Vital, Seven Oaks, Inkster and Downtown.
- The percentage of infants born SGA was 2.2 times higher in Seven Oaks West (highest) than River East North (lowest).
- The regional geographic disparity gap narrowed by eight percent between the two time periods.

**Table 2.11 Small for Gestational Age Rate by Winnipeg Community Area & Neighborhood Cluster  
in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of live in-hospital births

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>6,576</b>	<b>8.3%</b>	<b>+</b>	<b>7.9%</b>	

<b>Fort Garry</b>	<b>431</b>	<b>10.4%</b>	<b>H</b>	<b>9.2%</b>	
Fort Garry North	121	9.5%		7.9%	
Fort Garry South	310	10.9%	H	10.1%	H

<b>Assiniboine South</b>	<b>97</b>	<b>7.4%</b>		<b>8.0%</b>	
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<b>St. Vital</b>	<b>338</b>	<b>9.7%</b>	<b>H</b>	<b>9.0%</b>	
St. Vital South	163	8.7%		8.2%	
St. Vital North	175	10.9%	H	10.0%	

<b>St. Boniface</b>	<b>272</b>	<b>8.9%</b>		<b>8.4%</b>	
St. Boniface East	200	8.6%		8.2%	
St. Boniface West	72	9.8%		9.3%	

<b>River Heights</b>	<b>266</b>	<b>9.7%</b>		<b>8.7%</b>	
River Heights West	174	9.7%		8.2%	
River Heights East	92	9.7%		9.5%	

<b>Transcona</b>	<b>169</b>	<b>7.9%</b>		<b>8.7%</b>	
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<b>St. James-Assiniboia</b>	<b>249</b>	<b>8.8%</b>		<b>7.8%</b>	
St. James-Assiniboia West	108	7.6%		7.1%	
St. James-Assiniboia East	141	10.1%		8.5%	

<b>Seven Oaks</b>	<b>495</b>	<b>12.5%</b>	<b>H+</b>	<b>10.3%</b>	<b>H</b>
Seven Oaks North	16	7.7%		4.9%	
Seven Oaks East	244	11.7%	H+	9.6%	
Seven Oaks West	235	14.1%	H	12.0%	H

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>3,873</b>	<b>9.8%</b>	<b>H+</b>	<b>9.1%</b>	<b>H</b>

<b>River East</b>	<b>471</b>	<b>9.2%</b>		<b>8.1%</b>	
River East North	18	6.5%		6.5%	
River East West	157	8.6%		8.2%	
River East South	121	9.4%		8.6%	
River East East	175	10.0%	+	7.9%	

<b>Inkster</b>	<b>244</b>	<b>11.5%</b>	<b>H</b>	<b>10.4%</b>	<b>H</b>
Inkster East	114	10.1%		9.7%	
Inkster West	130	13.2%	H	11.3%	H

<b>Downtown</b>	<b>503</b>	<b>10.2%</b>	<b>H</b>	<b>10.2%</b>	<b>H</b>
Downtown West	236	10.0%		9.5%	
Downtown East	267	10.4%	H	10.9%	H

<b>Point Douglas</b>	<b>338</b>	<b>9.1%</b>		<b>9.6%</b>	<b>H</b>
Point Douglas North	201	9.4%		9.9%	H
Point Douglas South	137	8.7%		9.3%	

<b>Churchill</b>	<b>0</b>	<b>0.0%</b>		<b>s</b>	
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## WRHA Geographic Disparity Ratio



T1 Disparity 2.4 x  
T2 Disparity 2.2 x  
Change ↓8%

s: suppression due to small numbers  
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Large for Gestational Age (LGA)

### Definition

The percentage of live hospital births in which birth weight falls above the Canadian 90<sup>th</sup> percentile of sex-specified birth weight for a given gestational age, based on a five-year time period.

### Why is this indicator important?

LGA infants may have a higher risk for injury and complications during birth, fetal and neonatal illnesses and death, impaired cognitive development, childhood and adult obesity and chronic conditions such as diabetes and heart disease later in life. LGA can be associated with prolonged pregnancies and gestational diabetes. <sup>ix</sup>

### Provincial Key Findings

- The percentage of infants born LGA in Manitoba significantly decreased (10%) over time.
- Rates decreased in all regions, although the decrease in Southern Health-Sant  Sud and Prairie Mountain Health were not statistically significant.
- In T2 (2012/13-2016/17), the percentages of LGA births in the Northern Health Region, Interlake-Eastern RHA and Prairie Mountain Health were significantly higher than the provincial average.
- **Income disparity:** LGA birth rates were significantly associated with income in rural areas (both time periods) and urban areas (T2), with women in lower income areas having higher LGA birth rates. <sup>iii</sup> For example, in urban settings, infants born to women in the lowest income areas were 1.2 times more likely to be born large for gestational age compared to infants born to women living in the highest income areas in T2 (2012/13-2016/17).



#### Urban Quintiles

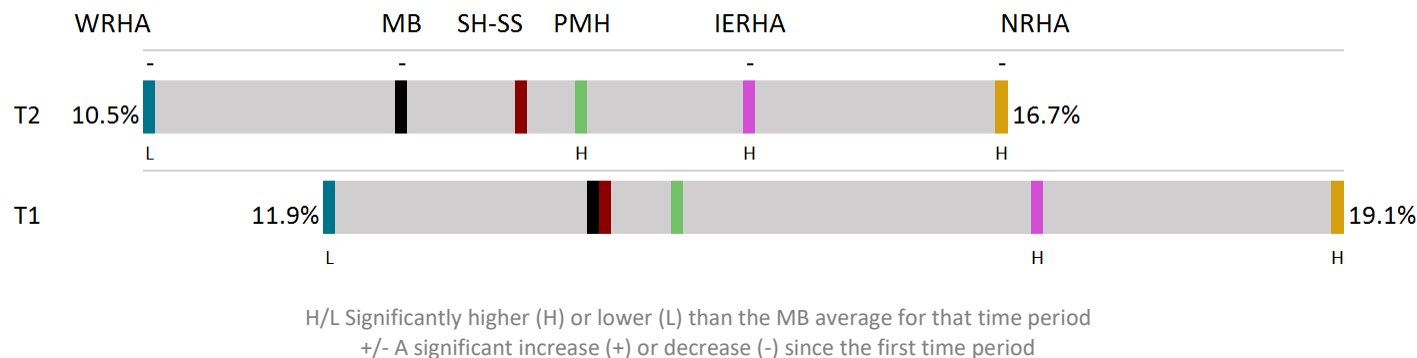
T1	No association
T2	1.2x
CHANGE	N/A

#### Rural Quintiles

T1	1.4x
T2	1.4x
CHANGE	0.0

**Figure 2.16 Large for Gestational Age Rate by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted average annual percentage of live in-hospital births



	WRHA		MB		SH-SS		PMH		IERHA		NRHA	
T2 COUNT	4,213		9,830		1,887		1,356		1,026		1,337	
T2 RATE	10.5%	L-	12.4%	-	13.2%		13.7%	H	14.9%	H-	16.7%	H-
T1 RATE	11.9%	L	13.8%		13.8%		14.4%		17.0%	H	19.1%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- In T2 (2012/13-2016/17), 10.5 percent of infants in the Region were LGA, which was significantly lower than the provincial average. The rate also decreased over time.
- In T2, the percentage of infants born LGA was significantly lower than the provincial average in all community areas, except Point Douglas, but the difference was not statistically significant.
- The percentage of infants born LGA was 2.0 times higher in Point Douglas South (highest) than Seven Oaks West (lowest).
- The regional geographic disparity gap did not change between the two time periods.

**Table 2.12 Large for Gestational Age Rate by Winnipeg Community Area & Neighborhood Cluster  
in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age adjusted average annual percentage of live in-hospital births

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>9,830</b>	<b>12.4%</b>	<b>-</b>	<b>13.8%</b>	

<b>Fort Garry</b>	<b>379</b>	<b>8.9%</b>	<b>L-</b>	<b>10.9%</b>	<b>L</b>
Fort Garry North	102	7.8%	L-	11.4%	
Fort Garry South	277	9.5%	L	10.5%	L

<b>Assiniboine South</b>	<b>159</b>	<b>11.8%</b>		<b>13.4%</b>	
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<b>St. Vital</b>	<b>332</b>	<b>9.3%</b>	<b>L-</b>	<b>11.3%</b>	<b>L</b>
St. Vital North	147	9.0%	L-	11.5%	
St. Vital South	185	9.6%	L	11.1%	L

<b>St. Boniface</b>	<b>307</b>	<b>9.8%</b>	<b>L</b>	<b>11.4%</b>	<b>L</b>
St. Boniface East	223	9.4%	L-	11.4%	L
St. Boniface West	84	11.2%		11.2%	

<b>River Heights</b>	<b>251</b>	<b>8.9%</b>	<b>L-</b>	<b>11.1%</b>	<b>L</b>
River Heights West	156	8.4%	L	10.1%	L
River Heights East	95	9.8%		12.7%	

<b>Transcona</b>	<b>226</b>	<b>10.4%</b>	<b>L-</b>	<b>12.9%</b>	
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<b>St. James-Assiniboia</b>	<b>346</b>	<b>12.0%</b>		<b>12.0%</b>	
St. James-Assiniboia East	163	11.5%		10.4%	L
St. James-Assiniboia West	183	12.6%		13.6%	

<b>Seven Oaks</b>	<b>336</b>	<b>8.3%</b>	<b>L-</b>	<b>11.0%</b>	<b>L</b>
Seven Oaks West	126	7.4%	L	9.0%	L
Seven Oaks East	190	8.9%	L-	12.4%	
Seven Oaks North	20	9.4%		11.7%	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>4,213</b>	<b>10.5%</b>	<b>L-</b>	<b>11.9%</b>	<b>L</b>

<b>River East</b>	<b>574</b>	<b>11.0%</b>	<b>L-</b>	<b>12.5%</b>	
River East North	28	9.8%	-	16.1%	
River East East	189	10.6%		10.6%	L
River East West	206	11.2%		13.0%	
River East South	151	11.7%		13.0%	

<b>Inkster</b>	<b>227</b>	<b>10.6%</b>		<b>11.5%</b>	<b>L</b>
Inkster West	76	7.6%	L-	10.6%	
Inkster East	151	13.3%		12.3%	

<b>Downtown</b>	<b>563</b>	<b>11.3%</b>		<b>11.6%</b>	<b>L</b>
Downtown West	252	10.5%		11.3%	L
Downtown East	311	12.0%		12.0%	

<b>Point Douglas</b>	<b>508</b>	<b>13.7%</b>		<b>13.9%</b>	
Point Douglas North	260	12.2%		12.7%	
Point Douglas South	248	15.8%	H	15.6%	

<b>Churchill</b>	<b>s</b>			<b>17.7%</b>	
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## WRHA Geographic Disparity Ratio



T1 Disparity 2.0 x  
T2 Disparity 2.0 x  
Change 0%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Breastfeeding Initiation

### Definition

The percentage of women who deliver in hospital and initiate<sup>4</sup> breastfeeding while in hospital, based on a one-year time period.

### Why is this indicator important?

Breastfeeding is a key part of the healthy development and growth of infants. It is associated with lower rates of obesity and chronic diseases such as diabetes and asthma, and better early childhood development. Breastfeeding also has health benefits for mothers including lower risk for breast cancer, ovarian cancer and osteoporosis. Some of the most significant predictors of lower breastfeeding initiation are lower income, less than Grade 12 education and inadequate prenatal care.

### Provincial Key Findings

- The rate of breastfeeding initiation in hospital increased by three percent (3%) over time in the province.
- The rates in Southern Health-Santé Sud were significantly higher than the provincial average in both time periods, while the rates were significantly lower in the Northern Health Region.
- **Income disparity:** Breastfeeding initiation rates were significantly associated with income in urban and rural areas in both time periods, with women in lower income areas having lower rates of initiation.<sup>iii</sup> For example, in urban settings, women who were residents of the lowest income areas were 0.9 times less likely to initiate breastfeeding while in the hospital compared to women who were residents of the highest income areas in both T1 (2011/12) and T2 (2016/17).



#### Urban Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

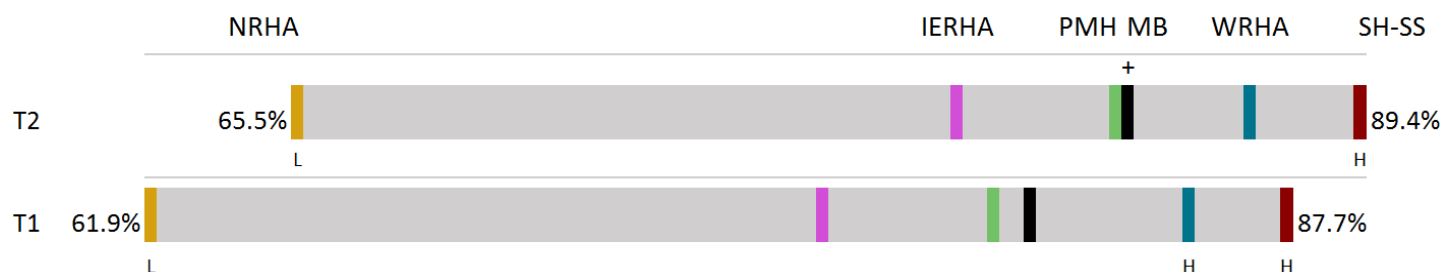
#### Rural Quintiles

T1	0.7x
T2	0.7x
CHANGE	0.0

<sup>4</sup> Initiation is defined as within the first 48 hours of birth, the mother either puts the baby to the breast or the baby is given any of the mother's breast milk. It does not provide any information about duration of breastfeeding beyond initiation.

**Figure 2.17 Breastfeeding Initiation Rate by RHA, 2011/12(T1) and 2016/17(T2)**

Maternal age-adjusted percentage of live in-hospital births



H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		PMH		MB		WRHA		SH-SS	
T2 COUNT	1,032		1,075		1,693		13,215		6,893		2,515	
T2 RATE	65.5%	L	80.2%		83.9%		84.2%	+	86.8%		89.4%	H
T1 RATE	61.9%	L	77.3%		81.2%		82.1%		85.4%	H	87.7%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- The breastfeeding initiation rate in the Region was consistently higher than the provincial average in both time periods, though only the rate in T1 (2011/12) was statistically significant.
- Breastfeeding initiation rates were significantly lower in Point Douglas than the provincial average in both time periods.
- The breastfeeding initiation rate was 1.4 times higher in Seven Oaks North (highest) than Point Douglas South (lowest).
- The regional geographic disparity gap narrowed by 13 percent between the two time periods.

**Table 2.13 Breastfeeding Initiation rate by Winnipeg Community Area & Neighborhood Cluster in 2011/12(T1) and 2016/17(T2)**

Maternal age-adjusted percentage of live in-hospital births

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>13,215</b>	<b>84.2%</b>	<b>+</b>	<b>82.1%</b>	
<b>Fort Garry</b>	<b>879</b>	<b>91.3%</b>		<b>91.9%</b>	<b>H</b>
Fort Garry South	636	91.7%		90.9%	
Fort Garry North	243	90.7%		94.0%	
<b>Assiniboine South</b>	<b>244</b>	<b>92.2%</b>		<b>92.3%</b>	
<b>St. Vital</b>	<b>669</b>	<b>90.2%</b>		<b>88.2%</b>	
St. Vital South	377	90.9%		88.1%	
St. Vital North	292	89.5%		88.6%	
<b>St. Boniface</b>	<b>567</b>	<b>90.8%</b>		<b>90.8%</b>	
St. Boniface East	421	91.2%		90.4%	
St. Boniface West	146	90.1%		92.3%	
<b>River Heights</b>	<b>468</b>	<b>92.8%</b>		<b>89.7%</b>	
River Heights West	327	94.5%		91.3%	
River Heights East	141	89.4%		86.9%	
<b>Transcona</b>	<b>396</b>	<b>91.3%</b>		<b>85.2%</b>	
<b>St. James-Assiniboia</b>	<b>504</b>	<b>88.3%</b>		<b>88.9%</b>	
St. James-Assiniboia East	239	89.2%		86.4%	
St. James-Assiniboia West	265	87.6%		91.3%	
<b>Seven Oaks</b>	<b>693</b>	<b>88.5%</b>		<b>86.3%</b>	
Seven Oaks North	38	95.3%		88.0%	
Seven Oaks East	395	89.9%		86.7%	
Seven Oaks West	260	85.9%		85.8%	
<b>Winnipeg RHA</b>	<b>6,893</b>	<b>86.8%</b>		<b>85.4%</b>	<b>H</b>
<b>River East</b>	<b>887</b>	<b>88.3%</b>		<b>87.3%</b>	
River East North	54	94.4%		96.7%	
River East West	315	90.7%		88.6%	
River East East	317	88.8%		88.5%	
River East South	201	82.7%		81.7%	
<b>Inkster</b>	<b>354</b>	<b>80.0%</b>		<b>78.6%</b>	
Inkster West	183	84.3%		83.3%	
Inkster East	171	76.0%		73.8%	
<b>Downtown</b>	<b>736</b>	<b>80.1%</b>		<b>80.5%</b>	
Downtown West	339	81.7%		83.1%	
Downtown East	397	78.8%		77.8%	
<b>Point Douglas</b>	<b>490</b>	<b>73.3%</b>	<b>L</b>	<b>70.7%</b>	<b>L</b>
Point Douglas North	299	76.7%		78.4%	
Point Douglas South	191	68.5%	<b>L</b>	61.7%	<b>L</b>
<b>Churchill</b>	<b>6</b>	<b>85.6%</b>		<b>93.0%</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 1.6 x  
 T2 Disparity 1.4 x  
 Change ↓13%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Proportion of Children Low Income

### Definition

The proportion of children, age 17 years and younger, living in low income families according to low income measure – after-tax (LIM-AT).

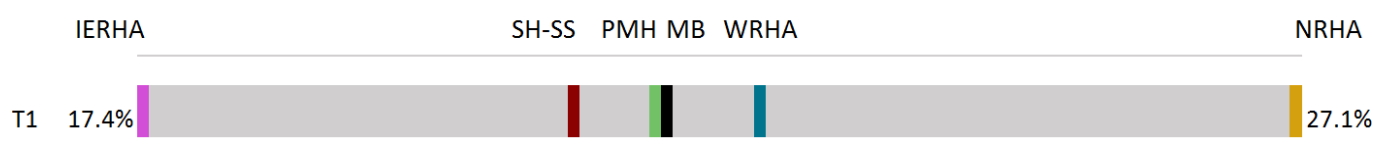
### Why is this indicator important?

Family income affects children's access to basic necessities such as adequate housing, nutritious food and clothing. Living in low-income poses many challenges for child growth and development including early learning and care programs, and access to recreation and art programs.

### Provincial Key Findings

- In Manitoba, about one in five children aged 17 years and younger lived in families with income below the poverty line in 2016.
- The percentage of children living in low income families ranged from 17.4 percent in the Interlake-Eastern RHA to 27.1 percent in the Northern Health Region in T1 (2016).
- The percentage of male children living in low income families was similar to female children in 2016.

**Figure 2.18 Children Aged 17 and Younger Living in Low Income Families, Manitoba and RHAs, 2016**



	IERHA	SH-SS	PMH	MB	WRHA	NRHA
T1 RATE	17.4%	21.1%	21.8%	21.9%	22.6%	27.1%

Source: Statistics Canada Census 2016

### Regional Key Findings

- In 2016, 22.6 percent children aged 17 years and under lived in families with income below the poverty line.
- There was a substantial variation across the community areas in Winnipeg, with the Region's central community areas (Downtown, Point Douglas, Inkster) having the highest proportion of children living in low income families.
- Children living in Downtown East (highest) were 24.1 times more likely to be living in a low income family compared to Seven Oaks North (lowest) in 2016.

**Table 2.14 Percentage of Children Aged 17 and Younger Living in Low Income Families Based on LIM-AT by Winnipeg Community Area & Neighborhood Cluster, 2016**

	Count	Percentage
<b>Manitoba</b>	<b>57,370</b>	<b>21.9%</b>

<b>Fort Garry</b>	<b>3,495</b>	<b>19.5%</b>
Fort Garry North	835	12.4%
Fort Garry South	2,660	23.8%

<b>Assiniboine South</b>	<b>985</b>	<b>15.5%</b>
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<b>St. Vital</b>	<b>2,665</b>	<b>19.8%</b>
St. Vital North	1,585	30.7%
St. Vital South	1,075	12.9%

<b>St. Boniface</b>	<b>1,545</b>	<b>12.6%</b>
St. Boniface West	505	21.9%
St. Boniface East	1,040	10.4%

<b>River Heights</b>	<b>1,545</b>	<b>17.0%</b>
River Heights West	915	14.0%
River Heights East	630	24.9%

<b>Transcona</b>	<b>1,110</b>	<b>13.3%</b>
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<b>St. James-Assiniboia</b>	<b>1,835</b>	<b>17.0%</b>
St. James - Assiniboia West	1,145	19.4%
St. James - Assiniboia East	690	14.2%

<b>Seven Oaks</b>	<b>3,005</b>	<b>19.2%</b>
Seven Oaks West	1,755	22.8%
Seven Oaks East	1,255	15.7%
Seven Oaks North	30	2.7%

	Count	Percentage
<b>Winnipeg RHA</b>	<b>33,225</b>	<b>22.6%</b>

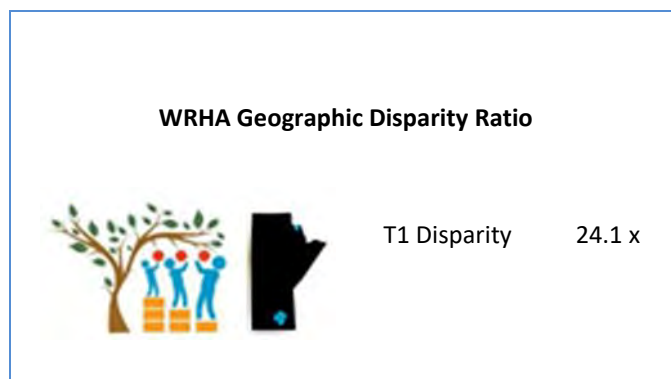
<b>River East</b>	<b>4,110</b>	<b>23.6%</b>
River East South	1,345	33.4%
River East West	1,195	19.2%
River East East	1,570	21.9%
River East North	85	4.4%

<b>Inkster</b>	<b>2,440</b>	<b>30.1%</b>
Inkster West	715	17.9%
Inkster East	1,725	42.0%

<b>Downtown</b>	<b>5,830</b>	<b>43.4%</b>
Downtown West	2,205	28.3%
Downtown East	3,625	64.2%

<b>Point Douglas</b>	<b>4,445</b>	<b>40.9%</b>
Point Douglas North	2,025	28.7%
Point Douglas South	2,420	63.3%

<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>
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N/A: data not available  
Source: Statistics Canada Census 2016

## Families First – Risk Factors

### Definition

The proportion of mothers with three or more risk factors identified as leading to poor childhood outcomes, based on the regional post-partum population screened for enrollment in the Families First Program, for a one-year time period.

### Why is this indicator important?

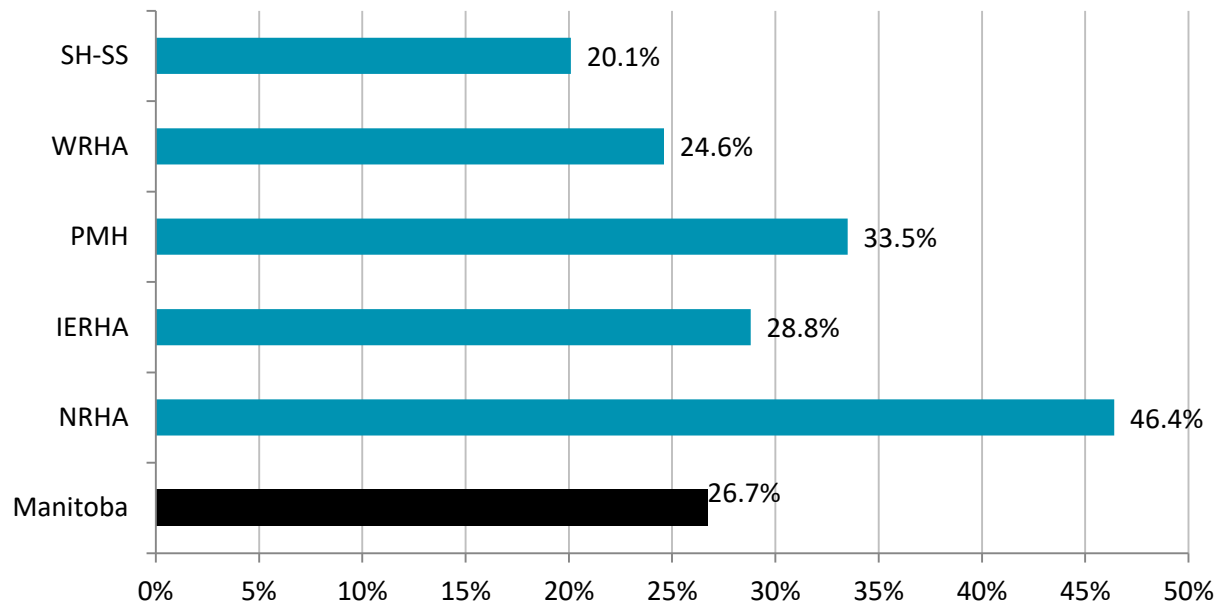
The early years comprise a significant period of brain development and set the foundation for health and success in all aspects of life. This indicator is used to identify families who may need further support and assistance to ensure children are raised in a healthy environment.

### Provincial Key Findings

- 12,795 new moms were screened by Families First in T2 (2017).
- 26.7 percent of Manitoba mothers who were screened had three or more risk factors (e.g., maternal alcohol use, maternal smoking, financial difficulties, maternal anxiety and/or depression).
- The percentage of new moms with three or more risk factors identified was highest in the Northern Health Region and lowest in Southern Health-Santé Sud in T2.

**Figure 2.19 Families First Screening by RHA, 2017**

Percentage of screened mothers with three or more risk factors



Source: HCMO 2019

Table 2.15 Families First Screening Results by Individual Risk Factor by RHA, 2017

Family First Risk Factor	SH-SS	WRHA	PMH	IERHA	NRHA	MB
Maternal alcohol use	4.0%	6.8%	10.5%	7.8%	15.1%	7.3%
Maternal Smoking	6.1%	9.5%	14.0%	12.9%	36.1%	12.0%
Mother with less than high school education	16.0%	10.9%	15.2%	14.5%	34.3%	14.9%
Financial difficulties	7.4%	15.7%	13.6%	14.8%	33.0%	14.6%
Maternal depression and/or anxiety	18.2%	19.2%	25.2%	22.9%	23.8%	20.3%
Number of screens	2,741	5,985	1,826	1,117	700	12,795

Source: HCMO 2019

## Regional Key Findings

- 5,985 new moms were screened by Families First in the Winnipeg Health Region in T2 (2017).
- The percentage of mothers in the Region who were screened and had three or more risk factors in T2 was lower than the provincial average.
- The most prevalent risk factor in the Region was maternal depression or anxiety.
- The percentage of screened mothers with three or more risk factors varied across community areas with the lowest in Seven Oaks and the highest in Point Douglas in T2.
- The percentage of screened mothers with three or more risk factors was 4.1 times higher in Point Douglas South than St. Vital South and Inkster West.
- The regional geographic disparity gap narrowed by 35 percent over time.

**Table 2.16 Families First Risk Factors by Winnipeg Community Area & Neighborhood Cluster, 2011 (T1) and 2017 (T2)**

Percentage of screened mothers with 3 or more risk factors

	T2		T1
	Total # screens	%	%
<b>Manitoba</b>	<b>12,795</b>	<b>26.7%</b>	<b>28.1%</b>

<b>Fort Garry</b>	<b>611</b>	<b>16.7%</b>	<b>15.9%</b>
Fort Garry North	181	14.3%	10.9%
Fort Garry South	430	17.7%	18.9%

<b>Assiniboine South</b>	<b>192</b>	<b>23.5%</b>	<b>17.2%</b>
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<b>St. Vital</b>	<b>590</b>	<b>15.9%</b>	<b>23.4%</b>
St. Vital North	280	17.9%	26.0%
St. Vital South	310	14.1%	21.2%

<b>St. Boniface</b>	<b>463</b>	<b>19.8%</b>	<b>25.2%</b>
St. Boniface West	117	25.9%	28.7%
St. Boniface East	346	17.8%	23.8%

<b>River Heights</b>	<b>320</b>	<b>21.0%</b>	<b>20.8%</b>
River Heights West	208	17.8%	17.0%
River Heights East	112	27.4%	26.6%

<b>Transcona</b>	<b>333</b>	<b>20.1%</b>	<b>24.9%</b>
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<b>St. James-Assiniboia</b>	<b>348</b>	<b>22.2%</b>	<b>22.5%</b>
St. James - Assiniboia West	181	24.3%	21.9%
St. James - Assiniboia East	167	19.9%	23.0%

<b>Seven Oaks</b>	<b>746</b>	<b>15.7%</b>	<b>20.8%</b>
Seven Oaks West	354	14.2%	18.8%
Seven Oaks East	357	17.1%	22.5%
Seven Oaks North	35	17.1%	19.4%

	T2		T1
	Total # screens	%	%
<b>Winnipeg RHA</b>	<b>5,985</b>	<b>24.6%</b>	<b>28.0%</b>

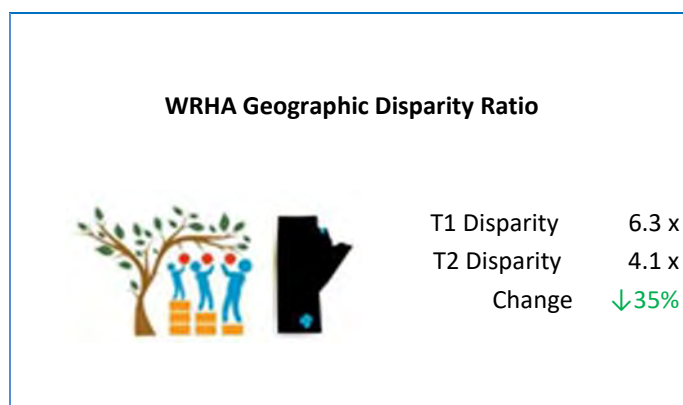
<b>River East</b>	<b>858</b>	<b>24.9%</b>	<b>26.4%</b>
River East South	200	33.0%	38.9%
River East West	292	23.1%	22.7%
River East East	321	22.5%	22.8%
River East North	45	16.3%	11.6%

<b>Inkster</b>	<b>330</b>	<b>28.0%</b>	<b>33.2%</b>
Inkster West	165	14.1%	21.2%
Inkster East	165	42.0%	45.0%

<b>Downtown</b>	<b>777</b>	<b>41.3%</b>	<b>40.4%</b>
Downtown West	382	37.1%	41.3%
Downtown East	395	45.7%	39.6%

<b>Point Douglas</b>	<b>412</b>	<b>45.3%</b>	<b>53.9%</b>
Point Douglas North	239	35.8%	43.0%
Point Douglas South	173	58.4%	68.6%

<b>Churchill</b>	<b>s</b>	<b>s</b>	<b>43.8%</b>
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s: suppression due to small numbers  
Source: HCMO 2019

### Readiness for School Learning

#### Definition

The proportion of kindergarten children 'vulnerable', 'at risk', and 'on track' for age-appropriate developmental expectations on the Early Development Instrument (EDI), for a one-year time period. It measures five areas of development: physical health and well-being, social competence, emotional maturity, language and thinking skills, and communication skills and general knowledge.

#### Why is this indicator important?

EDI is an important measure of the well-being and health of children. It has been shown to be strongly linked to parental involvement in a child's early learning, household income levels, as well as educational outcomes later in childhood. EDI results assist communities in planning for the services and programs children need in order to learn, and enjoy their school experience.

#### Provincial Key Findings

- Southern Health-Santé Sud and Interlake-Eastern RHA had some of the best EDI results (i.e., lower vulnerable, lower at risk, higher on track), while Northern Health Region had some of the poorest results (higher vulnerable, higher at risk, lower on track).
- The percentages of vulnerable children varied across domains with some of the highest percentages in the domain of communication skills and general knowledge.
- The percentage of at risk children ranged from 9.8 to 16.6 percent, varying across domains and health regions.
- Emotional maturity had the highest percentage of at risk children in Prairie Mountain Health and the Northern Health Region, while percentages were the highest in communication skills and general knowledge for Interlake-Eastern RHA, Southern Health-Santé Sud, and the Winnipeg Health Region.
- The percentage of on track children ranged from 69 to 77.4 percent, varying across domains and health regions. In all domains, the majority of children were on track across the province.
- Physical health and well-being had the highest percentage of on track children in Northern Health Region, Winnipeg Health Region, and Southern Health-Santé Sud, while percentages were the highest in social competence for Prairie Mountain Health and Interlake-Eastern RHA.
- In Manitoba, 15.7 percent of kindergarten children were vulnerable on two or more EDI domains ranging from the lowest in Southern Health-Santé Sud (14.1%) to the highest in Northern Health Region (30.6%).
- The EDI vulnerability on two or more domains trended relatively stable since 2011 (Figure 2.20).

**Table 2.17 Children Vulnerable by EDI Domain by RHA, 2019**

Percentage of kindergarten children who scored below the 10<sup>th</sup> percentile based on Canadian baseline sample

	SH-SS	IERHA	MB	WRHA	PMH	NRHA
Physical Health & Well-Being	10.5	14.2	12.8	15.1	17.3	25.1
Social Competence	9.0	9.4	9.5	12.6	12.9	18.7
Emotional Maturity	10.7	11.5	11.9	14.9	14.8	22.8
Language and Thinking Skills	10.5	10.9	12.2	14.4	15.2	29.2
Communication Skills and General Knowledge	14.3	13.6	14.4	17.6	18.4	23.8

Source: HCMO 2019

**Table 2.18 Children at Risk by EDI Domain by RHA, 2019**

Percentage of kindergarten children who scored between the 10<sup>th</sup> and 25<sup>th</sup> percentile based on Canadian baseline sample

	IERHA	SH-SS	PMH	MB	WRHA	NRHA
Physical Health & Well-Being	9.5	9.1	10.7	9.8	10.2	8.6
Social Competence	12.2	14.0	15.0	14.5	15.0	15.9
Emotional Maturity	13.8	17.1	16.0	15.5	14.8	20.2
Language and Thinking Skills	12.8	14.2	14.4	14.6	14.8	16.9
Communication Skills and General Knowledge	14.6	17.5	15.7	16.6	16.4	14.8

Source: HCMO 2019

**Table 2.19 Children on Track by EDI Domain by RHA, 2019**

Percentage of kindergarten children who scored above the 25<sup>th</sup> percentile based on Canadian baseline sample

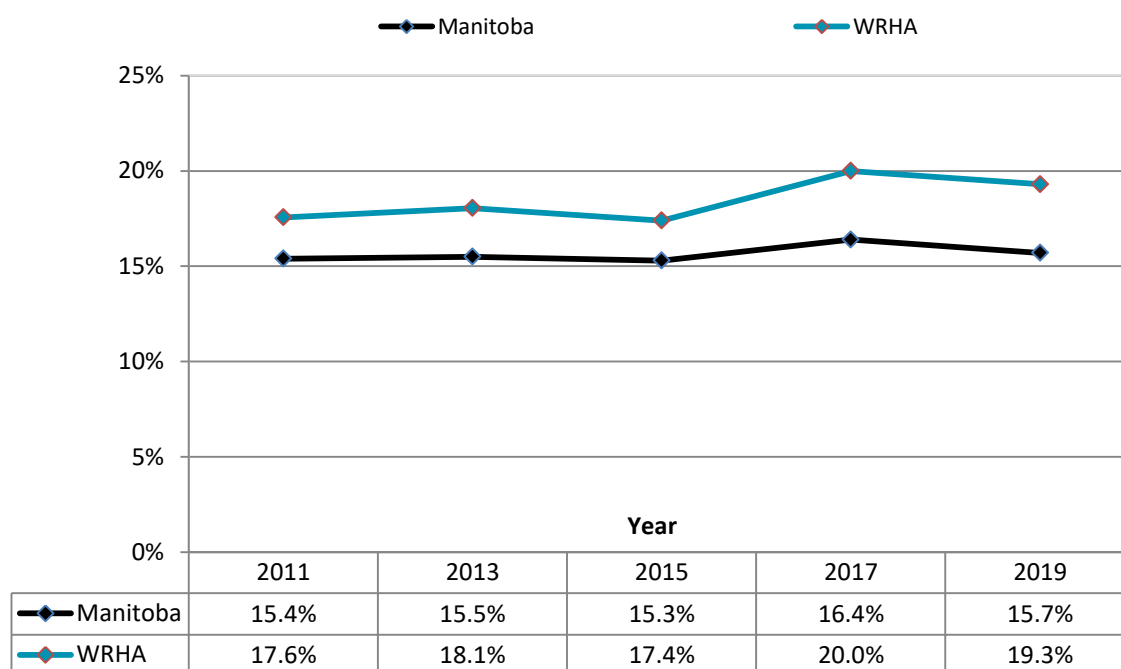
	NRHA	PMH	WRHA	SH-SS	MB	IERHA
Physical Health & Well-Being	66.4	72.0	74.7	80.4	77.4	76.2
Social Competence	65.3	72.1	72.4	77.0	76.0	78.3
Emotional Maturity	57.0	69.2	70.4	72.1	72.7	74.6
Language and Thinking Skills	53.8	70.4	70.8	75.2	73.2	76.3
Communication Skills and General Knowledge	61.4	66.0	66.0	68.2	69.0	71.8

Source: HCMO 2019

## Regional Key Findings

- In the Region, 19.3 percent of kindergarten children were vulnerable in two or more domains in 2019, a slight upwards trend over time.
- The EDI vulnerability trended high in all five domains since 2011.
- The percentage of boys who were vulnerable on two or more EDI domains was more than two times higher than girls.
- The EDI vulnerability on two or more domains trended slightly downward over time in four community areas (River East, Assiniboine South, Downtown and St. Vital) from 2011 (T1). However, the Fort Garry community area saw the largest increase, although changes over time were not statistically tested.
- The percent of children who were vulnerable on two or more EDI domains in Point Douglas South (the highest) was 11.8 times higher than Seven Oaks North (the lowest) in 2019.
- The regional geographic disparity gap widened by 30 percent between the two time periods.

**Figure 2.20 Trends in children vulnerable in two or more domains by Winnipeg Health Region and Manitoba, 2011-2019**




Source: HCMO 2019

**Table 2.20 Children vulnerable in two or more domains by Winnipeg Community Area & Neighborhood Cluster, 2011 (T1) and 2019 (T2)**

	T2		T1
	Count	%	%
<b>Manitoba</b>	<b>13,047</b>	<b>15.7%</b>	<b>15.4%</b>
<b>Fort Garry</b>	<b>868</b>	<b>28.0%</b>	<b>14.5%</b>
Fort Garry North	240	21.7%	14.3%
Fort Garry South	575	30.6%	14.6%
<b>Assiniboine South</b>	<b>274</b>	<b>17.9%</b>	<b>21.2%</b>
<b>St. Vital</b>	<b>635</b>	<b>16.9%</b>	<b>17.4%</b>
St. Vital North	264	21.2%	20.8%
St. Vital South	371	13.7%	15.3%
<b>St. Boniface</b>	<b>572</b>	<b>11.9%</b>	<b>11.0%</b>
St. Boniface West	119	9.2%	20.2%
St. Boniface East	453	12.6%	8.7%
<b>River Heights</b>	<b>430</b>	<b>17.0%</b>	<b>14.0%</b>
River Heights West	304	13.5%	13.7%
River Heights East	126	25.4%	14.6%
<b>Transcona</b>	<b>481</b>	<b>16.2%</b>	<b>13.2%</b>
<b>St. James-Assiniboia</b>	<b>563</b>	<b>17.2%</b>	<b>13.8%</b>
St. James - Assiniboia West	292	19.5%	16.8%
St. James - Assiniboia East	271	14.8%	9.9%
<b>Seven Oaks</b>	<b>849</b>	<b>17.7%</b>	<b>17.5%</b>
Seven Oaks West	403	18.6%	19.3%
Seven Oaks East	391	18.7%	18.4%
Seven Oaks North	55	3.6%	3.7%

	T2		T1
	Count	%	%
<b>Winnipeg RHA</b>	<b>7,241</b>	<b>19.3%</b>	<b>17.6%</b>
<b>River East</b>	<b>942</b>	<b>14.0</b>	<b>17.8%</b>
River East South	225	16.0%	17.4%
River East West	310	15.2%	20.2%
River East East	320	13.4%	19.4%
River East North	87	6.9%	6.7%
<b>Inkster</b>	<b>942</b>	<b>14.0</b>	<b>17.8%</b>
Inkster West	253	19.8%	14.5%
Inkster East	227	27.8%	23.1%
<b>Downtown</b>	<b>651</b>	<b>22.4%</b>	<b>24.4%</b>
Downtown West	372	15.6%	18.1%
Downtown East	279	31.5%	33.3%
<b>Point Douglas</b>	<b>541</b>	<b>28.7%</b>	<b>26.3%</b>
Point Douglas North	357	21.3%	22.1%
Point Douglas South	184	42.9%	33.5%
<b>Churchill</b>	<b>8</b>	<b>37.5%</b>	<b>16.7%</b>

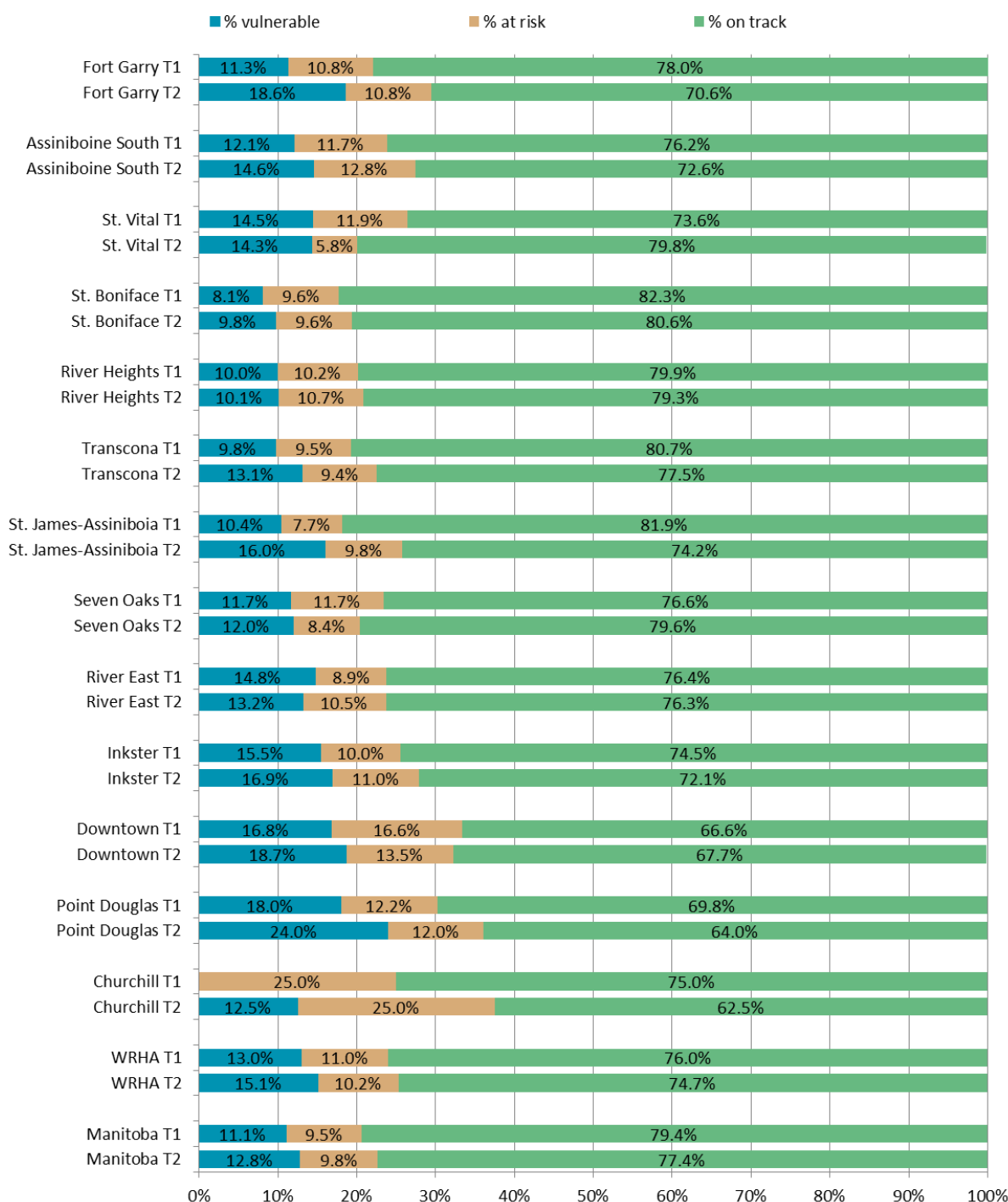
**WRHA Geographic Disparity Ratio**



T1 Disparity 9.1 x  
T2 Disparity 11.8 x  
Change ↑30%

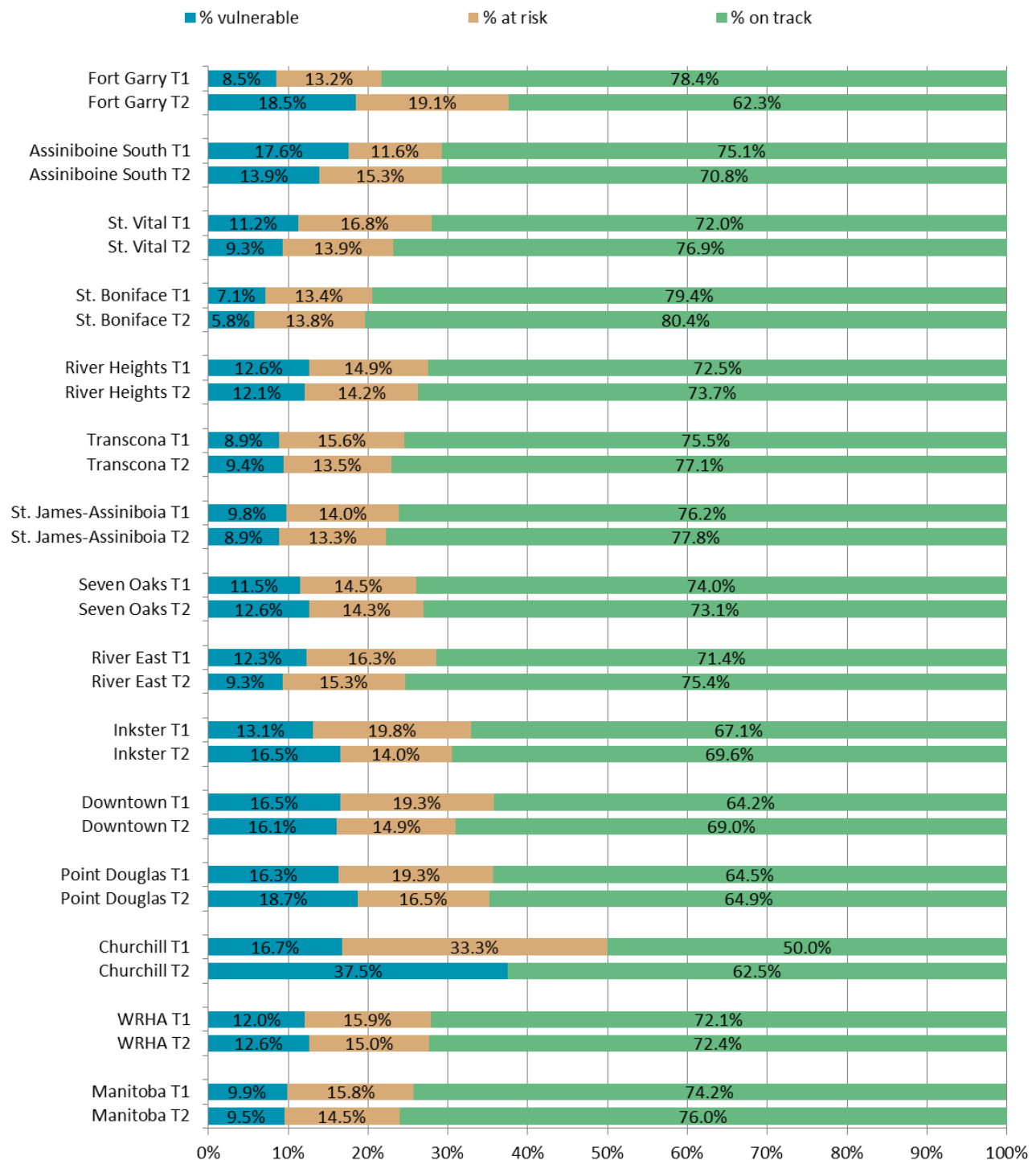
Source: HCMO 2019

**Figure 2.21 Readiness for School Learning in the Physical Health and Well-Being Domain by Winnipeg Community Area, 2011 (T1) and 2019 (T2)**



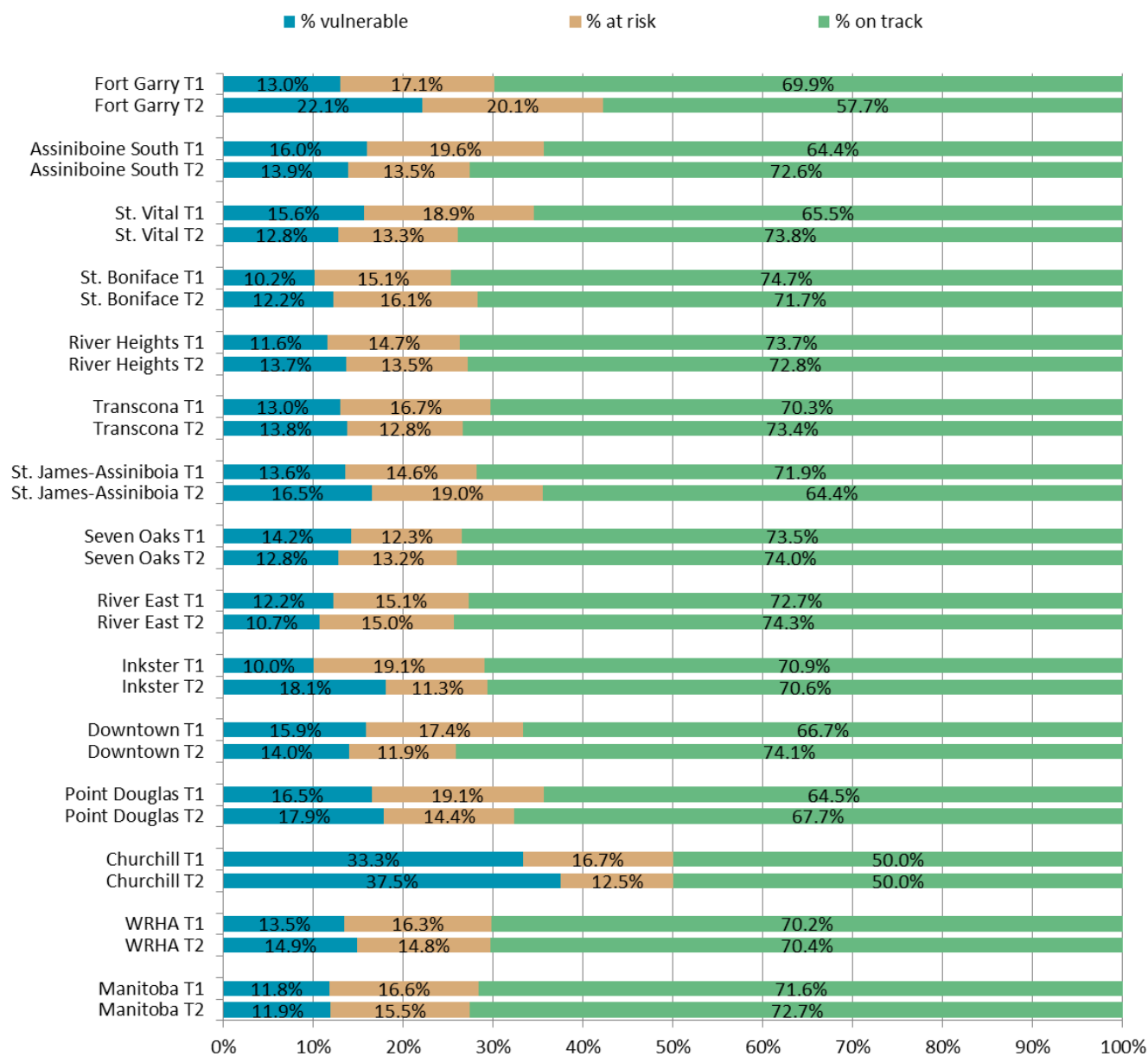
Source: HCMO 2019

**Figure 2.22 Readiness for School Learning in the Social Performance Domain by Winnipeg Community Area, 2011 (T1) and 2019 (T2)**



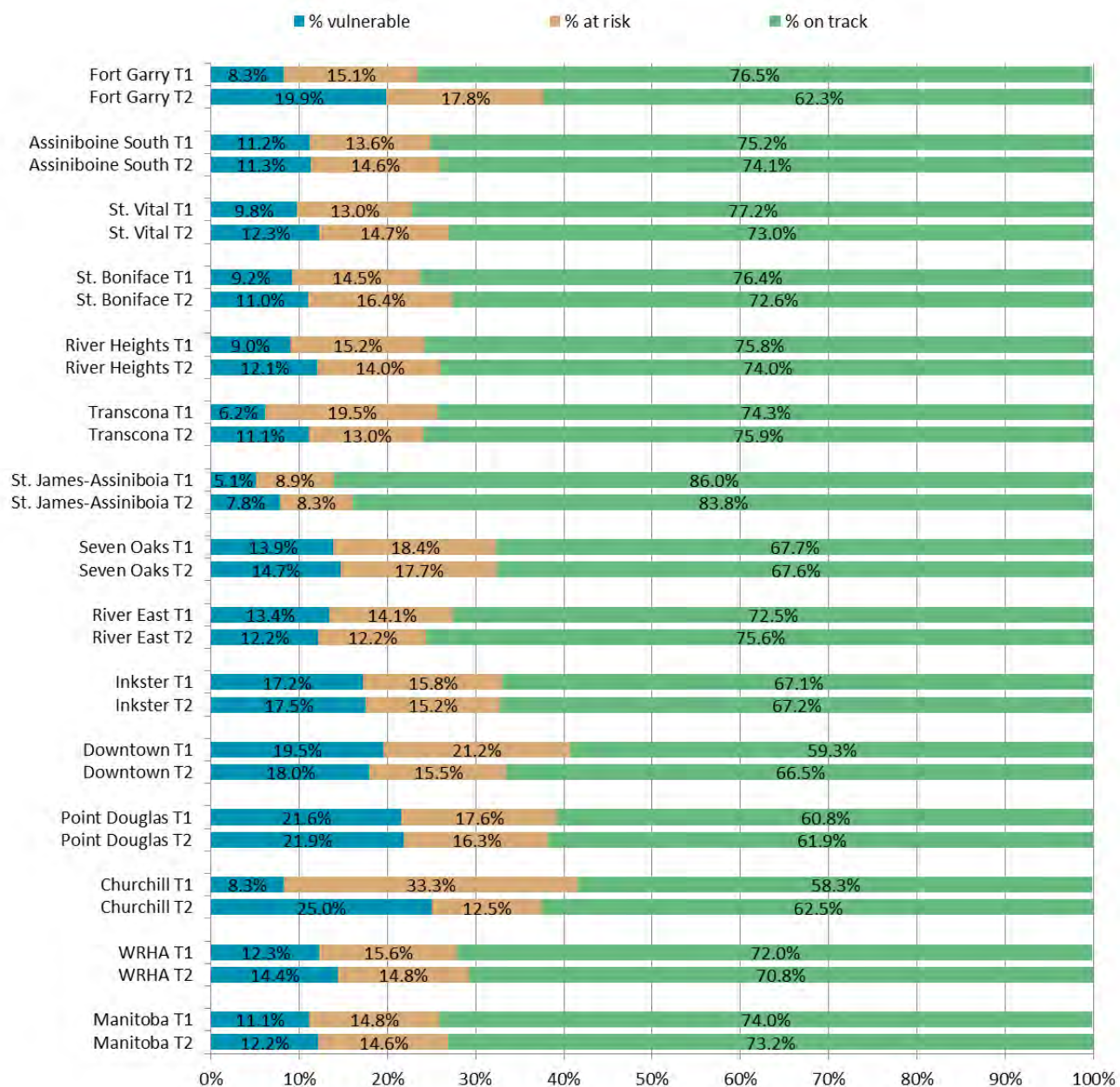
Source: HCMO 2019

**Figure 2.23 Readiness for School Learning in the Emotional Maturity Domain by Winnipeg Community Area, 2011 (T1) and 2019 (T2)**



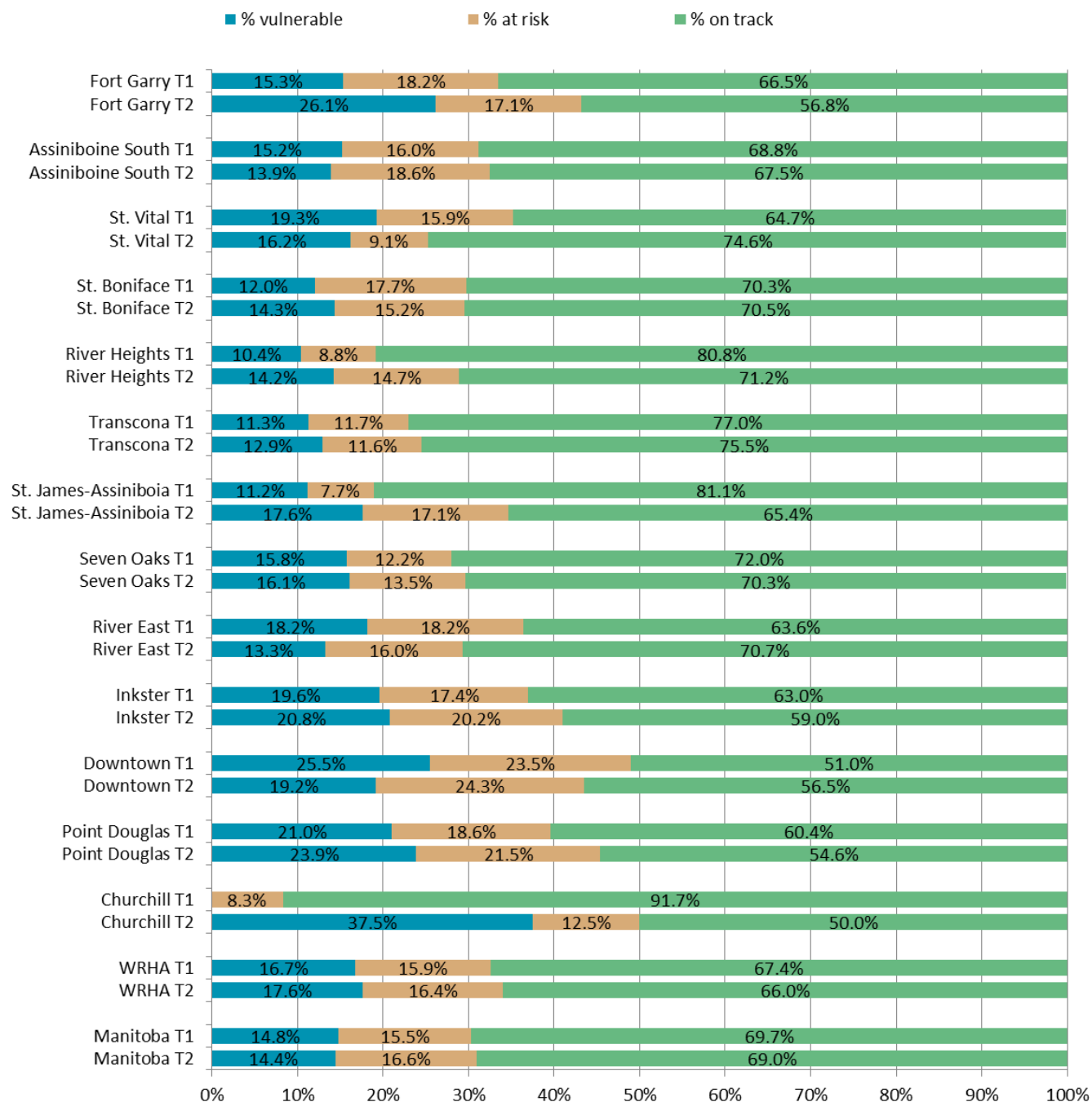
Source: HCMO 2019

**Figure 2.24 Readiness for School Learning in the Language and Cognitive Development Domain by Winnipeg Community Area, 2011(T1) and 2019 (T2)**



Source: HCMO 2019

**Figure 2.25 Readiness for School Learning in the Communication and General Knowledge Domain by Winnipeg Community Area, 2011(T1) and 2019 (T2)**



Source: HCMO 2019

## Pediatric Dental Extractions under General Anesthesia

### Definition

The average annual rate of hospital-based dental surgeries involving extractions for children under the age of 6 years, per 1,000 population, over a five-year time period.

### Why is this indicator important?

Early childhood caries (ECC) (i.e., dental decay in the primary teeth in children under the age of 6 years) reflects the impact of many social inequalities including income, nutrition and personal health practices. Monitoring pediatric dental surgery involving extraction of primary teeth gauges ongoing access to care and preventive dental services for children.

### Provincial Key Findings

- The rate of hospital-based dental surgeries under general anesthesia involving extraction of primary teeth for children in Manitoba significantly decreased 24 percent over time (or 3.5/1,000 children). Over the past ten years, nearly all (99.4%) dental extraction surgeries in hospital had direct admission and were coded as elective procedures (e.g., scheduled day procedures, not unplanned urgent/emergent procedures).<sup>xi</sup>
- However, the rates of severe childhood tooth decay may be underestimated as data for dental extraction surgeries performed outside of hospitals (e.g., dentists' offices) are not available. Additionally, not all surgeries to treat early childhood caries involve extraction of primary teeth as many are restored with fillings and stainless steel crowns.
- Rates decreased significantly in all health regions over time.
- Rates in the Northern Health Region were higher than the provincial average, while those in the Winnipeg Health Region, Southern Health-Santé Sud and Prairie Mountain Health were significantly lower in T1 (2007/08-2011/12) and T2 (2012/13-2016/17). The rate in Interlake-Eastern RHA was significantly higher than the provincial average in T1 only.
- **Income disparity:** Dental surgery rates involving extraction were strongly associated with income in urban and rural areas in both time periods with children in lower income areas having higher rates of surgery.<sup>iii</sup> The income disparity gap narrowed over time in rural settings and widened over time in urban settings. In urban settings, children living in the lowest income areas were 12.9 times more likely to have dental surgery under general anesthesia involving extractions than their peers living in the highest income areas in T2 (2012/13-2016/17).



#### Urban Quintiles

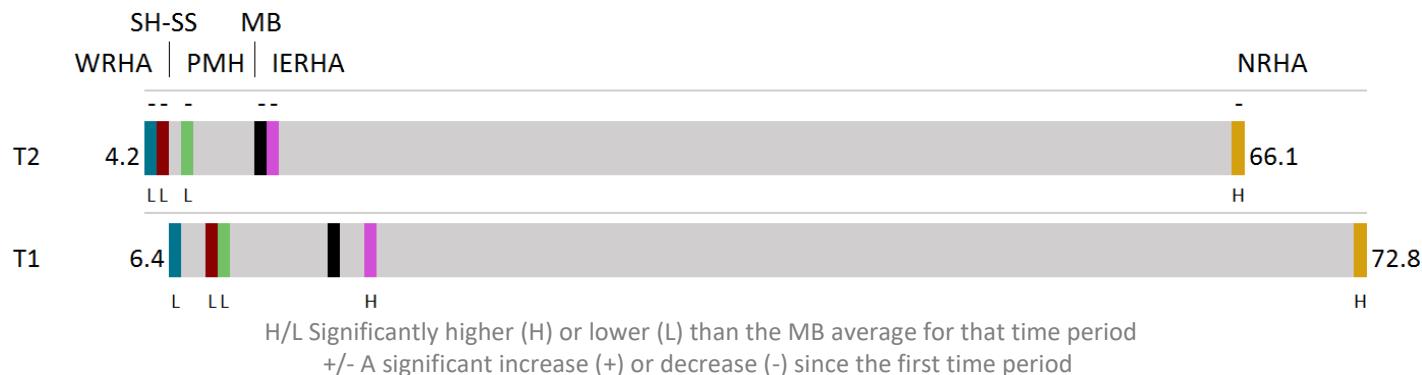
T1	9.8x
T2	12.9x
CHANGE	3.1 ↑

#### Rural Quintiles

T1	6.8x
T2	6.5x
CHANGE	0.3 ↓

**Figure 2.26 Dental Extraction Surgery Rate by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude average annual rate per 1,000 residents (under age 6)



	WRHA		SH-SS		PMH		MB		IERHA		NRHA	
<b>T2 COUNT</b>	1,060		450		448		5,786		530		3,279	
<b>T2 RATE</b>	4.2	L-	4.9	L-	6.8	L-	11.5	-	12.1	-	66.1	H-
<b>T1 RATE</b>	6.4	L	8.0	L	9.0	L	15.0		17.1	H	72.8	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- In T2 (2012/13-2016/17), 4.2 dental extractions per 1,000 children under 6 years of age were performed in the Region; the rate was significantly lower than the province. The rate also decreased significantly by 34 percent over time.
- There was substantial variation across the community areas in Winnipeg, with the Region's central community areas in T2 (i.e., Inkster, Point Douglas, Downtown) having the highest number of dental extractions per 1,000 children.
- In T2, Churchill's rate was 23.8 per 1,000 children. However, the Churchill data is based on a small number of children each year and is therefore extremely variable.
- In T2, the pediatric dental extraction surgery rate in Point Douglas South (highest) was about 22.2 times higher than River East North (lowest).
- The regional geographic disparity gap widened by 53 percent between the two time periods.
- For more information on pediatric dental health, please see the ["Closer look at Early Childhood Caries & Dental Extractions for Children under General Anesthesia in the Region"](#).

**Table 2.21 Pediatric Dental Extraction Surgery by Winnipeg Community Area & Neighborhood Cluster  
in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude average annual rate per 1,000 residents (under age 6)

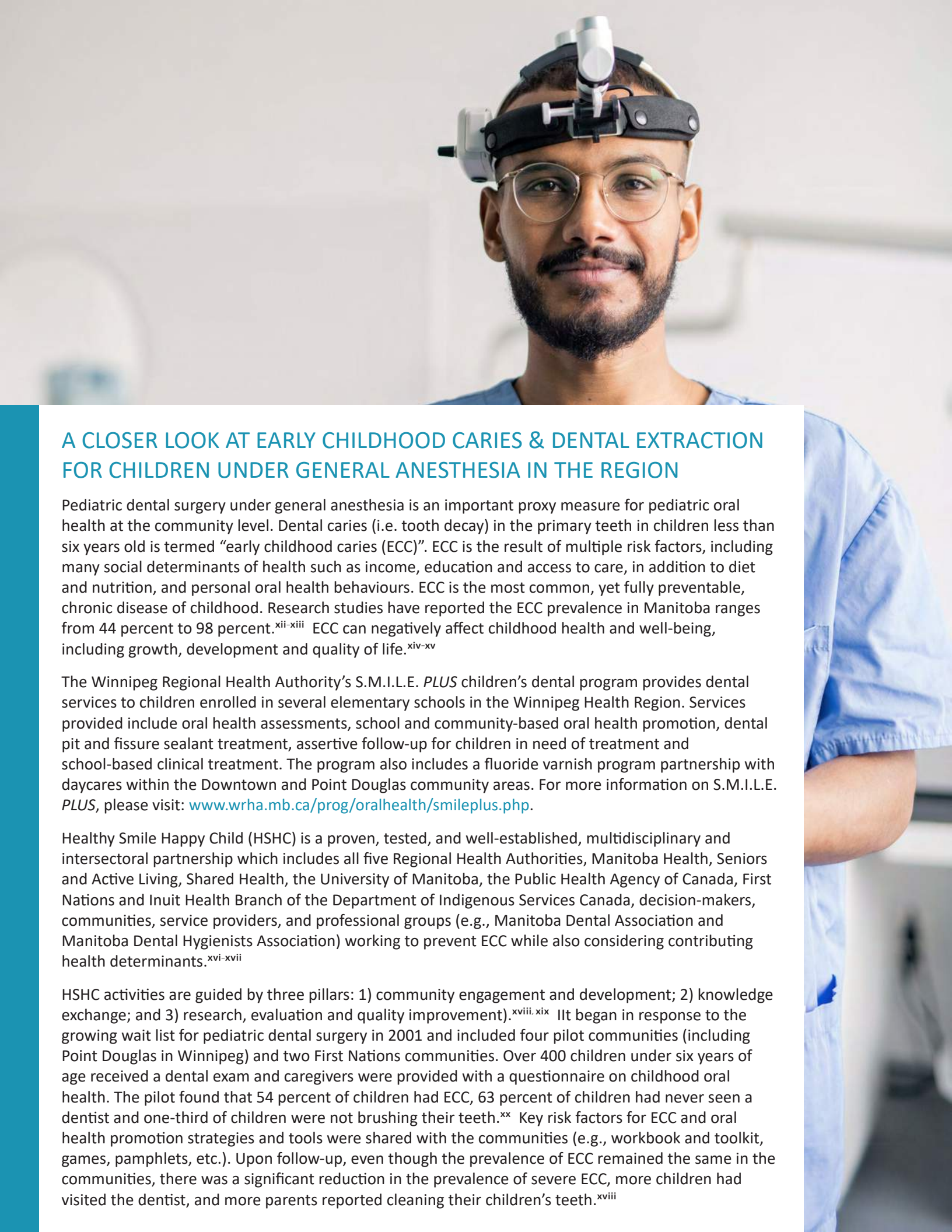
	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>5,786</b>	<b>11.5</b>	<b>-</b>	<b>15.0</b>	
<b>Fort Garry</b>	<b>48</b>	<b>1.8</b>	<b>L-</b>	<b>3.5</b>	<b>L</b>
Fort Garry North	10	1.1	L-	2.7	L
Fort Garry South	38	2.1	L-	4.2	L
<b>Assiniboine South</b>	<b>16</b>	<b>1.7</b>	<b>L</b>	<b>2.5</b>	<b>L</b>
<b>St. Vital</b>	<b>49</b>	<b>2.2</b>	<b>L-</b>	<b>3.4</b>	<b>L</b>
St. Vital South	18	1.4	L	2.4	L
St. Vital North	31	3.3	L	4.8	L
<b>St. Boniface</b>	<b>74</b>	<b>3.6</b>	<b>L+</b>	<b>2.1</b>	<b>L</b>
St. Boniface East	22	1.4	L	1.7	L
St. Boniface West	52	10.9	+	3.2	L
<b>River Heights</b>	<b>31</b>	<b>1.9</b>	<b>L-</b>	<b>3.6</b>	<b>L</b>
River Heights West	12	1.1	L-	2.4	L
River Heights East	19	3.7	L	6.0	L
<b>Transcona</b>	<b>31</b>	<b>2.1</b>	<b>L</b>	<b>2.7</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>44</b>	<b>2.5</b>	<b>L-</b>	<b>3.8</b>	<b>L</b>
St. James-Assiniboia West	18	2.0	L-	4.1	L
St. James-Assiniboia East	26	3.2	L	3.3	L
<b>Seven Oaks</b>	<b>73</b>	<b>2.86</b>	<b>L</b>	<b>3.7</b>	<b>L</b>
Seven Oaks East	34	2.6	L	3.9	L
Seven Oaks West	38	3.5	L	4.0	L
Seven Oaks North	s			0.0	
<b>Winnipeg RHA</b>	<b>1,060</b>	<b>4.2</b>	<b>L-</b>	<b>6.4</b>	<b>L</b>
<b>River East</b>	<b>111</b>	<b>3.4</b>	<b>L</b>	<b>4.1</b>	<b>L</b>
River East North	0	0.0		s	
River East West	28	2.5	L	2.8	L
River East East	33	3.0	L-	4.8	L
River East South	50	6.4	L	6.1	L
<b>Inkster</b>	<b>92</b>	<b>6.7</b>	<b>L-</b>	<b>12.2</b>	<b>L</b>
Inkster West	21	3.2	L-	5.9	L
Inkster East	71	9.8	-	18.1	
<b>Downtown</b>	<b>244</b>	<b>8.2</b>	<b>L-</b>	<b>14.7</b>	
Downtown West	91	6.1	L-	13.0	
Downtown East	153	10.3	-	16.5	
<b>Point Douglas</b>	<b>238</b>	<b>10.6</b>	<b>-</b>	<b>15.8</b>	
Point Douglas North	91	7.0	L-	9.4	L
Point Douglas South	147	15.7	H-	24.7	H
<b>Churchill</b>	<b>9</b>	<b>23.8</b>		<b>s</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 14.5 x  
T2 Disparity 22.2 x  
Change ↑53%

s: suppression due to small numbers  
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019



## A CLOSER LOOK AT EARLY CHILDHOOD CARIES & DENTAL EXTRACTION FOR CHILDREN UNDER GENERAL ANESTHESIA IN THE REGION

Pediatric dental surgery under general anesthesia is an important proxy measure for pediatric oral health at the community level. Dental caries (i.e. tooth decay) in the primary teeth in children less than six years old is termed “early childhood caries (ECC)”. ECC is the result of multiple risk factors, including many social determinants of health such as income, education and access to care, in addition to diet and nutrition, and personal oral health behaviours. ECC is the most common, yet fully preventable, chronic disease of childhood. Research studies have reported the ECC prevalence in Manitoba ranges from 44 percent to 98 percent.<sup>xii-xiii</sup> ECC can negatively affect childhood health and well-being, including growth, development and quality of life.<sup>xiv-xv</sup>

The Winnipeg Regional Health Authority’s S.M.I.L.E. *PLUS* children’s dental program provides dental services to children enrolled in several elementary schools in the Winnipeg Health Region. Services provided include oral health assessments, school and community-based oral health promotion, dental pit and fissure sealant treatment, assertive follow-up for children in need of treatment and school-based clinical treatment. The program also includes a fluoride varnish program partnership with daycares within the Downtown and Point Douglas community areas. For more information on S.M.I.L.E. *PLUS*, please visit: [www.wrha.mb.ca/prog/oralhealth/smileplus.php](http://www.wrha.mb.ca/prog/oralhealth/smileplus.php).

Healthy Smile Happy Child (HSHC) is a proven, tested, and well-established, multidisciplinary and intersectoral partnership which includes all five Regional Health Authorities, Manitoba Health, Seniors and Active Living, Shared Health, the University of Manitoba, the Public Health Agency of Canada, First Nations and Inuit Health Branch of the Department of Indigenous Services Canada, decision-makers, communities, service providers, and professional groups (e.g., Manitoba Dental Association and Manitoba Dental Hygienists Association) working to prevent ECC while also considering contributing health determinants.<sup>xvi-xvii</sup>

HSHC activities are guided by three pillars: 1) community engagement and development; 2) knowledge exchange; and 3) research, evaluation and quality improvement).<sup>xviii, xix</sup> It began in response to the growing wait list for pediatric dental surgery in 2001 and included four pilot communities (including Point Douglas in Winnipeg) and two First Nations communities. Over 400 children under six years of age received a dental exam and caregivers were provided with a questionnaire on childhood oral health. The pilot found that 54 percent of children had ECC, 63 percent of children had never seen a dentist and one-third of children were not brushing their teeth.<sup>xx</sup> Key risk factors for ECC and oral health promotion strategies and tools were shared with the communities (e.g., workbook and toolkit, games, pamphlets, etc.). Upon follow-up, even though the prevalence of ECC remained the same in the communities, there was a significant reduction in the prevalence of severe ECC, more children had visited the dentist, and more parents reported cleaning their children’s teeth.<sup>xviii</sup>

Key aims of the HSHC initiative are to: 1) promote the initiative and gain community awareness and acceptance of the importance of early childhood oral health (ECOH); 2) partner with existing early childhood and family focused community-based programs, services and activities to deliver the ECOH promotion and ECC prevention activities; and 3) recruit and support natural leaders, including service providers, to assist in program development and to deliver the ECC prevention program on an ongoing basis.<sup>xvi, xix, xxi</sup> Further aims are to: 4) facilitate capacity within existing programs and communities to assist in the sustainability of the promotional and educational program (capacity building); and 5) determine the impact this has on ECOH and parental and provider knowledge of ECC and its prevention.<sup>xvi, xix, xxi</sup>

HSHC is one of a few community-based oral health interventions for Indigenous children identified in a recent review.<sup>xxii</sup> The HSHC initiative is grounded on a community development approach to promote ECOH and focuses on enabling communities to identify strategies and develop resources and teaching tools to prevent ECC while also training service providers and community members to disseminate key oral health messages.<sup>xvi-xvii</sup> Evidence from the HSHC experiences over the past 19 years reveals that the approach is successful in improving parents' and caregivers' knowledge, attitudes and behaviours towards ECOH and results in significant reductions in caries scores and the prevalence of severe ECC over time.<sup>xvi-xvii</sup> HSHC is an effective way to build relationships, increase community knowledge, and reduce caries.<sup>xxiii</sup>

HSHC resources for the Winnipeg Health Region can be found online:

[https://www.wrha.mb.ca/healthinfo/preventill/oral\\_child.php](https://www.wrha.mb.ca/healthinfo/preventill/oral_child.php)

Connect with Healthy Smile Happy Child:

- [www.instagram.com/healthysmilehappychild/](https://www.instagram.com/healthysmilehappychild/)
- [www.facebook.com/HealthySmileHappyChild/](https://www.facebook.com/HealthySmileHappyChild/)
- [www.youtube.com/channel/UCd6ZyKUqiqnBEhQJoO-hrjg](https://www.youtube.com/channel/UCd6ZyKUqiqnBEhQJoO-hrjg)



## Childhood Immunization

### Definition

Antigen-specific immunization coverage rates for children are reported as the percentage of children who received all recommended vaccine doses for diphtheria, tetanus, pertussis, measles, mumps, rubella and human papillomavirus (HPV) by the age of 17 years. Rate of HPV immunization is only reported for girls.

### Why is this indicator important?

Vaccines are one of the most important parts of child health programs because they can prevent death, disability, and control the spread of infectious diseases. Immunization is the single most important public health achievement in the past century, as infectious diseases have dropped from the leading cause of death to less than five percent of all deaths in Canada. For additional information, see the [Routine Immunization Schedules in Manitoba](#).

### Provincial Key Findings

- In 2017, the proportion of children who were up-to-date on immunizations for diphtheria, pertussis and tetanus was highest in Prairie Mountain Health, while it was lowest in Southern Health-Santé Sud.
- Coverage rates for these antigens were similar in Interlake-Eastern RHA, the Winnipeg Health Region and the Northern Health Region.
- Immunization rates for measles and mumps were highest in the Northern Health Region and lowest in the Winnipeg Health Region.
- HPV immunization rates were highest in Prairie Mountain Health and lowest in Southern Health-Santé Sud.

**Table 2.22 Childhood Immunization by RHA, 2017**

Percentage of youth (aged 17) who received all recommended doses

Antigen	SH-SS	WRHA	NRHA	MB	IERHA	PMH
Diphtheria	66.8%	70.1%	71.0%	71.9%	79.4%	82.1%
Tetanus	66.8%	70.1%	71.0%	71.9%	79.4%	82.1%
Pertussis	64.5%	68.9%	70.2%	70.5%	78.2%	80.6%
Measles	86.5%	63.8%	88.6%	74.3%	86.9%	87.3%
Mumps	85.9%	63.5%	88.2%	74.0%	86.9%	86.7%
Rubella	90.8%	75.2%	96.6%	83.0%	93.8%	91.0%
HPV	51.2%	62.4%	66.9%	62.7%	68.6%	73.7%

Source: IMA MHSAL 2019

### Regional Key Findings

- In the Region, Assiniboine South had the highest coverage rates for diphtheria, pertussis and tetanus in children at 17 years of age in 2017.
- Coverage rates for diphtheria, pertussis and tetanus were the lowest in the Downtown community area.
- Immunization rates for measles and mumps were highest in Transcona, and lowest in Seven Oaks and Downtown community areas.
- HPV immunization rates were highest in Churchill and lowest in Transcona for the same time period.

- For more information on childhood immunizations, please see [“A Closer Look at Childhood Immunizations in the Region”](#).

**Table 2.23 Childhood Immunization by Winnipeg Community Area, 2017**  
Percentage of youth (aged 17) who received all recommended doses

Community Area	Diphtheria	Tetanus	Pertussis	Measles	Mumps	Rubella	HPV (females only)
Manitoba	71.9%	71.9%	70.5%	74.3%	71.9%	83.0%	62.7%
WRHA	70.1%	70.1%	68.9%	63.8%	63.5%	75.2%	62.4%
Fort Garry	66.4%	66.4%	65.1%	64.8%	64.5%	74.2%	61.4%
Assiniboine South	77.1%	77.1%	76.7%	67.8%	67.8%	80.7%	64.6%
St. Vital	73.3%	73.3%	72.3%	65.3%	64.9%	73.5%	61.1%
St. Boniface	79.1%	79.1%	78.3%	59.0%	58.9%	73.2%	60.0%
River Heights	69.2%	69.2%	67.4%	62.6%	61.8%	75.3%	67.5%
Transcona	71.6%	71.6%	70.3%	85.7%	85.7%	85.7%	50.0%
St. James - Assiniboia	69.0%	69.0%	68.3%	61.4%	61.2%	74.4%	54.5%
Seven Oaks	69.3%	69.3%	68.3%	51.2%	50.8%	67.9%	65.5%
River East	73.9%	73.9%	72.2%	69.6%	69.4%	79.8%	61.9%
Inkster	69.0%	69.0%	68.4%	73.1%	72.8%	82.5%	67.3%
Downtown	63.8%	63.8%	62.6%	51.1%	51.0%	61.4%	56.3%
Point Douglas	64.7%	64.7%	62.6%	76.4%	76.1%	87.0%	69.8%
Churchill	71.4%	71.4%	71.4%	74.4%	74.1%	84.8%	72.6%

Source: IMA MHSAL 2019



## A CLOSER LOOK AT CHILDHOOD IMMUNIZATION IN THE REGION

A province-wide child immunization project, led by Manitoba Health, Seniors and Active Living, was initiated in 2017. The project mapped rates of childhood immunization for four antigens (rotavirus, pertussis, measles and HPV) at the community area level for all health regions in Manitoba. In the Winnipeg Health Region, the community areas of St. Vital and Fort Garry had the lowest rates of measles immunization.

