Downtown

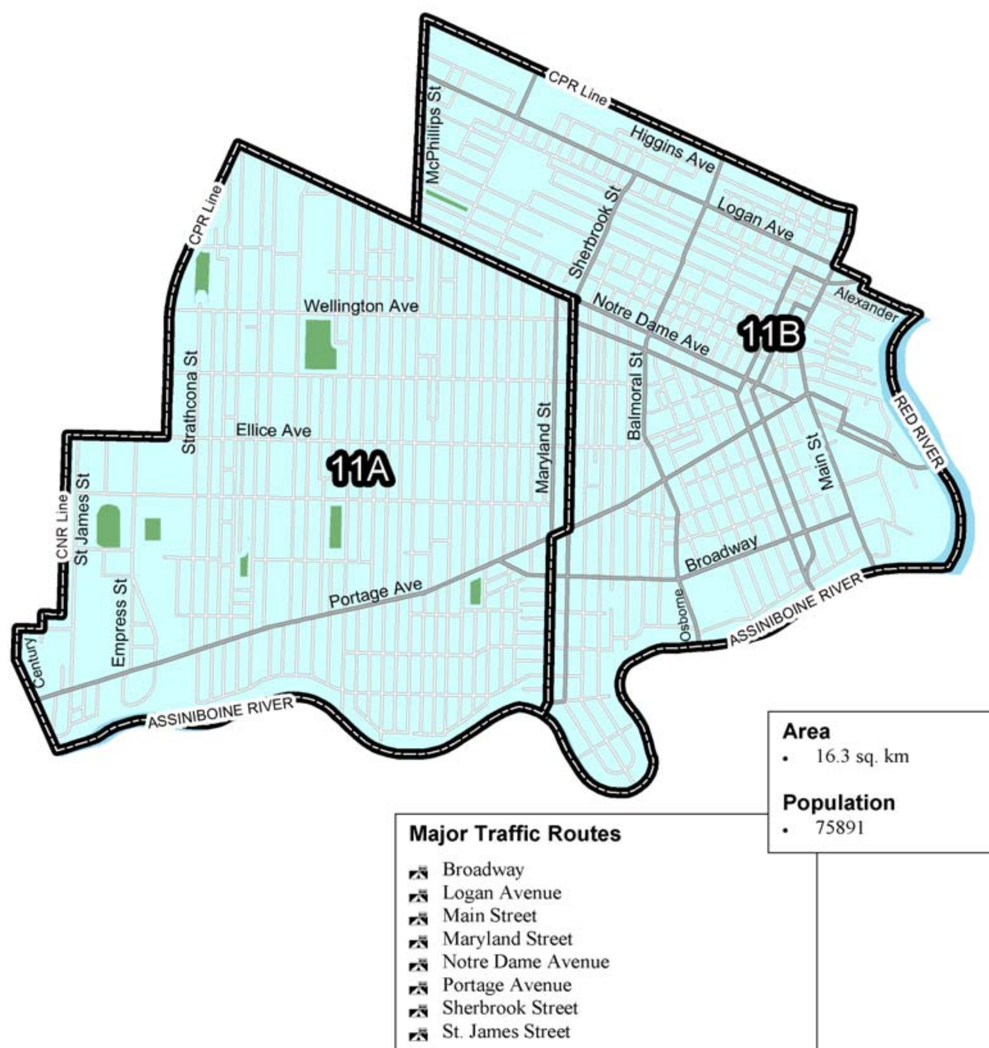
The Downtown Community Area (CA) is one of 12 community areas (CAs) in the Winnipeg Health Region (WHR). A population health profile has been generated for the Downtown CA in order to identify its key health issues by integrating the information in the Data Book, CHA Report 2004 for people in the Downtown CA.

While recognizing the diversity of individual needs and strengths, a population health approach responds to the collective needs and strengths of an entire population. The term population health emphasizes not just health outcomes as issues that need to be addressed, but also the determinants of health known to influence the health and well-being of an entire population. It is recommended that the reader refer to the Community Area Overview, as well as, the Winnipeg Health Region Overview. These chapters contain additional information, which will aid in the understanding of the population health profile for this community area.

