# Total Respiratory Morbidity Treatment Prevalence CHA REPORT 2004

## **Definition/Description:**

## **Total Respiratory Morbidity Treatment Prevalence**

This is the percentage of persons having at least one physician visit or hospitalization for a respiratory disease within a two-year period.

## **Total Respiratory Morbidity**

Respiratory-related illnesses can include asthma, bronchitis, emphysema, chronic airway obstruction, and chronic obstructive pulmonary disease. For this report, total respiratory morbidity was defined as the presence of any ICD-9-CM codes: 490, 491, 492, 493, 496, 466 in the diagnosis field.

#### Method

Two years of data (1994/95-1995/96 and 1999/2000-2000/01) were used, with the denominator being the Manitoba population from the same years. Age was calculated as of December 31 for each year. Region of residence was assigned as of the most frequently occurring record. All data were adjusted for age and sex, using Manitoba 1996 population.

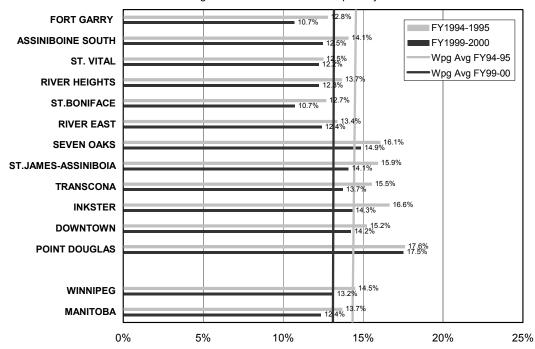
#### Source:

The Need to Know Project, Manitoba Centre for Health Policy, 2003. All numerical values, tables, and figures (including spatial analyses) were generated by the Population Health and Health System Analysis Unit, Winnipeg Regional Health Authority.

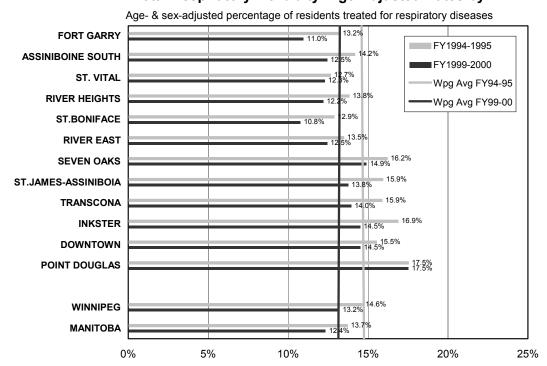
# Findings:

## **Total Respiratory Morbidity: Crude Rates by CA**

Percentage of residents treated for respiratory diseases

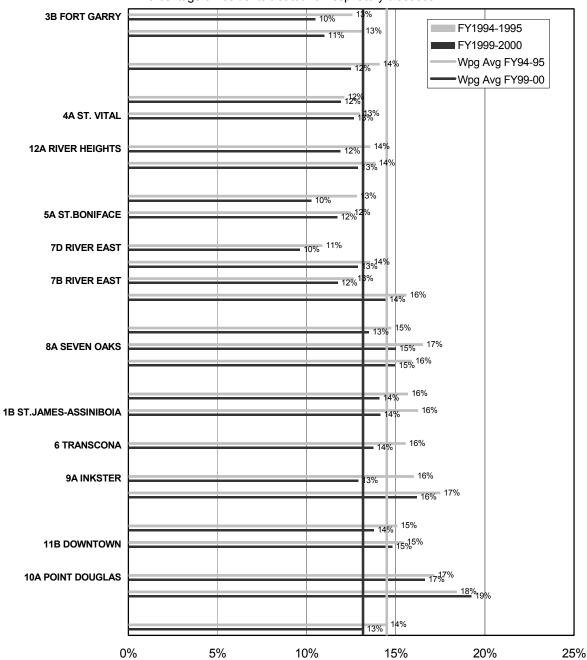


# Total Respiratory Morbidity: Age-Adjusted Rates by CA



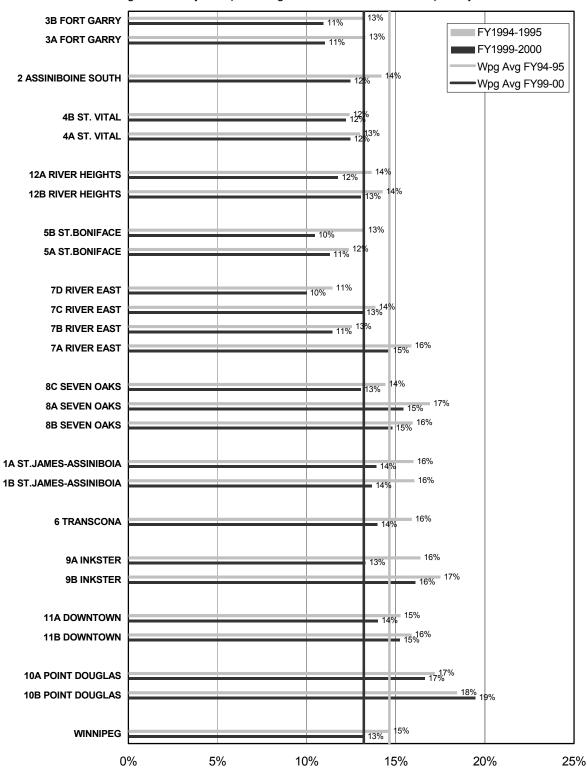
# **Total Respiratory Morbidity: Crude Rates by NC**

Percentage of residents treated for respiratory diseases



# **Total Respiratory Morbidity: Age-Adjusted Rates by NC**

Age- & sex-adjusted percentage of residents treated for respiratory diseases



## Highlights:

Note: The crude rates are referred to in this narrative (unless otherwise stated).

#### **Regional Rates:**

- There was a slight decrease in the Total Respiratory Morbidity (TRM) treatment prevalence rates in the WHR between the time periods of 1994/95-1995/96 (t<sub>1</sub>) and 1999/2000-2000/01 (t<sub>2</sub>).
- The WHR rate decreased from 14% to 13% cases of TRM in the WHR population.
- The WHR TRM treatment prevalence rates do not substantially differ from those of Manitoba.
- There were minimal differences found between the age-standardized and crude rates at the regional-level.

### **Community Area Rates:**

- The lowest rates of TRM treatment prevalence were found in community areas St. Vital for t<sub>1</sub> and in Fort Garry and St. Boniface for t<sub>2</sub>.
- The highest rates were found in Point Douglas community area in both time periods.
- All community areas experienced a modest decrease in the TRM rate between the two time periods. Although the decrease experienced in Point Douglas community area was nearly negligible.
- The following community areas had rates that were higher than that of the WHR (both time periods): Seven Oaks, St. James-Assiniboia, Transcona, Inkster, Downtown, and Point Douglas.
- There were minimal differences found between the age- & sex-standardized rates and the crude rates among the community areas, indicating that the age and sex distribution of the underlying population is less likely to account for differences seen in the crude rates.

#### **Neighbourhood Cluster Rates:**

- The lowest rates of TRM treatment prevalence were seen in River East 7D for both time periods; in t<sub>2</sub> only, Fort Garry 3B, St. Boniface 5B were also the lowest
- The highest rates were found in Point Douglas 10B in both time periods.
- Most neighbourhood clusters experienced a slight decrease in the TRM treatment prevalence
  rate between the two time periods. Inkster 9A exhibited a notable decrease in the TRM rate
  between the two time periods.
- Point Douglas 10B was the only neighbourhood cluster that experienced an increase in the TRM rate over time, from 18.4% to 19.2% of the population.
- The following neighbourhood clusters had rates that were higher than that of the WHR (both time periods): Seven Oaks 8A, 8B, & 8C, St. James-Assiniboia 1A & 1B, Transcona, Downtown 11A & 11B, Point Douglas 10A & 10B, Inkster 9B, and River East 7A.
- There were minimal differences found between the age- & sex-standardized rates and the
  crude rates among the neighbourhood clusters, indicating that the age and sex distribution of
  the underlying population is less likely to account for differences seen in the crude rates.