To determine the barriers to childhood immunization and develop a plan to increase measles immunization rates, the Winnipeg Regional Health Authority, in partnership with the George & Fay Yee Centre for Healthcare Innovation, launched a public consultation in Fall 2019.

CancerCare Manitoba (CCMB) also conducted a public consultation in Spring 2019 to assess the barriers to HPV immunization, given its success at protecting against HPV (which can cause cancer in both men and women). CCMB subsequently launched a public awareness campaign, including commercials, billboards and educational resources for parents, educators and health care providers. More on CCMB's awareness campaign can be found at [www.cancercare.mb.ca/screening/cancer-prevention/hpv-vaccine](http://www.cancercare.mb.ca/screening/cancer-prevention/hpv-vaccine).

## Teen Pregnancy Rate

### Definition

The annual rate of pregnancies including live births, stillbirths, abortions and ectopic pregnancies per 1,000 female residents, ages 15 to 19 years, over a five-year time period.

### Why is this indicator important?

Pregnant teens are less likely to receive early prenatal care and more likely to experience anemia, eclampsia and depressive disorders. Teenage pregnancy is often associated with high risk activities such as substance use, smoking during pregnancy and physical or sexual abuse.<sup>ix</sup> Teenage mothers tend to have lower socioeconomic status, as well as reduced educational opportunities.<sup>xxiv</sup>

### Provincial Key Findings

- The provincial teen pregnancy rate decreased significantly by 33 percent between T1 (2007/08-2011/12) and T2 (2012/13-2016/17). Rates also significantly decreased in all individual health regions.
- Rates in the Winnipeg Health Region and Southern Health-Santé Sud were significantly lower than the provincial average in both time periods, while those in Northern Health Region were significantly higher.
- **Income disparity:** Teen pregnancy rates were very strongly associated with income in urban and rural area in both time periods, with higher rates among residents of lower income areas. Rates in rural areas were considerably higher than in urban areas.<sup>iii</sup> In urban and rural areas, income disparity decreased between T1 (2007/08-2011/12) and T2 (2012/13-2016/17).



#### Urban Quintiles

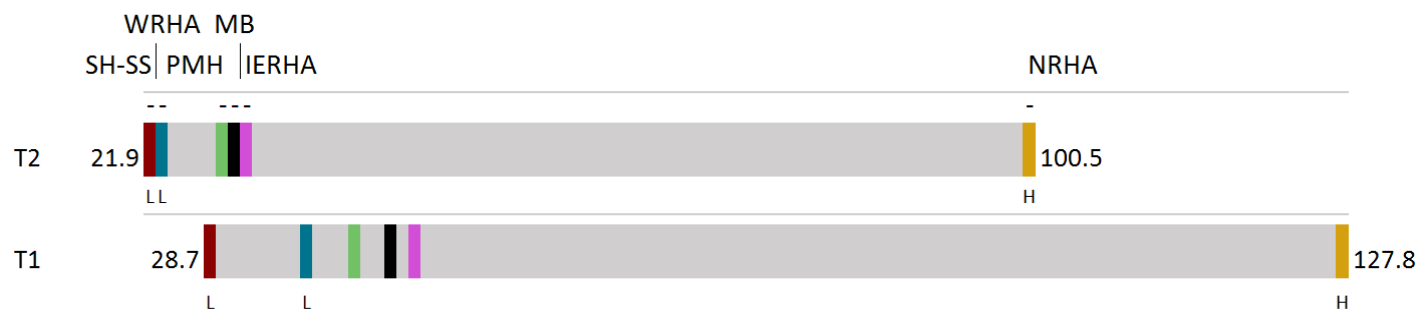
T1	9.2x
T2	8.4x
CHANGE	0.8↓

#### Rural Quintiles

T1	4.7x
T2	4.5x
CHANGE	0.2↓

**Figure 2.27 Teen Pregnancy by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age-adjusted annual average rate per 1,000 females aged 15-19



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		WRHA		PMH		MB		IERHA		NRHA	
T2 COUNT	817		2,765		807		6,679		658		1,533	
T2 RATE	21.9	L-	23.3	L-	29.3	-	30.0	-	30.8	-	100.5	H-
T1 RATE	28.7	L	36.8	L	40.8		44.5		46.1		127.8	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The rate of teen pregnancy in the Winnipeg Health Region was consistently and significantly lower than the provincial average in both periods.
- The rate in the Region has declined by 37 percent between T1 and T2. The decreasing trend in rate was seen in all community areas except for Transcona.
- In T2, the rate in Point Douglas South (highest) was 15.6 times higher than Fort Garry North (lowest).
- The regional geographic disparity gap widened slightly by five percent between the two time periods.
- Teenage pregnancy and birth rates have both decreased between T1 and T2 in the Region.

**Table 2.24 Teen Pregnancy Rate by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age-adjusted annual average rate per 1,000 females aged 15-19

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>6,679</b>	<b>30.0</b>	<b>-</b>	<b>44.5</b>	

<b>Fort Garry</b>	<b>174</b>	<b>10.3</b>	<b>L-</b>	<b>13.7</b>	<b>L</b>
Fort Garry North	37	6.3	L	9.0	L
Fort Garry South	137	13.3	L-	18.9	L

<b>Assiniboine South</b>	<b>59</b>	<b>10.2</b>	<b>L-</b>	<b>15.8</b>	<b>L</b>
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<b>St. Vital</b>	<b>107</b>	<b>10.0</b>	<b>L-</b>	<b>18.8</b>	<b>L</b>
St. Vital South	44	6.9	L-	11.4	L
St. Vital North	63	16.2	L-	33.7	L

<b>St. Boniface</b>	<b>127</b>	<b>13.4</b>	<b>L-</b>	<b>21.4</b>	<b>L</b>
St. Boniface East	77	10.3	L-	17.5	L
St. Boniface West	50	26.3		35.1	

<b>River Heights</b>	<b>122</b>	<b>17.4</b>	<b>L-</b>	<b>26.6</b>	<b>L</b>
River Heights West	75	15.2	L-	21.1	L
River Heights East	47	26.4	-	39.3	

<b>Transcona</b>	<b>153</b>	<b>24.5</b>		<b>23.4</b>	<b>L</b>
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<b>St. James-Assiniboia</b>	<b>153</b>	<b>17.6</b>	<b>L-</b>	<b>27.4</b>	<b>L</b>
St. James-Assiniboia East	65	18.2	L-	32.1	L
St. James-Assiniboia West	88	18.9	L-	25.1	L

<b>Seven Oaks</b>	<b>195</b>	<b>15.6</b>	<b>L-</b>	<b>26.6</b>	<b>L</b>
Seven Oaks North	9	10.5	L	14.8	L
Seven Oaks East	101	16.5	L-	28.8	L
Seven Oaks West	85	17.1	L-	28.5	L

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>2,765</b>	<b>23.3</b>	<b>L-</b>	<b>36.8</b>	<b>L</b>


<b>River East</b>	<b>373</b>	<b>23.9</b>	<b>-</b>	<b>33.4</b>	<b>L</b>
River East North	13	6.9	L	10.4	L
River East West	109	19.8	L-	28.4	L
River East East	103	21.6	L-	33.0	L
River East South	148	51.7	H-	64.9	H

<b>Inkster</b>	<b>210</b>	<b>29.6</b>	<b>-</b>	<b>56.6</b>	<b>H</b>
Inkster West	54	14.2	L-	33.1	L
Inkster East	156	52.4	H-	88.9	H

<b>Downtown</b>	<b>544</b>	<b>49.9</b>	<b>H-</b>	<b>80.1</b>	<b>H</b>
Downtown West	256	42.2	H-	65.5	H
Downtown East	288	61.1	H-	94.9	H

<b>Point Douglas</b>	<b>541</b>	<b>63.2</b>	<b>H-</b>	<b>103.0</b>	<b>H</b>
Point Douglas North	256	45.5	H-	80.3	H
Point Douglas South	285	97.9	H-	133.7	H

<b>Churchill</b>	<b>7</b>	<b>44.1</b>		<b>49.0</b>	
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WRHA Geographic Disparity Ratio				
	T1 Disparity	14.9 x		
	T2 Disparity	15.6 x		
	Change	↑5%		

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

## Teen Birth Rate

### Definition

The annual rate of live births per 1,000 female residents, ages 15 to 19 years, over a five-year time period.

### Why is this indicator important?

Teen birth rates are of concern because babies born to teen mothers are at higher risk of adverse health outcomes such as low birth rate, death during infancy, and preterm birth. There are also strong economic consequences, since teenage mothers are more likely to drop out of school and have fewer education and economic opportunities.

### Provincial Key Findings

- The teen birth rate decreased by 28 percent between T1 (2007/08-2011/12) and T2 (2012/13-2016/17). Rates also significantly decreased in all health regions.
- Rates in Winnipeg Health Region and Southern Health-Santé Sud were significantly lower than the provincial average in both time periods, while those in Northern Health Region were significantly higher.
- **Income disparity:** Teen birth rates were very strongly associated with income in urban and rural areas in both time periods, with higher rates among residents of lower income areas.<sup>iii</sup> In urban settings, income disparity decreased over time.



#### Urban Quintiles

T1	15.8x
T2	15.6x
CHANGE	0.2↓

#### Rural Quintiles

T1	6.1x
T2	6.1x
CHANGE	0.0

**Figure 2.28 Teen Births by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age-adjusted average annual rate per 1,000 females aged 15-19



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		SH-SS		MB		IERHA		PMH		NRHA	
T2 COUNT	1,644		691		4,786		476		619		1,290	
T2 RATE	13.9	L-	18.3	-	21.5	-	22.3	-	22.5	-	85.6	H-
T1 RATE	20.5	L	21.9	L	29.7		31.6		28.4		104.6	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- Teen birth rates in the Region were consistently lower than the provincial average in both time periods.
- The rate in the Region has declined by 32 percent between T1 and T2. Rates decreased across all community areas except Transcona where they increased.
- In T2, the rate in Point Douglas South (highest) was 32.9 times higher than Fort Garry North (lowest).
- The regional geographic disparity gap widened slightly by six percent between the two time periods.
- Teenage pregnancy and birth rates have both decreased between T1 and T2 in the Region.

**Table 2.25 Teen Birth Rate by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age-adjusted average annual rate per 1,000 females aged 15-19

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>4,786</b>	<b>21.5</b>	-	<b>29.7</b>	
<b>Fort Garry</b>	<b>59</b>	<b>3.5</b>	L-	<b>6.3</b>	L
Fort Garry North	13	2.2	L	3.2	L
Fort Garry South	46	4.5	L-	9.7	L
<b>Assiniboine South</b>	<b>23</b>	<b>3.9</b>	L-	<b>7.1</b>	L
<b>St. Vital</b>	<b>54</b>	<b>5.0</b>	L-	<b>9.4</b>	L
St. Vital South	15	2.4	L	4.4	L
St. Vital North	39	10.0	L-	19.4	L
<b>St. Boniface</b>	<b>55</b>	<b>5.8</b>	L-	<b>10.1</b>	L
St. Boniface East	33	4.4	L-	7.9	L
St. Boniface West	22	11.6	L	18.8	L
<b>River Heights</b>	<b>52</b>	<b>7.4</b>	L	<b>10.0</b>	L
River Heights West	30	6.1	L	8.2	L
River Heights East	22	12.3		15.1	L
<b>Transcona</b>	<b>93</b>	<b>14.7</b>	L	<b>11.9</b>	L
<b>St. James-Assiniboia</b>	<b>80</b>	<b>9.0</b>	L	<b>11.4</b>	L
St. James-Assiniboia East	33	9.2	L	12.8	L
St. James-Assiniboia West	47	10.1	L	11.5	L
<b>Seven Oaks</b>	<b>125</b>	<b>9.9</b>	L	<b>11.6</b>	L
Seven Oaks North	6	7.0	L	s	
Seven Oaks East	65	10.6	L	13.4	L
Seven Oaks West	54	10.9	L	12.8	L
<b>Winnipeg RHA</b>	<b>1,644</b>	<b>13.9</b>	L-	<b>20.5</b>	L
<b>River East</b>	<b>209</b>	<b>13.2</b>	L	<b>16.5</b>	L
River East West	51	9.3	L-	14.8	L
River East East	60	12.6	L	14.3	L
River East South	94	32.8	H	36.6	
River East North	s			3.5	L
<b>Inkster</b>	<b>137</b>	<b>19.1</b>	-	<b>31.4</b>	
Inkster West	33	8.7	L-	13.6	L
Inkster East	104	34.9	H-	57.0	H
<b>Downtown</b>	<b>366</b>	<b>33.6</b>	H-	<b>52.2</b>	H
Downtown West	165	27.2	-	41.3	H
Downtown East	201	42.5	H-	62.4	H
<b>Point Douglas</b>	<b>387</b>	<b>45.1</b>	H-	<b>71.5</b>	H
Point Douglas North	176	31.3	H-	51.1	H
Point Douglas South	211	72.4	H-	99.9	H
<b>Churchill</b>	<b>s</b>			<b>s</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 31.1 x  
T2 Disparity 32.9 x  
Change ↑6%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

# Personal Health Determinants

## Self-Rated General Health

### Definition

The percentage of residents, aged 12 years and older, who rated their overall health as 'poor', 'fair', 'good', 'very good' or 'excellent'. Overall health was not only based on the absence of disease or injury, but overall physical, mental and social-well-being. This statement was read out loud to survey participants.

### Why is this indicator important?

Good-to-excellent self-reported health status is associated with lower risk of mortality and use of health services. Poor self-reported health status is a good predictor of future illness and premature death.

### Provincial & Regional Key Findings

- According to 2015-2016 Canadian Community Health Survey (CCHS), 59.5 percent of Manitoba respondents aged 12 years and older reported they had 'very good' or 'excellent' health.
- The percentage of Manitoba respondents who reported 'very good' or 'excellent' health was significantly lower in Northern Health Region (49.6%) compared to the provincial average.
- In the Winnipeg Health Region, 59 percent of respondents aged 12 years and older reported they had 'very good' or 'excellent' health.

**Figure 2.29 Self-Rated General Health by RHA**

Age- and sex-adjusted percentage of weighted sample, 2015-2016



Source: Statistics Canada CCHS 2015-2016

## Self-Rated Mental Health

### Definition

The percentage of residents, aged 12 years and older, who rated their mental health as 'poor/fair', 'good', 'very good' or 'excellent'.

### Why is this indicator important?

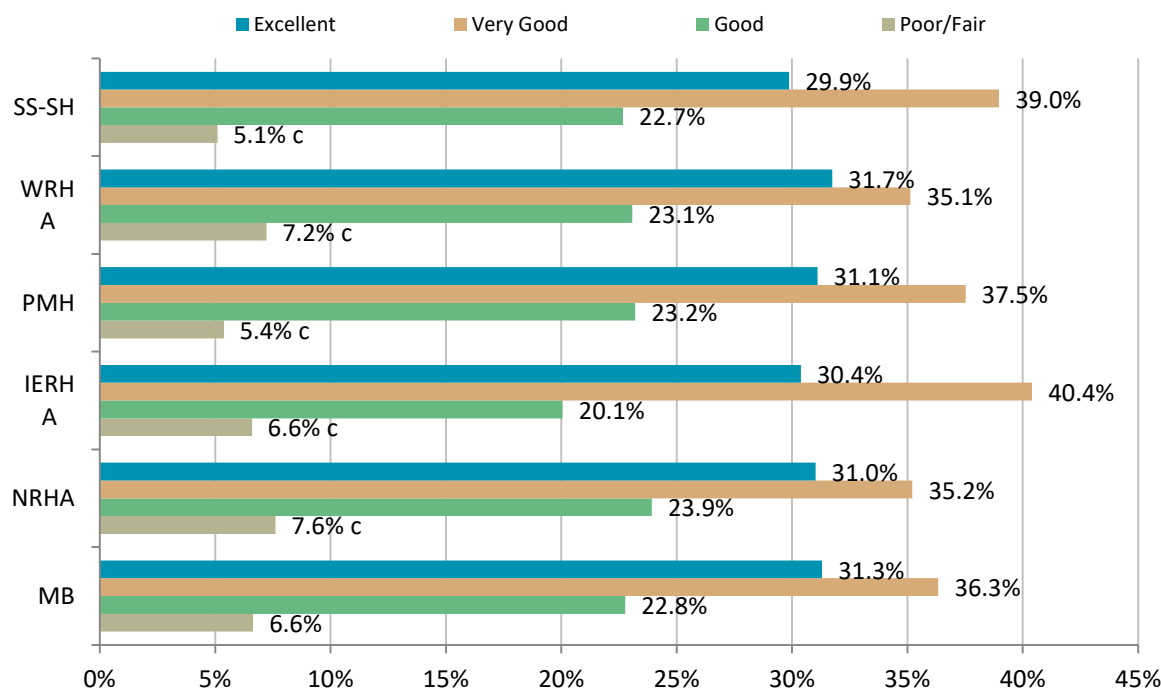
Mental health issues, including emotional health problems, can manifest at any time across the lifespan and are often related to challenges associated with changing roles and responsibilities. While perceived mental health is a subjective measure and does not directly correspond with diagnosed mental illnesses, it may still affect health service use and quality of life.

### Provincial & Regional Key Findings

- Over two-thirds (67.6%) of Manitoba respondents aged 12 years and older reported they had 'very good' or 'excellent' mental health in 2016.
- The percentage of respondents who reported they had 'very good' or 'excellent' mental health ranged from 66.2 percent in Northern Health Region to 70.8 percent in Interlake-Eastern RHA.
- In the Winnipeg Health Region, 66.8 percent of respondents aged 12 years and older reported they had 'very good or 'excellent' mental health.

**Figure 2.30 Self-Rated Mental Health by RHA**

Age- and sex-adjusted percentage of weighted sample, 2015-2016



c – estimate displayed with caution

Source: Statistics Canada CCHS 2015-2016

## Life Stress

### Definition

The percentage of residents, aged 15 years or older, who reported most days to be 'quite a bit/extremely stressful', 'a bit stressful', or 'not at all/not very stressful'.

### Why is this indicator important?

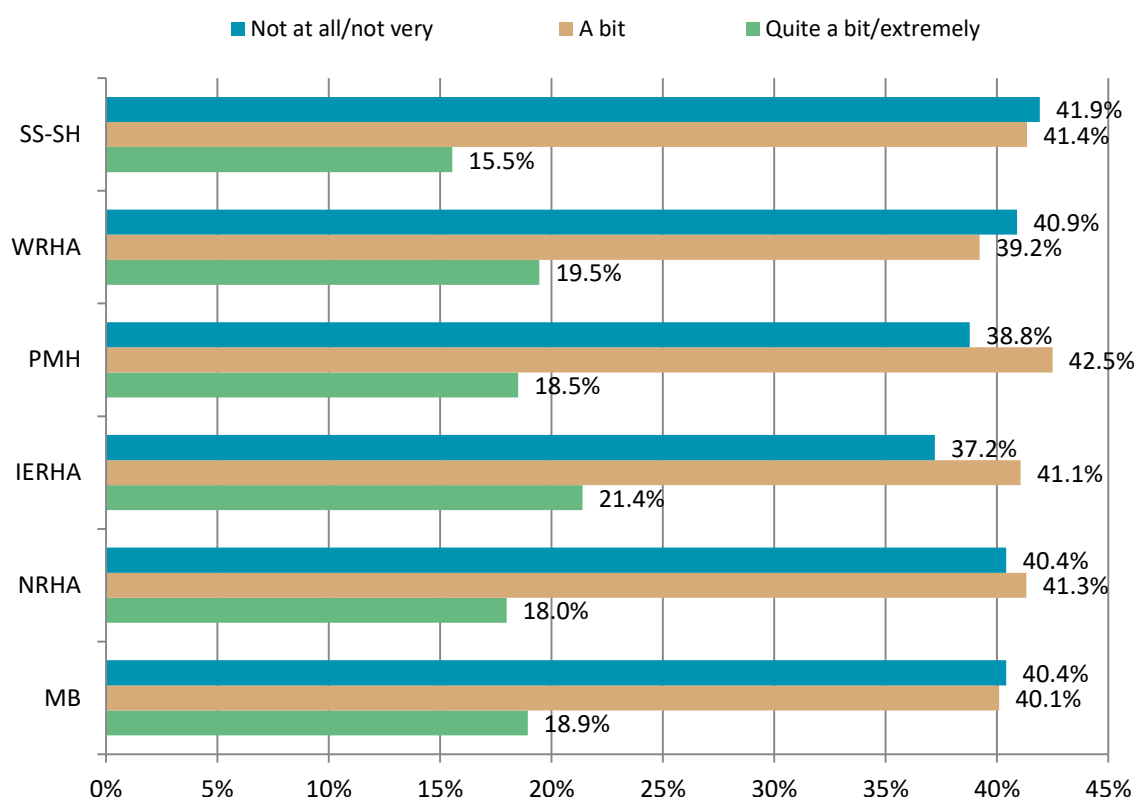
Prolonged exposure to high levels of stress can have negative consequences for health including increased risk of illness and chronic disease. Stress is often an underlying cause of high risk behaviours, such as substance use, as coping mechanisms.

### Provincial & Regional Key Findings

- In Manitoba, 18.9 percent of respondents aged 15 or older reported a high level of life stress (most days were 'quite a bit stressful/extremely stressful') in 2016.
- The percentage of Manitoba respondents who reported a high level of life stress ranged from 15.5 percent in Southern Health-Santé Sud to 21.4 percent in Interlake-Eastern RHA.
- In the Winnipeg Health Region, 19.5 percent of respondents reported a high level of life stress.

**Figure 2.31 Life Stress by RHA**

Age and sex adjusted percentage of weighted sample, CCHS 2015-2016



Source: Statistics  
Canada CCHS 2015-2016

## Sense of Community Belonging

### Definition

The percentage of population, aged 12 years and older, who described their sense of belonging to their local community as 'somewhat/very weak,' 'somewhat strong' or 'very strong'.

### Why is this indicator important?

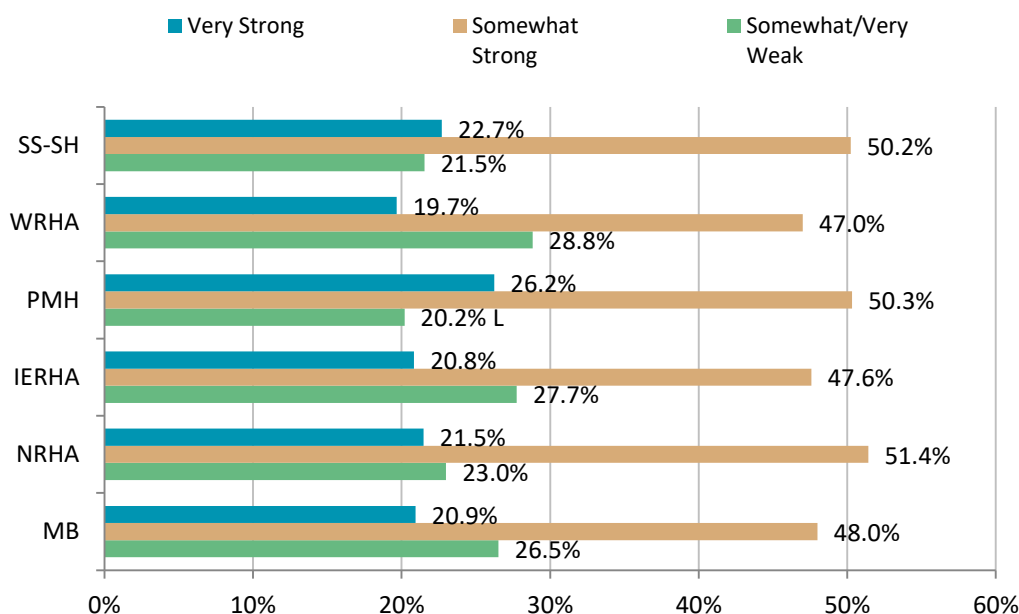
A strong sense of community belonging reflects attachments, social engagement and participation within communities which is associated with positive health outcomes. Individuals who do not have a strong sense of community belonging may experience social isolation which can be detrimental to their health. Understanding community connectedness supports an upstream approach to health promotion and illness prevention.

### Provincial & Regional Key Findings

- More than two-thirds (68.9%) of Manitoba respondents 12 years of age and older reported either a 'very strong' (20.9%) or 'somewhat strong' (48%) sense of community belonging in 2016.
- Just over a quarter (26.5%) reported 'somewhat weak/very weak' sense of community belonging.
- In the Winnipeg Health Region, 66.7 percent of the Region's respondents 12 years of age and older reported either a 'very strong' (19.7%) or 'somewhat strong' (47%) sense of community belonging. These values were slightly slower than the provincial averages.
- 28.8 percent of the Region's respondents reported a 'somewhat weak/very weak' sense of community belonging in the Winnipeg Health Region, slightly higher than the provincial average.

**Figure 2.32 Sense of Community Belonging By RHA**

Age- and sex-adjusted percentage of weighted sample, 2015-2016



(H/L) = significantly higher/lower than MB average; Source: Statistics Canada CCHS 2015-2016

## Changes Made to Improve Health

### Definition

The percentage of residents who reported making positive health changes in the last 12 months.

### Why is this indicator important?

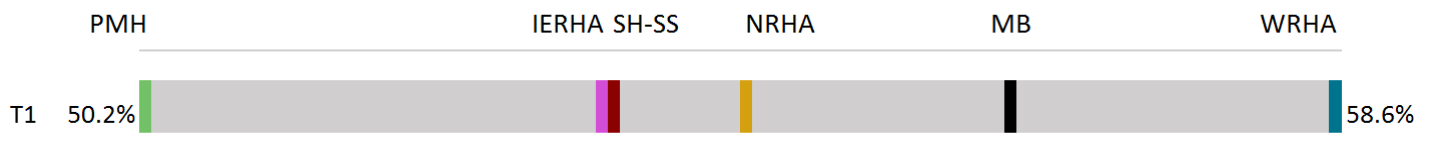
This measure provides insight into people's willingness to make changes to improve their health.

### Provincial & Regional Key Findings

- 56.3 percent of Manitoba respondents reported making positive health changes in the past 12 months on the 2015-2016 Canadian Community Health Survey.
- The percentage of Manitoba respondents who reported making positive health changes ranged from 50.2 percent in Prairie Mountain Health to 58.6 percent in the Winnipeg Health Region.
- Over 40 percent of respondents in each of the five health regions reported the most important change they made to improve their health was increased exercise.
- In all five health regions, the two most common barriers respondents reported encountering when trying to make changes to improve their health were lack of willpower and work schedule.

**Figure 2.33 Percentage of residents who reported making a positive health change in the last year**

Age- and sex-adjusted proportion of weighted sample (%), 2015-2016 (T1)



H/L Significantly higher (H) or lower (L) than the MB average for that time period

	PMH		IERHA		SH-SS		NRHA		MB		WRHA	
T1 RATE	50.2%		53.5%		53.6%		54.5%		56.3%		58.6%	

Source: Statistics Canada CCHS 2015-2016

## Body Mass Index (BMI)

### Definition

The percentage of residents, aged 18 years and older, who are underweight/normal, overweight or obese, based upon self-reported height and weight.

### Why is this indicator important?

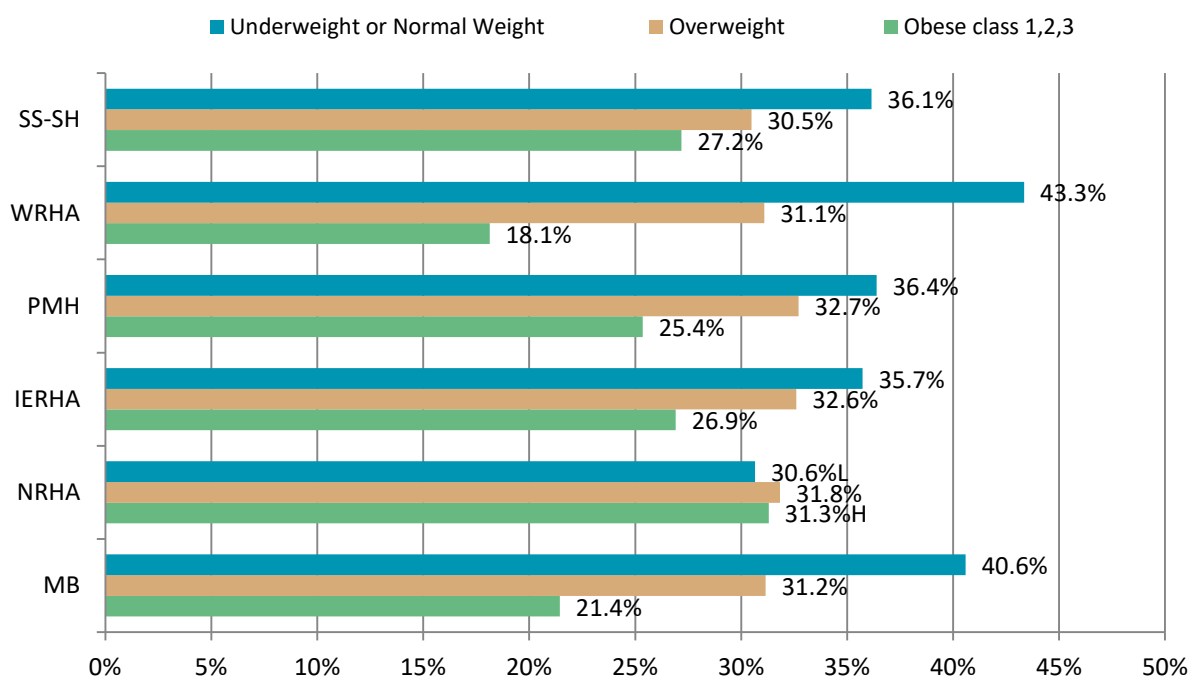
BMI is a widely used diagnostic tool used to monitor weight patterns in the population. Obesity impacts quality of life, life expectancy, is a major risk factor for a number of chronic diseases and affects the use of health services.

### Provincial & Regional Key Findings

- Over 50 percent of Manitoba residents aged 18 years and older were overweight (31.2%) or obese (21.4%) according to the 2015-2016 Canadian Community Health Survey.
- Northern Health Region had a significantly higher proportion of obese residents and a significantly lower proportion of under/normal weight residents than the provincial average.
- The proportion of overweight or obese adults ranged from 49.2 percent in Winnipeg Health Region to 63.1 percent in Northern Health Region.
- In the Winnipeg Health Region, the percentage of overweight adults (31.1%) was the same as the provincial average and the percentage of obese adults (18.1%) was slightly lower than the provincial average.

**Figure 2.34 Body Mass Index by RHA**

Age-and sex-adjusted percentage of weighted sample, 2015-2016



H/L =significantly higher/lower than MB average

Source: Statistics Canada CCHS 2015-2016

# Health Behaviours

## Substance Use

### Substance Use Disorders

#### Definition

The percentage of residents, aged 18 years and older, diagnosed with a substance use disorder (including alcohol and/or drug dependence), over a five-year time period.

#### Why is this indicator important?

Substance use may be associated with injuries and deaths, vandalism, alcohol poisoning and violence. Harmful use patterns started at a young age and carried into adulthood exacerbate these problems, and prolonged substance use may lead to a number of acute and chronic disease conditions.

#### Provincial Key Findings

- The five-year diagnostic prevalence of substance use disorders for adults in Manitoba was 5.9 percent in T1 (2010/11-2014/15).
- The prevalence was significantly lower in Southern Health-Santé Sud and Winnipeg Health Region than the provincial average; while it was significantly higher in Prairie Mountain Health and Northern Health Region in T1.
- **Age and Sex:** The prevalence of substance use disorders was higher for males than females across all age groups. The 65 and older age group had a lower prevalence compared to the 18-24 year age group, for both males and females. <sup>iii</sup>
- **Income disparity:** There was an inverse linear trend across income quintiles, whereby the prevalence of substance use disorders increased as area-level income decreased. A higher prevalence of substance use disorders was found in urban areas as compared to rural areas in T1 (2010/11-2014/15). <sup>xxv</sup>



Urban Quintiles

T1

3.3x

Rural Quintiles

T1

1.7x

**Figure 2.35 Prevalence of Substance Use Disorders among Adults by RHA, 2010/11-2014/15 (T1)**

Age- and sex-adjusted percentage of adults aged 18+ diagnosed with disorder in five-year time period



H/L Significantly higher (H) or lower (L) than the MB average for that time period

	SH-SS		WRHA		IERHA		MB		PMH		NRHA	
T1 COUNT	5,956		32,208		5,627		58,178		8,354		5,593	
T1 RATE	4.4%	L	5.6%	L	5.9%		5.9%		6.7%	H	10.8%	H

Source: MCHP Mental Illness Among Adult Manitobans 2018

## Regional Key Findings

- The five-year diagnostic prevalence of substance use disorders for adults in the Region was similar to the provincial rate in T1 (2010/11-2014/15).
- Fort Garry North and Fort Garry South had the lowest prevalence of substance use disorders (2.9%), and Point Douglas South had the highest (18.0%). Residents of Point Douglas South (highest) were 6.2 times more likely to have a diagnosed substance use disorder than residents of Fort Garry North (lowest) in T1.
- The prevalence in Churchill was significantly higher than in Winnipeg.


**Table 2.26 Substance Use Disorders Prevalence by Winnipeg Neighborhood Cluster in 2010/11-2014/15**

Age- and sex-adjusted percentage of adults aged 18+ diagnosed with disorder in five-year time period

	2010/11-2014/15		
	Count	Rate	
Manitoba	58,178	5.9	
Fort Garry	N/A	N/A	N/A
Fort Garry South	1,076	2.9	L
Fort Garry North	759	2.9	L
Assiniboine South	1,170	4.1	L
St. Vital	N/A	N/A	N/A
St. Vital North	1,296	5.9	
St. Vital South	1,131	3.6	L
St. Boniface	N/A	N/A	N/A
St. Boniface East	1,359	4.0	L
St. Boniface West	896	7.0	H
River Heights	N/A	N/A	N/A
River Heights East	1,177	6.5	H
River Heights West	1,246	4.2	L
Transcona	1,675	5.8	
St. James-Assiniboia	N/A	N/A	N/A
St. James-Assiniboia West	1,330	5.2	
St. James-Assiniboia East	1,302	6.0	
Seven Oaks	N/A	N/A	N/A
Seven Oaks East	1,558	5.1	L
Seven Oaks West	708	3.3	L
Seven Oaks North	154	3.8	L

	2010/11-2014/15		
	Count	Rate	
Winnipeg RHA	32,208	5.6	
River East	N/A	N/A	N/A
River East North	296	3.7	L
River East West	1,670	5.5	
River East South	1,251	8.5	H
River East East	1,269	5.4	
Inkster	N/A	N/A	N/A
Inkster West	457	2.9	L
Inkster East	933	8.0	H
Downtown	N/A	N/A	N/A
Downtown West	2,005	6.3	H
Downtown East	3,294	11.0	H
Point Douglas	N/A	N/A	N/A
Point Douglas North	1,894	8.1	H
Point Douglas South	2,193	18.0	H
Churchill	109	13.7	H
Winnipeg (city)	32,099	5.6	

WRHA Geographic Disparity Ratio



T1 Disparity6.2 x

N/A: data not available

H/L Significantly higher (H) or lower (L) than the **Winnipeg** average for that time period

Source: MCHP Mental Illness Among Adult Manitobans 2018

### Drug Methods

#### Definition

The methods individuals reported using for illicit drug consumption over the course of their lifetime for a one-year time period.

#### Why is this indicator important?

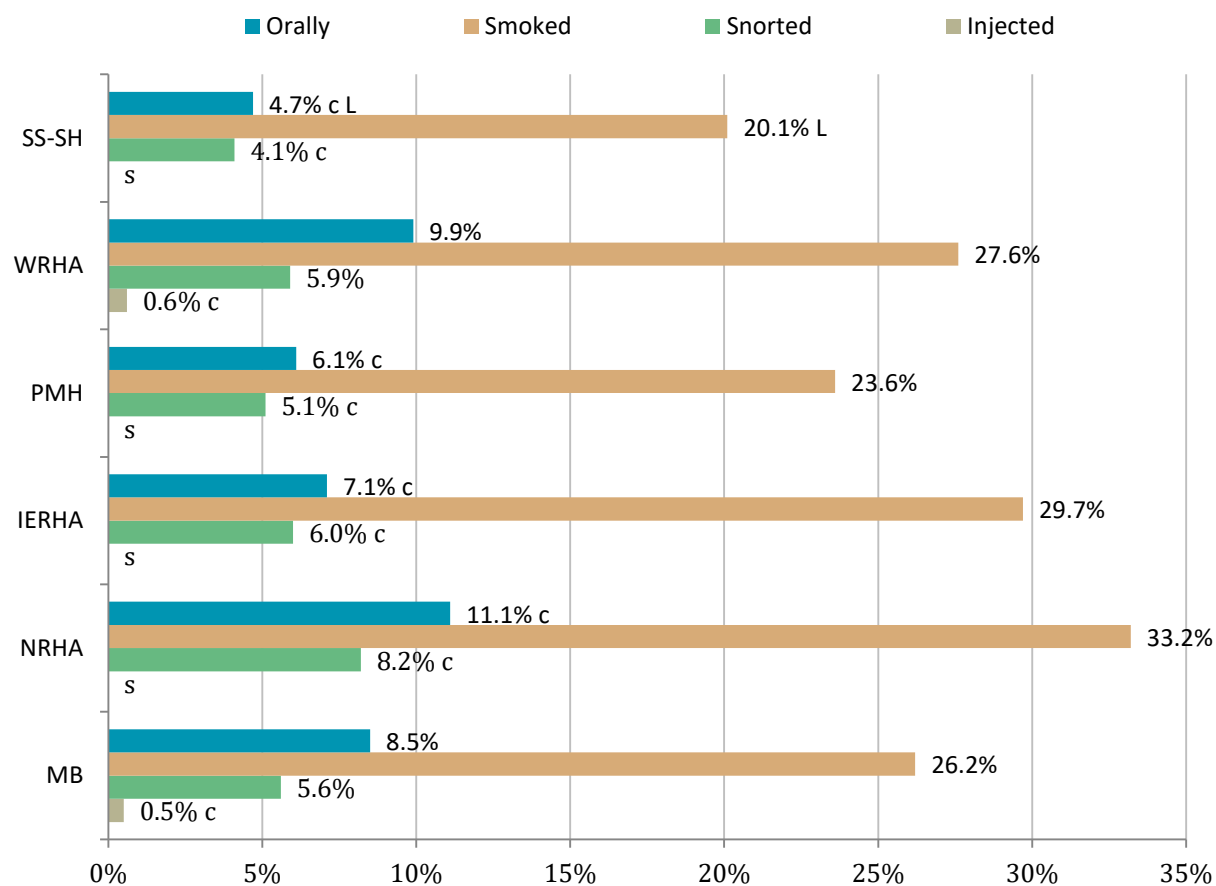
Understanding methods of drug consumption help inform harm reduction interventions including public awareness, sexually transmitted blood-borne infection (STBBI) prevention and public policy.

#### Provincial & Regional Key Findings

- The most common methods that Manitoba respondents reported as their method of use for illicit drug consumption on the 2015-2016 Canadian Community Health Survey were smoking (26.2%), oral ingestion (8.5%), and snorting (5.6%).
- There were a significantly lower proportion of respondents in Southern Health-Santé Sud who reported smoking or orally ingesting an illicit substance in their lifetime than the provincial averages.
- In the Winnipeg Health Region, the most common methods of drug use were smoking (27.6%), oral ingestion (9.9%), and snorting (5.9%).

**Figure 2.36 Drug Methods by RHA, 2015-2016**

Age- and sex-adjusted proportion of weighted sample



c – estimate displayed with caution

s = Estimates are not reliable; data is suppressed

H/L = significantly higher/lower than MB average.

Source: Statistics Canada CCHS 2015-2016

## Alcohol Use

### Definition

The percentage of the population aged 12 years and older who reported using alcohol in the past week by drink amount and type of drinker (based on frequency) over the past year.

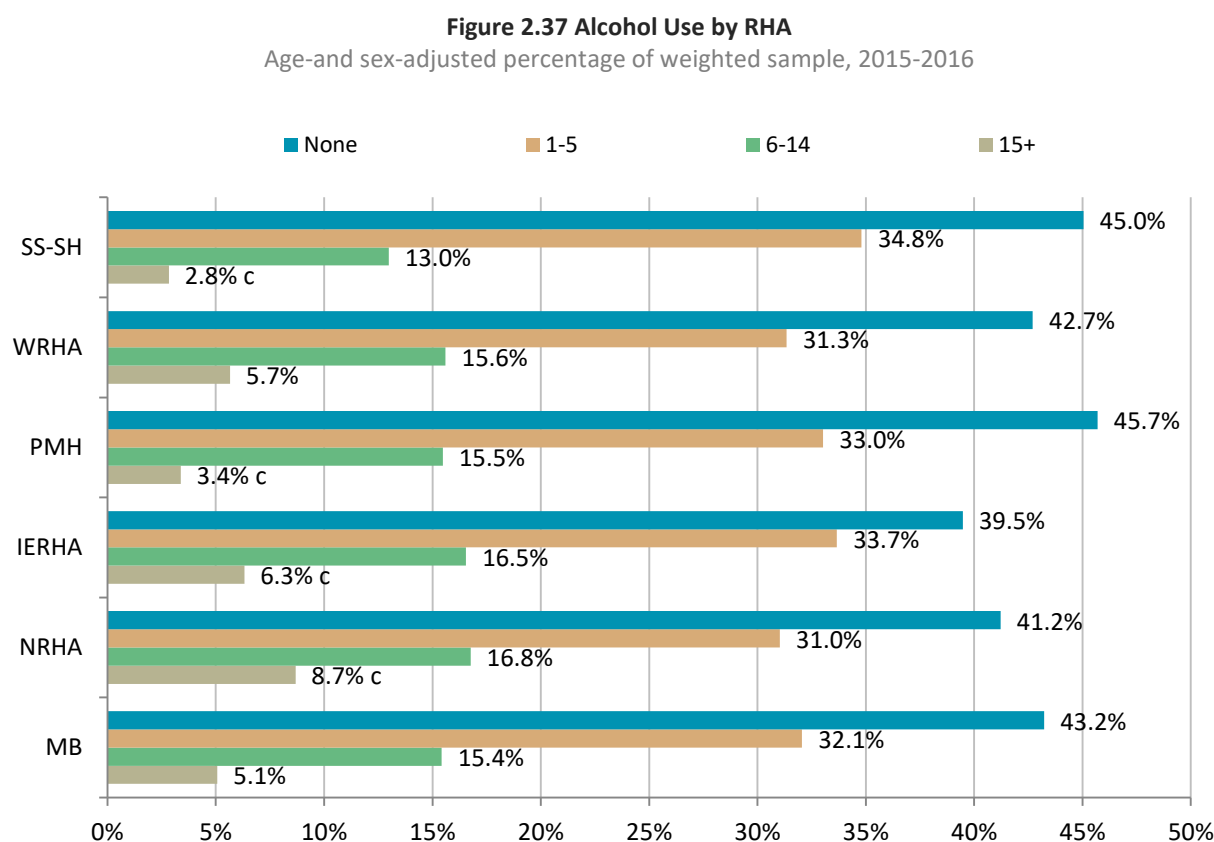
### Why is this indicator important?

Alcohol consumption is linked to over 200 different diseases, conditions and types of injuries. Drinking patterns matter—how much and how often a person drinks alcohol are key factors that increase or decrease overall health and well-being.<sup>xxvi</sup>

## Provincial & Regional Key Findings

### Past Week Alcohol Use

- Among Manitoba respondents aged 12 years and older who drank alcohol in the past week, 20.5 percent had more than five drinks in 2015-2016.
- Among the Region's respondents aged 12 years and older who drank alcohol in the past week, 21.3 percent had more than five drinks.



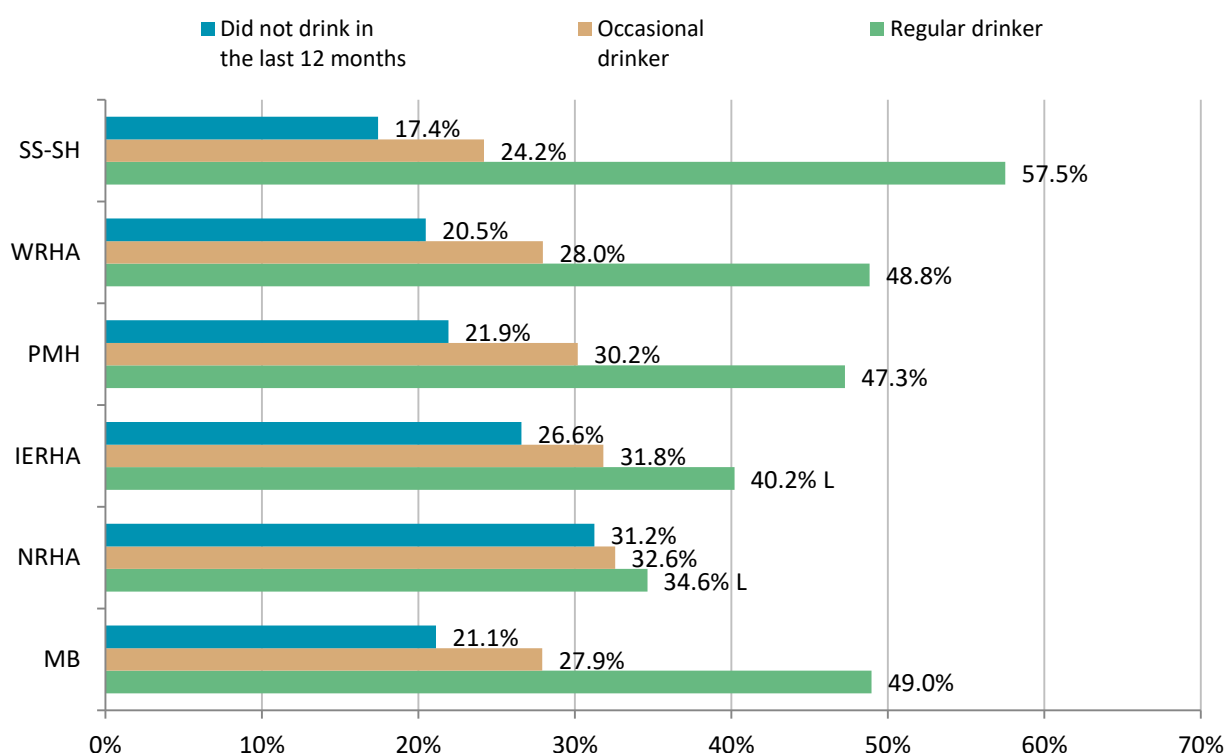
c – estimate displayed with caution  
Source: Statistics Canada CCHS 2015-2016

## Past Year Alcohol Use

- In Manitoba, 49 percent of respondents aged 12 years and older reported being regular drinkers (drinking more than once a month) in the past 12 months, and 27.9 percent were occasional drinkers (drinking less than once a month) in 2015-2016.
- There were significantly lower proportions of regular drinkers in the Interlake-Eastern RHA (40.2%) and Northern Health Region (34.6%) than the provincial average.
- In the Winnipeg Health Region, 48.8 percent of respondents reported they were regular drinkers and 28 percent were occasional drinkers.

**Figure 2.38 Type of Drinker in the Past 12 Months by RHA**

Age- and sex-adjusted percentage of weighted sample, CCHS 2015-2016



(H/L) = significantly higher/lower than MB average

Source: Statistics Canada CCHS 2015-2016

# Tobacco

## Tobacco Use/Smoking

### Definition

The percentage of the population, aged 12 years and older, who reported being a current smoker, a former smoker, an experimental smoker or a non-smoker (lifetime abstainer) over a one-year time period.

### Why is this indicator important?

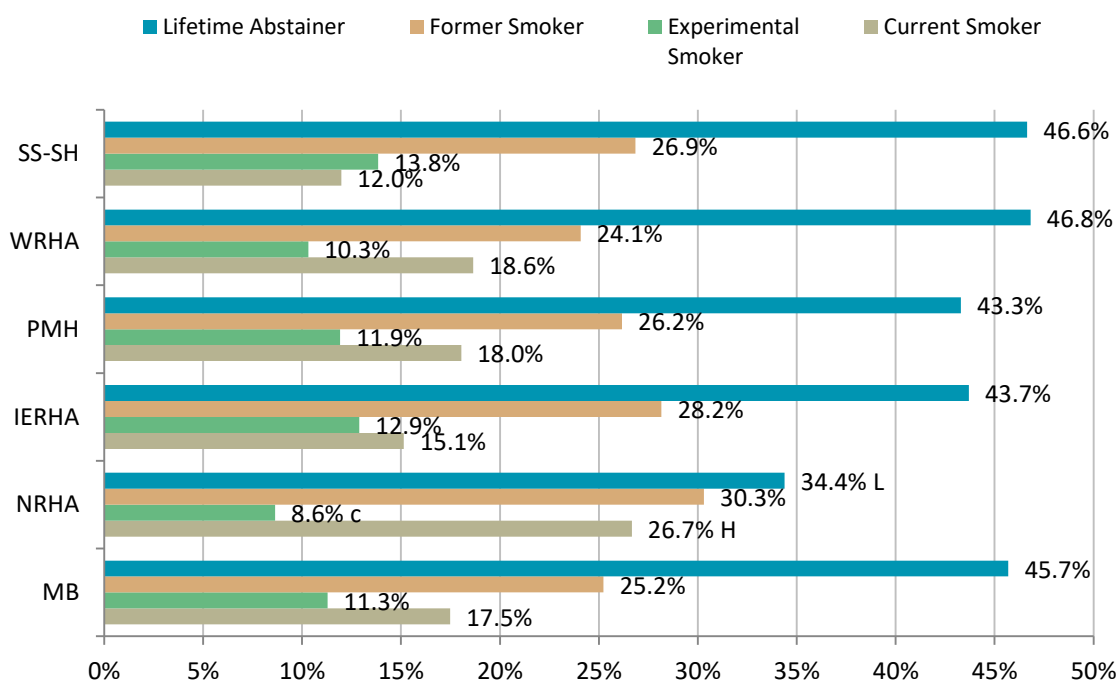
Tobacco continues to be the leading cause of preventable death in Canada. Smoking and exposure to second-hand smoke are significant risk factors for lung cancer, respiratory diseases and other health problems.

### Provincial & Regional Key Findings

- In Manitoba, 17.5 percent of respondents were current daily or occasional smokers, 25.2 percent were former daily or occasional smokers, 11.3 percent were experimental smokers and 45.7 percent never smoked in 2015-2016.
- There were a significantly less lifetime abstainers and a significantly higher proportion of regular smokers in Northern Health Region compared to the provincial average.
- In the Winnipeg Health Region, the proportions of current smokers, former smokers, experimental smokers and lifetime abstainers were all similar to the provincial average.

**Figure 2.39 Tobacco Use/Smoking by RHA**

Age-and sex-adjusted percentage of weighted sample, 2015-2016



c – estimate displayed with caution  
(H/L) = significantly higher/lower than MB average  
Source: Statistics Canada CCHS 2015-2016

## Second-hand Smoke Exposure

### Definition

The percentage of non-smokers 12 years and older who reported exposure to second-hand smoke over a period of one year.

### Why is this indicator important?

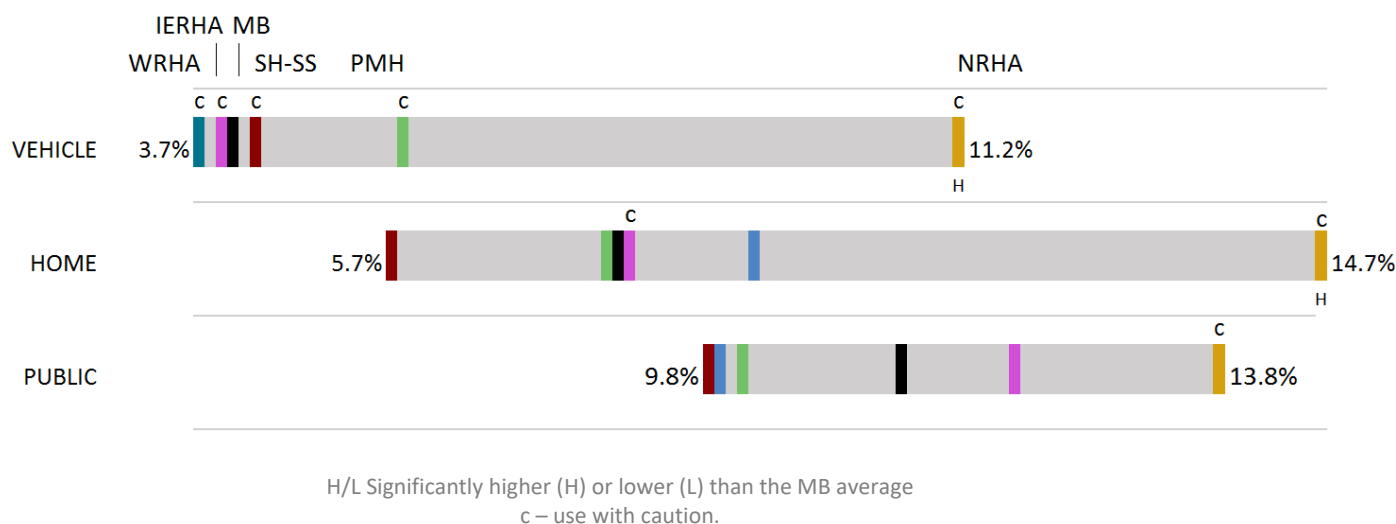
Second-hand smoke causes numerous health problems in infants and children including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). For adults, health conditions caused by second-hand smoke include coronary heart disease, stroke, and lung cancer.

### Provincial & Regional Key Findings

- In Manitoba, 11.5 percent of respondents who were exposed to second-hand smoke were exposed in public places, 4.1 percent were exposed in private vehicles and 7.9 percent were exposed in their homes in 2015-2016.
- There were significantly higher proportions of respondents in Northern Health Region who were exposed to second-hand smoke in their own homes and in private vehicles than the provincial average.
- In the Winnipeg Health Region, 12.4 percent of respondents who were exposed to second-hand smoke in public places, 3.7 percent were exposed in private vehicles and 8.0 percent were exposed in their homes.

**Figure 2.40 Exposed to second-hand smoke in own home/private vehicle/public place**

Age- and sex- adjusted proportion (%) of weighted sample CCHS 2015-2016



	WRHA		IERHA		MB		SH-SS		PMH		NRHA	
VEHICLE	3.7%	c	4.0%	c	4.1%		4.4%	c	5.8%	c	11.2%	Hc
HOME	8.0%		9.2%	c	7.9%		5.7%		7.9%		14.7%	H
PUBLIC	12.4%		9.9%		11.5%		9.8%		10.2%		13.8%	c

Source: Statistics Canada CCHS 2015-2016

# Physical Activity

## Physical Activity – Adults

### Definition

Physical activity level of residents aged 12 years and older, based on self-reported average daily physical activity including the frequency, duration and intensity of their participation in physical activities, over the previous three months.<sup>5</sup>

### Why is this indicator important?

Appropriate levels of physical activity have been demonstrated to promote normal growth and bone development, foster psychological well-being, help maintain a healthy body weight and reduce the risk of several chronic diseases.

### Provincial & Regional Key Findings

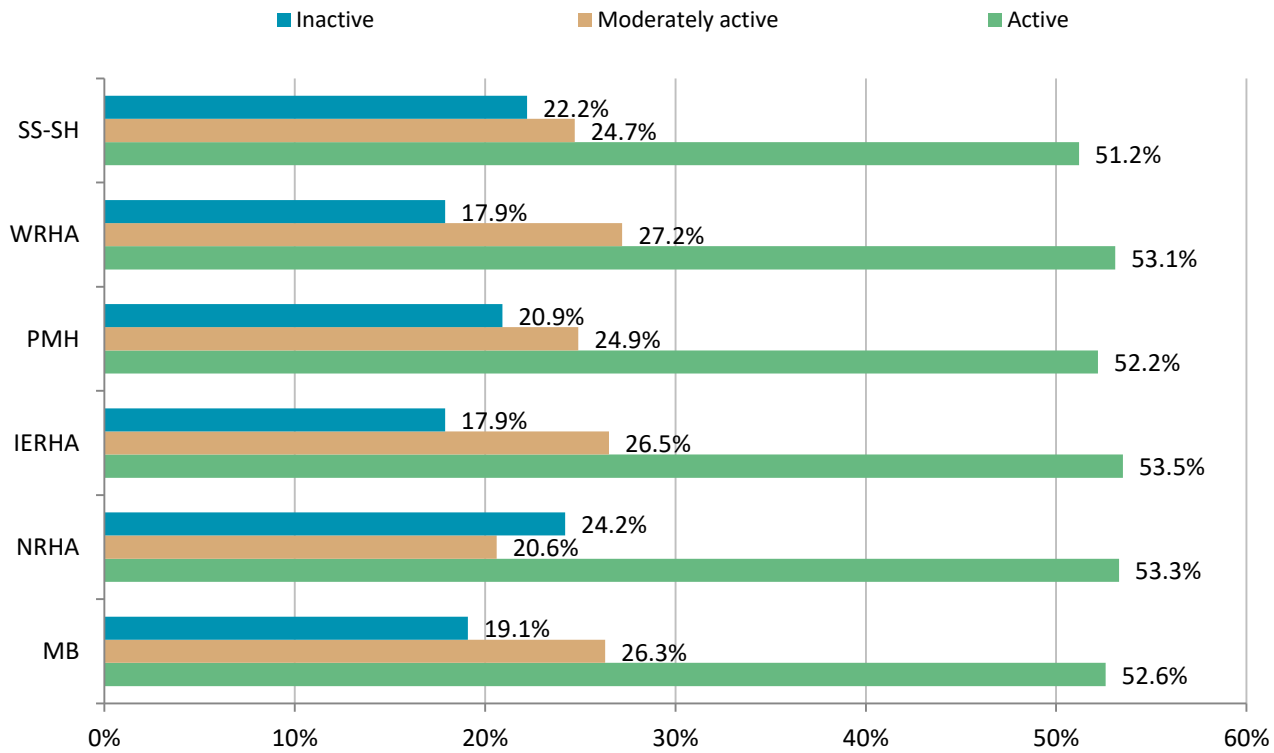
- According to 2015-16 Canadian Community Health Survey, 52.6 percent, 26.3 percent and 19.1 percent of Manitoba residents aged 12 years and older reported being physically active, moderately active, and inactive respectively.
- The proportion of residents who were physically inactive ranged from 17.9 percent in the Winnipeg Health Region to 24.2 percent in Northern Health Region.
- In the Winnipeg Health Region, 53.1 percent, 27.2 percent and 17.9 percent of the Region's residents aged 12 years and older reported being physically active, moderately active and inactive, respectively.

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<sup>5</sup> This indicator is a CCHS derived variable based on average daily energy expenditure values (kcal/kg/day) calculated from a series of questions on the frequency, duration and intensity of participation in physical activities. It was grouped into three categories: Active (27.7 kcal/kg/day or more), Moderate (15.4-27.6 kcal/kg/day) or Inactive (0-15.3 kcal/kg/day) average daily energy expenditure. Three types of physical activities were included in the variable: 1) physical activity (i.e. usual daily activities, occupational-related physical activity); 2) physical activity for travel (i.e., biking or walking to school or work); and 3) leisure time physical activity (i.e., walking, running, gardening, soccer, etc.).

**Figure 2.41 Physical Activity (Adults) by RHA**

Age- and sex-adjusted percentage of weighted sample, CCHS 2015-2016



Source: Statistics Canada CCHS 2015-2016

## Participation and Activity Limitation

### Definition

The percentage of respondents, aged 12 years and older, who reported they require help for activities of daily living because of a physical or mental condition or health issue, over a one-year time period.

### Why is this indicator important?

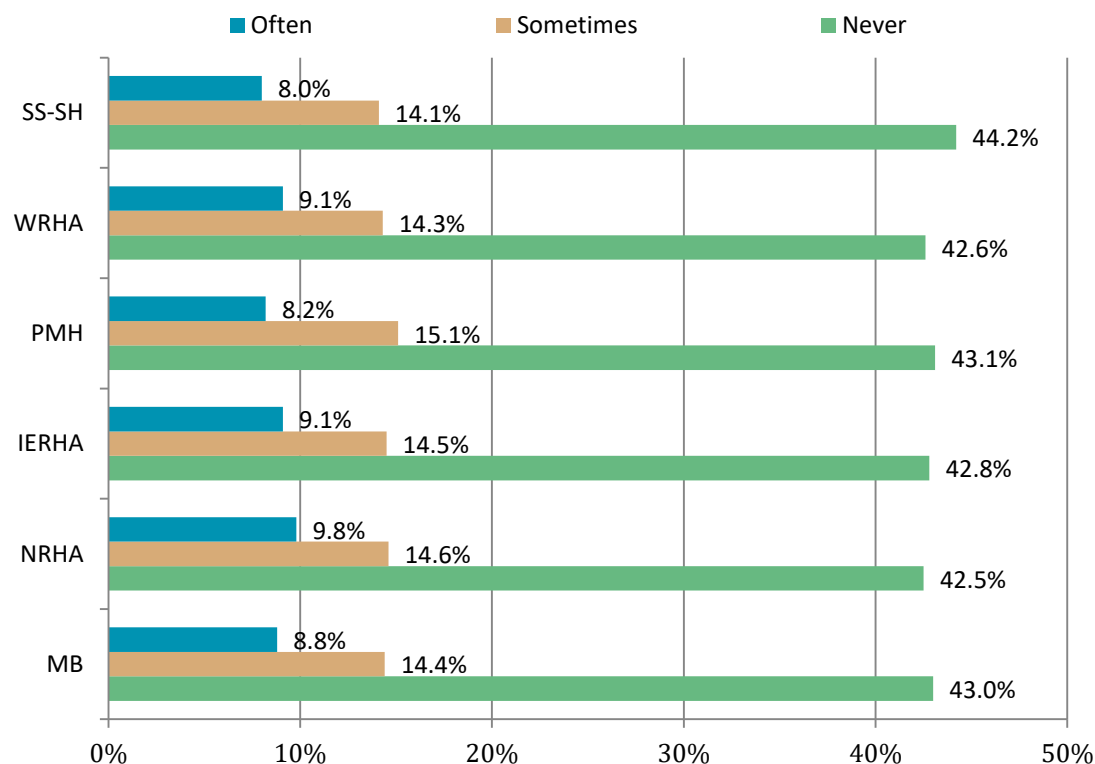
While it is imperative to measure the prevalence of specific health conditions, it is also important to understand the burden these conditions place on the daily lives of residents. The participation and activity limitation indicator helps to monitor this burden in the population.

### Provincial Key Findings

- In Manitoba, 14.4 percent of the survey respondents reported that they sometimes required help for activities of daily living; and 8.8 percent reported they often required help for these activities because of a physical or mental condition or a health issue.
- The proportion of individuals who reported having a health issue that often limited their daily activities ranged from 8.0 percent in Interlake-Eastern RHA to 9.8 percent in Northern Health Region.

**Figure 2.42 Participation and Activity Limitation by RHA**

Age- and sex-adjusted percentage of weighted sample, CCHS 2009/2010, 2013/2014



Source: Statistics Canada CCHS 2009-2010, 2013-2014

### Regional Key Findings

- In the Winnipeg Health Region, the proportion of individuals who reported having a health issue that sometimes or often limited their daily activities was similar to the provincial average.
- Point Douglas (33.6%), Inkster (26.5%) and River Heights (26.2%) were among the community areas with the highest proportion of individuals reporting sometimes or often having limited daily activities due to a health issue.
- The difference in the proportion of participation and activity limitation across the Region may reflect varying age compositions and health issues.
- The proportion of residents that reported having a health issue that often limited their daily activities in River East South (highest) was 3.2 times higher than that of residents St. Vital South (lowest).

**Table 2.27 Participation and Activity Limitation by Winnipeg Community Area & Neighborhood Cluster, CCHS 2009/2010, 2013/2014**

Age- and sex-adjusted proportion of weighted sample

	Never	Sometimes	Often		
<b>Manitoba</b>	<b>43.0%</b>	<b>14.4%</b>	<b>8.8%</b>		
<b>Fort Garry</b>	<b>47.7%</b>	<b>11.9%</b>	<b>7.7%</b>	<b>c</b>	
Fort Garry North	53.8%	5.5%	Lc	9.3%	c
Fort Garry South	44.0%	16.6%	c	6.6%	c
<b>Assiniboine South</b>	<b>40.7%</b>	<b>16.2%</b>	<b>c</b>	<b>8.9%</b>	<b>c</b>
<b>St. Vital</b>	<b>47.5%</b>	<b>17.6%</b>	<b>6.4%</b>	<b>c</b>	
St. Vital South	53.2%	17.0%		5.9%	c
St. Vital North	36.9%	18.6%	c	7.3%	c
<b>St. Boniface</b>	<b>39.0%</b>	<b>12.1%</b>	<b>c</b>	<b>10.0%</b>	<b>c</b>
St. Boniface East	40.2%	14.0%	c	9.2%	c
St. Boniface West	37.2%	c	.	s	s
<b>River Heights</b>	<b>36.9%</b>	<b>16.6%</b>	<b>9.6%</b>	<b>c</b>	
River Heights West	38.0%	20.5%		10.9%	c
River Heights East	35.9%	c	10.9%	c	8.4%
<b>Transcona</b>	<b>50.3%</b>	<b>11.0%</b>	<b>c</b>	<b>6.5%</b>	<b>c</b>
<b>St. James-Assiniboia</b>	<b>42.4%</b>	<b>13.6%</b>	<b>8.0%</b>	<b>c</b>	
St. James-Assiniboia East	43.2%	12.3%	c	6.7%	c
St. James-Assiniboia West	42.1%	13.7%		9.1%	c
<b>Seven Oaks</b>	<b>39.9%</b>	<b>11.4%</b>	<b>c</b>	<b>9.2%</b>	<b>c</b>
Seven Oaks East	42.0%	7.4%	c	10.1%	c
Seven Oaks West	36.8%	21.1%	c	.	s
Seven Oaks North	.	s	.	s	s
<b>Winnipeg RHA</b>	<b>42.6%</b>	<b>14.3%</b>	<b>9.1%</b>		
<b>River East</b>	<b>43.3%</b>	<b>14.1%</b>	<b>10.5%</b>		
River East South	50.6%	13.0%	c	18.6%	c
River East North	46.9%	c	.	s	s
River East West	44.1%	7.8%	Lc	12.5%	c
River East East	40.7%	19.8%	c	7.7%	c
<b>Inkster</b>	<b>42.9%</b>	<b>11.4%</b>	<b>c</b>	<b>15.1%</b>	<b>c</b>
Inkster West	49.2%	c	.	s	s
Inkster East	36.6%	c	.	s	s
<b>Downtown</b>	<b>44.4%</b>	<b>15.1%</b>	<b>c</b>	<b>8.0%</b>	<b>c</b>
Downtown East	33.9%	.	s	6.9%	c
Downtown West	51.2%	15.4%	c	8.7%	c
<b>Point Douglas</b>	<b>41.1%</b>	<b>18.5%</b>	<b>c</b>	<b>15.1%</b>	<b>c</b>
Point Douglas South	40.6%	c	16.2%	c	s
Point Douglas North	40.1%	19.4%	c	13.8%	c
<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		

## WRHA Geographic Disparity Ratio



Disparity (often) 3.2 x

N/A: data not available

c – estimate displayed with caution

s = Estimates are not reliable; data is suppressed

H/L = significantly higher/lower than MB average.

Source: Statistics Canada CCHS 2009-2010, 2013-2014

## Fruit and Vegetable Consumption

### Definition

The percentage of the population 12 years and older who reported consuming an average of 5 or more servings of fruits and vegetables daily.

### Why is this indicator important?

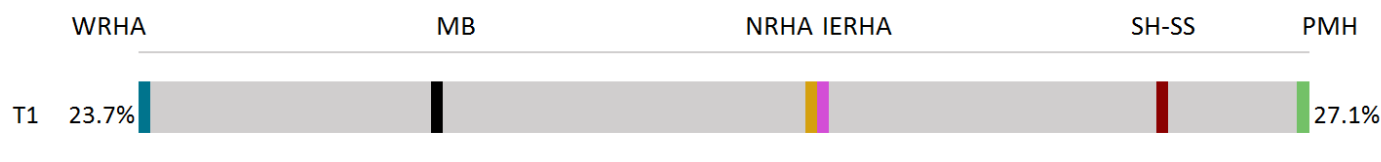
Low fruit and vegetable consumption is one of the leading factors contributing to chronic disease.

### Provincial & Regional Key Findings

- In Manitoba, 24.6 percent of respondents aged 12 years and older had more than five servings of fruits and vegetables per day in 2015-2016.
- The proportion of respondents who consumed fruits and vegetables (5 or more servings) was similar across all five health regions.
- In the Winnipeg Health Region, the proportion of respondents reported having more than five servings of fruits and vegetables per day was the lowest in the province.

**Figure 2.43 Reported Consuming 5 or more Servings of Fruit or Vegetables per day**

Age- and sex-adjusted proportion (%) of weighted sample CCHS 2015-2016



H/L Significantly higher (H) or lower (L) than the MB average

	WRHA	MB	NRHA	IERHA	SH-SS	PMH
T1 RATE	23.7%	24.6%	25.7%	25.7%	26.7%	27.1%

Source: Statistics Canada CCHS 2015-2016

## Sleep Time

### Definition

The average number of hours that individuals reported they spent sleeping in a 24 hour period.

### Why is this indicator important?

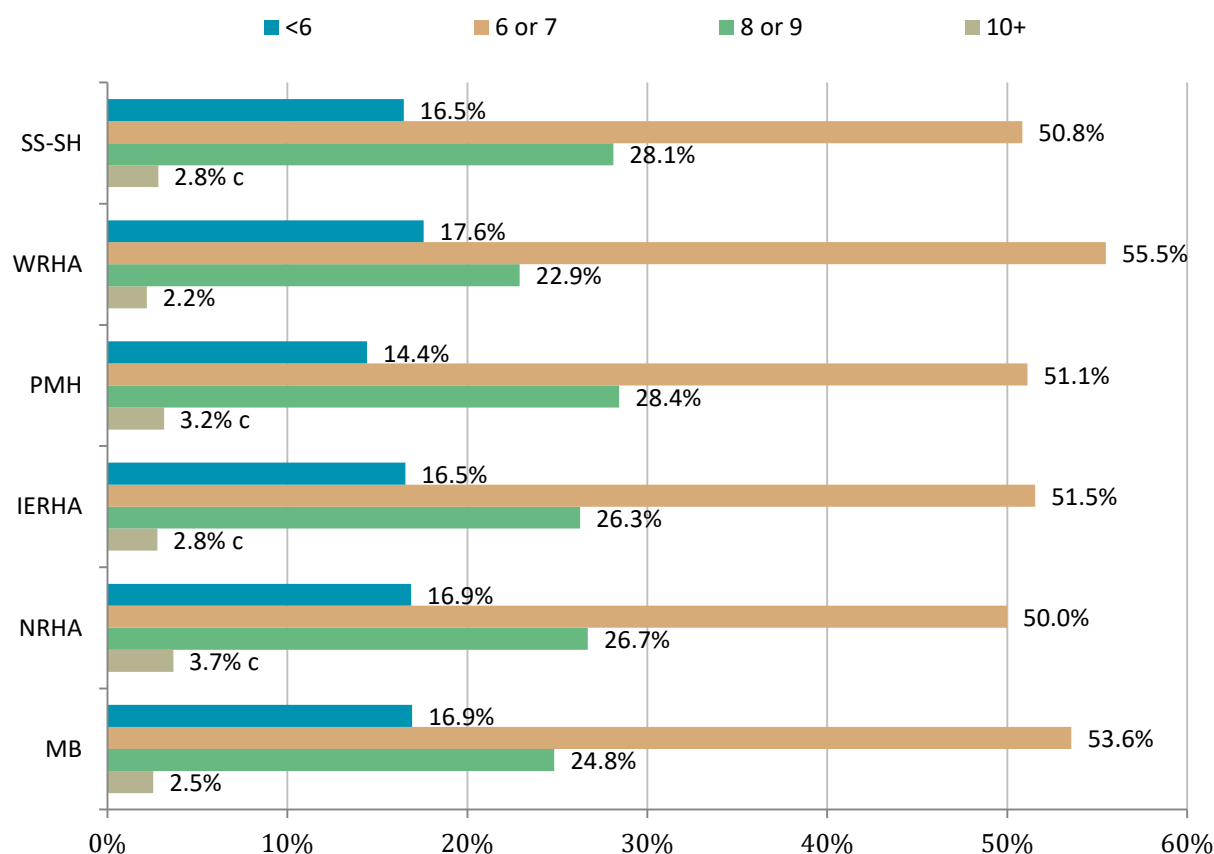
Sleep is a vital component of good health and well-being throughout an individual's life. An adequate amount of quality sleep every day can help promote good mental and physical health, quality of life and safety.

### Provincial Key Findings

- 74 percent of people living in the province reported that they usually slept between 6 to less than 10 hours per night whereas just 16.9 percent usually slept less than 6 hours per night.
- Very few (2.5%) residents reported that they usually slept 10 or more hours per night.

**Figure 2.44 Sleep Time by RHA, 2011/12-2013/14**

Age-and sex-adjusted percentage of weighted sample



c – estimate displayed with caution

Source: Statistics Canada CCHS 2011-2012, 2013-2014

### Regional Key Findings

- In the Winnipeg Health Region, 78.4 percent of people reported that they usually slept between 6 to less than 10 hours per night whereas just 17.6 percent usually slept less than 6 hours per night.
- Very few (2.2%) residents reported that they usually slept 10 or more hours per night.
- There was also a difference in sleeping duration across the Region; the highest proportion of people who reported usually sleeping less than 6 hours per night was in Point Douglas (27.8%) and the lowest was in Fort Garry (13.9%).

**Table 2.28 Sleep Time by Winnipeg Community Area and Neighbourhood Cluster, 2011/12-2013/14**  
Age- and sex-adjusted proportion of weighted sample

	2014			
	<6	6 or 7	8 or 9	10+
<b>Manitoba</b>	<b>16.9%</b>	<b>53.6%</b>	<b>24.8%</b>	<b>2.5%</b>

<b>Fort Garry</b>	<b>13.9%<sup>c</sup></b>	<b>59.0%</b>	<b>25.0%</b>	<b>s</b>
Fort Garry South	12.5% <sup>c</sup>	58.4%	27.0%	s
Fort Garry North	14.7% <sup>c</sup>	60.0%	22.7%	s

<b>Assiniboine South</b>	<b>18.5%<sup>c</sup></b>	<b>57.4%</b>	<b>21.1%</b>	<b>s</b>
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<b>St. Vital</b>	<b>17.1%</b>	<b>57.7%</b>	<b>21.1%</b>	<b>s</b>
St. Vital North	13.3% <sup>c</sup>	58.0%	26.4% <sup>c</sup>	s
St. Vital South	19.8% <sup>c</sup>	56.9%	17.5% <sup>c</sup>	s

<b>St. Boniface</b>	<b>14.4%<sup>c</sup></b>	<b>59.4%</b>	<b>21.5%</b>	<b>s</b>
St. Boniface East	15.4% <sup>c</sup>	61.4%	19.5% <sup>c</sup>	s
St. Boniface West	12.9% <sup>c</sup>	52.1%	27.5% <sup>c</sup>	s

<b>River Heights</b>	<b>21.2%<sup>c</sup></b>	<b>59.4%</b>	<b>16.8%</b>	<b>s</b>
River Heights East	28.5% <sup>c</sup>	55.4%	15.1% <sup>c</sup>	s
River Heights West	14.7% <sup>c</sup>	63.7%	17.9% <sup>c</sup>	s

<b>Transcona</b>	<b>20.9%<sup>c</sup></b>	<b>50.2%</b>	<b>27.3%<sup>c</sup></b>	<b>s</b>
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<b>St. James-Assiniboia</b>	<b>20.0%<sup>c</sup></b>	<b>52.7%</b>	<b>23.5%</b>	<b>s</b>
St. James-Assiniboia East	18.0% <sup>c</sup>	52.3%	24.5% <sup>c</sup>	s
St. James-Assiniboia West	19.4% <sup>c</sup>	53.9%	23.9%	s

<b>Seven Oaks</b>	<b>19.7%</b>	<b>50.9%</b>	<b>24.6%</b>	<b>s</b>
Seven Oaks West	15.8% <sup>c</sup>	52.0% <sup>c</sup>	25.0% <sup>c</sup>	s
Seven Oaks North	s	42.8%	s	s
Seven Oaks East	24.3% <sup>c</sup>	53.9%	18.9% <sup>c</sup>	s

	2014			
	<6	6 or 7	8 or 9	10+
<b>Winnipeg RHA</b>	<b>17.6%</b>	<b>55.5%</b>	<b>22.9%</b>	<b>2.2%</b>

<b>River East</b>	<b>16.8%</b>	<b>58.1%</b>	<b>19.0%</b>	<b>s</b>
River East North	s	55.7%	30.5% <sup>c</sup>	s
River East South	19.8% <sup>c</sup>	49.8%	25.7% <sup>c</sup>	s
River East East	16.4% <sup>c</sup>	60.3%	17.5% <sup>c</sup>	s
River East West	20.3%	58.2%	15.8% <sup>c</sup>	s

<b>Inkster</b>	<b>25.5%<sup>c</sup></b>	<b>58.2%</b>	<b>14.1%<sup>c</sup></b>	<b>s</b>
Inkster West	s	53.8% <sup>c</sup>	s	s
Inkster East	23.9% <sup>c</sup>	62.1%	s	s

<b>Downtown</b>	<b>22.0%</b>	<b>53.0%</b>	<b>23.3%</b>	<b>s</b>
Downtown West	20.8% <sup>c</sup>	56.6%	20.6%	s
Downtown East	24.9% <sup>c</sup>	47.2%	26.3%	s

<b>Point Douglas</b>	<b>27.8%<sup>c</sup></b>	<b>51.9%</b>	<b>14.6%<sup>cL</sup></b>	<b>s</b>
Point Douglas North	28.5% <sup>c</sup>	53.5%	13.4% <sup>cL</sup>	s
Point Douglas South	s	44.7% <sup>c</sup>	s	s

<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
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c = estimate displayed with caution  
H/L = significantly higher/lower than MB average  
s = Estimates are not reliable; data is suppressed  
Source: Statistics Canada CCHS 2011-2012, 2012-2014

## Driving safety

### Cell Phone Use While Driving

#### Definition

The percentage of the population who reported using a cell phone while driving a motor vehicle, over a one-year time period.

#### Why is this indicator important?

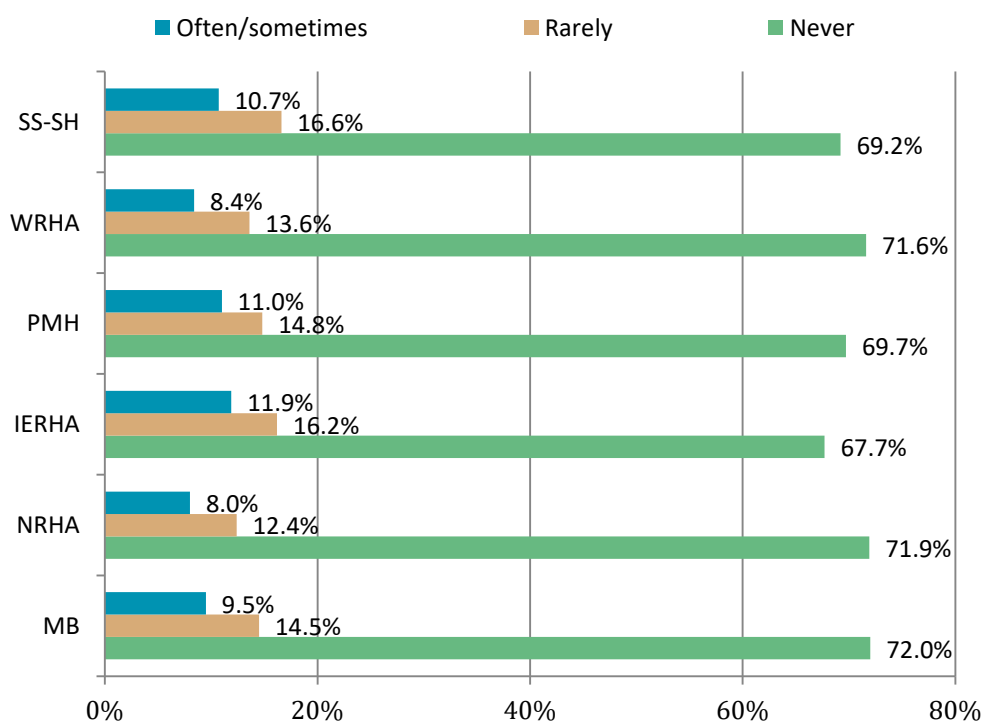
Cell phone use while driving decreases driver awareness and increases the risk for collisions, leading to higher levels of unnecessary injuries and fatalities. Monitoring this behavior helps to inform on the effectiveness of public education activities.

#### Provincial Key Findings

- In Manitoba, 72 percent of adult drivers with cell phones reported never using it while driving. However, more than one-in-five drivers (24%) reported using a cell phone while driving (14.5% using rarely and 9.5% using sometimes or often).
- The highest proportion of drivers who reported sometimes or often using a cell phone while driving was in Interlake-Eastern RHA (11.9%) and the lowest was in Northern Health Region (8%).