The population health profile for the Downtown CA contains the following sections:

- Geography *(describing where the population lives)*
- Population Characteristics *(describing who the people are)*
- Health Issues *(leading health issues based on size and severity)*
- Determinants of Health
- Summary of Key Issues *(emerging themes from the data)*

Geography



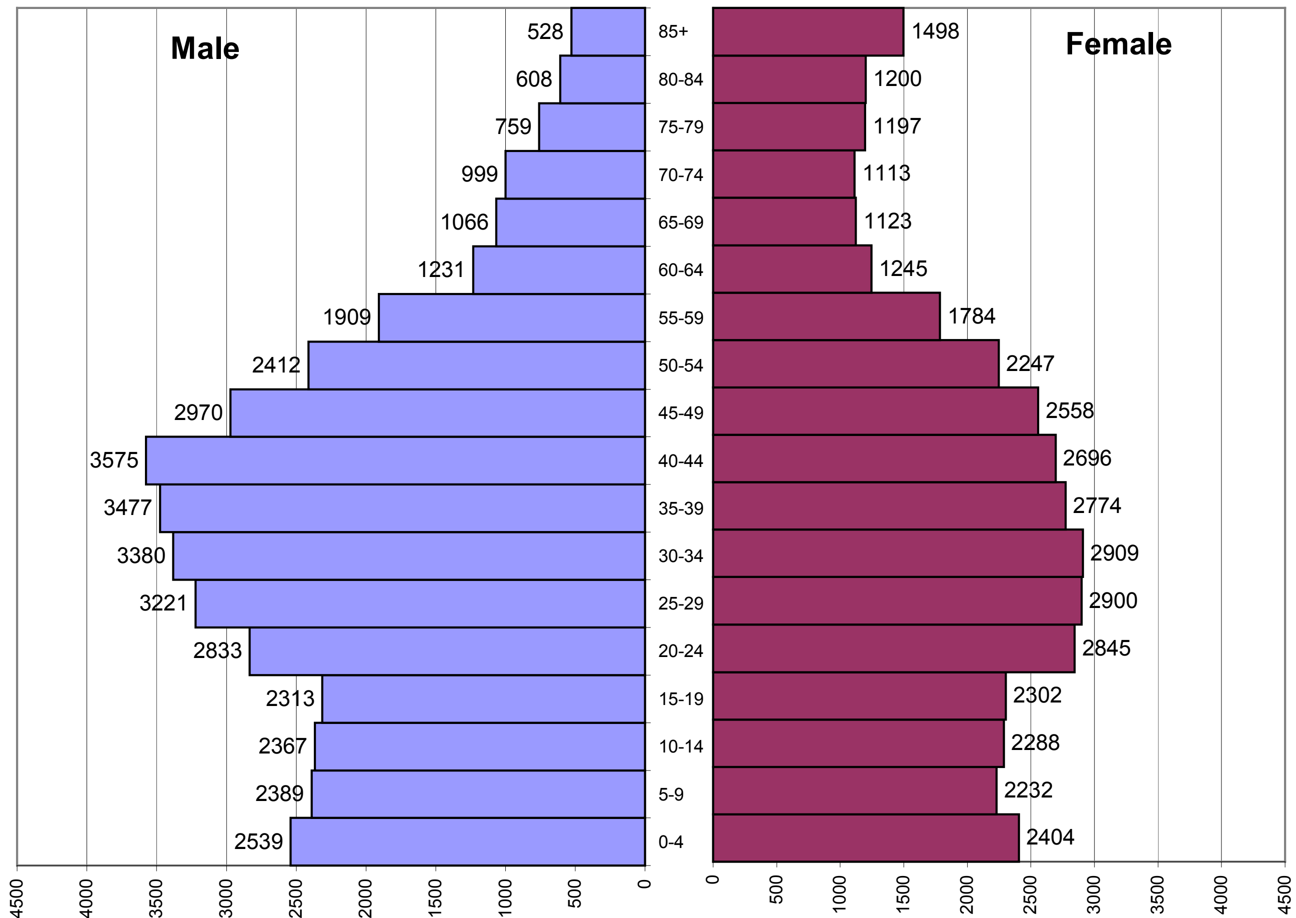
Population Characteristics

The demography of the population forms the foundation of the Winnipeg Regional Health Authority's (WRHA) community health assessment. The most basic pieces of information - the age and sex distribution of the population - form an outline of a picture of the population. Information in areas such as family structure, ethnicity and economics describes population characteristics that enhance our understanding of the people living in the Downtown CA. Every community has characteristics that make it unique, with both strengths and challenges to overcome. In this section, some of these characteristics are described for this community area. This information is derived using data from the 2001 Census, along with the most recent population figures from the Manitoba Health Population Health Registry File, 2003.

- Downtown is one of twelve Community Areas within the Winnipeg Health Region.
- As of June 1, 2003, the population of the Downtown CA was 75 891, which accounts for 11.5% of the population in the Winnipeg Health Region.
- This Community Area is 16.3 square kilometres in size.

Age and Sex Distribution

Downtown CA - 2003 Population by Age and Gender



	Male	Female	Both Genders
Total All Ages	**38576**	**37315**	**75891**

Source: Manitoba Health Population Health Registry File, June 2003.

The Downtown CA has a mid-range proportion of children and youth aged 19 years and under (24.8%) and a mid-range proportion of senior citizens aged 65 years and older (13.3%).

In the WHR, the male to female ratio is approximately equal for most age groups, although overall females tend to outnumber males slightly. In contrast, in this CA, males outnumber females particularly in the 40-44-year-old age group. This is reversed in the older age groups where females greatly outnumber males from the 75-79-year-old age group and older.

Family Structure