**Figure 2.45 Cell Phone Use while Driving by RHA, 2011/12 – 2013/14**

Age- and sex-adjusted percentage of weighted sample



Source: Statistics Canada CCHS 2011-2012, 2013-2014

### Regional Key Findings

- In the Winnipeg Health Region, the proportion of adult drivers who reported using a cell phone while driving was slightly lower than the provincial average (22%).
- The proportion of drivers in Inkster who reported *never* using a cell phone while driving was significantly higher than the provincial average.
- The highest proportion of drivers reporting *never* having used a cell phone while driving, those from Inkster West, was 1.6 times higher than that of Seven Oaks North (the lowest).
- The highest proportion of drivers reporting *rarely* using a cell phone while driving was in St. Vital North, a rate 3.1 times higher than was reported by drivers in St. James-Assiniboia East (the lowest).
- The proportion of residents that reported *often/sometimes* using a cell phone while driving in River East East (highest) was twice as high compared to residents in Seven Oaks East (lowest). However, this must be interpreted with caution due to small sample sizes.

**Table 2.29 Cell Phone Use While Driving by Winnipeg Community Area & Neighborhood Cluster, 2011/12-2013/14**

Age-and sex-adjusted percentage of weighted sample

	Never	Rarely	Often/ Sometimes
<b>Manitoba</b>	<b>72.0%</b>	<b>14.5%</b>	<b>9.5%</b>

<b>Fort Garry</b>	<b>70.9%</b>	<b>17.7%</b>	<b>10.2%</b>	<b>c</b>
Fort Garry North	73.1%	21.6%	c	s
Fort Garry South	70.4%	13.6%	c	14.8%

<b>Assiniboine South</b>	<b>73.6%</b>	<b>10.1%</b>	<b>c</b>	<b>16.1%</b>	<b>c</b>
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St. Vital	69.6%		17.2%		11.7%	c
St. Vital South	70.6%		11.0%	c	17.0%	c
St. Vital North	68.1%		25.1%	c	.	s

<b>St. Boniface</b>	<b>75.0%</b>	<b>10.3%</b>	<b>c</b>	<b>10.1%</b>	<b>c</b>
St. Boniface West	83.2%	.	s	.	s
St. Boniface East	70.7%	12.7%	c	11.8%	c

<b>River Heights</b>	<b>69.2%</b>	<b>23.2%</b>	<b>c</b>	<b>6.1%</b>	<b>c</b>
River Heights East	71.9%	19.9%	c	.	s
River Heights West	67.9%	24.7%	c	.	s

<b>Transcona</b>	<b>81.5%</b>	<b>.</b>	<b>s</b>	<b>.</b>	<b>s</b>
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<b>St. James-Assiniboia</b>	<b>70.5%</b>	<b>17.1%</b>	<b>c</b>	<b>10.5%</b>	<b>c</b>
St. James-Assiniboia East	78.0%	8.2%	c	.	s
St. James-Assiniboia West	66.3%	21.7%	c	11.1%	c

Seven Oaks	68.6%		17.2%		10.5%	c
Seven Oaks East	69.8%		17.5%	c	10.4%	c
Seven Oaks West	65.7%		17.5%	c	.	s
Seven Oaks North	58.6%	c	.	s	.	s

	Never	Rarely	Often/ Sometimes
<b>Winnipeg RHA</b>	<b>71.6%</b>	<b>13.6%</b>	<b>8.4%</b>

River East	71.2%		14.3%		12.6%	c
River East South	80.0%		.	s	.	s
River East West	74.7%		16.6%	c	.	s
River East North	74.4%		.	s	.	s
River East East	66.0%		10.9%	c	20.8%	c

<b>Inkster</b>	<b>92.9%</b>	<b>H</b>	<b>.</b>	<b>s</b>	<b>.</b>	<b>s</b>
Inkster West	93.9%	H	.	s	.	s
Inkster East	91.9%		.	s	.	s

Downtown	78.6%		15.3%	c	.	s
Downtown East	89.3%	H	.	s	.	s
Downtown West	72.0%		21.0%	c	.	s

<b>Point Douglas</b>	<b>77.3%</b>	<b>12.6%</b>	<b>c</b>	<b>.</b>	<b>s</b>
Point Douglas South	90.8%	.	s	.	s
Point Douglas North	75.5%	.	s	.	s

<b>Churchill</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
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## WRHA Geographic Disparity Ratio



Disparity (Never use) 1.6 x  
 Disparity (Rarely use) 3.1 x  
 Disparity (Often/sometimes use) 2.0 x

c – estimate displayed with caution

H/L = significantly higher/lower than MB average

s – Estimates are not reliable; data is suppressed

. – No sample was drawn from this area

Source: Statistics Canada CCHS 2011-2012, 2013-2014

## ATV Helmet Use

### Definition

The percentage of the population who reported using a helmet while riding an all-terrain vehicle (ATV), over a one-year time period.

### Why is this indicator important?

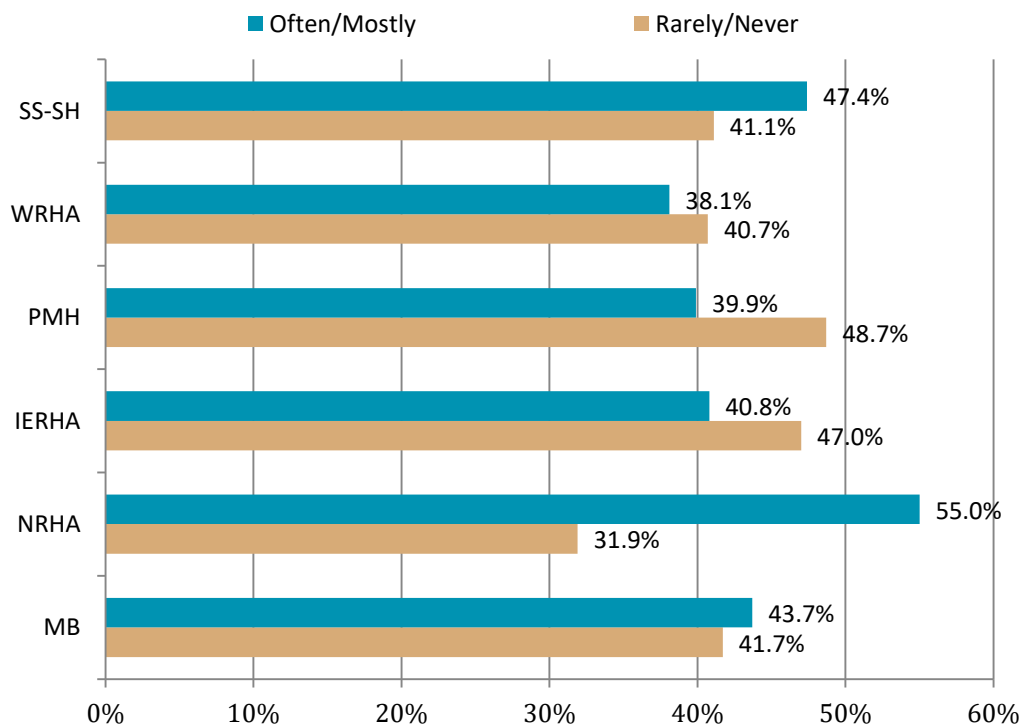
Wearing an approved proper fitting helmet is one of the ways to reduce the risk of acquiring a head or spinal cord injury during an ATV accident. Monitoring this behavior helps to inform on public education activities.

### Provincial Key Findings

- 43.7 percent of Manitoba respondents reported 'often/mostly' wearing a helmet when on an ATV; while 41.7 percent reported 'rarely' or 'never' wearing a helmet when on an ATV.
- The local rate for using a helmet often/mostly when on an ATV ranged from 38.1 percent in the Winnipeg Health Region to 55.0 percent in Northern Health Region.

**Figure 2.46 ATV Helmet Use by RHA, 2011/12-2013/14**

Age-and sex-adjusted percentage of weighted sample



Source: Statistics Canada CCHS 2011-2012, 2013-2014

### Regional Key Findings

- In the Winnipeg Health Region, the proportion of people (38.1%) who reported 'often/mostly' wearing a helmet when on an ATV was lower than the provincial average.
- 40.7 percent reported 'rarely' or 'never' wearing a helmet while riding an ATV.
- The highest proportion of riders reporting 'rarely/never' using a helmet was in Downtown East, which was 2.8 times higher than riders from River Heights East (the lowest).
- The proportion of riders that reported 'often/mostly' using a helmet when on an ATV in River East North (highest) was 2.5 times higher than residents of River East West (lowest). However, this must be interpreted with caution due to small sample sizes.

**Table 2.30 ATV Helmet Use by Winnipeg Community Area & Neighborhood Cluster, 2011/12-2013/14**

Age-and sex-adjusted percentage of weighted sample

	Rarely/Never		Often/Mostly	
<b>Manitoba</b>	<b>41.7%</b>		<b>43.7%</b>	

<b>Fort Garry</b>	<b>63.5%</b>		<b>26.2%</b>	<b>c</b>
Fort Garry South	48.3%	c	.	s
Fort Garry North	57.4%	c	.	s

<b>Assiniboine South</b>	.	s	<b>73.7%</b>	<b>c</b>
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<b>St. Vital</b>	<b>36.1%</b>	<b>c</b>	<b>40.7%</b>	<b>c</b>
St. Vital North	.	s	54.8%	c
St. Vital South	46.2%	c	35.1%	c

<b>St. Boniface</b>	.	s	<b>37.3%</b>	
St. Boniface East	44.7%	c	39.1%	
St. Boniface West	.	s	.	s

<b>River Heights</b>	<b>32.3%</b>	<b>c</b>	<b>53.6%</b>	<b>c</b>
River Heights East	25.4%	c	42.3%	c
River Heights West	.	s	39.1%	c

<b>Transcona</b>	.	s	<b>58.9%</b>	<b>c</b>
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<b>St. James-Assiniboia</b>	<b>34.4%</b>	<b>c</b>	<b>35.7%</b>	<b>c</b>
St. James-Assiniboia East	.	s	49.0%	c
St. James-Assiniboia West	47.8%	c	.	s

<b>Seven Oaks</b>	.	s	<b>39.1%</b>	<b>c</b>
Seven Oaks West	.	s	.	s
Seven Oaks North	.	s	.	s
Seven Oaks East	.	s	.	s

	Rarely/Never		Often/Mostly	
<b>Winnipeg RHA</b>	<b>40.7%</b>		<b>38.1%</b>	

<b>River East</b>	<b>35.1%</b>	<b>c</b>	<b>50.2%</b>	<b>c</b>
River East North	.	s	69.9%	c
River East South	.	s	62.0%	c
River East East	.	s	38.5%	c
River East West	62.8%	c	28.2%	c



<b>Inkster</b>	.	s	.	s
Inkster West	.	s	.	s
Inkster East	.	s	.	s

<b>Downtown</b>	<b>67.5%</b>	<b>c</b>	.	s
Downtown West	43.0%		.	s
Downtown East	69.5%	c	.	s

<b>Point Douglas</b>	.	s	<b>25.9%</b>	<b>c</b>
Point Douglas North	.	s	29.7%	c
Point Douglas South	.	s	.	s

<b>Churchill</b>	<b>N/A</b>		<b>N/A</b>	
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**WRHA Geographic Disparity Ratio**

Disparity (Rarely/never) 2.8 x  
Disparity (often/mostly) 2.5 x

c – estimate displayed with caution

H/L = significantly higher/lower than MB average

s – Estimates are not reliable; data is suppressed

. – No sample was drawn from this area

Source: Statistics Canada CCHS 2011-2012, 2013-2014

## Use of Preventative Services

### Immunization

#### Influenza Immunization (age 65+)

##### Definition

The percentage of older adults (65 years and older) who were immunized for influenza (received the flu shot), reported for a one-year time period.

##### Why is this indicator important?

People 65 years and older are at a greater risk of serious complications from the flu that often lead to hospitalization and death as their immune defenses become weaker with age. Monitoring the uptake of influenza vaccination helps to inform on health promotion and public health interventions including public awareness messages. The goal is to reach the national target of 80 percent coverage set by the National Advisory Committee on Immunization.

##### Provincial Key Findings

- In T1 (2017/18), 55.2 percent of Manitoba residents aged 65 years and older received the influenza vaccination.
- The coverage rate varied by all health regions, with the Winnipeg Health Region having the highest coverage (58.2%) and the Northern Health Region the lowest (43.2%).

**Figure 2.47 Influenza Immunization by RHA, 2017/2018**

Percentage of older adults (aged 65+)




	NRHA	SH-SS	PMH	IERHA	MB	WRHA
T1 COUNT	2,405	12,909	16,716	12,698	115,433	70,705
T1 RATE	43.2%	47.5%	53.2%	54.3%	55.2%	58.2%

Source: IMA MHSAL 2019

## Regional Key Findings

- In T1 (2017/18), the coverage of influenza vaccination for the Region's residents aged 65 years and older was higher than the provincial average.
- The coverage ranged from 47.2 percent in Point Douglas (lowest) to 63.5 percent in the Assiniboine South community area (highest).
- Neighbourhood cluster level data not available.
- For more information on influenza vaccinations, please see ["A Closer look at Influenza and Pneumococcal Vaccines for Older Adults in the Region"](#).

**Table 2.31 Percentage of the Population who were Immunized Against Influenza (age 65+) by Winnipeg Community Area, 2017/2018**

	2017/18			2017/18		
	Count	Rate		Count	Rate	
<b>Manitoba</b>	<b>115,433</b>	<b>55.2%</b>		<b>Winnipeg RHA</b>	<b>70,705</b>	<b>58.2%</b>
Fort Garry	8,154	61.0%		Downtown	5,185	51.1%
Assiniboine South	5,132	63.5%		Point Douglas	2,260	47.2%
St. Vital	8,002	61.3%		Churchill	45	49.5%
St. Boniface	5,881	58.7%		<div> <p><b>WRHA Geographic Disparity Ratio</b></p>  <p>T1 Disparity 1.3x</p> </div>		
River Heights	6,442	61.0%				
Transcona	3,194	59.3%				
St. James-Assiniboia	7,619	62.9%				
Seven Oaks	6,537	54.8%				
River East	10,242	57.2%				
Inkster	2,012	48.8%				

Source: IMA MHSAL 2019

## Pneumococcal Immunization (age 65+)

### Definition

The percentage of older adults (65 years and older) who were immunized for pneumonia (pneumococcal conjugate vaccine). Unlike influenza, this immunization is usually only given once in a lifetime, therefore the rate is cumulative.

### Why is this indicator important?

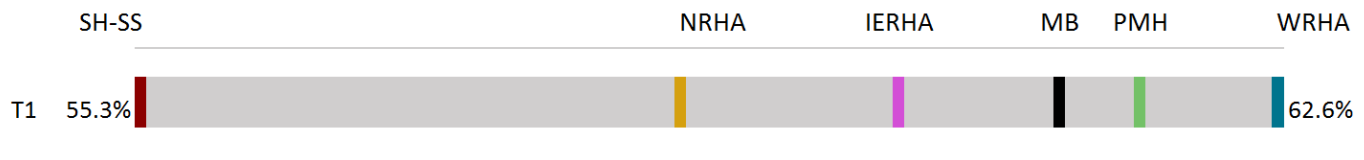
Pneumococcal disease can cause severe infections of the lungs, bloodstream, lining of the brain and spinal cord that may sometimes be fatal. A weakened immune system puts older adults at a greater risk of developing life threatening pneumococcal infections and, for those who survive, to suffer permanent damage to health, especially if living with other comorbid conditions. Monitoring the uptake of pneumococcal vaccination helps to inform on health promotion and primary health care interventions.

### Provincial Key Findings

- In T1 (2017/18), 61.2 percent of Manitoba residents aged 65 years and older were immunized for pneumonia.
- The coverage varied by all health regions, with the Winnipeg Health Region having the highest coverage (62.6%) and Southern Health-Santé Sud having the lowest (55.3%).

**Figure 2.48 Pneumococcal Immunization by RHA, 2017/2018**

Percentage of older adults (aged 65+)




	SH-SS	NRHA	IERHA	MB	PMH	WRHA
T1 COUNT	14,992	3,255	14,024	127,881	19,445	76,165
T1 RATE	55.3%	58.8%	60.2%	61.2%	61.7%	62.6%

Source: IMA MHSAL 2019

## Regional Key Findings

- In T1 (2017/18), the coverage of pneumococcal vaccination for the Region's residents aged 65 years and older was slightly higher than the provincial average.
- The coverage ranged from 57.1 percent in Inkster to 67.6 percent in the St. James-Assiniboia community area.
- Neighbourhood cluster level data not available.
- For more information on pneumococcal vaccinations, please see "[A Closer look at Influenza and Pneumococcal Vaccines for Older Adults in the Region](#)".

**Table 2.32 Percentage of the Population who were Immunized for Pneumonia (age 65+) by Winnipeg Community Area, 2017/2018**

	2017/18				2017/18		
	Count	Rate			Count	Rate	
Manitoba	127881	61.2%		Winnipeg RHA	76165	62.6%	
Fort Garry	8,331	62.8%		Downtown	5,897	57.7%	
Assiniboine South	5,212	64.3%		Point Douglas	2,753	57.5%	
St. Vital	8,448	64.8%		Churchill	59	63.4%	
St. Boniface	6,273	62.8%		<div>WRHA Geographic Disparity Ratio</div> <div></div> <div>T1 Disparity 1.2x</div>			
River Heights	6,749	63.7%					
Transcona	3,400	63.3%					
St. James-Assiniboia	8,256	67.6%					
Seven Oaks	7,255	60.9%					
River East	11,193	62.5%					
Inkster	2,339	57.1%					

Source: IMA MHSAL 2019



## A CLOSER LOOK AT INFLUENZA AND PNEUMOCOCCAL VACCINES FOR OLDER ADULTS IN THE REGION

The seasonal influenza (flu) vaccine is available to all Manitobans, six months of age and older. In addition to protecting the person immunized from getting the flu, the flu vaccine also provides a level of protection to the person's friends and family. Manitoba Health, Seniors and Active Living recommends that everyone get their free flu vaccine "early fall and every fall".<sup>xxvii</sup> Beginning in the fall of 2017, a high-dose of the flu vaccine (Fluzone® high-dose) was offered to older adults 65 years of age and older who were residents in personal care homes. The vaccine has four times the amount of antigen compared to a standard dose flu vaccine and is more effective at preventing influenza in personal care homes where residents are particularly susceptible to severe influenza-related illnesses and subsequent hospitalizations, complications and in some cases, death.<sup>xxviii</sup>

The pneumococcal vaccine (Pneu-23) is offered free of charge to older adults and it provides immunity to pneumonia for a period of at least five years. Most people require only one dose. If they have not yet had a dose of the Pneu-23 vaccine, older Manitobans (65 years of age and older) can request the pneumococcal (Pneu-P-23) vaccine together with their seasonal flu vaccine from their health care provider. The Pneu-P-23 vaccine is available at local public health offices, doctor's offices, pharmacies, Access Centres and immunization clinics in the Region.

The National Advisory Committee on Immunization sets a target of 80 percent immunization coverage for older adults aged 65 years and older for influenza and pneumococcal disease.<sup>xxix</sup> In the Region, 58.2 percent of older adults had received the flu vaccine and 62.6 percent of older adults had received the pneumococcal vaccine up to 2017/18.

Currently Population and Public Health within the Winnipeg Regional Health Authority are providing flu and pneumococcal vaccines to individuals at highest risk of influenza-related complications or hospitalization, or capable of transmitting influenza to those at high risk AND are vulnerable to health inequity due to factors affecting their ability to access immunization services and who would not otherwise seek immunization due to barriers. Immunization clinics are held in community locations convenient to these at risk populations.



## Screening

### Colorectal Cancer Screening

#### Definition

The percentage of the population, aged 50 to 74 years, who participated in screening for colorectal cancer (including Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT), Colonoscopy, and Flexible Sigmoidoscopy).

#### Why is this indicator important?

In Manitoba, it is recommended that individuals aged 50 to 74 years old undergo a fecal occult blood test (FOBT) every two years. Screening done through a regular FOBT or a colonoscopy or sigmoidoscopy has been shown to greatly reduce the chance of dying from colorectal cancer because early detection of pre-cancerous polyps often leads to more effective treatment.

#### Provincial Key Findings

- In T2 (2016-2017), 35.3 percent of Manitoba residents aged 50 to 74 years participated in screening for colorectal cancer. The proportion increased slightly from T1 (2014-2015).
- In T2, the proportion of residents who participated in colorectal cancer screening was significantly higher than the provincial average in Winnipeg Health Region but was significantly lower in the Northern Health Region, Prairie Mountain Health and Southern Health-Sant  Sud.
- In T2, the proportion of residents who participated in colorectal cancer screening was highest in age groups 65-69 (42.8%) and 70-74 (47.9%) years of age as compared to other age groups.
- In both time periods, the proportion of female residents participating in colorectal cancer screening was higher than male residents.
- **Income Disparity:** The income disparity in urban and rural settings remained unchanged over time. In both urban and rural settings, colorectal cancer screening rates among residents living in the lowest income areas were 0.8 times lower than the highest income areas' residents in both time periods (2014-2015 and 2016-2017).



#### Urban Quintiles

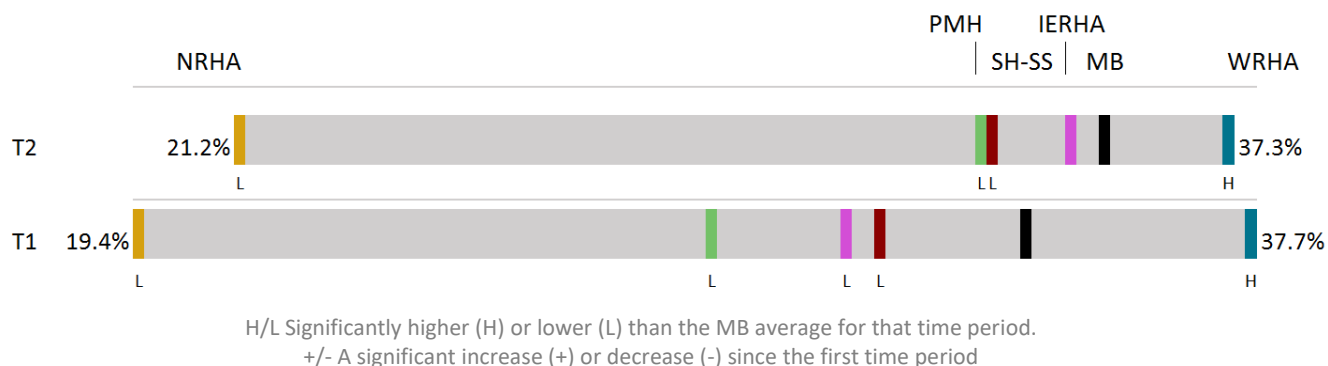
T1	0.8x
T2	0.8x
CHANGE	0.0

#### Rural Quintiles

T1	0.8x
T2	0.8x
CHANGE	0.0

**Figure 2.49 Colorectal Cancer Screening by RHA in 2014-2015 (T1) and 2016-2017 (T2)**

Percentage of individuals (aged 50 to 74), All Fecal Tests (ColonCheck FOBT, ColonCheck FiT, and Other FOBT)



	NRHA		PMH		SH-SS		IERHA		MB		WRHA	
T2 COUNT	3,444		16,830		16,852		15,729		131,612		78,757	
T2 RATE	21.2%	L	33.5%	L	33.5%	L	34.9%		35.3%		37.3%	H
T1 RATE	19.4%	L	28.9%	L	31.6%	L	31.1%	L	34.1%		37.7%	H

Source: CancerCare Manitoba 2019

## Regional Key Findings

- In T2 (2016-2017), the proportion of the Region's residents aged 50-74 years old who participated in screening for colorectal cancer was higher than the provincial average. The difference was statistically significant.
- For more information on colorectal cancer screening, please see "[A Closer look Cancer Screening in the Region](#)".

## Breast Cancer Screening

### Definition

The percentage of women, aged 50 to 74 years, who received at least one mammogram in a two-year time period.

### Why is this indicator important?

In Manitoba, it is recommended that screening mammography be offered every two years to all women 50 to 74 years of age. Although breast cancer can occur at any age, more than 80 percent of new cases occur among women 50 years of age and older. Early detection, combined with effective treatment, remains the best option available to reduce deaths in this age group.

### Provincial Key Findings

- In T2 (2016-2017), 55.8 percent of women in Manitoba aged 50-74 had a mammogram in the past 2 years. The proportion decreased slightly from T1 (2014-2015).
- In T2, the proportions of women aged 50-74 who received a mammogram were significantly higher than the provincial average in the Winnipeg Health Region and Prairie Mountain Health, but significantly lower in Interlake-Eastern RHA, Southern Health-Santé Sud, and the Northern Health Region.
- The proportion of women receiving a mammogram was highest in age groups of 60-64 (58.6%) and 65-69 (60.2%) years old as compared to other age groups.
- **Income Disparity:** Income disparity in urban and rural settings did not change over time. In urban areas, breast cancer screening among residents residing in the lowest income areas was 0.7 times lower than among the highest income areas' residents. In rural areas, breast cancer screening among residents residing in the lowest income areas was 0.8 times lower than among the highest income areas' residents in both time periods (2014-2015 and 2016-2017).

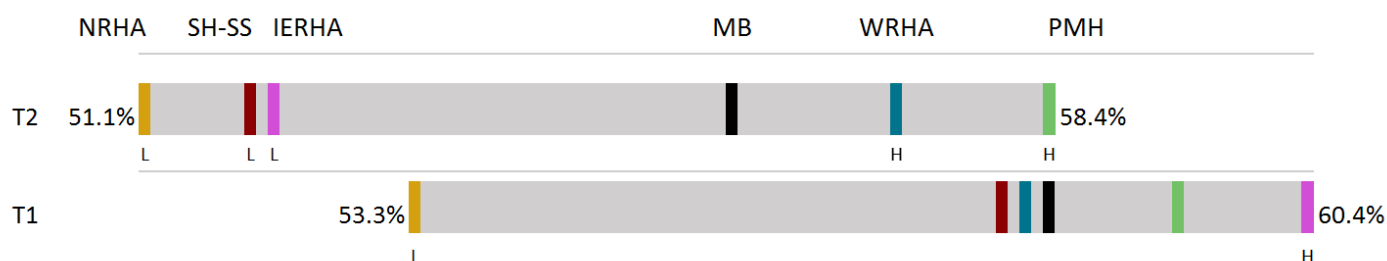


Urban Quintiles	
T1	0.7x
T2	0.7x
CHANGE	0.0

Rural Quintiles	
T1	0.8x
T2	0.8x
CHANGE	0.0

**Figure 2.50 Breast Cancer Screening by RHA in 2014-2015 (T1) and 2016-2017 (T2)**

Percentage of women (aged 50 to 74) with a mammogram within the last two years



H/L Significantly higher (H) or lower (L) than the MB average for that time period.

+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		SH-SS		IERHA		MB		WRHA		PMH	
T2 COUNT	3,695		13,087		11,429		106,075		63,072		14,792	
T2 RATE	51.1%	L	52.0%	L	52.2%	L	55.8%		57.1%	H	58.4%	H
T1 RATE	53.3%	L	58.0%		60.4%	H	58.4%		58.2%		59.4%	

Source: CancerCare Manitoba 2019

## Regional Key Findings

- In T2 (2015-2016), 57.2 percent of Winnipeg women and 21.7 percent of Churchill women aged 50-74 years had a screening mammography.
- The proportion of women receiving a mammogram was highest in age groups of 60-64 (60.3%) and 65-69 (60.8%) compared to other age groups.
- There were relationships between household income and breast cancer screening rates in the Region's urban area in both time periods. The breast cancer screening proportion was 1.5 times higher among women in the highest income quintile than those in the lowest income quintile.
- For more information on breast cancer screening, please see "[A Closer look Cancer Screening in the Region](#)".

## Cervical Cancer Screening

### Definition

The percentage of women, aged 21 to 69 years old, who were screened for cervical cancer, reported over a two-year time period.

### Why is this indicator important?

Regular pap smears every three years can prevent or detect early cell changes that can be the precursor to cervical cancer. Risk factors associated with cervical cancer include early age of sexual intercourse, sexually transmitted infection, low socioeconomic status and smoking.

### Provincial Key Findings

- In T2 (2015-2016), 64.8 percent of Manitoba women aged 21 and older had a pap smear. The proportion decreased slightly from T1 (2014-2015).
- In T2, the proportions of women who had a pap smear were significantly higher than the provincial average in the Winnipeg Health Region and Interlake-Eastern RHA, but significantly lower in Southern Health-Santé Sud and the Northern Health Region.
- The proportion of women who had a pap smear was highest in the age groups of 25-29 (66.6%) and 30-39 (68.8%) compared to other age groups.
- **Income Disparity:** Income disparity in urban and rural areas remained unchanged over time. Among residents in both urban and rural areas, cervical cancer screenings were 0.8 times lower among residents living in the lowest income areas than among the highest income areas in T1 (2014-2015) and T2 (2016-2017).



#### Urban Quintiles

T1	0.8x
T2	0.8x
CHANGE	0.0

#### Rural Quintiles

T1	0.8x
T2	0.8x
CHANGE	0.0

**Figure 2.51 Cervical Cancer Screening by RHA in 2012-2014 (T1) and 2015-2017 (T2)**

Percentage of eligible women (aged 21 to 69)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		SH-SS		PMH		MB		IERHA		WRHA	
T2 COUNT	12,178		34,383		30,414		251,718		26,268		148,475	
T2 RATE	55.1%	L	63.4%	L	64.6%		64.8%		65.8%	H	65.9%	H
T1 RATE	57.6%	L	66.6%		65.1%	L	66.6%		68.1%	H	67.5%	H

Source: CancerCare Manitoba 2019

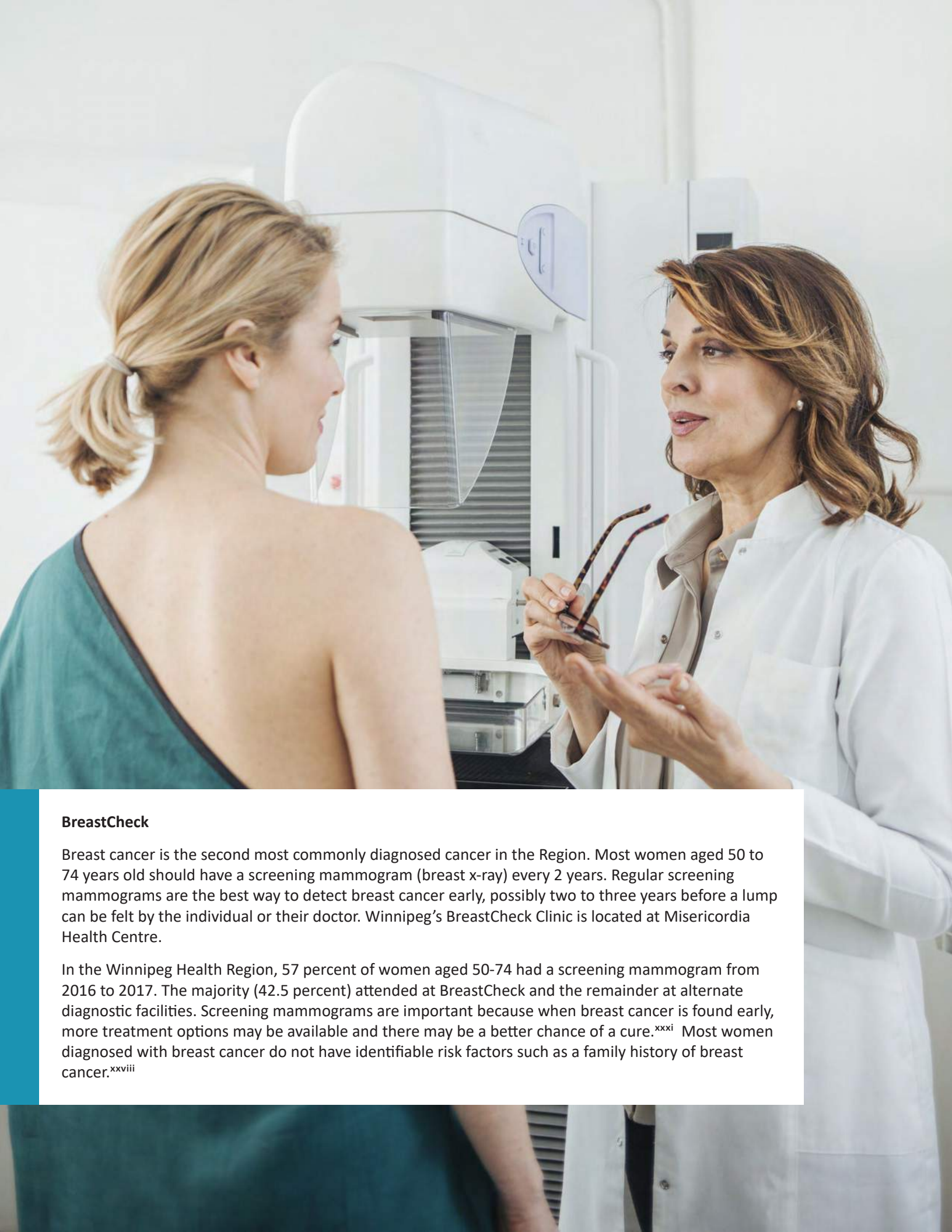
## Regional Key Findings

- In T2 (2015-2016), 65.9 percent of Winnipeg women and 57.6 percent of Churchill women aged 21 years and older had a pap smear.
- The proportion of women who had a pap smear was significantly higher than the provincial average in the age groups of 30-39 (70.2%), 40-49 (68.7%), 50-59 (66.2%) and 60-69 (60.9%).
- There were relationships between household income and cervical cancer screening in the Region's urban area in both time periods—the cervical cancer screening proportion was 0.8 times higher among women in the highest income quintile than those in the lowest income quintile in T2.
- For more information on cervical cancer screening, please see [“A Closer look Cancer Screening in the Region”](#).



## A CLOSER LOOK AT CANCER SCREENING IN THE REGION

In the Winnipeg Health Region, cancer was the most frequent cause of premature death from 2012-2016.<sup>xxx</sup> Breast and colorectal cancers are among the top four most commonly diagnosed invasive cancers. Approximately one out of five (20.2%) Winnipeg Health Region residents diagnosed with colorectal cancer are diagnosed at a late stage (IV) and seven percent (7.2%) of residents diagnosed with breast cancer are diagnosed at a late stage.<sup>xxvii</sup> CancerCare Manitoba has three organized screening programs: BreastCheck, CervixCheck and ColonCheck with the goal of decreasing deaths from breast, cervix and colon cancer through early detection and prevention of the disease.



### **BreastCheck**

Breast cancer is the second most commonly diagnosed cancer in the Region. Most women aged 50 to 74 years old should have a screening mammogram (breast x-ray) every 2 years. Regular screening mammograms are the best way to detect breast cancer early, possibly two to three years before a lump can be felt by the individual or their doctor. Winnipeg's BreastCheck Clinic is located at Misericordia Health Centre.

In the Winnipeg Health Region, 57 percent of women aged 50-74 had a screening mammogram from 2016 to 2017. The majority (42.5 percent) attended at BreastCheck and the remainder at alternate diagnostic facilities. Screening mammograms are important because when breast cancer is found early, more treatment options may be available and there may be a better chance of a cure.<sup>xxxi</sup> Most women diagnosed with breast cancer do not have identifiable risk factors such as a family history of breast cancer.<sup>xxviii</sup>



### CervixCheck

Most women aged 21 to 69 years old who have ever had sexual contact should have a Pap test (a test that looks for abnormal changes on the cervix) every 3 years. Regular Pap tests with follow-up for abnormal changes can prevent most cancer of the cervix.<sup>xxviii</sup> In Winnipeg, residents can contact their regular health care provider for a Pap test or use the CancerCare website to search for a Pap test clinic in the Region.

In the Winnipeg Health Region, 65.9 percent of women aged 21 to 69 years old had a Pap test in 2015-2017. Cervical cancer is caused by human papillomavirus (HPV), a commonly sexually transmitted virus. Over 80 percent of sexually active people will have an HPV infection during their lifetime and over 90 percent of infections disappear on their own. The HPV vaccine provides protection against nine types of HPV. If given before exposure to the virus, it can be very effective in preventing infection from the most common types of HPV, which cause approximately 90 percent of all cervical cancers.<sup>xxix</sup> In the Winnipeg Health Region, 62 percent of females aged 17 years in 2017 had received the HPV vaccine.



## ColonCheck

Colorectal cancer is one of the top four most common cancers in the Region. Most people aged 50 to 74 years old do a fecal occult blood test (FOBT) every two years. The FOBT is a simple, painless test done in the privacy of your own home. Regular FOBT with follow up for positive (abnormal) test results can help find polyps before they turn into cancer, or detect colon cancer in an earlier stage when it is more easily treated.<sup>xxviii</sup>

In the Region, 54 percent of people aged 50 to 74 years old were up to date in screening for colorectal cancer (includes the FOBT, colonoscopy and flexible sigmoidoscopy) in 2016-2017; the highest percentage in the province. Colon Cancer is one of the most commonly diagnosed cancers in men and women and 9 out of 10 times it can be cured if caught early.<sup>xxviii</sup>

For more information on cancer screening, please visit CancerCare Manitoba's <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/System-Performance-Report.pdf>.

## Oral Health

### Dental Insurance

#### Definition

The percentage of respondents who reported having dental insurance coverage.

#### Why is this indicator important?

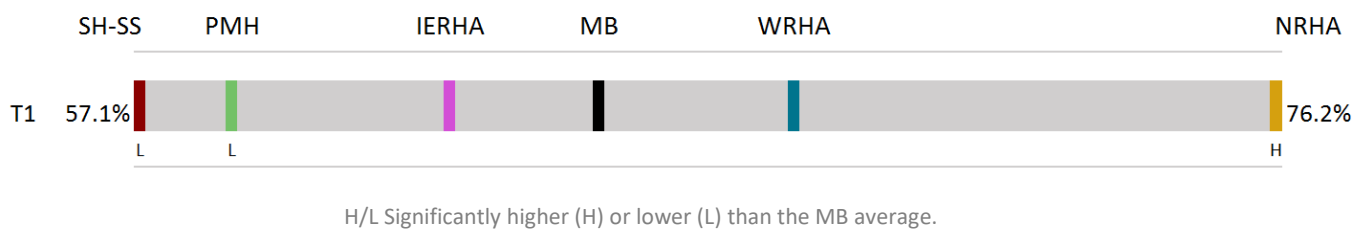
The main contributors to inequity in dental care are income and dental insurance coverage.<sup>xxxiii</sup> The probability of receiving any dental care over the course of a year increases markedly with dental insurance, household income, and educational attainment.<sup>xxxiv</sup>

#### Provincial Key Findings

- In Manitoba, 65 percent of respondents reported having dental insurance.
- The percentage of respondents with dental insurance was significantly lower than the provincial average in Southern Health-Santé Sud and Prairie Mountain Health but significantly higher in the Northern Health Region.

**Figure 2.52 Dental Insurance by RHA, 2011/12, 2013/14**

Age- and sex-adjusted proportion (%) of weighted sample with dental insurance



	SH-SS		PMH		IERHA		MB		WRHA		NRHA	
T1 RATE	57.1%	L	58.9%	L	62.5%		65.0%		68.2%		76.2%	H


Source: Statistics Canada CCHS 2011-2012, 2013-2014

#### Regional Key Findings

- In the Winnipeg Health Region, 68.2 percent of respondents reported having dental insurance, slightly higher than the provincial average, but the difference was not statistically significant.
- Percentages varied across community areas with the lowest in Downtown (60.6%) and the highest in Assiniboine South (74.3%).
- The percentage of respondents with dental insurance was significantly lower than the provincial average in River East South (48.7%) but significantly higher in Inkster West (88.9%).
- Dental insurance coverage in Inkster West (highest) was double that of Inkster East (the lowest).

**Table 2.33 Dental Insurance by Winnipeg Community Area & Neighborhood Cluster, 2011/12, 2013/14**

Age-and sex-adjusted proportion (%) of weighted sample with dental insurance

	Insurance Coverage			Insurance Coverage	
<b>Manitoba</b>	<b>65.0%</b>	<b>Manitoba</b>	<b>Winnipeg RHA</b>	<b>68.2%</b>	
<b>Fort Garry</b>	<b>68.3%</b>		<b>River East</b>	<b>68.6%</b>	
Fort Garry North	68.4%		River East South	48.7%	L
Fort Garry South	68.3%		River East West	69.8%	
			River East East	71.3%	
<b>Assiniboine South</b>	<b>74.3%</b>		River East North	74.6%	
<b>St. Vital</b>	<b>72.5%</b>		<b>Inkster</b>	<b>65.3%</b>	
St. Vital North	72.7%		Inkster West	88.9%	H
St. Vital South	71.4%		Inkster East	45.3%	c
<b>St. Boniface</b>	<b>70.5%</b>		<b>Downtown</b>	<b>60.6%</b>	
St. Boniface West	64.3%		Downtown West	61.9%	
St. Boniface East	71.9%		Downtown East	59.3%	
<b>River Heights</b>	<b>72.4%</b>		<b>Point Douglas</b>	<b>63.1%</b>	
River Heights West	74.6%		Point Douglas North	67.8%	
River Heights East	68.9%		Point Douglas South	46.2%	c
<b>Transcona</b>	<b>71.6%</b>		<b>Churchill</b>	<b>N/A</b>	<b>N/A</b>
<b>St. James-Assiniboia</b>	<b>71.7%</b>		<div> <p><b>WRHA Geographic Disparity Ratio</b></p>  <p>T1 Disparity    2.0x</p> </div>		
St. James - Assiniboia West	73.6%				
St. James - Assiniboia East	68.4%				
<b>Seven Oaks</b>	<b>68.2%</b>				
Seven Oaks West	56.6%				
Seven Oaks East	72.7%				
Seven Oaks North	66.8%	c			

H/L: Significantly higher (H) or lower (L) than the MB average

N/A: data not available

c – estimate displayed with caution

Source: Statistics Canada CCHS 2011-2012, 2013-2014

## Dental Visits

### Definition

The percentage of respondents who reported how frequently they visited a dentist in the past 12 months.

### Why is this indicator important?

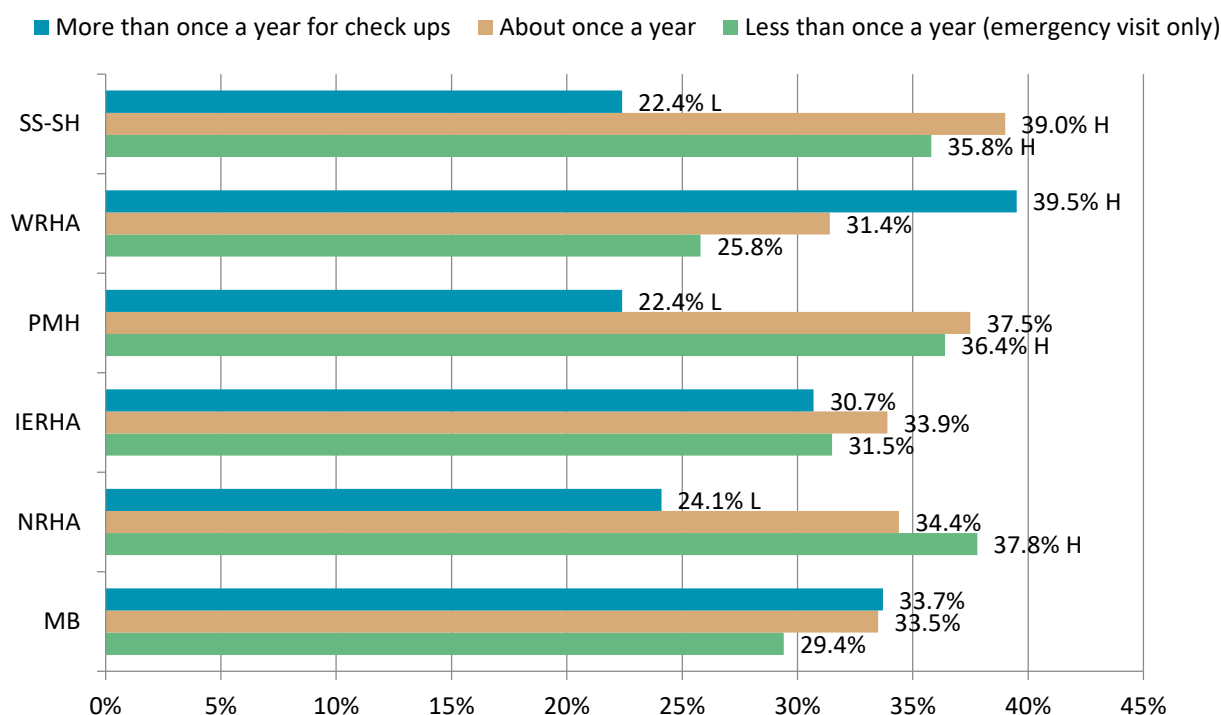
The promotion of good oral health habits such as healthy food choices, brushing teeth twice a day with fluoridated toothpaste, regular flossing and visits to a dentist can all help to prevent tooth decay and maintain a healthy mouth for a lifetime.<sup>xxxv</sup> There is a strong association between early periodontal disease and cardiac disease in later life.

### Provincial Key Findings

- In Manitoba, approximately 67 percent of respondents reported visiting the dentist at least once a year.
- Percentages of respondents reporting less than once a year (emergency visit only) were significantly higher than the provincial average in Southern Health-Santé Sud, Prairie Mountain Health and Northern Health Region.

**Figure 2.53 Dental Visits by RHA, 2011/12, 2013/14**

Age- and sex-adjusted proportion (%) of weighted sample



H/L Significantly higher (H) or lower (L) than the MB average

Source: Statistics Canada CCHS 2011-2012, 2013-2014

### **Regional Key Findings**

- In the Winnipeg Health Region, 70.9 percent of respondents reported visiting the dentist at least once a year.
- The percentage of respondents who reported visiting the dentist more than once a year in the Region was significantly higher than the provincial average.
- The percentages of residents who visited the dentist more than once a year were significantly higher than the provincial average in the community area of River Heights and the neighbourhood cluster of River East North.
- The percentage residents who visited the dentist more than once a year in River East North (the highest) was 2.6 times higher than that of Point Douglas South (the lowest).

**Table 2.34 Dental Visits by Winnipeg Community Area & Neighborhood Cluster, 2011/12, 2013/14**

Age-and sex-adjusted proportion (%) of weighted sample

	< once a year, emergency visit only		About once a year		> once a year for checkups	
<b>Manitoba</b>	<b>29.4%</b>		<b>33.5%</b>		<b>33.7%</b>	
<b>Fort Garry</b>	<b>30.9%</b>		<b>33.7%</b>		<b>32.9%</b>	
Fort Garry North	25.6%	c	29.0%	c	44.3%	
Fort Garry South	35.3%		37.1%		24.1%	L
<b>Assiniboine South</b>	<b>16.0%</b>	<b>Lc</b>	<b>42.6%</b>		<b>40.9%</b>	
<b>St. Vital</b>	<b>25.4%</b>		<b>34.6%</b>		<b>35.5%</b>	
St. Vital South	25.4%	c	34.7%		34.8%	
St. Vital North	27.9%	c	32.9%		34.8%	
<b>St. Boniface</b>	<b>24.5%</b>		<b>29.9%</b>		<b>42.9%</b>	
St. Boniface East	20.4%		32.0%		45.4%	
St. Boniface West	35.9%	c	.	s	34.6%	c
<b>River Heights</b>	<b>25.5%</b>		<b>27.3%</b>		<b>45.3%</b>	<b>H</b>
River Heights West	19.7%	c	30.6%		47.3%	
River Heights East	31.4%		24.2%	c	43.1%	
<b>Transcona</b>	<b>21.1%</b>	<b>c</b>	<b>35.0%</b>		<b>41.1%</b>	
<b>St. James-Assiniboia</b>	<b>27.1%</b>		<b>29.9%</b>		<b>40.9%</b>	
St. James-Assiniboia West	25.7%	c	31.4%		42.0%	
St. James-Assiniboia East	28.3%	c	26.6%		40.2%	
<b>Seven Oaks</b>	<b>23.2%</b>		<b>32.5%</b>		<b>40.3%</b>	
Seven Oaks West	16.7%	Lc	35.7%	c	42.5%	
Seven Oaks East	28.7%		29.2%		39.5%	
Seven Oaks North	.	s	52.1%	c	.	s
<b>Winnipeg RHA</b>	<b>25.8%</b>		<b>31.4%</b>		<b>39.5%</b>	<b>H</b>
<b>River East</b>	<b>26.5%</b>		<b>28.9%</b>		<b>41.2%</b>	
River East North	.	s	27.5%	c	56.3%	H
River East East	24.7%		28.9%		44.0%	
River East West	30.9%		26.0%		40.4%	
River East South	30.0%	c	38.8%	c	26.1%	c
<b>Inkster</b>	<b>33.3%</b>	<b>c</b>	<b>33.5%</b>	<b>c</b>	<b>27.7%</b>	<b>c</b>
Inkster East	42.0%	c	26.0%	c	26.7%	c
Inkster West	21.1%	c	48.4%	c	.	s
<b>Downtown</b>	<b>33.0%</b>		<b>28.9%</b>		<b>34.3%</b>	
Downtown West	31.4%	c	27.3%	c	38.2%	
Downtown East	36.3%		30.1%		29.4%	c
<b>Point Douglas</b>	<b>33.0%</b>	<b>c</b>	<b>30.6%</b>		<b>30.3%</b>	<b>c</b>
Point Douglas North	30.5%	c	29.9%	c	32.7%	c
Point Douglas South	43.0%	c	31.7%	c	21.9%	c
<b>Churchill</b>	<b>N/A</b>		<b>N/A</b>		<b>N/A</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity  
(> once a year) 2.6x

s: suppression due to small numbers

c – estimate displayed with caution

N/A: data not available

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: Statistics Canada CCHS 2011-2012, 2013-2014

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# CHAPTER 3:

## HOW HEALTHY ARE WE?

### WINNIPEG HEALTH REGION

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# At a Glance: How Healthy Are We?



Winnipeg Region



Manitoba

**Infant Mortality**  
(deaths per 1,000 live births)



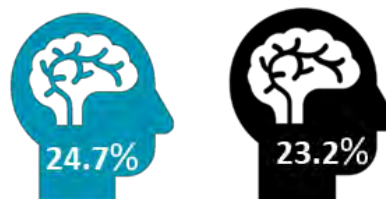
**Premature Mortality Rate**  
(average annual rate of death before age 75 per 1,000 residents under age 75)



**Cancer Incidence**  
(new cases per 100,000 population)



**Mood and Anxiety Disorder Prevalence**  
(% of adults 18+ with diagnosis)



**Life Expectancy**  
(in years)



## Chapter 3 Key Findings

In this chapter, the health status of Winnipeg Health Region (the Region) residents is described using a variety of measures, including:

- Life expectancy and mortality;
- Cancer;
- Chronic diseases;
- Injuries; and,
- Communicable diseases.

While there are a great number of indicators that could be used to examine health status, this chapter focuses on a selection of health status indicators that provide a good overview of disease burden in the Region. This overview can help the Winnipeg Regional Health Authority effectively plan services and programs to address the health needs of residents.

### Life Expectancy and Mortality

- Life expectancy is one of the most widely used indicators to measure the overall effectiveness of a healthcare system in maintaining the health of its population. In the Winnipeg Health Region, both male and female life expectancy significantly increased between T1 (2007-2011) and T2 (2012-2016); female life expectancy increased by 0.7 to 83.4 years while male life expectancy increased by 1.1 to 79.4 years. Infant mortality is also a good indicator of child and population health and it decreased significantly in the Region between T1 (2007-2011) and T2 (2012-2016).
- Premature mortality rate (PMR) is an important overall indicator of population health status, with high rates indicating poor health. In several neighbourhood clusters in the Winnipeg Health Region, PMR was significantly higher than the provincial average in both time periods (2007-2011 and 2012-2016)—a pattern that may be related to income, food security, housing and educational levels in those areas.

### Cancer

- Colorectal cancer incidence, prostate cancer mortality rates and cancer mortality overall in the Winnipeg Health Region were all significantly lower than the provincial average in the most recent time period (2014-2016). The two latter indicators provide insight into the treatment successes for cancer within the Region.
- Breast cancer incidence rates in the Region were significantly higher than the provincial average in the most recent time period (2014-2016).

### Chronic Disease

- Despite a small improvement in life expectancy, residents of the Winnipeg Health Region continue to experience a substantial and increasing burden of illness due to largely preventable chronic diseases. For example, while improvements were noted in some indicators related to cardiovascular health, the prevalence of ischemic heart disease (IHD) increased significantly in the Winnipeg Health Region by approximately six percent in the most recent time period (2012/13-2016/17). IHD is a major cause of death and disability.

However, effective treatment and prevention efforts for IHD can lower the risk of heart attack and result in individuals with IHD living longer; this potentially increases the prevalence of IHD in the region.

- Over 125,000 Winnipeg Health Region residents (21%) had hypertension in the 2016/17 time period, an increase from 110,561 cases in 2011/12. A staggering 26 percent of older adults 50 to 64 years of age, and 58 percent of residents 65+ years of age, were diagnosed with hypertension in 2016/17.
- Diabetes prevalence as well as diabetes incidence significantly increased in some community areas between T1 (2009/10-2011/12) and T2 (2014/15-2016/17). As the population continues to grow and age, the prevalence of diabetes is expected to continue to increase.<sup>i</sup> Of particular note, the increasing number of new cases of diabetes in several community areas in the Region calls for a focus on both prevention and management strategies. Although rates of diabetes and hypertension were lower in the Winnipeg Health Region than in all other regions (with the exception of Southern Health-Santé Sud) in the most recent time periods, the rates observed in the Winnipeg Health Region are high and extremely concerning. More information on diabetes can be found in [“A Closer Look at Diabetes in the Region”](#) in this chapter.
- Two indicators for diabetes quality of care—lower limb amputation due to diabetes and eye exams—both improved over time. Over twenty percent fewer individuals had lower limb amputations due to diabetes and nearly nine percent more people had an eye exam. However, it is important to note that even though the percentage of residents with diabetes who had an eye exam increased over time, the Winnipeg Health Region still falls below the provincial average for this indicator.
- With the aging population, it can be expected that the burden of illness from chronic diseases will continue to increase substantially over the next several decades, creating significant challenges to health system sustainability. If prevention efforts are to be successful, they will need to be population-based and address the fundamental determinants of health, including: healthy food systems, built environment (and other incentives for increasing physical activity), mental health promotion and income inequality.

## Injuries

- Over 50 percent of hospitalizations related to injuries in the Region in 2016/17 were falls. Opportunities for injury prevention (e.g., falls in the older adult population) exist that could achieve significant success in the short-term.

## Communicable Diseases

- Similar to other urban regions in Canada<sup>ii</sup>, the Winnipeg Health Region is seeing a dramatic rise in sexually transmitted blood borne infections (STBBIs), including significant increases in lab-confirmed cases of syphilis (394%), gonorrhea (297%) and chlamydia (20%) from 2014 to 2018. Case counts continue to rise in 2019, imposing a substantial burden on public health resources. The root causes of the increase need to be investigated and addressed.

## Health Disparities Across Income and Geographic Dimensions

- The **income disparity rate ratio** measures inequity in the burden of illness, injury, disability or mortality between residents of higher income areas and lower income areas in accordance with income quintiles. Residents of higher income areas in the province had a longer life expectancy than residents of lower income areas. Income disparity varied geographically across the province as well—in urban settings, the premature mortality rate (PMR) among residents of the lowest income areas was nearly three times higher than among

the residents living in the highest income areas in the most recent time period (2012-2016). In rural settings, the PMR among residents living in the lowest income areas was approximately twice as high as the rate among residents of the highest income areas in the same time period.

- In Manitoba, injury and almost all chronic diseases were also more prevalent in lower income areas compared to higher income areas.
- The **geographic disparity rate ratio** measures the difference in burden of illness, injury, disability or mortality across community areas and neighbourhood clusters by comparing areas with the highest rate of burden of illnesses, injuries, disabilities and mortality to areas with lower rates. For the majority of chronic diseases in the Region, this gap has been widening. For example, for total respiratory morbidity, the geographic disparity ratio increased dramatically (190%) from 2011/12 to 2016/17. The gap widened for individuals with arthritis by nearly 50 percent and for individuals who experienced a lower limb amputation due to diabetes by 30 percent. These increases indicate that individuals may experience differences in access to and utilization of care and quality of care depending on area of residence.

# Mortality

## Life Expectancy

### Definition

The expected length of life from birth, based on patterns of mortality in the population over the preceding five years.

### Why is this indicator important?

Life expectancy is one of the most widely used indicators to measure the health of a population, and the overall effectiveness of a healthcare system in maintaining the health status of its population.

### Provincial Key Findings (Females)

- Female life expectancy at birth in Manitoba increased significantly by 0.6 years of life, from 82.2 to 82.8 years.
- Life expectancy for females increased for all RHAs, though only the changes in the Winnipeg Health Region and Prairie Mountain Health demonstrated statistical significance.
- Female life expectancy in Northern Health Region was significantly lower than the Manitoba average; while it was significantly higher in both the Winnipeg Health Region and Southern Health-Santé Sud.
- Income disparity:** There were strong relationships between income and female life expectancy in urban and rural areas in both time periods.<sup>iii</sup> For example, females living in the highest income urban areas in T2 (2012-2016) had a life expectancy about 1.1 times longer than females living in the lowest income urban areas. In rural areas, females living in the highest income areas had a life expectancy about 1.5 times longer than females living in the lowest income areas.



#### Urban Quintiles

T1	1.1x
T2	1.1x
CHANGE	0.0

#### Rural Quintiles

T1	1.5x
T2	1.5x
CHANGE	0.0

Figure 3.1 Female Life Expectancy at Birth by RHA, based on mortality in 2007-2011 (T1) and 2012-2016 (T2)

Life expectancy at birth in Years



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		MB		PMH		WRHA		SH-SS	
T2 COUNT	1,177		2,786		25,781		4,144		13,605		3,294	
T2 RATE	76.9	L	82.5		82.8	+	83.3	+	83.4	H+	83.9	H
T1 RATE	76.3	L	82.1		82.2		82.2		82.7	H	83.7	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings (Females)



- Female life expectancy in the Region was higher than the provincial average in both time periods and significantly increased by 0.7 years of life, from 82.7 to 83.4 years from 2007-2011 to 2012-2016.
- Female life expectancy varied across the Region, with central community areas (e.g., Downtown and Point Douglas) having lower life expectancy than the provincial average in both time periods.
- Life expectancy for females in Point Douglas South (the neighbourhood cluster with the shortest life expectancy) in T2 was more than 18 years shorter than that of females in Inkster West (the neighbourhood cluster with the longest life expectancy).
- The regional geographic disparity gap narrowed by nine percent between T1 (2007-2011) and T2 (2012-2016).

**Table 3.1 Female Life Expectancy by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Life expectancy at birth in years

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>25,881</b>	<b>82.8</b>	<b>+</b>	<b>82.2</b>	
<b>Fort Garry</b>	<b>1,220</b>	<b>86.2</b>	<b>H</b>	<b>85.6</b>	<b>H</b>
Fort Garry South	484	87.6	H	87.7	H
Fort Garry North	736	85.7	H	85.8	H
<b>Assiniboine South</b>	<b>1,029</b>	<b>83.9</b>		<b>83.3</b>	<b>H</b>
<b>St. Vital</b>	<b>1,519</b>	<b>84.2</b>	<b>H</b>	<b>83.7</b>	<b>H</b>
St. Vital North	516	85.6	H	86.0	H
St. Vital South	1,003	84.1	H	83.3	
<b>St. Boniface</b>	<b>889</b>	<b>86.3</b>	<b>H+</b>	<b>84.0</b>	<b>H</b>
St. Boniface East	437	89.1	H	89.8	H
St. Boniface West	452	83.4		81.7	
<b>River Heights</b>	<b>1,513</b>	<b>83.6</b>		<b>84.5</b>	<b>H</b>
River Heights West	956	84.4	H-	85.5	H
River Heights East	557	82.6		83.7	H
<b>Transcona</b>	<b>507</b>	<b>85.0</b>	<b>H+</b>	<b>83.5</b>	
<b>St. James-Assiniboia</b>	<b>1,562</b>	<b>83.5</b>		<b>82.6</b>	
St. James-Assiniboia West	815	83.9		84.3	H
St. James-Assiniboia East	747	83.4	+	81.2	
<b>Seven Oaks</b>	<b>1,514</b>	<b>83.2</b>		<b>82.4</b>	
Seven Oaks West	420	84.5	+	82.1	
Seven Oaks East	842	84.0		84.4	H
Seven Oaks North	252	79.5	L	79.9	L
<b>Winnipeg RHA</b>	<b>14,841</b>	<b>83.4</b>	<b>H+</b>	<b>82.7</b>	<b>H</b>
<b>River East</b>	<b>2,081</b>	<b>84.3</b>	<b>H</b>	<b>83.8</b>	<b>H</b>
River East North	76	90.0	H+	87.5	H
River East West	1,085	86.1	H	85.5	H
River East South	224	84.5		83.3	
River East East	696	82.0		82.0	
<b>Inkster</b>	<b>501</b>	<b>82.3</b>		<b>82.5</b>	
Inkster West	155	90.8	H-	97.0	H
Inkster East	346	78.2	L	79.4	L
<b>Downtown</b>	<b>1,536</b>	<b>79.8</b>	<b>L+</b>	<b>78.6</b>	<b>L</b>
Downtown West	670	83.3	+	80.7	
Downtown East	866	76.0	L	76.3	L
<b>Point Douglas</b>	<b>959</b>	<b>77.8</b>	<b>L</b>	<b>77.4</b>	<b>L</b>
Point Douglas North	433	82.9		82.6	
Point Douglas South	526	72.5	L	70.9	L
<b>Churchill</b>	<b>11</b>	<b>81.6</b>		<b>79.7</b>	

**WRHA Geographic Disparity Ratio**

T1 Disparity 1.4x  
 T2 Disparity 1.3x  
 Change ↓ 9%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Provincial Key Findings (Males)

- Male life expectancy in Manitoba significantly increased by 1 year of life, from 77.5 to 78.5 years between T1 and T2.
- In 2012-2106, male life expectancy increased for all RHAs, but the change in Southern Health-Santé Sud was not statistically significant.
- Male life expectancy in Northern Health Region was significantly lower than the provincial average and was significantly higher in Winnipeg Health Region and Southern Health-Santé Sud in both time periods.
- Income disparity:** There were strong relationships between income and male life expectancy in urban and rural areas in both time periods.<sup>iii</sup> In urban and rural settings males living in the highest income areas had a life expectancy about 1.1 times longer than the males living in the lowest income areas in both time periods (2007-2011 and 2012-2016).



### Urban Quintiles

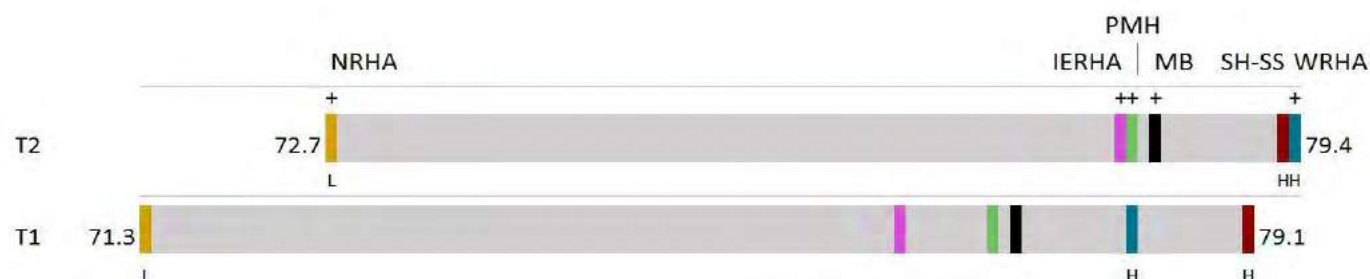
T1	1.1x
T2	1.1x
CHANGE	0.0

### Rural Quintiles

T1	1.1x
T2	1.1x
CHANGE	0.0

Figure 3.2 Male Life Expectancy at Birth by RHA, based on mortality in 2007-2011 (T1) and 2012-2016 (T2)

Life expectancy at birth in years



H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		PMH		MB		SH-SS		WRHA	
T2 COUNT	1,177		2,786		4,144		25,781		3,294		13,605	
T2 RATE	72.7	L+	78.2	+	78.3	+	78.5	+	79.4	H	79.4	H+
T1 RATE	71.3	L	76.7		77.3		77.5		79.1	H	78.3	H

Source: MCHP RHA Indicators Atlas 2019

### Regional Key Findings (Males)


- Male life expectancy in the Region was higher than the provincial average in both time periods and significantly increased by 1.1 years of life, from 78.3 to 79.4 years.
- Male life expectancy varied across the Region in both time periods, with central community areas (e.g., Downtown and Point Douglas) having lower life expectancy than the provincial average.
- Life expectancy for Point Douglas South males (the neighbourhood cluster with the shortest life expectancy) in T2 was almost 18 years shorter than that of Inkster West males (the neighbourhood cluster with the longest life expectancy).
- The regional geographic disparity gap did not change significantly between T1 (2007-2011) and T2 (2012-2016).

**Table 3.2 Male Life Expectancy by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Life expectancy at birth in years

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>25,781</b>	<b>78.5</b>	<b>+</b>	<b>77.5</b>	
<b>Fort Garry</b>	<b>1,218</b>	<b>82.1</b>	<b>H</b>	<b>81.8</b>	<b>H</b>
Fort Garry South	543	83.9	+	82.1	H
Fort Garry North	675	81.7	H	82.2	H
<b>Assiniboine South</b>	<b>747</b>	<b>82.0</b>	<b>H</b>	<b>81.3</b>	<b>H</b>
<b>St. Vital</b>	<b>1,275</b>	<b>80.7</b>	<b>H+</b>	<b>79.3</b>	<b>H</b>
St. Vital North	520	81.1	H+	78.9	
St. Vital South	755	81.1	H	80.0	H
<b>St. Boniface</b>	<b>981</b>	<b>81.2</b>	<b>H</b>	<b>80.3</b>	<b>H</b>
St. Boniface East	609	82.7	H	83.3	H
St. Boniface West	372	78.5		76.6	
<b>River Heights</b>	<b>1,138</b>	<b>80.3</b>	<b>H+</b>	<b>79.2</b>	<b>H</b>
River Heights West	716	81.5	H	80.6	H
River Heights East	422	78.3		77.3	
<b>Transcona</b>	<b>542</b>	<b>81.1</b>	<b>H</b>	<b>79.9</b>	<b>H</b>
<b>St. James-Assiniboia</b>	<b>1,576</b>	<b>79.2</b>		<b>78.5</b>	<b>H</b>
St. James-Assiniboia West	789	79.8		79.9	H
St. James-Assiniboia East	787	78.6		77.4	
<b>Seven Oaks</b>	<b>1,325</b>	<b>79.6</b>	<b>H+</b>	<b>78.5</b>	<b>H</b>
Seven Oaks West	402	80.7	H	79.5	H
Seven Oaks East	774	79.6	+	77.8	
Seven Oaks North	149	78.3		79.4	
<b>Winnipeg RHA</b>	<b>13,605</b>	<b>79.4</b>	<b>H+</b>	<b>78.3</b>	<b>H</b>
<b>River East</b>	<b>1,918</b>	<b>79.5</b>	<b>H+</b>	<b>78.6</b>	<b>H</b>
River East North	117	83.2	H	82.3	H
River East West	992	80.2	H+	78.8	
River East East	511	79.7		78.9	
River East South	298	76.9		76.2	
<b>Inkster</b>	<b>463</b>	<b>80.1</b>	<b>H+</b>	<b>77.6</b>	
Inkster West	178	86.8	H	84.5	H
Inkster East	285	75.7	L+	73.3	L
<b>Downtown</b>	<b>1,485</b>	<b>75.1</b>	<b>L</b>	<b>74.3</b>	<b>L</b>
Downtown West	586	78.7		77.6	
Downtown East	899	72.0	L	71.4	L
<b>Point Douglas</b>	<b>919</b>	<b>74.3</b>	<b>L+</b>	<b>71.6</b>	<b>L</b>
Point Douglas North	435	78.7	+	75.3	L
Point Douglas South	484	68.8	L+	66.6	L
<b>Churchill</b>	<b>18</b>	<b>74.3</b>		<b>80.6</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 1.3x  
T2 Disparity 1.3x  
Change 0%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Total Mortality Rates

### Definition

The total average annual number of deaths, per 1,000 population, over a five-year time period.

### Why is this indicator important?

Mortality statistics provide a valuable measure for assessing community health status and are useful when formulating health plans and policies to prevent or reduce premature mortality and improve overall quality of life.

### Provincial Key Findings

- In 2012-2016, the total mortality rate in Manitoba was 7.1 deaths per 1,000 population.
- The total mortality rate for Manitoba and all RHAs decreased between the two time periods T1 (2007-2011) and T2 (2012-2016), although the decrease was not statistically significant.
- Total mortality rate in the Northern Health Region was significantly higher than the provincial average.
- The most frequent causes of death in Manitoba were circulatory diseases, cancer, and respiratory diseases.
- The top two causes of death (circulatory diseases and cancer) accounted for almost 60 percent of all deaths in the province.
- Injury and poisoning were much more common in Northern Health Region than in other regions.
- **Income disparity:** There were strong relationships between income and total mortality rates in rural and urban areas in both time periods. <sup>iii</sup> In urban settings, the mortality rate of residents of the lowest income areas was 2.1 times higher than residents of the highest income areas in both time periods (2007-2011 and 2012-2016). In rural settings, the mortality rate of residents of the lowest income areas was about 1.9 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

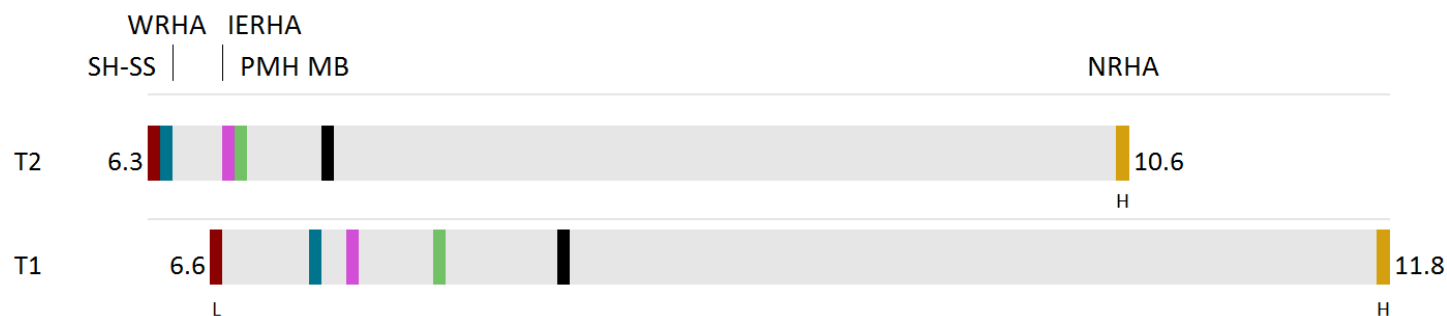
T1	2.1x
T2	2.1x
CHANGE	0.0

#### Rural Quintiles

T1	1.8x
T2	1.9x
CHANGE	0.1↑

Figure 3.3 Average Annual Total Mortality Rate by RHA, 2007-2011 (T1) &amp; 2012-2016 (T2)

Age- and sex-adjusted rate per 1,000 (all ages)



H/L Significantly higher (H) or lower (L) than the MB average for that time period

	SH-SS		WRHA		IERHA		PMH		MB		NRHA	
T2 COUNT	6,266		28,477		5,225		8,218		51,723		2,103	
T2 RATE	6.3		6.3		6.7		6.7		7.1		10.6	H
T1 RATE	6.6	L	7.0		7.2		7.6		8.2		11.8	H

Source: MCHP RHA Indicators Atlas 2019



## Regional Key Findings

- Total mortality rates in the Region were lower than the provincial average in both time periods, but not statistically significant.
- The total mortality rate decreased over time, although the decrease was not statistically significant.
- All community areas showed decreasing rates, though only the decrease in St. Boniface and Point Douglas were statistically significant. Churchill was the only community in T2 with an overall increase in total mortality but this increase was not statistically significant.
- The total mortality rate in Point Douglas South (highest) in T2 was nearly 3.5 times higher than River East North (lowest).
- The regional geographic disparity gap was stable over time.
- The most frequent causes of death in the Region in T2 were circulatory diseases (28.7%) and cancer (27.9%) followed by respiratory diseases (8.5%), mental illness (8.1%) and injury & poisoning (6.7%).
- The top three causes of death alone comprised over 60 percent of all deaths in T1 (2007-2011) and T2 (2012-2016).

**Table 3.3 Total Mortality Rates by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**  
Age- and sex-adjusted rate per 1,000 (all ages)

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>51,723</b>	<b>7.1</b>	<b>8.2</b>	
<b>Fort Garry</b>	<b>2,441</b>	<b>5.5</b>	<b>L</b>	<b>5.7</b> <b>L</b>
Fort Garry South	1,029	5.0	L	5.5 L
Fort Garry North	1,412	6.1	L	6.0 L
<b>Assiniboine South</b>	<b>1,780</b>	<b>6.5</b>	<b>L</b>	<b>6.9</b> <b>L</b>
<b>St. Vital</b>	<b>2,797</b>	<b>6.5</b>	<b>L</b>	<b>7.0</b> <b>L</b>
St. Vital South	1,760	6.6	L	7.2
St. Vital North	1,037	6.6		7.0
<b>St. Boniface</b>	<b>1,873</b>	<b>5.8</b>	<b>L-</b>	<b>6.76</b> <b>L</b>
St. Boniface East	1,049	5.1	L	5.4 L
St. Boniface West	824	7.5	-	9.1
<b>River Heights</b>	<b>2,652</b>	<b>6.8</b>		<b>6.9</b> <b>L</b>
River Heights West	1,672	6.3	L	6.4 L
River Heights East	980	7.9		8.0
<b>Transcona</b>	<b>1,049</b>	<b>6.5</b>	<b>L</b>	<b>7.2</b>
<b>St. James-Assiniboia</b>	<b>3,140</b>	<b>7.4</b>		<b>7.7</b>
St. James-Assiniboia West	1,606	7.0		6.9 L
St. James-Assiniboia East	1,534	7.9		8.9
<b>Seven Oaks</b>	<b>2,845</b>	<b>6.9</b>		<b>7.6</b>
Seven Oaks West	824	6.2	L-	7.3
Seven Oaks East	1,619	7.1		7.6
Seven Oaks North	402	11.2	H	11.6 H
<b>Winnipeg RHA</b>	<b>28,477</b>	<b>6.3</b>		<b>7.0</b>
<b>River East</b>	<b>4,001</b>	<b>6.9</b>		<b>7.2</b> <b>L</b>
River East North	193	4.5	L	5.2 L
River East West	2,079	6.6	L	7.2
River East East	1,207	7.7		7.9
River East South	522	8.0		8.8
<b>Inkster</b>	<b>964</b>	<b>7.0</b>		<b>7.8</b>
Inkster West	333	4.6	L	5.1 L
Inkster East	631	9.8	H	10.4 H
<b>Downtown</b>	<b>3,027</b>	<b>9.8</b>	<b>H</b>	<b>10.8</b> <b>H</b>
Downtown West	1,260	7.3	-	8.6
Downtown East	1,767	12.7	H	13.0 H
<b>Point Douglas</b>	<b>1,879</b>	<b>10.9</b>	<b>H-</b>	<b>12.2</b> <b>H</b>
Point Douglas North	869	7.9		8.8
Point Douglas South	1,010	15.6	H	17.5 H
<b>Churchill</b>	<b>29</b>	<b>9.8</b>		<b>8.3</b>

**WRHA Geographic Disparity Ratio**

T1 Disparity 3.4x  
 T2 Disparity 3.5x  
 Change ↑ 1%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

**Table 3.4 Most Frequent Causes of Death for Winnipeg Health Region in 2007-2011 (T1) and 2012-2016 (T2)**

Average annual crude percentage of deaths (all ages)

Cause of Death	T2 Count	T2 Rate	T1 Rate
Diseases of the circulatory system	8,172	28.7%	30.3%
Cancer	7,923	27.9%	28.7%
Diseases of the respiratory system	2,419	8.5%	8.0%
Mental and behavioural disorders	2,306	8.1%	6.6%
External causes of morbidity and mortality	1,913	6.7%	6.8%
Diseases of the nervous system	1,105	3.9%	3.9%
Diseases of the digestive system	1,075	3.8%	4.1%
Endocrine, nutritional and metabolic diseases	991	3.5%	4.2%
Ill-Defined Conditions	723	2.5%	--
Diseases of the genitourinary system	556	2.0%	2.2%
Certain infectious and parasitic diseases	--	--	1.6%
All Others	1,242	4.4%	3.6%

'--': not top cause in that time period

Source: MCHP RHA Indicators Atlas 2019

## Premature Mortality Rate (PMR)

### Definition

The average annual number of deaths before the age of 75 years, per 1,000 population, over a five-year time period.

### Why is this indicator important?

PMR is an important overall indicator of population health status with high rates indicating poor health. These rates are often correlated with morbidity and self-rated health as well as socioeconomic indicators such as food security, housing and education level.

### Provincial Key Findings

- A total of 19,915 Manitobans died prematurely in 2012-2016, corresponding to a rate of 2.98 per 1,000 population.
- PMR in Manitoba and all RHAs has declined, though the decrease is not statistically significant.
- PMR in the Northern Health Region was significantly higher than the provincial rate.
- PMR in males were higher than that of females in both time periods. The sex disparity gap remained similar over time.
- The most frequent causes of premature death in Manitoba were cancer (35.2%) and circulatory diseases (21.5%) followed by injury and poisoning (13.4%), respiratory diseases (5.7%) and digestive diseases (5.0%).
- The two top causes of PMR (cancer and circulatory diseases) account for almost 60 percent of all premature deaths.
- In contrast to all other RHAs, the most frequent cause of premature death in Northern Health Region was injury and poisoning.
- **Income disparity:** There were strong relationships between income and PMR in urban and rural areas in both time periods. <sup>iii</sup> In urban settings, the PMR among residents of the lowest income areas was 2.9 times higher than the rates among residents of the highest income areas in T2 (2012-2016). In rural settings, the PMR amongst residents of the lowest income areas was 2.2 times higher than it was among residents of the highest income areas in both time periods (2007-2011 and 2012-2016).



#### Urban Quintiles

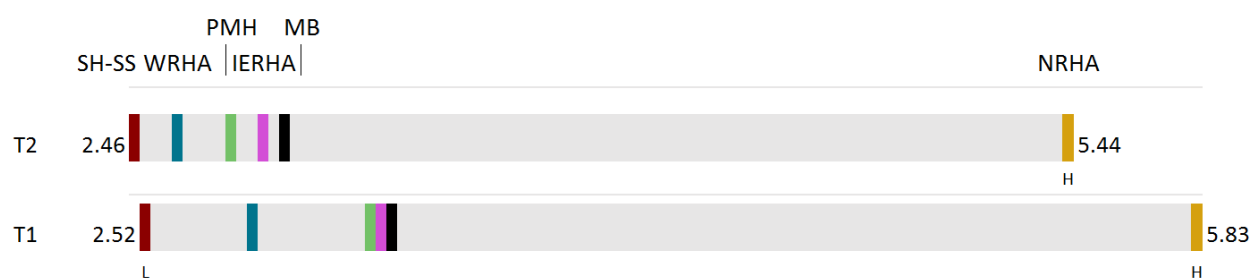
T1	3.0x
T2	2.9x
CHANGE	0.1 ↓

#### Rural Quintiles

T1	2.2x
T2	2.2x
CHANGE	0.0

**Figure 3.4 Premature Mortality by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death before age 75 per 1,000 residents under age 75



	SH-SS		WRHA		PMH		IERHA		MB		NRHA	
T2 COUNT	2,334		10,563		2,702		2,253		19,915		1,456	
T2 RATE	2.46		2.64		2.79		2.90		2.98		5.44	H
T1 RATE	2.52	L	2.87		3.25		3.26		3.29		5.83	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- PMR within the Region was lower than the provincial average in both time periods, but not statistically significant.
- The PMRs in Downtown and Point Douglas were significantly higher than the provincial average in both time periods.
- PMR for the Region has declined slightly, though the decrease did not reach statistical significance.
- Most community areas appear to have decreasing rates. Churchill was the only community area with an overall increase in PMR in T2 but this increase was not statistically significant.
- The PMR in T2 for Point Douglas South (highest) residents in T2 was five times higher than the rate for River East North (lowest) residents.
- The most frequent causes of premature death in the Winnipeg Health Region were the same as the province as a whole: cancer (36.9%) and circulatory diseases (22.3%), followed by injury and poisoning (12.1%), respiratory diseases (5.7%) and digestive disorders (4.9%).
- The two top causes of death alone (cancer and circulatory diseases) comprise almost 60% of all premature deaths.
- The regional geographic disparity gap narrowed by seven percent between T1 (2007-2011) and T2 (2012-2016).

**Table 3.5 Premature Mortality Rate by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death before age 75 per 1,000 residents under age 75

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>19,915</b>	<b>2.98</b>		<b>3.29</b>	
<b>Fort Garry</b>	<b>801</b>	<b>1.98</b>	<b>L</b>	<b>2.00</b>	<b>L</b>
Fort Garry South	449	1.95	L	2.02	L
Fort Garry North	352	2.03	L	1.99	L
<b>Assiniboine South</b>	<b>451</b>	<b>2.03</b>	<b>L</b>	<b>2.13</b>	<b>L</b>
<b>St. Vital</b>	<b>897</b>	<b>2.41</b>	<b>L</b>	<b>2.56</b>	<b>L</b>
St. Vital South	451	2.01	L-	2.31	L
St. Vital North	446	3.02		2.89	
<b>St. Boniface</b>	<b>732</b>	<b>2.38</b>	<b>L-</b>	<b>2.80</b>	<b>L</b>
St. Boniface East	435	1.92	L-	2.28	L
St. Boniface West	297	3.67	H	4.16	H
<b>River Heights</b>	<b>789</b>	<b>2.65</b>	<b>L</b>	<b>2.70</b>	<b>L</b>
River Heights West	435	2.29	L	2.24	L
River Heights East	354	3.28		3.52	
<b>Transcona</b>	<b>475</b>	<b>2.63</b>	<b>L</b>	<b>2.77</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>964</b>	<b>2.92</b>		<b>3.01</b>	<b>L</b>
St. James-Assiniboia West	536	2.84		2.70	L
St. James-Assiniboia East	428	3.05	-	3.49	
<b>Seven Oaks</b>	<b>1,005</b>	<b>2.75</b>	<b>L</b>	<b>3.00</b>	<b>L</b>
Seven Oaks West	311	2.24	L	2.59	L
Seven Oaks North	77	2.69		2.33	
Seven Oaks East	617	3.11		3.36	
<b>Winnipeg RHA</b>	<b>10,563</b>	<b>2.64</b>		<b>2.87</b>	
<b>River East</b>	<b>1,425</b>	<b>2.79</b>	<b>L</b>	<b>3.00</b>	<b>L</b>
River East North	93	1.54	L	1.61	L
River East East	402	2.64	L	2.76	L
River East West	621	2.85		3.10	
River East South	309	3.85	H	4.24	H
<b>Inkster</b>	<b>487</b>	<b>3.07</b>	<b>-</b>	<b>3.50</b>	
Inkster West	198	2.14	L	2.44	L
Inkster East	289	4.34	H	4.84	H
<b>Downtown</b>	<b>1,514</b>	<b>4.59</b>	<b>H-</b>	<b>4.94</b>	<b>H</b>
Downtown West	548	3.13	-	3.60	
Downtown East	966	6.21	H	6.42	H
<b>Point Douglas</b>	<b>1,005</b>	<b>5.12</b>	<b>H-</b>	<b>5.66</b>	<b>H</b>
Point Douglas North	490	3.78	H	4.10	H
Point Douglas South	515	7.65	H-	8.66	H
<b>Churchill</b>	<b>18</b>	<b>3.99</b>		<b>3.37</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 5.4x  
 T2 Disparity 5.0x  
 Change ↓ 7%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

**Table 3.6 Most Frequent causes of Premature Mortality for Winnipeg Health Region, 2007-2011 (T1) and 2012-2016 (T2)**

Average annual crude percentage of deaths amongst residents under age 75

<b>Cause of Premature Death</b>	<b>T2 Count</b>	<b>T2 Rate</b>	<b>T1 Rate</b>
Cancer	3,895	36.9%	38.7%
Circulatory	2,348	22.3%	22.0%
Injury and Poisoning	1,278	12.1%	12.3%
Respiratory	605	5.7%	5.2%
Digestive	513	4.9%	5.0%
Endocrine and Metabolic	415	3.9%	4.3%
Nervous System	315	3.0%	2.5%
Ill-Defined Conditions	229	2.2%	1.5%
Infectious and Parasitic	217	2.1%	2.0%
Mental Illness	156	1.5%	1.5%
All Others	571	5.4%	4.9%

Source: MCHP RHA Indicators Atlas 2019

## Infant Mortality

### Definition

The average annual number of deaths prior to one year of age, per 1,000 live births, over a five-year time period.

### Why is this indicator important?

Infant mortality is considered to be one of the most important indicators of child and overall population health, and the well-being of a society over time. This is a health equity indicator as it is largely driven by social determinants of health and helps to inform planning of appropriate upstream interventions.

### Provincial Key Findings

- There were 407 infant deaths in the 2012-2016 period, representing a rate of 5.2 deaths per 1,000 live births.
- The rate for infant mortality decreased significantly over time in the province (15.5%).
- Rates also decreased in most RHAs in 2012-2016, although only the decrease in Winnipeg Health Region was statistically significant.
- Rates in the Northern Health Region were significantly higher than the provincial average in both time periods (2007-2011 and 2012-2016).
- **Income disparity:** Infant mortality rates were significantly associated with income in urban and rural areas in both time periods. <sup>iii</sup> For example, in T2 (2012-2016) in urban settings, the infant mortality rate was 1.6 times higher amongst residents of the lowest income areas than the highest income areas. In rural settings, the rate was 2.3 times higher among residents of the lowest income areas than the highest income areas in T2.



#### Urban Quintiles

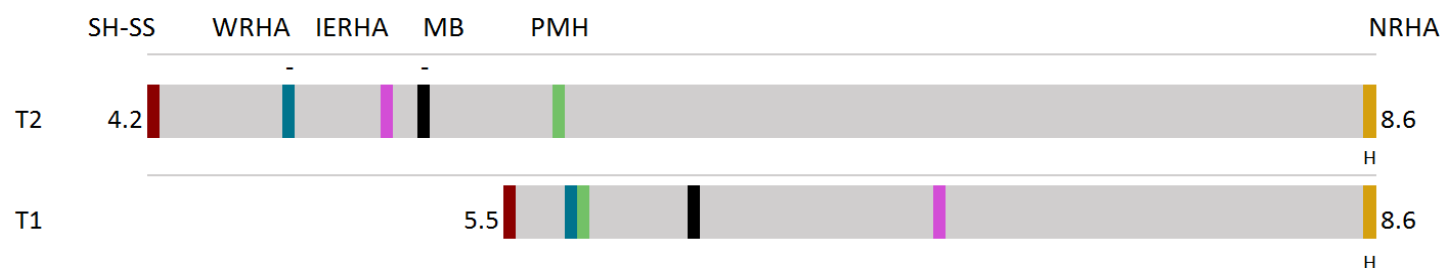
T1	2.0x
T2	1.6x
CHANGE	0.4 ↓

#### Rural Quintiles

T1	1.7x
T2	2.3x
CHANGE	0.6 ↑

**Figure 3.5 Infant Mortality Rates by RHA, 2007-2011(T1) and 2012-2016 (T2)**

Age- and sex- adjusted average annual rate per 1,000 live births per year



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		WRHA		IERHA		MB		PMH		NRHA	
T2 COUNT	59		182		35		407		57		73	
T2 RATE	4.2		4.7	-	5.1		5.2	-	5.7		8.6	H
T1 RATE	5.5		5.8		7.1		6.2		5.8		8.6	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

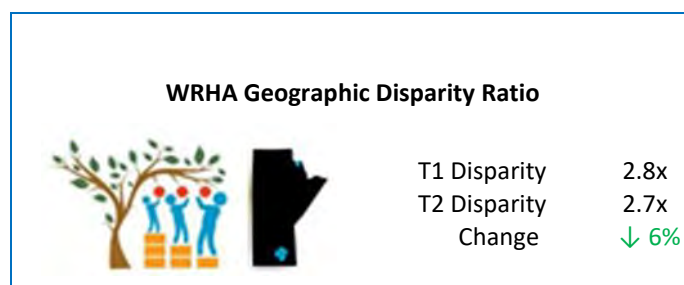
- Infant mortality rate in the Region in T2 was 4.7 per 1,000 live births, which was lower than the provincial average (the difference was not statistically significant).
- The infant mortality rate decreased significantly in the Region over the past 5 years (by 18%).
- Infant mortality rates varied across the Region in T2; for example, the death rate for Point Douglas (highest) infants was 2.7 times higher than for infants of St James-Assiniboia (lowest).
- The regional geographic gap narrowed by six percent between T1 (2007-2011) and T2 (2012-2016).
- Neighbourhood cluster-level data are not available.

**Table 3.7 Infant Mortality Rate by Winnipeg Community Area in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate per 1,000 live births per year

	T2			T1	
	Count	Rate	-	Rate	
<b>Manitoba</b>	<b>407</b>	<b>5.2</b>	<b>-</b>	<b>6.2</b>	
Fort Garry	15	3.9		4.9	
Assiniboine South	s	s		s	
St. Vital	17	5.1		4.0	
St. Boniface	15	5.1		6.7	
River Heights	9	3.3		3.3	
Transcona	11	5.4		5.5	
St. James-Assiniboia	7	2.6		4.1	
Seven Oaks	20	5.2		5.9	
River East	21	4.1		4.7	
Inkster	11	5.2		9.4	

	T2			T1	
	Count	Rate	-	Rate	
<b>Winnipeg RHA</b>	<b>182</b>	<b>4.7</b>	<b>-</b>	<b>5.8</b>	
Downtown	27	5.3		8.5	
Point Douglas	26	6.9		6.8	
Churchill	N/A	N/A		N/A	



N/A: data not available

s: suppression due to small numbers

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Child Mortality

### Definition

The average annual number of deaths amongst children aged 1 to 19 years, per 1,000, over a five-year time period.

### Why is this indicator important?

Similar to infant mortality, child mortality is an important indicator of overall population health and the well-being of a society over time. This is a health equity indicator as it is largely driven by social determinants of health and helps to inform planning of appropriate upstream interventions.

### Provincial Key Findings

- Between 2012 and 2016, 472 children aged 1-19 in Manitoba died, corresponding to a mortality rate of 0.3 per 1,000 children. This rate was similar to the previous time period.
- Child mortality rates in Northern Health Region were significantly higher than the provincial average.
- The most frequent causes of child mortality in Manitoba were injury and poisoning (60.9%), cancer (9.1%), nervous system disorders (6.2%), congenital anomalies (4.0%) and respiratory disorders (3.5%).
- The three leading causes of death of Manitoba children have remained consistent over time.
- Income disparity:** Child mortality rates were strongly associated with income in urban and rural areas in both time periods.<sup>iii</sup> For example, in T2 (2012-2016) in urban settings, the child mortality rate was 2.2 times higher among residents of the lowest income areas than the highest income areas. In rural settings, the mortality rate was 2.3 times higher among residents of the lowest income areas compared to the highest income areas in T2.



#### Urban Quintiles

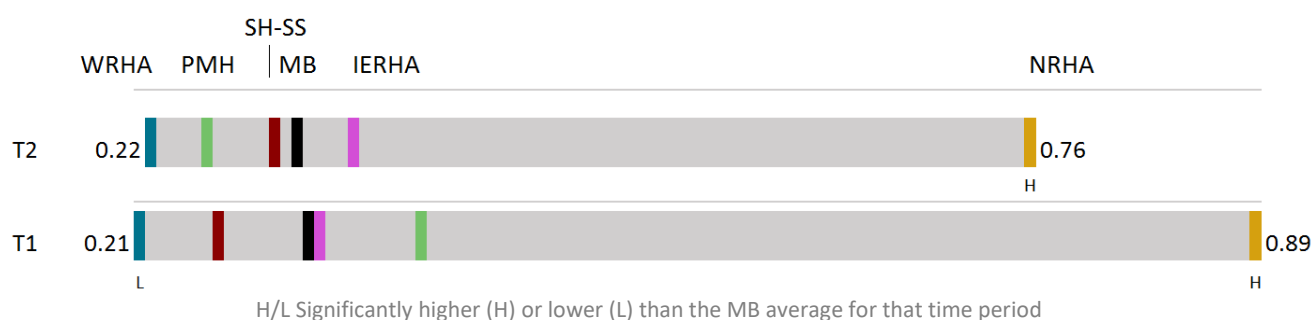
T1	2.6x
T2	2.2x
CHANGE	0.4 ↓

#### Rural Quintiles

T1	2.9x
T2	2.3x
CHANGE	0.6 ↓

**Figure 3.6 Child Mortality Rate by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex- adjusted average annual rate of death per 1,000 residents per year, age 1-19



	WRHA		PMH		SH-SS		MB		IERHA		NRHA	
T2 COUNT	174		50		79		472		51		94	
T2 RATE	0.22		0.26		0.30		0.31		0.35		0.76	H
T1 RATE	0.21	L	0.39		0.26		0.32		0.33		0.89	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

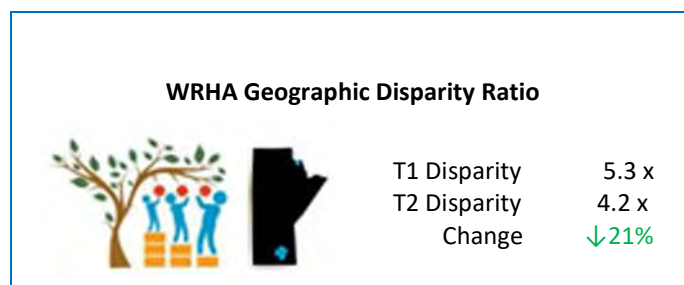
- In 2012-2016, the child mortality rate in the Region was 0.2 per 1,000 children. The rate was lower than the provincial average, but the difference was not statistically significant.
- The child death rate for Point Douglas (highest) in T2 was 4.2 times higher than that of St. Vital (lowest).
- The regional geographic disparity gap narrowed by 21 percent over time.
- The most frequent causes of child mortality in the Region were injury & poisoning (52.8%), cancer (12.1%), respiratory disorders (5.7%), nervous system disorders (5.2%) and congenital anomalies (5.2%).
- The three leading causes of death in childhood have remained consistent from the 2007-2011 period.
- Neighbourhood cluster-level data are not available.

**Table 3.8 Child Mortality by Winnipeg Community Area in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death per 1,000 residents per year, age 1-19

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>472</b>	<b>0.31</b>		<b>0.32</b>	
Fort Garry	17	0.18		0.14	
Assiniboine South	8	0.21		0.17	
St. Vital	8	0.11	L	0.11	L
St. Boniface	9	0.14		0.15	
River Heights	7	0.15		s	
Transcona	s	s		0.23	
St. James-Assiniboia	10	0.17		0.19	
Seven Oaks	15	0.17		0.20	
River East	28	0.27		0.14	
Inkster	13	0.29		0.23	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>174</b>	<b>0.22</b>		<b>0.21</b>	<b>L</b>
Downtown	26	0.34		0.36	
Point Douglas	29	0.46		0.57	
Churchill	0	0		0	



s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP RHA Indicators Atlas 2019

**Table 3.9 Most Frequent Causes of Child Mortality for Winnipeg Health Region in 2007-2011 (T1) and 2012-2016 (T2)**

Crude percentage of death among children aged 1-19 years

Cause of Death	T2 Count	T2 Rate	T1 Rate
<b>Injury &amp; poisoning</b>	92	52.8%	53.5%
<b>Cancer</b>	21	12.1%	13.8%
<b>Respiratory disorders</b>	10	5.7%	5.7%
<b>Nervous system disorders</b>	9	5.2%	4.4%
<b>Congenital anomalies</b>	9	5.2%	5.0%

Source: MCHP RHA Indicators Atlas 2019

## Potential Years of Life Lost (PYLL)

### Definition

The life lost when a person dies between the ages of 1 to 74 years. For each death, the PYLL value is calculated as the difference (in years) between age at death and 75 years of age. Average annual rates are calculated per 1,000 population, for a five-year time period.

### Why is this indicator important?

PYLL is more sensitive to deaths at younger ages than other mortality indicators.

### Provincial Key Findings

- Manitoba experienced a reduction of PYLL, from 54.1 to 52.3 PYLLs per 1,000 population aged 1 to 74, although this decrease was not statistically significant.
- PYLL in Northern Health Region was significantly higher than the provincial average.
- The highest rate of PYLL was observed for deaths attributed to injury, cancer, circulatory, digestive, and respiratory diseases.
- Income disparity:** There were strong relationships between income and PYLL rates in urban and rural areas in both time periods.<sup>iii</sup> The lowest income area residents' overall potential years of life lost was 3.0 times higher than residents of the highest income areas in urban settings and 2.3 times higher in rural settings in T2 (2012-2016).



#### Urban Quintiles

T1	3.3x
T2	3.0x
CHANGE	0.3 ↓

#### Rural Quintiles

T1	2.5x
T2	2.3x
CHANGE	0.2 ↓

**Figure 3.7 Potential Years of Life Lost by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of PYLL per 1,000 residents (aged 1-74)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	SH-SS	WRHA	PMH	MB	IERHA	NRHA
T2 COUNT	37,007	163,408	40,289	315,700	33,708	32,157
T2 RATE	44.8	45.2	49.5	52.3	55.7	110.8 H
T1 RATE	41.8	47.2	57.8	54.1	57.2	108.1 H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- PYLL decreased in the Region from 47.2 to 45.2 PYLL per 1,000 residents, but the decrease was not statistically significant.
- PYLL in the Region was lower than the provincial average, but the difference was not statistically significant. PYLL in Fort Garry, St. Vital and St. Boniface community areas in T2 were significantly lower than the provincial average.
- Most community areas appear to have decreasing PYLL, with the exception of Assiniboine South, River Heights, River East and Inkster, which had increasing PYLL. None of these changes were statistically significant over time.
- PYLL for Point Douglas South (highest) residents in T2 (2012-2016) was 6.4 times higher than those for residents of St. Boniface East (lowest).
- The regional geographic disparity gap narrowed over time (26%).
- The top five causes for PYLL in Winnipeg Health Region were cancer (13.7), injury (11.8), circulatory (8.4), digestive (2.7) and respiratory diseases (2.1).
- PYLL lost due to injury and respiratory disease has increased slightly between T1 and T2.

**Table 3.10 PYLL – All Deaths by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of PYLL per 1,000 residents (aged 1-74)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>315,700</b>	<b>52.3</b>		<b>54.1</b>	
<b>Fort Garry</b>	<b>11,815</b>	<b>30.6</b>	<b>L</b>	<b>31.1</b>	<b>L</b>
Fort Garry South	6,920	28.8		36.8	
Fort Garry North	4,895	33.6		26.4	
<b>Assiniboine South</b>	<b>6,269</b>	<b>34.3</b>		<b>32.8</b>	
<b>St. Vital</b>	<b>12,172</b>	<b>32.2</b>	<b>L</b>	<b>33.5</b>	
St. Vital South	6,383	27.9		30.4	
St. Vital North	5,789	38.0		37.2	
<b>St. Boniface</b>	<b>10,186</b>	<b>31.2</b>	<b>L</b>	<b>34.9</b>	
St. Boniface East	5,862	24.7		31.3	
St. Boniface West	4,324	49.8		45.0	
<b>River Heights</b>	<b>11,122</b>	<b>34.9</b>		<b>31.9</b>	<b>L</b>
River Heights West	6,208	32.4		27.5	
River Heights East	4,914	41.4		39.3	
<b>Transcona</b>	<b>7,212</b>	<b>35.2</b>		<b>38.5</b>	
<b>St. James-Assiniboia</b>	<b>13,219</b>	<b>40.6</b>		<b>44.9</b>	
St. James-Assiniboia East	6,088	36.1		52.3	
St. James-Assiniboia West	7,131	43.8		39.5	
<b>Seven Oaks</b>	<b>14,768</b>	<b>38.6</b>		<b>42.6</b>	
Seven Oaks West	4,402	31.3		35.5	
Seven Oaks North	1,019	35.3		23.4	
Seven Oaks East	9,347	43.8		51.1	
<b>Winnipeg RHA</b>	<b>163,408</b>	<b>45.2</b>		<b>47.2</b>	
<b>River East</b>	<b>21,526</b>	<b>46.9</b>		<b>40.0</b>	
River East North	1,455	33.4		21.5	
River East East	6,095	42.0		31.8	
River East West	8,392	43.0		45.2	
River East South	5,584	68.2		57.8	
<b>Inkster</b>	<b>8,016</b>	<b>51.7</b>		<b>48.7</b>	
Inkster West	3,201	39.6		37.2	
Inkster East	4,815	71.5		65.4	
<b>Downtown</b>	<b>27,548</b>	<b>76.0</b>		<b>83.8</b>	
Downtown West	9,616	50.7		62.5	
Downtown East	17,932	105.4		108.9	
<b>Point Douglas</b>	<b>19,304</b>	<b>94.6</b>	<b>H</b>	<b>105.9</b>	<b>H</b>
Point Douglas North	8,389	60.5		62.4	
Point Douglas South	10,915	158.3	<b>H</b>	186.8	<b>H</b>
<b>Churchill</b>	<b>251</b>	<b>40.7</b>		<b>41.9</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 8.7x  
 T2 Disparity 6.4x  
 Change ↓ 26%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP RHA Indicators Atlas 2019

## Potential Years of Life Lost (PYLL)—Unintentional Injuries

### Definition

The PYLL for all unintentional injuries—for example falls, motor vehicle accidents, or drowning—per 1,000 population aged 1 to 74 years, over a five-year time period.

### Why is this indicator important?

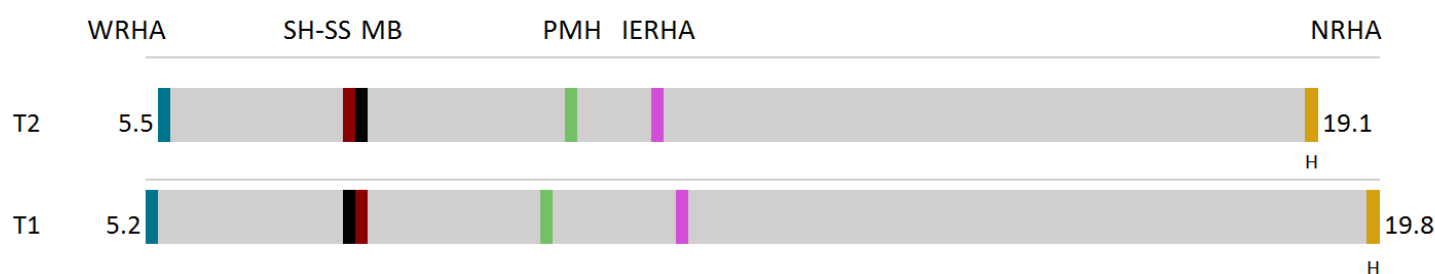
Unintentional injuries contribute significantly to PYLL and can be used to help identify the need for injury prevention strategies.

### Provincial & Regional Key Findings

- Unintentional injuries PYLL was 7.8 per 1,000 population and remained constant over time for Manitoba and all regions.
- PYLL due to unintentional injuries in Northern Health Region was significantly higher than the provincial average in both time periods.
- PYLL due to unintentional injuries in the Winnipeg Health Region was lower than the provincial average in both time periods, although the difference was not statistically significant.

**Figure 3.8 Potential Years of Life Lost (PYLL) due to Unintentional Injury by RHA for 2006/07-2010/11 (T1) and 2011/12-2015/16 (T2)**

Age- and sex-adjusted PYLL rates per 1,000 (1 to 74 years and older)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		SH-SS		MB		PMH		IERHA		NRHA	
T2 COUNT	17,962		6,449		44,662		7,566		5,975		6,710	
T2 RATE	5.5		7.6		7.8		10.3		11.3		19.1	H
T1 RATE	5.2		7.9		7.8		10.0		11.7		19.8	H

Source: IMA MHSAL 2019

## Potential Years of Life Lost (PYLL)—Suicide

### Definition

The PYLL for all suicides per 1,000 population aged 1 to 74 years, over a five-year time period.

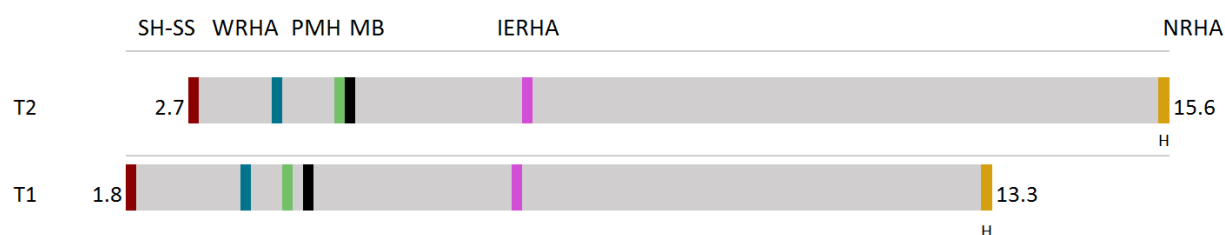
### Why is this indicator important?

Suicide is one of the main causes of premature death. There is potential to positively impact society overall through strengthening mental health awareness, early identification of suicidal thoughts and timely referral to appropriate supports.

### Provincial & Regional Key Findings

- PYLL caused by suicide increased slightly from 4.3 to 4.9 per 1,000 residents in Manitoba. The increasing trend was also seen in all RHAs, although the changes were not statistically significant.
- PYLL due to suicide in Northern Health Region was significantly higher than the provincial average in both time periods.
- PYLL due to suicide was lower in the Winnipeg Region than the provincial average in both time periods, although the difference was not statistically significant.

**Figure 3.9 Potential Years of Life Lost (PYLL) due to Suicide by RHA for 2006/07-2010/11 (T1) and 2011/12-2015/16 (T2)**  
Age- and sex-adjusted PYLL per 1,000 residents (1 to 74 years)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS	WRHA	PMH	MB	IERHA	NRHA
T2 COUNT	2,465	12,451	3,564	27,455	3,548	5,427
T2 RATE	2.7	3.9	4.7	4.9	7.2	15.6 H
T1 RATE	1.8	3.5	4.0	4.3	7.0	13.3 H

Source: IMA MHSAL 2019

## Potentially Avoidable Deaths

### Definition

The average annual rate of avoidable deaths before age 75, per 1,000 population (aged 0-74 years), over a five-year time period. Avoidable deaths include those that could be avoided through primary prevention efforts, such as lifestyle modifications, immunizations and health promotion initiatives.

### Why is this indicator important?

Measuring potentially avoidable deaths provides insight on the effectiveness of disease prevention policies, health promotion and health care in preventing premature deaths.

### Provincial Key Findings

- In Manitoba, 13,699 deaths were from preventable or treatable causes in 2012-2016. The number of potentially avoidable deaths in Manitoba decreased significantly over time.
- Potentially avoidable deaths decreased significantly over time across all regions except Southern Health-Santé Sud.
- Southern Health-Santé Sud and Winnipeg Health Region have significantly lower rates, while Northern Health Region had rates significantly higher than the provincial average.
- In 2012-2016, the number of potentially avoidable deaths for males was 53.7 percent higher than for females.
- **Income disparity:** There were strong relationships between income and potentially avoidable death rates in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the rate of potentially avoidable deaths for residents of the lowest income areas was about 3.7 times higher than residents of the highest income areas in T1 (2007-2011) and T2 (2012-2016). In rural settings, the rate of potentially avoidable deaths for residents living in the lowest income areas was about 2.2 times higher than for residents of the highest income areas in T2.



#### Urban Quintiles

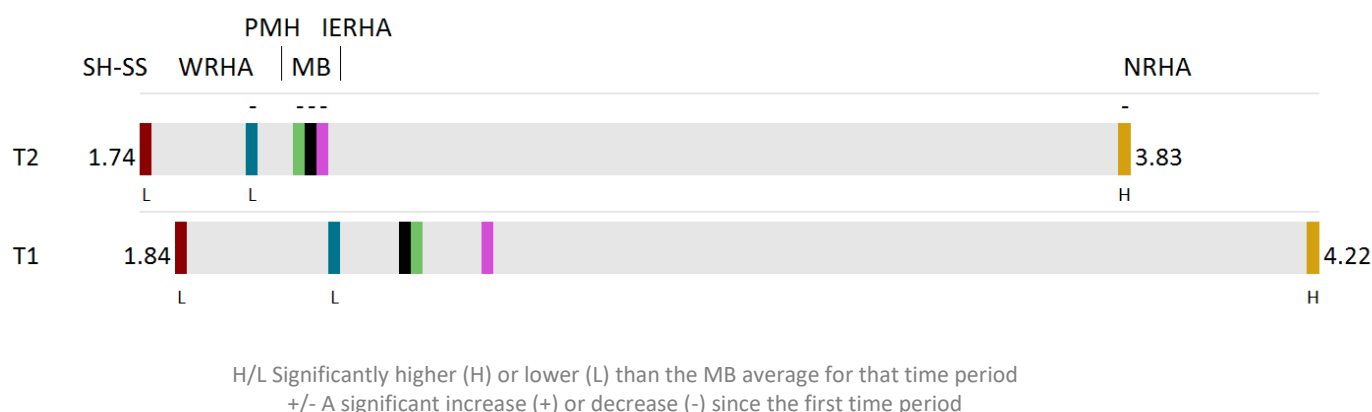
T1	3.7x
T2	3.7x
CHANGE	0.0

#### Rural Quintiles

T1	2.1x
T2	2.2x
CHANGE	0.1↑

**Figure 3.10 Potentially Avoidable Death Rate by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of avoidable death before age 75 per 1,000 residents under age 75



	SH-SS		WRHA		PMH		MB		IERHA		NRHA	
T2 COUNT	1,539		7,272		1,856		13,699		1,587		1,074	
T2 RATE	1.74	L	1.98	L-	2.08	-	2.11	-	2.15	-	3.83	H-
T1 RATE	1.84	L	2.16	L	2.34		2.33		2.48		4.22	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- The number of potentially avoidable deaths in the Region was 7,272 in T2 (2012-2016) (1.98 per 1,000 residents).
- The rate of potentially avoidable deaths in the Region was significantly lower than the provincial average in both time periods. However, rates were significantly higher than the provincial average in the Downtown and Point Douglas community areas.
- The rate for the Region overall decreased over time (9%). Significant decreases were seen in the community areas of St. Boniface, River East, Inkster and Point Douglas.
- Point Douglas South (highest) residents were 5.5 times more likely to die due to a potentially preventable cause than those in River East North (lowest) in T2.
- The regional geographic disparity gap narrowed by 18 percent between T1 (2007-2011) and T2 (2012-2016).

**Table 3.11 Potentially Avoidable Deaths by Winnipeg Community Area & Neighborhood Cluster  
in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of avoidable death before age 75 per 1,000 residents under age 75

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>13,699</b>	<b>2.11</b>	<b>-</b>	<b>2.33</b>	
<b>Fort Garry</b>	<b>509</b>	<b>1.26</b>	<b>L</b>	<b>1.23</b>	<b>L</b>
Fort Garry South	286	1.23	L	1.23	L
Fort Garry North	223	1.29	L	1.23	L
<b>Assiniboine South</b>	<b>275</b>	<b>1.26</b>	<b>L</b>	<b>1.36</b>	<b>L</b>
<b>St. Vital</b>	<b>610</b>	<b>1.65</b>	<b>L</b>	<b>1.72</b>	<b>L</b>
St. Vital South	287	1.29	L	1.46	L
St. Vital North	323	2.20		2.06	
<b>St. Boniface</b>	<b>491</b>	<b>1.60</b>	<b>L-</b>	<b>1.92</b>	<b>L</b>
St. Boniface East	289	1.28	L-	1.51	L
St. Boniface West	202	2.50		2.99	H
<b>River Heights</b>	<b>503</b>	<b>1.70</b>	<b>L</b>	<b>1.89</b>	<b>L</b>
River Heights West	266	1.41	L	1.52	L
River Heights East	237	2.20		2.54	
<b>Transcona</b>	<b>317</b>	<b>1.75</b>	<b>L</b>	<b>1.85</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>684</b>	<b>2.09</b>		<b>2.04</b>	<b>L</b>
St. James-Assiniboia West	381	2.05		1.84	L
St. James-Assiniboia East	303	2.17		2.34	
<b>Seven Oaks</b>	<b>656</b>	<b>1.80</b>	<b>L</b>	<b>1.99</b>	<b>L</b>
Seven Oaks North	38	1.34		1.51	
Seven Oaks West	194	1.40	L-	1.75	L
Seven Oaks East	424	2.14		2.21	
<b>Winnipeg RHA</b>	<b>7,272</b>	<b>1.98</b>	<b>L-</b>	<b>2.16</b>	<b>L</b>
<b>River East</b>	<b>974</b>	<b>1.92</b>	<b>L-</b>	<b>2.10</b>	<b>L</b>
River East North	63	1.05	L	1.03	L
River East East	268	1.76	L	2.03	
River East West	416	1.93		2.05	
River East South	227	2.80	H	3.23	H
<b>Inkster</b>	<b>333</b>	<b>2.09</b>	<b>-</b>	<b>2.54</b>	
Inkster West	121	1.30	L-	1.74	L
Inkster East	212	3.16	H	3.57	H
<b>Downtown</b>	<b>1,152</b>	<b>3.46</b>	<b>H</b>	<b>3.69</b>	<b>H</b>
Downtown West	427	2.42	H	2.59	
Downtown East	725	4.60	H	4.91	H
<b>Point Douglas</b>	<b>754</b>	<b>3.80</b>	<b>H-</b>	<b>4.42</b>	<b>H</b>
Point Douglas North	356	2.72	H	3.09	H
Point Douglas South	398	5.83	H-	6.97	H
<b>Churchill</b>	<b>14</b>	<b>3.08</b>		<b>2.63</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 6.8 x  
 T2 Disparity 5.5 x  
 Change ↓ 18%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

## Unintentional Injury Causing Death

### Definition

The number of deaths due to unintentional injury, per 1,000 population, over a five-year time period.

### Why is this indicator important?

This indicator focuses on the accidental causes of death such as motor vehicle accidents, drowning, falls, burns and poisonings. Unintentional injuries are one of the leading causes of death in Canada and worldwide.

### Provincial Key Findings

- In Manitoba, 2,774 residents died from unintentional injuries in 2012-2016, corresponding to a rate of 0.42 per 1,000 population.
- The provincial rate of deaths due to unintentional injury slightly decreased over time. Decreasing rates are also observed in most RHAs.
- Northern Health Region had significantly higher rates than the provincial average.
- In 2012-2016, deaths from unintentional injuries among males were 35 percent higher than among females. In addition, almost half of all unintentional injury deaths were among adults aged 65 and older.
- **Income disparity:** There were strong relationships between income and unintentional injury death rates in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the rate of unintentional injury causing death was three times higher for residents of the lowest income areas compared to the highest income areas in T2 (2012-2016). In rural settings, the rate of unintentional injury causing death was 2.2 times higher for residents of the lowest income areas than among residents of the highest income areas in T2.



#### Urban Quintiles

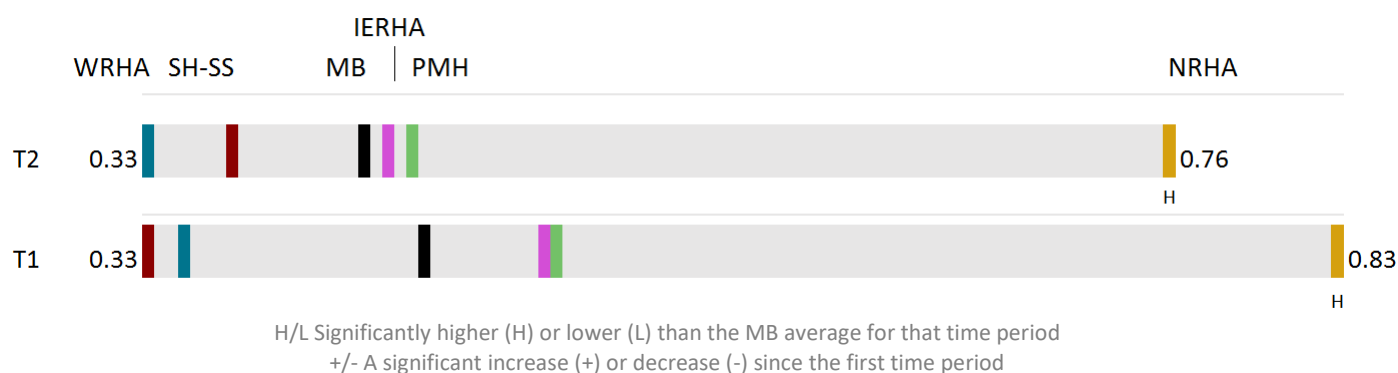
T1	3.1x
T2	3.0x
CHANGE	0.1 ↓

#### Rural Quintiles

T1	2.3x
T2	2.2x
CHANGE	0.1 ↓

**Figure 3.11 Average Annual Unintentional Injury Causing Death Rates by RHA**

Age- and sex-adjusted, 2007-2011 (T1) and 2012-2016 (T2), per 1,000



	WRHA	SH-SS	MB	IERHA	PMH	NRHA
T2 COUNT	1,356	338	2,774	295	471	240
T2 RATE	0.33	0.37	0.42	0.43	0.44	0.76 H
T1 RATE	0.35	0.33	0.45	0.50	0.50	0.83 H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The rate of unintentional injury causing death at a regional level was lower than the provincial average but the difference was not statistically significant.
- The rates of unintentional injury causing death for Fort Garry, St. Vital, St. Boniface, Transcona and River East community areas were significantly lower than the provincial average compared to other community areas.
- Residents in Point Douglas South (highest) were more than nine times more likely to die due to unintentional injury than residents of Inkster West (lowest) in T2.
- The regional geographic disparity gap widened by 21 percent between the two time periods.


**Table 3.12 Average Annual Unintentional Injury Causing Death Rate by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted, 2007-2011 (T1) and 2012-2016 (T2), per 1,000

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>2,774</b>	<b>0.42</b>	<b>0.45</b>	
<b>Fort Garry</b>	<b>112</b>	<b>0.22</b>	<b>L</b>	<b>0.18</b>
Fort Garry South	43	0.19	L	0.21
Fort Garry North	69	0.32		0.27
<b>Assiniboine South</b>	<b>77</b>	<b>0.27</b>		<b>0.26</b>
<b>St. Vital</b>	<b>103</b>	<b>0.21</b>	<b>L</b>	<b>0.25</b>
St. Vital North	35	0.24	L	0.25
St. Vital South	68	0.29		0.31
<b>St. Boniface</b>	<b>77</b>	<b>0.19</b>	<b>L</b>	<b>0.20</b>
St. Boniface East	40	0.19	L	0.18
St. Boniface West	37	0.35		0.48
<b>River Heights</b>	<b>114</b>	<b>0.25</b>		<b>0.25</b>
River Heights West	64	0.28		0.28
River Heights East	50	0.42		0.40
<b>Transcona</b>	<b>39</b>	<b>0.16</b>	<b>L</b>	<b>0.21</b>
<b>St. James-Assiniboia</b>	<b>129</b>	<b>0.29</b>		<b>0.31</b>
St. James-Assiniboia West	64	0.33		0.36
St. James-Assiniboia East	65	0.37		0.37
<b>Seven Oaks</b>	<b>130</b>	<b>0.29</b>		<b>0.27</b>
Seven Oaks West	36	0.26		0.27
Seven Oaks East	72	0.33		0.34
Seven Oaks North	22	0.71		0.48

	T2		T1	
	Count	Rate	Rate	
<b>Winnipeg RHA</b>	<b>1,356</b>	<b>0.33</b>	<b>0.35</b>	
<b>River East</b>	<b>148</b>	<b>0.22</b>	<b>L</b>	<b>0.25</b>
River East North	s			0.21
River East West	70	0.25	L	0.29
River East East	50	0.32		0.28
River East South	25	0.31		0.48
<b>Inkster</b>	<b>54</b>	<b>0.29</b>		<b>0.30</b>
Inkster West	12	0.14	L	0.19
Inkster East	42	0.59		0.66
<b>Downtown</b>	<b>210</b>	<b>0.48</b>		<b>0.55</b>
Downtown West	76	0.40		0.51
Downtown East	134	0.79	H	0.88
<b>Point Douglas</b>	<b>161</b>	<b>0.62</b>		<b>0.72</b>
Point Douglas North	55	0.42		0.47
Point Douglas South	106	1.39	H	1.46
<b>Churchill</b>	<b>s</b>			<b>0.00</b>

**WRHA Geographic Disparity Ratio**



T1 Disparity 8.1x  
T2 Disparity 9.8x  
Change ↑ 21%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

# Cancer

## Cancer Incidence—All Cancers

### Definition

The number of diagnosed new cases of all invasive cancers<sup>1</sup> per 100,000 population, over a two-year time period.

### Why is this indicator important?

Annually updated statistics on cancer incidence are an important part of predicting future utilization of cancer care services and can provide insight into the effectiveness of and access to screening programs.

### Provincial Key Findings

- In Manitoba, the cancer incidence rate decreased slightly between T1 (2001-2013) and T2 (2014-2016), but the change was not statistically significant.
- Interlake-Eastern RHA and Northern Health Region rates were significantly higher than the provincial average in T2 compared to the other RHAs.
- Incidence rates in T2 were higher among residents aged 75+ and male residents.
- **Income disparity:** In both urban and rural settings, the incidence rates of all cancers were about 1.1 times higher for residents of the lowest income areas than for residents of the highest income areas in T2 (2014-2016).



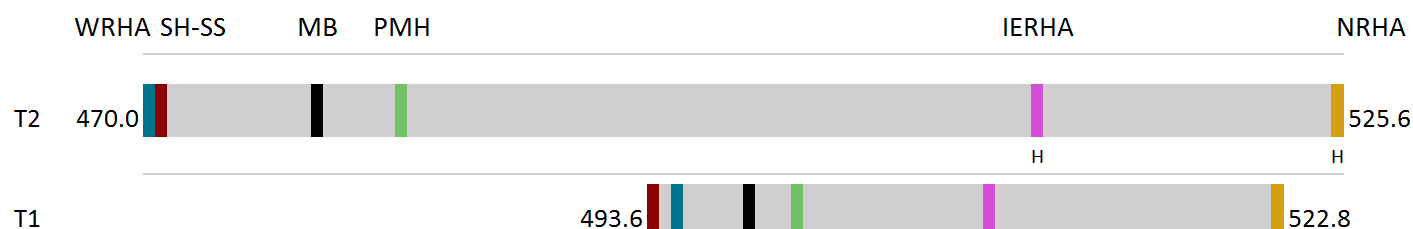
Urban Quintiles	
T1	1.2x
T2	1.1x
CHANGE	0.1 ↓

Rural Quintiles	
T1	1.0x
T2	1.1x
CHANGE	0.1 ↑

<sup>1</sup> Invasive cancer means the cancer cells have broken out of the lobule where they began and have the potential to spread to the lymph nodes and other areas of the body (Mayo Clinic, 2019).

Figure 3.12 All Invasive Cancers – Incidence rate by RHA 2011-13 (T1) and 2014-16 (T2)

Age-standardized incidence rates per 100,000 residents



H/L Significantly higher or lower than the Manitoba average for that time period

	WRHA		SH-SS		MB		PMH		IERHA		NRHA	
T2 COUNT	11,073		2,517		19,422		2,860		2,272		720	
T2 RATE	470.0		470.9		478.4		482.3		511.8	H	525.6	H
T1 RATE	494.9		493.6		498.2		500.8		509.2		522.8	

Source: CancerCare Manitoba 2019

## Regional key findings

- In T2 (2014-2016), 11,073 residents were newly diagnosed with cancer. The cancer incidence in the Winnipeg Health Region was similar to that of the province as a whole.
- The age-standardized incidence rates were higher among male residents. The crude incidence was the highest in individuals aged 50-74 in 2011-2013, while incidence was highest in individuals aged 75+ in T2.

## Cancer Incidence—Top Four Diagnoses

### Definition

The number of diagnosed new cases of lung & bronchus, breast, colorectal and prostate cancer per 100,000 population, over a two-year time period.

### Why is this indicator important?

Specifying the cancer site allows for more accurate prediction of future utilization of treatment services.

### Provincial Key Findings

- The top four invasive cancer incidence rates in Manitoba in T1 (2011-2013) and T2 (2014-2016) were lung & bronchus, breast, colorectal and prostate.
- The cancer incidence rate was higher among residents aged 75+ for all top four diagnoses.
- The incidence rates were higher in males than females for colorectal and lung and bronchus cancers.

### Regional Key Findings

- The incidence rates of breast cancer in the Region were significantly higher than the provincial average in both time periods.
- The incidence rates of colorectal cancer in the Region were significantly lower than the provincial average in both time periods.
- The cancer incidence rate was higher among residents aged 75+ for all top four diagnoses. The age-standardized incidence rates of the top four cancers were higher in males than females for colorectal and lung and bronchus cancers.

**Table 3.13 Cancer Incidence Top Four for Manitoba and Winnipeg Health Region in 2011-2013 (T1) and 2014-2016 (T2)**

Age-standardized incidence rates per 100,000 residents

Cancer Type	WRHA					Manitoba		
	T2 Count	T2 Rate		T1 Rate		T2 Count	T2 Rate	T1 Rate
Lung & Bronchus	1,602	67.6		70.6		2,778	67.7	69.4
Breast	1,575	67.2	H	73.7	H	2,530	62.7	69.9
Colorectal	1,341	57.0	L	63.4	L	2,504	61.9	66.8
Prostate	1,196	50.2		48.9		2,145	51.8	51.2

H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period.

Source: CancerCare Manitoba 2019

## Cancer Mortality—All

### Definition

The rate of death for all cancers per 100,000 population, for a two-year time period.

### Why is this indicator important?

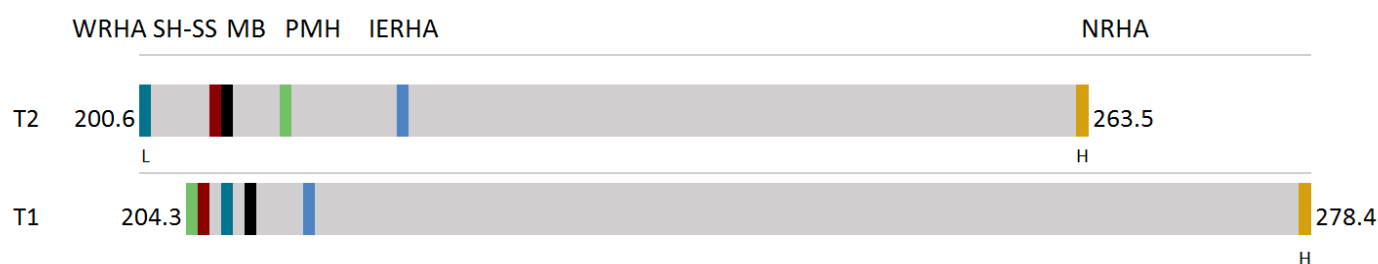
Cancer mortality statistics provide insight into the treatment success for cancer.

### Provincial Key Findings

- The provincial age-standardized mortality rate for all invasive cancers has been fairly stable since T1 (2011-2013).
- In T2 (2014-16), the mortality rate was significantly higher than the provincial average in the Northern Health Region while it was significantly lower in the Winnipeg Health Region.
- Mortality rates were higher in males and residents aged 75+ in T2 (2014-2016).

**Figure 3.13 All Invasive Cancers – Mortality rate by RHA 2011-13 (T1) and 2014-16 (T2)**

Age-standardized mortality rates per 100,000 residents



H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

	WRHA		SH-SS		MB		PMH		IERHA		NRHA	
T2 COUNT	4,727		1,072		8,348		1,311		942		296	
T2 RATE	200.6	L	205.9		206.5		211.0		218.4		263.5	H
T1 RATE	206.6		205.4		208.2		204.3		212.6		278.4	H

Source: CancerCare Manitoba 2019

## Regional Key Findings

- In T2 (2014-2016), the age-standardized mortality rate for all invasive cancers was significantly lower than the provincial rate.
- The cancer mortality rates were higher in males than females, except for females under the age of 50 years. The rate was higher among cancer patients aged 75+.

**Table 3.14 All invasive cancer mortality crude rates per 100,000 residents by age and sex in the Winnipeg Health Region for 2011-2013 (T1) and 2014-2016 (T2)**

Age-standardized mortality rates per 100,000 residents

	Age	T2 Count	T2 Rate	T1 Rate
<b>Female</b>	<50	115	15.8	17.0
	50-74	1,051	326.2	311.7
	75+	1,200	1263.4	1314.9
	All Ages	2,366	206.2	208.5
<b>Male</b>	<50	82	11.0	11.8
	50-74	1,118	364.7	383.8
	75+	1,161	1933.3	1962.8
	All Ages	2,361	211.9	217.0

Source: CancerCare Manitoba 2019

## Cancer Mortality—Top Four Diagnoses

### Definition

The rate of death for lung & bronchus, breast, colorectal and prostate cancers, per 100,000 population, for a two-year time period.

### Why is this indicator important?

Site-specific cancer mortality statistics provide insight into the treatment success for cancer at a site-specific level.

### Provincial Key Findings

- In T2 (2014-2016), the top four invasive cancer mortality rates by site in Manitoba were lung & bronchus (50.0 per 100,000), colorectal (25.0 per 100,000), breast (14.7 per 100,000) and prostate (13.6 per 100,000).
- The cancer mortality rate was higher among residents aged 75+ for all top four diagnoses.
- The mortality rates were higher in males than females for colorectal and lung & bronchus cancers.

### Regional Key Findings

- Prostate cancer mortality in the Winnipeg Health Region was significantly lower than the provincial average in T2 (2014-2016).
- The cancer mortality rate in the Region was higher among residents aged 75+ for all top four diagnoses.
- Cancer mortality rates were higher in males than females for colorectal and lung & bronchus cancers.

**Table 3.15 Cancer mortality top four diagnoses for Manitoba and the Winnipeg Health Region for 2011-2013 (T1) and 2014-2016 (T2)**

Age-standardized mortality rates per 100,000 residents

Cancer Type	WRHA					Manitoba		
	T2 Count	T2 Rate		T1 Rate		T2 Count	T2 Rate	T1 Rate
Lung & Bronchus	1,170	49.5		48.9		2,039	50.0	49.6
Colorectal	544	23.1		24.8		1,005	25.0	25.4
Breast	348	14.9		15.0		591	14.7	14.4
Prostate	274	11.7	L	11.0		542	13.6	12.3

H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

Source: CancerCare Manitoba 2019

## Cancer—Late-Stage (IV) Diagnosis

### Definition

The percentage of all cancer patients diagnosed at a late-stage (IV), for a two-year time period.

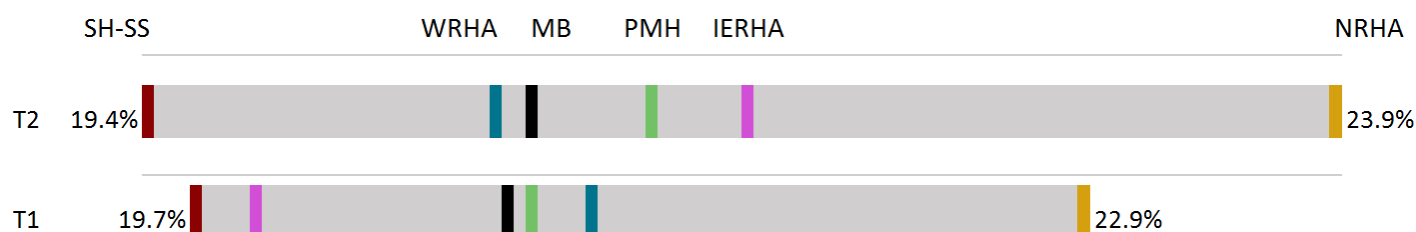
### Why is this indicator important?

In late-stage diagnoses, cancer has already spread to other parts of the body and has a significantly worse outcome than cancer diagnosed during earlier stages. Data on late-stage cancer diagnosis helps to identify where to focus cancer awareness campaigns, screening programs and how to improve access to diagnostic tests.

### Provincial Key Findings

- The proportion of cancer patients diagnosed at stage IV has remained relatively stable throughout the province since T1 (2011-2013).
- The proportion of cancer patients who were diagnosed at stage IV was higher in males and patients aged 50+.

**Figure 3.14 Percent of all Invasive Cancers diagnosed at stage IV, by RHA 2011-13 (T1) and 2014-16 (T2)**



H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

	SH-SS		WRHA		MB		PMH		IERHA		NRHA	
T2 COUNT	489		2,300		4,064		610		493		172	
T2 RATE	19.4%		20.8%		20.9%		21.3%		21.7%		23.9%	
T1 RATE	19.7%		21.1%		20.8%		20.9%		19.9%		22.9%	

Source: CancerCare Manitoba 2019

### Regional Key Findings

- In T2 (2014-2016), about 2,300 cancer patients were diagnosed at a stage IV in the Winnipeg Health Region. The rate was similar to the provincial average and has remained stable over time.
- The proportion of cancer patients who were diagnosed at stage IV was higher in males and individuals who were aged 50+.

## Cancer Late-Stage (IV) Diagnosis—Top Four Diagnoses

### Definition

The percentage of cancer patients diagnosed at a late-stage (IV) for lung & bronchus, prostate, colorectal and breast cancers.

### Why is this indicator important?

Site-specific data on late-stage cancer diagnosis helps to identify where to focus cancer awareness campaigns, screening programs and diagnostic tests.

### Provincial Key Findings

- The proportion of stage IV cancer patients diagnosed with the top four diagnoses remained relatively stable in the province since T1 (2011-2013).
- The proportion of cancer patients diagnosed at stage IV was higher among residents aged 75+ for breast and prostate cancers; however, the proportion was higher among residents aged 50-74 for colorectal and lung & bronchus cancers.
- Males were more likely than females to be diagnosed at a stage IV for colorectal and lung & bronchus cancers.

### Regional Key Findings

- The proportion of cancer patients diagnosed at a later stage of their cancer for the top four diagnoses were similar to the provincial averages in both time periods.
- Winnipeg Health Region residents were more than six times as likely to be diagnosed at stage IV for lung & bronchus cancer compared to breast cancer in T2 (2014-2016).

**Table 3.16 Percentage of site-specific Invasive Cancers diagnosed at late-stage (IV) for Manitoba and the Winnipeg Health Region in 2011-2013 (T1) and 2014-2016 (T2)**

Cancer Type	WRHA				Manitoba		
	T2 Count	T2 Rate		T1 Rate	T2 Count	T2 Rate	T1 Rate
<b>Lung &amp; Bronchus</b>	759	47.4%		49.0%	1,324	47.7%	48.8%
<b>Colorectal</b>	271	20.2%		18.8%	505	20.2%	19.4%
<b>Prostate</b>	190	15.9%		15.8%	369	17.2%	16.4%
<b>Breast</b>	114	7.2%		6.9%	167	6.6%	6.6%

Source: CancerCare Manitoba 2019

## Cancer Survival—All Cancers

### Definition

The percentage of residents still alive five-years after a cancer diagnosis, for a five-year time period.

### Why is this indicator important?

Data on cancer survival can be used to assess the effectiveness of cancer treatment and prevention strategies.

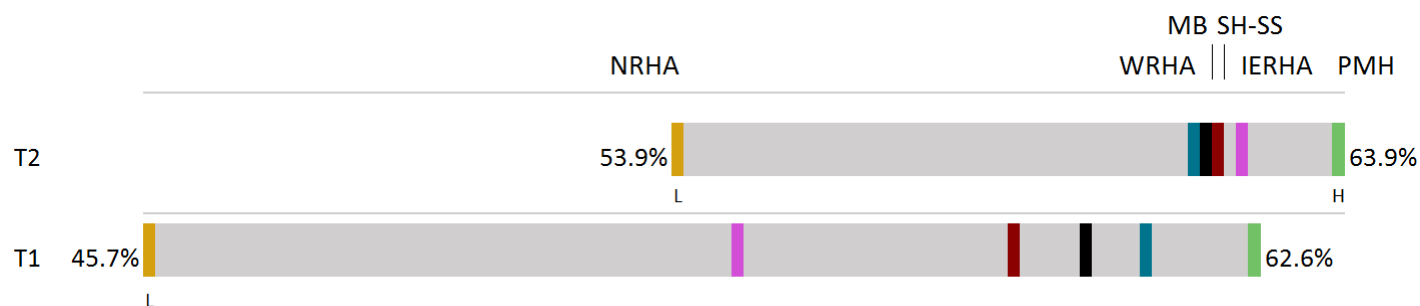
### Provincial Key Findings

- Cancer survival rates have increased slightly in the province since T1 (2011).
- Cancer survival rates were significantly higher than the provincial rate in Prairie Mountain Health in T2 (2016), while they were significantly lower in the Northern Health Region in both time periods.
- Cancer survival rates were highest among cancer patients aged 15-44 and females in T2.
- **Income disparity:** In urban settings, the cancer relative survival rate among residents of the highest income areas was 1.4 times longer than residents of the lowest income areas in T1 (2011).



**Figure 3.15 Period Relative Survival – All Invasive Cancers, by RHA**

Age-standardized period relative survival, observed years 2007-2011, with follow-up to 2011 (T1) and observed years 2012-2016, with follow-up to 2016 (T2)



H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

	NRHA		WRHA		MB		SH-SS		IERHA		PMH	
T2 RATE	53.9%	L	61.8%		62.0%		62.0%		62.3%		63.9%	H
T1 RATE	45.7%	L	61.0%		60.0%		58.9%		54.7%		62.6%	

Source: CancerCare Manitoba 2019

## Regional Key Findings

- Cancer survival rates have remained relatively stable in the Winnipeg Health Region since T1 (2011). The rate in the Region was similar to the Manitoba rate in T2 (2016).
- Cancer survival rates were higher in females, residents with high-income, and those aged 15-44 years in T2.

## Cancer Survival—Top 4 Diagnoses

### Definition

The percentage of residents still alive five-years after a cancer diagnosis for breast, prostate, lung & bronchus, or colorectal cancer, for a five-year time period.

### Why is this indicator important?

Site-specific data on cancer survival can be used to assess the effectiveness of cancer treatment and prevention strategies.

### Provincial Key Findings

- Amongst the top four cancers, survival rates were lowest for lung & bronchus cancers (23.1%) and highest for prostate cancer (91.1%) in both time periods.
- Cancer survival rates were highest amongst female cancer patients and patients aged 15-54 for colorectal and lung & bronchus cancers.
- For breast cancer, survival rates were highest amongst females aged 65-74 and for prostate cancer, survival rates were highest amongst males aged 55-64.

**Table 3.17 Cancer Relative Survival – Top Four Cancers, by Manitoba and Winnipeg Health Region**

Age-standardized period relative survival, observed years 2007-2011, with follow-up to 2011 (T1) and observed years 2012-2016, with follow-up to 2016 (T2)

Cancer Type	WRHA				Manitoba	
	T2 Rate		T1 Rate		T2 Rate	T1 Rate
Prostate	92.3%		92.4%		91.1%	86.3%
Breast	88.0%		87.6%		88.0%	87.5%
Colorectal	64.8%		63.5%		65.0%	64.5%
Lung & Bronchus	24.0%		21.0%		23.1%	20.3%

Source: CancerCare Manitoba 2019

### Regional Key Findings

- Cancer survival for the top four diagnoses in the Winnipeg Health Region was similar to the province in both time periods. The survival rates for the top four cancer diagnoses did not significantly change in the Winnipeg Health Region between T1 (2007-2011) and T2 (2012-2016).
- The survival rates for colorectal cancer patients were similar between males and females. The survival rate for lung & bronchus cancer patients was higher in females in both time periods.
- Cancer survival rates were also highest amongst females aged 45-54 for breast cancer (91.7%) and males aged 65-74 for prostate cancer (98.7%) in T2.

# Cardiovascular

## Hypertension Prevalence

### Definition

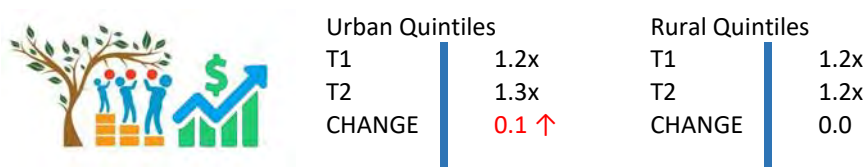
The percentage of residents, aged 19 and older, with a diagnosis of hypertension (high blood pressure), for a one-year time period.

### Why is this indicator important?

Hypertension is a risk factor for a number of cardiovascular conditions. Accurate assessment of the hypertension burden helps to guide prevention efforts and treatment choices, which may lead to reductions in heart-related morbidity and mortality.

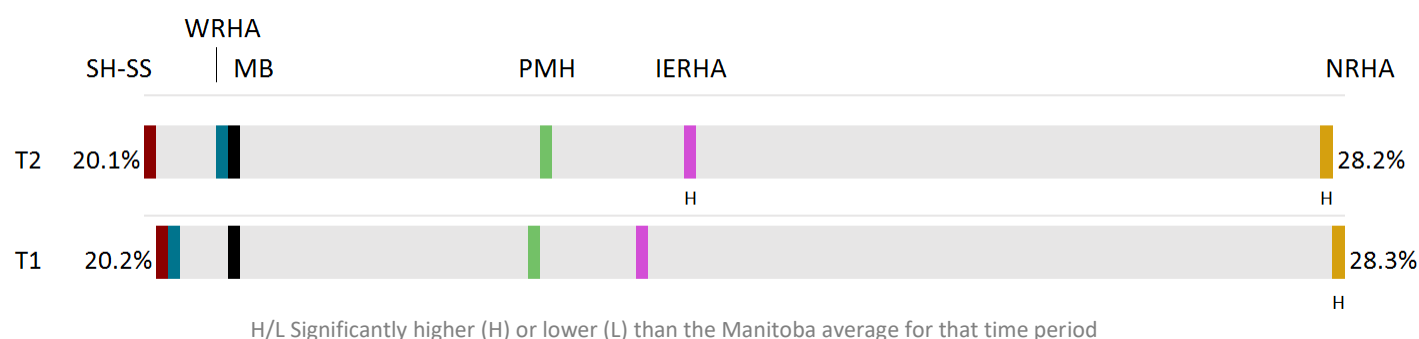
### Provincial Key Findings

- In Manitoba, 219,507 residents were diagnosed with high blood pressure in 2016/17. The prevalence in the province did not change between T1 (2011/12) and T2 (2016/17).
- Hypertension prevalence in the Northern Health Region and Interlake-Eastern RHA were significantly higher than the provincial average in T2 (2016/17).
- **Income disparity:** There were significant relationships between income and hypertension prevalence in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the hypertension prevalence among the residents of the lowest income areas was about 1.3 times higher than residents of the highest income areas in T2 (2016/17). In rural settings, the hypertension prevalence among the residents of the lowest income areas was about 1.2 times higher than residents of the highest income areas in both time periods.



**Figure 3.16 Prevalence of Hypertension by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percent of residents aged 19+ diagnosed with disorder



	SH-SS	WRHA	MB	PMH	IERHA	NRHA
T2 COUNT	26,699	125,460	219,507	31,977	25,134	9,392
T2 RATE	20.1%	20.7%	20.7%	22.8%	23.8% H	28.2% H
T1 RATE	20.2%	20.2%	20.7%	22.8%	23.5%	28.3% H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- There were 125,460 residents with a diagnosis of high blood pressure in T2 (2016/17). The prevalence of hypertension in the Winnipeg Health Region was similar to the province.
- The prevalence of hypertension was significantly higher than the provincial average in Transcona, Seven Oaks, Inkster, Downtown and Point Douglas in T2.
- The prevalence for Point Douglas South (highest) residents was 1.5 times higher than for River East North (lowest) in T2.
- The regional geographic disparity widened by five percent between T1 and T2.

**Table 3.18 Hypertension Prevalence by Winnipeg Community Area & Neighborhood Cluster**  
**in 2011/2012 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 19+ diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>219,507</b>	<b>20.7</b>		<b>20.7</b>	
<b>Fort Garry</b>	<b>12,525</b>	<b>18.8</b>	<b>L</b>	<b>19.1</b>	<b>L</b>
Fort Garry North	5,711	18.6	L	18.9	L
Fort Garry South	6,814	19.2	L	19.5	L
<b>Assiniboine South</b>	<b>6,868</b>	<b>18.8</b>	<b>L</b>	<b>18.8</b>	<b>L</b>
<b>St. Vital</b>	<b>12,395</b>	<b>20.0</b>	<b>L</b>	<b>19.7</b>	<b>L</b>
St. Vital South	7,544	20.1	L	20.0	
St. Vital North	4,851	20.3	L	19.6	
<b>St. Boniface</b>	<b>9,755</b>	<b>19.5</b>	<b>L</b>	<b>19.0</b>	<b>L</b>
St. Boniface West	2,837	19.3	L	19.0	L
St. Boniface East	6,918	19.9	L	19.1	L
<b>River Heights</b>	<b>9,379</b>	<b>18.5</b>	<b>L</b>	<b>18.7</b>	<b>L</b>
River Heights East	3,291	18.7	L	18.7	L
River Heights West	6,088	18.8	L	18.8	L
<b>Transcona</b>	<b>6,232</b>	<b>22.1</b>	<b>+</b>	<b>21.1</b>	
<b>St. James-Assiniboia</b>	<b>11,759</b>	<b>20.5</b>	<b>L</b>	<b>20.1</b>	<b>L</b>
St. James-Assiniboia East	5,030	20.5		20.2	
St. James-Assiniboia West	6,729	21.1		20.3	
<b>Seven Oaks</b>	<b>14,021</b>	<b>23.5</b>	<b>H+</b>	<b>22.2</b>	<b>H</b>
Seven Oaks North	978	21.2		19.5	
Seven Oaks East	8,008	23.8	H+	22.1	H
Seven Oaks West	5,035	24.3	H	23.6	H
<b>Winnipeg RHA</b>	<b>125,460</b>	<b>20.7</b>		<b>20.2</b>	
<b>River East</b>	<b>18,005</b>	<b>21.0</b>	<b>+</b>	<b>20.3</b>	
River East North	1,564	17.9	L	17.4	L
River East West	8,560	21.1		20.6	
River East East	5,230	21.8		20.9	
River East South	2,651	22.8	+	21.3	
<b>Inkster</b>	<b>5,908</b>	<b>25.1</b>	<b>H+</b>	<b>23.5</b>	<b>H</b>
Inkster West	3,309	24.5	H	23.1	H
Inkster East	2,599	26.0	H+	24.1	H
<b>Downtown</b>	<b>11,128</b>	<b>22.3</b>	<b>H+</b>	<b>20.7</b>	
Downtown West	5,936	22.3	+	20.6	
Downtown East	5,192	23.0	H+	20.9	
<b>Point Douglas</b>	<b>7,363</b>	<b>24.9</b>	<b>H+</b>	<b>22.6</b>	<b>H</b>
Point Douglas North	4,762	24.6	H+	22.5	H
Point Douglas South	2,601	26.2	H+	23.4	H
<b>Churchill</b>	<b>122</b>	<b>19.9</b>		<b>24.2</b>	

#### WRHA Geographic Disparity Ratio



T1 Disparity 1.4x  
T2 Disparity 1.5x  
Change ↑ 5%

H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Ischemic Heart Disease (IHD) Prevalence

### Definition

The percentage of residents, aged 19 and older, with a diagnosis of IHD, over a five-year time period.

### Why is this indicator important?

IHD (also known as coronary artery disease) is a major cause of death and disability in Canada. Understanding IHD prevalence helps to gain insight into the success of prevention, program planning and IHD management efforts.

### Provincial Key Findings

- In Manitoba, 82,339 residents had a diagnosis of IHD in T2 (2012/13 to 2016/17). IHD prevalence has increased significantly over time.
- IHD prevalence varied across the province, with the highest prevalence in Prairie Mountain Health (8.7%) and the lowest prevalence in Southern Health-Santé Sud (7.1%) in T2.
- In the Northern Health Region and Prairie Mountain Health, IHD prevalence significantly decreased from T1 to T2. While in the Winnipeg Health Region, IHD prevalence significantly increased in T2.
- **Income disparity:** There were strong relationships between income and IHD prevalence in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the prevalence of IHD among residents of the lowest income areas was 1.4 times greater than residents of the highest income areas in T1 and T2. In rural settings, the prevalence of IHD among residents of the lowest income areas was 1.5 times greater than residents of the highest income areas in T2.



#### Urban Quintiles

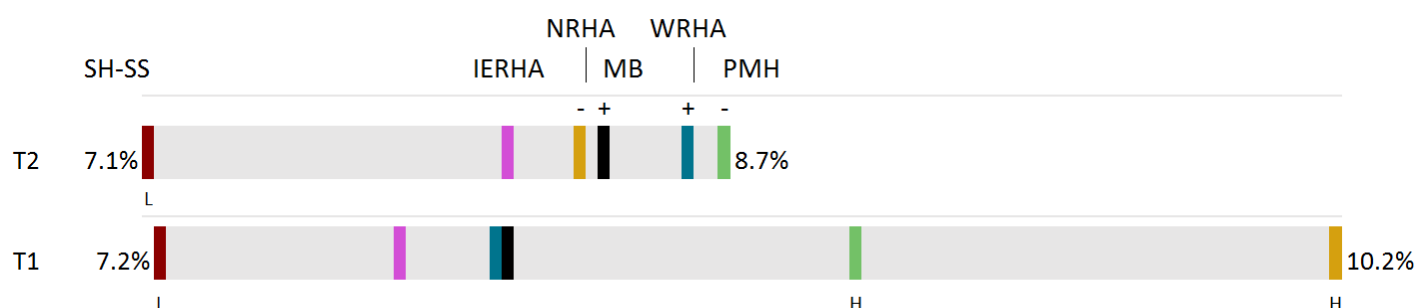
T1	1.4x
T2	1.4x
CHANGE	0.0

#### Rural Quintiles

T1	1.4x
T2	1.5x
CHANGE	0.1↑

**Figure 3.17 Prevalence of Ischemic Heart Disease by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 19+ diagnosed with disorder



H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		IERHA		NRHA		MB		WRHA		PMH	
T2 COUNT	9,458		8,908		2,539		82,339		47,935		13,094	
T2 RATE	7.1%	L	8.1%		8.3%	-	8.3%	+	8.6%	+	8.7%	-
T1 RATE	7.2%	L	7.8%		10.2%	H	8.1%		8.1%		9.0%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- There were 47,935 residents with a diagnosis of IHD in T2 (2012/13 to 2016/17). The IHD prevalence in the Winnipeg Health Region was similar to the province.
- IHD prevalence significantly increased in the Region (6%) in T2.
- IHD prevalence significantly increased in St. Vital and significantly decreased in River East in T2.
- In T2, the prevalence of IHD was significantly higher than the provincial average in Transcona, St. Vital, Seven Oaks and Point Douglas.
- The prevalence of IHD for St. Vital North (highest) residents in T2 was 2.1 times higher than residents of Downtown West (lowest).
- The regional geographic disparity gap widened by 22 percent between T1 (2007/08-2011/12) and T2 (2012/13-2016/17).

**Table 3.19 Ischemic Heart Disease Prevalence by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 19+ diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>82,339</b>	<b>8.3</b>	<b>+</b>	<b>8.1</b>	

<b>Fort Garry</b>	<b>4,777</b>	<b>7.7</b>	<b>L</b>	<b>7.6</b>	<b>L</b>
Fort Garry South	2,392	8.7		9.0	
Fort Garry North	2,385	8.8		8.7	

<b>Assiniboine South</b>	<b>2,699</b>	<b>7.4</b>	<b>L</b>	<b>7.1</b>	<b>L</b>
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<b>St. Vital</b>	<b>6,022</b>	<b>10.6</b>	<b>H+</b>	<b>8.1</b>	
St. Vital South	3,253	11.1	H+	9.3	H
St. Vital North	2,769	15.9	H+	9.9	H

<b>St. Boniface</b>	<b>3,908</b>	<b>8.3</b>		<b>7.9</b>	
St. Boniface East	2,619	9.7	H	9.1	H
St. Boniface West	1,289	10.1	H	9.9	H

<b>River Heights</b>	<b>3,980</b>	<b>8.0</b>		<b>8.1</b>	
River Heights East	1,359	9.2		9.0	
River Heights West	2,621	9.3	H	9.4	H

<b>Transcona</b>	<b>2,134</b>	<b>8.3</b>		<b>8.5</b>	
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<b>St. James-Assiniboia</b>	<b>4,794</b>	<b>8.2</b>		<b>8.1</b>	
St. James-Assiniboia East	2,099	9.5	H	9.4	H
St. James-Assiniboia West	2,695	9.7	H	9.6	H

<b>Seven Oaks</b>	<b>5,153</b>	<b>9.2</b>	<b>H</b>	<b>9.1</b>	<b>H</b>
Seven Oaks West	1,705	10.2	H	11.0	H
Seven Oaks North	416	10.6	H	11.1	H
Seven Oaks East	3,032	10.7	H	10.4	H

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>47,935</b>	<b>8.6</b>	<b>+</b>	<b>8.1</b>	

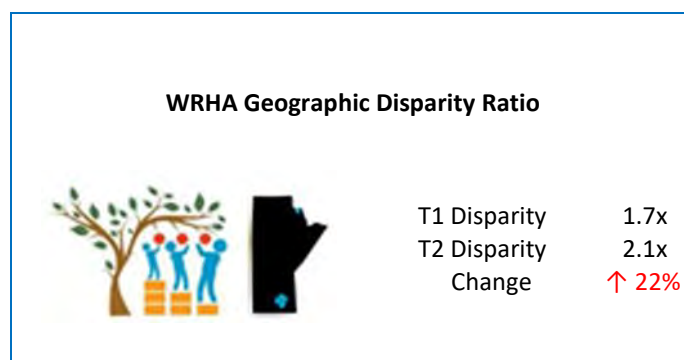
<b>River East</b>	<b>6,624</b>	<b>7.9</b>	<b>L-</b>	<b>8.3</b>	
River East North	516	8.3		8.7	
River East East	1,788	9.3	H	9.7	H
River East West	3,339	9.1		9.5	H
River East South	981	11.2	H	11.3	H

<b>Inkster</b>	<b>1,629</b>	<b>7.8</b>		<b>8.0</b>	
Inkster West	775	7.9		7.7	
Inkster East	854	10.8	H	11.3	H

<b>Downtown</b>	<b>3,543</b>	<b>7.6</b>	<b>L</b>	<b>7.8</b>	
Downtown West	1,670	7.6		7.8	
Downtown East	1,873	9.8	H	10.1	H

<b>Point Douglas</b>	<b>2,636</b>	<b>9.7</b>	<b>H</b>	<b>9.9</b>	<b>H</b>
Point Douglas North	1,607	10.8	H	11.1	H
Point Douglas South	1,029	12.4	H	12.7	H

<b>Churchill</b>	<b>36</b>	<b>8.5</b>		<b>13.3</b>	<b>H</b>
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H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Heart Attack Rate

### Definition

The annual rate of death or hospitalization due to acute myocardial infarction (AMI)—or heart attack—per 1,000 population, aged 40 and older, for a five-year time period.

### Why is this indicator important?

Heart attacks are one of the leading causes of death in Manitoba. Understanding AMI rates, in combination with other cardiovascular indicators, is important in the planning of public awareness campaigns and health promotion interventions, as well as the allocation of resources in response to the demands on acute care services.

### Provincial Key Findings

- 10,235 adults in Manitoba died or were hospitalized due to heart attack in T2 (2012-2016), corresponding to a rate of 3.24 per 1,000 population.
- The rate of death or hospitalization due to heart attack in Manitoba and all regions except the Northern Health Region significantly decreased over time.
- Income disparity:** AMI rates were strongly related to income levels for urban and rural areas in both time periods.<sup>iii</sup> The disparities were similar in urban and rural settings where the incidence rate of AMI (heart attacks) among residents of the lowest income areas was 1.7 times higher than residents of the highest income areas in T2 (2012-2016).



#### Urban Quintiles

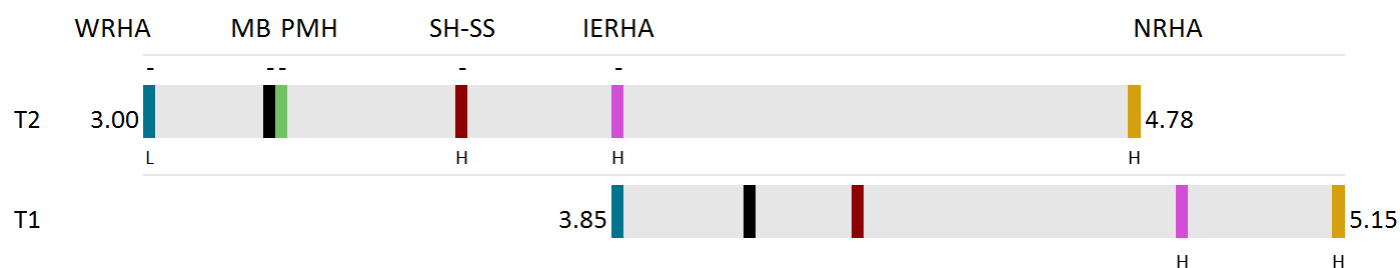
T1	1.8x
T2	1.7x
CHANGE	0.1↓

#### Rural Quintiles

T1	1.5x
T2	1.7x
CHANGE	0.2↑

**Figure 3.18 Heart Attack (AMI) Rate by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death or hospitalization for AMI per 1,000 residents aged 40+



H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	WRHA		MB		PMH		SH-SS		IERHA		NRHA	
T2 COUNT	5,366		10,235		1,577		1,470		1,304		438	
T2 RATE	3.00	L-	3.24	-	3.24	-	3.58	H-	3.86	H-	4.78	H
T1 RATE	3.85		4.08		4.28		4.28		4.87	H	5.15	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 5,366 adults in the Region died or were hospitalized due to a heart attack in the 2012-2016 period (T2). The heart attack rate in the Winnipeg Health Region was significantly lower than the provincial average.
- The heart attack rate in the Region has declined significantly over time from 3.85 to 3.00 events per 1,000 residents. Heart attack rates also decreased in all community areas in T2.
- Point Douglas South (highest) residents were 2.5 times more likely to die or be hospitalized due to a heart attack in T2 than residents of St Boniface East (lowest).
- The regional geographic disparity gap widened by four percent between T1 (2007-2011) and T2 (2012-2016).

**Table 3.20 Heart Attack Rates (40+) by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death or hospitalization for AMI per 1,000 residents aged 40+

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>10,235</b>	<b>3.24</b>	-	<b>4.08</b>	
<b>Fort Garry</b>	<b>456</b>	<b>2.38</b>	L-	<b>3.07</b>	L
Fort Garry North	222	2.36	L-	3.04	L
Fort Garry South	234	2.51	L-	3.24	
<b>Assiniboine South</b>	<b>278</b>	<b>2.43</b>	L-	<b>3.02</b>	L
<b>St. Vital</b>	<b>493</b>	<b>2.69</b>	L-	<b>3.39</b>	L
St. Vital South	277	2.55	L	2.94	L
St. Vital North	216	3.05	-	4.12	
<b>St. Boniface</b>	<b>345</b>	<b>2.35</b>	L-	<b>3.29</b>	L
St. Boniface East	197	2.02	L-	2.81	L
St. Boniface West	148	3.16	-	4.27	
<b>River Heights</b>	<b>408</b>	<b>2.60</b>	L-	<b>3.54</b>	L
River Heights West	255	2.56	-	3.55	
River Heights East	153	2.95		3.67	
<b>Transcona</b>	<b>259</b>	<b>3.32</b>	-	<b>4.01</b>	
<b>St. James-Assiniboia</b>	<b>484</b>	<b>2.64</b>	L-	<b>3.55</b>	L
St. James-Assiniboia East	213	2.71	-	3.60	
St. James-Assiniboia West	271	2.76	-	3.69	
<b>Seven Oaks</b>	<b>630</b>	<b>3.62</b>	-	<b>4.38</b>	
Seven Oaks North	46	3.23		3.80	
Seven Oaks West	202	3.50	-	4.57	
Seven Oaks East	382	3.91		4.50	
<b>Winnipeg RHA</b>	<b>5,366</b>	<b>3.00</b>	L-	<b>3.85</b>	
<b>River East</b>	<b>920</b>	<b>3.54</b>	-	<b>4.24</b>	
River East North	63	2.66		3.17	
River East West	474	3.58		4.25	
River East East	248	3.75		4.23	
River East South	135	4.31		5.37	
<b>Inkster</b>	<b>217</b>	<b>3.39</b>	-	<b>5.01</b>	H
Inkster West	105	3.05		3.57	
Inkster East	112	3.97	-	6.67	H
<b>Downtown</b>	<b>500</b>	<b>3.45</b>	-	<b>4.75</b>	H
Downtown West	231	3.07	-	4.57	
Downtown East	269	4.03	-	5.17	H
<b>Point Douglas</b>	<b>372</b>	<b>4.40</b>	H-	<b>5.88</b>	H
Point Douglas North	226	4.23	H-	5.76	H
Point Douglas South	146	4.95	H-	6.58	H
<b>Churchill</b>	<b>s</b>			<b>4.45</b>	

### WRHA Geographic Disparity Ratio



T1 Disparity 2.4x  
T2 Disparity 2.5x  
Change ↑ 4%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Congestive Heart Failure (CHF) Prevalence

### Definition

The percentage of residents aged 40 and older diagnosed with CHF for a three-year time period.

### Why is this indicator important?

Cardiovascular disease, which includes CHF, is the leading cause of death in Manitoba. Understanding CHF prevalence is important in the planning of public education and health promotion initiatives, as well as allocation of resources in response to symptom severity, prognosis and high-costs of treatment.

### Provincial Key Findings

- Over 31,000 adults in Manitoba were diagnosed with CHF in T2 (2016/17). Prevalence of CHF in Manitoba, as well as all health regions, did not change significantly over time.
- In the Interlake-Eastern RHA and Northern Health Region, the prevalence of CHF was significantly higher than the provincial prevalence in both time periods.
- Income disparity:** There were significant relationships between income and CHF prevalence for urban and rural residents in both time periods, with higher prevalence among lower income residents.<sup>iii</sup> The CHF prevalence among residents of the lowest income areas was 1.8 times higher than residents of the highest income areas in urban settings and 1.6 times higher in rural settings in T2 (2016/17).