The WHR is home to many different types of families. “Families shape and are shaped by the communities and societies in which they are embedded.”[1] According to Statistics Canada, Canadian families have become more diverse over the past twenty years.[2] This has been attributed to increases in separation, divorce, remarriage, common-law unions, and lone parent families. This is also influenced by a general decline in fertility rates and an increase in the ageing population. Statistics Canada routinely measures components of family structure through the Census. Although the Census definitions of family may be limiting in some aspects, it is important to note that the Census provides the best available information on family structure. In this section, selected information on family structure in the WHR is presented. Further detail can also be found in the Data Book, CHA Report 2004.

The majority of people in the WHR (83.8%) are considered members of *economic families*, while a similar majority (81.7%) are considered members of *census families.* [3] [4] For the Downtown CA, 70.0% of people are in economic families and 66.8% are in census families. Those who are not in economic families are termed *unattached individuals*. The proportion of *unattached individuals* in the Downtown CA is 30.0%, which is substantially higher than that of the WHR, at 16.2%. According to Statistics Canada, senior citizens are more likely to live alone than other members of a population.[2] The proportion of senior citizens (65 years of age and older) in the WHR that live alone is 34.9%, which is higher than that for Canada, at 28.9%. The proportion of senior citizens in Downtown CA that live alone is 48.4%, which is the highest proportion of all the CAs.

Statistics Canada also indicates that Canadian family size is declining.[2] In the WHR, most families consist of two persons. More specifically, 49.6% of census families are two-person families, while 21.0% are four-person families. Such family composition varies by CA. In the Downtown CA, 49.9% of census families consist of two persons while 17.5% consist of four persons. In the Downtown CA, 32.1% of the population (15 years of age and older) is married, which is substantially lower than that for the WHR, at 49.1%. In this CA, 8.8% of the population reports a common-law relationship compared to 6.9% of the WHR population. Most married couples in the WHR and Downtown CA have children at home, 58.7% and 58.2% respectively. However, common-law couples in both the WHR and the Downtown CA are less likely to have children living at home, 39.4% and 34.5% respectively. In the Downtown CA, 9.2% of the population is divorced, which is higher than that of the WHR, 7.6 %.