#### Urban Quintiles

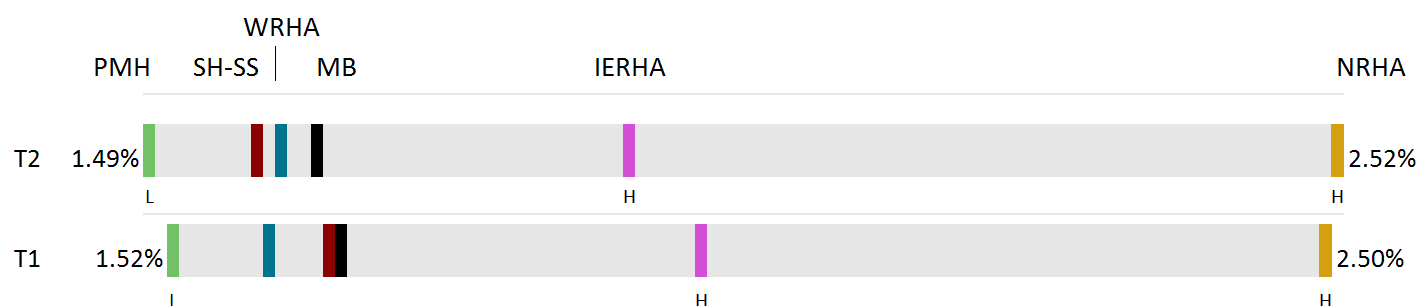
T1	1.8x
T2	1.8x
CHANGE	0.0

#### Rural Quintiles

T1	1.5x
T2	1.6x
CHANGE	0.1 ↑

**Figure 3.19 Prevalence of Congestive Heart Failure by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents aged 40+ diagnosed with disorder



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	PMH		SH-SS		WRHA		MB		IERHA		NRHA	
T2 COUNT	4,556		3,898		18,186		31,793		3,749		1,159	
T2 RATE	1.49%	L	1.59%		1.62%		1.64%		1.91%	H	2.52%	H
T1 RATE	1.52%	L	1.66%		1.61%		1.66%		1.98%	H	2.50%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 18,186 adults in the Region were diagnosed with CHF in T2 (2016/17). Prevalence of CHF in the Winnipeg Health Region was similar to the provincial average.
- The prevalence in River East and Point Douglas was significantly higher than the provincial average; while it was significantly lower in Fort Garry and River Heights in T2.
- The prevalence of CHF for Point Douglas South (highest) residents was four times higher than residents of River East North (lowest) in T2.
- The regional geographic disparity gap widened by 18 percent between T1 (2011/12) and T2 (2016/17).

**Table 3.21 Congestive Heart Failure Prevalence by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents aged 40+ diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>10,461</b>	<b>1.59</b>		<b>1.63</b>	
<b>Fort Garry</b>	<b>501</b>	<b>1.21</b>	<b>L</b>	<b>1.26</b>	<b>L</b>
Fort Garry South	225	1.25	L	1.26	L
Fort Garry North	276	1.33		1.40	
<b>Assiniboine South</b>	<b>331</b>	<b>1.31</b>	<b>L</b>	<b>1.30</b>	<b>L</b>
<b>St. Vital</b>	<b>596</b>	<b>1.50</b>		<b>1.57</b>	
St. Vital South	336	1.44		1.61	
St. Vital North	260	1.88		1.78	
<b>St. Boniface</b>	<b>434</b>	<b>1.42</b>		<b>1.44</b>	
St. Boniface East	253	1.41		1.30	
St. Boniface West	181	1.77		1.96	
<b>River Heights</b>	<b>461</b>	<b>1.33</b>	<b>L</b>	<b>1.45</b>	
River Heights West	300	1.35		1.59	
River Heights East	161	1.57		1.46	
<b>Transcona</b>	<b>261</b>	<b>1.66</b>		<b>1.81</b>	
<b>St. James-Assiniboia</b>	<b>618</b>	<b>1.55</b>		<b>1.68</b>	
St. James-Assiniboia West	330	1.59		1.80	
St. James-Assiniboia East	288	1.77		1.83	
<b>Seven Oaks</b>	<b>647</b>	<b>1.73</b>		<b>1.73</b>	
Seven Oaks West	192	1.68		1.75	
Seven Oaks East	384	1.84		1.93	
Seven Oaks North	71	2.39	H	1.87	
<b>Winnipeg RHA</b>	<b>5,959</b>	<b>1.57</b>		<b>1.61</b>	
<b>River East</b>	<b>993</b>	<b>1.76</b>	<b>H</b>	<b>1.68</b>	
River East North	37	0.90	L	1.29	
River East East	263	1.91		1.72	
River East West	560	1.94		1.81	
River East South	133	2.43	H	2.30	H
<b>Inkster</b>	<b>207</b>	<b>1.61</b>		<b>1.76</b>	
Inkster West	101	1.51		1.19	
Inkster East	106	1.94		2.55	H
<b>Downtown</b>	<b>495</b>	<b>1.72</b>		<b>1.56</b>	
Downtown West	230	1.57		1.32	
Downtown East	265	2.20	H	2.10	H
<b>Point Douglas</b>	<b>412</b>	<b>2.48</b>	<b>H</b>	<b>2.66</b>	<b>H</b>
Point Douglas North	197	2.06		2.14	H
Point Douglas South	215	3.57	H	3.98	H
<b>Churchill</b>	<b>s</b>	<b>s</b>		<b>2.68</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 3.4x  
T2 Disparity 4.0x  
Change ↑ 18%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

Source: MCHP RHA Indicators Atlas 2019

## Stroke Rate

### Definition

The number of hospitalizations or deaths due to stroke, per 1,000 residents, aged 40 and older, for a five-year time period.

### Why is this indicator important?

Stroke is one of the leading causes of adult disability and death. Stroke rates, along with other cardiovascular indicators, describe levels of cardiovascular health in the population.

### Provincial Key Findings

- More than 7,800 Manitobans were hospitalized or died due to stroke in T2 (2012-2016). The stroke rate in Manitoba significantly decreased over time (7.8%).
- Death or hospitalization due to a stroke was significantly higher than the provincial average in the Northern Health Region, while it was significantly lower in Prairie Mountain Health.
- The stroke rate in Prairie Mountain Health, the Winnipeg Health Region and the Interlake-Eastern RHA decreased significantly between T1 (2007-2011) and T2 (2012-2016).
- **Income disparity:** Stroke rates were strongly related to income levels for urban and rural residents in both time periods.<sup>iii</sup> In urban settings, the stroke rate among residents of the lowest income areas was 1.7 times higher than among residents of the highest income areas in T2 (2012-2016). In rural settings, the stroke rate among residents of the lowest income areas was 1.4 times higher than among residents of the lowest income areas in both T1 (2007-2011) and T2 (2012-2016).



#### Urban Quintiles

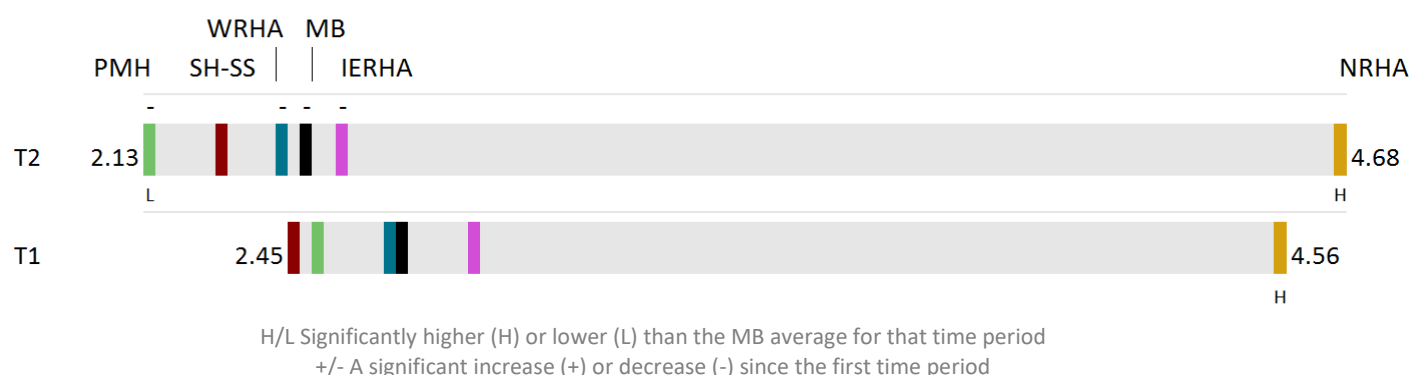
T1	1.6x
T2	1.7x
CHANGE	0.1↑

#### Rural Quintiles

T1	1.4x
T2	1.4x
CHANGE	0.0

**Figure 3.20 Stroke Rate by RHA, 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death or hospitalization for stroke per 1,000 residents aged 40+



	PMH		SH-SS		WRHA		MB		IERHA		NRHA	
T2 COUNT	1076		921		4,494		7,857		816		357	
T2 RATE	2.13	L-	2.31		2.43	-	2.48	-	2.56	-	4.68	H
T1 RATE	2.52		2.45		2.65		2.69		2.84		4.56	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings



- Nearly 4,500 residents of the Winnipeg Health Region were hospitalized or died due to a stroke in T2 (2012-2016). The stroke rate in the Winnipeg Health Region was similar to the provincial average.
- Stroke rates were significantly higher than the provincial average in the Downtown (T2) and Point Douglas community areas (T1 and T2).
- The stroke rate decreased significantly over time in the Winnipeg Health Region, overall. The rate also decreased significantly in Fort Garry and River East community areas.
- The stroke rate for Point Douglas South (highest) residents in T2 was 2.9 times higher than for residents of River East North (lowest).
- The regional geographic disparity gap widened by eight percent between T1 (2007-2011) and T2 (2012-2016).

**Table 3.22 Stroke Rate by Winnipeg Community Area & Neighborhood Cluster in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted average annual rate of death or hospitalization for stroke per 1,000 residents aged 40+

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>7,857</b>	<b>2.48</b>	-	<b>2.69</b>	
<b>Fort Garry</b>	<b>346</b>	<b>1.80</b>	L-	<b>2.20</b>	L
Fort Garry South	154	1.74	L	2.13	
Fort Garry North	192	1.85	L	2.26	
<b>Assiniboine South</b>	<b>270</b>	<b>2.26</b>		<b>2.33</b>	
<b>St. Vital</b>	<b>380</b>	<b>2.03</b>	L	<b>2.21</b>	L
St. Vital North	140	1.91		2.16	
St. Vital South	240	2.11		2.26	
<b>St. Boniface</b>	<b>292</b>	<b>2.02</b>	L	<b>2.35</b>	
St. Boniface West	106	2.01	-	2.81	
St. Boniface East	186	2.02		2.08	
<b>River Heights</b>	<b>362</b>	<b>2.13</b>	L	<b>2.39</b>	
River Heights West	237	2.11		2.33	
River Heights East	125	2.19		2.49	
<b>Transcona</b>	<b>200</b>	<b>2.72</b>		<b>3.03</b>	
<b>St. James-Assiniboia</b>	<b>486</b>	<b>2.51</b>		<b>2.78</b>	
St. James-Assiniboia West	229	2.19		2.52	
St. James-Assiniboia East	257	2.93		3.12	
<b>Seven Oaks</b>	<b>546</b>	<b>3.06</b>	H	<b>3.07</b>	H
Seven Oaks West	161	2.80		3.48	
Seven Oaks East	325	3.08		2.78	
Seven Oaks North	60	3.92	H	4.08	H
<b>Winnipeg RHA</b>	<b>4,494</b>	<b>2.43</b>	-	<b>2.65</b>	
<b>River East</b>	<b>699</b>	<b>2.58</b>	-	<b>2.94</b>	
River East North	34	1.65		2.11	
River East West	367	2.47		2.98	
River East South	85	2.92		2.78	
River East East	213	3.05		3.14	
<b>Inkster</b>	<b>166</b>	<b>2.72</b>		<b>2.49</b>	
Inkster West	61	1.91		2.14	
Inkster East	105	3.69	H	2.88	
<b>Downtown</b>	<b>446</b>	<b>3.10</b>	H	<b>2.81</b>	
Downtown West	214	2.80		2.51	
Downtown East	232	3.58	H	3.26	
<b>Point Douglas</b>	<b>300</b>	<b>3.64</b>	H	<b>4.24</b>	H
Point Douglas North	152	3.06		3.62	H
Point Douglas South	148	4.78	H	5.51	H
<b>Churchill</b>	<b>s</b>			<b>s</b>	

**WRHA Geographic Disparity Ratio**

T1 Disparity 2.7x  
T2 Disparity 2.9x  
Change ↑ 8%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the Manitoba average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

# Diabetes

## Diabetes Incidence

### Definition

The average number of residents newly diagnosed with diabetes (Type 1 and 2) per 100 person years, for a three-year time period.

### Why is this indicator important?

Diabetes is a significant public health issue. Diabetes incidence provides perspective on the number of new cases of diabetes and can help focus prevention and management efforts going forward.

### Provincial Key Findings

- In T2 (2014/15-2016/17), 25,603 Manitobans were newly diagnosed with diabetes. Diabetes incidence for Manitoba as a whole did not change significantly over time.
- Incidence increased significantly in Prairie Mountain Health in T2.
- The diabetes incidence rates in Prairie Mountain Health, Interlake-Eastern RHA and Northern Health Region were significantly higher than the province, while the rate in Southern Health-Santé Sud was significantly lower.
- **Income disparity:** There were strong relationships between income and diabetes incidence in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, diabetes incidence among residents of the lowest income areas was about 2 times higher than residents of the highest income areas in both time periods (2009/10-2011/12 and 2014/15-2016/17). In rural settings, the diabetes incidence among residents of the lowest income areas was about 2.2 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

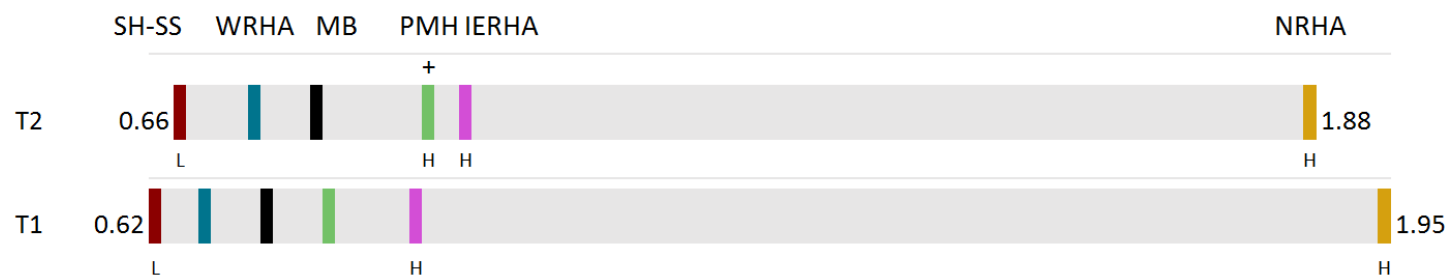
T1	2.0x
T2	2.0x
CHANGE	0.0

#### Rural Quintiles

T1	2.3x
T2	2.2x
CHANGE	0.1↓

**Figure 3.21 Incidence of Diabetes by RHA, 2009/10-2011/12 (T1) and 2014/15-2016/17 (T2)**

Age- and sex-adjusted incidence rate per 100 person-years for residents (all ages)



	SH-SS		WRHA		MB		PMH		IERHA		NRHA	
T2 COUNT	2,847		13,901		25,603		3,599		3,044		2,052	
T2 RATE	0.66	L	0.74		0.80		0.92	H+	0.97	H	1.88	H
T1 RATE	0.62	L	0.69		0.74		0.81		0.91	H	1.95	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 13,901 residents were newly diagnosed with diabetes in T2 (2014/15-2016/17). Diabetes incidence in the Winnipeg Health Region was similar to the provincial average.
- Diabetes incidence in the Region remained relatively stable over time. However, diabetes incidence significantly increased in Transcona, St. James-Assiniboia, Seven Oaks, River East, Inkster and Point Douglas community areas.
- The incidence of diabetes for Point Douglas South (highest) residents in T2 was 3.2 times higher than for residents of River East North (lowest).
- The regional geographic disparity gap widened by 11 percent between T1 (2009/10-2011/12) and T2 (2014/15-2016/17).
- For more information on diabetes, please see [“A Closer Look at Diabetes in the Region”](#).

**Table 3.23 Diabetes Incidence by Winnipeg Community area & Neighborhood Cluster in 2009/10-2011/12 (T1) and 2014/15-2016/17 (T2)**

Age- and sex-adjusted incidence rate per 100 person-years for residents (all ages)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>25,603</b>	<b>0.80</b>		<b>0.74</b>	
<b>Fort Garry</b>	<b>1,197</b>	<b>0.59</b>	<b>L</b>	<b>0.57</b>	<b>L</b>
Fort Garry North	482	0.50	L	0.58	L
Fort Garry South	715	0.64	L+	0.54	L
<b>Assiniboine South</b>	<b>553</b>	<b>0.49</b>	<b>L</b>	<b>0.52</b>	<b>L</b>
<b>St. Vital</b>	<b>1,248</b>	<b>0.66</b>	<b>L</b>	<b>0.61</b>	<b>L</b>
St. Vital South	719	0.62	L	0.56	L
St. Vital North	529	0.69	L	0.66	
<b>St. Boniface</b>	<b>1,020</b>	<b>0.64</b>	<b>L</b>	<b>0.59</b>	<b>L</b>
St. Boniface East	693	0.59	L	0.56	L
St. Boniface West	327	0.74		0.63	
<b>River Heights</b>	<b>874</b>	<b>0.55</b>	<b>L</b>	<b>0.56</b>	<b>L</b>
River Heights West	562	0.53	L	0.53	L
River Heights East	312	0.54	L	0.57	L
<b>Transcona</b>	<b>712</b>	<b>0.72</b>	<b>+</b>	<b>0.62</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>1,148</b>	<b>0.66</b>	<b>L+</b>	<b>0.59</b>	<b>L</b>
St. James-Assiniboia West	621	0.63	L	0.59	L
St. James-Assiniboia East	527	0.67	L+	0.56	L
<b>Seven Oaks</b>	<b>1,616</b>	<b>0.91</b>	<b>H+</b>	<b>0.80</b>	
Seven Oaks North	100	0.66		0.63	
Seven Oaks East	887	0.87		0.77	
Seven Oaks West	629	0.99	H+	0.85	
<b>Winnipeg RHA</b>	<b>13,901</b>	<b>0.74</b>		<b>0.69</b>	
<b>River East</b>	<b>1,929</b>	<b>0.72</b>	<b>L+</b>	<b>0.63</b>	<b>L</b>
River East North	135	0.43	L	0.42	L
River East West	797	0.66	L	0.61	L
River East East	612	0.78	+	0.65	
River East South	385	0.92	+	0.76	
<b>Inkster</b>	<b>844</b>	<b>1.13</b>	<b>H+</b>	<b>0.98</b>	<b>H</b>
Inkster West	441	1.02	H	0.90	
Inkster East	403	1.21	H+	1.01	H
<b>Downtown</b>	<b>1,583</b>	<b>0.97</b>	<b>H</b>	<b>0.90</b>	<b>H</b>
Downtown West	816	0.88	+	0.76	
Downtown East	767	1.03	H	1.04	H
<b>Point Douglas</b>	<b>1,158</b>	<b>1.20</b>	<b>H+</b>	<b>1.06</b>	<b>H</b>
Point Douglas North	715	1.07	H	0.94	H
Point Douglas South	443	1.40	H	1.24	H
<b>Churchill</b>	<b>19</b>	<b>0.91</b>		<b>1.19</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 2.9x  
T2 Disparity 3.2x  
Change ↑ 11%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019

## Diabetes Prevalence

### Definition

The percentage of residents diagnosed with and treated for diabetes (Type 1 and 2), for a three-year time period.

### Why is this indicator important?

Diabetes can lead to serious complications (such as cardiovascular disease, vision loss, kidney failure, nerve damage or amputation) and premature death. As the Canadian population continues to grow and age, the number of Canadians living with diabetes is also expected to continue to increase<sup>iv</sup>.

### Provincial Key Findings

- In T2 (2014/15-2016/17), 120,201 Manitobans were living with diagnosed diabetes. Diabetes prevalence significantly increased over time in the province (13.2%) and in all five regions.
- The prevalence of diabetes in Interlake-Eastern RHA and Northern Health Region were consistently higher than the provincial average in both time periods, while the prevalence in Prairie Mountain Health was significantly higher than the provincial average in T2.
- The prevalence in Southern Health-Santé Sud was significantly lower than the provincial average in both time periods.
- **Income disparity:** There were strong relationships between income and diabetes prevalence in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, diabetes prevalence among residents of the lowest income areas was 1.8 times higher than residents of the highest income areas in T2 (2014/15-2016/17). In rural settings, the diabetes prevalence among residents of the lowest income areas was 2.2 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

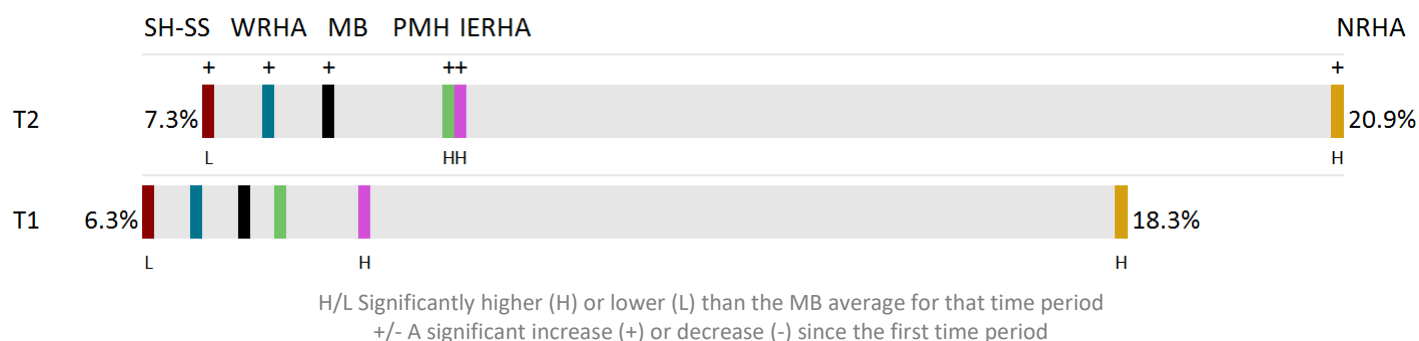
T1	1.8x
T2	1.8x
CHANGE	0.0

#### Rural Quintiles

T1	2.1x
T2	2.2x
CHANGE	0.1↑

**Figure 3.22 Prevalence of Diabetes by RHA, 2009/10-2011/12 (T1) and 2014/15-2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) diagnosed with disorder



	SH-SS		WRHA		MB		PMH		IERHA		NRHA	
T2 COUNT	13,103		65,004		120,201		17,593		14,040		9,733	
T2 RATE	7.3%	L+	7.9%	+	8.6%	+	10.1%	H+	10.3%	H+	20.9%	H+
T1 RATE	6.3%	L	7.0%		7.6%		8.1%		9.1%	H	18.3%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 65,004 Winnipeg Health Region residents (8% of the population in the Winnipeg Health Region) lived with diabetes in T2 (2014/15-2016/17). Diabetes prevalence in the Region was lower than the provincial average, but the difference was not statistically significant.
- Diabetes prevalence in the Region increased significantly over time (12.9%).
- Each of the community areas showed a significant increase in rate with the exception of Churchill (non-significant decrease).
- The diabetes prevalence for Point Douglas South (highest) residents in T2 was 2.9 times higher than for residents of River East North (lowest).
- The regional geographic disparity gap narrowed by five percent between T1 (2009/10-2011/12) and T2 (2014/15-2016/17).
- For more information on diabetes, please see [“A Closer Look at Diabetes in the Region”](#).

**Table 3.24 Prevalence of Diabetes by Winnipeg Community Area & Neighborhood Cluster, 2009/10-2011/12 (T1) and 2014/15-2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>120,201</b>	<b>8.7</b>	<b>+</b>	<b>7.6</b>	
<b>Fort Garry</b>	<b>5,959</b>	<b>6.7</b>	<b>L+</b>	<b>5.8</b>	<b>L</b>
Fort Garry North	2,457	6.0	L+	5.3	L
Fort Garry South	3,502	6.9	L+	5.9	L
<b>Assiniboine South</b>	<b>2,759</b>	<b>5.8</b>	<b>L+</b>	<b>5.2</b>	<b>L</b>
<b>St. Vital</b>	<b>5,964</b>	<b>7.4</b>	<b>L+</b>	<b>6.2</b>	<b>L</b>
St. Vital South	3,440	6.8	L+	5.6	L
St. Vital North	2,524	7.7	L+	6.7	
<b>St. Boniface</b>	<b>4,881</b>	<b>7.4</b>	<b>L+</b>	<b>6.1</b>	<b>L</b>
St. Boniface East	3,422	7.0	L+	5.7	L
St. Boniface West	1,459	7.7	+	6.5	L
<b>River Heights</b>	<b>4,154</b>	<b>6.3</b>	<b>L+</b>	<b>5.7</b>	<b>L</b>
River Heights West	2,584	5.9	L	5.4	L
River Heights East	1,570	6.7	L	6.1	L
<b>Transcona</b>	<b>3,196</b>	<b>8.1</b>	<b>+</b>	<b>6.9</b>	
<b>St. James-Assiniboia</b>	<b>5,640</b>	<b>7.6</b>	<b>L+</b>	<b>6.3</b>	<b>L</b>
St. James-Assiniboia East	2,398	7.2	L+	6.1	L
St. James-Assiniboia West	3,242	7.6	L+	6.3	L
<b>Seven Oaks</b>	<b>7,788</b>	<b>9.7</b>	<b>H+</b>	<b>8.2</b>	<b>H</b>
Seven Oaks North	443	7.1	L	6.2	L
Seven Oaks East	4,304	9.3	+	7.9	
Seven Oaks West	3,041	10.0	+	8.5	
<b>Winnipeg RHA</b>	<b>65,004</b>	<b>7.9</b>	<b>+</b>	<b>7.0</b>	
<b>River East</b>	<b>8,663</b>	<b>7.7</b>	<b>L+</b>	<b>6.7</b>	<b>L</b>
River East North	581	4.9	L	4.3	L
River East West	3,766	7.2	L+	6.3	L
River East East	2,683	8.1	+	6.9	
River East South	1,633	9.4	+	8.3	
<b>Inkster</b>	<b>3,742</b>	<b>11.4</b>	<b>H+</b>	<b>9.7</b>	<b>H</b>
Inkster West	2,009	10.2	H+	8.6	
Inkster East	1,733	11.8	H+	10.2	H
<b>Downtown</b>	<b>7,132</b>	<b>10.1</b>	<b>H+</b>	<b>9.0</b>	<b>H</b>
Downtown West	3,518	8.9	+	7.7	
Downtown East	3,614	10.7	H	9.8	H
<b>Point Douglas</b>	<b>5,019</b>	<b>12.1</b>	<b>H+</b>	<b>10.2</b>	<b>H</b>
Point Douglas North	3,075	10.5	H+	8.9	H
Point Douglas South	1,944	14.0	H+	11.9	H
<b>Churchill</b>	<b>107</b>	<b>11.8</b>		<b>13.1</b>	<b>H</b>

## WRHA Geographic Disparity Ratio



T1 Disparity 3.0x  
T2 Disparity 2.9x  
Change ↓ 5%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019

## Lower Limb Amputation Due To Diabetes

### Definition

The percentage of residents with diabetes, aged 19 and older, who had a lower limb amputation either below or including the knee, for a five-year time period.

### Why is this indicator important?

Individuals with diabetes are more likely to be hospitalized with a non-traumatic lower limb amputation than the non-diabetic population.<sup>v</sup> Lower limb amputations amongst diabetics are an indication of poor disease management and can lead to increased morbidity and mortality. There is a strong relationship between lower limb amputation due to diabetes and overall health status of vulnerable populations. This indicator helps to plan focused upstream education and equitable access to disease prevention efforts.

### Provincial Key Findings

- 1,197 Manitobans had lower limb amputation due to diabetes in T2 (2012/13-2016/17). The percentage of diabetes-associated lower limb amputations in the province significantly decreased over time (21.5%).
- The percentage of amputations significantly declined over time in all regions except for Prairie Mountain Health.
- Northern Health Region and Prairie Mountain Health rates were significantly higher than the provincial average, while the rate in Winnipeg Health Region was significantly lower.
- **Income disparity:** There were strong relationships between income and amputations in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the percentage of lower limb amputations due to diabetes among residents of the lowest income areas was 3.5 times higher than residents of the highest income areas in T2 (2012/13-2016/17). In rural settings, the percentage of lower limb amputations due to diabetes among residents of the lowest income areas was 3.8 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

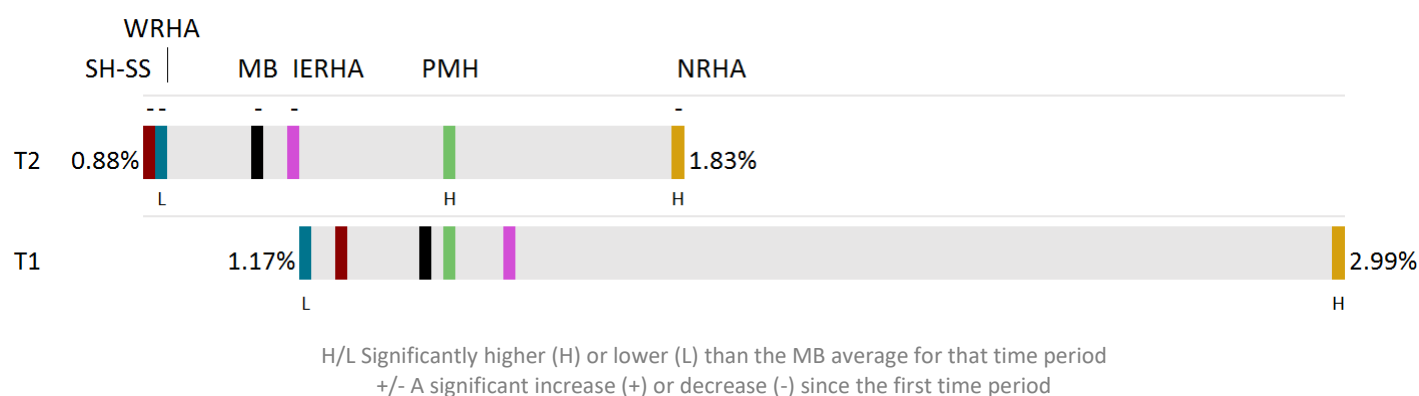
T1	3.1x
T2	3.5x
CHANGE	0.4 ↑

#### Rural Quintiles

T1	3.2x
T2	3.8x
CHANGE	0.6 ↑

**Figure 3.23 Lower Limb Amputations among Residents with Diabetes by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted percentage of residents with diabetes aged 19+ who had an amputation



	SH-SS		WRHA		MB		IERHA		PMH		NRHA	
T2 COUNT	107		538		1,197		157		235		142	
T2 RATE	0.88%	-	0.91%	L-	1.09%	-	1.16%	-	1.42%	H	1.83%	H-
T1 RATE	1.23%		1.17%	L	1.39%		1.54%		1.42%		2.99%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 538 residents had lower limb amputation due to diabetes in T2 (2012/13-2016/17). The rate was significantly lower than the provincial average.
- The percentage of diabetes-associated lower limb amputations in the Region decreased significantly over time (22.2%). Most community areas and neighbourhood clusters also showed a decrease in rates, though only the changes in Seven Oaks and River Heights East were statistically significant.
- The percentage of lower limb amputations was significantly higher than the provincial average in Downtown and Point Douglas community areas.
- The rate for Point Douglas South (highest) residents in T2 was 6.9 times higher than for residents of Seven Oaks West (lowest).
- The regional geographic disparity gap widened by 30 percent between T1 (2007/08-2011/12) and T2 (2012/13-2016/17).
- For more information on diabetes, please see [“A Closer Look at Diabetes in the Region”](#).

**Table 3.25 Lower Limb Amputation due to Diabetes by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted percentage of residents with diabetes aged 19+ who had an amputation

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>1,197</b>	<b>1.09</b>	-	<b>1.39</b>	
<b>Fort Garry</b>	<b>27</b>	<b>0.49</b>	L	<b>0.77</b>	L
Fort Garry North	9	0.38	L	0.72	
Fort Garry South	18	0.58		0.82	
<b>Assiniboine South</b>	<b>24</b>	<b>0.88</b>		<b>0.66</b>	L
<b>St. Vital</b>	<b>43</b>	<b>0.77</b>		<b>0.91</b>	
St. Vital South	20	0.63		0.65	L
St. Vital North	23	0.97		1.19	
<b>St. Boniface</b>	<b>33</b>	<b>0.73</b>		<b>0.68</b>	L
St. Boniface East	19	0.60		0.56	L
St. Boniface West	14	1.04		0.93	
<b>River Heights</b>	<b>32</b>	<b>0.81</b>		<b>1.13</b>	
River Heights East	11	0.74	-	1.55	
River Heights West	21	0.84		0.87	
<b>Transcona</b>	<b>25</b>	<b>0.86</b>		<b>1.08</b>	
<b>St. James-Assiniboia</b>	<b>43</b>	<b>0.80</b>		<b>1.03</b>	
St. James-Assiniboia West	24	0.78		1.01	
St. James-Assiniboia East	19	0.83		1.05	
<b>Seven Oaks</b>	<b>44</b>	<b>0.63</b>	L-	<b>1.29</b>	
Seven Oaks West	10	0.37	L-	1.18	
Seven Oaks East	32	0.83	-	1.46	
Seven Oaks North	s			s	
<b>Winnipeg RHA</b>	<b>538</b>	<b>0.91</b>	L-	<b>1.17</b>	L
<b>River East</b>	<b>64</b>	<b>0.80</b>		<b>1.03</b>	
River East East	19	0.79		1.01	
River East West	30	0.83		0.93	
River East South	14	1.01		1.30	
River East North	s			s	
<b>Inkster</b>	<b>26</b>	<b>0.85</b>		<b>1.20</b>	
Inkster West	9	0.54		0.59	
Inkster East	17	1.20		1.81	
<b>Downtown</b>	<b>111</b>	<b>1.84</b>	H	<b>1.89</b>	H
Downtown West	35	1.19		1.19	
Downtown East	76	2.44	H	2.50	H
<b>Point Douglas</b>	<b>64</b>	<b>1.52</b>	H	<b>2.09</b>	H
Point Douglas North	23	0.89		1.52	
Point Douglas South	41	2.53	H	2.95	H
<b>Churchill</b>	<b>s</b>			<b>0.00</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 5.3x  
T2 Disparity 6.9x  
Change ↑ 30%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Diabetes Care—Eye Exams

### Definition

The percentage of residents with diabetes, aged 19 and older, who had an eye exam in a given year, as defined by a visit to an ophthalmologist or an optometrist.

Note: Eye exam rates may be underestimated in Manitoba. Services provided by general practitioners and family physicians may not be included, as there is no specific tariff for this service. Furthermore, although all residents with diabetes qualify for annual eye exams without having to pay for the service, some may not indicate their diabetic status to the provider, in which case the provider may bill the patient directly. If that occurs, there would be no record of the visit in medical claims data.

### Why is this indicator important?

Diabetic eye problems (such as diabetic retinopathy, cataract and glaucoma) are common complications of diabetes and may lead to visual loss or even blindness. The Canadian Association of Optometrists recommends that individuals with diabetes should see their optometrists for an eye examination when they are first diagnosed and at minimum, once a year after. More frequent eye exams may be recommended<sup>vi</sup>.

### Provincial Key Findings

- The proportion of diabetic adults in Manitoba who had an eye examination increased significantly by nine percent over time.
- The rate significantly increased in all regions except for Southern Health-Santé Sud.
- The rate was significantly higher than the provincial rate overall in Southern Health-Santé Sud and Prairie Mountain Health in both time periods, while it was significantly lower in Winnipeg Health Region in both time periods.
- Rates for residents of the Northern Health Region may be under-estimated because the Manitoba Retinal Screening Vision Program affects these rates – services from nurse screeners are not documented into the medical claims system.
- **Income disparity:** Relationships with income showed significant inverse trends for both urban and rural residents in both time periods. Residents of lower income areas had lower eye exam rates.<sup>iii</sup> For example, in urban settings, the percentage of eye exams among residents living in the lowest income areas was 0.8 times lower than residents of the highest income areas in T1 (2011/12) and T2 (2016/17).



## Urban Quintiles

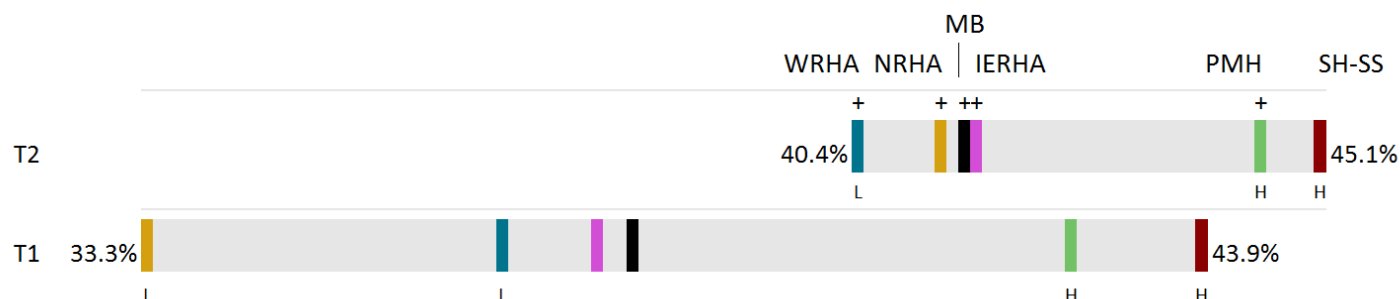
T1	0.8x
T2	0.8x
CHANGE	0.0

## Rural Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

**Figure 3.24 Diabetes Care: Eye Examinations by RHA, 2011/12 (T1) and 2016/17 (T2)**

Crude percentage of residents (all ages) with diabetes who had an eye exam



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	WRHA		NRHA		MB		IERHA		PMH		SH-SS	
T2 COUNT	26,292		4,026		50,112		5,857		7,831		5,909	
T2 RATE	40.4%	L+	41.4%	+	41.7%	+	41.7%	+	44.5%	H+	45.1%	H
T1 RATE	37.0%	L	33.3%	L	38.3%		37.9%		42.6%	H	43.9%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 26,292 residents in the Region with diabetes had an eye exam in T2 (2016/17). The percentage of adults with diabetes who had an eye examination was significantly lower than the provincial average in both time periods.
- The percentage of adults with diabetes who had an eye examination significantly increased in the Winnipeg Health Region over time (8.6%), an increase of 7,526 eye exams from T1 (2011/12).
- The percentage of eye examinations increased in all Winnipeg community areas in T2 but not all increases were statistically significant (non-significant increases were seen in Fort Garry, St. Vital, River Heights and Transcona).
- In Churchill, the percentage of adults with diabetes who had an eye examination significantly decreased over time.
- Residents with diabetes in River East North (highest) were 1.9 times more likely to have an eye exam than for residents of Churchill (lowest) in T2.
- The regional geographic disparity gap narrowed by six percent between T1 and T2.
- For more information on diabetes, please see [“A Closer Look at Diabetes in the Region”](#).


**Table 3.26 Diabetes Eye Care Examinations by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Crude percentage of residents (all ages) with diabetes who had an eye exam

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>50,112</b>	<b>41.7</b>	<b>+</b>	<b>38.3</b>	
<b>Fort Garry</b>	<b>2,548</b>	<b>42.8</b>		<b>40.3</b>	
Fort Garry North	1,105	45.0	+	39.6	
Fort Garry South	1,443	41.2		40.8	
<b>Assiniboine South</b>	<b>1,273</b>	<b>46.1</b>	<b>H+</b>	<b>38.7</b>	
<b>St. Vital</b>	<b>2,547</b>	<b>42.7</b>		<b>42.5</b>	<b>H</b>
St. Vital South	1,486	43.2		42.3	H
St. Vital North	1,061	42.0		42.7	H
<b>St. Boniface</b>	<b>2,072</b>	<b>42.5</b>	<b>+</b>	<b>38.2</b>	
St. Boniface East	1,510	44.1		41.0	
St. Boniface West	562	38.5	+	32.6	L
<b>River Heights</b>	<b>1,717</b>	<b>41.3</b>		<b>39.6</b>	
River Heights West	1,100	42.6		40.5	
River Heights East	617	39.3		38.1	
<b>Transcona</b>	<b>1,351</b>	<b>42.3</b>		<b>39.8</b>	
<b>St. James-Assiniboia</b>	<b>2,452</b>	<b>43.5</b>	<b>+</b>	<b>39.5</b>	
St. James-Assiniboia West	1,450	44.7	+	40.4	
St. James-Assiniboia East	1,002	41.8		38.3	
<b>Seven Oaks</b>	<b>3,110</b>	<b>39.9</b>	<b>+</b>	<b>36.5</b>	
Seven Oaks West	1,204	39.6	+	35.1	
Seven Oaks North	171	38.6		31.0	
Seven Oaks East	1,735	40.3		38.1	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>26,292</b>	<b>40.4</b>	<b>L+</b>	<b>37.0</b>	<b>L</b>
<b>River East</b>	<b>3,716</b>	<b>42.9</b>	<b>+</b>	<b>38.8</b>	
River East North	281	48.4		43.8	
River East West	1,675	44.5	+	40.2	
River East East	1,134	42.3		39.2	
River East South	626	38.3	+	32.9	L
<b>Inkster</b>	<b>1,422</b>	<b>38.0</b>	<b>L+</b>	<b>33.8</b>	<b>L</b>
Inkster West	792	39.4	+	35.3	
Inkster East	630	36.4	L	32.3	L
<b>Downtown</b>	<b>2,339</b>	<b>32.8</b>	<b>L+</b>	<b>29.2</b>	<b>L</b>
Downtown West	1,244	35.4	L+	31.3	L
Downtown East	1,095	30.3	L+	27.3	L
<b>Point Douglas</b>	<b>1,718</b>	<b>34.2</b>	<b>L+</b>	<b>28.9</b>	<b>L</b>
Point Douglas North	1,103	35.9	L+	31.3	L
Point Douglas South	615	31.6	L+	25.4	L
<b>Churchill</b>	<b>27</b>	<b>25.2</b>	<b>-</b>	<b>51.9</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 2.0x  
T2 Disparity 1.9x  
Change ↓ 6%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019



## A CLOSER LOOK AT DIABETES IN THE REGION

Diabetes prevalence in the Winnipeg Health Region has been rising since at least 1998, partly driven by an aging population and prolonged life expectancies. Diabetes incidence has remained stable over recent years.<sup>vii</sup>

In Manitoba, diabetes costs the healthcare system \$137 million per year, and can cost individuals with diabetes up to \$6,200 per year.<sup>viii</sup>

Manitoba has one of the highest rates of child type 2 diabetes mellitus (T2DM) in the world; about 12 times higher than any other Canadian province.<sup>ix</sup> The Diabetes Education Resource for Children and Adolescents (DER-CA) Centre in Winnipeg treats the majority of children and youth under 18 with diabetes in Manitoba.<sup>x</sup> In 1990, they treated 15 young people with T2DM; by 2017, this number had risen to 308 (including 80 youths with type 2 diabetes living in Winnipeg).<sup>xi</sup> Childhood incidence of both type 1 and type 2 diabetes are rising in the Region, although T2DM is rising at a much faster rate.<sup>xi</sup>

Since diabetes self-management strategies have traditionally been tailored for older adults, primary care practitioners must work with researchers and youth to develop innovative ways to care for younger patients as they transition from specialized to primary care when they turn 18 years old. Effective management of early-onset T2DM is crucial to help young people avoid the rapid health decline often seen with this especially complex form of diabetes.<sup>xii</sup>

Poverty, food insecurity and the other effects of colonization on Indigenous peoples in Manitoba continue to play a significant role in the prevalence of type 2 diabetes.<sup>xiii</sup> The changing food environment (e.g., the shift towards more fast and convenience foods) has had a negative impact on the diets of residents of all cultural and socioeconomic backgrounds.<sup>xiv</sup>

Although individual lifestyle changes, such as healthy eating, physical activity and smoking cessation have been shown to lower diabetes risk for individuals, system-level changes and cultural approaches are also needed to address diabetes prevalence at the population level and reduce associated healthcare costs.<sup>xv, xiii</sup>

# Injury

## Injury Hospitalization - Intentional

### Definition

The number of residents who stayed in hospital at least one day with a primary diagnosis of intentional injury (e.g., self-inflicted, assault) per 1,000 population, for a one-year time period.

### Why is this indicator important?

This indicator helps us to understand the effectiveness of public awareness efforts and informs program planning and resource allocation.

### Provincial Key Findings

- There were 1,015 intentional injury hospitalizations in T2 (2016/17). The provincial rate of hospitalization due to intentional injury decreased significantly between T1 (2011/12) and T2 (2016/17).
- Southern Health-Santé Sud, Winnipeg Health Region and Prairie Mountain Health rates decreased significantly over time.
- The Northern Health Region rate was significantly higher than the provincial average, while Southern Health-Santé Sud was significantly lower in both time periods.
- **Income disparity:** The income disparity was large in both urban and rural settings. In urban settings, hospitalization rates due to intentional injuries among residents of the lowest income areas were about 6.3 times higher than residents of the highest income areas in T2 (2016/17). In rural settings, hospitalization rates due to intentional injuries among residents of the lowest income areas were about 8.6 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

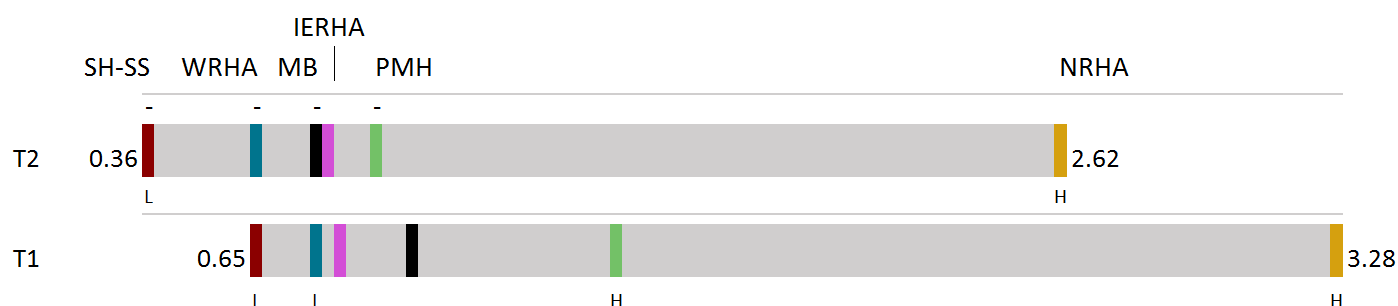
T1	9.0x
T2	6.3x
CHANGE	2.7 ↓

#### Rural Quintiles

T1	7.3x
T2	8.6x
CHANGE	1.3 ↑

**Figure 3.25 Intentional Injury Hospitalization Rates by RHA**

Age- and sex-adjusted rates, 2011/12 (T1) and 2016/17 (T2), per 1,000 residents



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		WRHA		MB		IERHA		PMH		NRHA	
T2 COUNT	66		480		1,015		94		146		200	
T2 RATE	0.36	L-	0.65	-	0.80	-	0.82		0.94	-	2.62	H
T1 RATE	0.65	L	0.81	L	1.04		0.87		1.54	H	3.28	H

Source: IMA MHSAL 2019

## Regional Key Findings

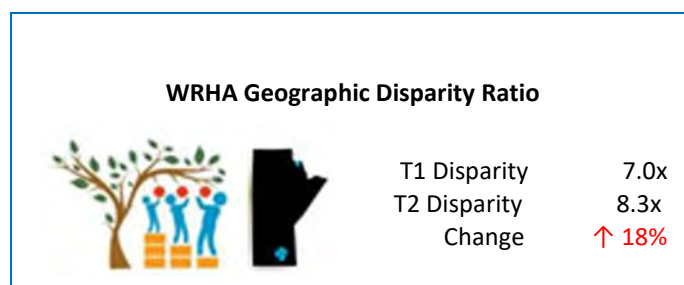
- 480 intentional injury hospitalizations occurred in the Region in T2 (2016/17). The rate of intentional injury hospitalizations was lower than the provincial average, but the difference was not statistically significant.
- The rate significantly decreased in the Region over time (19.8%).
- The rate was significantly higher than the provincial average in Point Douglas (both time periods), while it was significantly lower in Fort Garry (T2).
- The rate of intentional injury hospitalization was higher in males than females in both time periods.
- The rate for Point Douglas (highest) residents in T2 was 8.3 times higher than for residents of Assiniboine South (lowest).
- The regional geographic disparity gap widened by 18 percent between T1 (2011/12) and T2 (2016/17).

**Table 3.27 Injury Hospitalization - Intentional by Winnipeg Community Area in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted rates, per 1,000 residents

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	1,015	0.80	-	1.04	
Fort Garry	25	0.30	L	0.51	
Assiniboine South	7	0.25		0.45	
St. Vital	28	0.49		0.55	
St. Boniface	33	0.64		0.48	
River Heights	33	0.70		0.73	
Transcona	11	0.33		0.36	
St. James-Assiniboia	28	0.56		0.77	
Seven Oaks	29	0.42		0.46	
River East	48	0.56		0.64	
Inkster	29	0.96		1.39	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	480	0.65	-	0.81	L
Downtown	117	1.58		2.23	H
Point Douglas	90	2.03	H	2.54	H
Churchill	N/A	N/A		N/A	



N/A: data not available

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: IMA MHSAL 2019

## Injury Hospitalization - Unintentional

### Definition

The number of residents who stayed in hospital at least one day with a primary diagnosis of unintentional injury (e.g. falls, motor vehicle accidents) per 1,000 population, for a one-year time period.

### Why is this indicator important?

Measuring unintentional injury hospitalization rates helps to understand the adequacy and effectiveness of prevention efforts.

### Provincial Key Findings

- There were 7,449 unintentional injury hospitalizations in T2 (2016/17). The age-standardized rate decreased slightly in the province. However, this decrease was not statistically significant.
- Prairie Mountain Health and Interlake-Eastern RHA saw significant decreases in their rates over time.
- The rate in the Winnipeg Health Region was significantly lower than the province's rate; while the rates in Prairie Mountain Health and the Northern Health Region were significantly higher than the province's rate in both time periods.
- **Income disparity:** The hospitalization rate due to unintentional injuries among residents of the lowest income areas was 2.1 times higher than residents of the highest income areas in urban settings and 1.9 times higher in rural settings in T2 (2016/17).



#### Urban Quintiles

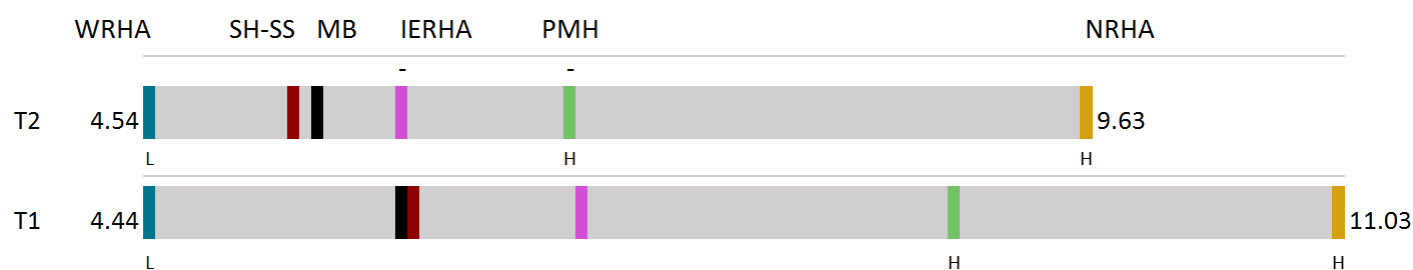
T1	2.0x
T2	2.1x
CHANGE	0.1↑

#### Rural Quintiles

T1	1.9x
T2	1.9x
CHANGE	0.0

**Figure 3.26 Unintentional Injury Hospitalization Rates by RHA**

Age- and sex-adjusted rates, 2011/12 (T1) and 2016/17 (T2), per 1,000 residents



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	WRHA		SH-SS		MB		IERHA		PMH		NRHA	
T2 COUNT	3,738		971		7,449		763		1,298		512	
T2 RATE	4.54	L	5.32		5.42		5.89	-	6.78	H-	9.63	H
T1 RATE	4.44	L	5.97		5.90		6.90		8.91	H	11.03	H

Source: IMA MHSAL 2019

## Regional Key Findings

- There were 3,738 unintentional injury hospitalizations in T2 (2016/2017). The rate in the Winnipeg Health Region was significantly lower than the provincial average in both time periods and increased slightly over time, but the change was not statistically significant.
- The rates of unintentional injury hospitalizations were significantly lower than the provincial average in the Fort Garry, St. Vital, Seven Oaks, and Inkster community areas in both time periods.
- The age-standardized unintentional injury hospitalization rates in the Winnipeg Health Region were slightly higher for females in both time periods.
- Residents of Point Douglas South (highest) were 4.5 times more likely to be hospitalized for an unintentional injury than residents of Inkster West (lowest) in T2.
- The regional geographic disparity gap widened by 21 percent between T1 (2011/12) and T2 (2016/17).

**Table 3.28 Injury Hospitalization - Unintentional by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted rates, per 1,000 residents

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>7,449</b>	<b>5.42</b>		<b>5.90</b>	
<b>Fort Garry</b>	<b>386</b>	<b>3.72</b>	<b>L</b>	<b>3.44</b>	<b>L</b>
Fort Garry South	165	3.35	L	3.75	L
Fort Garry North	221	4.28		3.24	L
<b>Assiniboine South</b>	<b>193</b>	<b>3.94</b>		<b>4.35</b>	
<b>St. Vital</b>	<b>325</b>	<b>3.74</b>	<b>L</b>	<b>3.98</b>	<b>L</b>
St. Vital South	180	3.51	L	3.83	L
St. Vital North	145	4.40		4.33	
<b>St. Boniface</b>	<b>277</b>	<b>4.20</b>		<b>3.45</b>	<b>L</b>
St. Boniface East	150	3.57	L	3.03	L
St. Boniface West	127	5.82		4.17	
<b>River Heights</b>	<b>302</b>	<b>4.51</b>		<b>4.74</b>	
River Heights West	179	4.25		4.34	L
River Heights East	123	5.21		5.63	
<b>Transcona</b>	<b>183</b>	<b>4.81</b>		<b>4.72</b>	
<b>St. James-Assiniboia</b>	<b>360</b>	<b>4.58</b>		<b>4.32</b>	<b>L</b>
St. James-Assiniboia West	210	4.85		4.16	L
St. James-Assiniboia East	150	4.48		4.70	
<b>Seven Oaks</b>	<b>326</b>	<b>3.92</b>	<b>L</b>	<b>3.89</b>	<b>L</b>
Seven Oaks West	97	3.34	L	3.43	L
Seven Oaks East	191	4.21		3.99	L
Seven Oaks North	138	5.73		5.70	
<b>Winnipeg RHA</b>	<b>3,738</b>	<b>4.54</b>	<b>L</b>	<b>4.44</b>	<b>L</b>
<b>River East</b>	<b>535</b>	<b>4.66</b>		<b>4.41</b>	<b>L</b>
River East North	39	4.03		3.71	
River East West	228	4.22		4.34	L
River East East	164	4.67		4.82	L
River East South	104	6.68	+	4.73	
<b>Inkster</b>	<b>118</b>	<b>3.79</b>	<b>L</b>	<b>3.69</b>	<b>L</b>
Inkster West	40	2.46	L	2.70	L
Inkster East	78	5.36		4.80	
<b>Downtown</b>	<b>448</b>	<b>6.42</b>		<b>6.40</b>	
Downtown West	185	5.14		4.51	
Downtown East	263	8.01	H	8.48	H
<b>Point Douglas</b>	<b>281</b>	<b>6.94</b>		<b>6.14</b>	
Point Douglas North	125	4.80		3.95	L
Point Douglas South	156	11.02	H	10.02	H
<b>Churchill</b>	<b>s</b>			<b>15.01</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 3.7x  
T2 Disparity 4.5x  
Change ↑ 21%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: IMA MHSAL 2019

## Most Frequent Causes of Injury Hospitalizations

### Definition

The most frequent causes of hospitalization due to injury.

### Why is this indicator important?

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts.

### Provincial Key Findings

- The most frequent causes of injury hospitalizations in 2016/2017 were falls (49.6%), suffocation (9.7%), poisoning (9.1%), struck by or against an object (5.6%) and Motor Vehicle Accident (MVA) occupant (4.4%).
- Falls were the most frequent cause of injury hospitalization in all RHAs in both time periods.

### Regional Key Findings

- In 2016/2017, the most frequent causes of injury hospitalizations in the Region were the same as the province and remained consistent over time.
- Falls were the most frequent cause of injury hospitalization and accounted for over 50 percent of all injury hospitalization.

**Table 3.29 Top 5 Causes of Injury Hospitalization in Manitoba and Winnipeg Health Region for 2016/2017**

Percentage of total injury hospitalizations

Cause	WRHA		Manitoba	
	Count	Rate	Count	Rate
Fall	2,329	52.8%	4,406	49.6%
Suffocation	479	10.8%	859	9.7%
Poisoning	358	8.1%	812	9.1%
Struck by or against	230	5.2%	501	5.6%
Occupant, MVA	155	3.5%	387	4.4%

Source: IMA MHSAL 2019

## Hip Fracture Hospitalization Rate

### Definition

The number of individuals admitted to an acute care hospital with a hip fracture, per 100,000 population, aged 65 and older, for a five-year time period.

### Why is this indicator important?

Hip fractures are associated with high morbidity and mortality rates in older adults. Individuals with hip fractures are at significantly increased risk for further fractures.

### Provincial Key Findings

- There were 5,637 Manitobans admitted to an acute care hospital with a hip fracture in T2 (2012/13-2016/17). Hospitalization due to hip fracture in Manitoba decreased significantly by 6.8 percent over time.
- The rates have significantly decreased in Winnipeg Health Region and Interlake-Eastern over time.
- The rate of hip fracture hospitalization in Northern Health Region was significantly higher than the provincial rate in both time periods.
- **Income disparity:** Residents of lower income areas had higher hip hospitalization rate. For example, in both urban and rural settings, hip fracture hospitalization rates among residents living in the lowest income areas were 1.3 times higher than residents of the highest income areas in T1 (2007/08-2011/12) and T2 (2012/13-2016/17).



#### Urban Quintiles

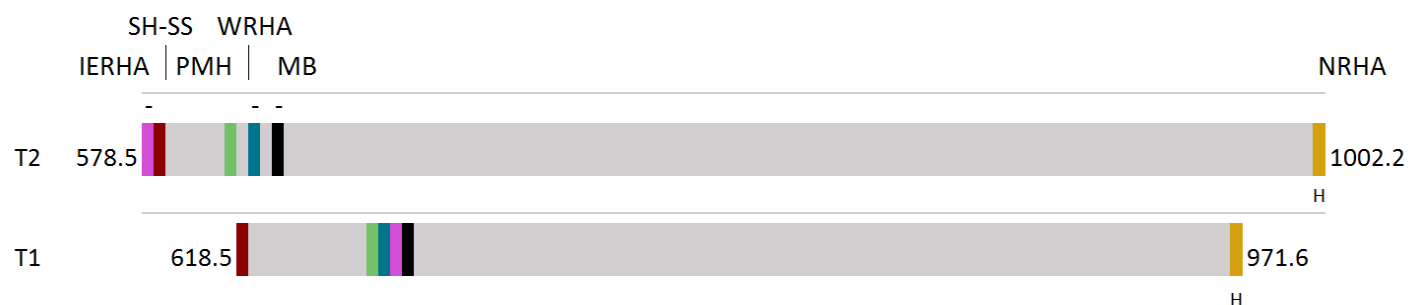
T1	1.2x
T2	1.3x
CHANGE	0.1↑

#### Rural Quintiles

T1	1.2x
T2	1.3x
CHANGE	0.1↑

**Figure 3.27 Hip Fracture Hospitalization Rate by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted rate per 100,000 residents (65 years and older)



	IERHA		SH-SS		PMH		WRHA		MB		NRHA	
T2 COUNT	478		643		927		3,295		5,637		159	
T2 RATE	578.5	-	584.0		612.3		621.6	-	627.9	-	1002.2	H
T1 RATE	673.0		618.5		664.1		667.9		674.0		971.6	H

Source: IMA MHSAL 2019

## Regional Key Findings

- There were 3,295 residents in the Region admitted to an acute care hospital with a hip fracture in T2 (2012/13-2016/17). The Region's hip fracture hospitalization rate was similar to the provincial average.
- The Region's rate overall significantly declined over time (6.9%). However, the rate significantly increased in the Inkster community area.
- Hip fracture hospitalization rates for were twice as high for females than for males in both time periods.
- The rate for Seven Oaks North (highest) residents in T2 was 3.5 times higher than for residents of Inkster West (lowest).
- The regional geographic disparity gap narrowed by 43 percent between T1 and T2.

**Table 3.30 Hip Fracture Hospitalization by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Age- and sex-adjusted rate per 100,000 residents (65 years and older)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>5,637</b>	<b>627.9</b>	-	<b>674.0</b>	
<b>Fort Garry</b>	<b>370</b>	<b>623.5</b>		<b>635.4</b>	
Fort Garry South	108	477.0	L-	648.7	
Fort Garry North	262	713.9		627.0	
<b>Assiniboine South</b>	<b>261</b>	<b>718.0</b>		<b>815.6</b>	<b>H</b>
<b>St. Vital</b>	<b>350</b>	<b>631.1</b>		<b>685.2</b>	
St. Vital North	136	587.0		604.7	
St. Vital South	214	662.7		758.2	
<b>St. Boniface</b>	<b>262</b>	<b>653.9</b>		<b>629.5</b>	
St. Boniface East	121	582.7		527.1	
St. Boniface West	141	730.1		732.1	
<b>River Heights</b>	<b>311</b>	<b>663.2</b>		<b>736.6</b>	
River Heights East	116	646.8		602.5	
River Heights West	195	673.6	-	821.4	H
<b>Transcona</b>	<b>114</b>	<b>542.3</b>		<b>658.4</b>	
<b>St. James-Assiniboia</b>	<b>391</b>	<b>656.5</b>	-	<b>764.6</b>	
St. James-Assiniboia West	205	643.4		735.1	
St. James-Assiniboia East	186	671.4		794.0	
<b>Seven Oaks</b>	<b>275</b>	<b>533.1</b>		<b>612.5</b>	
Seven Oaks East	146	471.4	L	531.8	L
Seven Oaks West	77	486.9		623.5	
Seven Oaks North	52	1084.7	H	1086.8	H
<b>Winnipeg RHA</b>	<b>3,295</b>	<b>621.6</b>	-	<b>667.9</b>	
<b>River East</b>	<b>457</b>	<b>568.8</b>		<b>575.2</b>	<b>L</b>
River East North	16	360.2		256.5	L
River East West	241	531.7		567.4	L
River East East	147	638.1		734.1	
River East South	53	704.3	+	435.4	L
<b>Inkster</b>	<b>95</b>	<b>630.8</b>	+	<b>436.8</b>	<b>L</b>
Inkster West	22	314.3	L	179.1	L
Inkster East	73	905.3	H+	608.5	
<b>Downtown</b>	<b>267</b>	<b>655.3</b>		<b>741.5</b>	
Downtown West	108	504.9		590.4	
Downtown East	159	822.2	H	903.4	H
<b>Point Douglas</b>	<b>139</b>	<b>596.5</b>		<b>588.3</b>	
Point Douglas North	63	453.7		467.1	L
Point Douglas South	76	808.4		774.4	
<b>Churchill</b>	<b>s</b>			<b>s</b>	

#### WRHA Geographic Disparity Ratio



T1 Disparity 6.1x  
T2 Disparity 3.5x  
Change ↓ 43%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: IMA MHSAL 2019

# Mental Illness

## Mood & Anxiety Disorders

### Definition

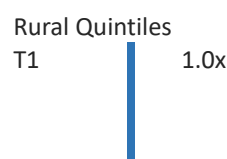
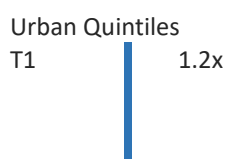
Over a five-year time period, the percentage of residents (aged 18+) diagnosed with mood and/or anxiety disorders.

### Why is this indicator important?

Mood and anxiety disorders frequently coexist with other chronic diseases and/or conditions. For example, the early onset of depressive and anxiety disorders are associated with an increased risk of developing heart disease, asthma, arthritis, chronic back pain and chronic headaches in adults.<sup>xvi</sup>

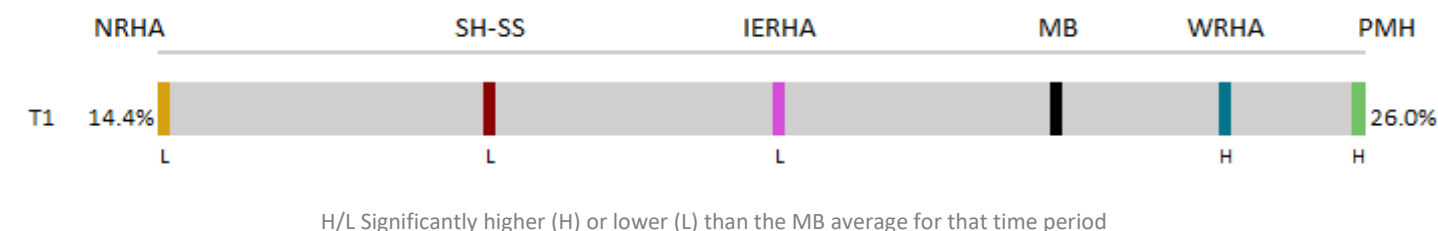
### Provincial Key Findings

- Nearly a quarter (23%) of Manitoba adults have been diagnosed with a mood and/or anxiety disorder.
- The rates in Prairie Mountain Health and Winnipeg Health Region were significantly higher than the provincial average, while the rates in Southern Health-Santé Sud, Interlake-Eastern RHA and Northern Health Region were significantly lower.
- **Income disparity:** In both urban and rural areas, there was a linear trend across income quintiles (prevalence increased as area-level income decreased).<sup>xvii</sup> The percentage of mood and anxiety among residents living in the lowest income areas was 1.2 times lower than residents of the highest income areas in urban settings, and 1.0 time higher in rural settings.



**Figure 3.28 Prevalence of Mood and Anxiety Disorders among Adults by RHA, 2010/11 – 2014/15 (T1)**

Age- and sex-adjusted percentage of adults aged 18+ diagnosed with disorder in five-year time period



	NRHA		SH-SS		IERHA		MB		WRHA		PMH	
T1 COUNT	7,148		23,814		20,287		228,982		142,171		34,287	
T1 RATE	14.4%	L	17.7%	L	20.4%	L	23.2%		24.7%	H	26.0%	H

Source: MCHP Mental Illness Among Adult Manitobans 2018

## Regional Key Findings

- In T1 (2010/11-2014/15), 142,171 residents 18+ years were diagnosed with mood and/or anxiety disorders, representing 24.7 percent of all adults in the Region.
- Seven Oaks West and Inkster West had the lowest prevalence rates, while Point Douglas South and St. James Assiniboia West had the highest. The prevalence in Churchill was significantly lower than in Winnipeg.
- The prevalence of mood and anxiety disorders was higher for females than males across all age groups. Males in the 25 years and older age group had a higher prevalence compared to males in the 18-24 years of age group.
- Point Douglas South (highest) residents were 2.4 times more likely to be diagnosed with a mood and/or anxiety disorder than residents of Churchill (lowest) in T1.
- For more information on mental health, please see [“A Closer Look at Mental Health in the Region”](#).


**Table 3.31 Mood & Anxiety Disorder Prevalence by Winnipeg Neighborhood Cluster in 2010/11 – 2014/15 (T1)**

Age- and sex-adjusted percentage of adults aged 18+ diagnosed with disorder in five-year time period

	2010/11-2014/15		
	Count	Rate	
Manitoba	228,982	23.2	
Fort Garry	N/A	N/A	N/A
Fort Garry South	7,861	21.5	L
Fort Garry North	6,085	22.5	L
Assiniboine South	7,648	25.6	
St. Vital	N/A	N/A	N/A
St. Vital South	7,986	24.9	
St. Vital North	5,957	26.4	H
St. Boniface	N/A	N/A	N/A
St. Boniface East	8,227	24.7	
St. Boniface West	3,474	26.2	H
River Heights	N/A	N/A	N/A
River Heights East	4,871	26.3	H
River Heights West	8,112	26.8	H
Transcona	7,408	25.8	
St. James-Assiniboia	N/A	N/A	N/A
St. James-Assiniboia East	6,482	28.7	H
St. James-Assiniboia West	8,260	30.9	H
Seven Oaks	N/A	N/A	N/A
Seven Oaks West	3,731	17.5	L
Seven Oaks North	872	21.4	L
Seven Oaks East	7,278	23.3	L

	2010/11-2014/15		
	Count	Rate	
Winnipeg RHA	142,171	24.7	H
River East	N/A	N/A	N/A
River East North	1,601	20.2	L
River East East	5,300	22.3	L
River East West	7,912	23.7	
River East South	3,535	24.5	
Inkster	N/A	N/A	N/A
Inkster West	2,205	14.5	L
Inkster East	2,430	21.0	L
Downtown	N/A	N/A	N/A
Downtown West	7,274	23.1	L
Downtown East	8,233	28.7	H
Point Douglas	N/A	N/A	N/A
Point Douglas North	5,325	23.2	L
Point Douglas South	3,997	33.6	H
Churchill	107	13.8	L

WRHA Geographic Disparity Ratio



T1 Disparity

2.4 x

N/A: data not available

H/L Significantly higher (H) or lower (L) than the Winnipeg average for that time period

Source: MCHP Mental Illness Among Adult Manitobans 2018

## Dementia Prevalence

### Definition

Over a five-year time period, the percentage of residents aged 55 and older who were diagnosed with dementia.

### Why is this indicator important?

Dementia refers to symptoms and signs associated with a progressive deterioration of cognitive functions that affect many Canadians' daily activities.<sup>xviii</sup> Prevalence estimates are useful to better understand the burden of this disease in the community.

### Provincial Key Findings

- More than ten percent of adults aged 55+ live with dementia in Manitoba.
- The rates in Prairie Mountain Health and Interlake-Eastern RHA were significantly lower than the provincial average.
- **Income disparity:** In both urban and rural areas, there was a linear trend across income quintiles (prevalence of dementia increased as area-level income decreased).<sup>xvii</sup> The dementia prevalence among residents of the lowest income areas in T1 (2010/11-2014/15) was 1.2 times higher than the residents of the highest income areas in rural settings and 1.4 times higher in urban settings.



Urban Quintiles  
T1 1.4x

Rural Quintiles  
T1 1.2x

**Figure 3.29 Prevalence of Dementia among Adults by RHA, 2010/11 – 2014/15 (T1)**

Age- and sex-adjusted percentage of adults aged 55+ diagnosed with disorder in five-year time period



H/L Significantly higher (H) or lower (L) than the MB average for that time period

	PMH		IERHA		NRHA		SH-SS		MB		WRHA	
T1 COUNT	5,073		2,785		565		4,191		34,912		20,952	
T1 RATE	8.8%	L	8.9%	L	8.9%		10.0%		10.3%		10.7%	

Source: MCHP Mental Illness Among Adult Manitobans 2018

## Regional Key Findings

- In T1 (2010/11-2014/15), 20,952 adults aged 55 and older were diagnosed with dementia. The prevalence of dementia in the Region was similar to the province.
- River East North and Inkster West had the lowest prevalence of dementia, while Seven Oaks North and Point Douglas South had the highest.
- The prevalence was higher in the older age groups (65 and older) compared to the 55 to 64 year old age group. No statistically significant differences were found between males and females.
- Seven Oaks North (highest) residents were six times more likely to live with dementia than residents of Churchill (lowest) in T1.


**Table 3.32 Dementia Prevalence by Winnipeg Neighbourhood Cluster in 2010/11-2014/15**

Age- and sex-adjusted percentage of adults aged 55+ diagnosed with disorder in five-year time period

	2010/11-2014/15		
	Count	Rate	
Manitoba	34,912	10.3	
Fort Garry	N/A	N/A	N/A
Fort Garry South	775	9.6	L
Fort Garry North	1,230	11.0	
Assiniboine South	1,517	11.9	
St. Vital	N/A	N/A	N/A
St. Vital North	781	9.9	
St. Vital South	1,324	11.4	
St. Boniface	N/A	N/A	N/A
St. Boniface East	782	9.2	L
St. Boniface West	772	12.7	H
River Heights	N/A	N/A	N/A
River Heights East	733	11.5	
River Heights West	1,571	12.2	H
Transcona	664	9.6	
St. James-Assiniboia	N/A	N/A	N/A
St. James-Assiniboia West	1,151	10.1	
St. James-Assiniboia East	1,300	13.3	H
Seven Oaks	N/A	N/A	N/A
Seven Oaks East	1,164	10.6	
Seven Oaks West	618	11.4	
Seven Oaks North	350	20.3	H

	2010/11-2014/15		
	Count	Rate	
Winnipeg RHA	20,952	10.7	
River East	N/A	N/A	N/A
River East North	126	7.3	L
River East West	1,706	9.9	
River East South	307	10.5	
River East East	793	11.6	
Inkster	N/A	N/A	N/A
Inkster West	143	5.3	L
Inkster East	371	12.4	
Downtown	N/A	N/A	N/A
Downtown West	732	9.2	L
Downtown East	994	14.1	H
Point Douglas	N/A	N/A	N/A
Point Douglas North	455	8.8	L
Point Douglas South	586	17.7	H
Churchill	7	3.4	

WRHA Geographic Disparity Ratio



T1 Disparity6.0 x

N/A: data not available

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP Mental Illness Among Adult Manitobans 2018

## Antidepressant Prescription

### Definition

The percentage of residents with a physician diagnosis of depression who had a new prescription for antidepressants filled within two weeks and at least the recommended follow-up of three subsequent physician visits within four months, for a five-year time period.

### Why is this indicator important?

Regular follow-up after initial diagnosis of depression is essential to track patient response to antidepressant medication and modify treatment if necessary. Antidepressants may not have a clinical effect for some time after initiation of therapy and patients with major depression are at risk for suicide. Antidepressant prescription follow-up is a quality of care indicator and important part of a treatment regime.

### Provincial Key Findings

- 13,717 residents with a diagnosis of depression had a new prescription for antidepressants in T2 (2012/13—2016/17) and received the recommended follow-up of three subsequent physician visits within four months. The rate of antidepressant prescription follow-up decreased significantly by 5.8 percent over time.
- Rates significantly decreased in all RHAs, except for Interlake-Eastern (non-significant decrease).
- Winnipeg Health Region had significantly higher rates than the provincial average in both time periods, while Northern Health Region and Southern Health-Santé Sud had significantly lower rates than the province in both time periods.
- Note: The Northern Health Region rate should be interpreted with caution as many residents receive primary care from nurses in local nursing stations. This care is not captured in the medical claims data system and is not included in this indicator.
- **Income disparity:** Relationships with income were modest; there was no linear trend across income quintiles in urban areas. In rural areas, there were significantly higher rates of follow-up among residents of higher income areas in both time periods.<sup>iii</sup>

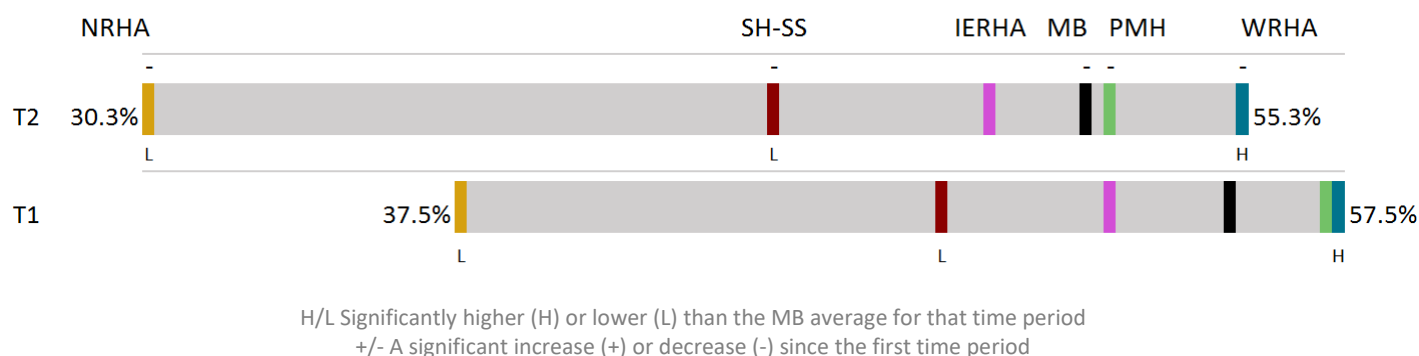


#### Rural Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

**Figure 3.30 Antidepressant Prescription Follow-up by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude percentage of new depression patients who received 3+ physician visits in four months



	NRHA		SH-SS		IERHA		MB		PMH		WRHA	
T2 COUNT	350		1,676		1,413		13,717		2,140		8,092	
T2 RATE	30.3%	L-	44.7%	L-	49.7%		51.7%	-	52.4%	-	55.3%	H-
T1 RATE	37.5%	L	48.5%	L	52.3%		54.9%		57.2%		57.5%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings



- 8,092 residents with a diagnosis of depression had a new prescription for antidepressants in T2 (2012/13—2016/17) and received the recommended follow-up of three subsequent physician visits within four months. The rate was significantly higher in the Region compared to the provincial average.
- The Winnipeg Health Region had the highest rate of antidepressant prescription follow-up in the province in both time periods.
- The rates were significantly higher than the provincial average in Fort Garry, St. Vital, and St. James-Assiniboia in T2.
- The rate significantly decreased over time in the Region. Most community areas have no significant changes, with the exception of River East, where the rate decreased significantly.
- Newly diagnosed patients in T2 for Seven Oaks North (highest) were 1.5 times more likely to receive antidepressant follow-up than patients of River East North (lowest).
- The regional geographic disparity gap widened by 20 percent between the two time periods.
- For more information on mental health, please see [“A Closer Look at Mental Health in the Region”](#).

**Table 3.33 Antidepressant Prescription Follow-up by Winnipeg Community Area & Neighborhood Cluster in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude percentage of new depression patients who received 3+ physician visits in four months

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>13,717</b>	<b>51.7</b>	<b>-</b>	<b>54.9</b>
<b>Fort Garry</b>	<b>886</b>	<b>58.3</b>	<b>H</b>	<b>57.0</b>
Fort Garry South	514	57.8		56.6
Fort Garry North	372	59.0		57.3
<b>Assiniboine South</b>	<b>402</b>	<b>55.0</b>		<b>60.0</b>
<b>St. Vital</b>	<b>845</b>	<b>60.3</b>	<b>H</b>	<b>59.2</b>
St. Vital South	484	60.3	H	60.1
St. Vital North	361	60.4	H	58.2
<b>St. Boniface</b>	<b>634</b>	<b>54.4</b>		<b>56.4</b>
St. Boniface East	441	54.2		54.3
St. Boniface West	193	54.8		60.8
<b>River Heights</b>	<b>715</b>	<b>54.0</b>		<b>58.6</b>
River Heights East	265	50.3		58.6
River Heights West	450	56.5		58.6
<b>Transcona</b>	<b>501</b>	<b>56.0</b>		<b>54.1</b>
<b>St. James-Assiniboia</b>	<b>848</b>	<b>59.1</b>	<b>H</b>	<b>55.5</b>
St. James-Assiniboia West	440	58.6		53.7
St. James-Assiniboia East	408	59.6	H	57.6
<b>Seven Oaks</b>	<b>631</b>	<b>55.3</b>		<b>58.1</b>
Seven Oaks West	186	52.1		57.6
Seven Oaks East	381	54.8		57.7
Seven Oaks North	64	71.1		61.7
<b>Winnipeg RHA</b>	<b>8,092</b>	<b>55.3</b>	<b>H-</b>	<b>57.5</b>
<b>River East</b>	<b>1,114</b>	<b>49.8</b>	<b>-</b>	<b>56.2</b>
River East North	85	47.2		49.0
River East South	234	49.3		56.5
River East West	465	50.1	-	58.2
River East East	330	50.3		55.5
<b>Inkster</b>	<b>271</b>	<b>53.7</b>		<b>57.6</b>
Inkster East	138	52.7		55.4
Inkster West	133	54.7		60.5
<b>Downtown</b>	<b>761</b>	<b>54.2</b>		<b>59.3</b>
Downtown West	361	53.6		57.1
Downtown East	400	54.9		61.5
<b>Point Douglas</b>	<b>482</b>	<b>54.8</b>		<b>58.4</b>
Point Douglas South	183	54.5		61.3
Point Douglas North	299	55.1		56.8
<b>Churchill</b>	<b>s</b>			<b>s</b>

**WRHA Geographic Disparity Ratio**

T1 Disparity 1.3x  
 T2 Disparity 1.5x  
 Change ↑ 20%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Suicide Rates

### Definition

The average annual rate for which suicide was listed as the cause of death, per 1,000 population, aged 10 and older, for a five-year time period.

### Why is this indicator important?

High rates of suicide are an important indication of the mental health of communities and underlying trauma. Suicide rates are one indication of the effectiveness of mental health prevention and promotion initiatives.

### Provincial Key Findings

- In T2 (2012-2016), there were nearly 1,000 suicides. The suicide death rate was stable over time.
- The suicide rates for all RHAs have not significantly changed over time.
- The Northern Health Region rate of suicide was significantly higher than the provincial average, while the Southern Health-Santé Sud rate was significantly lower in both time periods.
- **Income disparity:** There were strong relationships between income and suicide rates in urban and rural areas in both time periods.<sup>iii</sup> In urban settings, the suicide rate among residents of the lowest income areas was 3.6 times higher than residents of the highest income areas in T2 (2012-2016). In rural settings, the suicide rate among residents of the lowest income areas was 2.3 times higher than residents of the highest income areas in T2.



#### Urban Quintiles

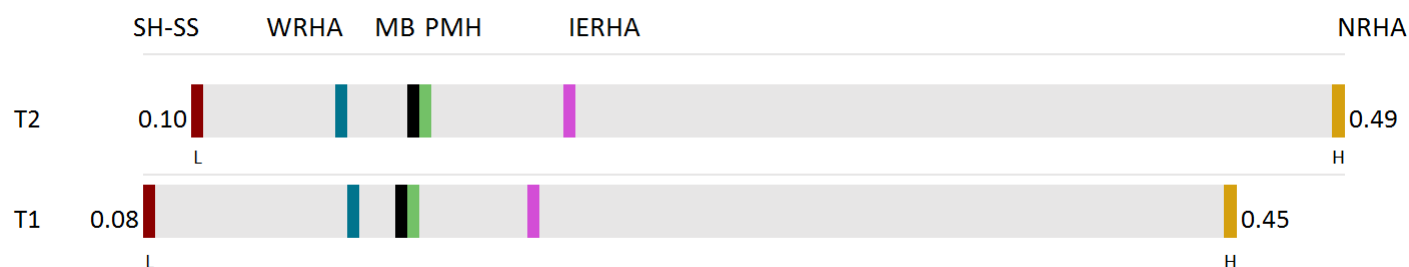
T1	4.4x
T2	3.6x
CHANGE	0.8 ↓

#### Rural Quintiles

T1	2.9x
T2	2.3x
CHANGE	0.6 ↓

**Figure 3.31 Average Annual Suicide Rates by RHA**

Age- and sex-adjusted, 2007-2011(T1) and 2012-2016(T2), per 1,000 age 10+



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		WRHA		MB		PMH		IERHA		NRHA	
T2 COUNT	83		503		993		136		118		139	
T2 RATE	0.10	L	0.15		0.17		0.18		0.23		0.49	H
T1 RATE	0.08	L	0.15		0.17		0.17		0.21		0.45	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- 503 suicides occurred in the Region in T2 (2012-2016). The suicide death rate in the Winnipeg Health Region was stable.
- Suicide rates were significantly lower than the provincial average in the community areas of Fort Garry (both time periods) and St. Vital (T2), and significantly higher in Point Douglas (both time periods).
- The suicide rate for Point Douglas (highest) residents in T2 was 4.1 times higher than for residents of Fort Garry (lowest).
- The regional geographic disparity gap narrowed between T1 and T2 by 23 percent.
- For more information on mental health, please see [“A Closer Look at Mental Health in the Region”](#).

**Table 3.34 Suicide Rates by Winnipeg Community Area in 2007-2011 (T1) and 2012-2016 (T2)**

Age- and sex-adjusted, 2007-2011(T1) and 2012-2016(T2), per 1,000 aged 10+

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>993</b>	<b>0.17</b>		<b>0.17</b>	
Fort Garry	31	0.08	L	0.08	L
Assiniboine South	21	0.12		0.14	
St. Vital	30	0.09	L	0.10	
St. Boniface	33	0.12		0.09	
River Heights	37	0.13		0.14	
Transcona	21	0.11		0.09	
St. James-Assiniboia	41	0.15		0.11	
Seven Oaks	39	0.11		0.12	
River East	71	0.16		0.14	
Inkster	19	0.11		0.17	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>503</b>	<b>0.15</b>		<b>0.15</b>	
Downtown	96	0.27		0.27	H
Point Douglas	64	0.33	H	0.43	H
Churchill	s	s			

## WRHA Geographic Disparity Ratio



T1 Disparity 5.4x  
T2 Disparity 4.1x  
Change ↓23%

s: suppression due to small numbers

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP RHA Indicators Atlas 2019



## A CLOSER LOOK AT MENTAL HEALTH IN THE REGION

In the Winnipeg Health Region, prevalence of mental disorders that are included in this report remained stable over time. However, issues of mental health continue to be a major concern for residents across the Region. Many children and youth are struggling with mental health issues. According to the Manitoba Centre for Health Policy:

- Winnipeg has the highest documented prevalence of childhood mental health diagnoses in Manitoba.
- Within Winnipeg, rates of childhood mental health diagnoses have increased in all community areas between 2009/10 and 2012/13; they were highest in St. James Assiniboia/Assiniboine South (18%), and lowest in Seven Oaks/Inkster (11%) in 2012/13.<sup>xx</sup>

Mental health is complex and multifaceted—influenced by social, psychological, and biological factors.<sup>xxi</sup> It is important to consider social factors that contribute to vulnerability and create barriers to accessing services, which can exacerbate mental health issues, as well as cause gaps in mental health data.

Community supports and wraparound services that meet the unique needs of individuals and families are needed.<sup>xxii</sup> These may include partnerships with schools, enhancement of social networks and a focus on resiliency and family wellbeing.<sup>xxii</sup>

### Promising Practices:

The WRHA Mental Health Promotion Team received a grant from the Children's Hospital Foundation of Manitoba to develop an evidence-based resource for service providers to use to protect and strengthen the mental health and well-being of newcomer children and families. The **Family Tree of Wellbeing** activity is strengths-based, family-focused and acknowledges the unique and complex wellness needs of families and individuals through their voices and perspectives.<sup>xxii</sup>

Watch a video to learn more about the **Family Tree of Wellbeing** activity. <https://vimeo.com/287116401>

# Musculoskeletal

## Arthritis Prevalence

### Definition

Over a two-year time period, the percentage of residents, aged 19 and older, who were diagnosed with arthritis (rheumatoid or osteoarthritis).

### Why is this indicator important?

Arthritis is a chronic condition that seriously impacts quality of life, functional independence, and physical ability of many Manitobans.

### Provincial Key Findings

- There were 213,054 Manitobans with a diagnosis of arthritis in T2 (2015/16-2016/17). The prevalence of arthritis in Manitoba did not significantly change over time.
- Prevalence in Interlake-Eastern RHA significantly decreased over time.
- Arthritis prevalence in Northern Health Region and Prairie Mountain Health was significantly higher than the provincial average, while the rate in Southern Health-Santé Sud was significantly lower in both time periods.
- **Income disparity:** There were statistically significant relationships between income and arthritis prevalence in urban and rural areas in both time periods.<sup>iii</sup> The arthritis prevalence among residents of the lowest income areas was 1.2 times higher than residents of the highest income areas in urban settings, and 1.1 times higher in rural settings in T2 (2015/16-2016/17).

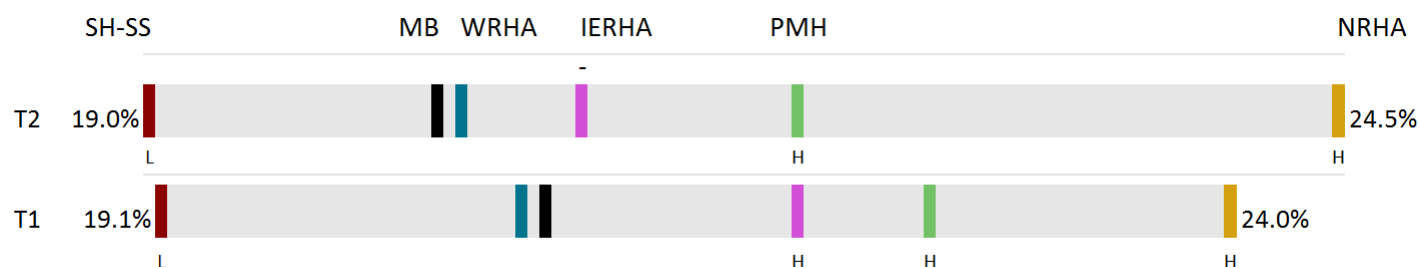


Urban Quintiles	
T1	1.2x
T2	1.2x
CHANGE	0.0

Rural Quintiles	
T1	1.2x
T2	1.1x
CHANGE	0.1 ↓

**Figure 3.32 Prevalence of Arthritis by RHA, 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 19+ diagnosed with disorder



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		MB		WRHA		IERHA		PMH		NRHA	
T2 COUNT	26,121		213,054		124,475		21,994		29,921		10,304	
T2 RATE	19.0%	L	20.4%		20.4%		21.0%	-	22.0%	H	24.5%	H
T1 RATE	19.1%	L	20.9%		20.8%		22.0%	H	22.6%	H	24.0%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings



- There were 124,475 residents with a diagnosis of arthritis in T2 (2015/16-2016/17). The arthritis prevalence was relatively stable over time and was similar to the provincial average.
- Arthritis prevalence significantly decreased in Fort Garry and St. Vital community areas, whereas the rate significantly increased in Transcona.
- Residents of Point Douglas South (highest) were 2.8 times more likely to live with arthritis than residents of Fort Garry South (lowest) in T2.
- The regional geographic disparity gap widened by 49 percent between the two time periods.

**Table 3.35 Arthritis Prevalence by Winnipeg Community Area & Neighborhood Cluster in 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 19+ diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>213,054</b>	<b>20.4</b>		<b>20.9</b>	
<b>Fort Garry</b>	<b>12,655</b>	<b>18.6</b>	<b>L-</b>	<b>19.5</b>	<b>L</b>
Fort Garry South	7,062	18.2	L-	19.3	L
Fort Garry North	5,593	19.3	L	20.0	
<b>Assiniboine South</b>	<b>6,903</b>	<b>21.2</b>		<b>21.1</b>	
<b>St. Vital</b>	<b>11,967</b>	<b>20.4</b>	<b>-</b>	<b>21.3</b>	
St. Vital South	7,140	20.2		21.0	
St. Vital North	4,827	21.1		22.0	
<b>St. Boniface</b>	<b>9,787</b>	<b>20.1</b>		<b>20.2</b>	
St. Boniface West	2,773	20.0		19.9	
St. Boniface East	7,014	20.3		20.6	
<b>River Heights</b>	<b>9,717</b>	<b>19.7</b>		<b>20.3</b>	
River Heights West	6,206	19.7		20.3	
River Heights East	3,511	19.8		20.6	
<b>Transcona</b>	<b>6,353</b>	<b>22.4</b>	<b>H+</b>	<b>21.1</b>	
<b>St. James-Assiniboia</b>	<b>11,164</b>	<b>21.3</b>		<b>21.4</b>	
St. James-Assiniboia West	6,150	21.3		21.5	
St. James-Assiniboia East	5,014	21.5		21.5	
<b>Seven Oaks</b>	<b>12,466</b>	<b>20.9</b>		<b>20.5</b>	
Seven Oaks West	4,357	20.5		19.7	
Seven Oaks East	7,100	21.3		21.0	
Seven Oaks North	1,009	23.3	H	21.7	
<b>Winnipeg RHA</b>	<b>124,475</b>	<b>20.4</b>		<b>20.8</b>	
<b>River East</b>	<b>17,210</b>	<b>20.9</b>		<b>20.6</b>	
River East North	1,584	20.0		19.3	
River East West	7,423	20.5		20.3	
River East East	5,156	21.6	H	21.2	
River East South	3,047	23.8	H	22.8	H
<b>Inkster</b>	<b>5,214</b>	<b>20.7</b>		<b>20.0</b>	
Inkster West	2,742	19.3		18.3	L
Inkster East	2,472	22.9	H	22.6	H
<b>Downtown</b>	<b>12,515</b>	<b>22.9</b>	<b>H</b>	<b>22.3</b>	<b>H</b>
Downtown West	5,913	20.7		20.0	
Downtown East	6,602	25.9	H	25.4	H
<b>Point Douglas</b>	<b>8,451</b>	<b>26.1</b>	<b>H</b>	<b>27.1</b>	<b>H</b>
Point Douglas North	4,974	23.6	H	23.6	H
Point Douglas South	3,477	31.8	H-	34.5	H
<b>Churchill</b>	<b>73</b>	<b>11.3</b>	<b>L-</b>	<b>32.4</b>	<b>H</b>

**WRHA Geographic Disparity Ratio**

T1 Disparity 1.9x  
 T2 Disparity 2.8x  
 Change ↑ 49%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

## Osteoporosis Prevalence

### Definition

Over a one-year time period, the percentage of residents, aged 50 and older, diagnosed with osteoporosis.

### Why is this indicator important?

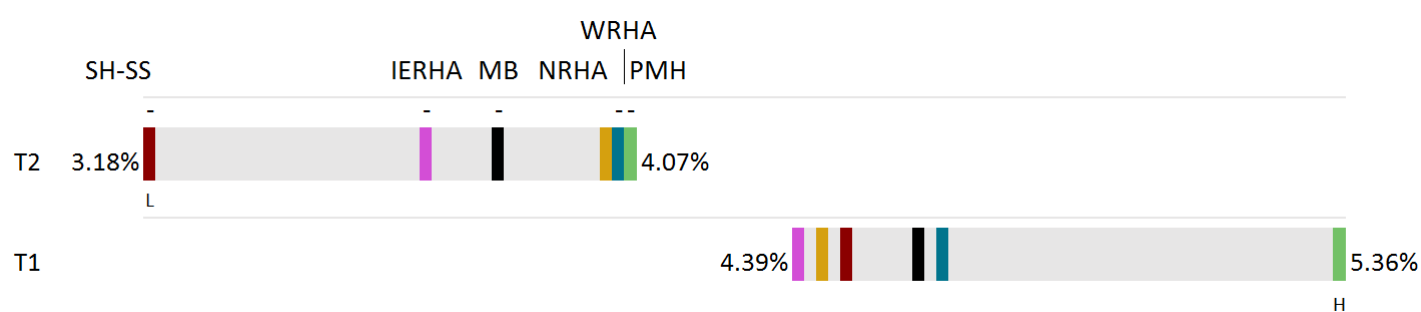
Osteoporosis is a disease that leads to a reduction in bone density and causes bones to become weak and more likely to fracture. The most common injuries associated with osteoporosis are fractures of the wrist, spine and hip. Osteoporosis prevalence provides valuable insight for planning patient education regarding preventive measures and treatment options to reduce fractures and hospitalizations, and improve quality of life.

### Provincial Key Findings

- 17,104 Manitobans were diagnosed with osteoporosis in T2 (2016/17). The percentage of Manitoba residents living with osteoporosis significantly decreased by 16.7 percent over time.
- The prevalence also significantly decreased in all RHAs, except for Northern Health Region.
- Osteoporosis prevalence for Southern Health-Santé Sud was significantly lower than the provincial average in T2.
- Income disparity:** There were no significant relationships between income and osteoporosis prevalence in urban or rural residents.

**Figure 3.33 Prevalence of Osteoporosis by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 50+ diagnosed with disorder



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	SH-SS		IERHA		MB		NRHA		WRHA		PMH	
T2 COUNT	1,635		1,626		17,104		450		10,721		2,600	
T2 RATE	3.18%	L-	3.70%	-	3.83%	-	4.03%		4.05%	-	4.07%	-
T1 RATE	4.48%		4.39%		4.60%		4.42%		4.65%		5.36%	H

Source: MCHP RHA Indicators Atlas 2019

### **Regional Key Findings**


- 10,721 residents lived with osteoporosis in T2 (2016/17). The prevalence decreased significantly over time (13%).
- Osteoporosis prevalence decreased significantly in many community areas but remained high in Fort Garry, Assiniboine South, St. Boniface and River Heights.
- Residents of St. Boniface West (highest) were 2.4 times more likely to live with osteoporosis than residents of Seven Oaks West (lowest) in T2.
- The regional geographic disparity gap widened by 11 percent between the two time periods.

**Table 3.36 Osteoporosis Prevalence by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents aged 50+ diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>17,104</b>	<b>3.83</b>	-	<b>4.60</b>	
<b>Fort Garry</b>	<b>1,302</b>	<b>4.67</b>	H	<b>5.27</b>	
Fort Garry South	629	4.55		4.92	
Fort Garry North	673	4.56		5.19	
<b>Assiniboine South</b>	<b>780</b>	<b>4.68</b>	H	<b>5.25</b>	
<b>St. Vital</b>	<b>1,182</b>	<b>4.43</b>	-	<b>5.38</b>	
St. Vital South	681	4.08		4.96	
St. Vital North	501	4.94		5.98	
<b>St. Boniface</b>	<b>961</b>	<b>4.89</b>	H-	<b>5.67</b>	H
St. Boniface East	598	4.83		5.50	
St. Boniface West	363	5.04		5.86	
<b>River Heights</b>	<b>1,108</b>	<b>4.83</b>	H-	<b>5.97</b>	H
River Heights West	708	4.73		5.70	
River Heights East	400	4.92		6.28	
<b>Transcona</b>	<b>402</b>	<b>3.83</b>		<b>4.40</b>	
<b>St. James-Assiniboia</b>	<b>1,165</b>	<b>4.45</b>	-	<b>5.27</b>	
St. James-Assiniboia West	643	4.18		5.28	
St. James-Assiniboia East	522	4.67		5.17	
<b>Seven Oaks</b>	<b>949</b>	<b>3.75</b>	-	<b>4.39</b>	
Seven Oaks West	267	3.09		3.73	
Seven Oaks East	592	3.99		4.66	
Seven Oaks North	90	4.67		4.33	
<b>Winnipeg RHA</b>	<b>10,721</b>	<b>4.05</b>	-	<b>4.65</b>	
<b>River East</b>	<b>1,462</b>	<b>3.88</b>	-	<b>4.69</b>	
River East West	791	3.74	-	4.83	
River East East	375	3.94		4.63	
River East South	155	4.03		3.98	
River East North	141	4.54		5.52	
<b>Inkster</b>	<b>278</b>	<b>3.25</b>		<b>3.49</b>	L
Inkster West	151	3.21		3.32	
Inkster East	127	3.47		3.61	
<b>Downtown</b>	<b>732</b>	<b>3.83</b>		<b>4.30</b>	
Downtown West	347	3.32		3.94	
Downtown East	385	4.53		4.61	
<b>Point Douglas</b>	<b>386</b>	<b>3.54</b>	-	<b>4.44</b>	
Point Douglas North	243	3.49		4.14	
Point Douglas South	143	3.75		4.86	
<b>Churchill</b>	<b>14</b>	<b>7.58</b>		<b>7.34</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 2.2x  
 T2 Disparity 2.4x  
 Change ↑ 11%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

# Renal

## Chronic Kidney Disease (CKD) Prevalence

### Definition

The percentage of residents, aged 18 years and older, diagnosed with chronic kidney disease.

### Why is this indicator important?

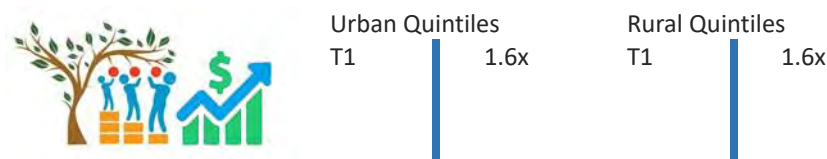
Chronic kidney disease often starts slowly and develops without symptoms over a number of years, sometimes leading to serious damage before a diagnosis is made. Understanding how many residents live with chronic kidney disease and where they live helps with program planning and resource allocation. Appropriate care can slow the progression of the disease, reduce complications and enhance quality of life.

### Provincial Key Findings

- Based on laboratory data, as of March 31<sup>st</sup>, 2012, the prevalence of adults with CKD in Manitoba was 10 percent (n= 37,534).
- Prevalence amongst residents aged 65+ was more than seven times higher than residents aged 18-44. The prevalence was 1.5 times higher in females than in males.
- There were regional differences in the prevalence of CKD, which follows the general pattern of health status by region: from healthier populations in southern areas of the province to higher incidence of health issues in northern areas.
- The prevalence of CKD in the Northern Health Region was significantly higher than the provincial average. This could be attributed both to the lower health status of populations in northern and remote communities<sup>2</sup> and to the smaller number of people living in these areas.
- **Income disparity:** The renal chronic kidney disease prevalence among residents of the lowest income areas was 1.6 times higher than residents of the highest income areas in both urban and rural settings in T1 (2012).

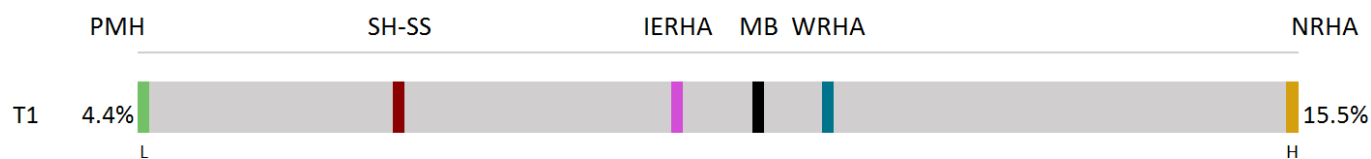
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<sup>2</sup> Remote communities “are communities in northern areas of Manitoba with limited access to a major health facility (only by plane, train or winter roads) and communities that have all-season roads but are at least four hours away from a major health facility due to distance or road conditions. These communities are sparsely populated and include First Nations populations. Living conditions in some of these areas can be challenging due to unfavourable economic conditions, poor water supply, and limited access to affordable food and to health, social and recreational services.” (MCHP Care of Manitobans Living with Chronic Kidney Disease 2015, p.5)



**Figure 3.34 Prevalence of Adults with Chronic Kidney Disease by RHA, March 31, 2012**

Age- and sex-adjusted percentage of residents, age 18+, lab data only



H/L Significantly higher (H) or lower (L) than the MB average for that time period.

	PMH		SH-SS		IERHA		MB		WRHA		NRHA	
T1 COUNT	730		1,964		3,262		37,534		30,084		1,491	
T1 RATE	4.4%	L	6.9%		9.6%		10.4%		11.0%		15.5%	H

Source: MCHP Care of Manitobans Living with Chronic Kidney Disease 2015

## Regional Key Findings

- The prevalence of adult CKD in Winnipeg based on laboratory data was 11 percent (N= 30,084).
- For more information on kidney disease, please see [“A Closer Look at Kidney Disease in the Region”](#).

## End Stage Kidney Disease (ESKD)

### Definition

The number of residents with ESKD per 1,000 population. ESKD is determined by a patient's use of renal replacement therapies (dialysis or kidney transplant).

### Why is this indicator important?

ESKD is increasing in Canada, and Manitoba has the highest rate of kidney disease in the country. ESKD is a serious chronic condition because of associated high mortality, negative impact on quality of life and high cost of kidney transplants. Diabetes is the most common cause of ESKD, so it is important to address comorbidities in prevention education, treatment options and resource allocation.

### Provincial Key Findings

- There were over 1,800 residents diagnosed with ESKD in Manitoba in 2012 (1.45 per 1,000 residents).
- ESKD prevalence increased significantly in all regions over time from 2004 to 2012.
- In 2012, in Manitoba, 1,853 adults living with ESKD had renal replacement therapy (1.91 per 1,000 residents) — 1,245 adults had dialysis (1.28 per 1,000 residents) and 608 adults had kidney transplant (0.63 per 1,000 residents).
- The crude rates of renal replacement therapy for adults living with ESKD are higher for residents aged 65+ and for males.
- **Income disparity:** In both rural and urban areas, higher rates of ESKD were found among adults living in the lowest income area compared to the highest income area.<sup>xxiii</sup> In urban settings, the ESKD prevalence among adults living in the lowest income areas was 2.6 times higher compared to adults of the highest income areas in T1 (2012 Q2). In rural settings, the prevalence among adults living in the lowest income areas was 2.8 times higher than for adults of the highest income areas in T1.

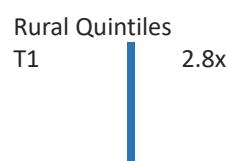
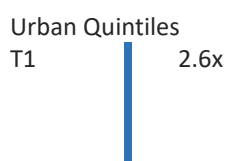
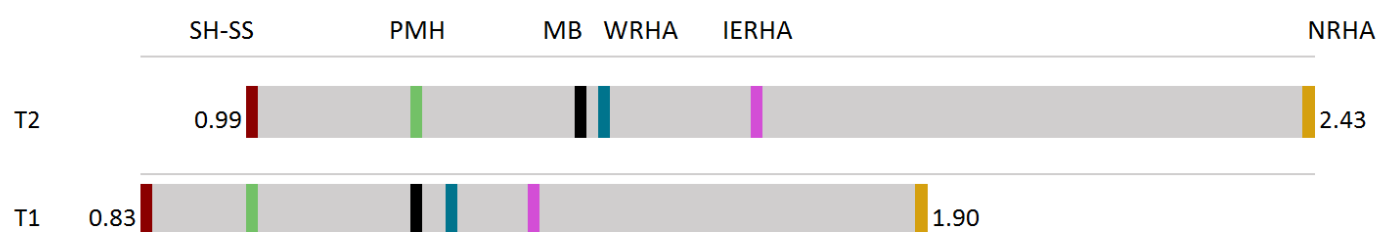


Figure 3.35 End Stage Kidney Disease Prevalence by RHA, 2007 Q2 (T1) and 2012 Q2 (T2)

Rate per 1,000 residents



	SH-SS		PMH		MB		WRHA		IERHA		NRHA	
T2 COUNT	180		200		1,833		1,066		206		181	
T2 RATE	0.99		1.21		1.45		1.47		1.68		2.43	
T1 RATE	0.83		1.00		1.22		1.26		1.37		1.90	

Source: MCHP Care of Manitobans Living with Chronic Kidney Disease 2015

## Regional Key Findings

- There were 1,066 residents diagnosed with ESKD in the Winnipeg Health Region in 2012. The prevalence of ESKD was 1.47 per 1,000 residents, which was similar to the provincial average.
- ESKD prevalence significantly increased over time from 2004 to 2012.
- In the Winnipeg Health Region, 752 adults with ESKD had dialysis in 2012 (1.34 per 1,000 residents) and 379 adults with ESKD had a kidney transplant (0.67 per 1,000 residents). In total, 1,131 adults with ESKD had renal replacement therapy (2.0 per 1,000 residents).
- For more information on kidney disease, please see [“A Closer Look at Kidney Disease in the Region”](#).

## Observed and Predicted End Stage Kidney Disease (ESKD)

### Definition

The observed (2004-2012 (Q2)) and projected (2012 (Q3)-2024) number of residents living with ESKD, by treatment type.

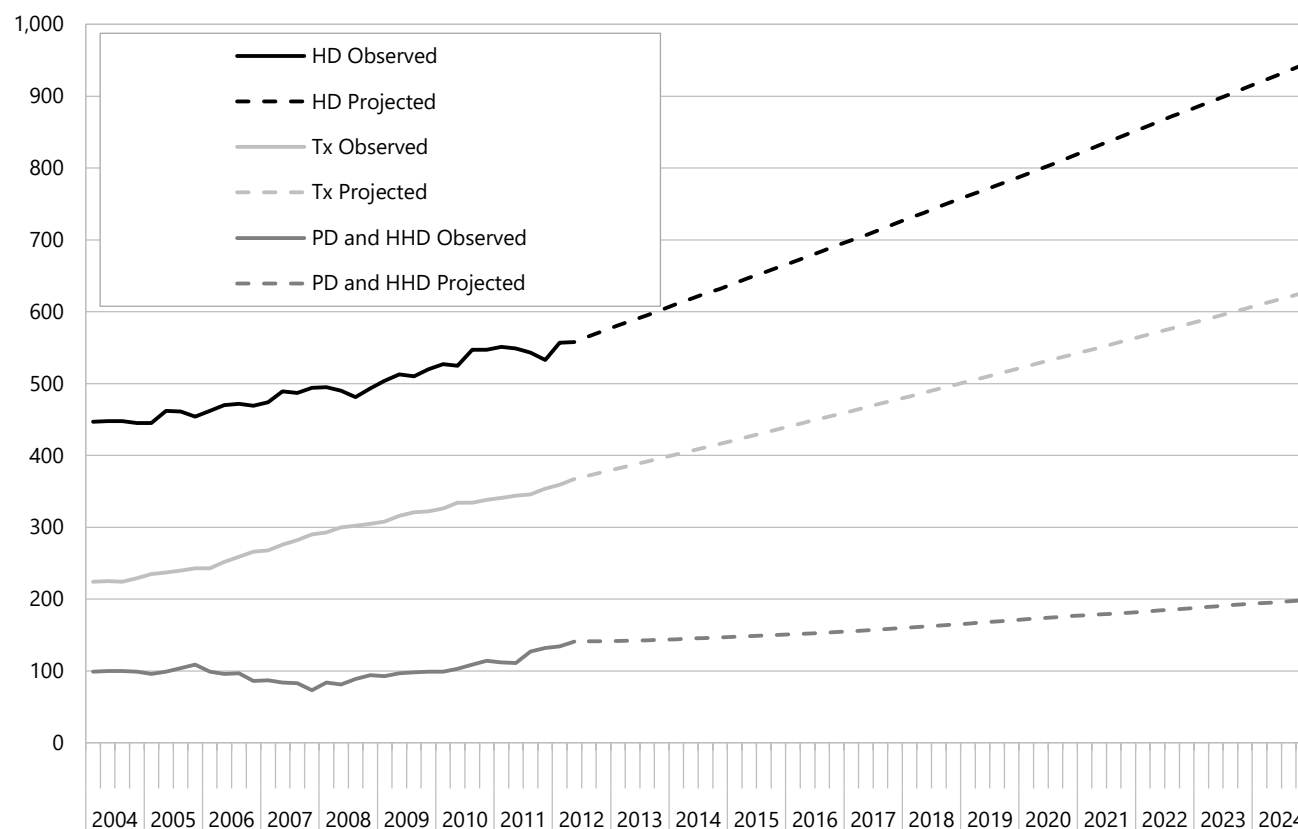
### Why is this indicator important?

Manitoba has the highest prevalence of ESKD in Canada and current projections predict a significant increase by 2024. ESKD projections help inform the planning of prevention initiatives, coordinated health care services and the allocation of appropriate resources to meet the service demand.

### Provincial Key Findings

- The number of Manitobans with ESKD will increase by 68 percent between 2012 and 2024. The projections estimate that 3,077 people will require renal replacement therapy (RRT) in 2024.
- For the province overall, a 4.3 percent annual increase was predicted in the number of people receiving centre-based hemodialysis, a 3.2 percent annual increase for home-based dialysis (peritoneal and home hemodialysis), and 4.5 percent for kidney transplants.
- The highest increases are projected in the Southern Health-Santé Sud and Northern Health Region. The Northern Health Region will continue to have the highest number of people needing RRT per capita in Manitoba.
- Half of patients with ESKD in Manitoba also have diabetes, and by 2024 the number of people who are on hemodialysis and have diabetes will increase by 89 percent. The need for hemodialysis among people without diabetes will see a more modest increase of 35 percent.
- The number of ESKD patients aged 65+ on hemodialysis will increase by 89 percent by 2024. In the younger age groups, the need for hemodialysis will see increases of 50 percent (0 to 44 years) and 65 percent (45 to 64 years).

**Figure 3.36 Observed and Projected Number of Patients with End Stage Kidney Disease by Treatment Type in Winnipeg, 2004-2024**



Source: MCHP Care of Manitobans Living with Chronic Kidney Disease 2015

## Regional Key Findings

- The projected number of people with ESKD in the Winnipeg Health Region from 2012 to 2024 for each type of treatment (dialysis or kidney transplant) will increase. The number of people on centre-based hemodialysis is predicted to increase from 558 in 2012 to 944 by 2024, an increase of 69 percent.
- Kidney transplants are expected to increase by 71 percent, from 367 in 2012 to 626 by 2024. The 40 percent increase in home-based dialysis (peritoneal and home hemodialysis) is less dramatic — it will rise from 141 people in 2012 to 198 by 2024.
- Winnipeg will continue to have the highest number of people with ESKD because of the Region's larger population and capacity for providing treatment.
- For more information on kidney disease, please see ["A Closer Look at Kidney Disease in the Region"](#).

## A CLOSER LOOK AT KIDNEY DISEASE IN THE REGION

Diabetes continues to be the leading cause of end-stage kidney disease (ESKD) in Manitoba with 43 percent of patients with ESKD having diabetes as their primary diagnosis.<sup>xxiv</sup> Increasing rates of ESKD have led to increasing rates of dialysis use. Between 2008 and 2018 the number of people on dialysis in Manitoba has increased by 45 percent.<sup>xxv</sup>

Rates of late referral for ESKD, when patients start dialysis less than 90 days after seeing a nephrologist for the first time, are improving in Manitoba.<sup>xxiv</sup> However, these late-stage (and often urgent) referrals still make up about 20 percent of new dialysis starts. This means about 20 percent of patients are presenting at the point of kidney failure and may require dialysis be started urgently in a hospital emergency department or with very little notice.

Winnipeg hospitals manage the majority of new dialysis starts in the province as well as dialysis treatments during hospitalizations and specialist appointments. As a result dialysis capacity needs in Winnipeg continue to grow, prompting temporary unit expansions and reinforced efforts to mobilize patients to receive care in their home health regions whenever possible. Capacity in rural renal health centres has increased over the last five years which, in some cases, has created opportunity for patients to dialyze in or near their home communities in lieu of receiving treatment in Winnipeg.

The Manitoba Renal Program (MRP) continues to implement and support strategies to increase early detection and treatment, with the goal of delaying or preventing the need for dialysis. In 2016, the MRP created an online referral pathway tool for primary care providers to assist with timely detection and treatment of chronic kidney disease.<sup>xxvi</sup> In 2018, online primary care pathway tools were visited more than 14,000 times. The MRP website also hosts a [Kidney Failure Risk Equation](#) calculator to help primary care providers determine and manage a patient's future risk of kidney failure.



# Respiratory

## Total Respiratory Morbidity (TRM) Prevalence

### Definition

The percentage of residents diagnosed with a respiratory disease (asthma, chronic or acute bronchitis, emphysema, or chronic airway obstruction).

### Why is this indicator important?

TRM is a good overall measure of the proportion of the population that experiences breathing issues. Understanding prevalence helps to plan prevention efforts, coordinate services between community and acute care, and provide effective supports to enhance quality of life.

### Provincial Key Findings

- 143,607 Manitoba residents were diagnosed with a respiratory disease in 2016/17. The prevalence significantly increased overtime (7.3%).
- Prevalence in Southern Health-Santé Sud, Winnipeg Health Region, and Prairie Mountain Health significantly increased, while the prevalence for Northern Health Region significantly decreased.
- The rates in the Winnipeg Health Region and Prairie Mountain Health were significantly higher than the province; the rates in the Northern Health Region, Southern Health-Santé Sud and Interlake-Eastern RHA were significantly lower.
- Income disparity:** In urban areas, there was a strong stepwise relationship with a higher prevalence of respiratory disease among residents of lower income areas in both time periods. In urban settings, residents of the lowest income areas were 1.4 times more likely to be diagnosed with a respiratory condition than residents of the highest income areas in T1 (2011/12) and T2 (2016/17). Among rural residents, the relationship was significant in the first time period (with higher prevalence in lower income areas) but not significant in the second time period.<sup>iii</sup>

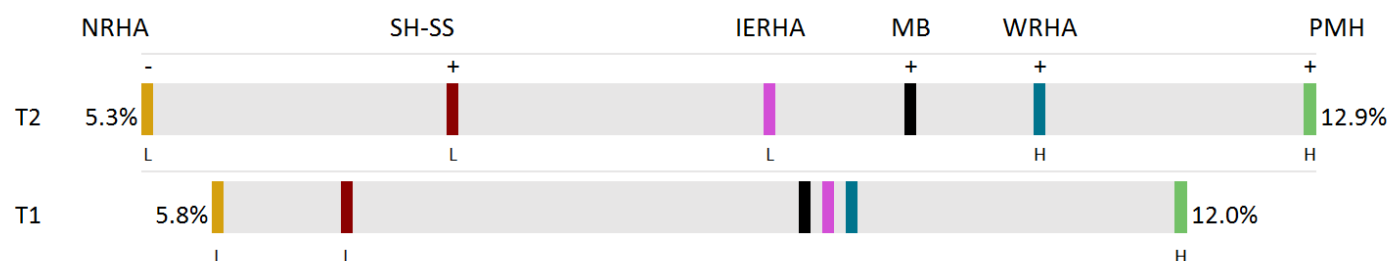


Urban Quintiles	
T1	1.4x
T2	1.4x
CHANGE	0.0

Rural Quintiles	
T1	1.1x

**Figure 3.37 Prevalence of Total Respiratory Morbidity by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) diagnosed with disorder



H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		SH-SS		IERHA		MB		WRHA		PMH	
T2 COUNT	3,829		14,679		12,632		143,607		88,789		23,371	
T2 RATE	5.3%	L-	7.3%	L+	9.4%	L	10.3%	+	11.1%	H+	12.9%	H+
T1 RATE	5.8%	L	6.6%	L	9.8%		9.6%		9.9%		12.0%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- 88,789 residents in the Winnipeg Health Region lived with respiratory issues in T2 (2016/17). The prevalence in the Region was significantly higher than the provincial average.
- Total respiratory morbidity prevalence significantly increased over time (12.1%). A significant increase was noted in every community area, except Fort Garry, which remained stable, and Churchill, which saw a significant decline.
- The rate for Point Douglas South (highest) residents in T2 was 6.7 times higher than for residents of Churchill (lowest). However, this number (and the regional geographic disparity gap below) needs to be interpreted with caution due to the small number of residents in Churchill (n<1,000).
- The regional geographic disparity gap widened dramatically by 190 percent between two time periods.

**Table 3.37 Total Respiratory Morbidity Prevalence by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1)  
and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) diagnosed with disorder

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>143,607</b>	<b>10.3</b>	<b>+</b>	<b>9.6</b>	
<b>Fort Garry</b>	<b>8,232</b>	<b>8.8</b>	<b>L</b>	<b>8.5</b>	<b>L</b>
Fort Garry South	4,707	8.2	L	8.4	L
Fort Garry North	3,525	9.3	L+	8.3	L
<b>Assiniboine South</b>	<b>4,332</b>	<b>10.6</b>	<b>+</b>	<b>9.2</b>	
<b>St. Vital</b>	<b>8,030</b>	<b>10.5</b>	<b>+</b>	<b>9.7</b>	
St. Vital South	4,535	9.8	+	9.1	
St. Vital North	3,495	11.3	H+	10.4	
<b>St. Boniface</b>	<b>6,901</b>	<b>10.3</b>	<b>+</b>	<b>8.6</b>	<b>L</b>
St. Boniface West	1,742	9.6	+	8.8	
St. Boniface East	5,159	10.5	+	8.3	L
<b>River Heights</b>	<b>6,401</b>	<b>10.0</b>	<b>+</b>	<b>9.1</b>	
River Heights East	2,269	9.8	+	8.6	L
River Heights West	4,132	10.0	+	9.1	
<b>Transcona</b>	<b>4,839</b>	<b>11.7</b>	<b>H+</b>	<b>9.4</b>	
<b>St. James-Assiniboia</b>	<b>7,969</b>	<b>12.0</b>	<b>H+</b>	<b>10.6</b>	<b>H</b>
St. James-Assiniboia West	4,250	11.7	H+	10.4	
St. James-Assiniboia East	3,719	12.2	H+	10.6	H
<b>Seven Oaks</b>	<b>9,521</b>	<b>11.9</b>	<b>H+</b>	<b>9.7</b>	
Seven Oaks North	607	10.4	+	7.8	L
Seven Oaks West	3,588	11.5	H+	9.4	
Seven Oaks East	5,326	11.9	H+	9.7	
<b>Winnipeg RHA</b>	<b>88,789</b>	<b>11.1</b>	<b>H+</b>	<b>9.9</b>	
<b>River East</b>	<b>11,264</b>	<b>10.4</b>	<b>+</b>	<b>8.9</b>	<b>L</b>
River East North	873	8.2	L+	6.2	L
River East West	4,277	9.6	+	8.6	L
River East East	3,576	10.5	+	8.7	L
River East South	2,538	12.9	H+	10.7	H
<b>Inkster</b>	<b>4,823</b>	<b>12.8</b>	<b>H+</b>	<b>10.5</b>	<b>H</b>
Inkster West	2,534	11.9	H+	9.4	
Inkster East	2,289	13.5	H+	11.6	H
<b>Downtown</b>	<b>9,236</b>	<b>11.8</b>	<b>H+</b>	<b>10.4</b>	<b>H</b>
Downtown West	4,550	10.9	+	9.6	
Downtown East	4,686	12.5	H+	11.0	H
<b>Point Douglas</b>	<b>7,215</b>	<b>14.6</b>	<b>H+</b>	<b>12.8</b>	<b>H</b>
Point Douglas North	4,230	13.1	H+	11.7	H
Point Douglas South	2,985	16.8	H+	14.4	H
<b>Churchill</b>	<b>26</b>	<b>2.5</b>	<b>L-</b>	<b>6.9</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 2.3x  
 T2 Disparity 6.7x  
 Change ↑ 190%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

## Asthma Prevalence for Children

### Definition

Over a two-year time period, the percentage of residents, aged 5 to 19 years diagnosed with asthma.

### Why is this indicator important?

Asthma is the most common chronic disease in children.<sup>xxvii</sup> Timely and appropriate education and treatment help children and their families living with asthma learn how to manage the condition effectively.

### Provincial Key Findings

- There were 38,424 children diagnosed with asthma in T2 (2015/16-2016/17). The prevalence increased significantly by 11 percent over time.
- Rates significantly increased in all regions except Northern Health Region (non-significant increase).
- Prevalence in the Winnipeg Health Region, Prairie Mountain Health and Interlake-Eastern RHA were significantly higher than the provincial average, whilst the rates in Northern Health Region and Southern Health-Santé Sud were significantly lower.
- Asthma prevalence rates appear to be higher for children in urban settings compared to those in rural areas.
- **Income disparity:** The prevalence of asthma in children was significantly associated with income in rural areas, but less so in urban areas. In rural areas, children in higher income areas had higher rates compared to urban areas, where children in higher income areas had lower rates (this trend was only significant in the first time period). However, “this may be partly attributable to the higher rate of visits to physicians and nurse practitioners among those in urban areas.”<sup>iii</sup>



#### Urban Quintiles

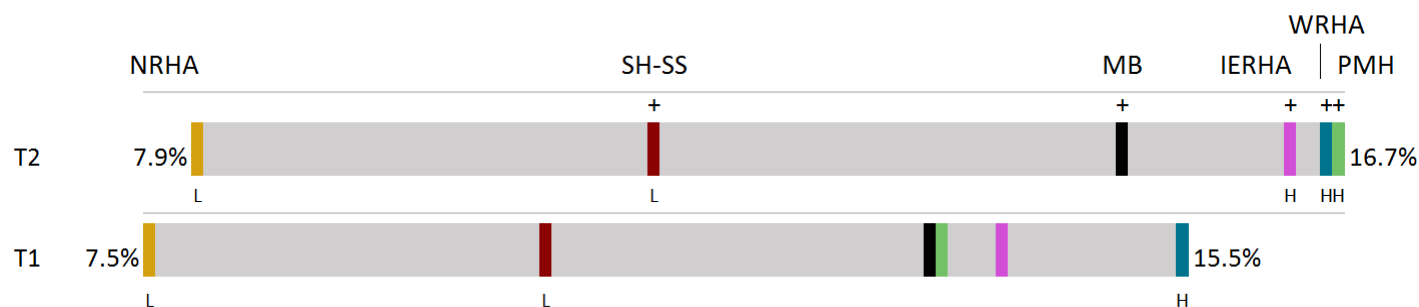
T1	1.1x
T2	1.1x
CHANGE	0.0

#### Rural Quintiles

T1	0.7x
T2	0.7x
CHANGE	0.0

**Figure 3.38 Asthma Prevalence for Children by RHA, 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents aged 5-19



	NRHA		SH-SS		MB		IERHA		WRHA		PMH	
T2 COUNT	1,680		5,085		38,424		3,738		22,037		5,325	
T2 RATE	7.9%	L	11.4%	L+	15.1%	+	16.4%	H+	16.7%	H+	16.7%	H+
T1 RATE	7.5%	L	10.6%	L	13.6%		14.1%		15.5%	H	13.7%	

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The prevalence of asthma in the Winnipeg Health Region remained significantly higher than the province and increased significantly over time (7.7%). This may be because people residing in urban areas have a higher rate of visits to physicians and nurse practitioners and therefore more opportunities for diagnosis.
- St. Boniface, Transcona, St. James Assiniboia, Seven Oaks and Point Douglas had significantly higher and increasing prevalence of asthma in children; rates in the other community areas remained stable over time.
- The asthma prevalence for children in Point Douglas South (highest) in T2 was 1.6 times higher than for children of St. Boniface West (lowest).
- The regional geographic disparity gap widened by 13 percent between the two time periods.

**Table 3.38 Asthma Prevalence for Children by Winnipeg Community Area & Neighbourhood Cluster in 2010/11-2011/12 (T1)  
and 2015/16-2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents aged 5-19

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>38,424</b>	<b>15.1</b>	<b>+</b>	<b>13.6</b>	
<b>Fort Garry</b>	<b>2,464</b>	<b>14.7</b>		<b>15.6</b>	<b>H</b>
Fort Garry South	1,554	14.2	-	16.1	H
Fort Garry North	910	15.7		15.1	
<b>Assiniboine South</b>	<b>985</b>	<b>16.7</b>		<b>15.1</b>	
<b>St. Vital</b>	<b>1,921</b>	<b>16.5</b>	<b>+</b>	<b>15.0</b>	
St. Vital South	1,188	16.4		15.2	
St. Vital North	733	16.5	+	14.6	
<b>St. Boniface</b>	<b>1,848</b>	<b>16.7</b>	<b>H+</b>	<b>15.1</b>	<b>H</b>
St. Boniface West	327	13.7		14.0	
St. Boniface East	1,521	17.5	H+	15.4	H
<b>River Heights</b>	<b>1,182</b>	<b>15.1</b>		<b>15.1</b>	
River Heights East	290	14.2		15.7	
River Heights West	892	15.4		14.9	
<b>Transcona</b>	<b>1,388</b>	<b>17.9</b>	<b>H+</b>	<b>14.8</b>	
<b>St. James-Assiniboia</b>	<b>1,618</b>	<b>17.8</b>	<b>H+</b>	<b>15.2</b>	<b>H</b>
St. James-Assiniboia East	677	16.6		15.0	
St. James-Assiniboia West	941	18.8	H+	15.4	
<b>Seven Oaks</b>	<b>2,621</b>	<b>18.4</b>	<b>H+</b>	<b>15.9</b>	<b>H</b>
Seven Oaks North	171	17.2		15.3	
Seven Oaks West	1,074	18.3	H+	15.9	H
Seven Oaks East	1,376	18.8	H+	16.1	H
<b>Winnipeg RHA</b>	<b>22,037</b>	<b>16.7</b>	<b>H+</b>	<b>15.5</b>	<b>H</b>
<b>River East</b>	<b>2,654</b>	<b>15.9</b>		<b>15.2</b>	<b>H</b>
River East East	887	15.1		15.6	H
River East West	906	15.8		14.9	
River East North	297	16.6	+	13.9	
River East South	564	16.7		16.0	H
<b>Inkster</b>	<b>1,316</b>	<b>17.0</b>	<b>H</b>	<b>16.4</b>	<b>H</b>
Inkster West	681	16.9		15.7	H
Inkster East	635	17.2		17.4	H
<b>Downtown</b>	<b>1,956</b>	<b>15.6</b>		<b>15.0</b>	<b>H</b>
Downtown East	884	15.6		15.7	H
Downtown West	1,072	15.7		14.5	
<b>Point Douglas</b>	<b>2,049</b>	<b>19.6</b>	<b>H+</b>	<b>17.8</b>	<b>H</b>
Point Douglas North	1,179	18.1	H	16.7	H
Point Douglas South	870	22.1	H+	19.8	H
<b>Churchill</b>	<b>35</b>	<b>17.1</b>		<b>17.9</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 1.4x  
T2 Disparity 1.6x  
Change ↑ 13%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Asthma Care: Controller Medication Use

### Definition

The percentage of residents (all ages) diagnosed with asthma who are receiving medication recommended for long-term control of their disease.

### Why is this indicator important?

Asthma controller medications control the inflammation in the airways and prevent asthma symptoms.<sup>xxviii</sup>

### Provincial Key Findings

- There were 25,107 Manitobans diagnosed with asthma receiving medication in 2016/17.
- The percentage of residents with asthma receiving prescriptions for long-term control in Manitoba, and amongst all regions, did not significantly change over time.
- **Income disparity:** In both urban and rural areas, residents of higher income areas had higher rates of controller medication use in both time periods. However, the trend in rural areas did not reach statistical significance in the first time period.<sup>iii</sup>



#### Urban Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

#### Rural Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

**Figure 3.39 Asthma Care by RHA, 2011/12 (T1) and 2016/17 (T2)**

Crude percentage of residents with asthma receiving at least one prescription for inhaled steroids



	PMH	SH-SS	IERHA	MB	NRHA	WRHA
T2 COUNT	3,218	2,716	2,652	25,107	1,503	14,813
T2 RATE	61.7%	62.3%	63.5%	64.3%	65.2%	65.3%
T1 RATE	62.5%	65.2%	63.3%	64.1%	66.9%	64.1%

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- There were 14,813 residents diagnosed with asthma receiving medication in T2 (2016/17). The rate of asthma care in the Region was similar to the provincial average.
- The rates in the Region remained stable over time. This stability was reflected in all community areas.
- Residents with asthma from Seven Oaks North were 1.1 times more likely to receive at least one prescription for inhaled steroids than residents of River East North in T2.
- The regional geographic disparity gap narrowed by 21 percent between the two time periods.

**Table 3.39 Asthma Care – Controller Medication Use by Winnipeg Community Area & Neighbourhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Crude percentage of residents with asthma receiving at least one prescription for inhaled steroids

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>25,107</b>	<b>64.3</b>	<b>64.1</b>	
<b>Fort Garry</b>	<b>1,195</b>	<b>67.9</b>	<b>67.2</b>	
Fort Garry North	478	67.0	66.0	
Fort Garry South	717	68.5	68.2	
<b>Assiniboine South</b>	<b>642</b>	<b>68.7</b>	<b>67.8</b>	
<b>St. Vital</b>	<b>1,176</b>	<b>63.9</b>	<b>63.6</b>	
St. Vital North	516	62.0	61.1	
St. Vital South	660	65.5	65.6	
<b>St. Boniface</b>	<b>1,096</b>	<b>64.9</b>	<b>63.1</b>	
St. Boniface West	351	64.4	59.9	
St. Boniface East	745	65.1	64.7	
<b>River Heights</b>	<b>1,095</b>	<b>67.3</b>	<b>66.5</b>	
River Heights West	661	67.2	67.8	
River Heights East	434	67.6	64.8	
<b>Transcona</b>	<b>768</b>	<b>65.2</b>	<b>64.8</b>	
<b>St. James-Assiniboia</b>	<b>1,242</b>	<b>66.0</b>	<b>66.1</b>	
St. James-Assiniboia West	647	64.7	67.4	
St. James-Assiniboia East	595	67.5	64.6	
<b>Seven Oaks</b>	<b>1,386</b>	<b>65.5</b>	<b>61.5</b>	
Seven Oaks West	462	64.0	62.8	
Seven Oaks East	818	65.8	60.7	
Seven Oaks North	106	70.2	61.9	
<b>Winnipeg RHA</b>	<b>14,813</b>	<b>65.3</b>	<b>64.1</b>	
<b>River East</b>	<b>1,935</b>	<b>63.2</b>	<b>63.4</b>	
River East North	118	61.8	64.8	
River East East	538	62.0	63.3	
River East West	795	63.8	62.2	
River East South	484	63.9	65.0	
<b>Inkster</b>	<b>708</b>	<b>63.2</b>	<b>60.1</b>	
Inkster East	424	62.2	58.3	
Inkster West	284	64.8	62.8	
<b>Downtown</b>	<b>1,906</b>	<b>63.7</b>	<b>61.0</b>	
Downtown East	1,002	62.4	61.6	
Downtown West	904	65.2	60.2	
<b>Point Douglas</b>	<b>1,631</b>	<b>66.7</b>	<b>65.9</b>	
Point Douglas North	823	65.1	64.7	
Point Douglas South	808	68.4	67.2	
<b>Churchill</b>	<b>33</b>	<b>66.0</b>	<b>83.3</b>	

**WRHA Geographic Disparity Ratio**



T1 Disparity 1.4x  
T2 Disparity 1.1x  
Change ↓ 21%

Source: MCHP RHA Indicators Atlas 2019

# *Sexually-Transmitted and Blood Borne Infections (STBBIs)*

## Chlamydia

### Definition

The number of reported cases of chlamydia per 100,000 population (all ages), including co-infections.

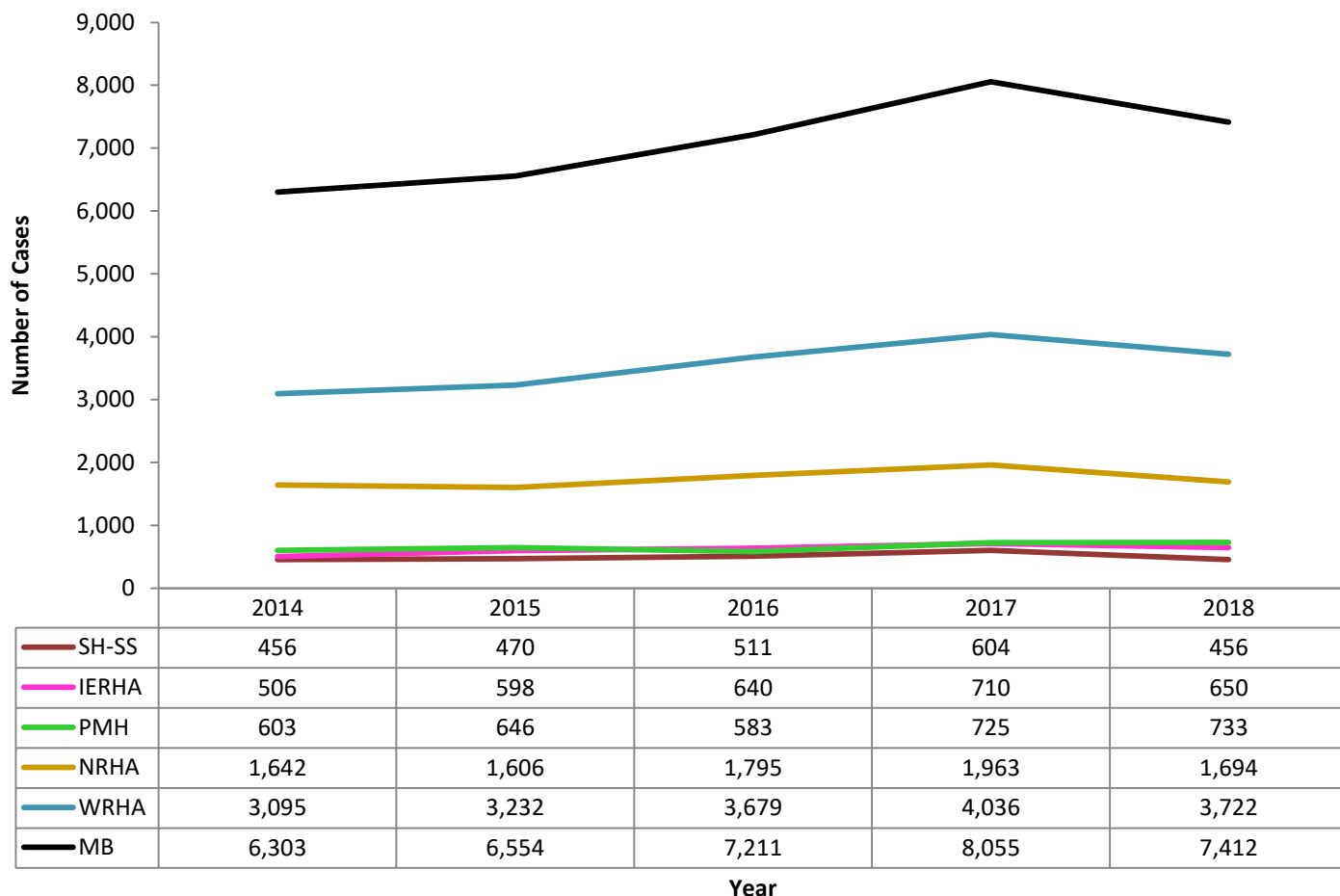
### Why is this indicator important?

Chlamydia is the most common bacterial sexually transmitted infection (STI). Symptoms usually begin two to six weeks after infection but are often overlooked. Left untreated, chlamydia can lead to painful health problems and infertility. It can also be transmitted from mother to child during childbirth. Timely access to health information, and early diagnoses and treatment, help to prevent many complications associated with this infection.

### Provincial Key Findings

- In 2018, a total of 7,412 chlamydia infections were reported in Manitoba. This case count corresponds to a crude rate of 544.8 cases per 100,000 population.
- The crude rates of reported chlamydial infections increased from 482.5 to 544.8 cases per 100,000 population from 2014 to 2018.
- **Age and Sex:** Generally, the rate of chlamydia was much higher among females than males with peaks in the 20 to 24 year-old age group for both females and males. The highest rates were observed among those in the 20 to 24 and 25 to 34 year-old age groups. The higher rates of chlamydia among females may be due to screening (females are more likely to get screened compared to males) and the fact that chlamydia is more likely to be asymptomatic (compared to gonorrhea).
- Southern Health-Santé Sud had a lower incidence rate of chlamydia; while the Northern Health Region had a considerably higher incidence rate than the rest of the province. The smaller population of Northern Health Region and screening practices used may be contributing to higher rates.

Figure 3.40 Number of reported laboratory-confirmed chlamydia cases in Manitoba, including co-infections, by RHA for 2014 to 2018



NOTE: 1. Counts as of August 29, 2019  
2. Data should be interpreted with caution as cases may be underestimated because epiView is constantly under development and review.

Source: IMA MHSAL 2019

## Regional Key Findings

- In 2018, a total of 3,722 chlamydia infections were reported in the Region, corresponding to a crude rate of 478.3 cases per 100,000 population.
- Females accounted for the majority of chlamydia infections from 2014 to 2018. However, infections among males rose faster during this time period.
- For more information on STBBIs, please see [“A Closer Look at STBBIs in the Region”](#).

### Gonorrhea

#### Definition

The number of reported cases of gonorrhea per 100,000 population (all ages), including co-infections.

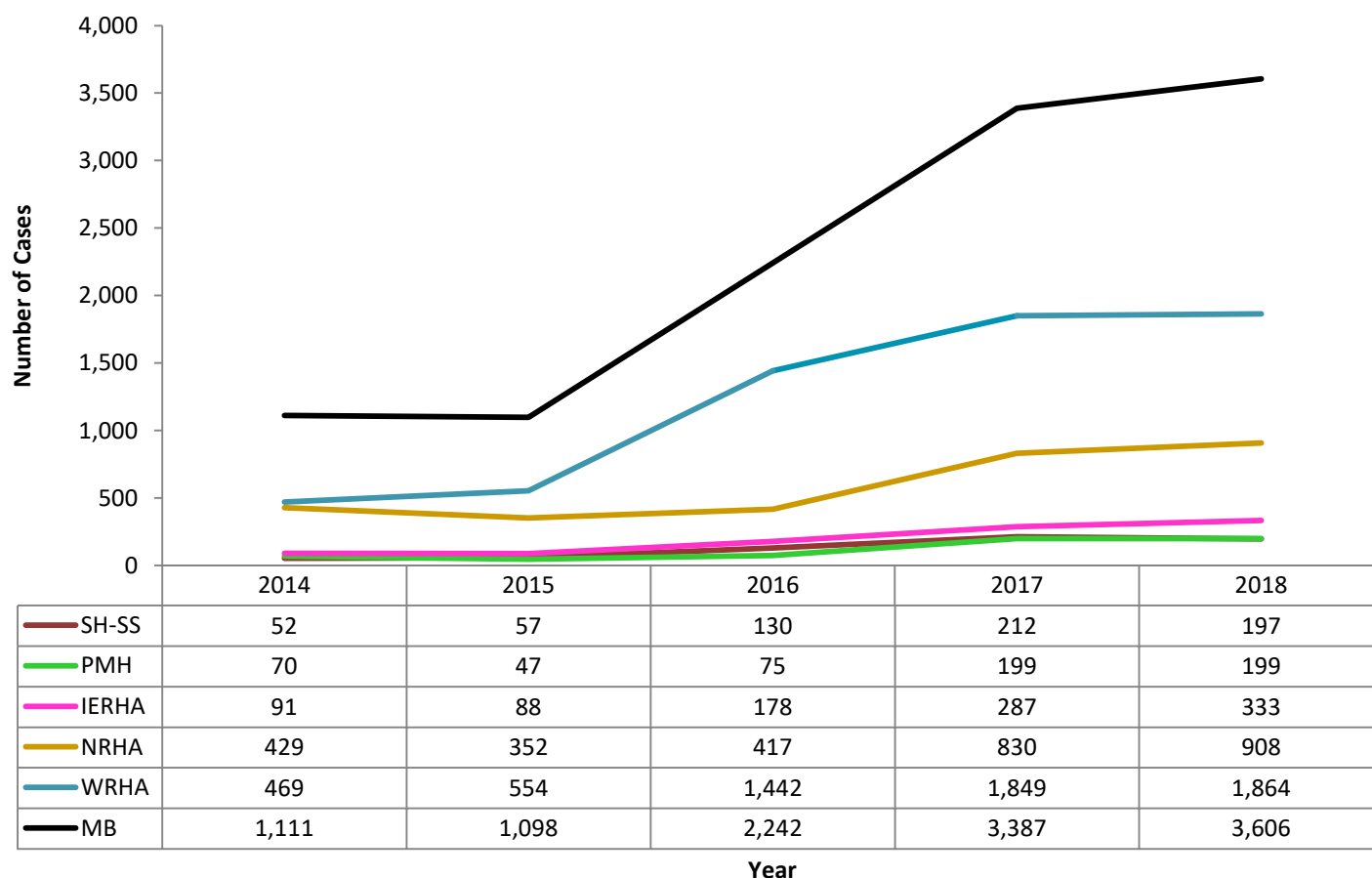
#### Why is this indicator important?

Gonorrhea, commonly referred to as the 'Clap', is on the rise in Canada and can cause very serious complications when left untreated. Gonorrhea can be cured with the right medication; however it is becoming increasingly resistant to antibiotics. Gonorrhea can lead to pelvic inflammatory disease in women and infertility in both women and men. Understanding gonorrhea incidence helps to plan public awareness campaigns to promote safer sex and regular screening. Timely access to early diagnoses and treatment will prevent many complications associated with this infection.

#### Provincial Key Findings

- In 2018, a total of 3,606 gonorrhea infections were reported in Manitoba, yielding a rate of 265 cases per 100,000 population.
- During 2014 and 2015, the rate of reported gonorrhea infection remained stable around 85 cases per 100,000 population. After 2015, the rate of reported cases increased considerably from 83.2 to 265 cases per 100,000 population.
- **Age and Sex:** Generally, the incidence of gonorrhea was higher among females compared to males, and in particular in the 25 to 34 age group.
- The Prairie Mountain Health and Southern Health-Santé Sud regions had lower incidence rates of gonorrhea infections; while the Northern Health Region had a considerably higher incidence rate than the rest of the province.

**Figure 3.41** Number of reported laboratory-confirmed gonorrhea cases in Manitoba, including co-infections, by RHA for 2014 to 2018



NOTE: 1. Counts as of August 29, 2019  
2. Data should be interpreted with caution as cases may be underestimated because epiView is constantly under development and review.

Source: IMA MHSAL 2019

## Regional Key Findings

- In 2018, a total of 1,864 cases of gonorrhea were reported in the Region, corresponding to a rate of 239.5 cases per 100,000 population (all ages).
- During 2014 and 2015, the rate of reported gonorrhea infection increased slightly. However, after 2015, the rate of reported cases increased considerably from 73.4 to 239.5 cases per 100,000 population.
- Generally, the number of reported cases in 2018 was higher among females compared to males, and in particular in the 20-34 age group.
- For more information on STBBIs, please see [“A Closer Look at STBBIs in the Region”](#).

## Human Immunodeficiency Virus (HIV) Rates

### Definition

The rate of new HIV cases reported per 100,000 population.

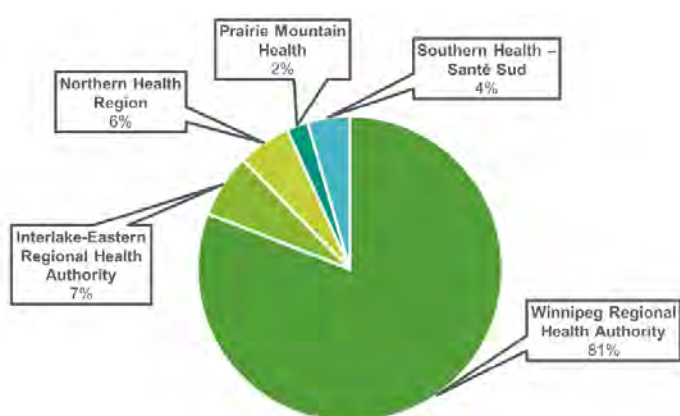
### Why is this indicator important?

HIV is a retrovirus that attacks the immune system and can cause a number of serious health problems and opportunistic infections. It is most commonly transmitted through sexual activity and sharing of needles and drug equipment. Timely access to early diagnoses and treatment helps people with HIV live longer, healthier lives and reduces the risk of HIV transmission. HIV is a measure of equity because vulnerable populations and those living in poverty are disproportionately at risk. Understanding HIV incidence helps to plan public awareness campaigns to promote safer sex and drug use, and allocate resources to support appropriate access to testing and treatment.

### Provincial Key Findings

- There were 89 new positive HIV cases reported in 2017. This is a decrease of 20 cases compared to the 109 new HIV cases in 2016. Of the 89 new positive HIV cases, 64 were diagnosed in Manitoba, and 25 were introduced into Manitoba from other provinces or countries.
- In 2017, 67 percent of all cases were male and 33 percent were female. The average age of female cases was 36 years, and the average age of male cases was 39 years.
- The majority of new HIV cases (81% or 72 cases) reported residence in the Winnipeg Health Region, with six or fewer infections arising in each of the other Regional Health Authorities.
- The Manitoba rate was roughly equivalent to the national rate (6.6 cases per 100,000 population vs. 6.5 cases per 100,000 population, respectively).

Figure 3.42 Proportion (%) of new HIV cases in Manitoba by RHA, 2017



Click [here](#) learn more about HIV in Manitoba.

Source: IMA MHSAL 2019

### Syphilis Rates

#### Definition

The number of reported cases of syphilis per 100,000 population (all ages), including co-infections.

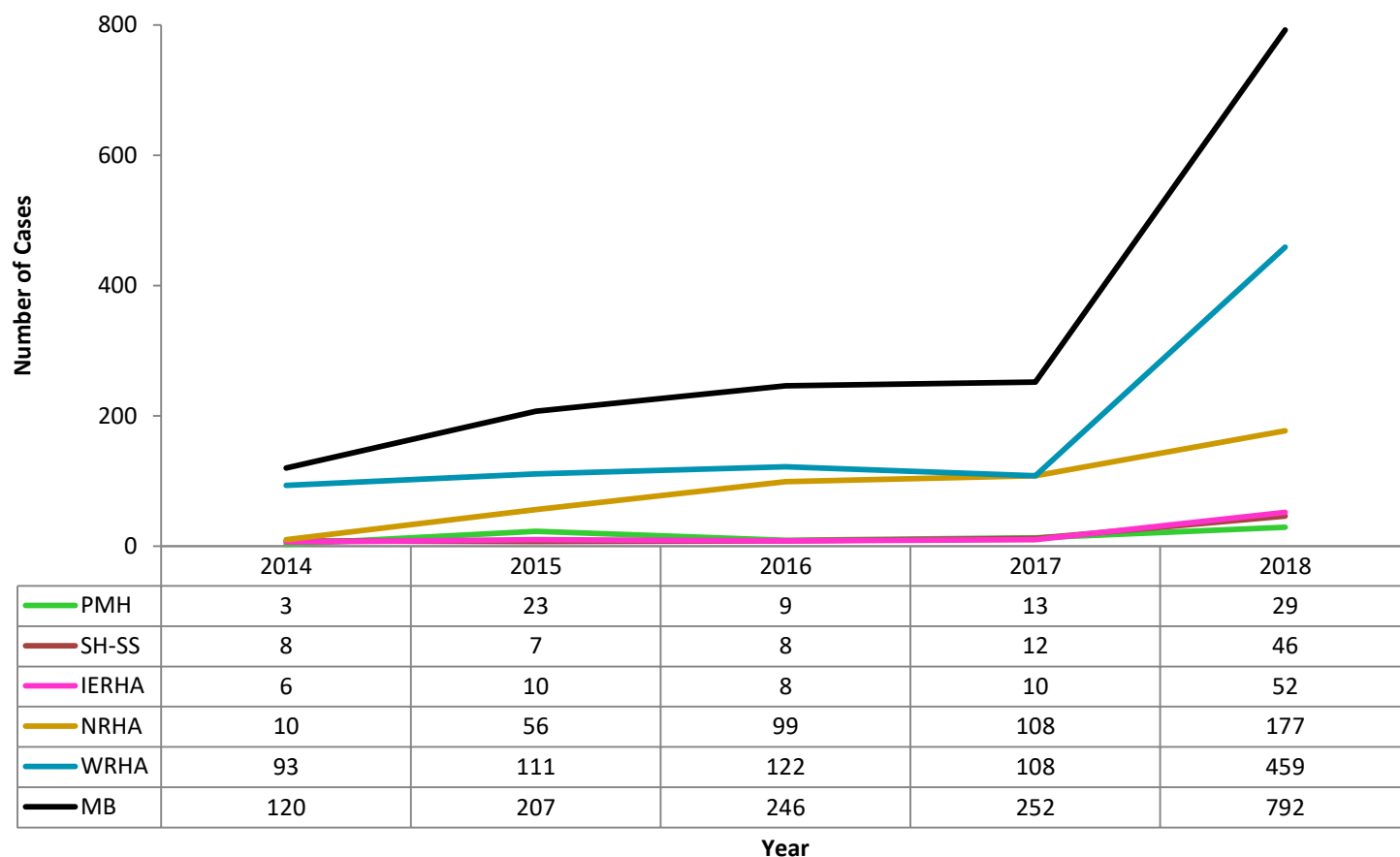
#### Why is this indicator important?

Syphilis is a bacterial infection, usually spread by sexual contact. It can have very serious complications if left untreated, but it is simple to cure with the right treatment. Manitoba has seen clustered outbreaks of this infection in recent years. Timely access to health information, and early diagnoses and treatment, will help prevent many complications associated with this infection.

#### Provincial Key Findings

- Syphilis infection rates have increased dramatically in Manitoba, from 9.2 cases per 100,000 population in 2014 to 58.2 cases per 100,000 population in 2018 (corresponding to 792 reported syphilis infections in 2018).
- The Northern Health Region had a considerably higher incidence rate than the other RHAs.
- **Age and Sex:** The majority of infectious syphilis cases were reported in males, with the highest incidence in the age group of 20-29.
- NOTE: Data should be interpreted with caution due to small numbers of cases in early years.

**Figure 3.43 Number of reported laboratory-confirmed infectious syphilis cases in Manitoba, including co-infections, by RHA for 2014 to 2018**



NOTE: 1. Counts as of August 29, 2019  
 2. Data should be interpreted with caution due to small numbers of cases in early years and cases may be underestimated because epiView is constantly under development and review.

Source: IMA MHSAL 2019

## Regional Key Findings

- The Winnipeg Health Region experienced an unprecedented spike in syphilis infection rates in 2018; a total of 459 syphilis infections were reported in the Region, mainly in males (55.4%), among whom the rate was 64.2 per 100,000, versus 50.1 per 100,000 for females.
- The rate of syphilis in 2018 was four times higher than it was in 2017 due to a syphilis outbreak. The majority of syphilis infections were in individuals aged 20-39 years.
- From 2014 to 2018, the rate of reported syphilis infections increased dramatically from 12.5 to 59 cases per 100,000 population.
- For more information on STBBIs, please see [“A Closer Look at STBBIs in the Region”](#).



## A CLOSER LOOK AT SEXUALLY TRANSMITTED BLOODBORNE INFECTIONS (STBBIs) IN THE REGION

The Winnipeg Health Region experienced unprecedented rates of infectious syphilis in 2018. Over 120 cases of syphilis were encountered in the first six months of 2018, and 459 cases were encountered by the end of the year—a total that is more than quadruple the number of cases encountered in previous year. However, the number of cases captured by epiView is known to be an underestimation of the infectious syphilis burden in the Winnipeg Health Region and more work needs to be done to reconcile the numbers reported by epiView compared to the WRHA's Infectious Syphilis Surveillance Database. The majority of cases seen in the outbreak are transmission from unprotected heterosexual sex, with a possibility that some transmissions may also occur through shared needles.

The Winnipeg Health Region is also concerned about the rise in other STI and hepatitis infections, and has been carefully monitoring gonorrhea, chlamydia, hepatitis C and HIV.

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## **CHAPTER 4:**

# **HOW WELL DOES OUR HEALTH SYSTEM MEET THE POPULATION'S NEEDS? WINNIPEG HEALTH REGION**

## Tables and Figures

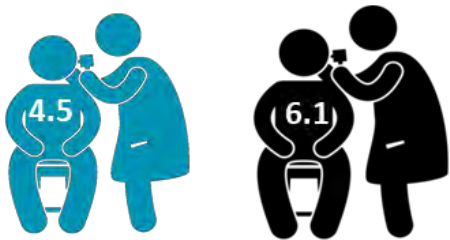
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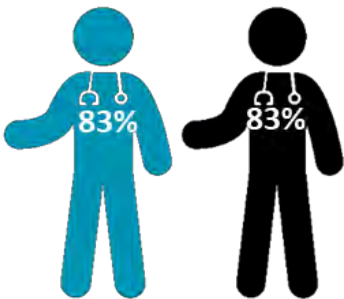
# AT A Glance: How Does our Health System Meet Population Needs?

Winnipeg Health Region      Manitoba

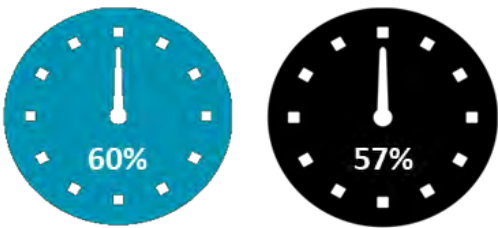
Ambulatory Care Sensitive Conditions  
(hospitalization rate per 1,000 residents for conditions better-suited for primary care)



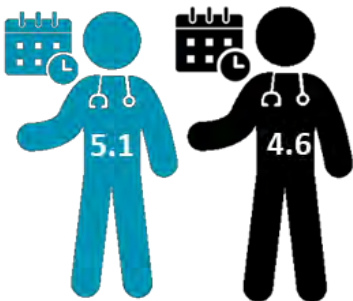
Access to a Regular Health Care Provider  
(based on % of population age 12 and over)



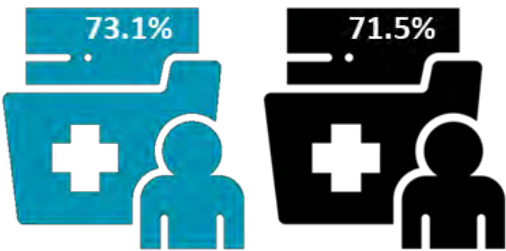
Wait Time of 3 Days or Less to Receive Care for Minor Health Problem



Ambulatory Visits  
(rate of visits to physician/nurse practitioner per resident, per year)



Majority of Care by Same Physician  
(% of residents with more than 50% of their visits from the same physician)



Hospital Use  
(% of residents with at least one inpatient hospital stay per year)



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## Chapter 4 Key Findings

This chapter includes indicators that provide an overview of the healthcare system and how well it is performing, focusing specifically on the utilization of resources. In an attempt to answer the question of how well the system is meeting the needs of residents, this chapter will look at health system indicators related to:

- Primary health care;
- Acute care;
- Home care; and,
- Personal care homes.

These indicators provide important health policy and planning information to determine whether adjustments to service provision are needed. They also help identify aspects of a region's healthcare system that require more resources or a more targeted use of existing resources by determining the timeliness of service, whether residents can get the care they need locally and by presenting information on how coordinated the health system is. These insights help ensure patients get the right care, at the right place and at the right time.

### Primary Health Care

- Overall, the percentage of residents in the Region who visited a physician or nurse practitioner in the community setting at least once in a fiscal year remained constant over time at 81 percent in 2016/17.
- However, according to the 2015-2016 Canadian Community Health Survey, about 17 percent of the Region's respondents had no access to a regular primary care provider. The most common reasons cited were they either did not need to have a regular provider, or their provider had left/retired.
- Continuity of care (having one consistent healthcare provider) decreased in all of the Region's community areas in the 2015/16-2016/17 time period except St. James-Assiniboia, but the decrease was only significant in Transcona, Seven Oaks, Inkster and Churchill. Continuity of care also decreased significantly in several neighbourhood clusters (e.g., Fort Garry North, River Heights West, Seven Oaks East, Inkster West, Inkster East and Point Douglas North). Having one consistent healthcare provider has health benefits for patients as it allows for a stronger patient-healthcare provider relationship and correlates with better health outcomes, improved patient satisfaction and fewer hospitalizations<sup>1</sup>.
- There was a wide range of hospitalization rates for ambulatory care sensitive conditions (ACSC) (e.g., asthma, diabetes, mental illness) across the Region's neighbourhood clusters in 2016/17, although the overall Regional rate was the lowest in the province. While not all hospital admissions for ACSC can be avoided, appropriate care in the community (e.g., primary health care) can help prevent hospital admissions for many illnesses and chronic diseases. Higher ACSC hospitalization rates in some neighbourhood clusters (usually found in socially disadvantaged areas) in the Region may be related to client difficulty accessing primary health care and having poorer health than the general population (e.g., having multiple co-morbidities).
- More information on primary health care can be found in the "[A Closer Look at Primary Health Care in Churchill](#)" section of this chapter.

## Acute Care

- Overall there has been a decrease in the percentage of residents who were admitted to hospitals between 2011/12 and 2016/17 in the Region, although it was not statistically significant.
- The vast majority (98%) of hospitalizations for residents of the Region occurred within the Region in 2016/17, presumably because people residing in the city of Winnipeg or near the city (Rural Municipalities of East and West St. Paul, which are part of the WRHA) have access to multiple local hospitals and specialist services.
- Winnipeg has a unique profile of hospital services, with many services and procedures in Manitoba only available in the city's hospitals. Access to these services and care is open to all Manitoba residents as well as residents from western Ontario and Nunavut.
- More information on recent changes to acute care services in the Region can be found in "[A Closer Look at Acute Care in the Region](#)".

## Home Care and Personal Care Homes

- In the 2013/14-2014/15 time period, over 26,700 of the Region's residents received at least one home care service. Investments in home care services in the Region can allow residents to remain in their own homes and in the community for as long as possible and can reduce the use of both hospital services and personal care home beds. In the WRHA, Priority Home aims to provide additional home care supports to clients to help them remain safely in the community. More information on Priority Home can be found in "[A Closer Look at Home Care and Personal Care Homes](#)" in this chapter.
- The percentage of older adults in the Region living in personal care homes (PCHs) decreased between 2010/11-2011/12 and 2015/16-2016/17, while the level of care PCH residents required at the time of admission increased over time. However, neither of these changes were statistically significant.
- There was a significant decrease in the percentage of older adults in personal care homes who were overprescribed benzodiazepines (e.g., had at least two prescriptions for benzodiazepines, or at least one prescription for benzodiazepine dispensed with more than a 30-day supply) between 2010/11-2011/12 and 2015/16-2016/17. Benzodiazepines are sedatives used to treat a variety of conditions such as seizures, anxiety and insomnia. Older adults in personal care homes may also be prescribed benzodiazepines to manage behaviours associated with dementia, however this practice may put them at risk for dependence, overdose and injuries from oversedation.<sup>ii</sup>

## Health disparities across income and geographic dimensions

- The **income disparity rate ratio** measures inequity in the distribution of health events between the highest income areas and the lowest income areas in accordance with income quintiles. Hospitalization for ambulatory care sensitive conditions (ACSC) among urban residents of the lowest income areas was 4.2 times higher than residents of the highest income areas. For rural residents, hospitalization for ACSC was 3.7 times higher for the lowest income residents than residents of the highest income areas. Residents of the lowest income urban areas in the province had 3.1 times more hospital days designated as alternate level of care and their use of home care services was 2.3 times higher than residents of the highest income areas. Moreover, the income disparity gap widened over time for the above two indicators.

- 
- The **geographic disparity rate ratio** measures the difference in health care utilization and access across community areas and neighborhood clusters by comparing areas with the highest rate of utilization and access to primary health care (or other types of care) to areas with lower rates. Regarding the average number of visits to physicians/nurse practitioners per resident in 2016/2017, the gap between the highest and lowest utilization areas narrowed by one percent. In the same year, the gap also narrowed for the ACSC hospitalization rate by 57 percent between these areas.

### Note about Churchill

- Churchill's population is quite small. Because of its size, small numbers of events can sometimes cause large differences in rates. Therefore, data for Churchill should be interpreted with caution. In addition, the use of primary health care services in Churchill is likely to be under-reported due to billing practices used by Churchill physicians. The physicians in Churchill are salaried and submit claims (shadow billings) for administrative purposes only. The primary care services they provide are not captured by the medical claims database.
- The disparity rate calculations in the Primary Health Care section of this chapter exclude Churchill because of this under-reporting. The rate calculation includes all remaining neighbourhood clusters in Winnipeg.

# Primary Health Care

## Use of Physicians and Nurse Practitioners

### Definition

The percentage of residents who received at least one ambulatory visit in a fiscal year. Ambulatory visits include all contact with physicians and nurse practitioners, except during inpatient hospitalization and emergency department visits.

### Why is this indicator important?

Regular examinations and consultations are important to help identify risk factors and problems before they become serious. When conditions are identified early, treatments are usually much more effective.

Understanding how many people see a physician or nurse practitioner may help to identify access barriers to services and captures the effectiveness of the primary health care system.

### Provincial Key Findings

- In 2016/17 (T2), 78.7 percent of Manitoba residents saw a physician or nurse practitioner at least once.
- The proportion of Manitobans with at least one ambulatory visit in a year slightly decreased over time, but the change was not statistically significant. This trend was observed across all regions.
- The rate calculated for residents in Northern Health Region was significantly lower than the provincial average in both time periods. However, many residents in Northern Health Region receive their primary care from nurses in local nursing stations. Therefore, those visit records are not captured in the medical claims data system.
- **Income disparity:** Use of physicians and nurse practitioners was significantly related to income in rural areas in T2 (2016/17).<sup>iii</sup> The percentage of residents with at least one visit was lower among residents of the lowest income areas. In urban settings, use of physicians and nurse practitioners was not significantly related to income.