There are 31 285 single parent (referred to as “lone parent” in the 2001 Census) families within the WHR. This represents 18.3% of WHR census families, which is higher than Canada’s 16.0% of census families. At 83%, the vast majority of WHR single parent families are headed by women. The proportion of the single parent population varies throughout the WHR. In the Downtown CA, 27.2% of census families are single parent families of which 86.5% are headed by women. The highest concentration of single parent families is found in the Downtown CA and the Point Douglas CA.

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[1] Vanier Institute of the Family. *Profiling Canada’s Families II*. Ottawa: Vanier Institute of the Family, 2002.

[2] Canada. Statistics Canada. *Profile of Canadian families and households: Diversification continues.* Ottawa: Government of Canada, 2002.

[3] An *economic family* refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. Canada. Statistics Canada. *2001 Canadian Census Dictionary* (rev. ed.). Ottawa: Government of Canada, 2004.

[4] A *census family* refers to a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners) or a lone parent (of any marital status), with at least one child living in the same dwelling. A couple living in common-law can be of the opposite or same sex. Children in a census family include grandchildren living with their grandparent(s) but with no parents present. Census families are a subset of economic families. Canada. Statistics Canada. *2001 Canadian Census Dictionary* (rev. ed.). Ottawa: Government of Canada, 2004.

Ethnicity

The WHR is well known for its cultural diversity. It is evident that a variety of cultures and their respective languages are present in the Downtown CA, as many of its residents provided multiple responses to the 2001 Census questions about ethnic origin. For ease of interpretation of the data, only 'single' responses were examined. In the Downtown CA, 68.0% of the population provided a single response. Of these, the most common response, in the Downtown CA was Filipino (reported by 19.1% of the population). This is followed by Canadian (reported by 12.4%) and North American Indian (reported by 12.2%). As with ethnic origin, only single responses to questions regarding languages spoken at home are presented in this report. In the Downtown CA, 79.4% reported a single response. In this CA, although English is the most commonly reported language spoken at home, 3.4% speak Tagalog (Pilipino) as the next most common. This is followed by Portuguese (1.4%) and Vietnamese (1.2%).

In the WHR, 8.5% of residents identified themselves as Aboriginal. According to Statistics Canada, Winnipeg has the largest proportion of urban Aboriginal population of all the 'major' cities in Canada.[5] In the Downtown CA, 17.1% of the population is Aboriginal. This is one of the highest percentages of all the CAs in the WHR.

The number of 'recent' immigrants (those individuals who immigrated between 1996 and 2001) to the WHR varies by CA. In Downtown, about 19.0% of immigrants residing in this CA are recent immigrants. This is the highest percentage in the WHR. The places of birth of recent immigrants vary between the CAs, in this CA the highest proportion (35.1%) are from the Philippines, followed by the People's Republic of China (7.9%) and Viet Nam (4.2%).

In the Downtown CA, 28.1% of the population is made-up of visible minorities. This is one of the highest percentages of all the CAs in the WHR.

Economic Characteristics

The average household income in the WHR in 2001 was $53,752, while the 'median' household income was $43,837. Median is used to indicate that 50% of the population has an annual income of more than $43,837, while the other 50% of the population has less than $43,837 in annual income. In the Downtown CA, the average household income was $33,229 and the median was $25,628. This is the lowest median income of all the CAs. The median income for females in this CA was $14,987 and for males was $18,905.

People living in poverty face difficult challenges that may ultimately have an effect on their health and well-being. While the majority of WHR families do not live in poverty, special attention needs to be paid to the issue. Census information on poverty is provided using 'low income cut-offs', also known as LICOs.[6] These (low incomes) vary by family structure and geography.

The incidence of low income (poverty status) in the WHR in 2000 was 20.0% of the population in private households. This measure is further subdivided to report incidence of low income for unattached individuals and individuals in economic families. In the WHR, unattached individuals were nearly three times more likely to have low-income status than individuals in economic families (44.0% and 15.0% respectively).

In the Downtown CA, incidence of low income was 40.0% of the population in private households: in economic families it was 31.0% and for unattached individuals it was 59.0%. For private households, this incidence is one of the highest of the CAs within the WHR, following Point Douglas at approximately 41.0%. These values are more than double that for the WHR (15.0%), Manitoba (13.0%), and Canada (13.0%).

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[5] Canada. Statistics Canada. *2001 Census: Analysis Series Aboriginal peoples of Canada: A demographic profile*. Ottawa: Government of Canada, 2003.

[6] Low Income Cut Off (LICO): Defined by Statistics Canada as the income level at which families (or unattached individuals) spend 20% more than the average on food, shelter, and clothing (the basic necessities). This is assumes that a household paying 20% more that the average for the basic necessities would be in economic constraint. LICO values are updated annually and are based upon national family expenditure data gathered in previous years. They are determined by community size and family size, not age group or province. Canada. Statistics Canada. *2001 Canadian Census Dictionary* (rev. ed.). Ottawa: Government of Canada, 2004.

Health Issues

Health issues were identified by examining indicators in five health domains: chronic health conditions, communicable disease, infant and maternal health, injury, and mental health. Each indicator had to have valid crude rate for each CA and the WHR using the same (or at the very least, similar) methodology. Each of the five domains had three to eight indicators for comparison. Relative ratio of the rates and rate differences were compared for each indicator. Specifically, CA rates were compared to WHR rates. As a supplementary filter, a sixth domain, mortality, was compared between each CA and the WHR rates, as an additional assessment of the seriousness of the health issue.

To summarize the overall health status of a population, comparisons among the community areas were made for the six health domains. In particular, for each CA a health domain was categorized as average, below or above average based on the indicators that were associated with that domain. Based on the categorization of the domains for each CA, an overall health status was characterized as being average, above average or below average. For a detailed description of how to interpret these measures, see the **Community Areas Overview** and the **Methods** chapter entitled Relative Ratios and Rate Differences. Although the health issues identified here are specific to the Downtown CA, the overall health issues identified at the regional-level are equally important to this Community Area (see **Winnipeg Health Region Overview**).

The Downtown CA has many below average health outcomes. The health issues identified were cardiovascular disease, cancer, communicable disease (including sexually transmitted infection), diabetes, injury, mental health, infant-maternal health, respiratory illness, and premature death.

- Although hospitalization for AMI was low, death due to cardiovascular diseases is high. Stroke may be of particular concern.
- Cancer incidence was lower compared to the WHR, however death due to lung cancer (cancer of respiratory organ) was high.
- All communicable diseases rates were high, in particular tuberculosis and gonorrhea.
- Diabetes incidence and prevalence rates were high relative to the WHR.
- For injury, all intent-manner categories were of concern: unintentional, suicide/self-inflicted and assault are either the highest or second highest for both hospitalization and death.
- For mental health indicators, this CA has the highest suicide rate relative to the WHR and low anti-depressant use. It should be noted that the high rate of hospitalization for mental health disorders may be attributed to “persons in care” allocation issues (refer to technical note in methodology for further explanation).
- All infant-maternal health indicators were of concern, especially teen pregnancy. This CA also had high pre-term birth and low birth weight rates, which may contribute to poor infant health incomes. Childhood immunization rates at all ages are low compared to the WHR.
- The high PMR relative to the WHR indicates that death at an early age is of concern in this CA.

Although the health issues identified above are specific to Downtown, the overall health issues identified at the regional level as also equally important to this Community Area (see Winnipeg Health Region Overview).

Determinants of Health

There are many factors that contribute to the health and well-being of individuals and an entire population. These are often referred to as determinants of health and represent one component of the Population Health Assessment Framework.

Determinants of Health

- **Income and Social Status**
- **Social Support Networks**
- **Social Environments**
- **Education and Literacy**
- **Employment and Working Conditions**
- **Physical Environment**
- **Biology and Genetics**
- **Personal Health Behaviours**
- **Healthy Child Development**
- **Health Services**
- **Culture**
- **Gender**

Indicators are reported on for each of the 12 determinants of health in the Data Book, CHA Report 2004. Although, the Data Book provides information on each of the determinants of health separately, it is important to recognize that the factors influencing one's health are often interrelated. For example, personal health behaviours, such as diet and smoking, differ considerably for persons with different education levels.