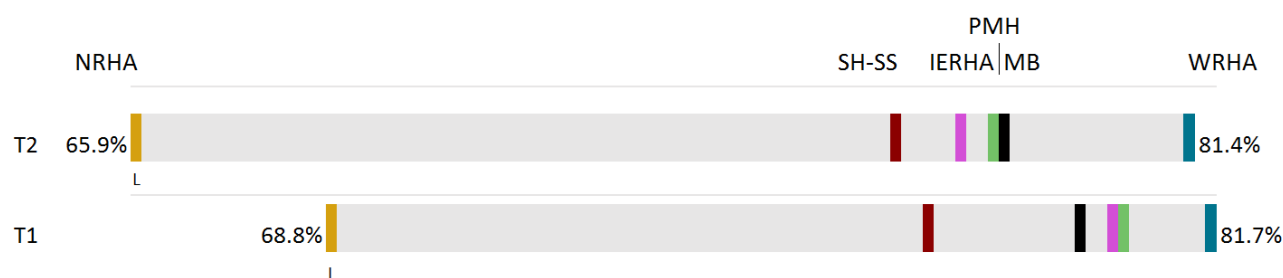


#### Rural Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

**Figure 4.1 Use of Physicians and Nurse Practitioners by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted percentage of residents with at least one ambulatory visit per year (to any physician)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

	NRHA		SH-SS		IERHA		PMH		MB		WRHA	
T2 COUNT	47,460		149,798		101,307		135,770		1,072,087		636,040	
T2 RATE	65.9%	L	77.2%		78.1%		78.6%		78.7%		81.4%	
T1 RATE	68.8%	L	77.6%		80.2%		80.3%		79.9%		81.7%	

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The percentage of the Region's residents with at least one ambulatory visit in a year was higher than the provincial average in both time periods, but the difference was not statistically significant.
- The Regional percentage of residents who received at least one ambulatory visit in a fiscal year remained relatively stable over time.
- The percentage of St. Boniface East residents (highest in Winnipeg) with at least one ambulatory visit in T2 was 1.1 times higher than that of residents of Inkster West (lowest in Winnipeg) in T2.
- The geographic disparity in Winnipeg remained stable between T1 and T2 (1.1x).
- For more information on primary care in Churchill, please see ["A Closer Look at Primary Care in Churchill"](#).

**Table 4.1 Use of Physicians and Nurse Practitioners by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted percentage of residents with at least one ambulatory visit per year (to any physician)

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>1,072,087</b>	<b>78.7</b>	<b>79.9</b>	
<b>Fort Garry</b>	<b>75,223</b>	<b>81.0</b>	<b>81.1</b>	
Fort Garry North	29,138	81.6	82.1	
Fort Garry South	46,085	80.0	79.7	
<b>Assiniboine South</b>	<b>31,511</b>	<b>82.7</b>	<b>83.3</b>	
<b>St. Vital</b>	<b>60,569</b>	<b>83.0</b>	<b>84.0</b>	
St. Vital South	36,477	82.8	83.2	
St. Vital North	24,092	82.3	83.9	
<b>St. Boniface</b>	<b>52,982</b>	<b>82.7</b>	<b>83.2</b>	
St. Boniface East	39,374	83.5	82.9	
St. Boniface West	13,608	79.4	82.2	
<b>River Heights</b>	<b>49,670</b>	<b>82.0</b>	<b>82.5</b>	
River Heights West	32,165	81.9	82.4	
River Heights East	17,505	80.4	81.1	
<b>Transcona</b>	<b>32,705</b>	<b>81.9</b>	<b>81.9</b>	
<b>St. James-Assiniboia</b>	<b>51,849</b>	<b>83.5</b>	<b>83.2</b>	
St. James-Assiniboia East	23,670	83.0	82.4	
St. James-Assiniboia West	28,179	82.7	82.9	
<b>Seven Oaks</b>	<b>64,925</b>	<b>81.8</b>	<b>80.7</b>	
Seven Oaks East	35,573	82.1	81.5	
Seven Oaks West	24,856	81.2	78.9	
Seven Oaks North	4,496	80.6	80.2	
<b>Winnipeg RHA</b>	<b>636,040</b>	<b>81.4</b>	<b>81.7</b>	
<b>River East</b>	<b>84,430</b>	<b>82.1</b>	<b>81.0</b>	
River East East	26,738	82.2	80.9	
River East West	33,925	81.6	80.6	
River East South	15,451	80.8	78.9	
River East North	8,316	80.7	80.6	
<b>Inkster</b>	<b>29,743</b>	<b>78.0</b>	<b>77.2</b>	
Inkster East	13,318	79.6	77.9	
Inkster West	16,425	77.6	76.9	
<b>Downtown</b>	<b>62,435</b>	<b>80.3</b>	<b>79.1</b>	
Downtown East	30,485	82.9	80.5	
Downtown West	31,950	78.6	78.2	
<b>Point Douglas</b>	<b>39,667</b>	<b>80.8</b>	<b>80.1</b>	
Point Douglas South	14,161	81.5	79.9	
Point Douglas North	25,506	80.2	79.8	
<b>Churchill</b>	<b>331</b>	<b>32.5</b>	<b>L- 80.0</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 1.1x  
T2 Disparity 1.1x  
Change 0%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Note: Rate in Churchill in T2 was underestimated due to lack of shadow billing in the medical claims.

Source: MCHP RHA Indicators Atlas 2019

### Average Number of Ambulatory Visits to Physicians and Nurse Practitioners

#### Definition

The average number of visits to physicians and nurse practitioners per resident in a given year. Ambulatory visits include all contact with physicians and nurse practitioners: office visits, walk-in clinics, home visits, personal care home visits, visits to outpatient departments and prenatal visits. Exclusions include inpatient hospitalization and emergency department visits.

#### Why is this indicator important?

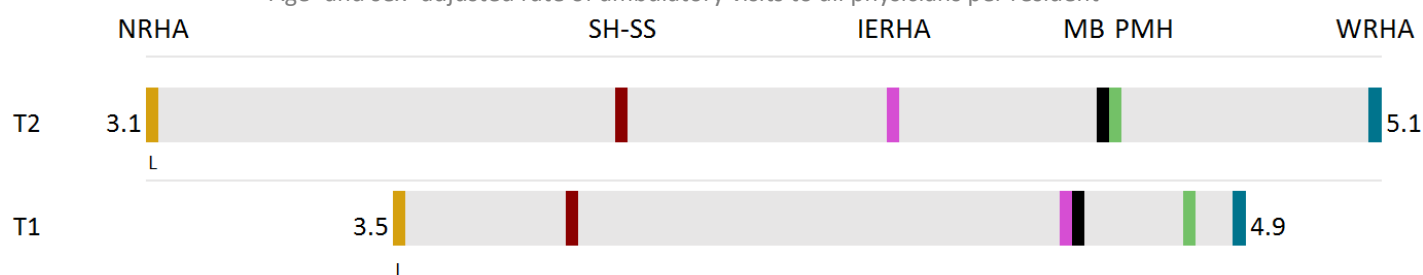
Ambulatory visit rates may reveal issues related to access to primary care, and how well the healthcare system manages ongoing care for patients outside the hospital setting, especially for individuals living with a chronic condition(s). This measure provides insight into whether a region is moving towards a primary care centred model that focuses on appropriate resources and supports in the community setting while reducing unnecessary hospitalizations.

#### Provincial Key Findings

- There was an average of 5 visits to physicians and nurse practitioners per Manitoba resident in T2 (2016/17). The rate of visits in Manitoba remained stable over time, and only Northern Health Region was significantly lower compared to the province.
- Winnipeg Health Region and Southern Health-Santé Sud experienced small rate increases while other regions had small rate decreases, but none of the changes were statistically significant.
- The most frequent reasons for ambulatory visits in T2 were: circulatory (10.1%); health status and contact (9.5%); respiratory (9.4%); mental illness (9.4%); and musculoskeletal (8.7%).
- The most frequent causes for ambulatory visits varied across the regions.

**Figure 4.2 Ambulatory Visit Rate by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted rate of ambulatory visits to all physicians per resident



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		SH-SS		IERHA		MB		PMH		WRHA	
T2 COUNT	208,501		747,581		573,982		6,299,699		821,641		3,936,761	
T2 RATE	3.1	L	3.9		4.3		4.6		4.6		5.1	
T1 RATE	3.5	L	3.8		4.6		4.6		4.8		4.9	

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The number of physician and nurse practitioner visits per resident in the Region appeared slightly higher than the provincial average in both time periods but the differences were not statistically significant.
- Point Douglas South residents had a significantly higher number of visits to physicians and nurse practitioners than the provincial average in both time periods.
- Residents in Point Douglas South (highest) had 1.4 more physician and nurse practitioner visits than residents of Inkster West (lowest) in T2 (2016/17).
- The geographic disparity gap in Winnipeg narrowed by one percent over time.
- The most frequent reasons for physician and nurse practitioner visits in T2 (2016/17) were: health status and contact (10.3%); mental illness (10.2%); circulatory (9.9%); respiratory (9.5%); and musculoskeletal (8.3%).
- The most frequent reasons for ambulatory visits remained the same between T1 (2011/12) and T2 (2016/17); however, the order they were ranked changed.

**Table 4.2 Ambulatory Visits by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted average number of ambulatory visits to all physicians per resident

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>6,299,699</b>	<b>4.6</b>		<b>4.6</b>	

<b>Fort Garry</b>	<b>443,045</b>	<b>4.9</b>		<b>4.7</b>	
Fort Garry North	178,465	4.9		4.8	
Fort Garry South	264,580	4.9		4.7	

<b>Assiniboine South</b>	<b>205,549</b>	<b>5.1</b>		<b>5.1</b>	
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<b>St. Vital</b>	<b>391,528</b>	<b>5.3</b>		<b>5.1</b>	
St. Vital North	157,874	5.3		5.1	
St. Vital South	233,654	5.3		5.1	

<b>St. Boniface</b>	<b>322,670</b>	<b>5.0</b>		<b>5.0</b>	
St. Boniface East	235,638	5.0		4.9	
St. Boniface West	87,032	4.9		5.1	

<b>River Heights</b>	<b>314,857</b>	<b>5.1</b>		<b>5.0</b>	
River Heights East	114,005	5.2		5.2	
River Heights West	200,852	5.1		4.9	

<b>Transcona</b>	<b>197,722</b>	<b>5.1</b>		<b>4.5</b>	
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<b>St. James-Assiniboia</b>	<b>335,286</b>	<b>5.2</b>		<b>5.1</b>	
St. James-Assiniboia West	183,650	5.2		5.1	
St. James-Assiniboia East	151,636	5.2		5.1	

<b>Seven Oaks</b>	<b>399,483</b>	<b>5.1</b>		<b>4.7</b>	
Seven Oaks East	222,617	5.1		4.8	
Seven Oaks West	149,905	5.0		4.4	
Seven Oaks North	26,961	4.9		4.6	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>3,936,761</b>	<b>5.1</b>		<b>4.9</b>	

<b>River East</b>	<b>515,047</b>	<b>4.9</b>		<b>4.5</b>	
River East South	93,812	5.1		4.6	
River East East	161,388	5.0		4.5	
River East West	213,314	4.8		4.5	
River East North	46,533	4.5		4.2	

<b>Inkster</b>	<b>172,228</b>	<b>4.6</b>		<b>4.3</b>	
Inkster East	78,079	4.8		4.6	
Inkster West	94,149	4.4		3.9	

<b>Downtown</b>	<b>391,447</b>	<b>5.1</b>		<b>4.9</b>	
Downtown East	202,989	5.6		5.4	
Downtown West	188,458	4.7		4.5	

<b>Point Douglas</b>	<b>246,985</b>	<b>5.4</b>		<b>5.3</b>	
Point Douglas South	97,306	6.1	H	6.1	H
Point Douglas North	149,679	4.9		4.8	

<b>Churchill</b>	<b>914</b>	<b>0.9</b>	<b>L-</b>	<b>4.8</b>	
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## WRHA Geographic Disparity Ratio



T1 Disparity 1.5x  
T2 Disparity 1.4x  
Change ↓1%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Note: Rate in Churchill in T2 was underestimated due to lack of shadow billing in the medical claims.

Source: MCHP RHA Indicators Atlas 2019

**Table 4.3 Most Frequent Causes of Ambulatory Visits for Winnipeg Health Region in 2011/12 (T1) and 2016/17 (T2)**

Causes	T2 Count	T2 Rate	T1 Rate
Health status and contact <sup>1</sup>	406,606	10.3%	10.4%
Mental illness	403,433	10.2%	10.8%
Circulatory	388,154	9.9%	8.8%
Respiratory	374,329	9.5%	9.1%
Musculoskeletal	327,434	8.3%	9.1%
Ill-defined conditions <sup>2</sup>	320,735	8.1%	8.1%
Endocrine and metabolic	284,138	7.2%	6.4%
Nervous system	278,211	7.1%	7.4%
Skin disorders	209,536	5.3%	5.3%
Genitourinary and Breast	207,286	5.3%	5.6%
Injury and poisoning	169,096	4.3%	4.6%
All others	569,321	14.5%	14.4%

Source: MCHP RHA Indicators Atlas 2019

<sup>1</sup> **Health Status:** The majority of visits in this category were for general physical examinations, but also included other issues such as well-baby care, contraceptive management and other examinations. For these visits, patients were usually not presenting for a problem related to a specific disease or condition.

<sup>2</sup> **Ill-defined conditions:** The majority of visits in this category were for chest and respiratory symptoms, abdominal and pelvic symptoms and general symptoms. The majority of patients were experiencing a specific problem but it could not be assigned to a specific disease category.

### Location Visits to Physicians or Nurse Practitioner

#### Definition

The percentage of visits by residents of each RHA to general or family physicians or nurse practitioners: within the patient's RHA district, elsewhere in their RHA, in another RHA or in Winnipeg.

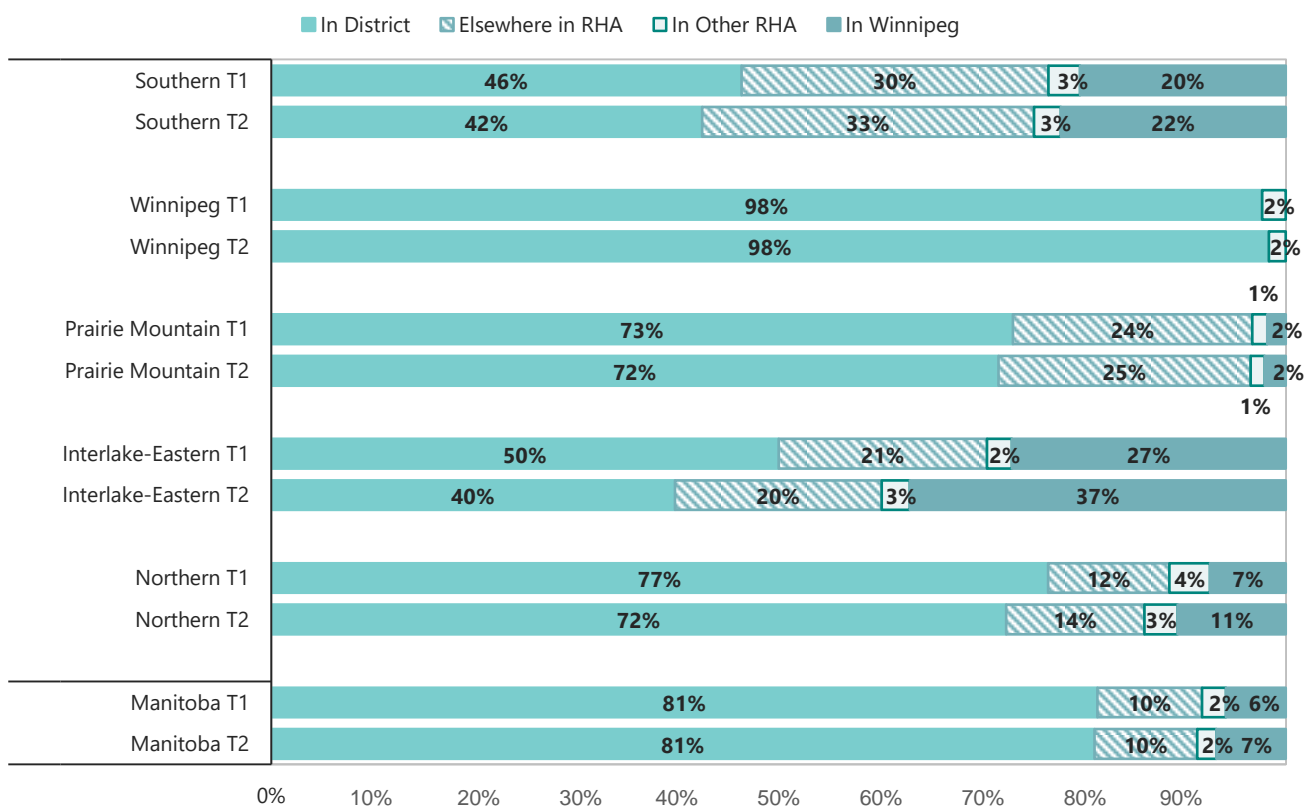
#### Why is this indicator important?

Where residents access primary care provides valuable insight regarding challenges related to availability and accessibility of services, which helps in appropriately planning and allocating resources.

#### Provincial and Regional Key Findings

- The location of visits to physicians or nurse practitioners (care providers) in Manitoba was stable between T1 and T2. More than 80 percent of all visits to these care providers occurred in the district where the resident lived in both time periods.
- In T2 (2016/17), the location of visits to care providers varied dramatically across all RHAs. Over 98 percent of visits for Winnipeg Health Region residents occurred within the Winnipeg Health Region; while residents in Southern Health-Santé Sud and Interlake—Eastern RHA were more likely to have to travel to visit a provider (less than 50 percent of their visits occurred within their respective RHA and a large proportion of visits occurred in Winnipeg).
- While less than three percent of the Region's residents travelled to other regions to visit a physician or nurse practitioner, the majority of Winnipeg Health Region residents that had to travel to receive care were residents of Churchill in T2.
- Community area and neighbourhood cluster level data are not available.

**Figure 4.3 Location of Visits to General/Family Practitioners by RHA, 2011/12 (T1) and 2016/17 (T2)**



Source: MCHP RHA Indicators Atlas 2019

## Ambulatory Consultations

### Definition

The percentage of ambulatory consultations in a given year. These consults occur when a physician, nurse or other allied health professional refer a patient to another physician (usually a specialist or surgeon) or nurse practitioner.

### Why is this indicator important?

Health professionals will often refer patients to another provider due to the complexity, obscurity or seriousness of a condition. Patients may also request a second opinion. This indicator yields important information about initial access to specialist care, which is particularly important in rural areas where patients use specialist services less frequently due to access issues.

### Provincial Key Findings

- The percentage of ambulatory consultations in the province increased slightly over time but the increase did not reach statistical significance. This trend was also observed across all regions except Northern Health Region.
- In both time periods, consultations in Winnipeg Health Region were significantly higher than the provincial average, while consultations in Northern Health Region and Prairie Mountain Health were significantly lower.
- **Income disparity:** Ambulatory consultation was significantly related to income.<sup>iii</sup> Residents of the lowest income areas had fewer consultations than those in the highest income areas in both time periods (2011/12 and 2016/17).



#### Urban Quintiles

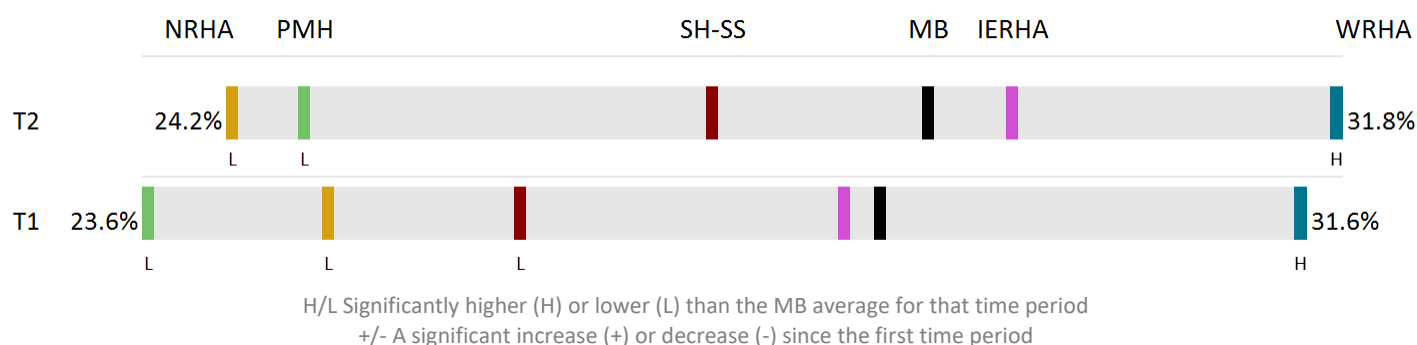
T1	0.9x
T2	0.9x
CHANGE	0.0

#### Rural Quintiles

T1	0.8x
T2	0.8x
CHANGE	0.0

**Figure 4.4 Ambulatory Consultation by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted percentage of consults (first referral)



	NRHA		PMH		SH-SS		MB		IERHA		WRHA	
T2 COUNT	15,537		44,304		52,645		402,497		40,948		248,592	
T2 RATE	24.2%	L	24.8%	L	27.5%		29.0%		29.6%		31.8%	H
T1 RATE	24.9%	L	23.6%	L	26.2%	L	28.7%		28.4%		31.6%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The percentages of ambulatory consultations in the Winnipeg Health Region were the highest in the province in both time periods. On average, for every 100 residents, about 32 ambulatory consultations took place in 2016/17 (T2).
- In T2, the ambulatory consultation percentage was significantly higher than the provincial average in seven community areas: Fort Garry, St. Vital, St. Boniface, Transcona, River Heights, St. James-Assiniboia and River East.
- In T2, residents in River East North (highest) had 1.5 more ambulatory consultations than those from Inkster West (lowest).
- The geographic disparity gap in Winnipeg remained stable from T1 (2011/12) to T2 (2016/17).



**Table 4.4 Ambulatory Consultation by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted percentage of consults (first referral)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>402,497</b>	<b>29.0</b>		<b>28.7</b>	
<b>Fort Garry</b>	<b>28,198</b>	<b>32.2</b>	<b>H</b>	<b>33.4</b>	<b>H</b>
Fort Garry North	11,888	32.7		34.3	
Fort Garry South	16,310	30.2		30.7	
<b>Assiniboine South</b>	<b>14,218</b>	<b>34.6</b>		<b>35.1</b>	
<b>St. Vital</b>	<b>25,191</b>	<b>34.2</b>	<b>H</b>	<b>34.9</b>	<b>H</b>
St. Vital South	15,282	33.7		34.0	
St. Vital North	9,909	33.3		34.8	
<b>St. Boniface</b>	<b>21,920</b>	<b>34.9</b>	<b>H</b>	<b>34.3</b>	<b>H</b>
St. Boniface East	16,473	35.4		34.6	
St. Boniface West	5,447	30.7		31.1	
<b>River Heights</b>	<b>21,135</b>	<b>34.9</b>	<b>H</b>	<b>34.4</b>	<b>H</b>
River Heights West	13,647	34.7		34.0	
River Heights East	7,488	34.3		34.2	
<b>Transcona</b>	<b>13,249</b>	<b>34.9</b>	<b>H+</b>	<b>31.8</b>	<b>H</b>
<b>St. James-Assiniboia</b>	<b>23,038</b>	<b>36.0</b>	<b>H</b>	<b>34.0</b>	<b>H</b>
St. James-Assiniboia East	10,316	35.3		33.4	
St. James-Assiniboia West	12,722	35.7		33.4	
<b>Seven Oaks</b>	<b>23,371</b>	<b>29.9</b>		<b>29.8</b>	
Seven Oaks East	13,660	30.9		31.5	
Seven Oaks West	7,888	26.2		25.7	
Seven Oaks North	1,823	32.7		29.6	
<b>Winnipeg RHA</b>	<b>248,592</b>	<b>31.8</b>	<b>H</b>	<b>31.6</b>	<b>H</b>
<b>River East</b>	<b>33,950</b>	<b>32.7</b>	<b>H</b>	<b>30.9</b>	
River East North	3,872	36.6		33.0	
River East West	14,624	33.1		31.2	
River East South	5,533	31.1		28.5	
River East East	9,921	30.3		28.5	
<b>Inkster</b>	<b>9,494</b>	<b>27.2</b>		<b>26.7</b>	
Inkster East	4,299	27.5		27.4	
Inkster West	5,195	25.1		24.2	
<b>Downtown</b>	<b>21,638</b>	<b>29.8</b>		<b>28.6</b>	
Downtown East	10,629	30.3		29.7	
Downtown West	11,009	28.5		26.4	
<b>Point Douglas</b>	<b>13,024</b>	<b>29.0</b>		<b>28.0</b>	
Point Douglas North	8,511	28.3		27.4	
Point Douglas South	4,513	27.8		27.0	
<b>Churchill</b>	<b>166</b>	<b>17.6</b>	<b>L-</b>	<b>32.0</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 1.5x  
T2 Disparity 1.5x  
Change 0%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Note: Rate in Churchill in T2 was underestimated due to lack of shadow billing in the medical claims.

Source: MCHP RHA Indicators Atlas 2019

## Majority of Care—Continuity

### Definition

The percentage of residents who received at least 50 percent of their ambulatory visits from the same physician (general practitioner, family practitioner, pediatrician or internal medicine specialist) or nurse practitioner over a two-year time period.

### Why is this indicator important?

Continuity of care allows for a stronger patient-healthcare provider relationship and correlates with better health outcomes, improved patient satisfaction and fewer hospitalizations.

### Provincial Key Findings

- The proportion of Manitoba residents who received at least 50 percent of their visits from the same physician or nurse practitioner decreased slightly over time but not significantly. The only statistically significant decrease was in Southern Health-Santé Sud.
- Northern Health Region and Southern Health-Santé Sud had significantly lower rates than the provincial average in both time periods.
- **Income disparity:** Majority of care was significantly related to income in rural areas.<sup>iii</sup> Residents of the lowest income areas were 0.9 times less likely to receive the majority of their care from a single provider in T1 (2010/11-2011/12) and T2 (2015/16-2016/17). In urban settings, the relationship between income and majority of care was insignificant.

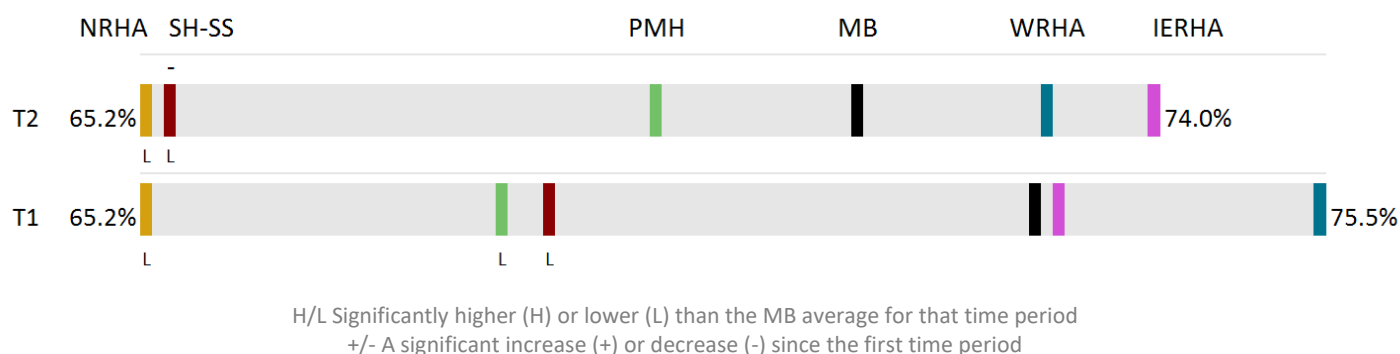


#### Rural Quintiles

T1	0.9x
T2	0.9x
CHANGE	0.0

**Figure 4.5 Majority of Care by RHA, 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex- adjusted percentage of residents with more than 50% of their visits from the same physician (among those with 3+ visits)



	NRHA		SH-SS		PMH		MB		WRHA		IERHA	
T2 COUNT	23,297		81,909		86,156		668,305		409,578		66,321	
T2 RATE	65.2%	L	65.5%	L-	69.7%		71.5%		73.1%		74.0%	
T1 RATE	65.2%	L	68.8%	L	68.4%	L	73.0%		75.5%		73.2%	

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The proportion of Winnipeg Health Region residents who received at least 50 percent of their visits from the same physician or nurse practitioner was similar to the provincial average in both time periods. The rate decreased slightly over time in the Region but the change was not statistically significant.
- The proportion of Seven Oaks and River East residents who received at least 50 percent of their visits from the same physician or nurse practitioner were significantly higher than the provincial average in both time periods.
- The proportion of residents who received the majority of their care from the same provider decreased significantly in the community areas of Transcona, Seven Oaks and Inkster. Rates for Churchill-only appear to have significantly decreased due to shadow billing and claims processes. Physicians are subcontracted to Churchill through Ongomiizwin Health Services (OHS). Continuity of care indicators derived in alternative methods would suggest a higher rate than what has been calculated here.
- In T2 (2015/16-2016/17), the proportion of residents who received the majority of their care from the same care provider in Seven Oaks North (highest) was 1.2 times higher than the proportion for residents of Inkster East (lowest).
- The regional geographic disparity gap did not change between T1 and T2.


**Table 4.5 Majority of Care—Continuity by Winnipeg Community Area & Neighborhood Cluster in 2010/11-2011/12 (T1)  
and 2015/16-2016/17 (T2)**

Age- and sex- adjusted percentage of residents with more than 50% of their visits from the same physician  
(among those with 3+ visits)

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>668,305</b>	<b>71.5</b>	<b>73.0</b>	
<b>Fort Garry</b>	<b>46,481</b>	<b>71.8</b>	<b>73.4</b>	
Fort Garry South	28,000	72.2	71.3	
Fort Garry North	18,481	70.8	-	75.9
<b>Assiniboine South</b>	<b>20,550</b>	<b>72.7</b>	<b>74.9</b>	
<b>St. Vital</b>	<b>39,897</b>	<b>72.7</b>	<b>75.0</b>	
St. Vital South	24,005	72.4	74.9	
St. Vital North	15,892	72.1	74.8	
<b>St. Boniface</b>	<b>33,773</b>	<b>71.8</b>	<b>72.5</b>	
St. Boniface East	25,237	72.2	72.1	
St. Boniface West	8,536	70.3	73.1	
<b>River Heights</b>	<b>31,371</b>	<b>71.8</b>	<b>74.1</b>	
River Heights East	11,180	71.8	72.3	
River Heights West	20,191	71.5	-	74.6
<b>Transcona</b>	<b>21,458</b>	<b>74.2</b>	<b>-</b>	<b>80.3</b> <b>H</b>
<b>St. James-Assiniboia</b>	<b>33,923</b>	<b>72.1</b>	<b>71.5</b>	
St. James-Assiniboia East	15,496	73.0	72.7	
St. James-Assiniboia West	18,427	70.6	69.9	
<b>Seven Oaks</b>	<b>43,501</b>	<b>76.1</b>	<b>H-</b>	<b>81.5</b> <b>H</b>
Seven Oaks North	3,141	80.7	H	83.7 H
Seven Oaks East	23,733	76.4	H-	81.5 H
Seven Oaks West	16,627	74.5	-	80.8 H

	T2		T1	
	Count	Rate	Rate	
<b>Winnipeg RHA</b>	<b>409,578</b>	<b>73.1</b>	<b>75.5</b>	
<b>River East</b>	<b>57,043</b>	<b>76.4</b>	<b>H</b>	<b>78.5</b> <b>H</b>
River East North	5,594	77.8	H	81.9 H
River East East	18,176	77.0	H	78.6 H
River East West	23,446	76.6	H	78.8 H
River East South	9,827	73.4		76.0
<b>Inkster</b>	<b>18,207</b>	<b>71.4</b>	<b>-</b>	<b>77.3</b>
Inkster West	10,387	72.9	-	79.8 H
Inkster East	7,820	69.1	-	74.1
<b>Downtown</b>	<b>38,940</b>	<b>72.0</b>	<b></b>	<b>73.2</b>
Downtown West	20,062	72.8		75.3
Downtown East	18,878	70.5		70.3
<b>Point Douglas</b>	<b>24,387</b>	<b>72.1</b>	<b></b>	<b>74.9</b>
Point Douglas North	15,859	72.5	-	76.8
Point Douglas South	8,528	70.0		69.5
<b>Churchill</b>	<b>47</b>	<b>58.3</b>	<b>-</b>	<b>94.7</b> <b>H</b>

**WRHA Geographic Disparity Ratio**



T1 Disparity 1.2x  
T2 Disparity 1.2x  
Change 0%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Note: Rate in Churchill in T2 was underestimated due to lack of shadow billing in the medical claims.

Source: MCHP RHA Indicators Atlas 2019

## Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rates

### Definition

The annual hospitalization rate per 1,000 population, aged 0 to 74 years, for ambulatory care sensitive conditions (ACSC) which include a group of 25 diseases and diagnoses (e.g., asthma, angina, gastroenteritis, congestive heart failure) for which primary health care may be more appropriate than hospital care.

### Why is this indicator important?

Lower rates reflect better access to good quality primary health care. Appropriate management and control of ACS conditions in the community could potentially reduce the need for hospitalization and improve quality of life, improve efficiency in resource utilization and reduce health spending for chronic conditions.

### Provincial Key Findings

- The rate of hospitalization for ACSC in Manitoba decreased by 2 percent between T1 (2011/12) and T2 (2016/17), but the decrease was not statistically significant.
- Three regions (Southern Health-Santé Sud, Interlake-Eastern, and Prairie Mountain Health) showed significant decreases over time.
- Rates varied dramatically across districts of the rural regions, from 1 to over 36 ACSC hospitalizations per 1,000 residents per year. There was also substantial variation across the Winnipeg Health Region from 1 ACSC hospitalization per 1,000 residents per year to over 15 in T2.
- **Income disparity:** ACSC were strongly related to income.<sup>iii</sup> Hospitalization for ACSC among urban residents of the lowest income areas were 4.2 times higher than residents of the highest income areas in T2 (2016/17). For rural residents, hospitalizations for ACSC were 3.7 times higher for residents of the lowest income areas than for residents of the highest income areas in T2.



#### Urban Quintiles

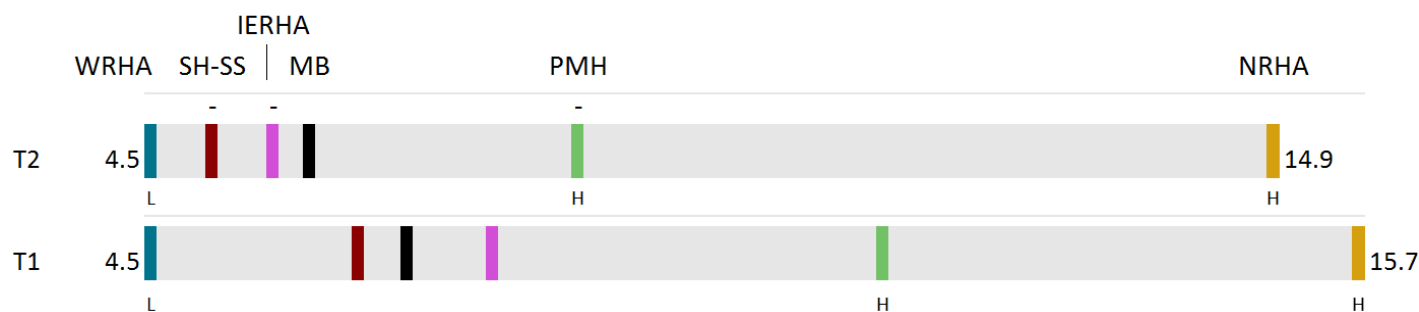
T1	3.8x
T2	4.2x
CHANGE	0.4 ↑

#### Rural Quintiles

T1	3.3x
T2	3.7x
CHANGE	0.4 ↑

**Figure 4.6 Hospitalization Rate for Ambulatory Care Sensitive Conditions by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted per 1,000 residents aged 0-74



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		SH-SS		IERHA		MB		PMH		NRHA	
T2 COUNT	3,467		1,010		861		8,023		1,522		995	
T2 RATE	4.5	L	5.2	-	5.7	-	6.1		8.5	H-	14.9	H
T1 RATE	4.5	L	6.6		7.7		7.0		11.4	H	15.7	H

Source: MCHP RHA Indicators Atlas 2019


## Regional Key Findings

- The proportion of hospitalizations for ACSCs remained stable over time. The Region's proportion of hospitalizations for ACSCs was consistently lower than the provincial average in both time periods.
- Point Douglas had the highest proportion of hospitalizations for ACSCs in T2 (2016/17), which was also significantly higher than the provincial average.
- Residents in Point Douglas South (highest) were 9.5 times more likely to be hospitalized for ACSCs in T2 than residents of Fort Garry North (lowest).
- The regional geographic disparity gap narrowed by 57 percent from T1 (2011/12) to T2 (2016/17).

**Table 4.6 Hospitalization Rate for Ambulatory Care Sensitive Conditions by Winnipeg Community Area & Neighborhood**  
**Cluster 2011/12 (T1) and 2016/17 (T2)**  
 Age- and sex-adjusted per 1,000 residents aged 0-74

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>8,023</b>	<b>6.1</b>		<b>7.0</b>	
<b>Fort Garry</b>	<b>205</b>	<b>2.1</b>	<b>L</b>	<b>2.6</b>	<b>L</b>
Fort Garry North	63	1.7	L	1.9	L
Fort Garry South	142	2.7	L	3.3	L
<b>Assiniboine South</b>	<b>100</b>	<b>2.3</b>	<b>L</b>	<b>2.4</b>	<b>L</b>
<b>St. Vital</b>	<b>240</b>	<b>3.0</b>	<b>L</b>	<b>3.1</b>	<b>L</b>
St. Vital South	119	2.5	L	2.2	L
St. Vital North	121	3.5	L	4.4	L
<b>St. Boniface</b>	<b>233</b>	<b>3.4</b>	<b>L</b>	<b>2.9</b>	<b>L</b>
St. Boniface East	118	2.4	L	2.9	L
St. Boniface West	115	6.7	+	3.3	L
<b>River Heights</b>	<b>211</b>	<b>3.3</b>	<b>L</b>	<b>3.3</b>	<b>L</b>
River Heights West	127	3.0	L	2.8	L
River Heights East	84	3.9		4.5	
<b>Transcona</b>	<b>172</b>	<b>4.1</b>	<b>L</b>	<b>3.8</b>	<b>L</b>
<b>St. James-Assiniboia</b>	<b>239</b>	<b>3.7</b>	<b>L</b>	<b>3.8</b>	<b>L</b>
St. James-Assiniboia West	129	3.8	L	3.8	L
St. James-Assiniboia East	110	3.9		4.0	L
<b>Seven Oaks</b>	<b>292</b>	<b>3.5</b>	<b>L</b>	<b>4.0</b>	<b>L</b>
Seven Oaks North	10	1.7	L	3.1	L
Seven Oaks West	99	3.0	L	4.2	L
Seven Oaks East	183	4.0		3.8	L
<b>Winnipeg RHA</b>	<b>3,467</b>	<b>4.5</b>	<b>L</b>	<b>4.5</b>	<b>L</b>
<b>River East</b>	<b>494</b>	<b>4.4</b>	<b>L</b>	<b>4.0</b>	<b>L</b>
River East North	24	2.0	L	1.3	L
River East East	125	3.9		3.7	L
River East West	194	4.5		4.2	L
River East South	151	7.4		5.9	
<b>Inkster</b>	<b>210</b>	<b>5.6</b>	<b>+</b>	<b>4.1</b>	<b>L</b>
Inkster West	79	3.8		2.5	L
Inkster East	131	8.1		6.8	
<b>Downtown</b>	<b>619</b>	<b>7.7</b>		<b>7.6</b>	
Downtown West	216	5.8		5.3	
Downtown East	403	11.4	H	10.8	H
<b>Point Douglas</b>	<b>440</b>	<b>9.1</b>	<b>H</b>	<b>7.5</b>	
Point Douglas North	192	6.6		5.2	
Point Douglas South	248	15.8	H	13.0	H
<b>Churchill</b>	<b>12</b>	<b>12.8</b>	<b>-</b>	<b>29.2</b>	<b>H</b>

**WRHA Geographic Disparity Ratio**



T1 Disparity 22.2x  
 T2 Disparity 9.5x  
 Change ↓ 57%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Benzodiazepine Overprescribing: Community-Dwelling Older Adults (75+)

### Definition

The percentage of residents, aged 75 years and older, living in the community who had at least two prescriptions for benzodiazepines, or at least one prescription for benzodiazepine dispensed with more than a 30-day supply.

### Why is this indicator important?

Benzodiazepines are medications widely used to treat seizures, anxiety and insomnia; however, use by older adults is not recommended as it poses serious safety concerns including increased risk for confusion, memory loss, poor coordination and muscle control potentially leading to falls and fractures

### Provincial Key Findings

- The proportion of community-dwelling older adults aged 75+ who were overprescribed benzodiazepines significantly decreased by 9.1 percent over time.
- In both time periods, the proportion of community-dwelling older adults aged 75+ overprescribed benzodiazepines in Prairie Mountain Health was significantly higher than the provincial average; while three other regions (Northern Health Region, Interlake Eastern RHA and Winnipeg Health Region) were significantly lower.
- Income disparity:** Benzodiazepine use and income were significantly related.<sup>iii</sup> A higher percentage of residents in the lowest income urban and rural areas received the drugs in both time periods (2007/08-2011/12 and 2012/13-2016/17).



#### Urban Quintiles

T1	1.1x
T2	1.2x
CHANGE	0.1 ↑

#### Rural Quintiles

T1	1.1x
T2	1.1x
CHANGE	0.0

**Figure 4.7 Benzodiazepine Overprescribing for Community-Dwelling Older Adults by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude percentage of non-PCH older adults 75+ with 2 prescriptions or more than a 30-day supply



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		WRHA		MB		SH-SS		PMH	
T2 COUNT	467		2,933		17,052		30,430		4,034		5,895	
T2 RATE	13.7%	L	17.6%	L	17.6%	L-	18.5%	-	19.2%	-	22.4%	H-
T1 RATE	14.6%	L	18.0%	L	19.5%	L	20.4%		22.0%	H	24.2%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The proportion of community-dwelling older adults aged 75+ overprescribed benzodiazepines in the Region was lower than the province in both time periods and decreased significantly since T1 (2007/08-2011/12). This decreasing trend was seen in most community areas in the Region as well.
- Community-dwelling older adults in St. Boniface West (highest) were 2.3 times more likely to have been overprescribed benzodiazepines in T2 (2012/13-2016/17) than those in Inkster West (lowest).
- The regional geographic disparity gap narrowed by 16 percent between T1 and T2.



**Table 4.7 Benzodiazepine Overprescribing in the Community by Winnipeg Community Area & Neighborhood Cluster**  
**2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Crude percentage of non-PCH older adults 75+ with 2 prescriptions or more than a 30-day supply

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>30,430</b>	<b>18.5</b>	<b>-</b>	<b>20.4</b>	

<b>Fort Garry</b>	<b>1,827</b>	<b>17.2</b>	<b>L-</b>	<b>18.4</b>	<b>L</b>
Fort Garry South	784	16.0	L	17.5	L
Fort Garry North	1,043	18.2		19.1	

<b>Assiniboine South</b>	<b>1,174</b>	<b>18.6</b>	<b>-</b>	<b>20.9</b>	
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<b>St. Vital</b>	<b>1,983</b>	<b>19.6</b>	<b>-</b>	<b>21.5</b>	
St. Vital North	827	18.8	-	20.6	
St. Vital South	1,156	20.3	H-	22.3	H

<b>St. Boniface</b>	<b>1,575</b>	<b>19.7</b>	<b>-</b>	<b>22.8</b>	<b>H</b>
St. Boniface East	903	17.7	-	20.0	
St. Boniface West	672	23.1	H-	27.4	H

<b>River Heights</b>	<b>1,704</b>	<b>19.3</b>	<b>-</b>	<b>20.7</b>	
River Heights West	1,105	18.8		19.8	
River Heights East	599	20.2		22.3	

<b>Transcona</b>	<b>642</b>	<b>16.3</b>	<b>L</b>	<b>17.4</b>	<b>L</b>
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<b>St. James-Assiniboia</b>	<b>1,958</b>	<b>17.2</b>	<b>L-</b>	<b>19.6</b>	
St. James-Assiniboia East	766	16.6	L-	19.3	
St. James-Assiniboia West	1,192	17.7	-	19.9	

<b>Seven Oaks</b>	<b>1,651</b>	<b>17.7</b>	<b>-</b>	<b>19.5</b>	
Seven Oaks North	75	12.9	L	15.4	
Seven Oaks West	384	14.0	L-	16.5	L
Seven Oaks East	1,192	19.8		21.1	

	T2			T1	
	Count	Rate		Rate	
<b>Winnipeg RHA</b>	<b>17,052</b>	<b>17.6</b>	<b>L-</b>	<b>19.5</b>	<b>L</b>

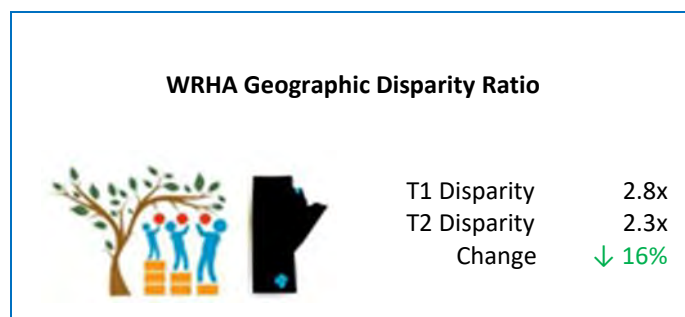
<b>River East</b>	<b>2,635</b>	<b>17.5</b>	<b>L-</b>	<b>19.8</b>	
River East North	155	14.5	L	15.4	L
River East South	218	15.5		16.2	L
River East East	537	16.5	-	18.7	
River East West	1,725	18.6	-	21.1	

<b>Inkster</b>	<b>322</b>	<b>11.97</b>	<b>L</b>	<b>12.4</b>	<b>L</b>
Inkster West	144	10.0	L	9.9	L
Inkster East	178	14.2	L	14.5	L

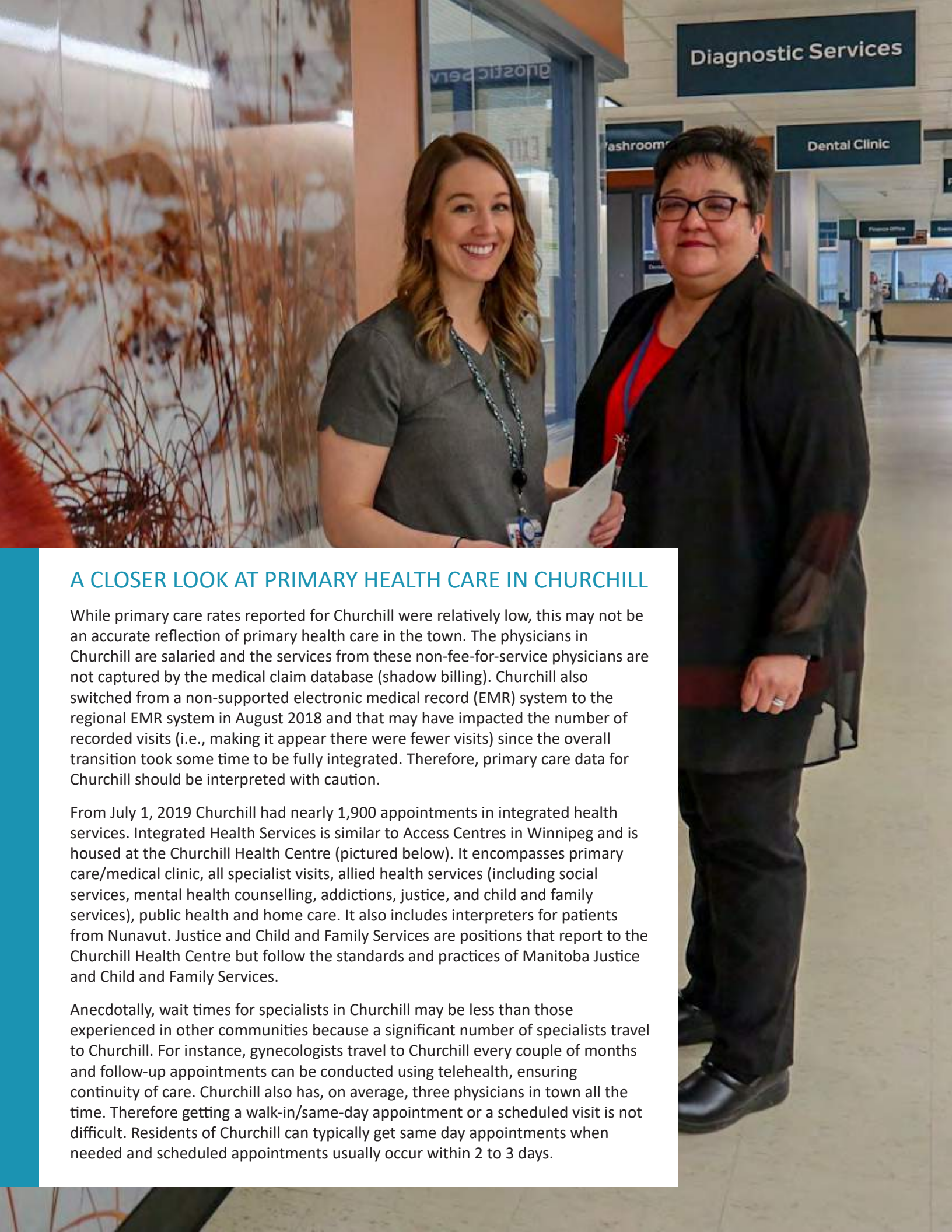
<b>Downtown</b>	<b>973</b>	<b>14.7</b>	<b>L-</b>	<b>16.4</b>	<b>L</b>
Downtown West	506	14.0	L	14.7	L
Downtown East	467	15.6	L-	18.3	

<b>Point Douglas</b>	<b>603</b>	<b>16.4</b>	<b>L</b>	<b>17.0</b>	<b>L</b>
Point Douglas South	173	15.0		16.6	L
Point Douglas North	430	17.0		17.2	L

<b>Churchill</b>	<b>s</b>			<b>s</b>	
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s: suppression due to small numbers  
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period  
Source: MCHP RHA Indicators Atlas 2019



## A CLOSER LOOK AT PRIMARY HEALTH CARE IN CHURCHILL

While primary care rates reported for Churchill were relatively low, this may not be an accurate reflection of primary health care in the town. The physicians in Churchill are salaried and the services from these non-fee-for-service physicians are not captured by the medical claim database (shadow billing). Churchill also switched from a non-supported electronic medical record (EMR) system to the regional EMR system in August 2018 and that may have impacted the number of recorded visits (i.e., making it appear there were fewer visits) since the overall transition took some time to be fully integrated. Therefore, primary care data for Churchill should be interpreted with caution.

From July 1, 2019 Churchill had nearly 1,900 appointments in integrated health services. Integrated Health Services is similar to Access Centres in Winnipeg and is housed at the Churchill Health Centre (pictured below). It encompasses primary care/medical clinic, all specialist visits, allied health services (including social services, mental health counselling, addictions, justice, and child and family services), public health and home care. It also includes interpreters for patients from Nunavut. Justice and Child and Family Services are positions that report to the Churchill Health Centre but follow the standards and practices of Manitoba Justice and Child and Family Services.

Anecdotally, wait times for specialists in Churchill may be less than those experienced in other communities because a significant number of specialists travel to Churchill. For instance, gynecologists travel to Churchill every couple of months and follow-up appointments can be conducted using telehealth, ensuring continuity of care. Churchill also has, on average, three physicians in town all the time. Therefore getting a walk-in/same-day appointment or a scheduled visit is not difficult. Residents of Churchill can typically get same day appointments when needed and scheduled appointments usually occur within 2 to 3 days.

## Access to a Regular Healthcare Provider

### Definition

The percentage of Manitobans, aged 12 and older, participating in the Canadian Community Health Survey over a two-year time period, who reported that they have access to a regular healthcare provider.

### Why is this indicator important?

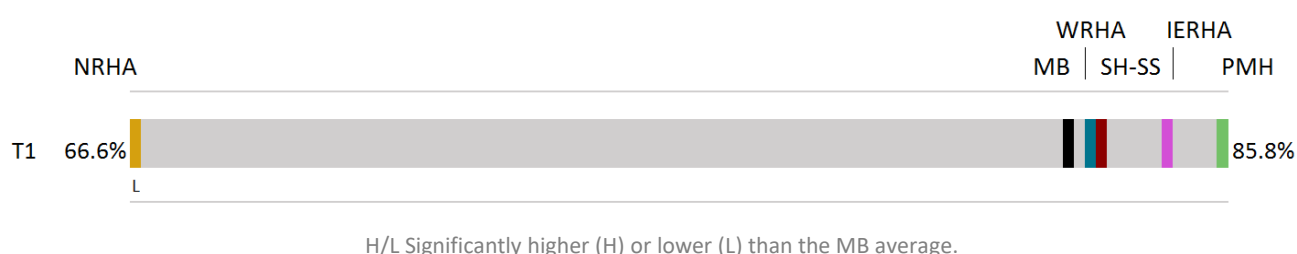
A regular healthcare provider can offer preventive care, encourage healthy lifestyle choices, treatment for common medical conditions and referrals to specialists when needed. Having a regular primary care provider can help improve lives and save money on hospital admissions, emergency room visits and surgeries.<sup>iv</sup>

### Provincial & Regional Key Findings

- Approximately 4 out of 5 Manitoba respondents reported having access to a regular healthcare provider on the 2015-2016 Canadian Community Health Survey.
- Access to a regular healthcare provider was found to be consistent between regions, with the exception of Northern Health Region which was significantly lower than the provincial average.
- The most commonly reported reasons why Manitoba residents do not have a regular healthcare provider were “no need” (31.3%) followed by “provider left/retired” (27.3%). These leading reasons were similar across the regions.
- In the Winnipeg Health Region, 83.4 percent of respondents reported having a regular healthcare provider.
- The most commonly reported reasons for why the Region’s respondents did not have a regular healthcare provider were “did not try to find one” (30.5%) followed by “no need” (28.8%).

**Figure 4.8 Access to a Regular Healthcare Provider by RHA, CCHS 2015-2016**

Age- and sex- adjusted percentage of weighted sample

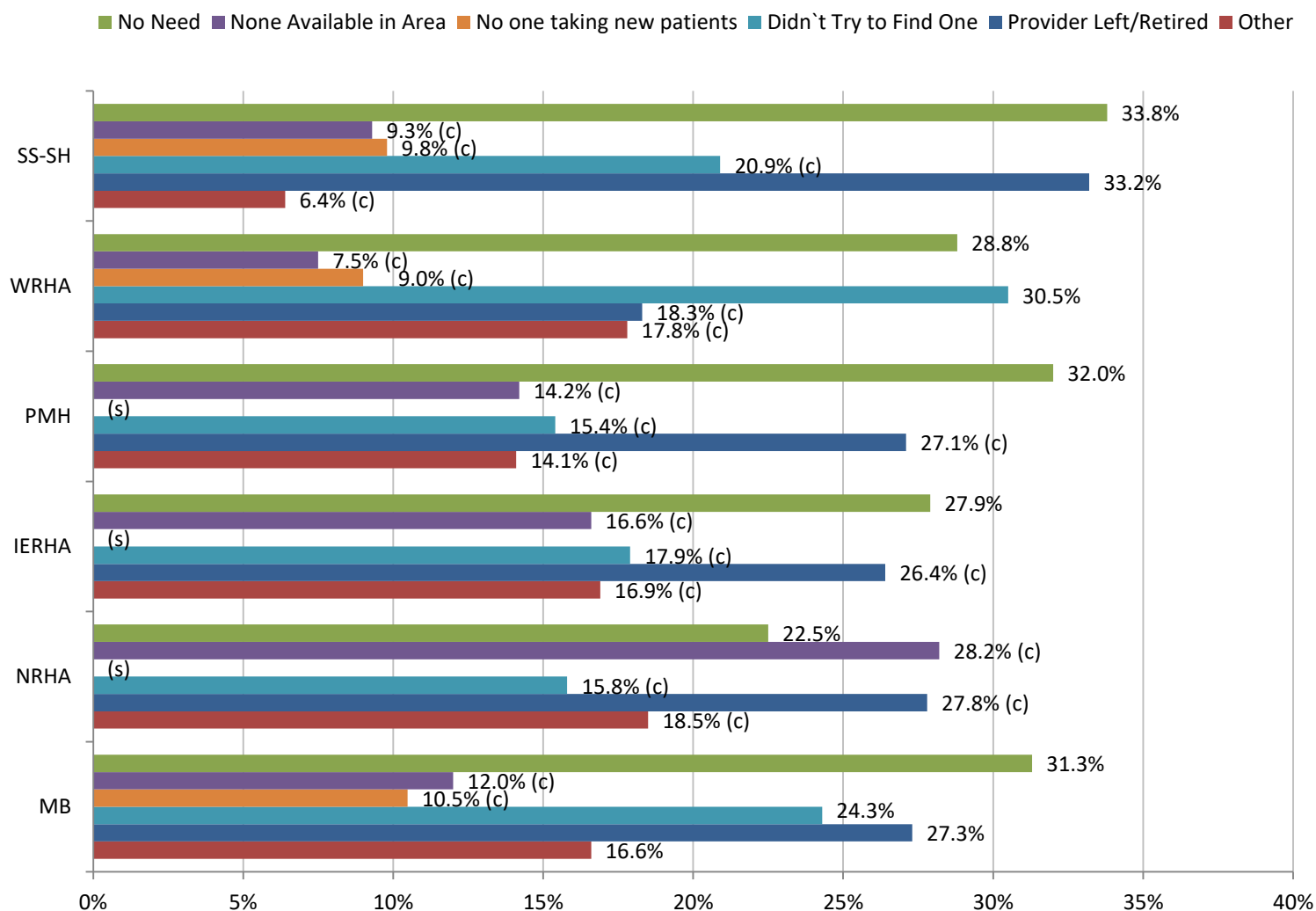


	NRHA		MB		WRHA		SH-SS		IERHA		PMH	
T1 RATE	66.6%	L	83.2%		83.4%		83.6%		84.8%		85.8%	

Source: Statistics Canada CCHS 2015-2016

**Figure 4.9 Reasons for No Regular Healthcare Provider by RHA, CCHS 2015-2016**

Age- and sex-adjusted percentage of weighted sample



L/H significantly higher (H) or lower (L) than MB average for the time period

(c) = estimate displayed with caution

(s) = estimate suppressed

Source: Statistics Canada CCHS 2015-2016

### Type of Place for Minor Health Problem

#### Definition

The percentage of Manitobans aged 12 and older, participating in the Canadian Community Health Survey over a two-year time period, who reported the type of place they usually went for a minor health problem, such as doctor's office, walk-in clinic or emergency department.

#### Why is this indicator important?

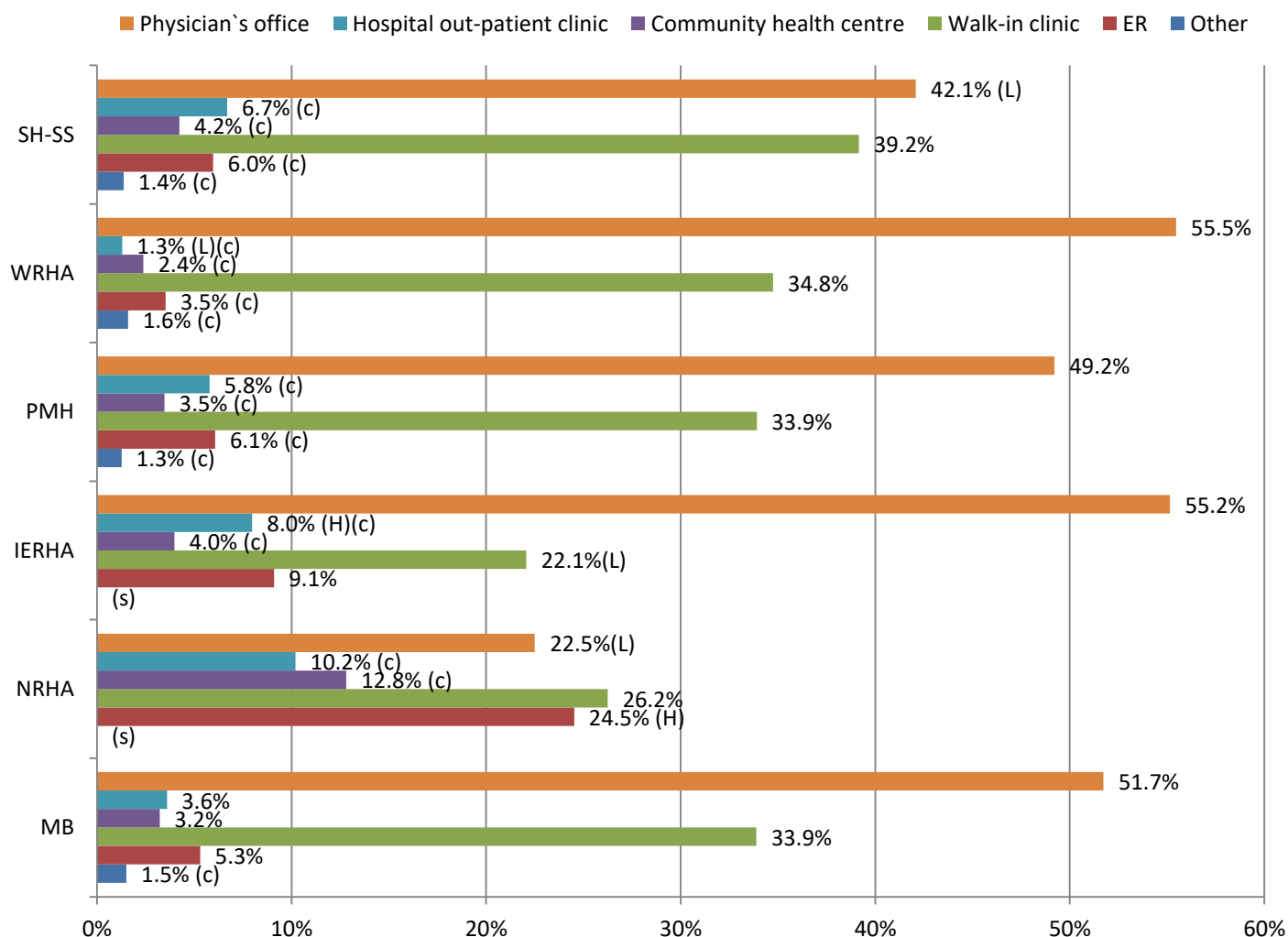
Many minor health problems can be treated through self-care or over the counter medicines from a pharmacist. Accurate understanding of where residents seek medical care for minor health problems better informs the region of the accessibility of primary care services and education required to ensure optimal use of healthcare resources.

#### Provincial & Regional Key Findings

- The most commonly reported place Manitoba residents went for a minor health problem was the doctor's office followed by a walk-in clinic in 2015-2016.
- Compared to other RHAs, Northern Health Region had a significantly higher percentage of residents visiting the emergency department for minor health problems.
- The majority of Winnipeg Health Region residents went to a doctor's office (55.5%) or walk-in clinic (34.8%) for the immediate treatment of a minor health problem.

**Figure 4.10 Type of Place for Minor Health Problem by RHA, CCHS 2015-2016**

Age- and sex-adjusted percentage of weighted sample



L/H significantly higher (H) or lower (L) than MB average for the time period

(c) = estimate displayed with caution

(s) = estimate suppressed

Source: Statistics Canada CCHS 2015-2016

### Wait Time for Minor Health Problem

#### Definition

The wait time for a medical appointment with their regular healthcare provider for a minor health problem, by Manitobans aged 12 and older, participating in the Canadian Community Health Survey, over a two-year time period.

#### Why is this indicator important?

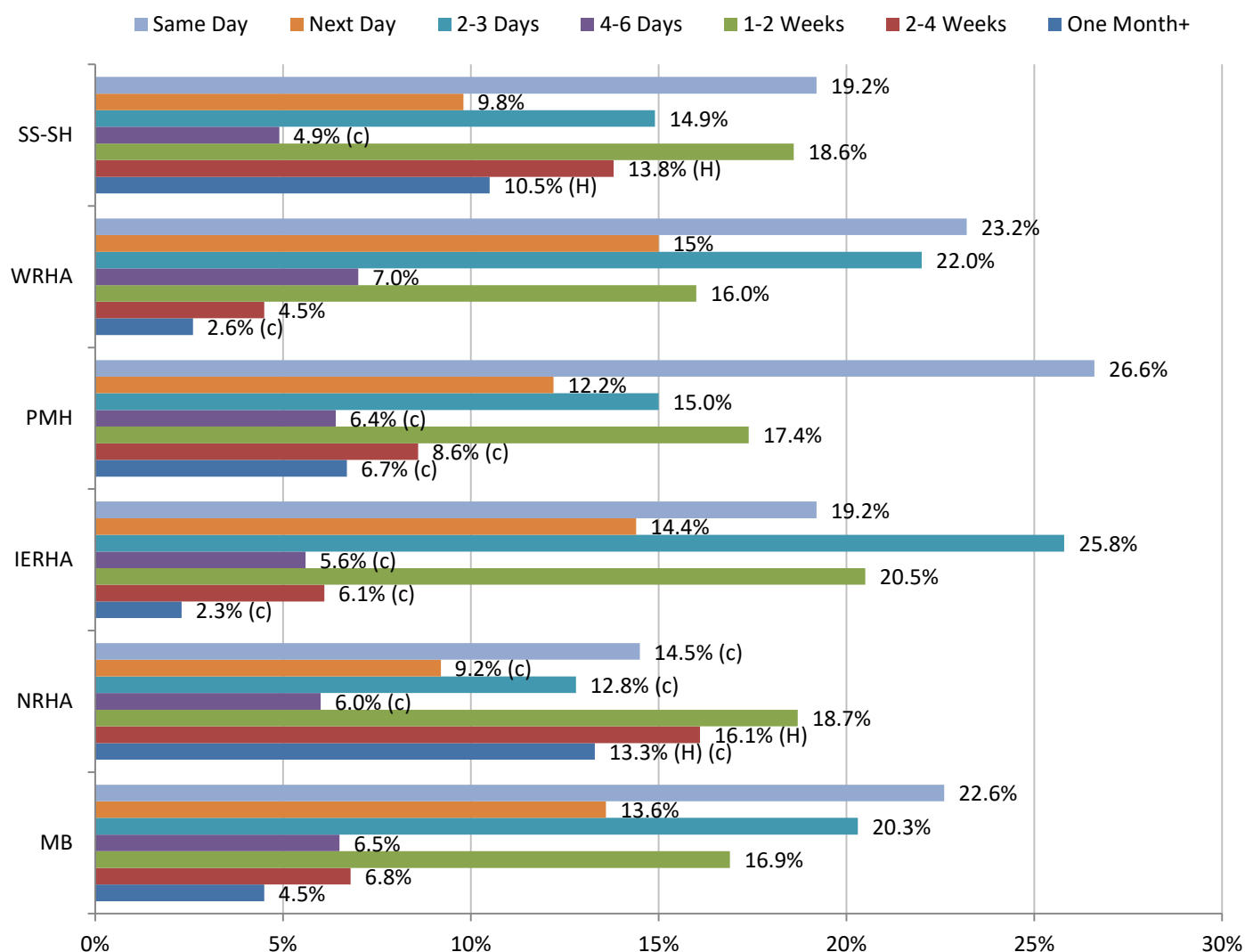
While not all waits are avoidable, repetitive long waits could be a sign of inadequate resources or scheduling issues.

#### Provincial & Regional Key Findings

- Nearly 57 percent of Manitoba respondents indicated that the wait time for getting an appointment for a minor health problem was three days or less in 2015-2016.
- Southern Health-Santé Sud and Northern Health Region had the largest percentages of residents waiting over two weeks for a minor health problem appointment.
- In the Winnipeg Health Region, 60.2 percent of respondents indicated that the wait time for getting an appointment for a minor health problem was three days or less in 2015-2016.
- A small percentage (7.1%) of the Region's respondents indicated that the wait time for getting an appointment for a minor health problem was over two weeks.

**Figure 4.11 Wait Time for Minor Health Problem by RHA, CCHS 2015-2016**

Age- and sex-adjusted percentage of weighted sample



L/H significantly higher (H) or lower (L) than MB average for the time period

(c) = estimate displayed with caution

Source: Statistics Canada CCHS 2015-2016

## Coordination between Healthcare Professionals and Other Providers

### Definition

Respondents' ratings of coordination between their regular healthcare provider and other health professionals using a five scale rating, by Manitobans aged 12 and older participating in the Canadian Community Health Survey, over a two-year time period.

### Why is this indicator important?

Monitoring coordination of care between providers is one way to assess fragmentation of health services. Patients perceive interruptions in care as unreasonable as they navigate the healthcare system.<sup>v</sup> Patient input is necessary to achieve safer, more effective and efficient care, and bridge the gaps that remain along healthcare pathways.

### Provincial & Regional Key Findings

- 46.3 percent of Manitoba respondents described the coordination between their healthcare providers as 'Excellent' or 'Very Good'.
- Ratings were consistent across RHAs, with Interlake-Eastern RHA having the highest ratings.
- In the Winnipeg Health Region, 45.9 percent of respondents reported the coordination between their healthcare providers was 'Excellent' or 'Very Good.'

**Figure 4.12 Coordination between Healthcare Providers Reported as 'Excellent/Very Good', CCHS 2015-2016**

Age- and sex- adjusted percentage of weighted sample CCHS 2015-2016



H/L Significantly higher (H) or lower (L) than the MB average.

	PMH	SH-SS	NRHA	WRHA	MB	IERHA
T1 RATE	44.6%	45.0%	45.6%	45.9%	46.3%	50.5%

Source: Statistics Canada CCHS 2015-2016

# Acute Care

## Use of Hospitals

### Definition

The percentage of residents who were admitted to an acute care hospital at least once in a fiscal year.

### Why is this indicator important?

Hospitalizations can indicate the level of illness in the population, capacity of community-based supports and accessibility of hospital care for local residents.

### Provincial Key Findings

- The percentage of residents who were admitted to an acute care hospital in Manitoba decreased significantly over time from 6.5 percent in T1 (2011/12) to 5.8 percent in T2 (2016/17).
- The percentage of residents admitted to an acute care hospital varied largely across the regions in T2 (2016/17), from 4.9 percent of Winnipeg Health Region residents to almost 10 percent of Northern Health Region residents.
- Income disparity:** Hospital use was strongly related to income.<sup>iii</sup> In urban areas, the percentage of residents of the lowest income areas with at least one hospital admission was 1.5 times higher than residents of the highest income areas in both time periods (2011/12 and 2016/17). In rural areas, the percentage of residents living in the lowest income areas with at least one hospital admission was 1.7 times higher than the highest income residents in T2 (2016/17).



#### Urban Quintiles

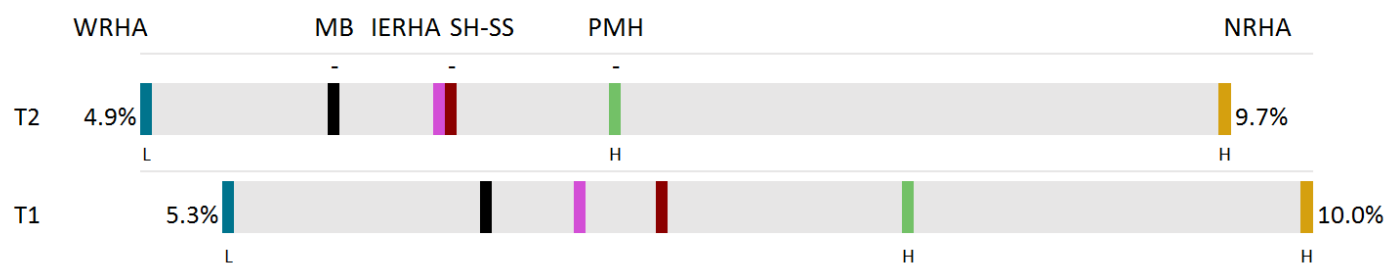
T1	1.5x
T2	1.5x
CHANGE	0.0

#### Rural Quintiles

T1	1.7x
T2	1.7x
CHANGE	0.0

**Figure 4.13 Use of Hospitals by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) with at least one inpatient hospital stay per year



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		MB		IERHA		SH-SS		PMH		NRHA	
T2 COUNT	39,999		80,193		8,232		11,736		13,107		6,317	
T2 RATE	4.9%	L	5.8%	-	6.2%		6.2%	-	7.0%	H-	9.7%	H
T1 RATE	5.3%	L	6.5%		6.9%		7.2%		8.3%	H	10.0%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The percentage of the Region's residents admitted to an acute care hospital was significantly lower than the provincial average in both time periods and decreased over time, although the change was not statistically significant.
- All community areas also had significantly lower rates compared to the province in both time periods with the exceptions of Transcona, Downtown, Point Douglas and Churchill.
- Residents of Point Douglas South (highest) were 2.4 times more likely to be admitted to a hospital than residents of River East North (lowest) in T2.
- The regional geographic disparity gap narrowed by 19 percent from T1 (2011/12) to T2 (2016/17).
- For more information on acute care in the Region, please see ["A Closer Look at Acute Care in the Region"](#).

**Table 4.8 Use of Hospitals by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of residents (all ages) with at least one inpatient hospital stay per year

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>80,193</b>	<b>5.8</b>	-	<b>6.5</b>	
<b>Fort Garry</b>	<b>3,956</b>	<b>4.1</b>	L-	<b>4.7</b>	L
Fort Garry South	2,303	4.0	L-	4.7	L
Fort Garry North	1,653	4.1	L	4.5	L
<b>Assiniboine South</b>	<b>1,928</b>	<b>4.3</b>	L	<b>4.6</b>	L
<b>St. Vital</b>	<b>3,763</b>	<b>4.7</b>	L	<b>4.8</b>	L
St. Vital South	2,187	4.5	L	4.6	L
St. Vital North	1,576	4.8	L	5.0	L
<b>St. Boniface</b>	<b>3,088</b>	<b>4.6</b>	L	<b>4.7</b>	L
St. Boniface East	2,084	4.3	L	4.4	L
St. Boniface West	1,004	5.1		5.2	L
<b>River Heights</b>	<b>3,025</b>	<b>4.4</b>	L	<b>4.9</b>	L
River Heights East	1,091	4.4	L-	5.1	L
River Heights West	1,934	4.4	L	4.7	L
<b>Transcona</b>	<b>1,984</b>	<b>5.0</b>		<b>5.0</b>	L
<b>St. James-Assiniboia</b>	<b>3,532</b>	<b>4.9</b>	L	<b>5.1</b>	L
St. James-Assiniboia West	1,922	4.8	L	4.9	L
St. James-Assiniboia East	1,610	4.9		5.4	L
<b>Seven Oaks</b>	<b>3,782</b>	<b>4.6</b>	L	<b>5.0</b>	L
Seven Oaks West	1,277	4.1	L	4.7	L
Seven Oaks North	282	4.6		4.4	L
Seven Oaks East	2,223	4.8	L	5.1	L
<b>Winnipeg RHA</b>	<b>39,999</b>	<b>4.9</b>	L	<b>5.3</b>	L
<b>River East</b>	<b>5,557</b>	<b>5.0</b>	L	<b>5.4</b>	L
River East North	387	3.5	L	3.8	L
River East East	1,606	4.7	L	5.2	L
River East West	2,518	4.9		5.3	L
River East South	1,046	5.5		6.1	
<b>Inkster</b>	<b>1,759</b>	<b>4.8</b>	L	<b>4.8</b>	L
Inkster West	812	3.9	L	3.8	L
Inkster East	947	5.8		5.9	
<b>Downtown</b>	<b>4,496</b>	<b>5.7</b>		<b>6.1</b>	
Downtown West	2,009	4.9		5.2	L
Downtown East	2,487	6.4		7.1	
<b>Point Douglas</b>	<b>3,062</b>	<b>6.5</b>		<b>7.0</b>	
Point Douglas North	1,631	5.3		5.6	
Point Douglas South	1,431	8.4	H	9.1	H
<b>Churchill</b>	<b>67</b>	<b>6.8</b>	-	<b>11.4</b>	H

## WRHA Geographic Disparity Ratio



T1 Disparity 3.0x  
T2 Disparity 2.4x  
Change ↓ 19%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Inpatient Hospitalization Rate

### Definition

The annual total inpatient hospitalizations per 1,000 population. Multiple admissions of the same person are counted as separate events.

### Why is this indicator important?

The number of hospital admissions per resident can provide insight into the chronic nature of many health conditions, patient capacity to self-manage, capacity of community based supports and utilization of inpatient hospital services over time.

### Provincial Key Findings

- There were 109,146 inpatient hospitalizations among Manitoba residents, representing a rate of 78.4 per 1,000 Manitoba residents in T2 (2016/17).
- The overall inpatient hospitalization rate decreased significantly over time, from 90.6 to 78.4 per 1,000 residents per year (13%).
- Rates for Northern Health Region and Prairie Mountain Health were significantly higher than the Manitoba average, while the rate for the Winnipeg Health Region was significantly lower in both time periods.
- The most frequent causes of hospitalizations in Manitoba were pregnancy and birth (17.9%), digestive disorders (10.7%), circulatory diseases (10.4%), injury and poisoning (8.8%) and respiratory diseases (8.1%). The most frequent causes of hospitalizations did not change much over time. Pregnancy and birth was the leading cause in all RHAs, followed by either circulatory diseases or digestive disorders.
- **Income disparity:** Inpatient hospitalization rates and income were very strongly related.<sup>iii</sup> In urban areas, the percentage of inpatient hospitalizations was 1.6 times higher among residents of the lowest income areas compared to residents of higher income areas in both time periods (2011/12 and 2016/17). The percentage was 1.9 times higher among the lowest income rural residents compared to residents of the highest income areas in T2 (2016/17).



#### Urban Quintiles

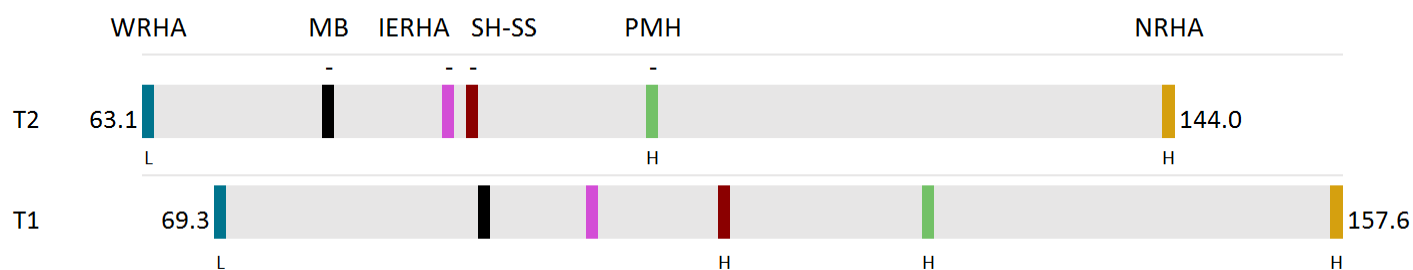
T1	1.6x
T2	1.6x
CHANGE	0.0

#### Rural Quintiles

T1	1.8x
T2	1.9x
	0.1 ↑

**Figure 4.14 Inpatient Hospitalization by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted rate of hospitalizations per 1,000 residents



H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		MB		IERHA		SH-SS		PMH		NRHA	
T2 COUNT	51,182		109,146		11,493		16,573		19,717		9,016	
T2 RATE	63.1	L	78.4	-	87.5	-	89.7	-	103.7	H-	144.0	H
T1 RATE	69.3	L	90.6		98.9		109.2	H	125.3	H	157.6	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings


- The inpatient hospitalization rate for the Region was significantly lower than the provincial average in both time periods.
- The inpatient hospitalization rate decreased slightly over time, but the change was not statistically significant.
- The community areas of Churchill, Point Douglas and Downtown had the highest number of inpatient hospitalizations per 1,000 residents in both time periods.
- In T2, Point Douglas South residents (highest) had 2.7 times more inpatient hospitalizations than residents of River East North (lowest).
- In T2, the most frequent causes of hospitalizations in the Region were pregnancy and birth (18.1%), circulatory diseases (10.9%), digestive disorders (10.7%), injury and poisoning (9.1%) and respiratory diseases (7.5%).
- The regional geographic disparity gap narrowed by 31 percent from T1 (2011/12) to T2 (2016/17).