The determinants of health form the cornerstone of a population health approach. This moves the focus from the individual to the population. There is a large amount of research that has demonstrated the influence of the determinants of health on the health status of a population. The following section highlights the determinants of health for this community area.

Income and Social Status

Income and social status is thought to be the most influential health determinant. Higher income and social status is associated with better health. This leads to better living conditions, such as better housing, food and transportation. Improvements in these living conditions ultimately affect one's health and, therefore, the health of the population. Research suggests, however, that the degree of control over one's circumstances in life affects health at a biological level. This degree of control is usually mediated by income and social status.[7] The elements described in **Economic Characteristics** in the **Population Characteristics** section provide important information on this health determinant in the Downtown CA.

Social Support Networks

People who have support from families and friends tend to have better health. This includes having someone to confide in, count on in a crisis, and feeling loved and cared for. Studies have shown that the more social contacts people have the lower their premature death rates. The elements described in **Family Structure** in the **Population Characteristics** section provide information about the social support health determinant in the Downtown CA.

Social Environments

The concept of social environment expands the importance of social support from family and friends to social support from the community. The latter being the relationship of the individual to the community and vice versa. This includes one's sense of belonging to and safety in a community. It also includes one's participation in the community. Volunteerism and community vitality are key themes of this determinant.

[7] Health Canada (2004). *Population Health Approach*. Accessed April 29, 2004. Available On-Line at: http://www.hc-sc.gc.ca/hppb/phdd/index.html

Transience or mobility of a population is important to the stability of the social environment. A less mobile population is more stable, and provides opportunity to build strong community networks. Mobility status is determined in the Census by asking the question “Have you moved in the past year? Or the past five years?”

The Downtown population is considerably more “mobile” than the WHR as a whole. In the Downtown CA, 24.5% of the population moved in the past year; in the past five years, 55.6% moved. The proportion of the WHR population who moved in the past year was 15.0%. While that in the past five years was 42.1%.

Education and Literacy

It is well documented that education levels of a population are tied to economic characteristics, as those individuals who achieve higher levels of education are more employable and tend to earn more income. In addition, literacy (the ability to interpret the written word and numbers) is considered to be a determinant of health, as it may influence the ability to use health information, which is largely written. Literacy levels in a population can be indirectly measured through educational attainment levels.

In the Downtown CA, 12.0% of the population 20 years and older, have less than a grade nine level of education. This is one of the higher percentages among the CAs. Many in this CA population have high school as the highest level of education attained (32.8%), however, approximately 36.0% (of those with high school) graduated. In the WHR, 7.7% of the population has less than a grade nine level of education, and another 32.0% has reached grades 9 to 13 with or without a high school diploma.

Employment and Working Conditions

Employment has a significant effect on all aspects of health and well-being. Unemployment and underemployment, as well as stressful or unsafe working conditions are associated with poorer health. Some dimensions of the employment and working conditions that exist in the WHR are presented, including the unemployment rate, the labour force participation rate, and hours of unpaid work.

At the time of the 2001 Census, 9.0% of the Downtown CA population 15 years of age and older was unemployed; this rate is one of the highest of all the CAs. The overall WHR unemployment rate at the time of the 2001 Census was 6.0% for the population 15 years of age and older. In the Downtown CA, youth 15 to 24 years of age had an unemployment rate of 13.0%, and for those 25 years of age and older it was 8.0%. In the Downtown CA, the unemployment rate for male youth tends to be slightly higher than that for female youth. However, this difference is not as apparent in the adult population, 25 years of age and older (see Data Book, CHA Report 2004).

The labour force participation rate for the general population was examined for those 15 years of age and older. In 2001, in the Downtown CA this was 64.0%, which is the second lowest rate of all the CAs. It is also lower than that of the WHR, at 68.0%. There appears to be a difference in labour force participation between males and females (15 years of age and over) in the WHR: it is higher for males than for females. This is also evident in this CA, where the labour force participation rate was 70.0% for males and 58.0% for females (15 years of age and over).

Labour force participation is further examined by categorizing into two age groups: youth 15-24 years of age and adults 25 years of age and older. There is some difference in labour force participation rates between the sexes in the youth population. However, the difference between the sexes in labour force participation is even more pronounced in adults 25 years of age and older. In the Downtown CA, the labour force participation rate was 71.0% for males and 58.0% for females 25 years and older. This difference is similar to that seen in the WHR as a whole, where the labour force participation rates of males and females (25 years of age and older) were 74.0% and 61.0%, respectively.

One possible reason that women have lower labour force participation rates is that they are more likely to be involved in unpaid work such as childcare or eldercare. The proportion of females in the WHR that spent *any*

amount of time providing unpaid childcare was 40.1% and that for males was 34.1%.[8] In the Downtown CA, 34.8% of females and 25.0% of males spent *any* amount of time providing unpaid childcare. However, as the hours increased, a greater percentage of females than males reported looking after children without pay. For example, in this CA 11.0% of females reported that they spent 60 hours or more providing unpaid childcare compared to 3.8% of males.

Eldercare can be examined using Statistics Canada data for provision of "unpaid care or assistance to seniors". In the Downtown CA, about 12.3% of those 15 years of age and older reported that they spent *any* amount of time providing eldercare.[9] Again, the difference between the sexes is more evident when increased hours spent providing eldercare were examined. In this CA, 3.3% of females spent 10 hours or more of unpaid care or assistance to senior citizens, compared to 2.6% of males.

Physical Environment

The physical environment, in which we live and work, can have an effect on health. This determinant comprises two areas: the 'natural' environment (which includes the air, water, food and soil), and the 'built' environment (such as dwellings). This section will focus on 2001 Census information about dwelling characteristics in order to describe the WHR's built environment.

The Downtown CA has some unique dwelling characteristics compared to the rest of the WHR. In the Downtown CA, most residents live in *rented* housing. The percentage of residents in *owned* housing is 34.2% compared to 62.1%, in the WHR. This is the lowest rate of owned housing of all the other CAs. Some 60.4% of WHR residents live in *single-detached* housing but in the Downtown CA, most residents (56.7%) live in an *apartment* dwelling. The majority of housing in the WHR was built prior to 1980 (79.0%), and the majority of housing in this CA was built before 1946. The average gross rent for a tenant in the WHR in 2001 was $541 versus $469 in this CA. The average value of an *owner-occupied* dwelling in the Downtown CA in 2001 was $66,224 with an average major payment of $616 (monthly). This is low compared to the other CAs, and compared to the WHR with an average value of an *owner-occupied* dwelling of $102,537 with an average major payment of $754 (monthly),

Biology and Genetics

The human body is a complex biological system. Genetic and environmental factors begin to interact at an early stage in life, and continue to interact throughout one's lifespan. For some diseases, a strong genetic component is present, and little can be done to change predisposition to certain diseases or health issues. However, environmental influences in the form of the determinants of health may significantly improve health outcomes, assisting the individual to reach his or her full health potential. For example, it is known that individuals with strong family history of cardiovascular disease should be monitored for high blood pressure and abnormal lipid profiles. These individuals can also be encouraged to maintain a healthy lifestyle to minimize the risk of developing cardiovascular disease at a young age. There are currently no indicators measured for this determinant in the CHA Report, 2004.