**Table 4.9 Inpatient Hospitalization Rate by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex- adjusted rate of hospitalizations per 1,000 residents

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>109,146</b>	<b>78.4</b>	<b>-</b>	<b>90.6</b>	
<b>Fort Garry</b>	<b>4,934</b>	<b>52.7</b>	<b>L</b>	<b>60.3</b>	<b>L</b>
Fort Garry South	2,836	50.5	L	62.4	
Fort Garry North	2,098	50.8	L	57.2	L
<b>Assiniboine South</b>	<b>2,420</b>	<b>53.6</b>	<b>L</b>	<b>58.6</b>	<b>L</b>
<b>St. Vital</b>	<b>4,700</b>	<b>59.1</b>		<b>62.0</b>	<b>L</b>
St. Vital South	2,727	57.1		58.7	
St. Vital North	1,973	60.6		68.5	
<b>St. Boniface</b>	<b>3,893</b>	<b>59.8</b>		<b>62.7</b>	<b>L</b>
St. Boniface East	2,559	55.3		57.3	L
St. Boniface West	1,334	71.7		69.4	
<b>River Heights</b>	<b>3,800</b>	<b>54.7</b>	<b>L</b>	<b>64.0</b>	<b>L</b>
River Heights West	2,405	54.0		64.2	
River Heights East	1,395	55.8		67.9	
<b>Transcona</b>	<b>2,556</b>	<b>69.5</b>		<b>66.0</b>	
<b>St. James-Assiniboia</b>	<b>4,424</b>	<b>62.5</b>		<b>65.5</b>	
St. James-Assiniboia West	2,427	60.8		63.0	
St. James-Assiniboia East	1,997	61.8		68.8	
<b>Seven Oaks</b>	<b>4,842</b>	<b>60.8</b>		<b>63.2</b>	<b>L</b>
Seven Oaks West	1,619	54.7		59.9	
Seven Oaks East	2,851	62.6		67.05	
Seven Oaks North	372	63.1		58.8	
<b>Winnipeg RHA</b>	<b>51,182</b>	<b>63.1</b>	<b>L</b>	<b>69.3</b>	<b>L</b>
<b>River East</b>	<b>7,215</b>	<b>63.8</b>		<b>71.5</b>	
River East North	471	44.5	L	52.3	L
River East East	2,000	60.4		67.5	
River East West	3,341	63.6		70.9	
River East South	1,403	77.1		84.3	
<b>Inkster</b>	<b>2,209</b>	<b>62.0</b>		<b>64.5</b>	<b>L</b>
Inkster West	998	49.3	L	50.6	L
Inkster East	1,211	77.2		81.7	
<b>Downtown</b>	<b>5,970</b>	<b>77.7</b>		<b>4.6</b>	
Downtown West	2,563	67.2		73.0	
Downtown East	3,407	91.0		101.9	
<b>Point Douglas</b>	<b>4,117</b>	<b>90.1</b>		<b>91.9</b>	
Point Douglas North	2,163	74.6		74.2	
Point Douglas South	1,954	120.6		129.8	
<b>Churchill</b>	<b>102</b>	<b>118.6</b>	<b>-</b>	<b>198.6</b>	<b>H</b>

**WRHA Geographic Disparity Ratio**



T1 Disparity 3.9x  
 T2 Disparity 2.7x  
 Change ↓ 31%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

**Table 4.10 Most Frequent Causes of Inpatient Hospitalizations for Winnipeg Health Region in 2011/12 (T1) and 2016/17 (T2)**

Causes	T2 Count	T2 Rate	T1 Rate
Pregnancy, childbirth and the puerperium	9,266	18.1%	17.5%
Diseases of the circulatory system	5,580	10.9%	11.9%
Diseases of the digestive system	5,466	10.7%	10.0%
Injury, poisoning and certain other consequences of external causes	4,677	9.1%	9.5%
Diseases of the respiratory system	3,842	7.5%	6.8%
Diseases of the musculoskeletal system and connective tissues	3,444	6.7%	6.0%
Cancer	3,109	6.1%	7.1%
Mental and behavioural disorders	2,988	5.8%	6.3%
Health status and contact <sup>3</sup>	2,887	5.6%	6.8%
Diseases of the genitourinary system	2,867	5.6%	5.1%
All Others	7,074	13.8%	13.1%

Source: MCHP RHA Indicators Atlas 2019

<sup>3</sup> Health status and contact includes issues not necessarily connected to a specific diagnosis or disease and includes palliative care, convalescence after surgery, physical therapy and rehabilitation.

# Hospital Days for Acute Care

## Definition

The number of days of hospital care provided to patients who are acutely ill and require medical care or surgery for treatment of disease or severe illness (excluding newborns), per 1,000 population, for a one-year time period.

## Why is this indicator important?

Providing targeted care and timely discharge from hospital results in better patient outcomes and reduced financial cost to the healthcare system.

## Provincial Key Findings

- The rate of hospital days for acute care (excluding newborns) was 628.4 days per 1,000 residents in T2 (2016/17). The rate decreased slightly over time but the decrease was not statistically significant.
- There were considerable variations in rates of hospital days for acute care across all RHAs. Northern Health Region had significantly higher rates compared to the provincial average in both time periods.
- In T2 (2016/17), the most frequent causes of hospital days were circulatory diseases (11.7%), health status and contact<sup>4</sup> (11.7%), mental illness (11.1%), injury & poisoning (9.3%), and respiratory diseases (9.5%). The top rankings did not change much over time.
- The most frequent causes of hospital days varied considerably by region in both time periods.
- **Income disparity:** Hospital days for acute care were strongly related to income.<sup>iii</sup> In urban areas, the rate among residents of the lowest income areas decreased over time and was 1.9 times higher than residents of the highest income areas in T2 (2016/17). The rate among residents of the lowest income rural areas was 2.1 times higher than residents of the highest income rural areas in T2.



### Urban Quintiles

T1	2.0x
T2	1.9x
CHANGE	0.1 ↓

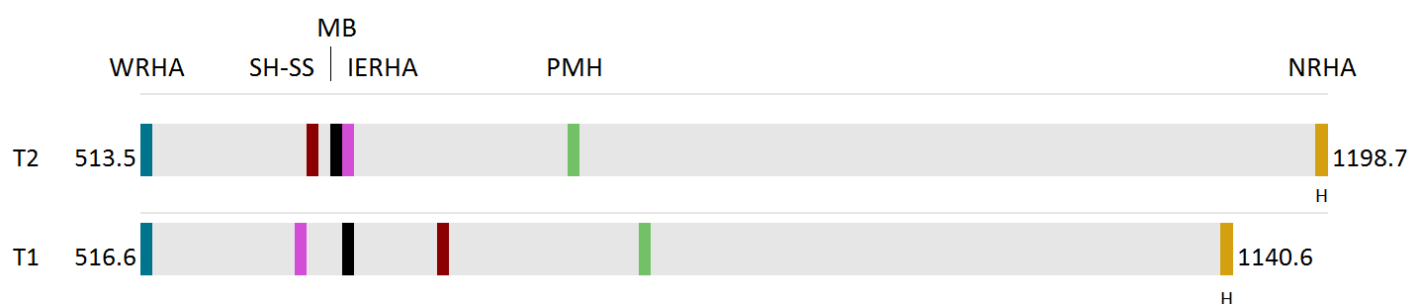
### Rural Quintiles

T1	1.9x
T2	2.1x
CHANGE	0.2 ↑

<sup>4</sup> Health status and contact includes issues not necessarily connected to a specific diagnosis or disease and includes palliative care, convalescence after surgery, physical therapy and rehabilitation.

**Figure 4.15 Hospital Days for Acute Stays (Excluding Newborns) by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted per 1,000 residents (all ages)



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA	SH-SS	MB	IERHA	PMH	NRHA
T2 COUNT	412,097	109,142	844,018	87,076	159,209	52,871
T2 RATE	513.5	618.4	628.4	634.4	766.0	1198.7 H
T1 RATE	516.6	690.3	636.2	611.1	806.2	1140.6 H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings



- The rate of hospital days for acute care (excluding newborns) was lower than the provincial average in T2 (2016/17), but the difference was not statistically significant.
- The rate decreased slightly over time in the Region but was not statistically significant.
- The rate was significantly lower in the Fort Garry community area in T2.
- The rate of hospital days for residents in Point Douglas South (highest) was 3.5 times higher than residents of River East North (lowest) in T2.
- The regional geographic disparity gap was stable between T1 (2011/12) and T2 (2016/17) (3.5x).
- In T2 (2016/17), the percentage distribution of the most frequent causes of hospital days in the Region was different from the province overall.
- The most frequent causes of hospital days in the Region were: mental illness (13.9%); circulatory diseases (12.6%); injury & poisoning (9.8%); digestive diseases (9.0%); and respiratory diseases (8.8%).
- The most frequent causes of hospital days did not change between T1 and T2 in the Region.

**Table 4.11 Hospital Days for Acute Care (Excluding Newborns) by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted per 1,000 residents (all ages)

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>844,018</b>	<b>628.4</b>		<b>636.2</b>	
<b>Fort Garry</b>	<b>38,209</b>	<b>401.5</b>	<b>L</b>	<b>461.3</b>	
Fort Garry North	18,787	374.9	L	412.1	
Fort Garry South	19,422	401.6		463.2	
<b>Assiniboine South</b>	<b>21,015</b>	<b>415.8</b>		<b>454.3</b>	
<b>St. Vital</b>	<b>39,763</b>	<b>460.6</b>		<b>419.0</b>	<b>L</b>
St. Vital South	23,698	439.8		387.7	
St. Vital North	16,065	480.8		499.4	
<b>St. Boniface</b>	<b>30,466</b>	<b>489.6</b>		<b>423.6</b>	<b>L</b>
St. Boniface East	17,590	396.8		380.1	L
St. Boniface West	12,876	655.5		522.4	
<b>River Heights</b>	<b>34,951</b>	<b>453.0</b>		<b>487.0</b>	
River Heights West	21,674	421.5		509.4	
River Heights East	13,277	508.4		515.9	
<b>Transcona</b>	<b>17,868</b>	<b>529.2</b>		<b>452.4</b>	
<b>St. James-Assiniboia</b>	<b>37,171</b>	<b>485.5</b>		<b>507.3</b>	
St. James-Assiniboia West	20,910	463.2		488.1	
St. James-Assiniboia East	16,261	480.3		515.0	
<b>Seven Oaks</b>	<b>40,171</b>	<b>488.2</b>		<b>489.1</b>	
Seven Oaks West	12,546	448.3		456.0	
Seven Oaks East	23,591	491.6		529.6	
Seven Oaks North	4,034	517.2		392.6	
<b>Winnipeg RHA</b>	<b>412,097</b>	<b>513.5</b>		<b>516.6</b>	
<b>River East</b>	<b>57,509</b>	<b>480.9</b>		<b>494.4</b>	
River East North	2,873	309.0	L	318.7	L
River East East	14,824	457.8		467.7	
River East West	28,818	460.2		489.5	
River East South	10,994	703.1		652.2	
<b>Inkster</b>	<b>15,374</b>	<b>487.5</b>		<b>494.1</b>	
Inkster West	6,681	388.0		364.7	L
Inkster East	8,693	627.8		649.8	
<b>Downtown</b>	<b>48,864</b>	<b>734.5</b>		<b>723.6</b>	
Downtown West	20,162	598.4		578.8	
Downtown East	28,702	924.5		955.9	
<b>Point Douglas</b>	<b>30,080</b>	<b>790.9</b>		<b>738.4</b>	
Point Douglas North	15,707	641.8		607.0	
Point Douglas South	14,373	1090.8	H	1111.8	H
<b>Churchill</b>	<b>656</b>	<b>988.6</b>		<b>885.1</b>	

**WRHA Geographic Disparity Ratio**

T1 Disparity 3.5x  
T2 Disparity 3.5x  
Change 0%

H/L Significantly higher (H) or lower (L) than the MB average for that time period

Source: MCHP RHA Indicators Atlas 2019

**Table 4.12 Most Frequent Causes of Hospital Days of Acute Care for Winnipeg Health Region in 2011/12 (T1) and 2016/17 (T2)**

Causes	T2 Count	T2 Rate	T1 Rate
Mental and behavioural disorders	48,115	13.9%	15.5%
Diseases of the circulatory system	43,688	12.6%	13.6%
Injury, poisoning and certain other consequences of external causes	34,050	9.8%	9.8%
Diseases of the digestive system	31,069	9.0%	8.9%
Diseases of the respiratory system	30,643	8.8%	7.6%
Cancer	25,380	7.3%	8.7%
Health status and contact <sup>5</sup>	23,002	6.6%	5.9%
Pregnancy, childbirth and the puerperium	21,345	6.2%	6.1%
Diseases of the musculoskeletal system and connective tissue	19,879	5.7%	5.6%
Diseases of the genitourinary system	15,113	4.4%	3.7%
All Others	54,087	15.6%	14.6%

Source: MCHP RHA Indicators Atlas 2019

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<sup>5</sup>Health status and contact includes issues not necessarily connected to a specific diagnosis or disease and includes palliative care, convalescence after surgery, physical therapy and rehabilitation.

## Where Residents Were Hospitalized: Hospital Location

### Definition

The percentage of all hospitalizations of residents by location (within their home RHA, in another RHA, and in Winnipeg<sup>6</sup> or out-of-province), for a one-year time period. If a patient transfers to another hospital, each stay is counted as a separate event and attributed to the appropriate location.

### Why is this indicator important?

Understanding where residents were hospitalized and the proportion of residents who travel to receive appropriate healthcare services is important for healthcare resource planning to meet resident needs and address barriers to care.

### Provincial & Regional Key Findings

- In every RHA, the majority of residents were hospitalized either in their home region or in the Winnipeg Health Region, and this has remained consistent between T1 (2011/12) and T2 (2016/17).
- Hospitalization location differed slightly when examining separate hospital stays (separations) and hospital days. Rural RHAs had greater percentages of hospital days within their region compared to hospital separations, although these differences were not tested statistically.
- In the Winnipeg Health Region, nearly all (96.9%) residents were hospitalized in Winnipeg hospitals in both time periods.
- Nearly twenty percent of hospitalized Manitobans from outside of the Winnipeg Health Region were hospitalized in Winnipeg in T2 (2016/17).

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<sup>6</sup> Since residents of Churchill are part of the Winnipeg Health Region, the indicator needed to appropriately reflect that for these residents, being hospitalized 'within region' may be quite far from home:

- If a resident who lived in the Winnipeg or the rural municipalities of East and West St. Paul was hospitalized in any of the hospitals within the city, this was classified as their home region.
- If a resident of Churchill was hospitalized in the Churchill hospital, this was all called their home region.
- However, if a Churchill resident was hospitalized in Winnipeg, this was called 'Winnipeg Hospital' to reflect the distance the individual had to travel, despite still being within their home region. (MCHP RHA Indicators Atlas 2019)

**Table 4.13 Hospital Location: Where Residents went for Hospitalization, by RHA, 2011/12 (T1) and 2016/17 (T2)**

Percentage of patients who went for hospitalization to various locations

Health Region	Home RHA Hospital	Other RHA Hospital	Winnipeg Hospital	Out of Province Hospital
<b>Southern T1</b>	56.3%	3.2%	39.5%	1.1%
<b>Southern T2</b>	54.3%	3.1%	41.7%	0.9%
<b>Winnipeg T1</b>	96.9%	1.6%	0.2%	1.3%
<b>Winnipeg T2</b>	96.9%	1.8%	0.1%	1.1%
<b>Prairie Mountain T1</b>	80.8%	3.2%	13.6%	2.3%
<b>Prairie Mountain T2</b>	81.9%	2.5%	13.9%	1.7%
<b>Interlake-Eastern T1</b>	37.5%	2.8%	58.7%	1.0%
<b>Interlake-Eastern T2</b>	36.7%	2.9%	59.6%	0.8%
<b>Northern T1</b>	54.5%	1.7%	42.6%	1.3%
<b>Northern T2</b>	48.4%	1.9%	48.7%	1.0%
<b>Manitoba T1</b>	<b>78.4%</b>	<b>2.3%</b>	<b>17.9%</b>	<b>1.4%</b>
<b>Manitoba T2</b>	<b>77.8%</b>	<b>2.3%</b>	<b>18.8%</b>	<b>1.1%</b>

Source: MCHP RHA Indicators Atlas, 2019

# Hospital Days for Alternate Level of Care Stays

## Definition

The number of hospital care days provided to patients (excluding newborns) who were designated as alternate level of care (ALC), per 1,000 population, for a one-year time period. A patient may be designated as ALC if they occupy an acute care hospital bed but no longer require the intensity of resources and services provided in an acute care setting.

## Why is this indicator important?

Reducing the number of ALC hospital days helps to ensure patients are cared for in the most appropriate setting and that hospital resources are used more efficiently, resulting in substantial cost savings for the healthcare system.

## Provincial Key Findings

- The rate of hospital days for ALC (excluding newborns) was 191.7 days per 1,000 residents in T2 (2016/17).
- The rate of hospital days for ALC (excluding newborns) increased but the change was not statistically significant. This trend has been observed across all regions.
- The Northern Health Region and Prairie Mountain Health had the highest hospital days for ALC in both time periods, however this was not statistically significant.
- **Income disparity:** Hospital days for ALC were strongly related to income.<sup>iii</sup> Residents of the lowest income urban areas had much higher rates of hospital days designated as ALC than residents of the highest income urban areas in both time periods (2011/12 and 2016/17). While rural residents of the lowest income areas had rates 2.5 times higher than those residents of the highest income areas in T2 (2016/17).



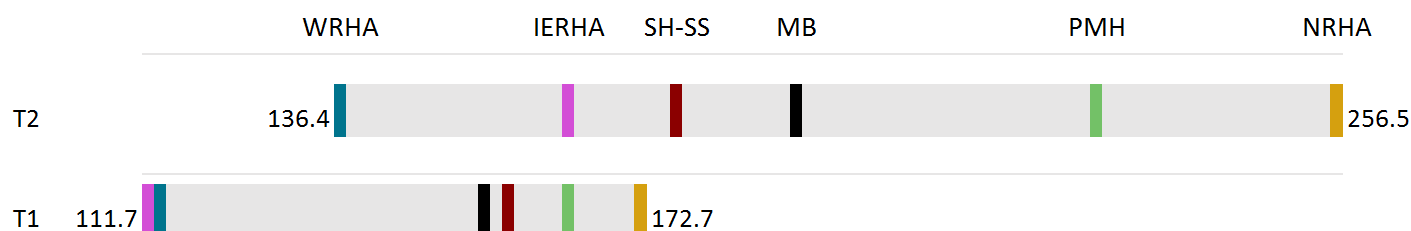
### Urban Quintiles

T1	2.3x
T2	3.1x
CHANGE	0.8 ↑

### Rural Quintiles

T1	1.7x
T2	2.5x
CHANGE	0.8 ↑

**Figure 4.16 Hospital Days for ALC Stays (Excluding Newborns) by RHA, 2011/12 (T1) and 2016/17 (T2)**  
Age- and sex-adjusted per 1,000 residents (all ages)



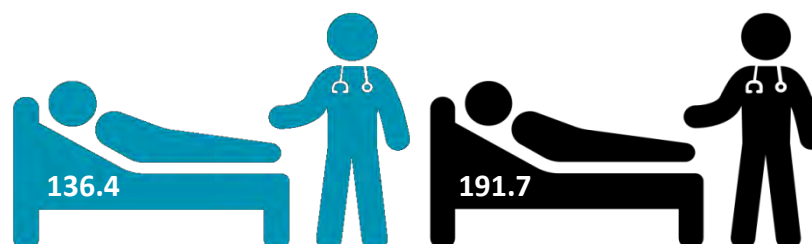
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		IERHA		SH-SS		MB		PMH		NRHA	
T2 COUNT	73,640		31,748		45,593		243,007		56,826		6,878	
T2 RATE	136.4		164.6		176.3		191.7		227.5		256.5	
T1 RATE	113.4		111.7		157.3		153.4		164.6		172.7	

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The rate of hospital days for ALC (excluding newborns) in the Region was lower than the provincial average in both time periods, but the difference was not statistically significant.
- The rate increased 23 days per 1,000 residents from T1 (2011/12) to T2 (2016/17), but the change was not statistically significant.
- The rates increased in some community areas and decreased in others, but none of the changes were statistically significant.
- The rate in Point Douglas South (highest) was 11.8 times higher than St. Vital South (lowest) in T2.
- The regional geographic disparity gap widened by 56 percent between T1 (2011/12) and T2 (2016/17).



**Table 4.14 Hospital Days for ALC Stays (Excluding Newborns) by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted per 1,000 residents (all ages)

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>243,007</b>	<b>191.7</b>	<b>153.4</b>	
<b>Fort Garry</b>	<b>6,639</b>	<b>94.1</b>	<b>75.8</b>	
Fort Garry South	3,315	77.2	106.1	
Fort Garry North	3,324	125.8	46.6	
<b>Assiniboine South</b>	<b>5,378</b>	<b>103.3</b>	<b>127.3</b>	
<b>St. Vital</b>	<b>6,230</b>	<b>68.2</b>	<b>91.4</b>	
St. Vital South	3,603	52.0	47.8	
St. Vital North	2,627	84.8	173.5	
<b>St. Boniface</b>	<b>6,737</b>	<b>138.6</b>	<b>86.9</b>	
St. Boniface East	2,622	66.8	36.0	
St. Boniface West	4,115	332.3	218.6	
<b>River Heights</b>	<b>6,675</b>	<b>161.7</b>	<b>155.4</b>	
River Heights West	4,235	70.1	84.4	
River Heights East	2,440	265.9	231.7	
<b>Transcona</b>	<b>2,395</b>	<b>97.0</b>	<b>113.0</b>	
<b>St. James-Assiniboia</b>	<b>9,311</b>	<b>104.4</b>	<b>107.3</b>	
St. James-Assiniboia West	4,957	77.3	92.9	
St. James-Assiniboia East	4,354	122.4	95.9	
<b>Seven Oaks</b>	<b>8,476</b>	<b>112.4</b>	<b>80.7</b>	
Seven Oaks West	2,292	69.0	60.0	
Seven Oaks North	1,960	81.5	62.5	
Seven Oaks East	4,224	100.4	92.5	
<b>Winnipeg RHA</b>	<b>73,640</b>	<b>136.4</b>	<b>113.4</b>	
<b>River East</b>	<b>8,215</b>	<b>111.6</b>	<b>102.6</b>	
River East East	2,251	67.7	132.9	
River East West	4,671	129.9	73.1	
River East North	366	155.8	58.1	
River East South	927	194.2	110.8	
<b>Inkster</b>	<b>2,056</b>	<b>147.4</b>	<b>86.0</b>	
Inkster West	637	58.7	66.9	
Inkster East	1,419	371.5	135.8	
<b>Downtown</b>	<b>7,013</b>	<b>214.3</b>	<b>163.0</b>	
Downtown West	2,910	189.0	113.4	
Downtown East	4,103	312.2	223.9	
<b>Point Douglas</b>	<b>4,515</b>	<b>252.6</b>	<b>160.8</b>	
Point Douglas North	1,638	139.4	108.7	
Point Douglas South	2,877	614.2	273.4	
<b>Churchill</b>	<b>0</b>	<b>0</b>	<b>0</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 7.6x  
T2 Disparity 11.8x  
Change ↑ 56%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Hospital Catchment: Where Patients Using RHA Hospitals Came From

### Definition

The percentage of all hospitalizations grouped by the resident's home RHA, another RHA, Winnipeg, and out-of-province, for a one-year time period.

### Why is this indicator important?

Where residents are hospitalized provides valuable insight into the availability and accessibility of acute care services, helping to plan and allocate resources appropriately.

### Provincial & Regional Key Findings

- In every RHA, the majority of hospital patients were residents of that region. These findings have remained stable over time.
- A small percentage (4%) of individuals hospitalized in Manitoba came from out-of-province in T2 (2016/17).
- In the Winnipeg Health Region, 26.8 percent of patients hospitalized in the Region's hospitals came from other RHAs and 4.9 percent were from out-of-province in T2.
- The distribution of hospital catchment in the Region was similar to the previous time period (2011/12).

**Table 4.15 Hospital Catchment: Where Patients Using RHA Hospitals Came From, by RHA, 2011/12 (T1) and 2016/17 (T2)**  
Percentage of patients who came from various locations for hospitalization

Health Region	RHA Residents	Other RHA Residents	Winnipeg Residents	Non-Manitobans
Southern T1	87.4%	7.8%	3.4%	1.4%
Southern T2	87.6%	6.3%	4.8%	1.3%
Winnipeg T1	68.4%	26.1%	0%	5.5%
Winnipeg T2	68.4%	26.8%	0%	4.9%
Prairie Mountain T1	92.0%	3.9%	0.5%	3.7%
Prairie Mountain T2	92.2%	4.0%	0.5%	3.2%
Interlake-Eastern T1	89.7%	1.6%	7.7%	1.0%
Interlake-Eastern T2	89.3%	1.8%	8.1%	0.8%
Northern T1	89.1%	1.0%	0.4%	9.6%
Northern T2	89.9%	1.4%	0.6%	8.1%
Manitoba T1	75.8%	18.7%	0.7%	4.8%
Manitoba T2	75.5%	19.4%	0.9%	4.2%

Source: MCHP RHA Indicators Atlas 2019

## Hospital Readmission Rates

### Definition

Unplanned inpatient readmissions to an acute care facility (the same or different hospital) within 30 days, following discharge, for a one-year time period.

### Why is this indicator important?

Hospital readmission is a nationally used indicator of overall health system performance. Although readmission may involve factors outside the direct control of a hospital, high rates of readmissions act as a signal to review its practice, including discharge planning and continuity of services after discharge. Reducing hospital readmissions is a recognized strategy to improve patient outcomes and reduce healthcare costs.

### Provincial Key Findings

- There were 8,642 hospital readmissions among Manitoba residents in 2016/17 (T2). Overall, hospital readmissions (within 30 days) slightly decreased, but the decrease was not statistically significant.
- The rate of hospital readmission significantly decreased in Southern Health-Santé Sud.
- Winnipeg Health Region residents had significantly lower rates of hospital readmission in T2. Prairie Mountain Health and Northern Health Region residents had significantly higher rates of hospital readmissions than the provincial average in both time periods.
- **Income disparity:** Hospital readmission rates were strongly related to income.<sup>iii</sup> In urban settings, the residents of the lowest income areas had 1.3 times more hospital readmissions compared to the residents of the highest income areas in T2 (2016/17). The residents of the lowest income rural areas had 1.4 times more readmissions compared to the residents of the highest income rural areas in T2.



#### Urban Quintiles

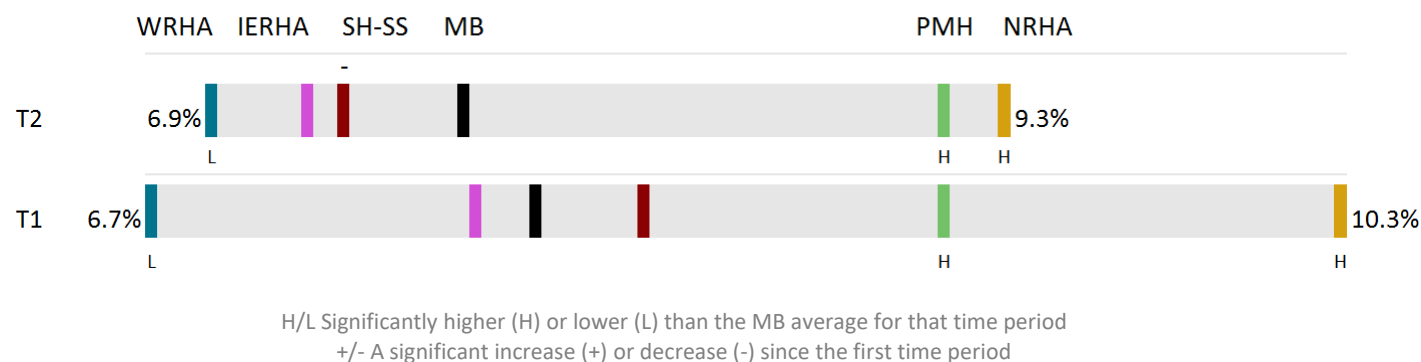
T1	1.4x
T2	1.3x
CHANGE	0.1 ↓

#### Rural Quintiles

T1	1.3x
T2	1.4x
CHANGE	0.1 ↑

**Figure 4.17 Hospital Readmissions (Unplanned) by RHA, 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of hospital episodes with a readmission within 30 days of discharge



	WRHA		IERHA		SH-SS		MB		PMH		NRHA	
T2 COUNT	3,865		861		1,225		8,642		1,877		806	
T2 RATE	6.9%	L	7.2%	-	7.3%	-	7.7%		9.1%	H	9.3%	H
T1 RATE	6.7%	L	7.7%		8.2%		7.9%		9.1%	H	10.3%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The hospital readmission rate in the Region has been relatively stable over time and significantly lower than the provincial average in both time periods.
- The only community area that had a significant increase in the rate of hospital readmission was Seven Oaks.
- Residents in Point Douglas South (highest) were twice as likely to be re-admitted to the hospital in T2 compared to residents of St. James-Assiniboia East (lowest).
- The regional geographic disparity gap widened slightly by 12 percent between T1 (2011/12) and T2 (2016/17).

**Table 4.16 Hospital Readmission Rates (Unplanned) by Winnipeg Community Area & Neighborhood Cluster in 2011/12 (T1) and 2016/17 (T2)**

Age- and sex-adjusted percentage of hospital episodes with a readmission within 30 days of discharge

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>8,642</b>	<b>7.7</b>		<b>7.9</b>	
<b>Fort Garry</b>	<b>336</b>	<b>6.0</b>	<b>L</b>	<b>5.6</b>	<b>L</b>
Fort Garry North	135	5.2	L	5.2	L
Fort Garry South	201	6.4		5.9	
<b>Assiniboine South</b>	<b>155</b>	<b>5.6</b>	<b>L</b>	<b>5.4</b>	<b>L</b>
<b>St. Vital</b>	<b>306</b>	<b>5.7</b>	<b>L</b>	<b>6.5</b>	<b>L</b>
St. Vital South	174	5.4	L	5.5	L
St. Vital North	132	6.0		7.4	
<b>St. Boniface</b>	<b>307</b>	<b>6.7</b>		<b>6.1</b>	<b>L</b>
St. Boniface East	175	5.8		6.2	
St. Boniface West	132	8.4	+	5.6	
<b>River Heights</b>	<b>283</b>	<b>6.2</b>	<b>L</b>	<b>6.7</b>	
River Heights West	163	5.6	L	6.4	
River Heights East	120	7.2		7.1	
<b>Transcona</b>	<b>211</b>	<b>7.3</b>		<b>6.8</b>	
<b>St. James-Assiniboia</b>	<b>272</b>	<b>5.4</b>	<b>L</b>	<b>5.3</b>	<b>L</b>
St. James-Assiniboia East	109	4.7	L	4.9	L
St. James-Assiniboia West	163	6.0		5.6	L
<b>Seven Oaks</b>	<b>380</b>	<b>6.8</b>	<b>+</b>	<b>5.5</b>	<b>L</b>
Seven Oaks North	20	5.0		5.2	
Seven Oaks East	229	6.9		5.5	L
Seven Oaks West	131	7.0	+	5.2	L
<b>Winnipeg RHA</b>	<b>3,865</b>	<b>6.9</b>	<b>L</b>	<b>6.7</b>	<b>L</b>
<b>River East</b>	<b>565</b>	<b>6.8</b>		<b>6.4</b>	<b>L</b>
River East East	146	6.2		6.5	
River East North	34	6.2		5.6	
River East West	272	6.4		6.0	L
River East South	113	7.7		6.8	
<b>Inkster</b>	<b>159</b>	<b>6.7</b>		<b>5.9</b>	<b>L</b>
Inkster West	70	6.1		5.1	
Inkster East	89	7.1		6.5	
<b>Downtown</b>	<b>526</b>	<b>8.0</b>		<b>8.2</b>	
Downtown West	213	7.2		7.4	
Downtown East	313	8.4		8.8	
<b>Point Douglas</b>	<b>359</b>	<b>8.3</b>		<b>7.1</b>	
Point Douglas North	170	7.3		6.0	
Point Douglas South	189	9.3		8.0	
<b>Churchill</b>	<b>6</b>	<b>6.3</b>		<b>8.8</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 1.8x  
T2 Disparity 2.0x  
Change ↑ 12%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

## Caesarean Section

### Definition

The percentage of caesarean section (C-section) procedures for in-hospital births among female residents, for a two-year time period.

### Why is this indicator important?

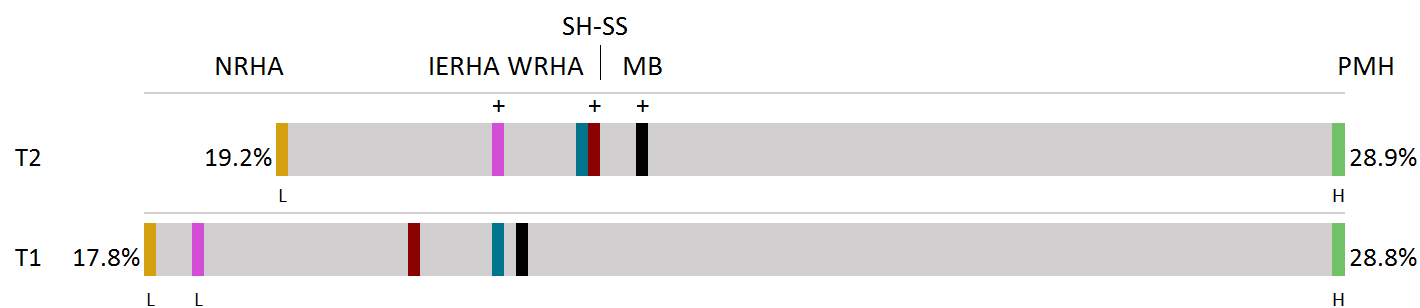
C-sections are associated with a greater risk of maternal morbidity, negative maternal and infant health outcomes, and higher costs to the healthcare system. The prevalence of C-sections is often used to monitor clinical practice, with an implicit assumption that lower rates indicate more appropriate and efficient care.

### Provincial Key Findings

- There were 7, 446 caesarean sections (C-sections) among Manitoba women in T2 (2015/16-2016/17).
- Overall, the prevalence of C-sections significantly increased in the province by 5 percent. Prevalence also significantly increased in Southern Health-Santé Sud and Interlake-Eastern RHA.
- **Age:** The prevalence of C-sections for women 40 years of age and older was generally higher than all other age groups for both time periods.
- **Income disparity:** The relationship between C-section prevalence and income was not statistically significant.

**Figure 4.18 Caesarean Section Prevalence by RHA, 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Maternal age-adjusted average annual percentage of singleton in-hospital births



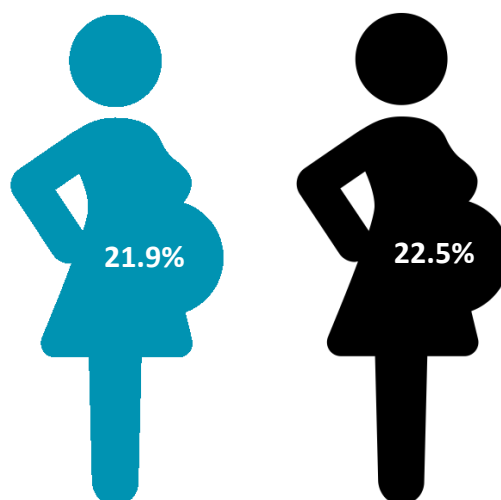
H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	NRHA		IERHA		WRHA		SH-SS		MB		PMH	
T2 COUNT	584		586		3,813		1,276		7,446		1,183	
T2 RATE	19.2%	L	21.2%	+	21.9%		22.1%	+	22.5%	+	28.9%	H
T1 RATE	17.8%	L	18.4%	L	21.1%		20.4%		21.4%		28.8%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- The prevalence of C-sections in the Region remained stable over time and was similar to the provincial average for both time periods.
- The prevalence in River East North increased significantly (63%) from the previous time period.
- C-section prevalence was 1.9 times higher for residents of River East North (highest) compared to residents of Seven Oaks North (lowest) in T2.
- The regional geographic disparity gap widened between T1 and T2 by 29 percent.



**Table 4.17 Caesarean Section by Winnipeg Community Area & Neighborhood Cluster in 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Maternal age-adjusted average annual percentage of singleton in-hospital births

	T2			T1	
	Count	Rate		Rate	
<b>Manitoba</b>	<b>7,446</b>	<b>22.5%</b>	<b>+</b>	<b>21.4%</b>	
<b>Fort Garry</b>	<b>473</b>	<b>23.5%</b>		<b>21.4%</b>	
Fort Garry South	327	23.4%		22.2%	
Fort Garry North	146	25.3%		21.0%	
<b>Assiniboine South</b>	<b>120</b>	<b>19.7%</b>		<b>21.1%</b>	
<b>St. Vital</b>	<b>366</b>	<b>23.1%</b>		<b>20.5%</b>	
St. Vital North	164	23.2%		20.0%	
St. Vital South	202	23.8%		21.3%	
<b>St. Boniface</b>	<b>300</b>	<b>21.1%</b>		<b>22.1%</b>	
St. Boniface West	73	20.9%		18.8%	
St. Boniface East	227	21.7%		23.7%	
<b>River Heights</b>	<b>234</b>	<b>19.9%</b>		<b>19.4%</b>	
River Heights West	147	19.1%		18.7%	
River Heights East	87	22.7%		21.8%	
<b>Transcona</b>	<b>217</b>	<b>22.7%</b>		<b>23.5%</b>	
<b>St. James-Assiniboia</b>	<b>270</b>	<b>21.7%</b>		<b>22.7%</b>	
St. James-Assiniboia West	133	21.3%		20.8%	
St. James-Assiniboia East	137	22.7%		25.1%	
<b>Seven Oaks</b>	<b>397</b>	<b>23.0%</b>		<b>23.1%</b>	
Seven Oaks North	15	15.7%		18.9%	
Seven Oaks West	157	23.3%		22.4%	
Seven Oaks East	225	24.2%		24.3%	
<b>Winnipeg RHA</b>	<b>3,813</b>	<b>21.9%</b>		<b>21.1%</b>	
<b>River East</b>	<b>500</b>	<b>22.8%</b>		<b>21.0%</b>	
River East West	167	22.0%		22.2%	
River East South	116	22.8%		21.8%	
River East East	181	23.2%		20.0%	
River East North	36	29.1%	<b>+</b>	17.9%	
<b>Inkster</b>	<b>194</b>	<b>21.6%</b>		<b>19.2%</b>	
Inkster East	97	20.5%		17.4%	
Inkster West	97	23.0%		20.9%	
<b>Downtown</b>	<b>442</b>	<b>21.9%</b>		<b>20.9%</b>	
Downtown West	200	21.4%		20.8%	
Downtown East	242	22.5%		20.9%	
<b>Point Douglas</b>	<b>296</b>	<b>20.2%</b>		<b>19.7%</b>	
Point Douglas South	110	18.3%		17.9%	
Point Douglas North	186	21.6%		20.7%	
<b>Churchill</b>	<b>s</b>			<b>s</b>	

## WRHA Geographic Disparity Ratio



T1 Disparity 1.4x  
T2 Disparity 1.9x  
Change **↑ 29%**

+/- A significant increase (+) or decrease (-) since the first time period  
s: suppression due to small numbers

Source: MCHP RHA Indicators Atlas 2019

## Vaginal Birth after Caesarean Section (VBAC)

### Definition

The percentage of female residents giving birth vaginally who previously delivered by caesarean section (C-section) at least once, reported for a five-year period.

### Why is this indicator important?

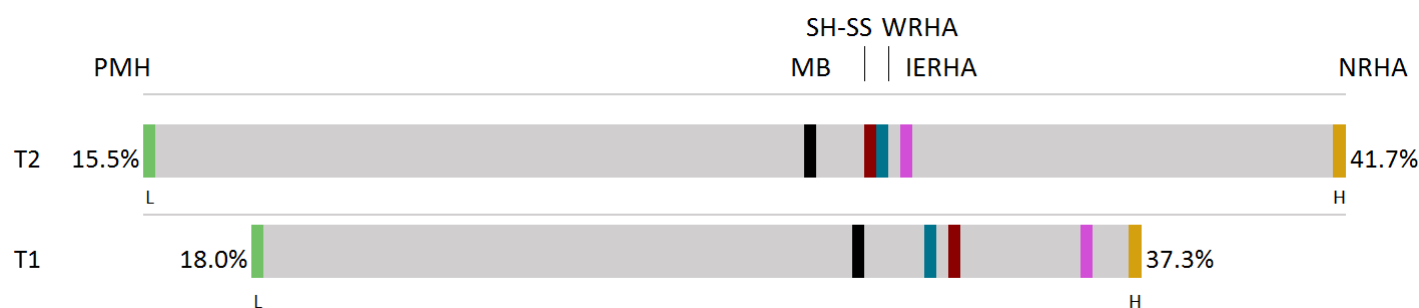
Vaginal birth is a safe option for many women who previously had a C-section and is preferred because there is less risk to the mother and a shorter recovery time. Clinical practice guidelines recommend that women who previously underwent a C-section be offered the opportunity to deliver vaginally, following a discussion about maternal and perinatal risks and benefits with their healthcare provider.

### Provincial Key Findings

- There was an average of 2,847 VBACs per year among Manitoba women in T2 (2012/13-2016/17).
- Overall, the rate of VBAC decreased slightly over time, but the decrease was not significant. All regions (with the exception of the Northern Health Region) had decreasing rates, but none of the changes were statistically significant.
- **Age:** The majority of women who had a VBAC were between the ages of 25 to 34 years old in T2.
- **Income disparity:** The relationship between VBAC and income was not statistically significant.

**Figure 4.19 Vaginal Birth after Prior Caesarean Section by RHA, 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted percentage of births among women with previous Caesarean section



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	PMH	MB	SH-SS	WRHA	IERHA	NRHA
T2 COUNT	230	2,847	549	1,450	232	384
T2 RATE	15.5% L	30.2%	31.5%	31.7%	32.4%	41.7% H
T1 RATE	18.0% L	31.2%	33.2%	32.7%	36.3%	37.3% H

Source: MCHP RHA Indicators Atlas 2019

### Regional Key Findings



- The rates of VBAC in the Region overall were similar to the provincial average in both time periods, and remained stable over time.
- The rate increased in some community areas and decreased in others but none of the changes were statistically significant.
- The rate of VBAC for women in St. Boniface West (highest) was 2.1 times higher for female residents of River East North (lowest) in T2 (2012/13-2016/17).
- The regional geographic disparity gap widened by 12 percent between T1 and T2.

**Table 4.18 Vaginal Birth after Caesarian Section by Winnipeg Community Area & Neighborhood Cluster  
in 2007/08-2011/12 (T1) and 2012/13-2016/17 (T2)**

Maternal age-adjusted percentage of births among women with previous caesarean section(s)

	T2		T1	
	Count	Rate	Rate	
<b>Manitoba</b>	<b>2,847</b>	<b>30.2%</b>	<b>31.2%</b>	
<b>Fort Garry</b>	<b>151</b>	<b>28.7%</b>	<b>29.0%</b>	
Fort Garry South	103	29.3%	31.9%	
Fort Garry North	48	27.6%	24.9%	
<b>Assiniboine South</b>	<b>51</b>	<b>33.6%</b>	<b>34.0%</b>	
<b>St. Vital</b>	<b>117</b>	<b>28.2%</b>	<b>35.8%</b>	
St. Vital South	71	29.4%	30.5%	
St. Vital North	46	26.7%	- 42.3%	
<b>St. Boniface</b>	<b>115</b>	<b>32.2%</b>	<b>31.0%</b>	
St. Boniface West	28	40.9%	40.5%	
St. Boniface East	87	30.1%	28.5%	
<b>River Heights</b>	<b>87</b>	<b>35.1%</b>	<b>36.6%</b>	
River Heights West	59	36.3%	37.5%	
River Heights East	28	32.8%	35.1%	
<b>Transcona</b>	<b>71</b>	<b>26.7%</b>	<b>28.5%</b>	
<b>St. James-Assiniboia</b>	<b>84</b>	<b>28.4%</b>	<b>29.6%</b>	
St. James-Assiniboia East	39	30.3%	26.4%	
St. James-Assiniboia West	45	27.1%	32.5%	
<b>Seven Oaks</b>	<b>174</b>	<b>32.3%</b>	<b>28.3%</b>	
Seven Oaks East	96	34.1%	25.8%	
Seven Oaks West	70	30.6%	32.1%	
Seven Oaks North	8	28.3%	s	
<b>Winnipeg RHA</b>	<b>1,450</b>	<b>31.7%</b>	<b>32.7%</b>	
<b>River East</b>	<b>177</b>	<b>30.3%</b>	<b>28.0%</b>	
River East East	71	35.0%	32.0%	
River East West	61	30.1%	27.2%	
River East South	38	26.7%	25.3%	
River East North	7	19.7%	23.7%	
<b>Inkster</b>	<b>92</b>	<b>31.9%</b>	<b>35.0%</b>	
Inkster East	48	32.6%	34.4%	
Inkster West	44	30.9%	35.5%	
<b>Downtown</b>	<b>190</b>	<b>35.2%</b>	<b>37.0%</b>	
Downtown East	101	36.8%	36.4%	
Downtown West	89	33.2%	37.3%	
<b>Point Douglas</b>	<b>141</b>	<b>34.9%</b>	<b>39.0%</b>	
Point Douglas South	61	36.7%	43.8%	H
Point Douglas North	80	33.5%	34.3%	
<b>Churchill</b>	<b>s</b>		<b>s</b>	

**WRHA Geographic Disparity Ratio**

T1 Disparity 1.8x  
 T2 Disparity 2.1x  
 Change ↑ 12%

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 s: suppression due to small numbers  
 Source: MCHP RHA Indicators Atlas 2019



## A CLOSER LOOK AT ACUTE CARE IN THE REGION

In 2017, the WRHA announced broad changes to clinical services, as part of the Healing our Health System transformation. The clinical consolidation aspect of the Healing our Health System plan is about matching hospital and community services to meet patient demand and the overall improvement of patient flow—the right care, at the right time, in the right place.

Clinical consolidation has three phases. The first phase was implemented in 2017. One of the major changes involved the reorganization of emergency and urgent-care services. Emergency services at six city hospitals—Concordia, Victoria, Seven Oaks, St. Boniface, Grace and Health Sciences Centre Winnipeg—were consolidated at three facilities (Grace, St. Boniface, and Health Sciences Centre Winnipeg). The previous provision of urgent-care services at Misericordia Health Centre was replaced by three new urgent-care centres—Concordia, Victoria and Seven Oaks. Since these changes were made one-year after the CHA data report time period, findings presented in this report will not reflect any results from clinical consolidation.

## Canadian Patient Experience Survey—Inpatient Care

### Definition

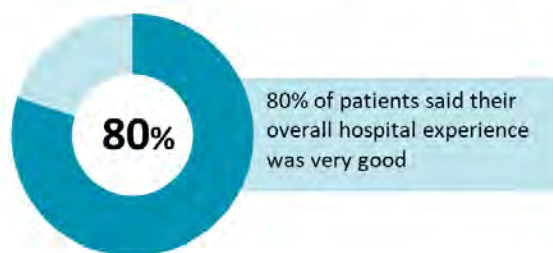
The percentage of adult patients participating in the Canadian Patient Experience Survey – Inpatient Care (CPES-IC), over a one-year time period, who reported positively about the quality of care they received during a recent hospital stay. It excludes patients admitted for primary mental health diagnosis or from a mental health facility, admitted from correctional facilities, discharged to personal care homes, or selected for the survey in the last 12 months within the same hospital.

### Why is this indicator important?

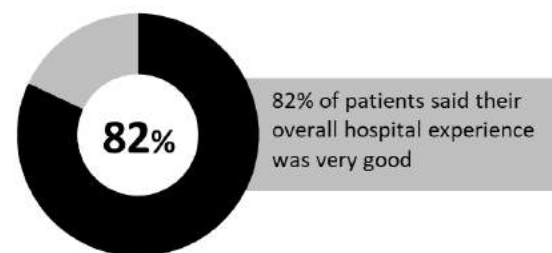
This survey is a partnership between all regional health authorities and the Manitoba government, as part of a larger initiative that supports the comparison of patient experiences across Canada. It supports quality improvement initiatives at all service delivery sites, informs on hospital care and supports accreditation processes.

**Figure 4.20 Percentage of Respondents who Rated their Overall Hospital Experience as ‘Very Good’ based on CPES-IC, 2017/18**

#### Overall Hospital Experience in WRHA



#### Overall Hospital Experience in MB



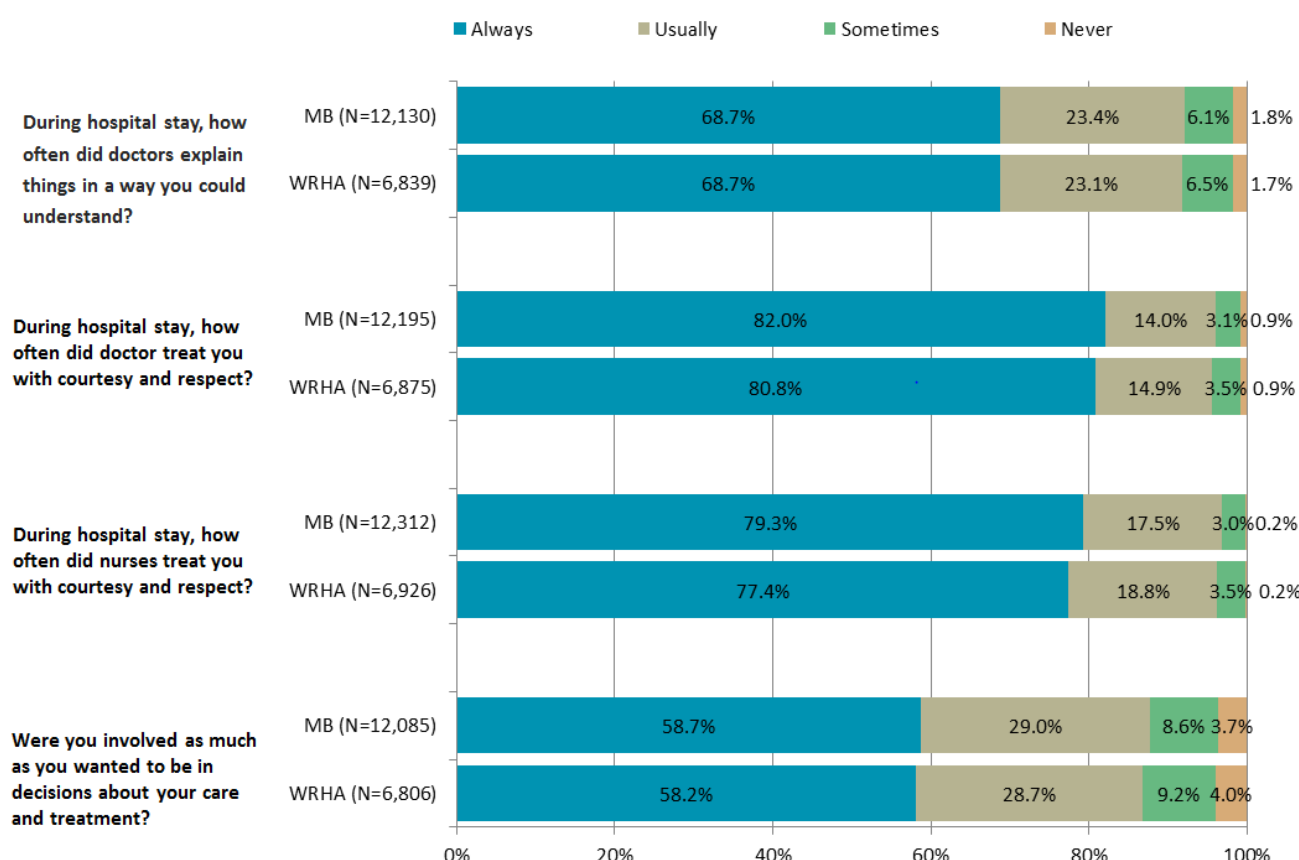
Source: IMA MHSAL 2019

### Key Findings

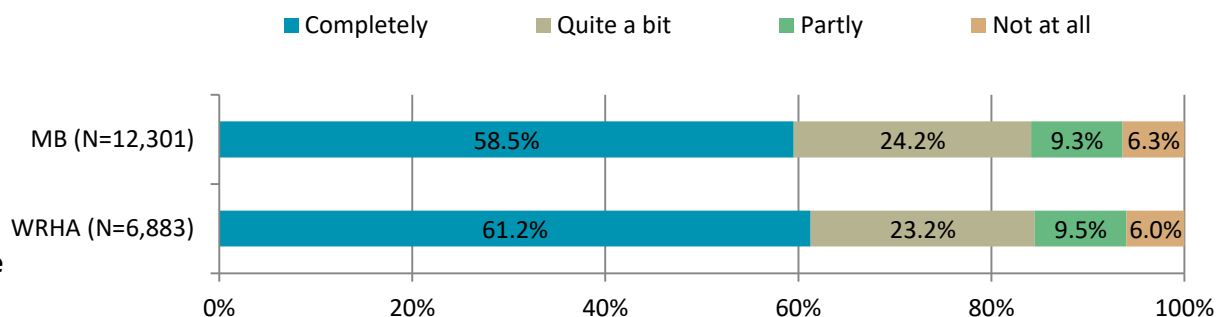
- In the Region, a total of 7,012 inpatients completed the 2017/18 Canadian Patient Experience survey with a response rate of 33.4 percent compared to the provincial response rate of 35.4 percent.
- 80 percent of Winnipeg Health Region respondents rated their overall experience as an eight or higher on a 10-point scale (where 10 was the highest) compared to 81.9 percent of Manitoba respondents overall.
- 58.2 percent of Winnipeg Health Region residents responded that they were ‘always’ involved, as much as they wanted to be, in decisions about their care and treatment compared to 58.7 percent of Manitoba respondents overall.
- 77.4 percent of Winnipeg Health Region residents who responded to the survey indicated that during their hospital stay, nurses ‘always’ treated them with courtesy and respect (79.3% provincially).

- Over three-quarters of Winnipeg Health Region respondents (80.8%) felt that they were ‘always’ treated with courtesy and respect from doctors (82.0% provincially).
- Over two-thirds of Winnipeg Health Region respondents (68.7%) felt that doctors ‘always’ explained things in a way they could understand (68.7% provincially).
- 61.2 percent of respondents in the Region were ‘completely’ satisfied with the amount of information they received from hospital staff about what to do if they were worried about their condition or treatment after leaving the hospital (compared to 58.5% of respondents provincially).
- For those who requested French language services, the percentage of oral French language services offered in the Region was lower than other service types and the provincial average, although the differences were not tested statistically (Figure 4.22).

**Figure 4.21 Percentage of Responses to Five Questions on the CPES-IC Conducted in the Winnipeg Health Region and Manitoba, 2017/18**

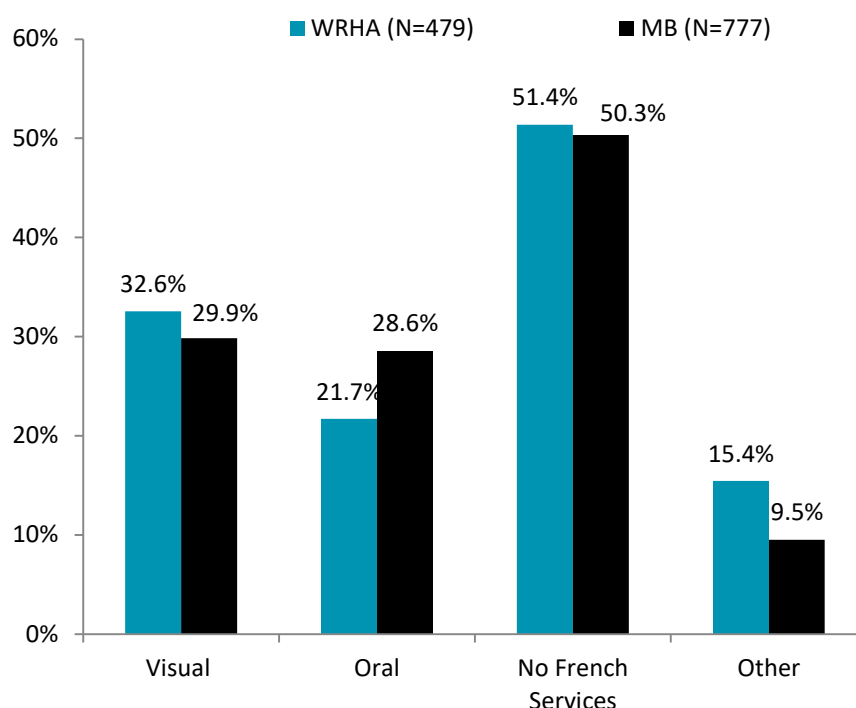


Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?



Source: IMA MHSAL 2019

Figure 4.22 Responses to the Question on 2017/18 CPES-IC: “How were French-language services offered to you?”



Source: IMA MHSAL 2019

## Category Descriptions:

**Visual:** Any instance where the following or any combination of the following are reported—wear pin, French sign, and/or French written

**Oral:** Any instance where the following or any combination of the following are reported—bilingual services, French wanted, French services, and/or French interpreter.

**No French language services:** Any instance where no French language services is reported.

**Other:** Any instance where other is reported.

## A CLOSER LOOK AT THE CANADIAN PATIENT EXPERIENCE SURVEY

The Canadian Patient Experience Survey – Inpatient Care is a national standardized survey mailed to patients, following their discharge, to provide feedback about the quality of care they received during their most recent stay in an acute care hospital. Patients are also provided options to complete the survey online or in French. The survey is used across the country, and all Regional Health Authorities in the province are now using the same survey. Data collection for the rural regions is coordinated provincially.

For more information on the Canadian Patient Experience Survey, please visit [www.cihi.ca/en/patient-experience](http://www.cihi.ca/en/patient-experience).



# Home Care

## Home Care Prevalence

### Definition

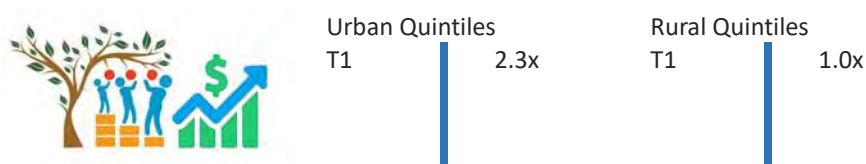
The prevalence of active clients receiving one or more home care services, grouped by type of service (healthcare aides/home support worker and nursing services), for a two-year time period.

### Why is this indicator important?

Home care use provides insight into the services and supports provided (such as personal care, nursing care and home support) to help individuals remain at home and live independently in their community. An aging population, and an increase in those living with chronic conditions, will result in the need for additional home care support services.

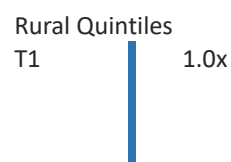
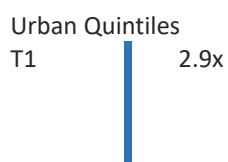
### Provincial Key Findings

- In T1 (2013/14-2014/15), the overall prevalence of home care service use for all ages was 3.3 percent; an estimated 43,157 of Manitoba residents received one or more home care services during the two-year time period.
- **Income disparity:** The prevalence of home care use was 2.3 times higher among residents of the lowest income urban areas compared to residents of the highest income urban areas in T1. While the prevalence was 1.0 time higher among residents of lower income rural areas compared to residents of higher income rural areas in T1.



### Healthcare Aid/Home Support Worker Services

- In T1 (2013/14-2014/15), an estimated 29,149 Manitoba residents received healthcare aid (HCA) and home support worker (HSW) services, corresponding to a rate of 2.2 percent in the province.
- Residents who were female and aged 85+ years old were the highest users of HCA and HSW services.
- **Income disparity:** In urban settings, the prevalence of home care services by HCA or HSW was 2.9 times higher for residents of lower income areas compared to residents of higher income areas in T1 (2013/14-2014/15). While the prevalence was 1.0 time higher among residents of the lowest income rural areas compared to residents of the highest income rural areas in T1.



## Nursing

- In T1 (2013/14-2014/15), an estimated 23,442 Manitoba residents received home care nursing services, representing a prevalence of 1.8 percent across the province.
- The prevalence of receiving home care nursing services was highest among residents aged 85 years and older.
- **Income disparity:** In urban settings, the prevalence of nursing support received through home care services was 2.0 times higher for residents of the lowest income areas compared to residents of the highest income areas in T1.

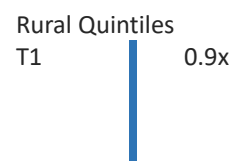
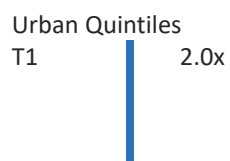
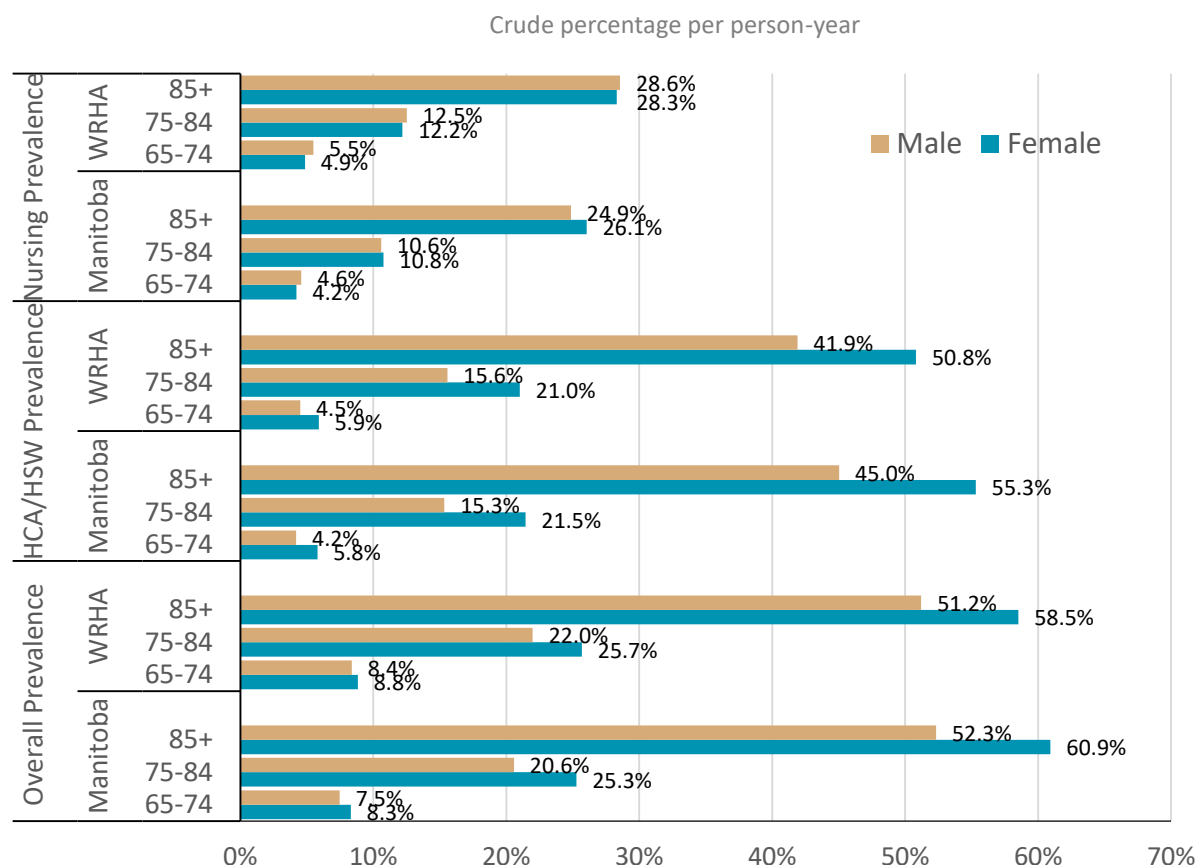


Figure 4.23 Home Care Prevalence by Gender, Age and Provider Type for the WRHA and Manitoba, 2013/14-2014/15



Source: Preliminary data tables from work being commissioned by the provincial health department.

## Regional Key Findings

- In T1 (2013/14-2014/15), the overall prevalence of home care use in the Region for residents of all ages was 3.6 percent. An estimated 26,769 Winnipeg Health Region residents received one or more home care services during the two-year time period.
- The proportion of residents receiving home care services in the Winnipeg Health Region was significantly higher than the provincial average.
- For more information on home care in the Region, please see [“A Closer Look at Home Care and Personal Care Homes in the Region”](#).

## Healthcare Aid (HCA)/Home Support Worker Services (HSW)

- In T1 (2013/14-2014/15), an estimated 17,145 Winnipeg urban residents received HCA and HSW services, corresponding to a prevalence of 2.3 percent in the Region.
- The prevalence of receiving services from HCAs and HSWs was higher among residents who were female and aged 85 years and older.

## Nursing Services

- In T1 (2013/14-2014/15), an estimated 15,696 Winnipeg urban residents received home care nursing services, representing a prevalence of 2.1 percent in the Region.
- The prevalence of receiving home care nursing services was higher among residents aged 85 years and older.

## Personal Care Homes (PCHs)

### Residents in Personal Care Homes (PCH)

#### Definition

The percentage of residents 75 years and older who live in a personal care home, for a one-year time period.

#### Why is this indicator important?

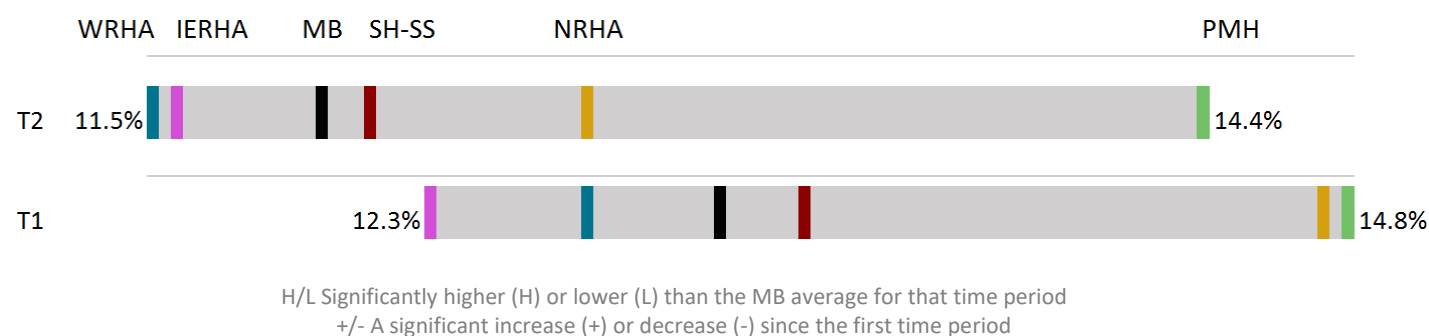
As the population continues to age, it is important to monitor the proportion of residents living in PCHs to anticipate increasing healthcare resource requirements.

#### Provincial Key Findings

- In T2 (2016/17), 21,719 Manitoba residents aged 75 years and older lived in PCHs.
- Overall, the percentage of residents aged 75 years and older and living in a PCH decreased over time by 8.3 percent, but the change was not statistically significant. Decreases were also seen in all regions, but none of the changes were statistically significant.

**Figure 4.24 Residents in Personal Care Homes by RHA, 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents 75+ living in a PCH



	WRHA	IERHA	MB	SH-SS	NRHA	PMH
T2 COUNT	12,663	1,705	21,719	2,584	310	4,457
T2 RATE	11.5%	11.6%	12.0%	12.1%	12.7%	14.4%
T1 RATE	12.7%	12.3%	13.1%	13.3%	14.7%	14.8%

Source: MCHP RHA Indicators Atlas 2019

#### Regional Key Findings

- The percentage of residents aged 75 years and older living in a PCH was similar to the provincial average in both time periods.

- The percentage decreased slightly from the previous time period, but the change was not statistically significant.
- Five community areas (Assiniboine South, River Heights, St. James-Assiniboia, Downtown, and Point Douglas) had significantly higher rates of residents living in a PCH than the provincial average in T2.
- The percentage of residents living in PCHs in Fort Garry, Assiniboine South, St. Boniface, Transcona and Seven Oaks decreased significantly over time.
- The percentage of Downtown (highest in Winnipeg) residents aged 75 years and older living in a PCH was 4.6 times higher than St. Boniface (lowest in Winnipeg) 2015/16-2016/17<sup>7</sup>.
- The regional geographic disparity gap widened between the two time periods by 35 percent.
- Neighbourhood cluster level data not available.
- For more information on home care in the Region, please see "[A Closer Look at Home Care and Personal Care Homes in the Region](#)".

**Table 4.19 Residents in Personal Care Homes by Winnipeg Community Area & Neighborhood Cluster in 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Age- and sex-adjusted average annual percentage of residents 75+ living in a PCH



	T2			T1		
	Count	Rate		Rate		
<b>Manitoba</b>	21,719	12.0		13.1		
<b>Fort Garry</b>	946	8.6	L-	9.8	L	
<b>Assiniboine South</b>	1,297	17.3	H-	20.7	H	
<b>St. Vital</b>	1,149	10.7		11.5		
<b>St. Boniface</b>	422	5.5	L-	7.9	L	
<b>River Heights</b>	1,371	13.3	H	13.2		
<b>Transcona</b>	202	5.7	L-	8.2	L	
<b>St. James-Assiniboia</b>	1,577	14.7	H	15.3	H	
<b>Seven Oaks</b>	1,274	11.9	-	13.9		
<b>River East</b>	1,406	9.3	L	8.8	L	
<b>Inkster</b>	276	8.2	L	9.8	L	

	T2			T1		
	Count	Rate		Rate		
<b>Winnipeg RHA</b>	12,663	11.5		12.7		
<b>Downtown</b>	2,109	25.4	H	27.1	H	
<b>Point Douglas</b>	621	12.8		12.5		
<b>Churchill</b>	13	28.1	H	31.3	H	

**WRHA Geographic Disparity Ratio**

T1 Disparity	<b>3.4x</b>
T2 Disparity	<b>4.6x</b>
Change	<b>↑ 35%</b>

H/L Significantly higher (H) or lower (L) than the MB average for that time period  
 +/- A significant increase (+) or decrease (-) since the first time period  
 Source: MCHP RHA Indicators Atlas 2019

<sup>7</sup> A small number of beds in the Churchill Regional Health Centre function as a PCH, but this is not a truly separate and licensed PCH facility. Therefore, the Churchill data are not reported exactly the same as other PCHs in the Region. Churchill's population (especially its older adult population) is quite small, so small numbers of events can cause large differences in rates. For these reasons, Churchill was not used in this calculation, even though it appears to have the highest rate.

### Level of Care on Admission to Personal Care Homes

#### Definition

The percentage of residents aged 75 and older admitted to a PCH at each level of care, for a two-year time period.

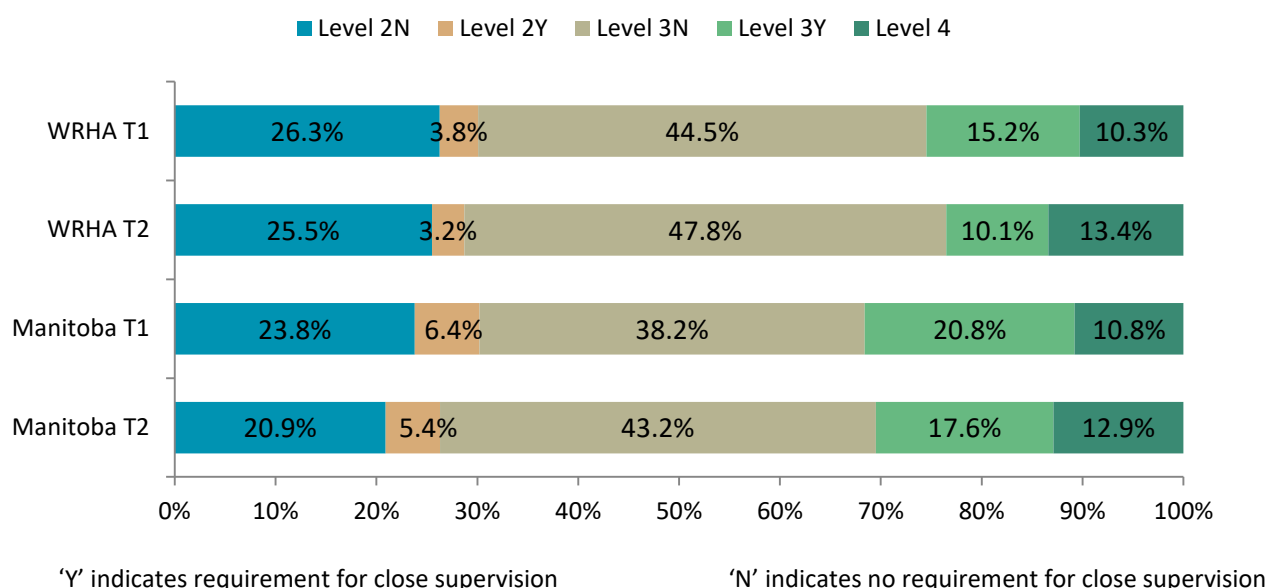
#### Why is this indicator important?

Understanding levels of care upon admission provides an indication of accessibility and affordability of alternate housing options and community-based support for older adults requiring minimal care, and the resources required to meet more intensive care needs across the continuum of care.

#### Provincial Key Findings

- Overall, the proportion of PCH residents requiring high levels of care at the time of admission has increased. In 2015/16-2016/17, no residents were admitted in level 1 (the lowest level of care).
- There was a reduction in level 2 admissions and an increase in level 3 and 4 admissions (highest level of care); however, none of the changes were statistically significant.
  - The proportion of level 2N admissions decreased from 23.8 percent to 20.9 percent.
  - The proportion of level 2Y admissions decreased from 6.4 percent to 5.4 percent.
  - The proportion of level 3N admissions increased from 38.2 percent to 43.2 percent.
  - The proportion of level 3Y admissions decreased from 20.8 percent to 17.6 percent.
  - The proportion of level 4 admissions (the highest level of care) increased from 10.8 percent to 12.9 percent.

**Figure 4.25 Level of Care on Admission to Personal Care Homes in WRHA and Manitoba in 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**



Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

- In the Winnipeg Health Region, no residents were admitted for level 1 (the lowest level of care) in both time periods.
- There was a decrease in level 2 and level 3 admissions and an increase in level 4 admissions; however, none of the changes were statistically significant.
  - The proportion of level 2 admissions not requiring close supervision (2N) decreased from 26.3 percent to 25.5 percent.
  - The proportion of level 2 admissions requiring close supervision (2Y) decreased from 3.81 percent to 3.21 percent.
  - The proportion of level 3 admissions not requiring close supervision (3N) increased from 44.5 percent to 47.8 percent.
  - The proportion of level 3 admissions requiring close supervision (3Y) decreased from 15.2 percent to 10.1 percent.
  - The proportion of level 4 admissions (the highest level of care) increased from 10.3 percent to 13.4 percent.
- For more information on home care in the Region, please see [“A Closer Look at Home Care and Personal Care Homes in the Region”](#).

## Benzodiazepine Overprescribing—Personal Care Homes (75+)

### Definition

The percentage of older adults aged 75 years and older who had at least two prescriptions for benzodiazepines or at least one prescription for benzodiazepines with a greater than 30-day supply per year, in a two-year time period.

### Why is this indicator important?

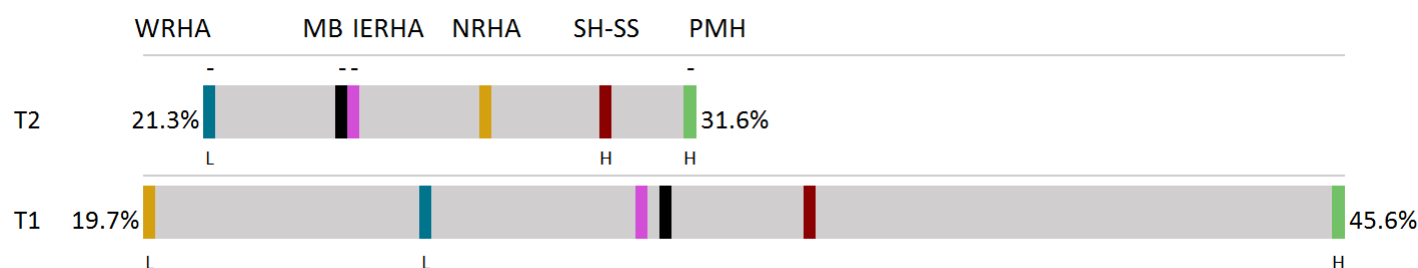
Benzodiazepines are medications widely used to treat seizures, anxiety and insomnia; however, use by older adults is not recommended as it poses serious safety concerns including increased risk for confusion, memory loss, poor coordination and muscle control, potentially leading to falls and fractures.

### Provincial Key Findings

- 2015/16-2016/17, 4,298 PCH residents aged 75 years and older were overprescribed benzodiazepines.
- Overall, the proportion of Manitoba PCH residents aged 75 years and older who were overprescribed benzodiazepines decreased significantly (21.5%) between the two time periods.
- Decreases occurred in all regions except the Northern Health Region, where the rate increased; however, the increase was not significant.

**Figure 4.26 Crude Proportion of PCH Residents with Inappropriate Benzodiazepine Rx by RHA, 2010/11-2011/12 and 2015/16-2016/17**

Crude percentage of PCH residents age 75+



H/L Significantly higher (H) or lower (L) than the MB average for that time period  
+/- A significant increase (+) or decrease (-) since the first time period

	WRHA		MB		IERHA		NRHA		SH-SS		PMH	
T2 COUNT	2,322		4,298		417		65		269		1,225	
T2 RATE	21.3%	L-	24.4%	-	24.4%	-	27.2%		29.7%	H	31.6%	H-
T1 RATE	25.9%	L	31.0%		30.6%		19.7%	L	34.1%		45.6%	H

Source: MCHP RHA Indicators Atlas 2019

## Regional Key Findings

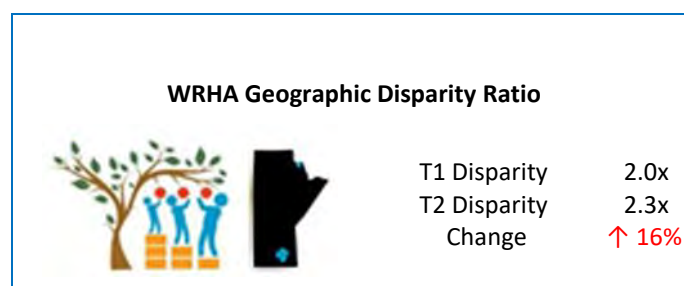
- The percentage of the Region's PCH residents aged 75 years and older who were overprescribed benzodiazepines was significantly lower than the provincial average in both time periods.
- The percentage of the Region's PCH residents aged 75 years and older who were overprescribed benzodiazepines decreased significantly by 18 percent between the two time periods.
- Four community areas (Assiniboine South, River Heights, River East and Downtown) had overprescribing rates significantly lower than other community areas and showed decreasing rates over time.
- PCH residents in Inkster (highest) were 2.3 times more likely to have prescriptions for benzodiazepines than those residing in River East (lowest) in T2.
- The regional geographic disparity gap widened over time by 16 percent.
- Neighbourhood cluster level data not available.

**Table 4.20 Benzodiazepine overprescribing by Winnipeg Community Area & Neighborhood Cluster in 2010/11-2011/12 (T1) and 2015/16-2016/17 (T2)**

Crude percentage of PCH residents aged 75+

	T2			T1	
	Count	Rate		Rate	
Manitoba	4,298	24.4	-	31.0	
Fort Garry	227	24.1		24.1	L
Assiniboine South	230	17.7	L-	24.9	L
St. Vital	290	25.6		24.0	L
St. Boniface	81	19.1	-	25.5	
River Heights	158	17.4	L-	27.0	
Transcona	61	29.8		39.6	
St. James-Assiniboia	285	27.1		30.4	
Seven Oaks	301	23.7	-	33.5	
River East	197	14.1	L-	19.6	L
Inkster	89	32.8		35.6	

	T2			T1	
	Count	Rate		Rate	
Winnipeg RHA	2,322	21.3	L-	25.9	L
Downtown	247	17.7	L-	21.7	L
Point Douglas	156	25.1		24.4	L
Churchill	N/A	N/A		N/A	



N/A: data not available

H/L Significantly higher (H) or lower (L) than the MB average for that time period

+/- A significant increase (+) or decrease (-) since the first time period

Source: MCHP RHA Indicators Atlas 2019

NOTE: Churchill is excluded because the PCH is part of the hospital. The drug dispensation rates are so low that it's safe to assume that almost all drugs are dispensed in hospital and the drug data would vastly underestimate the true rate.



## A CLOSER LOOK AT HOME CARE AND PERSONAL CARE HOMES IN THE REGION

There has been a significant decrease in the percent of WRHA residents aged 75 years and older admitted to personal care homes (PCHs), from 3.2 percent in 2010/11-2011/12 to 2.8 percent in 2015/16-2016/17.<sup>vi</sup> While the population growth rate of 75 years of age and older has been higher than the increases seen in the number of PCH beds over recent years, alternatives like home care and other housing options provide services that may delay or reduce the need for PCH beds.

In the fall of 2017, the WRHA introduced Priority Home, an additional option within the existing WRHA Home Care Program, designed to provide short-term, transitional, intensive case coordination and restorative services to clients in their home for up to 90 days. Priority Home was designed with a “person-centred collaborative philosophy focused on keeping patients, specifically high needs seniors, safe in their homes for as long as possible, with community support.”<sup>vii</sup> Priority Home supports clients to return home following hospital discharge and provides a window of opportunity to assess and remedy barriers the client may have to remain community-dwelling; thereby subverting premature paneling to PCH. Priority Home was designed based on the success of similar models of care in other Canadian jurisdictions and in consultation with local stakeholders including service recipients, physicians, hospital, Long Term Care, and community staff. Launch of services included revisions to the regional discharge policy; revisions to policies on paneling to PCH from hospital; development of standard operating procedures; education and training for staff; staff, leadership, and physician engagement; and ongoing monitoring and evaluation.

Since its inception, over 700 clients have been admitted to Priority Home Services.<sup>viii</sup> The majority of clients were referred to Priority Home Services from the hospital (85%) and were able to transition home instead of remaining in the hospital or potentially being paneled for a PCH bed.<sup>iii</sup> Clinical assessment data indicates nearly two-thirds (62%) of Priority Home Services clients are individuals at greater risk of PCH placement and one-third are lower needs clients who would have been potentially prematurely placed in a PCH if paneled in the hospital.<sup>ix</sup> An internal review of Priority Home Services found that for all Priority Home discharges that occurred between April 1, 2018 to September 30, 2019 (499 discharges), the average length of services received was 106 days (median length of service was 99 days) indicating many clients are receiving the full amount of time of Priority Home Services.<sup>x</sup>

In an early survey of Priority Home Services clients and family members, nearly all respondents (20 out of 23) felt the service was helpful in keeping clients in the community and delaying or preventing PCH placement. Several respondents indicated the therapy services provided by Priority Home Service were especially important for achieving that outcome.<sup>iv</sup>

## References

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- <sup>i</sup> Menec, V.H., Sirski, M., and Attawar, D. (2005). "Does Continuity of Care Matter in a Universally Insured Population?" *Health Services Research*, 40(2):389-400.
- <sup>ii</sup> Masopust, J., Protopopova, D., Valis, M., Pavelek, Z., and Klimova, B. (2018). "Treatment of behavioural and psychological symptoms of dementias with psychopharmaceuticals: a review." *Neuropsychiatric Disease and Treatment*, 14: 1211-1220.
- <sup>iii</sup> Fransoo, R., Mahar, A., The Need to Know Team, Anderson, A., Prior, H., Koseva, I., McCulloch, S., Jarmasz, J., Burchill, S. *The 2019 RHA Indicators Atlas*. Winnipeg, MB. Manitoba Centre for Health Policy. Autumn 2019.
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