Personal Health Behaviours

This refers to the actions that a person can take to prevent disease and to live a healthy lifestyle. It is important to recognize that personal choices that affect lifestyle are influenced by social, economic and environmental factors. For example, exposure to recreation and recreational facilities contributes positively to personal health, economic, social and spiritual needs and healthy child development. Research suggests that an individual's mental health benefits from exercise and physical activity, as they reduce depression and anxiety and promote self-esteem. As a result, a population's health, well-being and quality of life, as well as its communities and

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[8] *Any* refers to those that spend less than five hours, 5-14 hours, 15-29 hours, 30-59 hours, or 60 hours or more providing unpaid childcare; this excludes those who reported 0 hours (Data Book, CHA Report 2004).
[9] *Any* refers to those that spend less than five hours, 5-9 hours or 10 hours or more providing unpaid care or assistance to seniors; this excludes those who reported 0 hours (Data Book, CHA Report 2004).

environment, are enhanced. The reader is directed to the Data Book, CHA Report 2004 for information on selected indicators of personal health behaviours in the WHR

Healthy Child Development

Healthy children grow up into healthy adults. A child's development is greatly affected by experiences early in life. A loving, secure environment helps children to develop trust, self-esteem, and the ability to form positive relationships. These contribute to children's readiness to learn (education), and to their health especially as they grow and develop. The reader is directed to the Data Book, CHA Report 2004 for additional information on selected indicators of healthy child development in the WHR.

Health Services

The health services continuum of care includes treatment and secondary prevention of disease. Of the 12 health determinants, it appears to have the least affect on health and well-being of the population. The Data Book, CHA Report 2004 contains information on indicators of health services in the WHR.

Culture

Culture affects health on several levels. Cultural values may influence socio-economic status of individuals within a culture. There may be loss or devaluation of language and culture (resulting in stigmatization and marginalization) and lack of access to culturally appropriate health care. In addition, language barriers may limit access to health information and health services. Together or alone, these have an impact on health. The elements described under **Ethnicity** in the **Population Characteristics** section provide information about this health determinant in the Downtown CA.

Gender

This refers to the attitudes, behaviours, values, relative power, and influence that society confers upon the two sexes. Many health issues are influenced by gender-based social status or roles. For example, suicide rates are much higher for males than for females in the WHR and in all of Canada. The literature suggests that the gender difference for suicide in developed countries may be partly explained by the changes in gender roles for men and women.[10] There are many indicators listed in the Data Book, CHA Report 2004, which provide information on gender differences at the regional level.

Each of the determinants of health is important in its own right. At the same time, the determinants of health are interrelated. Understanding the influences of the determinants of health on the health issues is key to improving the health of the population.

Summary of the Key Issues

It is the combination of factors (health outcomes and determinants) that together shape the health of our communities. The Downtown Community Area, is one of the region's less healthy populations. The indicator data shows that compared to the region, this community area fares worse for most health outcomes and health determinants. The Downtown Community Area has a very different demographic profile than most of the Community Areas with a higher proportion of new immigrants and visible minorities, thus forming a distinct ethnic diversity. In general, lower levels of socio-economic status, social support, and social environments result in a population with below average health status.

Overall poor socio-economic status, social support, and social environments result in a population with very poor health status.

[10] Hawton, K. 2000. Sex and suicide. British Journal of Psychiatry. 177, pp.484-485.

- Below average levels of social support: fewer families, more divorced, fewer married, more single parents and more seniors that live alone.
- Challenges lie in the socio-economic status determinants of health: low incomes, high poverty rates, low employment, low education, low literacy and lower participation in the workforce.
- Poor social environment: less home ownership and permanent residence changes more frequently.
- Ethnic diversity is apparent with a higher population of Aboriginals, new immigrants and visible minorities.

Even though some of the determinants of health reported for this CA show less favourable comparisons to the region, there may be other determinants that were not measurable at the CA-level further affecting these health issues, for example, personal health behaviours.

Challenges in the health issues in the Downtown Community Area include:

- Diabetes
- Cancer
- Cardiovascular Diseases
- Communicable Diseases
- Respiratory Illnesses
- Injury
- Infant and Maternal Health
- Mental Health.

The overall health issues identified at the regional level are equally important to Downtown Community Area over and above the predominant health issues in this area. In the Winnipeg Health Region, the following health issues were identified:

- Cancer
- Cardiovascular disease
- Diabetes
- Infant and maternal health
- Injury
- Obesity
- Mental Health
- Respiratory illness (including tuberculosis

It is anticipated that this profile will support dialogue, debate, decision-making and planning efforts for residents in the Downtown Community Area.